Attachment A – MPRP4001

PARTNERSHIP HEALTHPLAN of CALIFORNIA

CONFLICT of INTEREST AGREEMENT

As a member of Partnership HealthPlan of California's Pharmacy & Therapeutic (P&T) Committee, I recognize that absence of conflict of interest is vital to the unbiased and candid decisions necessary for effective participation. Therefore, I agree to report any conflict of interest, potential or confirmed, to the Pharmacy Director or the Committee Chair.

Conflict of Interest are those circumstances in which the personal interest of a person may potentially or actually conflict with the interests of or may be perceived as potentially conflicting with the interests of an organization; personal interests include not only the person's own interest but also include those of the individual's household members.

No Committee Member shall make, participate in making or in any way attempt to use their official position to influence a decision in which the Committee Member becomes or has reasons to know they have financial interest or that would enhance the Committee Member's status or professional standing or benefit their current or previous employer.

To ensure that a conflict of interest does not exist, Committee Members shall execute an annual Conflict of Interest (COI) statement. Committee Members shall disclose in the COI any financial interest, including current employer or any previous employer in which they have a continued financial interest. Committee Members shall disclose all information with pharmaceutical manufacturers within the previous 12 months, for which the Committee Member has a contractual arrangement, has received a grant, is seeking a grant or has received other remuneration. Other remuneration includes but is not limited to honoraria, stipends, and travel expenses.

Committee Member shall also disclose any financial interests or interactions with pharmaceutical manufacturers that occur after the annual COI filing. The disclosure may be in the form of a letter or electronic note to Partnership HealthPlan and must occur prior to the next scheduled Committee Meeting.

_____
SIGNATURE

_____
PRINTED NAME

_____
DATE

_____ _____
WITNESS DATE