Nevada Medicaid and Nevada Check Up
OptumRx

Request for Pharmaceutical Product Review

Submit fax request to: 855-455-3303
Purpose: Use this form to request that the Nevada Pharmacy and Therapeutics (P&T) Committee 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.

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