

Iowa Medicaid

Public Notification: Request for Comment

To: Individuals Who Possess Scientific or Medical Training

with Respect to Drugs or Biological Products for Rare

Diseases

From: Drug Utilization Review (DUR) Commission

Subject: Public Comment Regarding Drugs and Biological

Products for Rare Diseases and Drugs and Biological

Products that are Genetically Targeted

Notification Date: 7/2/24

Required Response Date: 7/31/24

House File 653 established a requirement for the Pharmaceutical and Therapeutics (P&T) Committee and the Drug Utilization Review (DUR) Commission to request and consider information from individuals who possess scientific or medical training with respect to drugs and biological products for rare diseases and drugs and biological products that are genetically targeted when making recommendations or determinations regarding beneficiary access.

Information is being requested for the drugs and biological products identified below which may be reviewed at an upcoming DUR meeting from individuals who possess scientific or medical training with respect to the drug, biological product, or rare disease. Please provide comment to the contact information provided below by the required response date, including a conflict of interest disclosure form. Please follow the current established processes for providing oral public comment when attending DUR meetings (Submit request to provide oral public comment by July 31, 2024.

Process for Written Public Comment Submission for Drugs for Rare Diseases for August 7, 2024 DUR Meeting:

- Iowa Medicaid Public Notification: Request for Comment is posted to <u>the Iowa</u>
 Medicaid Pharmacy website.
- Listserv notification is sent by Iowa Medicaid.
- Individual prepares their public comment.
- Public comment is submitted to the appropriate Iowa Medicaid contact (provided below) along with the conflict of interest disclosure form.
- Public comment is shared with DUR Commission and included in meeting materials.
- No response will be provided to the submitted public comment.



DUR Commission:

Next meeting date: 8/07/2024

Contact Information: pba_iadur@optum.com
Conflict of Disclosure Form attached

INFORMATION REQUEST:

1. Agamree 2. Livmarli



Iowa Medicaid Drug Utilization Review (DUR) Commission **Public Comment Conflict of Interest Disclosure**

The Iowa Medicaid Drug Utilization Review (DUR) Commission and persons speaking or providing written comment to the Iowa Medicaid DUR Commission 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 Commission. Those persons providing public comment to the DUR Commission are asked to disclose potential conflicts on this form. DUR Commission members disclose potential conflicts each year on a separate form.

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 other forms 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.

The existence of such financial relationships or affiliation does not necessarily constitute a conflict of interest and will not preclude an individual from participating or addressing the DUR Commission T m

	fy any potential conflicts so that the DUR Commission rm their own judgments.
Please in □ Verbal Con	dicate type of public comment: nment □ Written Comment
Your responses below will be read or your written public comment to the	out loud before your verbal presentation or supplied with DUR Commission.
Please check the box of the staten	nent that best applies.
	ent (within the last 12 months) financial arrangement or on that may have a direct interest in the business before the sion.
	affiliation or am employed by an organization that may usiness before the Iowa Medicaid DUR Commission.
☐ I refuse to state my affiliation	on(s)
Organization (List additional on the back of the form.)	Role/Relationship (List additional on the back of the form.)
	(print name)
(signature)	(date)