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

As detailed in the Pharmacy and Therapeutics (P&T) Committee Operational Policy, P&T Committee (Committee) members shall not:

* 1. Be employed by, subcontract with, or directly or indirectly represent a pharmaceutical manufacturer,
  2. Be employed by, subcontract with, or directly or indirectly represent a Pharmacy Benefits Management (PBM) company, or
  3. Receive payments or compensation from the pharmaceutical industry in excess of the CMS Open Payments database physician US Mean, including the Specialty mean if available, 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.

**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 general payments for the most recent available data on the CMS Open Payments database.

The purpose of this Conflict of Interest Disclosure form is to require the Committee member to complete this form to affirmatively identify any potential conflicts of interest with respect to matters coming before the Committee.

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

**ACOM POLICY 111 - ATTACHMENT A – CONFLICT OF INTEREST DISCLOSURE FORM**

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.

Bottom of Form

**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.

Top of Form

\_\_\_ 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.

**Complete table below.**

Bottom of Form

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| --- | --- |
| **ORGANIZATION\*** | **ROLE / RELATIONSHIP\*** |
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***\*List additional organizations and role/relationships on additional page(s) if necessary***

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, 04/15/22

Approval Dates: 03/14/19, 10/01/19, 07/15/21, 02/02/22