ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

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.

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:

[X] I am not employed by, subcontract with, or directly or indirectly represent a pharmaceutical manufacturer;

[X] I am not employed by, subcontract with, or directly or indirectly represent a pharmacy benefits management (PBM) company; and

[X] 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

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.

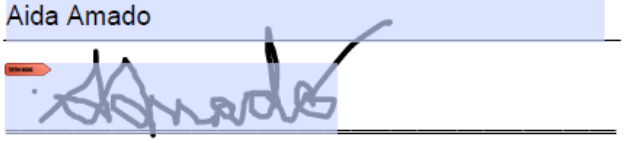
Organization*	Role / Relationship*

**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: Aida Amado

Signature: 

Date: 06/16/2026

Email application to AHCCCCS department at ahcccspharmacydept@azahcccs.gov

Save form | Print form

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

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.

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:

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

SF I am not employed by, subcontract with, or directly or indirectly represent a pharmacy benefits management (PBM) company; and

SF 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

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: Stephen Borodkin, M.D.

Signature: Stephen Borodkin, M.D. Digitally signed by Stephen Borodkin, M.D. Date: 2026.06.05 11:58:04 -07'00'

Date: 6/5/2026

Email application to AHCCCS department at ahcccspharmacydept@azahcccs.gov

Save form | Print form

ARIZONA
HEALTH CARE COST
CONTAINMENT SYSTEM

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.

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

Please initial the following:

SPB ☑ I am not employed by, subcontract with, or directly or indirectly represent a pharmaceutical manufacturer;

SPB ☑ I am not employed by, subcontract with, or directly or indirectly represent a pharmacy benefits management (PBM) company; and

SPB ☑ 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

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.***

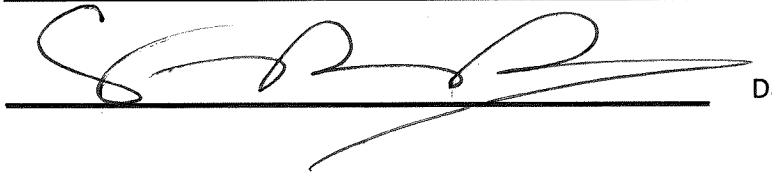
Organization*	Role / Relationship*

**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: Steven R. Brown, MD

Signature:  Date: 6/1/26

Email application to AHCCCCS department at ahcccspharmacydept@azahcccs.gov

Save form **Print form**

ARIZONA
HEALTH CARE COST
CONTAINMENT SYSTEM

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.

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

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: Sandra Lynn Brownstein

Signature: Sandra Lynn Brownstein Date: 7/14/26

Email application to AHCCCCS department at ahcccspharmacydept@azahcccs.gov

Save form | Clear form

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

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.

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:

- [x] I am not employed by, subcontract with, or directly or indirectly represent a pharmaceutical manufacturer;
- [x] I am not employed by, subcontract with, or directly or indirectly represent a pharmacy benefits management (PBM) company; and
- [x] 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

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: Jonathan Enchinton

Signature: _____ Date: 06/05/2026

Email application to AHCCCCS department at ahcccspharmacydept@azahcccs.gov

Save form | Print form

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

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.

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:

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

kf I am not employed by, subcontract with, or directly or indirectly represent a pharmacy benefits management (PBM) company; and

kf 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

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*
UnitedHealthcare	Pharmacy Director/Employee

**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: Kelly Flannigan

Signature: Kelly Flannigan Digitally signed by Kelly Flannigan Date: 2026.06.05 14:19:42 -07'00'

Date: 6/5/2026

Email application to AHCCCCS department at ahcccspharmacydept@azahcccs.gov

Save form | Print form

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

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.

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:

[X] I am not employed by, subcontract with, or directly or indirectly represent a pharmaceutical manufacturer;

[X] I am not employed by, subcontract with, or directly or indirectly represent a pharmacy benefits management (PBM) company; and

[X] 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

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: Yvonne I Johnson

Signature: Yvonne Johnson Digitally signed by Yvonne Johnson Date: 2026.06.17 09:19:12 -07'00'

Date: 6/16/2026

Email application to AHCCCCS department at ahcccspharmacydept@azahcccs.gov

Save form | Print form

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

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.

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

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*
Mountain Park Health Center	Employee

**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: Alana Podwika

Signature: Alana Podwika Digitally signed by Alana Podwika Date: 2026.06.01 15:38:01 -07'00'

Date: 06/01/2026

Email application to AHCCCCS department at ahcccspharmacydept@azahcccs.gov

Save form Print form

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.

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:

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

JR I am not employed by, subcontract with, or directly or indirectly represent a pharmacy benefits management (PBM) company; and

JR 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

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: Julie DiTucci Reiter

Signature: Julie DiTucci-Reiter Date: 6/8/2026

Email application to AHCCCCS department at ahcccspharmacydept@azahcccs.gov

Save form **Print form**

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

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.

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:

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

rr I am not employed by, subcontract with, or directly or indirectly represent a pharmacy benefits management (PBM) company; and

rr 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

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: Raul Romero, M.D.

Signature: _____ Date: 7/8/26

Email application to AHCCCCS department at ahcccspharmacydept@azahcccs.gov

Save form | Print form

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

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.

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:

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

AS I am not employed by, subcontract with, or directly or indirectly represent a pharmacy benefits management (PBM) company; and

AS 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

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.

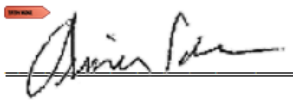
Organization*	Role / Relationship*

**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: Aimee Schwartz, MD

Signature: 

Date: May 28, 2026

Email application to AHCCCCS department at ahcccspharmacydept@azahcccs.gov

Save form Print form

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

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.

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:

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

MS I am not employed by, subcontract with, or directly or indirectly represent a pharmacy benefits management (PBM) company; and

MS 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

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: Michelle Soble

Signature: Soble, Michelle J Digitally signed by Soble, Michelle J Date: 2026.05.28 07:21:04 -07'00'

Date: 05/28/2026

Email application to AHCCCCS department at ahcccspharmacydept@azahcccs.gov

Save form | Print form

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

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.

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:

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

DS I am not employed by, subcontract with, or directly or indirectly represent a pharmacy benefits management (PBM) company; and

DS 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

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: Dinesh Sukhlall

Signature: Dinesh Sukhlall -S Digitally signed by Dinesh Sukhlall -S Date: 2026.06.02 08:44:33 -07'00'

Date: 6/2/2026

Email application to AHCCCS department at ahcccspharmacydept@azahcccs.gov

Save form | Print form

ARIZONA
HEALTH CARE COST
CONTAINMENT SYSTEM

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.

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

Please initial the following:

[X] I am not employed by, subcontract with, or directly or indirectly represent a pharmaceutical manufacturer;

[X] I am not employed by, subcontract with, or directly or indirectly represent a pharmacy benefits management (PBM) company; and

[X] 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

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.

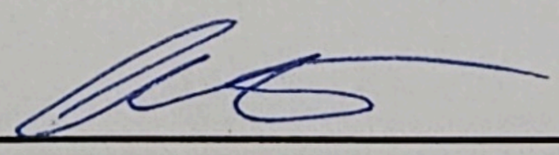
Organization*	Role / Relationship*
Walgreens	Pharmacy Manager

**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: Andrew Thatcher

Signature:  Date: 6/2/26

Email application to AHCCCCS department at ahcccspharmacydept@azahcccs.gov

Save form **Print form**