COLORADO
Department of Health Care Policy & Financing

COLORADO MEDICAID P&T COMMITTEE MEETING MINUTES

January 5, 2016

Members Present	**Medicaid Pharmacy Department**
Lynn Parry, MD	Kelli Metz, PharmD
Patricia Lanius, RPh	Robert Lodge, PharmD
Jennifer Hyer, MD	Sarah Deihimi, Pharmacy intern
Roy J. Durbin Jr., MD	
Andrew Davis, PharmD, MBA	
Deanna Tolman, FNP	
James Feinstein, MD	
Steven Russell, MD	
Kimberley Jackson, DO	
Gwen Black, PharmD	
Michelle Beozzo, PharmD	

Members Absent
Leslie Moldauer, MD, MBA

GENERAL ORDERS and NEW BUSINESS

The meeting of the CO Medicaid P&T Committee was held on January 5, 2016 at 300 E. 17th Ave., 11th Floor Conference Room (ABC), Denver, Colorado. A quorum being present, K. Metz officially called the meeting to order at 13:06.

Committee member introductions were made and there were 2 new committee members.

P. Lanius nominated L. Parry for chairperson. S. Russell seconded. All in favor. Motion passed with no audible dissent. L Parry nominated Patricia Lanius for vice-chairperson. D. Tolman seconded. All in favor. Motion passed with no audible dissent.

L. Parry asked for approval of the minutes from the October 5, 2015 meeting. The minutes were approved with no audible dissent.

UNFINISHED BUSINESS

K. Metz gave an update on the PDL changes for the following:

- Antiemetics

- New Generation Antidepressants
- Antiherpetics
- Antiplatelets
- Fluoroquinolones
- Pancreatic enzymes
- Proton Pump Inhibitors
- Pulmonary Arterial Hypertension Therapies
- Targeted Immune Modulators for Rheumatoid Arthritis
- Triptans

NEW BUSINESS

K. Metz 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.

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. K. Metz disseminated recently received public comments to the committee members.

L. Parry moved to discuss Alzheimer's agents. With no speakers present K. Metz gave FDA updates, utilization information, and current preferred products. P. Lanius made the motion that one NMDA antagonist be included as preferred. J. Hyer seconded. No discussion. The motion passed with no audible dissent. J. Hyer made the motion that at least one cholinesterase inhibitor should be considered for addition to the formulary with consideration given to multiple dosage forms and a better side effect profile. P. Lanius seconded the motion. No discussion. The motion passed with no audible dissent. R. Durbin made a motion that at least one product be available with once daily dosing due to caregiver issues including one NMDA inhibitor and at least one cholinesterase inhibitor. J. Hyer seconded. No discussion. The motion passed with no audible dissent. The committee made the comment that all cholinesterase inhibitors are considered to have similar efficacy.

L. Parry moved to discuss Atypical Antipsychotics. L. Laird, Sunovion, spoke about Latuda's indication, monotherapy and adjunctive therapy, warnings, studies. D. Offricht, AstraZeneca, spoke about Seroquel XR indication, warnings. Samantha Min, Otsuka, spoke regarding Abilify's BP and mixed mania indications and may be use in 10-17 years as

monotherapy. K. Metz gave FDA updates, utilization information, and current preferred products. P. Lanius made a motion that at least one orally disintegrating tablet in the pediatric population and at least one for adults be on the preferred drug list. S. Russell discussed having ODT for all preferred agents and asked about the PA process. K. Metz explained the PA Help Desk and escalation and said PA likely would be approved if member had swallowing issues. J. Feinstein seconded. The motion passed with no audible dissent. F. Feinstein made the motion that at least one agent be preferred that is approved in children down to five years of age. S. Russell seconded. No discussion. The motion passed with no audible dissent. J. Hyer made the motion that clozapine be considered preferred due to its proven efficacy in specific populations. Michelle Beozzo seconded. No discussion. The motion passed with no audible dissent. R. Durbin made the motion that at least one agent should be on the preferred list that has the least risk for weight gain. S. Russell seconded. The motion passed with no audible dissent. P. Lanius made the motion at least one agent with sedating properties be preferred. S. Russell seconded. No discussion. The motion passed with no audible dissent. J. Hyer made the motion at least one agent known with lower risk of EPS side effects including tardive dyskinesia, should be preferred. P. Lanius seconded. No discussion. The motion passed with no audible dissent. J. Hyer made the motion that at least one pregnancy category B be preferred. J Feinstein seconded. The motion passed with no audible dissent.

L. Parry moved to discuss Growth Hormones. T. Hartman, Pfizer, spoke about Genotropin's indications and kwik pen storage. M. Fazio, US BioServices a local specialty pharmacy, spoke about how they service Medicaid members. J. Patel. Novo Nordisk, spoke regarding Norditropin's needle hiding device and fine dosing increment. L. Coleman, parent of child using growth hormones, spoke about her personal issues with the Genotropin device. K. Metz gave FDA updates, utilization information, and current preferred products. K. Jackson made the motion to consider the ease of use, storage, and handling requirements when selecting preferred products. A. Davis seconded. R. Durbin discussed the possibility of requiring a PA for all prescriptions due to the abuse nature of these agents. The motion passed with no audible dissent.

L. Parry moved to discuss Insulins. A. Hoovler, Novo Nordisk, spoke about Tresiba indications, long acting duration, alternate time of day dosing adverse events. S Charland, Sanofi, spoke about Afrezza's route of administration, onset of action and adverse effects. S. Charland spoke about Toujeo's packaging, studies, adverse nocturnal hypoglycemia. K. Metz gave FDA updates, utilization information, and current preferred products. J. Hyer made a motion that at least two rapid acting, intermediate acting, and long acting agents available in pen and vial form be preferred. R. Durbin seconded the motion. S. Russell discussed covering non-injectable insulin. The motion passed with no audible dissent. J. Hyer made a motion that regular insulin needs to be available for the pregnant population. K. Jackson seconded. No discussion. Motion passed with no audible dissent. K. Jackson made the motion that multiple options for insulin mixes are available in pen and vial form. M. Beozzo seconded. No discussion. The motion passed with no audible dissent.

L. Parry moved to discuss Intranasal Corticosteroids. With no speakers present K. Metz gave FDA updates, utilization information, and current preferred products. J. Feinstein made the motion to make an agent available with a pediatric indication for age 2 years and over be preferred. No discussion. K. Jackson seconded. The motion passed with no audible dissent.

L. Parry moved to discuss Leukotriene Modifiers. With no speakers present K. Metz gave FDA updates, utilization information, and current preferred products. P. Lanius made the motion that all products are comparable for efficacy. M Beozzo seconded. A. Davis asked where it is documented that the committee found all products are comparable in efficacy. P. Lanius explained that it had been done in the past. 5 aye's, 5 nays, 1 abstain. The motion did not pass. J. Feinstein made the motion that at least one agent be preferred for children down to age 1 year. K. Jackson seconded. The motion passed with no audible dissent.

L. Parry moved to discuss Multiple Sclerosis agents. Caroline Kicklighter, Novartis, spoke about Gilenya. L. Weedin, Biogen, spoke about Plegridy and asked the criteria allow only 1 injectable to be failed, and spoke about adverse effects and efficacy. L. Weedin, Biogen, spoke about Tecfidera and asked to have same criteria restrictions as Gilenya and spoke about adverse effects and that there is no REMS program. K. Cechovik, Rocky Mountain MS Center, wants open access and spoke about the increase of disability if best treatment is not initiated at the beginning. K. Metz gave FDA updates, utilization information, and current preferred products. L. Parry began a discussion about MS guidelines. She made suggestions to both the Committee and DUR to consider recommending not requiring the failure of interferons; informed that new drugs are coming out; that the DERP recommendations on MS will be published in March 2016; that MRI changes are not related to clinical outcomes; that she does not believe the PA process is overbearing but a step approach is not appropriate. P. Lanius suggested patients should be required to see a neurologist. K. Jackson discussed the high cost of medical care of these MS patients and that that should be considered when preferred products are chosen and criteria are developed. K. Jackson made the motion that at least one agent be preferred due to different MOAs. M. Beozzo made a friendly amendment to replace different MOAs with efficacy in disease severity. D. Tolman seconded. The motion passed with no audible dissent. K. Jackson made the motion that at least one interferon beta 1a, one interferon 1b, and copaxone be preferred. M. Beozzo seconded. No discussion. The motion passed with no audible dissent. Comment: P. Lanuis asked DUR to respectfully review the specialist requirement to prescribe MS agents.

L. Parry moved to discuss Ophthalmic Allergy agents. S. Edelhauser, Alcon, spoke on Pazeo's indications, safety, efficacy, and informed Committee that it has an indication down to 2 years. K. Metz gave FDA updates, utilization information, and current preferred products. J. Feinstein made a motion that at least 1 agent be preferred for the pediatric population. P Lanius seconded. The motion passed with no audible dissent. P Lanius made a motion that since the safety and efficacy of these agents appear to be similar at least two agents be preferred. J Hyer seconded. D. Tolman made a friendly amendment to replace "two

agents be preferred" to at least 2 agents of different chemical composition be preferred. G. Black seconded. The motion passed with no audible dissent.

L. Parry moved to discuss Sedative/Hypnotics (non-benzodiazepine). With no speakers present K. Metz gave FDA updates, utilization information, and current preferred products. There were no motions from the Committee. The Committee made a comment to DUR to look at efficacy in long-term treatment duration either by quantity limits or time limits or dosages.

L. Parry moved to discuss Statins/Statin Combinations. J. Marinac, AstraZeneca, spoke about Crestor indications, approval down to age 8 years, comparable efficacy, and ask to keep preferred status. K. Metz gave FDA updates, utilization information, and current preferred products. J. Feinstein made the motion that at least one agent be preferred for the pediatric population be included as preferred. A. Davis seconded. No discussion. The motion passed with no audible dissent. P. Lanius made the motion that one product with reduced drug interaction risk be included as preferred. K. Jackson seconded. The motion passed with no audible dissent. K. Jackson made the motion to include two high potency statins defined as >50% reduction in LDL. A. Davis seconded the motion. The motion passed with no audible dissent.

K. Jackson made the motion to adjourn at 16:28.

By: Lynn Parry

Lynn Parry, MD, Chair

Date: 4/5/2016