



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

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Interim Cabinet Secretary

West Virginia Medicaid Pharmaceutical and Therapeutics (P&T) Committee
Drug Utilization Review (DUR) Board

Cynthia E. Beane
Commissioner

Guest Forum
Disclosure Statement

The West Virginia Pharmaceutical and Therapeutics (P&T) Committee, Drug Utilization Review (DUR) Board and persons speaking or presenting to the WV Medicaid P & T Committee or the DUR Board are asked to disclose any financial or other affiliation with organizations that may have a direct or indirect interest in matters addressed by the Committee. Those persons speaking or presenting at the P&T Committee or DUR Board meetings are asked to disclose potential conflicts on this form. P & T Committee and DUR Board members disclose potential conflicts each year on a separate form.

A financial interest may include, but is not limited to, being a shareholder in the organization, being on retainer with the organization, having research or honoraria paid by the organization, or receiving other forms of remuneration from an organization. An affiliation may include holding a position on an advisory committee or some other role or benefit to a supporting organization.

The existence of such a financial relationship or affiliation does not necessarily constitute a conflict of interest and will not preclude an individual from participating or addressing the P&T Committee or DUR Board. This policy is intended to openly identify any potential conflicts so that the P&T Committee and DUR Board members and the public are able to form their own judgments.

Please indicate relevant information regarding involvement with drug manufacturers/patient advocacy groups/ and or medical/pharmacy associations for the past two years or in the known future.

1. Were you asked to speak to the P&T Committee or DUR Board? Yes No
If yes, please indicate who asked you. _____

2. Do you currently receive consulting fees or paid advisory boards (please indicate company(s))

3. Are you employed by a drug manufacturer? Yes No
If yes, please indicate the company(s) _____

4. Have you ever received any grant support from the drug industry? Yes No
If yes, please indicate which company _____

5. Do you have any other current or recent (within the last 12 months) financial arrangement or affiliation with any organization that may have a direct interest in the business before the WV P&T Committee or DUR Board? Yes No

If yes, please indicate which organization and role/relationship (Use back of form if necessary) _____

By submitting this form, I am committing that the above is true and that I have disclosed all pertinent information.

(Print Name)

(Signature)
REV 10-16-2023

(Date)