

COLORADO MEDICAID P&T COMMITTEE MEETING MINUTES

April 8, 2014

Members Present

Lynn Parry, MD
Shilpa Kinikar, PharmD, BCPS
Jennifer Hyer, MD
Michael McGuire, MPA
Leslie Moldauer, MD, MBA
Neil Stafford, MD
Roy J. Durbin Jr., MD
Kimberly Nordstrom, MD, JD
Katy Trinkley, PharmD
David Fox, MD
Irene Girgis, PharmD

Medicaid Pharmacy Department

Robert Lodge, PharmD
Swanee Grubb, PharmD

Members Absent

Patricia Lanius, RPh

GENERAL ORDERS and NEW BUSINESS

The meeting of the CO Medicaid P&T Committee was held on April 8, 2014 at 225 E. 16th Ave., 1st Floor Conference Room, Denver, Colorado. A quorum being present, S. Kinikar officially called the meeting to order at 13:10.

S. Kinikar asked for approval of the minutes from the January 7, 2014 meeting. L. Parry motioned to approve and J. Hyer seconded. The minutes were approved with no audible dissent.

UNFINISHED BUSINESS

S. Grubb gave an update on the PDL changes for the following:

- Insulin
- Alzheimer's Agents
- Atypical Antipsychotics
- Growth Hormones
- Leukotriene Modifiers
- MS Agents
- Intranasal Corticosteroids
- Ophthalmic allergy Products
- Sedative/Hypnotics
- Statins and Statin combinations

NEW BUSINESS

S. Grubb gave updates about the prior authorization helpdesk call statistics. The prior authorization numbers from the previous month were about the same as usual. This being about 88% approvals and 12% denials.

R. Lodge presented the current and updated Global Prior Authorization forms. He asked for any comments on the new form. He spoke to the history of the form and why we are updating the form. J. Hyer made a motion to accept the new form. L. Moldauer seconded. The motion passed with no audible dissent.

S. Kinikar presented guidelines for manufacturer and public presentations. Oral presentations will be restricted to products that are being reviewed for PDL status. Presentations will be limited to a maximum of three minutes per representative per drug product. Representatives will be called to present in the order in which they signed in by drug class. Presentations must be limited to verbal comments. No visual aids, other than designated handouts, are permitted. Presentations should follow the one page summary that was submitted to the Department. The audience will be considered a reference tool for the committee. The committee will discuss topics and audience participation will be allowed if P&T members ask for clarification. S. Grubb disseminated recently received public comments to the committee members.

S. Kinikar moved to discuss the newer generation antihistamines and combinations. With no speakers being present S. Grubb provided utilization, FDA updates, and current preferred products. R. Durbin asked about if we need to keep the safety recommendation on the combination products. D. Fox states pediatricians still consider the safety concerns of the combination products. L. Parry remade last year's motion then withdrew it. D. Fox made the motion to make available at least two different antihistamine agents. J. Hyer seconded. The motion passed with no audible dissent. D. Fox made the motion that it is likely that the single agents are safer than combination products with respect to drug-drug interactions. J. Hyer seconded. The motion passed with no audible dissent.

S. Kinikar moved to discuss angiotensin receptor blockers. Dr. Joe Lovato from Lovato Family Care spoke about Benicar. S. Grubb provided FDA updates, utilization data, and current preferred products. N. Stafford made the motion to consider at least one ARB with renal protection data in diabetes, one ARB with heart failure data, and one with data in hypertension. L. Parry seconded. The motion passed with no audible dissent.

S. Kinikar moved to discuss renin inhibitors and combinations. With no speakers being present S. Grubb provided utilization, FDA updates, and current preferred products. J. Hyer made the motion that due to safety concerns we do not need a preferred product in this class. L. Parry seconded. The motion passed with no audible dissent.

S. Kinikar moved to discuss fibromyalgia agents. M. Juhn from Pfizer spoke about Lyrica. S. Grubb gave FDA updates, utilization, and current preferred products. L. Parry made the motion that no one product approved for fibromyalgia is proven more effective than others and there does not appear to be a difference in major safety events among the FDA approved products. J. Hyer seconded. The motion passed with one abstention by L. Moldauer.

Point of order. J. Zerzan and K. Nordstrom joined the meeting. K. Nordstrom assumes chair position.

K. Nordstrom moved to discuss testosterone products. L. Hill from Abbvie spoke about Androgel. S. Grubb gave FDA updates, utilization, and current preferred products. N. Stafford made a motion that due to safety and suspected overutilization we recommend all products require a prior authorization. S. Kinikar seconded. Motion passed with no audible dissent. K. Trinkley made an informational statement to DUR that at least 2 serum concentrations are drawn at correct times of day and that the patient has symptoms besides sexual symptoms. K. Trinkley made the motion that the endocrine guidelines be considered for treating hypogonadism. I. Girgis seconded. The motion passed with no audible dissent. D. Fox made an informational statement regarding the concern of the possibility of misuse or diversion by children. L. Parry seconded. The motion passed with no audible dissent.

K. Nordstrom moved to discuss long acting oral opioids. With no speakers present S. Grubb gave FDA updates, utilization information, and current preferred products. L. Parry made a motion that there is no evidence that definitely supports a difference between short and long acting opioids. J. Hyer seconded. The motion passed with no audible dissent. J. Hyer made a motion that due to significant safety concerns with long acting opioids in pregnancy, and the risk of neonatal abstinence syndrome prior authorization should be required for women of reproductive potential. L. Parry seconded. The motion passed with no audible dissent. L. Parry made the motion that due to safety concerns we feel that transdermal patches should require a prior authorization. J. Hyer seconded. The motion passed with no audible dissent. L. Parry made the motion to include at least two long acting oral opioids as preferred. S. Kinikar seconded. The motion passed with no audible dissent. I. Girgis made the motion that due to safety concerns associated with Zohydro ER we recommend it not be a covered benefit. L. Parry seconded. The motion passed with no audible dissent. D. Fox made the informational statement that due to the significant morbidity and mortality associated with these products dosing limits and quantity limits are an effective strategy to help with overutilization.

K. Nordstrom moved to discuss inhaled anticholinergics and combinations. K. Sporangeo from Forest spoke on Tudorza. P. O'Neil from Boehringer Ingelheim spoke regarding Combivent and Spiriva. B. Felt from Glaxo Smith Kline spoke regarding Anoro Ellipta. S. Grubb gave FDA updates, utilization information, and current preferred products. L. Parry made the motion that pediatric indications should be considered as well as dosage forms. J. Hyer seconded. The motion passed with no audible dissent. K. Trinkley made the motion to

consider the duration of action of short and long acting for different indications. L. Parry seconded. The motion passed with no audible dissent. J. Hyer made the motion that based on similar safety and efficacy we cannot recommend one product over another. S. Kinikar seconded. The motion passed with no audible dissent.

K. Nordstrom moved to discuss inhaled beta 2 agonists. B. Rawley from Childrens Hospital discussed a concern with switching preferred products and that changing the color of the inhaler and confusing patient. She spoke specifically of Ventolin and Proair. S. Grubb gave FDA updates, utilization information, and current preferred products. S. Kinikar made the motion to continue the current policy of allowing one inhaler with a dose counter and one inhaled solution to be preferred. L. Parry seconded. The motion passed with no audible dissent. D. Fox made the motion that lack of color of rescue inhalers has caused safety problems with patients. L. Parry seconded. The motion passed with no audible dissent.

K. Nordstrom moved to discuss inhaled long acting beta 2 agonists. With no speakers present S. Grubb gave FDA updates, utilization information, and current preferred products. L. Parry made the motion that all single entity LABAs should be considered non-preferred and require a prior authorization due to potential safety concerns. J. Hyer seconded. The motion passed with no audible dissent.

K. Nordstrom moved to discuss inhaled corticosteroids and combinations. O. Ryan from AstraZeneca spoke about Pulmicort and Symbicort. B. Felt from Glaxo Smith Kline spoke about Breo Ellipta. B. Rawley from Childrens Hospital spoke about how changing preferred product affects the patients again. S. Grubb gave FDA updates, utilization information, and current preferred products. L. Parry made the motion to include at least one product from each delivery method (MDI, DPI, and nebule) and one products with pregnancy category B. J. Hyer seconded. The motion passed with no audible dissent. S. Kinikar made the motion for the combination products to include at least one MDI and at least one DPI s preferred. L. Parry seconded. The motion passed with no audible dissent.

K. Nordstrom moved to discuss skeletal muscle relaxants. With no speakers present S. Grubb gave FDA updates, utilization information, and current preferred products. L. Parry made the motion to include at least one agent to treat spasticity as preferred. J. Hyer seconded. The motion passed with no audible dissent. S. Kinikar made the motion to include at least one skeletal muscle relaxant as preferred. L. Parry seconded. The motion passed with no audible dissent. L. Parry made the motion that Soma has a high addiction profile and should not be covered. A friendly amendment was made by K. Trinkley to add because of safety reasons. N. Stafford seconded. The motion passed with no audible dissent.

K. Nordstrom moved to discuss topical immunomodulators. With no speakers present S. Grubb gave FDA updates, utilization information, and current preferred products. S. Kinikar made a recommendation to the DUR board that a prior authorization be required for therapy longer than six weeks, regardless of preferred status. L. Moldauer seconded. The motion

passed with no audible dissent. L. Moldauer made the motion for recommendation to the DUR board that these products always be used as second line to topical steroids. L. Parry seconded. The motion passed with no audible dissent.

Adjourn at 16:45.

By: _____
Kimberly Nordstrom, MD, Chair

Date: _____