

## Pharmacy and Therapeutics Committee Application

This application is not open to persons representing the pharmaceutical industry, healthcare/pharmaceutical consultants/lobbyists and employees of the pharmaceutical industry - see ACOM 111 AHCCCS Pharmacy and Therapeutics Committee for more information.

**Instructions:** Please complete this application for consideration for membership on the AHCCCS P&T Committee. If questions are not applicable, enter "NA". *Note: in addition to this application, applicants should include a resume and/or curricula vitae.*

**Type of Application (select one):**

Initial Appointment      Reappointment

**Position applying for (select category then choose from dropdown):**

Health care provider

Other: \_\_\_\_\_

Members of the public

AHCCCS Managed Care Organizations (MCOs) and Regional Behavioral Health Authority (RBHA) representatives:

### CONTACT INFORMATION

_____	_____	_____
LAST	FIRST	MIDDLE
_____	_____	_____
ADDRESS	CITY	
_____	_____	_____
STATE	ZIP	COUNTY
_____	_____	_____
HOME PHONE	OFFICE PHONE	MOBILE
_____	_____	_____
EMAIL	FAX	

### CURRENT EMPLOYMENT (if applicable)

_____	_____	
BUSINESS/ORGANIZATION NAME	CURRENT POSITION/TITLE	
_____	_____	
ADDRESS	CITY	
_____	_____	
STATE	ZIP	PHONE

**Professional Licenses, Registrations, Certifications and/or Experience:**

**Experience with AHCCCS Programs:**

**Are you currently an AHCCCS registered provider?**      Yes      No

## Conflict of Interest Disclosure

As detailed in the Committee Operational Policy ACOM 111, Committee members and public individuals external to the Committee who provide verbal or written public comment to the Committee 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,
- c. Receive payments or compensation from the pharmaceutical industry in excess of the physician mean general payment amount for the most recent year as specified on the CMSO Open Payments website at [openpaymentsdata.cms.gov](https://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; and
- I do not receive payments or compensation from the pharmaceutical industry in excess of the physician mean general payment amount for the most recent year specified on the CMSO Open Payments website at [openpaymentsdata.cms.gov](https://openpaymentsdata.cms.gov)

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

The following individuals 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. 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.

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 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.

**Disclosures (select one)**

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 complete table below.***

Organization*	Role / Relationship*

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

**Your Attestation**

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: \_\_\_\_\_

**Email application to AHCCCS department at [ahcccspharmacydept@azahcccs.gov](mailto:ahcccspharmacydept@azahcccs.gov)**