

Kaiser Permanente Colorado (Denver Boulder) Drug Formulary Addition or Deletion Request

Instructions

Use this form to request the addition or deletion of a medication to the Kaiser Permanente Colorado (Denver/ Boulder) formulary.

The Kaiser Permanente Colorado (Denver/Boulder) Pharmacy & Therapeutics Committee will consider requests submitted by Kaiser Permanente Colorado (Denver/Boulder) members; Kaiser Permanente and affiliated providers; and Pharmacy and affiliated pharmacists to request the addition or deletion of a medication to the formulary.

To request that a medication be added or deleted from the formulary, please fill out the request form on page 2 of this document. Once completed you may:

Fax form to: (303) 344-7005

or

Mail form to:

Kaiser Permanente
Pharmacy Dept. – Drug Information Service
16601 E. CentreTech Pkwy
Aurora, CO 80011

A Kaiser Permanente Pharmacy representative will call you within 14 days to confirm that we received your request. The Kaiser Permanente Colorado (Denver/Boulder) Pharmacy & Therapeutics Committee will evaluate the request. If the committee has ruled on a drug, a re-review will not be considered for at least six months.

Kaiser Permanente Colorado (Denver/Boulder) Drug Formulary Addition or Deletion Request

Name of person requesting the formulary change	
Requestors address	
Requestors phone number	() -
Is the requestor a: (circle one)	Member / Physician / Pharmacist / Other Healthcare Professional
Is this request for: (circle one)	Addition or Deletion
Is this request for: (circle one)	Commercial Formulary Medicare Part D Formulary
Below refers to the medication for which a change is being requested	
Generic name of drug	
Brand/Trade name of drug	
Dosage form(s) of drug	
Strength(s) of drug	
Reason for the formulary change request:	
Please list any studies that support the addition/deletion of this agent to/from the current formulary (use back of form or additional pages if necessary)	

Please fax to (303) 344-7005 or to mail this completed request to:

Kaiser Permanente
Pharmacy Dept. – Drug Information Service
16601 E. CentreTech Pkwy
Aurora, CO 80011

Signature _____

Date _____