

Conflict of Interest Disclosure

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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.

Name: Aida E. Amado, ACNP

Signature: 

Date: 10/11/2022

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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: Aimee Schwartz, MD

Signature: 

Date: 09/27/2022

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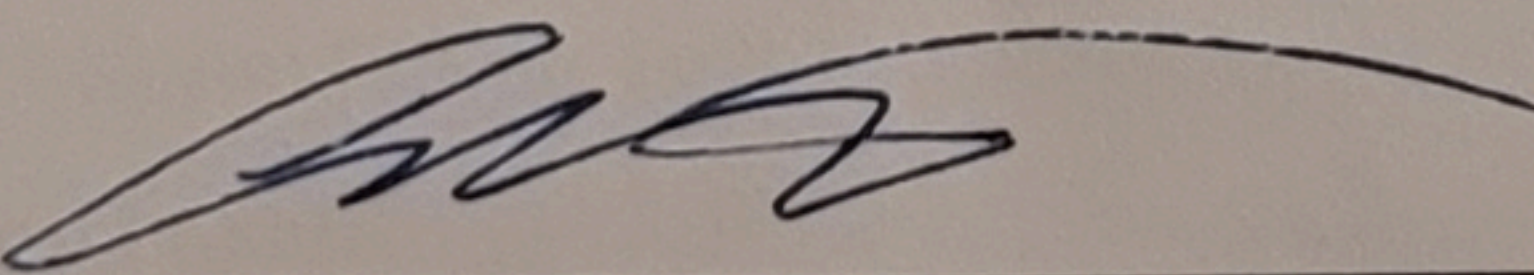
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Walgreens	Pharmacy manager

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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: Andrew Thatcher

Signature: 

Date: 10/01/2022

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Signature:  _____

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Organization*	Role / Relationship*
Phoenix Indian Medical Center - Indian Health Service	Current Employer

**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.

Name: Jonathan Enchinton

Signature: Jonathan Enchinton -S Digitally signed by Jonathan Enchinton -S
Date: 2023.10.02 11:46:48 -07'00'

Date: 10/02/2023

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UnitedHealthcare	Employee

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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: Kelly Flannigan

Signature: _____ Date: 10/07/2022

Professional Licenses, Registrations, Certifications and/or Experience:

Experience with AHCCCS Programs:

Are you currently an AHCCCS registered provider? Yes No

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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: Maria C. Cole

Signature: *Maria C. Cole* Date: 10/04/2022

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Name: Otto Uhrik

Signature:  _____

Date: 9/27/2022

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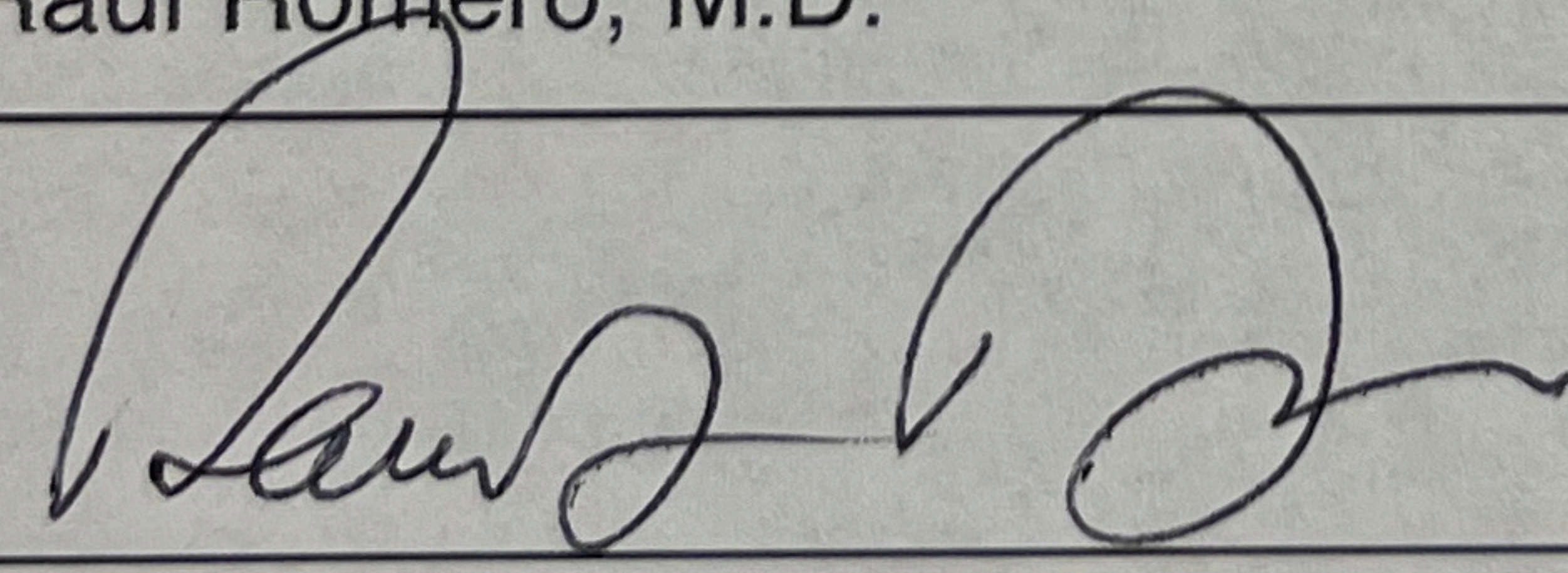
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Name: Raul Romero, M.D.

Signature: 

Date: 10/17/2022

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including the following:

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; and

receive payments or compensation from the pharmaceutical industry in excess of the physician general payment amount for the most recent year specified on the CMSO Open Payments website at openpaymentsdata.cms.gov

The purpose of the Conflict of Interest Disclosure form is to require the individual completing the form to disclose any potential conflicts of interest of that individual with respect to matters coming before the Committee. It is important to ensure that information considered by the Committee is evaluated in an impartial manner.

Committee members shall disclose any financial relationship, affiliation, or other relationship with any individual or entity that has a direct or indirect interest in business that may be considered by the Committee.

Disclosures shall be made prior to serving on the Committee and at other timeframes described in the Committee Operational Policy; and

Committee members and public individuals interested in providing verbal or written public comment to the Committee shall disclose any potential conflicts of interest of that individual with respect to matters coming before the Committee.

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,
- b. Be employed by, subcontract with, or directly or indirectly represent a pharmacy benefit 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 Payment website at 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.

Please 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 benefit 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 affirmatively identify any potential conflicts of interest of that individual with respect to matters before Committee to ensure that information considered by the Committee is evaluated in a fair manner.

The following individuals shall disclose any financial relationship, affiliation, or other relationship with an 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 as specified 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.

A financial relationship is defined as:

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.

Name: Sandra Brownstein

Signature: Sandra Brownstein

Date: 10/14/22

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,
- 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 not 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, 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.

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 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.

Name: _____

Signature:  _____

Date: _____

Conflict of Interest Disclosure Form

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 not 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, 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 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

Yj 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.

Name: Yvonne I. Johnson

Signature: Yvonne I. Johnson  Digitally signed by Yvonne I. Johnson
Date: 2019.04.26 08:33:39 -0700

Date: 04/26/2019

Submit