## **HIV/AIDS SECTION FORMULARY CHANGE REQUEST**

Please return to <u>HIVMedicalTeam@flhealth.gov</u>. All questions should be emailed to <u>HIVMedicalTeam@flhealth.gov</u> as well. View all formularies at: <u>Clinical Resources | Florida Department of Health (floridahealth.gov</u>).

	□ ADAP □ Test & Treat □ PrEP □ APA □ BabyRx
Please Select Formulary: Provider's Name and Title: Clinic/Facility Name: Address:	
Phone: Email: Date of Request:	
Request to: Drug Name(s):	□ Add □ Delete □ Replace
Reason for Request:	

For internal use only:

Date request submitted:

Date received:

Date reviewed:

Date decision completed:

Date decision communicated: