

**ACOM POLICY 111, ATTACHMENT A – CONFLICT OF INTEREST DISCLOSURE FORM FOR
POTENTIAL P&T COMMITTEE MEMBERS¹**

As detailed in the Pharmacy and Therapeutics (P&T) Committee Operational Policy, P&T Committee (Committee) members and public individuals external to the Committee who provide verbal or written public comment to the Committee² shall not:

- a. Be employed by, subcontract with, or directly or indirectly represent a pharmaceutical manufacturer,
- b. Be employed by, subcontract with, or directly or indirectly represent a Pharmacy Benefits Management (PBM) company, or
- c. Receive payments or compensation from the pharmaceutical industry in excess of the CMS Open Payments database physician US Mean~~mean~~, including the Specialty mean if available, general payment amount for the most recent year as specified on openpaymentsdata.cms.gov.

Thus, any individual who meets a., b. or c is not eligible for serving on the Committee or providing external public comment to the Committee.

PLEASE INITIAL THE FOLLOWING:

 I am not employed by, subcontract with, or directly or indirectly represent a pharmaceutical manufacturer.

 I am not employed by, subcontract with, or directly or indirectly represent a Pharmacy benefits Management (PBM) company.

 I do not receive payments or compensation from the pharmaceutical industry in excess of the US Mean or Specialty Mean~~physician mean~~ general payments for the most recent available data on the CMS Open Payments database. amount of \$3,307.06 (2017 openpaymentsdata.cms.gov)³.

The purpose of this Conflict of Interest Disclosure form is to require the Committee member to the individual completing complete the this form to affirmatively identify any potential conflicts of interest with respect to matters coming before the Committee, of that individual with respect to matters coming before the Pharmacy and Therapeutics Committee (Committee) to ensure that information considered by the Committee is evaluated in an impartial manner.⁴

The following individualsCommittee members shall disclose any financial relationship, affiliation, or other relationship with any organization that may have a direct or indirect interest in business that may be considered by the Committee:

¹ Title updated

² Removed; separate form is used for the public

³ Revised to align with policy

⁴ Rephrased for flow

1) Committee members prior to serving on the Committee and at other timeframes described in the Committee Operational Policy; and

~~2) Individuals external to the Committee interested in providing verbal or written public comment to the Committee prior to providing comment to the Committee.⁵~~

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A financial relationship may include, but is not limited to: being employed by, being on retainer, having research or honoraria paid by, or receiving other forms of remuneration from any organization that may have a direct or indirect interest in business that may be considered by the Committee.

An affiliation other than one that is financial in nature may include holding a position on an advisory committee or some other role or benefit to a supporting organization.

The existence of such financial relationships or affiliation does not necessarily constitute a conflict of interest and will not preclude an individual from participating as a Committee member, ~~or, for an individual external to the Committee, from providing verbal or written public comment to the Committee.⁶~~

DISCLOSURES

___ I do not have a current or recent (within the last 24 months) financial relationship or affiliation with any organization that may have a direct or indirect interest in the business before the Committee.

___ I have a financial relationship or affiliation with an organization(s) in the past 24 months that may have a direct or indirect interest in the business before the Committee.

Please ~~C~~complete table below.

ORGANIZATION*	ROLE / RELATIONSHIP*

**List additional organizations and role/relationships on additional page(s) if necessary*

⁵ ~~Removed; a separate form is used~~

⁶ ~~Removed; not needed~~

I affirm under penalty of law that the information I have provided on this form is true, accurate, and complete to the best of my knowledge.

NAME: _____

SIGNATURE: _____

DATE: _____

Effective Dates: 04/16/19, 10/01/19, 09/01/21
Approval Dates: 03/14/19, 10/01/19, 07/15/21

OPEN UNTIL 08/29/21