

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;
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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.

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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. Aida E. Amado, ACNP Name:

Signature:



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Disclosures (select one)							
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	•	nization(s) in the past 24 months ess before the Committee. <i>Please</i>					
Organization*	F	cole / Relationship*					
*List additional organizations and	I role/relationships on additio	nal page(s) if necessary					
	Your Attestation						
I affirm under penalty of law that and complete to the best of my ki		led on this form is true, accurate,					
Name: Aimee Schwartz	z, MD						
Signature:	/we text here	09/27/2022 Date:					



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and complete to the best of my knowledge.

Name:

Signature:

Andrew Thatcher

10/01/2022

Date:



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Disclosures (select one)

Signature:

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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/re	elationships 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.					
and complete to the best of my knowled	gc.				
Name:					
3.0					

Date:



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Disclosures (select one)		
affiliation before	on with any organization th the Committee.	t (within the last 24 months) fir at may have a direct or indirect in	nterest in the business
_	·	Iffiliation with an organization(s) interest in the business before t	-
	te table below.	interest in the business before	the Committee. Fieuse
	Organization*	Role / Relati	onship*
Phoenix Indian I	Medical Center - Indian Health Service	Current Employer	
List addition	nal organizations and role/re	elationships on additional page(s)	if necessary
		Your Attestation	
	er penalty of law that the infection of the best of my knowled	ormation I have provided on this f lge.	orm is true, accurate,
Name:	Jonathan Enchinton		
Signature:	Jonathan Enchinton	Digitally signed by Jonathan Enchinton -S Date: 2023.10.02 11:46:48 -07'00'	10/02/2023 Date:

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Signature:

10/07/2022 Date:



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):			
- 100 01	Application (select one).			
Initi	al Appointment	eappointment		
Position Hea	n applying for (select cates Ith care provider Select O er:_	g ory then choose f	from dropdown):	
Mer	nbers of the public Select	One		
✓ AHC repr	CCS Managed Care Organi resentatives: MCO Acute I	Plan Medical Direc	nd Regional Behavioral Hetors or Pharmacy Directors	ealth Authority (RBHA) ors or designees
Cole			THE CHINATION	
		Maria		Carolina
LAST		FIRST		MIDDLE
1850 We	est Rio Salado Parkway		Tempe	
ADDRESS		The second secon	CITY	
AZ	85207	Mari	copa	
STATE	ZIP	COUNT		* ***
			///	0) 431-9850
HOME PHO	ONE	OFFICE PHONE	-	OBILE
mcole@	care1staz.com			
EMAIL			FAX	
		CURREN	T EMPLOYMENT	
		(if	applicable)	
Care1st	Health Plan Arizona		Pharmacy Director	
	ORGANIZATION NAME		CURRENT POSITION/TITLE	
1850 We	est Rio Salado Parkway		Tempe	
ADDRESS			CITY	
AZ	85281	(602) 396-		
STATE	ZIP	PHONE		



Professional Licenses, Registrations, Certifications a	Professional Licenses, Registrations, Certifications and/or Experience:								
Experience with AHCCCS Programs:									
Are you currently an AHCCCS registered provider?	/es	✓ No							



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Disclosures (3	elect one)			
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that ma	financial relationship or a y have a direct or indirect e table below.	affiliation with an or t interest in the busi	ganization(s) iness before t	in the past 24 months the Committee. <i>Please</i>
	Organization*		Role / Relation	onship*
*List additiona	l organizations and role/re	elationships on additi	ional page(s)	if necessary
		Your Attestation		,
l affirm under and complete	penalty of law that the info to the best of my knowled	ormation I have prov	. 12	orm is true, accurate,
Name:	Maria C. Cole			
Signature:	Monia C.G	le		Date: 10/04/2022



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Signature:

Arizona Hantin Cara Cara Companyoni in

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me: Raul Romero, M.D. 10/17/2022	Disclosures (select one)	roviding verbal or written public comment to the Committee.
Organization* Role / Relationship* Organization* Role / Relationship* ist additional organizations and role/relationships on additional page(s) if necessary Your Attestation ffirm under penalty of law that the information I have provided on this form is true, accurate, d complete to the best of my knowledge. Raul Romero, M.D. 10/17/2022	arimation with any organization that m	ithin the last 24 months) financial relationship or lay have a direct or indirect interest in the business
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me: Raul Romero, M.D. 10/17/2022	Y	our Attestation
me: 10/17/2022	ffirm under penalty of law that the information of the complete to the best of my knowledge.	ation I have provided on this form is true, accurate,
10/17/2022	Raul Romero, M.D.	
11 Males 1		10/17/2022
	nature: VAlle (

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٨	I am not employed manufacturer;		with,	or	directly	or	indirectly	represent	a pharmaceution	cal
(2)	lam not omplement									

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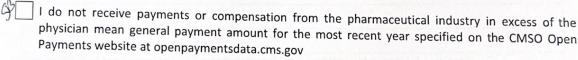
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3/1	I am not em manufacturer	nployed b	y, subcontract	with,	or	directly	or	indirectly	represent	a pharmaceu	tical
٨	manaracturer	,									

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

	I am not employed by, subcontract with, manufacturer;							
4	I am not employed by, subcontract with, o management (PBM) company; and	r direc	ctly or i	ndirectly	y repr	esent a p	pharmacy benefi	ts

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:

- 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.



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prior to serving on the Committee and at other timeframes described in the al Policy; and

the Committee interested in providing verbal or written public comment to

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- a Se employed by, subcommact with, or directly or indirectly represent a pharmaceutical
- b. Se employed by, subcontract with, or directly or indirectly represent a pharmacy benefit:
- Receive payments or compensation from the pharmaceutical industry in excess of the physicis mean general payment amount for the most recent year as specified on the CMSO Open Paymer

Thus, any individual who meets a., b. or c is not eligible for serving on the Committee or provi Please mittal the following:

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of this Conflict of Interest Disclosure form is to require the individual completing affirmatively identify any potential conflicts of interest of that individual with respect to ma before Committee to ensure that information considered by the Committee is evaluated in

The following individuals shall disclose any financial relationship, affiliation, or other relation organization that may have a direct or indirect interest in business that may be con-

- Committee members prior to serving on the Committee and at other timeframes
- 2. Individuals external to the Committee interested in providing verbal ex-A financial rolu-



Disclosures (select one)	remaining versus of written public comment to the Committee.
I do not have a current or recent affiliation with any organization the before the Committee.	t (within the last 24 months) financial relationship or at may have a direct or indirect interest in the business
that may have a direct or indirect complete table below.	offiliation with an organization(s) in the past 24 months interest in the business before the Committee. <i>Please</i>
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*List additional organizations and role (v	
organizations and role/re	elationships on additional page(s) if necessary
	Your Attestation
I affirm under penalty of law that the info and complete to the best of my knowled	Ormation I have provided on this farms to
Name: Sandra Bra	owns ten
Signature: Sound By	ndei



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.

Ρ	lease	initial	the	fol	lowing:

C
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.



Disclosures (select one)

and complete to the best of my knowledge.

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/re	elationships 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,

Name:				
	<u> </u>			
Signaturo:	Kan / March	_	Dato	



As detailed in the Committee Operational Policy, 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.
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- 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 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:

- <u>yi</u> I am not employed by, subcontract with, or directly or indirectly represent a pharmaceutical manufacturer
- <u>yi</u> I am not employed by, subcontract with, or directly or indirectly represent a pharmacy benefits management (PBM) company
- <u>yi</u> I do not receive payments or compensation from the pharmaceutical industry in excess of the physician mean general payment amount of \$3,307.06 (2017 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 the Pharmacy and Therapeutics Committee (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 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.

Disclosures

<u>yj</u> 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

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.

Yvonne I. Johnson Name:

Yvonne I.

Signature:

Johnson

Johnson Date: 2019.04.26 08:33:39 -07'00'

Date:

04/26/2019

Submit