



UTAH DEPARTMENT OF
HEALTH

Pharma Meeting Request Form

Submit to medicaidpharmacy@utah.gov

Name

Company

Email

Phone

New clinical information to be presented

Preferred Date (limited to last two Tuesdays of the month)

Agenda

Submit PDF or Word Meeting agenda in addition to the meeting request form.

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 package insert 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 must 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