

## PRIOR AUTHORIZATION COMMITTEE PUBLIC TESTIMONY REGISTRATION

**Instructions:** Please read the submission information on page 2 before completing this form.

The questions denoted with a red asterisk (\*) below must be completed or the request will not be considered. Requests in any other form will not be considered.

This information will be provided on the Speaker's list to the Committee members.

SPEAKER INFORMATION	
Name – Requester (Last, First)	Name – Speaker (Last, First)*
Telephone Number – Requester	Telephone Number – Speaker*
Email Address – Requester	Email Address – Speaker*
Organization / Place of Business*	

### SPEAKER FOCUS

**Note:**

- Only one four-minute speaking slot per drug class will be permitted for each company or organization. However, multiple speakers per company or organization will be permitted to share the same four-minute time slot per drug class.
- **Speakers may only provide testimony regarding drugs included in the specific drug class assigned to each four-minute time slot.**
- A maximum of two individual drug class speaking slot requests will be allowed per company or organization.
- A separate registration form is required for each drug class speaking slot.

Drug(s)*	Therapeutic Class*
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### OTHER SPEAKER INFORMATION

Has the speaker been asked to provide testimony by a pharmaceutical manufacturer?\*  Yes  No

If yes, \* please identify the company below.

Is the speaker being sponsored by or representing a company or organization in return for compensation of any type?\*

Yes  No

If yes, \* please describe the type of compensation and identify the company/organization that you are affiliated with.

Is there any other information about yourself (speaker) that you would like us to know?

For Department Use Only	
Speaker Number	Time

### **PUBLIC TESTIMONY REGISTRATION**

1. Prior registration is required for speaking requests
2. Prior to registration, review the Department Guidelines is located at:  
<https://www.forwardhealth.wi.gov/WIPortal/Tab/42/icscontent/provider/pac/index.htm.spage>
3. Deadline for registration is approximately 14 calendar days prior to the meeting (specific dates can be found at the link above).
4. Registration form below must be submitted by email to: [DHSWIPDL@Wisconsin.gov](mailto:DHSWIPDL@Wisconsin.gov)

We will reply approximately seven calendar days prior to the meeting to confirm availability and provide you with your speaking time(s). Specific speaking time requests will not be accepted.

### **WRITTEN TESTIMONY SUBMISSION**

Written testimony, up to three pages in length, may be submitted for review and consideration by the Committee. All other types of materials (e.g., package inserts, marketing materials, and reports) will not be provided to committee members.

Written testimony must be emailed to [DHSWIPDL@Wisconsin.gov](mailto:DHSWIPDL@Wisconsin.gov).

**Note:** Communication should not be sent directly to any member of the Prior Authorization Committee, State staff, or State contracted representatives. Only written testimony received at the above email address will be provided to committee members. Written testimony requests must be received, no later than three business days prior to the meeting.