

### Connecticut Department of Public Health (DPH) AIDS Drug Assistance Program (ADAP)

## Off-Formulary Medication Request to Add to CADAP Formulary Form

This form is to be filled out to request that an off-formulary medication be added to the CADAP formulary. Please fill out the form completely below and fax back to (855) 461-2759. All forms will be forwarded to the CT DPH CADAP Coordinator for consideration and the CADAP Coordinator may contact you to discuss the details of your request.

#### Please complete and return via fax to (855) 461-2759.

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## **Connecticut Department of Public Health, AIDS Drug Assistance Program**

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5. How does the requested medication relate to HIV care?		
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6. Is this an urgent request?		
	YES	□NO
NOTE: An urgent request, does not guarantee requested medication will be a	added to CADAP formulary.	
NOTE: The CADAP coordinator may reach out to you using the information list	sted above to discuss the formulary addition	on request.
UPON COMPLETION, PLEASE RETURN VIA F	FAX TO: (855) 461-2759	
The fax machine is in a secured location as required by Health Insurance F	Portability and Accountability Act (HIPAA)	regulations.
If you have any questions, please call the Magellan Rx Manag	ement Pharmacy Unit at: (800) 424-3310.	