

IOWA MEDICAID DRUG UTILIZATION REVIEW COMMISSION

CONFLICT OF INTEREST POLICY

The Drug Utilization Review Commission recognizes that each member of the Commission has a duty of loyalty to the Commission and the public and is required to comply with Iowa Code §68B.2A, Conflicts of Interest. In order to avoid actual or potential or perceived conflicts of interest, the following policies shall apply:

1. Any actual, potential or perceived conflict of interest on the part of the Commission member, their practice setting, or a member of their immediate family, will be disclosed to the other members and be made a matter of record, through an annual disclosure procedure, which disclosure must be updated when new conflicts arise.
2. The Commission member will not participate in any vote, or take affirmative action to influence any vote, on any matter before the Commission in which the Commission member, their practice setting or an immediate family member, has an actual, potential or perceived conflict of interest. The minutes shall reflect the disclosure and the abstention from voting.
3. Questions regarding conflicts of interests shall be brought to the attention of the Attorney General's office.
4. 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 any form 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. This policy is intended to openly identify any potential conflicts.
5. This disclosure should include any 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 Iowa Medicaid Drug Utilization Review Commission.
6. This disclosure is mandatory for Drug Utilization Review Commission members.

Drug Utilization Review Commission Conflict of Interest Policy

ANNUAL CONFLICT OF INTEREST STATEMENT

I have read and am familiar with the Drug Utilization Review Commission Conflict of Interest Policy and I agree to abide by the policy.

I hereby disclose the following actual, potential or perceived conflicts of interest and agree that in the event other situations arise, I will update this disclosure immediately.

My employment: _____

My spouses' employment: _____

Other Boards served on: _____

I have the following financial interests or affiliations that potentially could be perceived as creating a conflict of interest:

Signature

Date