



COLORADO

Department of Health Care
Policy & Financing

MINUTES OF THE MEETING OF THE COLORADO MEDICAID P&T COMMITTEE

Department of Healthcare Policy and Financing
303 E. 17th Ave, 11th Floor Conference Room

July 7, 2015

1. Call to Order

A quorum being present, P. Lanius officially called the meeting to order at 13:05.

2. Roll Call

Board introductions were made. There were sufficient members for a quorum with eight members participating and three members excused.

A. Members Present

Lynn Parry, MD
Patricia Lanius, RPh
Jennifer Hyer, MD
Katy Trinkley, PharmD
Deanna Tolman, FNP
Steven Russell, MD
Kimberley Jackson, DO
Andrew Davis, PharmD, MBA
Laura Rang, RPh

B. Members Excused

Leslie Moldauer, MD, MBA
Roy J. Durbin Jr., MD
James Feinstein, MD



C. Staff Present

Swanee Grubb, PharmD
Kelli Metz, PharmD
Nila Mahyari, PharmD

3. Announcements

Debbie Fimple from the Department spoke about the Medicaid rebranding and answered questions from the audience.

4. Approval of Minutes

L. Parry asked for approval of the minutes from the April 7, 2015 meeting. The minutes were approved with no audible dissent.

5. Department Updates

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

- Newer generation antihistamines and combinations
- Angiotensin receptor blockers
- Renin inhibitors and combinations
- Fibromyalgia agents
- Testosterone products
- Long acting oral opioids
- Inhaled anticholinergics and combinations
- Inhaled beta 2 agonists
- Inhaled corticosteroids and combinations
- Skeletal muscle relaxants
- Topical immunomodulators

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 87% approvals and 13% denials.

Change in Chair to L. Parry.

6. Rules

L. Parry 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.

Factual Inaccuracy:

During a Committee meeting, if a stakeholder believes that a factual inaccuracy has been stated by a Committee member, the stakeholder may hand a note to the Department representative or Committee Chair or Vice Chair. The stakeholder must provide the factual inaccuracy or a summary of the inaccuracy on the note. The Department representative will forward any comment to the Chair or Vice Chair. The Committee Chair/Vice Chair will then determine if there is need to publicly hear the inaccuracy prior to moving forward with motions and discussion. The Chair/Vice Chair will state the purported factual inaccuracy and will ask the Committee if they want to hear testimony regarding the factual inaccuracy. When providing testimony, the stakeholder must provide evidence to support the claim of inaccuracy and cannot provide opinions on the drug class being considered.

S. Grubb disseminated recently received public comments to the committee members.

A. DRUG CLASSES FOR REVIEW

1. L. Parry moved to discuss the oral anticoagulants. R. Realson Daichi Sanyko spoke about Savaysa. D. Dills from Pfizer spoke of Eliquis. J. Stoffel from Janssen spoke of Xarelto. William O'Neil from Boehringer Ingelheim spoke about Pradaxa. Dr. E. Prasthofer from Altitude Hematology/oncology requests all NOAC's be preferred. S. Grubb provided utilization, FDA updates, and current preferred products. J. Hyer made the motion that we recommend warfarin remain preferred. K. Jackson seconded. The motion passed with no audible dissent. D. Tolman made the motion that one or more NOAC also be preferred and a failure of warfarin not be required. K. Jackson seconded. The motion passed with no audible dissent. The committee made a recommendation that DUR evaluates the step therapy process, warfarin therapy in particular the >60% labile INR failure as well as difficulty monitoring.
2. L. Parry moved to discuss the bisphosphonates. With no speakers being present S. Grubb provided utilization, FDA updates, and current preferred products. K. Trinkley made the motion to continue the current limit of 5 years for patients with low risk of fracture. S. Russel seconded. The motion passed with one abstention. D. Tolman made the motion that at least on agent for daily, weekly, and monthly dosing as well as an agent in liquid form



be available. S. Russel seconded. The motion passed with no audible dissent. K. Jackson made the motion for etidronate for spinal cord injuries be available. K. Trinkley seconded. The motion passed with no audible dissent.

3. L. Parry moved to discuss the oral biguanides. With no speakers being present S. Grubb gave FDA updates, utilization, and current preferred products. K. Trinkley made the motion to include as preferred both an extended and immediate release agent. A. Davis seconded. The motion passed with no audible dissent.
4. L. Parry moved to discuss erythropoiesis stimulating agents. With no speakers being present S. Grubb gave FDA updates, utilization information, and current preferred products. P. Lanius made the motion to recommend that at least one agent with pediatric indications is selected as preferred. J. Hyer seconded. The motion passed with no audible dissent.
5. L. Parry moved to discuss the hypoglycemic combinations. B. O'Neill from BI spoke about Glyxambi. S. Grubb gave FDA updates, utilization, and current preferred products. A. Davis asked why not use combinations. Other members responded that it is easier to titrate doses with single agents. J. Hyer made the motion to prefer none of the combination products. K. Trinkley seconded. Motion passed with no audible dissent.
6. L. Parry moved to discuss meglitinides. With no speakers being present S. Grubb gave FDA updates, utilization, and current preferred products. P. Lanius made the motion to keep both products non-preferred. J. Hyer seconded. The motion passed with one nay.
7. L. Parry moved to discuss DPP4 agents. William O Neil from Boehinger Ingelheim spoke about Tradjenta. R. Frederking from Merck spoke of Januvia. S. Grubb gave FDA updates, utilization information, and current preferred products. L. Parry made the motion to have one DPP4 with consideration given to renal dosing and renal insufficiency preferred. P. Lanius seconded. The motion passed with no audible dissent.
8. L. Parry moved to discuss GLP 1 agents. D. Day from AstraZeneca spoke of Bydureon. A. Hoovler from Novo Nordisk spoke of Victoza. S. Grubb gave FDA updates, utilization information, and current preferred products. D. Tolman made the motion to have one GLP 1 with consideration given to renal dosing and renal insufficiency preferred. A. Davis seconded. The motion passed with no audible dissent. A. Davis made the motion that in the GLP1 class all are comprable with respect to safety and efficacy with the exception of Byetta which is inferior. K. Trinkely seconded. The motion passed with no



audible dissent. The committee made a recommendation to DUR that at least one GLP1 is available in pen formulation.

9. L. Parry moved to discuss Amylin agents. With no speakers being present S. Grubb gave FDA updates, utilization, and current preferred products. The committee did not make any motions regarding these agents.
10. L. Parry moved to discuss SGLT2 agents. J. Stoffel from Janssen spoke of Invokana. B. Oneill from BI spoke of Jardiance. D. Day from AstraZeneca spoke of Farxiga. S. Grubb gave FDA updates, utilization, and current preferred products. P. Lanius made the motion that the SGLT2 agents remain non preferred due to safety concerns and relative newness to the market place. K. Trinkely seconded. The motion passed with no audible dissent.
11. L. Parry moved to discuss thiazolidinediones. With no speakers being present S. Grubb gave FDA updates, utilization, and current preferred products. P. Lanius made the motion that at least one TZD be preferred. K. Jackson seconded. The motion passed with no audible dissent.
12. L. Parry moved to discuss overactive bladder agents. With no speakers being present S. Grubb gave FDA updates, utilization, and current preferred products. K. Jackson made the motion that one immediate-release drug, one extended release drug, and one for use in pediatrics down to age five years should be given preference on the preferred drug list. P. Lanius seconded. The motion passed with no audible dissent.
13. L. Parry moved to discuss the stimulants and other ADHD agents. With no speakers being present S. Grubb gave FDA updates, utilization, and current preferred products. L. Parry made a motion to include at least one liquid, one capsule, and one sprinkle for both the ER and IR forms of methylphenidate and amphetamine. D. Tolman seconded. The motion passed with no audible dissent. D. Tolman made the motion that one alpha 2 adrenergic agonist be available as a preferred drug. J. Hyer seconded. The motion passed with no audible dissent. P. Lanius made a motion that the current prior authorization and step therapy process for indication of narcolepsy be continued. K. Trinkley seconded. The motion passed with no audible dissent.
14. L. Parry moved to discuss the Hepatitis C agents. S. Grubb gave FDA updates, utilization, and current preferred products. C. Holtzer from Abbvie spoke of Viekira. M. Puyear from Gilead spoke of Harvoni and Sovaldi. N. Steinfertth from Hep C Connection spoke of access for patients. Dr. J. Gutierrez from University spoke of access for patients. Dr. M. Rogers from University discussed wanting open access for patients. Dr. R. Jain from Rocky Mountain Gastroenterology discussed wanting open access for patients. All want open access but also spoke to level of F2. J. Hyer



made the motion that based on local expert testimony we do not have evidence that any agent is more safe or effective and therefore none should be preferred over the other. P. Lanius seconded. The motion passed with no audible dissent. J. Hyer made a recommendation that based on expert testimony we recommend early initiation of therapy due to complications developing waiting for disease to become more severe. A. Davis seconded. The motion passed with no audible dissent. The committee makes a recommendation to DUR to review exclusion criteria around drugs and alcohol and make them more specific to abuse.

15. The meeting was adjourned at 1720.

By: _____

Lynn Parry, MD, Chair

Date: _____

Reasonable accommodations will be provided upon request for persons with disabilities. Please notify the Committee Coordinator at 303- 866-3614 or swaniee.grubb@state.co.us or the 504/ADA Coordinator hcpf504ada@state.co.us at least one week prior to the meeting.

