



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

Alex J. Mayer, PhD, MS, PMP Cabinet Secretary
Christy D. Donohue, CMC Commissioner

West Virginia Medicaid
Pharmaceutical and Therapeutics (P&T) Committee
Guest Speaker Form

Persons speaking or presenting to the WV Medicaid P&T Committee 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, as well as any potential conflicts on this 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. This policy is intended to openly identify any potential conflicts so that the P&T Committee members and the public are able to form their own judgements.

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

- 1. Were you asked to speak to the P&T Committee? Yes No
If yes, please indicate who asked you
2. Do you currently receive consulting fees or paid advisory boards? Yes No
If yes, 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(s)
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 P&T Committee? Yes No
If yes, please indicate which organization and role/relationship. Use back of form if necessary.

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

Print Name

Drug(s) Represented

Signature

Date

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