



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, 7th Floor Conference Room

April 7, 2015

1. Call to Order

A quorum being present, L. Parry officially called the meeting to order at 13:00.

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
James Feinstein, MD
Steven Russell, MD
Kimberley Jackson, DO

B. Members Excused

Leslie Moldauer, MD, MBA
Roy J. Durbin Jr., MD
Andrew Davis, PharmD, MBA
Laura Rang, RPh

C. Staff Present

Swanee Grubb, PharmD
Kelli Metz, PharmD

3. Announcements

None

4. Approval of Minutes

L. Parry asked for approval of the minutes from the January 6, 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:

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

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.

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. Global Prior Authorization

1. S. Grubb presented Department recommendations for changes to the Global PA criteria and form. S. Grubb answered questions from committee members regarding how these changes were determined. K. Jackson motioned to approve. J. Hyer seconded. The motion passed with no audible dissent.

A. DRUG CLASSES FOR REVIEW

1. L. Parry moved to discuss Antihistamine and combinations. With no speakers present S. Grubb gave FDA updates, utilization information, and current preferred products. J. Hyer made the motion to make available at least two different antihistamine agents. K. Jackson seconded. No discussion. The motion passed with no audible dissent. K. Trinkley made the motion that because single agents are safer than combination products with respect to drug-drug interactions at least one single agent be preferred. J. Hyer seconded the motion. The motion passed with no audible dissent.
2. L. Parry moved to discuss Angiotensin Receptor Blockers and combinations. J. Lovato from Lovato Family Medicine spoke of ARB's and the safety and efficacy of Benicar and its use in diabetics. S. Grubb gave FDA updates, utilization information, and current preferred products. K. Trinkley made the motion to consider at least one ARB with renal protectin data in diabetes, one

ARB with heart failure data, and one with data in hypertension. K. Jackson seconded. The motion passed with no audible dissent.

3. L. Parry moved to discuss Renin Inhibitors and combinations. With no speakers being present S. Grubb gave FDA updates, utilization information, and current preferred products. K. Jackson made the motion that due to safety concerns we do not need a preferred product in this class. K. Trinkley seconded. The motion passed with no audible dissent.
4. L. Parry moved to discuss Fibromyalgia agents. With no speakers being present S. Grubb gave FDA updates, utilization information, and current preferred products. J. Hyer 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. D. Tolman seconded. The motion passed with no audible dissent. K. Trinkley made the motion that at least one preferred agent in the fibromyalgia class is not a controlled substance. K. Jackson seconded. The motion passed with no audible dissent.
5. L. Parry moved to discuss Long Acting Oral Opioids. M. Juhn from Pfizer spoke wabout abuse and how it is done such as crushing and snorting. D. Melikian from Mallincrodt spoke about Xartemis XR and stated it does not belong in the long acting class because the FDA has not designated it as long acting and does not require a REMS. R. Shaw from Purdue spoke about Hysingla and its abuse deterrent properties. S. Grubb gave FDA updates, utilization information, and current preferred products. P. Lanius made a motion that there is no evidence that definitely supports a difference between short and long acting opioids. K. Jackson 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. K. Trinkley made the motion that due to safety concerns we feel that transdermal patches should require a prior authorization. D. Tolman seconded. 4 I's, 3 nays, 1 abstain the motion passed. K. Jackson made the motion to include at least two long acting oral opioids in addition to methadone as preferred. K. Trinkley seconded. The motion passed with no audible dissent. K. Trinkley made the motion that at least one less potent long acting mu receptor agonist (defined as less potent than morphine) be preferred. D. Tolman seconded. 6 I's, 2 abstained, the motion passed.
6. L. Parry moved to discuss Inhaled Anticholinergics and combinations. J. Gibney from Boehinger Ingelhiem spoke about Combivent and Spiriva. O. Ryan from AstraZeneca spoke about Tudorza. J. Feinstein made the motion

that pediatric indications should be considered as well as dosage forms. J. Hyer 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. P. Lanius seconded. The motion passed with no audible dissent. K. Jackson made the motion that at least one short acting and one long acting nebulizer solution be preferred. S. Russel seconded. The motion passed with no audible dissent. K. Jackson made the motion that at least one short acting and one long acting rapid delivery device product be preferred (no nebulizer required). D. Tolman seconded. The motion passed with no audible dissent.

7. L. Parry moved to discuss inhaled beta 2 agonists. With no speakers present S. Grubb gave FDA updates, utilization information, and current preferred products. J. Feinstein made the motion to continue the current policy of allowing one inhaler with a dose counter and one inhaled solution to be preferred. K. Jackson seconded. The motion passed with no audible dissent.

Change in Chair to P. Lanius.

8. P. Lanius moved to discuss Inhaled Beta 2 agonists (long acting). J. Howard from Mylan spoke about Perforomist. J. Gibney from Boehringer Ingelheim spoke about Stiverdi Respimat. S. Grubb gave FDA updates, utilization information, and current preferred products. K. Jackson 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.
9. P. Lanius moved to discuss Inhaled corticosteroids and combinations. S. Grubb gave FDA updates, utilization information, and current preferred products. O. Ryan from AstraZeneca spoke about Symbicort and Pulmicort Flexhaler. A. Martens from Meda spoke about Aerospan. B. Raleigh from Childrens Hospital spoke about having different potency to minimize side effects and not having changes since families get confused about color changes in medications. She also advocated that all products have a dose counter. S. Grubb gave FDA updates, utilization information, and current preferred products. L. Parry made the motion to include at least one single agent product from each delivery method (MDI, DPI, and nebule). K. Jackson seconded. The motion passed with no audible dissent. J. Hyer make the motion to prefer one product with pregnancy category B. L. Parry seconded. The motion passed with no audible dissent. L. Parry made the motion for the combination products to include at least one MDI and at least one DPI with a dose counter preferred. K. Jackson seconded. The motion passed with no audible dissent. L. Parry made the motion that all preferred products (DPI and MDI) have a dose counter. There was a friendly from K.

Trinkley to say DPI and MDI which was accepted. D. Tolman seconded. The motion passed with no audible dissent.

10. P. Lanius 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. J. Hyer 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 because of safety reasons. J. Hyer seconded. The motion passed with no audible dissent.

11. P. Lanius moved to discuss testosterone products. With no speakers being present S. Grubb gave FDA updates, utilization, and current preferred products. J. Hyer made a motion give 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. L. Parry seconded. The motion passed with no audible dissent. J. Hyer made a motion that due to safety and suspected overutilization we recommend all products require a prior authorization. L. Parry seconded. Motion passed with no audible dissent.

12. P. Lanius moved to discuss topical immunomodulators. With no speakers present S. Grubb gave FDA updates, utilization information, and current preferred products. J. Hyer made the motion for recommendation to the DUR board that these products always be used as second line to topical steroids. K. Jackson seconded. The motion passed with no audible dissent.

7. The meeting was adjourned at 1605.

By: Lynn Parry MD

Lynn Parry, MD, Chair

Date: 7/7/15

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.

