



Division of Medicaid & Medical Assistance
Pharmaceutical & Therapeutic (P&T) Meeting
Public Testimony Guidelines

Thank you for your interest in speaking before our P&T Committee regarding DMMA's Preferred Drug List (PDL). Below are instructions regarding public testimony at the P&T Committee meetings.

Prior registration is required. The deadline for registering is seven days prior to the meeting. To register, potential speakers must submit the attached Registration Application to the Delaware Pharmacy Program. Speakers are required to complete a disclosure statement as part of the Registration Application. A copy of the disclosure statement is attached.

Applications may be submitted by e-mail, fax, U.S. mail, or any recognized carrier.

E-Mail: PandTPublicTestimony@hp.com

FAX #: 302-454-0224

Mail: Delaware Pharmacy Program
248 Chapman Road, Suite 100
Newark, DE 19702

Confirmation will be returned within 7 days of receipt with a registration number. **The registration number must be presented at sign-in by noon on the day of the meeting.** If you do not receive confirmation, please send a fax to (302) 454-0224.

The time available for each presentation is up to three minutes. Audiovisual equipment will not be allowed due to time constraint. There will be no question and answer period. Please note that testimony should not be repetitive of material generally available in the FDA-approved package insert or commonly found in the standard reference material.

Comments must be written. Written comments and any other handout material must be provided electronically 7 days prior to the meeting. (Electronic files should not be larger than 1 MB)

Comments can be sent electronically to PandTPublicTestimony@hp.com

Handouts will be distributed to the P & T Committee members and staff electronically prior to the meeting

Speakers are asked to provide two business cards to the registration attendant at the meeting.

Registered speakers must be present and registered at noon, prior to the start of the meeting.

Registrants who make a request to provide testimony for a product that is recommended to be included on the PDL will present their material only if the P&T committee members do not agree with the recommendations presented.

Please note:

If you wish to provide written information to the P & T Committee members, it should be sent to the P&T committee e-mail address PandTPublicTestimony@hp.com. Such communication should not be sent directly to any member of the P&T committee or State / HP Enterprise Services representative. Communication sent to the P&T mail box will be distribution to all members.

If a P&T committee member believes he/she has received inappropriate contact (e-mails, mailings, phone calls, etc) about any agenda item, it shall be reported to HP Enterprise Services Pharmacy team.



**Delaware Division of Medicaid and Medical Assistance
P&T Public Testimony Registration Application**

Full Name:	
Phone Number:	Fax Number:
Email Address:	
Organization/Place of Business:	
Name of Medication(s) you are presenting:	
<p>Affiliation: (Are you being sponsored by or representing a company or organization in return for compensation of any type? This information will be provided on the Speaker's List to the Committee members; however, this information does not need to be disclosed during testimony.)</p>	
Remuneration for Testimony:	

Instructions

1. Prior Registration is required.
2. Deadline for registration is seven (7) calendar days prior to the meeting.
3. Registration Applications may be submitted by e-mail to PandTPublicTestimony@hp.com, fax to (302) 454-0224, U.S. mail at address below, or by any recognized carrier.

Mail: Mail material to:
 Delaware Pharmacy Program
 248 Chapman Road, Suite 100
 Newark, DE 19702

Confirmation will be returned within 7 days of receipt with a registration number. The registration number must be presented at sign-in before the meeting, which begins at 12:30. If you do not receive confirmation, please send a fax to (302) 454-0224.



Conflict of Interest Disclosure

Pharmaceutical and Therapeutic Committee

For public testimony presentations

Name: _____

Affiliation _____

(If you are employed by a pharmaceutical manufacturer, you may stop here).

Persons testifying or presenting to the P&T committee are asked to disclose any financial or other affiliation with organizations that may have a direct or indirect interest in the business in front of the committee. This policy is intended to openly identify any potential conflicts so that P&T committee members and the public are able to form their own judgments.

Which person or organization alerted you of this meeting? _____.

Were you asked to speak about something specifically? _____.

Are you receiving any reimbursement for expenses or fee for your appearance before this Committee?

No _____(initial here) YES _____ (initial here and give details below)

Do you have any financial interest in any organization that manufactures, sells or distributes pharmaceutical products? Financial interest may include, but is not limited to, being a shareholder in the organization (direct purchase); being on retainer with the organization; or having research or honoraria paid by the organization.

No _____(initial here) YES _____ (initial here and give details below)

Do you have an affiliation with any organization that manufactures, sells or distributes pharmaceutical products? An affiliation may include holding a position on an advisory committee, serving as a member of an organization's Speakers Bureau or some other role or benefit to a supporting organization.

No _____(initial here) YES _____ (initial here and give details below)

Have you or your employer received any honoraria, funds, grants, study funds, patient referrals, gifts with a value greater than \$20.00 or any other incentives from a corporation involved in the manufacture, distribution or any aspect of the manufacture of pharmaceuticals within the last 24 months?

No _____(initial here) YES _____ (initial here and give details below)

Do you or any member of your immediate family (spouse, dependent children or dependent parents) have a current interest, preferred or common stock (excepting mutual funds) in a corporation involved in the manufacture, distribution or any aspect of the manufacture of pharmaceuticals that is worth in excess of \$10,000 per person?

No _____(initial here) YES _____ (initial here and give details below)

If your answer is yes to any of the above questions, please provide a detailed explanation:

I represent that I have answered the above questions fully, and affirm that they accurately disclose any interests I may have.

Signature

Date

Refusal to sign statement does not preclude you from speaking but your refusal will be announced at the meeting.