



## 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 with a copy of the testimony. 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 email, fax, U.S. mail, or any recognized carrier.

Email: [PandTPublicTestimony@gainwelltechnologies.com](mailto:PandTPublicTestimony@gainwelltechnologies.com)

Fax: 302 - 454 - 0224

Mail: Delaware Pharmacy Program  
645 Paper Mill Road, Suite 1015  
Newark, DE 19711

Confirmation will be returned within 7 days of receipt with a registration number. If you do not receive confirmation, email [PandTPublicTestimony@gainwelltechnologies.com](mailto:PandTPublicTestimony@gainwelltechnologies.com). If the testimony is determined to be information that is part of the Federal Drug Administration (FDA) prescribers' information, the request to testify will be **rejected**. Testimony should include information that is NOT part of the required information as specified by the FDA.

**The time available for each presentation is up to three minutes regardless of the number of drugs being discussed. Testimony from pharmaceutical manufacturers will be limited to one representative per drug or drug class.** One manufacturer cannot have more than one representative speak on the same drug. 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. The P&T Committee Chairperson reserves the right to cut short any speaker's testimony if he feels it is repetitive of the package insert or 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@gainwelltechnologies.com](mailto:PandTPublicTestimony@gainwelltechnologies.com).

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

**Registered speakers should log into the meeting prior to the start time.**

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 email address [\*\*PandTPublicTestimony@gainwelltechnologies.com\*\*](mailto:PandTPublicTestimony@gainwelltechnologies.com). Such communication should not be sent directly to any member of the P&T committee or State/Gainwell representative. Communication sent to the P&T mail box will be distributed to all members.

If a P&T committee member believes he/she has received inappropriate contact (emails, mailings, phone calls, etc.) about any agenda item, it shall be reported to the Gainwell Technologies Pharmacy team



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

<b>Full Name:</b>	
<b>Phone Number:</b>	<b>Fax Number:</b>
<b>Email Address:</b>	
<b>Organization/Place of Business:</b>	
<b>Name of Medication(s) you are presenting:</b>	
<p><b>Affiliation:</b> (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>	
<b>Remuneration for Testimony:</b>	

### Instructions

- Prior Registration is required.
- Deadline for registration is seven (7) calendar days prior to the meeting.
- Registration Applications may be submitted by email to **[PandTPublicTestimony@gainwelltechnologies.com](mailto:PandTPublicTestimony@gainwelltechnologies.com)**, fax to (302) 454-0224, U.S. mail to address below, or by any recognized carrier.

Mail: Delaware Pharmacy Program  
645 Paper Mill Road, Suite 1015  
Newark, DE 19711

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 email **[PandTPublicTestimony@gainwelltechnologies.com](mailto:PandTPublicTestimony@gainwelltechnologies.com)**.



Speakers

**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.