

Pharmaceutical company request for oral testimony at the May 15,2020  
Idaho Medicaid Pharmacy & Therapeutics Committee meeting.

Submission # \_03

Date request was received: 04/20/2020

Drug: Symtuza

Therapeutic Drug Class: HIV -1

Pharmaceutical Company: Janssen

This request for oral testimony has been reviewed.

approved

**From:** Trivedi, Neeti [COBIUS] <[NTrivedi@its.jnj.com](mailto:NTrivedi@its.jnj.com)>  
**Sent:** Monday, April 20, 2020 1:06 PM  
**To:** Eide, Tamara J. <[Tamara.Eide@dhw.idaho.gov](mailto:Tamara.Eide@dhw.idaho.gov)>  
**Subject:** JANSEN - INVOKANA & SYMTUZA - Idaho Medicaid [External Email]

ATTN: **Tami Eide**  
3232 Elder Street  
Boise, ID 83705

Dear Members of the State of Idaho Pharmacy and Therapeutics (P&T) Committee,

Please see the attached summary of clinical information provided for INVOKANA® (canagliflozin) and SYMTUZA® (darunavir, cobicistat, emtricitabine, and tenofovir alafenamide) marketed by Janssen Pharmaceuticals, Inc., and submitted in preparation for the upcoming **Idaho Medicaid P&T Committee Meeting** on behalf of Stephanie Yamamoto, PharmD, BCPS, Field Director West, Real World Value & Evidence Field.

The enclosed information has been supplied to you in response to your unsolicited request and is not intended as an endorsement of any usage not contained in the prescribing information. For complete information, please refer to the full Prescribing Information below, including the following sections: BOXED WARNING(S), INDICATIONS AND USAGE, DOSAGE AND ADMINISTRATION, CONTRAINDICATIONS, WARNINGS AND PRECAUTIONS, and ADVERSE REACTIONS. If you require further information, please feel free to contact me directly Monday through Friday, 9:00 a.m. to 5:00 p.m. EST.

Thank you,  
Neeti

**Neeti Trivedi, PharmD, MBA**  
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