



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



**Directions for submitting completed form:** E-mail as an attachment to Nina Huynh, PharmD ([nina.huynh@primetherapeutics.com](mailto:nina.huynh@primetherapeutics.com)), and Ryan Ruggles, PharmD ([ryan.ruggles@primetherapeutics.com](mailto:ryan.ruggles@primetherapeutics.com)); include in subject line: **Manufacturer Submission**.

**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 Prime Therapeutics State Government Solutions LLC. 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 Matt Parrott, 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**

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Manufacturer Name: \_\_\_\_\_

Date: \_\_\_\_\_

Product Manager First Name: \_\_\_\_\_

Product Manager Last Name: \_\_\_\_\_

Product Manager Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Product Manager Phone: \_\_\_\_\_ Product Manager Fax: \_\_\_\_\_

Product: \_\_\_\_\_

**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.

Product Manager's Name (Last, First): \_\_\_\_\_

**CLINICAL RATIONALE REQUEST FOR CONSIDERATION**

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

Product Manager's Name (Last, First): \_\_\_\_\_

**CLINICAL RATIONALE REQUEST FOR CONSIDERATION (*CONTINUED*)**

Product Manager's Name (Last, First): \_\_\_\_\_

**PUBLISHED CITATIONS**

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

**PRIME THERAPEUTICS STATE GOVERNMENT SOLUTIONS LLC USE ONLY — DO NOT MARK IN THIS AREA**

Action to Be Taken: \_\_\_\_\_

Date: \_\_\_\_\_

Product Manager's Name (Last, First): \_\_\_\_\_

**PUBLISHED CITATIONS (*CONTINUED*)**

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