



ND RYAN WHITE PROGRAM REQUEST FOR DRUG NOT ON ADAP FORMULARY
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DISEASE CONTROL AND FORENSIC PATHOLOGY
SFN 58585 (7-2023)

Client's Name	RW Number	RW Agency
---------------	-----------	-----------

Procedure

- Medical provider must submit an explanation for the requested medication that is not on the ND ADAP formulary.
- More cost-effective options must be utilized, if available.
- Fax the completed form to 701-328-0338.
- Provider will be notified within five business days whether the request has been approved or denied.

Healthcare Provider's Information

Pharmacy Name		Pharmacy Phone Number	
Provider's Name		Provider's Contact Information (select the preferred contact method) <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Telephone	
Fax	Email	Telephone	
Prescription(s) Requested			
The Explanation for Prescription (to be completed by the healthcare provider)			
Healthcare Provider Signature		Date	

For Ryan White Program

Request <input type="checkbox"/> Approved <input type="checkbox"/> Denied, reason:	
RW/ADAP Coordinator Signature	Date