ND RYAN WHITE PROGRAM PART B REQUEST FOR PRESCRIPTION NOT ON RW DRUG FORMULARY

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF DISEASE CONTROL
SFN 58585 (04-16)

Client's Name	ND Ryan White Client Number
Date Application Completed	

Instructions

- A detailed explanation must be written by the health care provider stating why the client is in need of a drug not on the ND Ryan White Program Part B Drug Formulary.
- Prescription must be related to HIV care and treatment.
- In order for approval, client must have alleviated all other prescription options.
- Obtain signatures from your health care provider.
- Fax the form to 701-328-0338.

Prescription Requested

Explanation for Prescription (to be completed by health care provider)

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Signatures

_____ _____
Health Care Provider Date

_____ _____
Ryan White/ADAP Coordinator Date

ND Ryan White Program Part B Drug Formulary Committee Approval/Denial

☐ Approved ☐ Denied