

**State of Alaska Department of Health and Social Services, Division of Health Care Services**  
**Submission Request Form for Pharmaceutical Manufacturers**

E-mail as an attachment to [JWmccall@magellanhealth.com](mailto:JWmccall@magellanhealth.com) , include in subject line **Manufacturer Submission**

OR Fax this request to: 1-888-656-6822 ATTN: John McCall, R.Ph. (Note: Processing May be Delayed if Information Submitted is Illegible or Incomplete)

Members of the Pharmacy and Therapeutics (P&T) Committee have requested that all clinical information, questions, or comments about the Preferred Drug List (PDL) be sent directly to Magellan Medicaid Administration. Manufacturers and other interested parties have been requested not to contact the members directly. Written comments on the PDL from all interested parties should be submitted to Erin Narus, PharmD, R.Ph. at the State of Alaska.

Note: Manufacturers submitting comments are requested to do so through their Product Manager using this form. This form constitutes a request for **NEW** information pertaining to peer-reviewed literature including off-label peer-reviewed studies.

<b>Contact Information</b>		
<b>MANUFACTURER NAME:</b>	<b>DATE:</b>	
<input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>PRODUCT MANAGER'S NAME:</b>	<b>TITLE:</b>	
<input type="text"/>	<input type="text"/>	
<b>ADDRESS:</b>	<input type="text"/>	
<input type="text"/>		
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP CODE:</b>
<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>PHONE NUMBER:</b>	<b>FAX NUMBER:</b>	
<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>PRODUCT:</b>	<input type="text"/>	

**Clinical Rationale Request for Consideration (If additional space is required, use Clinical Rationale Continuation Page).**



State of Alaska Department of Health and Social Services, Division of Health Care Services  
Submission Request Form for Pharmaceutical Manufacturers

E-mail as an attachment to [JWMccall@magellanhealth.com](mailto:JWMccall@magellanhealth.com) , include in subject line **Manufacturer Submission**

OR Fax this request to: 1-888-656-6822 ATTN: John McCall, R.Ph. (Note: Processing May be Delayed if Information Submitted is Illegible or Incomplete)

***Clinical Rationale Request for Consideration (If additional space is required, use Clinical Rationale Continuation Page).***

Empty box for Clinical Rationale Request for Consideration.

**Confidentiality Notice:** The documents accompanying this transmission contain confidential health information that is legally privileged. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender (Via return FAX) immediately and arrange for the return or destruction of these documents

State of Alaska Department of Health and Social Services, Division of Health Care Services  
Submission Request Form for Pharmaceutical Manufacturers

E-mail as an attachment to [JWMccall@magellanhealth.com](mailto:JWMccall@magellanhealth.com) , include in subject line **Manufacturer Submission**

OR Fax this request to: 1-888-656-6822 ATTN: John McCall, R.Ph. (Note: Processing May be Delayed if Information Submitted is Illegible or Incomplete)

**Published Citations (If additional space is required, use Published Citations Continuation Page).**

**MAGELLAN MEDICAID ADMINISTRATION USE ONLY – DO NOT MARK IN THIS AREA**

**ACTION TO BE TAKEN:**

**DATE:**

		-			-				
--	--	---	--	--	---	--	--	--	--

**Confidentiality Notice:** The documents accompanying this transmission contain confidential health information that is legally privileged. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender (Via return FAX) immediately and arrange for the return or destruction of these documents



State of Alaska Department of Health and Social Services, Division of Health Care Services  
Submission Request Form for Pharmaceutical Manufacturers

E-mail as an attachment to [JWMccall@magellanhealth.com](mailto:JWMccall@magellanhealth.com) , include in subject line **Manufacturer Submission**

**OR** Fax this request to: 1-888-656-6822 ATTN: John McCall, R.Ph. (Note: Processing May be Delayed if Information Submitted is Illegible or Incomplete)

**Clinical Rationale Continuation Page (Use only if needed).**

Empty box for Clinical Rationale Continuation Page content.

*Confidentiality Notice: The documents accompanying this transmission contain confidential health information that is legally privileged. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender (Via return FAX) immediately and arrange for the return or destruction of these documents*

State of Alaska Department of Health and Social Services, Division of Health Care Services  
Submission Request Form for Pharmaceutical Manufacturers

E-mail as an attachment to [JWmccall@magellanhealth.com](mailto:JWmccall@magellanhealth.com) , include in subject line **Manufacturer Submission**

OR Fax this request to: 1-888-656-6822 ATTN: John McCall, R.Ph. (Note: Processing May be Delayed if Information Submitted is Illegible or Incomplete)

**Public Citations Continuation Page (Use only if needed).**

Empty box for public citations continuation.

*Confidentiality Notice: The documents accompanying this transmission contain confidential health information that is legally privileged. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender (Via return FAX) immediately and arrange for the return or destruction of these documents*