

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 patelu@magellanhealth.com and EAEdwards@magellanhealth.com; include in subject line **Manufacturer Submission**

OR Fax this request to: 1-888-656-6822 ATTN: Umang Patel, PharmD and Elaine Edwards, RPh

(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.

Contact Information

MANUFACTURER NAME: <input style="width: 95%;" type="text"/>	DATE: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 10px; text-align: center;">-</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 10px; text-align: center;">-</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			-			-				
		-			-						

PRODUCT MANAGER'S NAME: <input style="width: 95%;" type="text"/>	TITLE: <input style="width: 95%;" type="text"/>
--	---

ADDRESS:

CITY: <input style="width: 95%;" type="text"/>	STATE: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			ZIP CODE: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						

PHONE NUMBER: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 10px; text-align: center;">-</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 10px; text-align: center;">-</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				-				-				FAX NUMBER: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 10px; text-align: center;">-</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 10px; text-align: center;">-</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				-				-			
			-				-																
			-				-																

PRODUCT:

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

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 patelu@magellanhealth.com and EAEdwards@magellanhealth.com; include in subject line **Manufacturer Submission**

OR Fax this request to: 1-888-656-6822 ATTN: Umang Patel, PharmD and Elaine Edwards, RPh

(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).

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 patelu@magellanhealth.com and EAEdwards@magellanhealth.com; include in subject line **Manufacturer Submission**

OR Fax this request to: 1-888-656-6822 ATTN: Umang Patel, PharmD and Elaine Edwards, RPh

(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 patelu@magellanhealth.com and EAEdwards@magellanhealth.com; include in subject line **Manufacturer Submission**

OR Fax this request to: 1-888-656-6822 ATTN: Umang Patel, PharmD and Elaine Edwards, RPh

(Note: Processing May be Delayed if Information Submitted is Illegible or Incomplete)

Clinical Rationale Continuation Page (Use only if needed).

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 patelu@magellanhealth.com and EAEdwards@magellanhealth.com; include in subject line **Manufacturer Submission**

OR Fax this request to: 1-888-656-6822 ATTN: Umang Patel, PharmD and Elaine Edwards, RPh

(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.

