



Nevada Medicaid and Nevada Check Up  
**REQUEST FOR PHARMACEUTICAL PRODUCT REVIEW**



Use this form to request a drug product review or clinical presentation to be reviewed by the Division of Health Care Financing & Policy. Request may be submitted by manufacturers or prescribing providers. Please email all relevant supporting evidence including this completed form to [RxInfo@dhcfp.nv.gov](mailto:RxInfo@dhcfp.nv.gov) with subject "Product Review Request".

<b>Date of Request:</b> _____
<b>CONTACT INFORMATION</b>
<b>Name:</b> _____
<b>Title:</b> _____
<b>Phone:</b> _____ <b>Email:</b> _____
<b>MANUFACTURER &amp; PRODUCT INFORMATION</b> <small>(Requests from manufacturers should be submitted by manufacturer's Product Manager or a company authorized representative)</small>
<b>Manufacturer Name:</b> _____
<b>Product Name:</b> _____
<b>Please provide the product information and explain the reason for the request, including the clinical rationale for review.</b>

**Note:** This form serves as a request for a clinical presentation and/or product review. Submission of this form does not guarantee a meeting with Division leadership or a change in the product's status on the Preferred Drug List (PDL).