

## Pharmacy Industry Meeting Request

Please complete the below request and e-mail it to [medicaidpharmacy@nd.gov](mailto:medicaidpharmacy@nd.gov) or fax to 701-328-1544

|                          |               |        |
|--------------------------|---------------|--------|
| Date:                    | Company Name: |        |
| Product/Class Presented: |               |        |
| Meeting Attendee(s)      |               |        |
| Name                     | Title         | E-mail |
|                          |               |        |
|                          |               |        |
|                          |               |        |
|                          |               |        |

### **Please Answer the Following Questions:**

1. One of the following is required (*required*):
  - a. Does your company currently participate in the Medicaid Drug Rebate Program (MDRP)? ☐ YES ☐ NO
  - b. Is your product a diabetic supply with a rebate offer available through the SSDC? ☐ YES ☐ NO
2. Has your product received FDA approval? (*required*) ☐ YES ☐ NO
3. Has your product been assigned a WAC price? (*required*) ☐ YES ☐ NO
4. Is the drug currently subject to prior authorization/on the North Dakota Medicaid PDL? (*priority*) ☐ YES ☐ NO
5. Is your product on the DUR Board meeting agenda? (*priority*) ☐ YES ☐ NO
6. Is your drug new to market? ☐ YES ☐ NO
7. Is your drug for cancer or ultra-rare disease treatment? ☐ YES ☐ NO
8. Is your drug subject to limited distribution specialty pharmacies? ☐ YES ☐ NO
  - a. \*: If so, please attach pharmacy list.

What change prompted the request for a meeting (FDA approval, label change, new data, a particular concern, etc.)?

Agenda for presentation:

### **Please be advised of the following:**

- Wednesdays are preferred for industry meetings. Please provide availability for the next 3 Wednesdays. If Wednesdays are not available, please provide an alternate day/time (Monday through Thursday from 9 am to 3 pm CT). Meetings will be scheduled for 30 minutes. 15 minutes overrun will be allowed for follow up questions (if needed). Follow up meetings may be scheduled at the request of the Department.
- By submitting this application, I understand this application and any accompanying documents will become public records and potentially subject to discovery or public records inquiry. My participation in a pharmacy industry meeting is not guaranteed by submitting this application. If your drug is new to market and you are not selected for a pharmacy industry meeting, information regarding access and review of your medication will be provided