

# TennCare Pharmacy Advisory Committee

## Request for Public Presentation

According to TCA 71-5-2404(c):

**(1)** Any individual shall be permitted to make a public presentation to the TennCare pharmacy advisory committee regarding a drug or classes of drugs under consideration for the TennCare preferred drug list, in accordance with the following:

**(A)** A presentation shall be limited to an agenda item and there shall be a maximum of three (3) presentations per agenda item and only five (5) minutes will be allowed per agenda item;

**(B)** A request to make a verbal presentation shall be submitted in writing by fax or electronically to the pharmacy director of the bureau of TennCare, or the named designee, with a copy to the chairman of the TennCare pharmacy advisory committee no later than seventy-two (72) hours in advance of the scheduled meeting;

**(C)** The time limit for a verbal presentation by or on behalf of a pharmaceutical manufacturer shall not exceed five (5) minutes in aggregate per drug per manufacturer or organization, or five (5) minutes by an individual, manufacturer or organization speaking on a particular position. The committee may, by a unanimous vote, extend the time limitation for presentation; and

**(D)** An individual, manufacturer or organization may present updated or new information, including drug package insert changes, new indications or peer-reviewed journal articles on a product.

**(2)** The committee may receive written studies, data and information relative to the cost-effectiveness of drugs being considered for placement on the preferred drug list. Such written information shall be distributed to the TennCare pharmacy advisory committee members. Such written information must be received by the TennCare pharmacy director no later than five (5) business days prior to the scheduled pharmacy advisory committee meeting.

In order for your testimony to be heard you must meet and agree to the above criteria. Please email the included form to [tnmpdlrph@optum.com](mailto:tnmpdlrph@optum.com).

## TennCare Pharmacy Advisory Committee Request for Public Testimony

Please email this form to:  
[tnmpdlrph@optum.com](mailto:tnmpdlrph@optum.com)

Name: \_\_\_\_\_

PAC Meeting Date: \_\_\_\_\_

Organization/Company: \_\_\_\_\_

Drug(s)/Topic(s) to discuss: \_\_\_\_\_

\_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Are you sending information to be distributed to PAC members?   Y   N