



# Request for Addition/Deletion of Medication To the Formulary

AlohaCare Advantage Plus (Medicare)

QUEST Integration (Medicaid)

Date of Request:

## REQUESTING PROVIDER INFORMATION

Requesting Provider:

Specialty:

Office Contact:

Phone Number:

Fax Number:

**Medication Recommended to:**

**Add**

**Delete**

## RATIONALE

**(Does drug fill therapeutic niche not currently available on formulary?)**

Please Provide Supporting Documentation  
Attach additional sheet(s) as needed.

Provider Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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