## **Request for Pharmaceutical Product Review**

**<u>Purpose</u>**: Use this form to request a drug product to be reviewed by the Silver State Scripts Board or the Drug Use Review Board.

**<u>Requirements</u>**: Requests may be submitted by manufacturers or prescribing providers and must be directed to State of Nevada Division of Health Care Financing and Policy, Pharmacy Unit. Please email this request to <a href="mailto:rxinfo@dhcfp.nv.gov">rxinfo@dhcfp.nv.gov</a>.

DATE OF REQUEST:	
DATE OF REVIEW BOARD MEETING:	
REQUESTED REVIEW BOARD:	
<b>MANUFACTURER INFORMATION</b> (Requests from manufacturers should be submitted by the manufacturer's Product Manager or a company-authorized representative.)	
Manufacturer Name:	
Address:	
Phone:	Email:
Product Manager Name and Title:	
<b>PRESCRIBING PROVIDER INFORMATION</b> (Complete this section only when this request is being submitted by a prescribing provider.)	
Prescribing Provider Name:	NPI:
Phone:	Email:
Contact Name and Title:	
PRODUCT INFORMATION	
Product Name:	
Clinical rationale for product review:	
List published citations regarding this product:	