

## Request for Pharmaceutical Product Review

**Submit fax request to:** 855-455-3303

**Purpose:** Use this form to request that the Silver State Scripts Board review a drug product for placement on the Nevada Medicaid Preferred Drug List (PDL).

**Requirements:** Requests may be submitted by manufacturers or physicians and must be directed to OptumRx using this form or a Product Dossier developed in accordance with the Academy of Managed Care Pharmacy's (AMCP) Format for Formulary Submissions. Attach additional sheets of paper as necessary to provide a complete response to all questions.

**Questions:** If you have questions, call the OptumRx Call Center for Nevada Medicaid at 855-455-3311.

<b>DATE OF REQUEST:</b>	
<b>MANUFACTURER INFORMATION</b> <i>(Requests from manufacturers should be submitted by the manufacturer's Product Manager or a company-authorized representative.)</i>	
Manufacturer Name:	
Address:	
Phone:	Fax:
Product Manager Name and Title:	
<b>PHYSICIAN INFORMATION</b> <i>(Complete this section only when this request is being submitted by a physician.)</i>	
Physician Name:	NPI:
Phone:	Fax:
Contact Name and Title:	
<b>PRODUCT INFORMATION</b> <i>(Attach additional sheets of paper as necessary to provide a complete response to all questions.)</i>	
Product Name:	
Clinical rationale for product review:	
List published citations regarding this product:	