HCPH RYAN WHITE GRANT ADMINISTRATION - GRANTS MANAGEMENT

LOCAL PHARMACY ASSISTANCE PROGRAM (LPAP)
REQUEST TO ADD MEDICATION TO APPROVED FORMULARY

Advance Approval Required - All sections must be completed. **Printed or Typewritten responses only**

NAME OF SUBRECIPIENT:

SERVICE:	FUND:
CONTRACT NO:	CONTRACT TERM:

MEDICATION GENERIC NAME:	
MEDICATION BRAND NAME:	

Drug Classification (check one):

Analgesic Agents	Antiretrovirals: Combined Agents	Dermatological Agents
Anti-Depressants / Psychotropic / CNS Agents	Antiretrovirals: Fusion Inhibitors	Diabetes Agents
Anti-Hyperlipidemic Agents	Antiretrovirals: Integrase Inhibitors	Endocrine / Metabolic Agents (Steroids)
Anti-Hypertensive / Cardiac Agents	Antiretrovirals: NNRTIs	Gastrointestinal Agents
Anti-Neoplastic Agents	Antiretrovirals: NRTIs	Other/Miscellaneous
Anti-Viral Agents: Hepatitis B/C Treatments	Antiretrovirals: Protease Inhibitors (PIs)	Non-Steroidal Anti-Inflammatory Drugs (NSAID)
Anti-Viral Agents: Herpes/CMV Disease	Bronchial Dilators / Respiratory Agents	Other Antimicrobial Agents
Antiretrovirals: CCR5 Antagonist	Decongestant & Expectorant	

JUSTIFICATION (How medication is related to the treatment of HIV – please provide a detailed description, including advantages over similar agents currently on the formulary):

By: _____   _____   _____   _____
      Clinician Name   **Licensure**   **Signature**   **Date**

Must be approved by applicable Agency clinician (MD, DO, NP, PE, Pharmacist)

Submit to RWGA Grants Management via fax (832) 927-0168 or email hivacct@phs.hctx.net

(Submitted by)
Name (print) _____   **Fax #** _____   **Phone #** _____

Signature _____   **Email** _____   **Date** _____

(Section below to be completed by RWGA staff only)

CQI Committee Consensus: ☐ APPROVED ☐ DISAPPROVED   _____
Date

_____   _____
Manager, Ryan White Grant Administration (RWGA)   **Date**

Comments: