

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;
- 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:

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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.



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)		
	•	months) financial relationship or or indirect interest in the business
	•	ganization(s) in the past 24 months ness before the Committee. <i>Please</i>
Organization*		Role / Relationship*
*List additional organizations ar	nd role/relationships on addit	ional page(s) if necessary
	Your Attestation	า
I affirm under penalty of law that and complete to the best of my		ided on this form is true, accurate,
Name: Aimee Schwar	rtz, MD	
Signature:	Twe text here	09/27/2022 Date:



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Signature:



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and complete to the best of my knowledge.

Name:

Signature:

Andrew Thatcher

10/01/2022

Date:



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Please	initial	the	foll	owing	:
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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 info	ormation I have provided on this form is true, accurate,
and complete to the best of my knowled	gc.
Name:	
3.0	

Date:



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Disclosures (sel	ect one)		
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that may		affiliation with an organization(s) interest in the business before t	
0	rganization*	Role / Relation	onship*
			5
List additional	organizations and role/r	elationships on additional page(s)	if necessary
		Your Attestation	
	penalty of law that the info the best of my knowled	formation I have provided on this t dge.	form is true, accurate,
Name:	Christina McGann		ž.
Signature:	CMc Opann		07/03/2024 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:

Submit form

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Signature:

10/07/2022 Date:



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Disciosai es (select offe)			
affiliatio	t have a current or recer on with any organization the he Committee.	nt (within the last 2 nat may have a direc	24 months) firet or indirect in	nancial relationship or nterest in the business
that ma	financial relationship or a y have a direct or indirect e table below.	affiliation with an or t interest in the bus	rganization(s) iiness before t	in the past 24 months the Committee. <i>Please</i>
	Organization*		Role / Relati	onship*
*List addition	al organizations and role/re	elationships on addit	tional page(s)	if necessary
		Your Attestatio	n	
I affirm under and complete	penalty of law that the info to the best of my knowled	ormation I have prov ge.	vided on this f	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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Disclosures (select one)	providing verbal or written public comment to the Committee.
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I have a financial relationship or affil that may have a direct or indirect in complete table below.	iation with an organization(s) in the past 24 months terest in the business before the Committee. <i>Please</i>
Organization*	Role / Relationship*
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ist additional organizations and role/relat	tionships on additional page(s) if necessary
	Your Attestation
ffirm under penalty of law that the inform d complete to the best of my knowledge.	nation I have provided on this form is true, accurate,
me: Raul Romero, M.D.	
	10/17/2022
nature:	Date:

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4	I am not employed by, subcontract with, o management (PBM) company; and	r dired	ctly or i	indirectly	represent a	a pharmacy benefits

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that may have a direct or indirect complete table below.	affiliation with an organization(s) in the past 24 months at interest in the business before the Committee. <i>Please</i>
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	Role / Relationship*
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	CANAL CONTRACTOR OF THE PARTY O
*List additional organizations and role (
and organizations and role/i	relationships on additional page(s) if necessary
	Your Attestation
I affirm under penalty of law that the in and complete to the best of my knowled	formation I have provided on this faces in
Name: Sandra Br	owns tein
Signature: Sendu Bi	moter Date: 10/14/22



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<u> </u>
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)

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*
Organization	Note / Netationship
List additional organizations and role/re	elationships on additional page(s) if necessary

Your Attestation

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

Frey!	aly_	Date:	
	Fay	Final	Date:



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.
- 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 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