



Request for Addition/Deletion of Medication To the Formulary

ACA: AlohaCare Advantage, ACAP: AlohaCare Advantage Plus,
QUEST, BHPP

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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