This form can be completed on your computer, then faxed to Alabama Medicaid.

Pharmaceutical Manufacturer Contact Information Form

Please designate one individual as the contact person for your company for the purposes of correspondence and notice for the Preferred Drug Program. Manufacturers are responsible for updating contact information as needed.

Company Name _____

Contact Name _____

Mailing Address _____

_____

_____

Telephone # ( ) _____

Fax # ( ) _____

Email _____

Date Submitted _____

NOTE: Submittal of this completed form authorizes future contact by email as the primary mode of contact from Alabama Medicaid regarding Pharmacy and Therapeutics (P&T) Committee information.

Please type or print legibly and fax completed form to:
Alabama Medicaid Agency/Pharmacy Program @ 334-353-7014

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