

ADAP Formulary Request

Please name document: **Today's date** and **Client ID** ie: **110118AA120158**

Date of Request:

Name of Medication:

Notes: (dosage, prescription)

Send to: Amelia.Wheelen@DHW.Idaho.gov; Rebecca.Schliep@DHW.Idaho.gov;
IdahoADAP@DHW.Idaho.gov

Please allow 3-5 Business Days for completion of request

Once the medication has been added to the formulary, the Idaho ADAP program will send an email to all case managers with a copy of the updated formulary and upload the updated formulary to our website.

ADAP Program Only:

Date request sent to Magellan:

Notes:

Date added to formulary:

Notes: