



Humana – CareSource™ Pharmacy and Therapeutics Committee
Speaker Request Form

Meeting date:		
Speaker Name:		
Company Name:		
Address:		
City:	State:	Zip Code:
Phone Number:	Email address:	
Drug/Topic:		
Disclosure of Conflict of Interest:		

Presentation Guidelines

Those presenting to the Humana – CareSource Pharmacy and Therapeutics Committee will be required to follow the guidelines below:

1. The verbal presentation shall be limited to three (3) minutes.
2. Requests need to be sent to using this form 7 days in advance of the committee meeting. Forms should be emailed to Owen Neff at owen.neff@caresource.com.
3. Presentation will be limited to one point of view or product;
 - a. One clinical presentation as applicable to agenda
 - b. One practitioner or health care provider testimonial
 - c. One speaker on behalf of a specific therapy class or disease state
4. Any written materials also need to be provided 7 days prior to the meeting.