

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 & Pharmacy and Therapeutics (P&T) Committee

Subject: Public Comment Regarding Drugs and Biological Products for Rare Diseases and Drugs and Biological Products that are Genetically Targeted

Notification Date: 7/8/24

Required Response Date: 8/8/24

[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 P&T and/or 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 the respective P&T and DUR meetings. Submit request to provide oral public comment by August 8, 2024.

Process for Written Public Comment Submission for Drugs for Rare Diseases:

- Iowa Medicaid Public Notification: Request for Comment is posted to the [Iowa 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 appropriate Committee(s).

- No response will be provided to the submitted public comment.

P&T Committee:

Next meeting date: 8/15/2024

Contact Information: pba_iapdinfo@optum.com

Conflict of Disclosure Form attached

INFORMATION REQUEST:

1. Eohilia
2. Filsuvez
3. Ogsiveo
4. Ojemda
5. Opsynvi
6. Rivfloza
7. Spevigo
8. Voydeya
9. Winrevair

Iowa Medicaid Pharmaceutical and Therapeutics (P&T) Committee Public Comment Conflict of Interest Disclosure

The Iowa Medicaid Pharmaceutical and Therapeutics (P&T) Committee and persons speaking or providing written comment to the Iowa Medicaid P&T Committee are asked to disclose to the Committee any financial or other affiliation with organizations that may have a direct or indirect interest in the business. Those persons providing public comment to the P&T Committee meetings are asked to disclose potential conflicts on this form. P&T Committee 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 P&T Committee. This policy is intended to openly identify any potential conflicts so that the P&T Committee members and the public are able to form their own judgments.

Please indicate type of public comment:

- Verbal Comment** **Written Comment**

Your responses below will be read out loud before your verbal presentation or supplied with your written comment to the P&T Committee.

Please check the box of the statement that best applies.

- Statement of No Conflicts**

I do not have a 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 P&T Committee.

- Disclosures**

I do have a financial interest, affiliation or am employed by an organization that may have a direct interest in the business before the Iowa Medicaid P&T Committee

- I refuse to state my affiliation(s)**

Organization (List additional on the back of the form.)	Role/Relationship (List additional on the back of the form.)

(print name)

(signature)

(date)