



**Humana – CareSource™ Pharmacy and Therapeutics Committee
Speaker Request Form**

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|-------------------------------------|----------------|-----------|
| 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.