

## Pharmacy Industry Meeting Application

Please complete the below application 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. Does your company currently participate in the Medicaid Drug Rebate Program (MDRP)? <i>(required)</i>    | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Has your product received FDA approval? <i>(required)</i>  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Has your product been assigned a WAC price? <i>(required)</i>  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Is the drug currently subject to prior authorization/on the North Dakota Medicaid PDL? <i>(priority)</i> | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Is your product on the DUR Board meeting agenda? <i>(priority)</i>                                       | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Is your drug new to market?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7. Is your drug for cancer or ultra-rare disease treatment?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8. Is your drug subject to limited distribution specialty pharmacies?*                                      | <input type="checkbox"/> YES | <input type="checkbox"/> 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. 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 drugs 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