



STATE OF WEST VIRGINIA
DEPARTMENT OF HUMAN SERVICES
BUREAU FOR MEDICAL SERVICES

Cynthia A. Persily, Ph.D.
Cabinet Secretary

Cynthia Beane
Commissioner

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.

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.

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.

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)

(Drug(s) being presented)

(Signature)

(Date)

REV 10-2024

