

**MEDICAL ASSOCIATES HEALTH PLANS
PRESCRIPTION DRUG FORMULARY CONSIDERATION FORM**

We recently received a request from you for formulary consideration of _____.
This prescription medication was last considered on _____ by the P & T Committee
for inclusion on the formulary. The medication was not placed on the formulary at that time due to
the following reasons: _____

For consideration of your request, please furnish answers to the following questions:

1. Date discussed at Departmental meeting _____
2. Problems with formulary products (see list attached for category) that are addressed through
the addition of this prescription drug: _____

3. Therapeutic benefits to plan participants: _____

4. If MAHP is to add the requested prescription drug to our formulary, the effect on our costs
will be _____ for this therapeutic class of medications. To prevent this
effect, we need to eliminate a product from our formulary in this therapeutic class, of the
following medications which _____ (number) would you believe most advantageous to
be on formulary:

- _____
- _____
- _____
- _____
- _____

5. Date this information was discussed at your department meeting _____

*Please return this form to Health Care Services pharmacy services.