



COLORADO

**Department of
Regulatory Agencies**

Division of Insurance

Carrier Annual Prescription Drug Formulary Attestation

- | | | |
|-----|----|---|
| Yes | No | 1.The Carrier will not modify or apply a modification to the current prescription drug formulary during the current plan year unless the modification is pursuant to Section 10-16-122.4(2), C.R.S. |
| Yes | No | 2.The Carrier will provide notice to the Division in accordance with Section 6 of Colorado Insurance Regulation 4-2-93 and provide notice to covered persons pursuant to Colorado Regulation 4-2-82 prior to a modification to the prescription drug formulary pursuant to Section 10-16-122.4(2), C.R.S. |
| Yes | No | 3.The Carrier will provide notice in accordance with Colorado Insurance Regulation 4-2-93 Section 6.C. to a prescribing provider prior to a modification to the prescription drug formulary pursuant to Section 10-16-122.4(2), C.R.S. |

Original Signature of Officer: _____ Title of Officer: _____

Printed Name of Officer: _____ Date: _____

* If the individual signing the certification is other than the president, vice president, assistant vice president, corporate secretary, assistant corporate secretary, CEO, CFO, COO, general counsel, or an actuary that is also a corporate officer, documentation must be included that shows that this individual has been appointed as an officer of the organization by the Board of Directors. Electronic signatures are not acceptable UNLESS provided through a signature verification provider such as VeriSign.