



2018 Clinical Presentation Request Form

This form must be completed and submitted prior to the scheduling of clinical presentations to Magellan Health Services (“Magellan”) Clinical and Rebate Contracting Teams.

Please Complete (all fields must be completed for this request to be considered).

Requestor: _____ **Phone:** _____ **E-mail:** _____

Company Representing: _____

Topic(s)/Description of new clinical trials and/or clinical information:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

All clinical presentations are virtual meetings, conducted via complete remote webcast.

The manufacturer is responsible for providing internet/web meeting **and** teleconferencing (specific participation instructions, including log in information and toll-free call in number), **and** electronic presentation slides, for **all** clinical presentations, **no later than two weeks prior to the scheduled presentation.**

Presenter(s): _____

Other Manufacturer Representatives Attending: _____

Submission of Form

After completion, return this form via e-mail to PharmaSubmissions@magellanhealth.com.

Please refer to the Magellan Manufacturer Presentations Policy for details. Direct any questions regarding this form, the 2018 presentation procedure, or guidelines to Dr. Tabatabai (MTabatabai@magellanhealth.com or 513-794-5265).