

Pharmacy & Therapeutics Committee

NOTICE AND APPLICATION TO PARTICIPATE



Dear Potential Clinical and Non-Clinical Advisory Committee Members,

Thank you for your interest in joining the Pharmacy & Therapeutics (P&T) Committee. This advisory committee serves an important role for the Oregon Health Authority (OHA). The P&T Committee's legislative mandate is to provide recommendations which include:

- Evaluating evidence-based reviews of prescription drug classes or individual drugs to assist in making recommendations to the OHA for drugs to be included on the preferred drug list (PDL).
- Advising the OHA on administration of Federally mandated Medicaid retrospective and prospective drug use review (DUR) programs which includes recommending utilization controls, prior authorization requirements, quantity limits and other conditions for coverage.
- Making recommendations based on evaluation of the available evidence regarding safety, efficacy and value of prescription drugs, as well as the ability of Oregonians to access prescriptions that are appropriate for their clinical conditions.
- Publish and distribute educational information to prescribers and pharmacists regarding the committee activities and the drug use review programs.
- Collaborating with the Health Evidence Review Commission (HERC) on topics involving prescription drugs that require further considerations under the purview of the HERC.

The committee is made up of 11 members and the commitment is for 3 consecutive years, with a legislatively mandated meeting frequency of no less than quarterly, but historically has been meeting every other month in Salem. Appointed members will be reimbursed mileage incurred in the performance of the member's official duties according to current policy. The legislature prescribed very specific representation on this 11 member committee. The Application below outlines the various categories that could describe your professional or personal situation. Please indicate all categories that describe your experience.

Please include the following with this application:

- 1) Conflict of Interest declaration is required (attached).
- 2) Current resume/CV.

First Name:	Last Name:
Specialty/Licensure (if Applicable):	Email:
Phone Number:	Address:

I am interested in being considered for appointment and can represent the following:

- Physician licensed and actively engaged in the practice of medicine or osteopathic medicine in Oregon
- Pharmacist licensed in and actively practicing pharmacy in Oregon
- Public representative who is neither a physician nor pharmacist.

1. Why are you interested in participating as a member of the P&T Committee?
2. What qualifications and experience do you bring to this committee?
3. How will you manage your disagreement with OHA, or other committee members in evaluating evidence or decisions?
4. Will you be able to commit to attending in person a minimum of a 4 hour meeting every other month for the next 2 years? Y N
5. Are you interested in being chairperson or vice-chairperson? Y N

EMAIL COMPLETE FORM, CONFLICT OF INTEREST DECLARATION, AND RESUME TO: OHA.Pharmacy@state.or.us



Pharmacy and Therapeutics Committee Member

CONFLICT OF INTEREST FORM

The Oregon Health Authority asks that you complete this Conflict of Interest form to help us in the decision making process for appointments to the Mental Health Clinical Advisory Group or any of its subcommittees.

If you are selected to serve on the P& T Committee or its subcommittees, you will be subject to Conflict of Interest disclosure requirements in ORS Chapter 244 as a public official.

This form is due on an annual basis, although you should update the form with the OHA within 15 days of a material change in the information provided to the Commission. You may wish to retain a copy of this form.

Your Name (Please Print)

(Date signed)

1. BUSINESS OFFICE OR DIRECTORSHIP; ASSUMED BUSINESS NAME

If you or a member of your household was an officer or director of a business during the immediate preceding calendar year, please indicate the following:

Title of Office/Directorship	Business Name & Address	Business Type

If you or a member of your household did business under an assumed business name during the immediate preceding calendar year, show the following information:

Name of Business	Business Address	Business Type

2. HONORARIUM

If you received an honorarium of more than \$50 during the immediate preceding calendar year, please list all such honoraria:

Received From	Address	Describe Appearance/Service

3. SOURCES OF INCOME (Be specific as to identity & description of each source)

Identify the income source(s) which produced **10% or more** of the combined total gross household income received by you or a member of your household during the immediate preceding calendar year. If you receive compensation for being a public official, include such compensation as a source of income.

Name & Address of Source	Describe Source	Received By

Does an income source listed above do business, or could it reasonably be expected to do business, with the public body you wish to serve or over which you may have authority? Yes No

Does an income source listed above have a legislative or administrative interest in the public body you wish to serve or over which you may have authority? Yes No

4. SHARED BUSINESS WITH LOBBYIST

If you or a member of your household shared a partnership, joint venture, or similar substantial economic relationship with a paid lobbyist during the immediate preceding calendar year, or were employed by or employed a paid lobbyist during that time, please list the following: (Note: owning stock in a publicly traded company in which the lobbyist also owns stock is not a relationship which requires disclosure):

Name of Lobbyist	Business Name	Business Type

PROVIDE THE INFORMATION REQUESTED IN ITEMS 5, 6, 7 ONLY IF:

A. It involves an individual or business that did business with, or reasonably could be expected to do business with, the public body you wish to serve or over which you may have authority; or

B. The information requested involves an individual or business with a legislative or administrative interest in the public body you wish to serve or over which you may have authority.

5. INCOME OF MORE THAN \$500

List each source (not amounts) of income over \$500, **other than a source listed under question 3 on this form**, which you or a member of your household received during the immediate preceding calendar year:

Income Source	Address	Description

6. BUSINESS INVESTMENT OF MORE THAN \$1,000

If you or a member of your household had a personal, beneficial interest or investment in a business during the immediate preceding calendar year of more than \$1,000, list the following (DO NOT list the amount of the investment. DO NOT include individual items in a mutual fund or blind trust, a time or demand deposit in a financial institution, shares in a credit union, or the cash surrender value of life insurance):

Business Name & Address	Brief Description of Business

7. SERVICE FEE OF MORE THAN \$1,000

List each person for whom you performed a service for a fee of more than \$1,000 in the immediate preceding calendar year. (DO NOT list fees if you are prohibited from doing so by law or professional ethics including professional ethics for attorneys, physicians, psychologists, certified public accountants, etc.):

Name	Name	Name

Signature

Date

Please return by email to:

OHA-Pharmacy Program

OHA.Pharmacy@state.or.us

Guide for Public Officials

This guide has been approved by the Oregon Government Ethics Commission pursuant to ORS 244.320. ORS 244.320 requires this publication to explain in understandable terms the requirements of Oregon Government Ethics law and the Oregon Government Ethics Commission's interpretation of those requirements. Toward that end, statutes and rules have been summarized and paraphrased in this guide. Therefore, the discussion in this guide should not be used as a substitute for a review of the specific statutes and rules.

Any public official, business or any person shall not be liable under ORS Chapter 244 for any action or transaction carried out in accordance with Commission opinions set forth in this guide. "In accordance with" the opinions means that the fact circumstances of any action or transaction for which any public official, business or person shall not be liable must be the same fact circumstances for an action or transaction described in this guide as the basis for an opinion in this guide.

There may be other laws or regulations not within the jurisdiction of the Commission that apply to actions or transactions described in this guide.

Click here to access the [Guide to Public Officials](#)

Please NOTE: A new updated version of the Guide for Public Officials will be available soon.