



Drug Manufacturer Meeting Request Form

Name Company

Email Phone

New clinical information to be presented not contained in the PI:

Date requested (last two Tuesdays of the month, between 1-3pm, as time allows):

Submit this form with a word or PDF version of your agenda.

Drug Manufacturer Meeting Guidelines

1. One meeting per manufacturer, per 12-month period.
2. Meetings will be scheduled only if there is *new clinical information*, not in the prescribing information to be presented.
3. Meetings shall be limited to 25 minutes.
4. Meetings will be scheduled based on a meeting request form being submitted and when sufficient time is available.
5. An agenda shall be provided at the time the meeting request form is submitted.
6. Meetings may be rescheduled or cancelled at the discretion of Utah Medicaid.

Note: Additional questions and information may be sent to medicaidpharmacy@utah.gov