

State of Alaska
Department of Health & Social Services, Division of Health Care Services

**SUBMISSION REQUEST FORM FOR
PHARMACEUTICAL MANUFACTURERS**

Members of the P&T Committee have requested that all clinical information, questions or comments about the preferred drug list be sent directly to First Health. 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 Dave Campana 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 information pertaining to peer-reviewed literature including off-label peer-reviewed studies.

Fax Form to: 1-907-644-8121 ATTN: Melinda Sater, PharmD

Manufacturer Name: _____ Date: _____
CONTACT INFORMATION
Product Manager's Name: _____ Title: _____
Address: _____
City _____ State _____ Zip Code _____
Phone Number: (____) _____
Fax Number: (____) _____

Product: _____
Clinical Rationale for Request for Consideration: [If additional space is required, use Clinical Rationale Continuation Page(s).]

