



REQUEST FOR ADDITION OF DRUG TO COOPORTUNITY HEALTH DRUG LIST
Fax to: 1-888-883-5434

DRUG REQUESTED _____

- 1. For what type of patients will this drug be used? (Please indicate subsets of patients if appropriate)
2. What formulary drug(s) are currently being used for these patients?
3. What therapeutic advantage(s) does this drug have over the currently available formulary drug therapy?
4. For how many patients would you personally prescribe this drug during the next six months?
5. In what percentage of the patients who currently receive or would be candidates for a formulary drug therapy will this drug be prescribed
6. What drug(s) currently used for this (these) indications can be deleted if this product is added to the drug list?
7. Should use of this drug be restricted to certain physicians or services or disease states because of the potential for misuse, high cost or toxicity? Yes No (if YES explain)
8. Have you used this drug previously as part of any research study? Yes No
9. Have you been supported either directly or indirectly by the supplier(s) of this drug? Yes No
10. Do you have any potential conflicts of interest with respect to this drug? Yes No
11. List relevant references from the biomedical literature to support this request:

Signature of Requestor Date Clinic/Address

* THIS FORM MAY BE PHOTOCOPIED *

CoOpportunity Health has contracted with HealthPartners Administrators, Inc. to provide claims processing, medical management and certain other administrative services.

CoOpportunity Health is a service mark of CoOpportunity Health. CoOpportunity Health is a Qualified Health Plan issuer in the Health Insurance Marketplace for Iowa and Nebraska.



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