



Alex J. Mayer  
Cabinet Secretary

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

Cynthia Beane, MSW, LCSW  
Commissioner

The West Virginia Pharmaceutical and Therapeutics (P&T) Committee, Drug Utilization Review (DUR) Board and persons speaking or presenting to the West Virginia 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. Those persons speaking or presenting at the P&T Committee or DUR Board meetings are asked to disclose potential conflicts on this form. The 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, DUR Board members, and the public can form their own judgments.

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

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

Do you currently receive consulting fees or serve on paid advisory boards? (please indicate company(s))  
\_\_\_\_\_

Are you employed by a drug manufacturer? ☐ Yes ☐ No  
If yes, please indicate the company(s) \_\_\_\_\_

Have you ever received any grant support from the drug industry? ☐ Yes ☐ No  
If yes, please indicate which company \_\_\_\_\_

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 West Virginia P&T Committee or DUR Board? ☐ Yes ☐ No

If yes, please indicate which organization and role/relationship (use back of form if necessary)  
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By submitting this form, I am attesting that the above is true and that I have disclosed all pertinent information.

(Drug(s) being presented)

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(Print Name)

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(Signature/Date)

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