

## HIV/AIDS SECTION FORMULARY CHANGE REQUEST

**Please return to** Jeannette Iriye, RN, BSN, MSN (HIV/AIDS Section RN Consultant),  
 at [Jeannette.Iriye@flhealth.gov](mailto:Jeannette.Iriye@flhealth.gov). Email Jeannette or call 850-901-6858 with any questions.  
**View all formularies at:** [Clinical Resources | Florida Department of Health \(floridahealth.gov\)](http://ClinicalResources|FloridaDepartmentofHealth(floridahealth.gov)).

	<input type="checkbox"/> ADAP <input type="checkbox"/> Test & Treat <input type="checkbox"/> PrEP <input type="checkbox"/> APA <input type="checkbox"/> BabyRx
Please Select Formulary:	_____
Provider's Name and Title:	_____
Clinic/Facility Name:	_____
Address:	_____
	_____
Phone:	_____
Email:	_____
Date of Request:	_____
Request to:	<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Replace
Drug Name(s):	_____
	_____
	_____
Reason for Request:	_____
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For internal use only:

Date request submitted:
Date received:
Date reviewed:
Date decision completed:
Date decision communicated: