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

Department of Healthcare Policy and Financing
303 East 17th Avenue, 11th Floor Conference Room

April 4, 2017

1. Call to Order

A quorum being present, the meeting was called to order at 13:07.

2. Roll Call

Committee member introductions were made and there was one new committee member.

A. Members Present

Gwen Black, PharmD
Roy J. Durbin Jr., MD
David Elwell, MD
James Feinstein MD
Michelle Hilaire, PharmD
Scott Humphreys, MD
Jennifer Hyer, MD
Kimberley Jackson, DO
Patricia Lanius, RPh

B. Members Excused

Lynn Parry, MD
Steven Russell, MD
Andrew Davis, PharmD
Deanna Tolman, FNP
Andrew Davis, PharmD
C. Staff Present

**Medicaid Pharmacy Department**

Brittany Schock, PharmD
Cathy Traugott

**Magellan RX Management**

Brad Robinson, PharmD
Rand Fingles, RPh, MBA

3. Approval of Minutes

K. JACKSON asked for approval of the minutes from the January 10, 2017 meeting. J. FEINSTEIN motioned for approval. P. LANIUS second. The minutes were approved with no audible dissent.

4. Department Updates

B. SCHOCK reviewed updates from last meeting.

- Alzheimer’s Agents
- Atypical Antipsychotics
- Growth Hormones
- Insulins
- Intranasal Corticosteroids
- Leukotriene Modifiers
- Multiple Sclerosis Agents
- Ophthalmic Allergy class
- Sedative/Hypnotics (non-benzodiazepine)
- Statin/Hypnotics Combinations

B. SCHOCK reported that the PDL went into effect 4/1/2017.

5. New Business

C. TRAUGOTT reported on the update of the claims system and HPE and MagellanRX. POS claims and PAR processing successfully transitioned to Magellan on 2/25/17.

B. SCHOCK reviewed updates from the Prior Authorization Call Center
- Prior Authorization Requests for Pharmacy Benefits can be faxed or called-in, in most cases
- 77% PARs approved, 20% denied and 3% change in therapy.
• Average hold time for the call center for the past month was 1 minute and 50 seconds
• Average call length was 14 minutes

B. SCHOCK reviewed P&T Committee Policy and Procedures agenda questions

1. Do the agents differ in efficacy or effectiveness?
2. Do the agents differ in safety or adverse effects?
3. Are there subgroups for which one agent is associated with fewer adverse events?

No comments were made to change or update the questions.

B. SCHOCK proposed a change to how PDL drug classes would be discussed going forward. The proposal is to mass review some PDL classes and to change the PDL class discussions into 2 groups: less active and more active. A discussion was proceeded. Information about the proposed change will be emailed. R. DURBIN made a motion to approve the change. M. HILAIRE seconded. Motion passed with 1 opposed.

6. Rules

K. JACKSON presented rules for drug classes that are up for review and will contain public testimony, class updates and market share, and Committee discussion.

• Oral presentations are restricted to products that are being reviewed for PDL status.
• Presentations will be limited to 3 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. JACKSON presented Committee Discussion and Recommendations for each Class should address the following questions:

1. Do the agents differ in efficacy or effectiveness?
2. Do the agents differ in safety or adverse effects?
3. Are there subgroups for which one agent is associated with fewer adverse events?
Factual Inaccuracy:

K. JACKSON presented 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.

A. DRUG CLASSES FOR REVIEW

K. JACKSON moved to discuss Drug Classes for Review.

1. K. JACKSON moved to discuss **Antihistamines (Newer Generation and Decongestant Combos)**. B. ROBINSON reviewed utilization and updates. There were no speakers. A question was asked and discussion proceeded why this category is being reviewed. A. DAVIS made the motion to keep the prior motion to make available at least two different antihistamine agents. G. BLACK seconded. The motion passed with no audible dissent.

2. K. JACKSON moved to discuss **Angiotensin Receptor Blockers and combinations and Renin Inhibitors and Combinations** No speakers. B. ROBINSON reviewed utilization and updates. No motions for this class.

3. K. JACKSON moved to discuss **Fibromyalgia agents**. No speakers. B. ROBINSON reviewed utilization and updates. R. DURBIN made the motion that at least two agents with different mechanisms of action be available. M. HILAIRE seconded. The motion passed with no audible dissent. G. BLACK made the motion that at least one preferred agent in the fibromyalgia class is not a controlled substance. P. LANIUS seconded. The motion passed with no audible dissent.

4. K. JACKSON moved to discuss **Opioids (Long-Acting, Oral)**. RUPA SHAH, Purdue Pharma, Medical Liaison spoke on Hysingla ER. DAVID LUCAS, Collegium Pharmaceuticals, Senior Medical Liaison spoke on Xtampza ER. B. ROBINSON reviewed utilization and updates. R. DURBIN made a motion that at least one schedule IV long acting abuse deterrent opioid be included. S. HUMPHREYS seconded. The motion passed with no audible dissent. Discussion proceeded about if new products...
are effective on reducing abuse and how effective against other opioids. R. DURBIN made a motion to add at least one product that has long acting, full agonist properties and has abuse deterrent properties be preferred. G. BLACK seconded. The motion passed with no audible dissent. Discussion proceeded about if Long Acting Opioids are safe for feeding tubes. R. DURBIN made a motion that at least one pure long acting agonist opioid be available for people who have difficulty swallowing. P. LANIUS seconded. The motion passed with no audible dissent. G. BLACK made a motion that at least one long acting opioid agent be available in transdermal form. M. HILAIRE seconded. The motion passed with no audible dissent. R. DURBIN made the motion to include at least two long acting oral opioids other than methadone be preferred. D. ELWELL seconded. The motion passed with no audible dissent. Recommendation to DUR to look at criteria with immediate release class of opioids for 300 MED limits, guideline updates, and opioid and benzodiazepine combinations. Discussion proceeded about when reduction to the MME will take place. J. HYER made a motion, due to the abuse potential and safety concern, methadone be removed from the preferred list. R. DURBIN seconded. The motion passed with no audible dissent.

Break at 15:16 and meeting resumed at 15:26.

5. K. JACKSON moved to discuss Inhaled Anticholinergics and combinations. NICK NGUYEN, Outcome Research from Sunovion spoke on Utibron Neohaler and Seebri Neohaler. NANA NAMAPA, Boehringer — Ingelheim spoke on Stiolto Respimat and Spiriva Respimat. B. ROBINSON reviewed utilization and updates. J. Feinstein made the motion that pediatric indications should be considered as well as dosage forms. G. BLACK seconded. The motion passed with no audible dissent.

6. K. JACKSON moved to discuss Inhaled Beta 2 agonists — short acting. B. ROBINSON reviewed utilization and updates. J. FEINSTEIN made a motion that one inhaler with a dose counter be preferred. P. LANIUS seconded. The motion passed with no audible dissent. J. FEINSTEIN made a motion that at least one inhaled solution be preferred. P. LANIUS seconded. The motion passed with no audible dissent.

7. K. JACKSON moved to discuss Inhaled Beta 2 agonists — long acting. NICK NGUYEN, Outcome Research from Sunovion spoke on Arcapta Neohaler. No motions.

8. K. JACKSON moved to discuss Inhaled corticosteroids and combinations. BRIDGET RILEY, Nurse Practitioner, spoke on having corticosteroids and combinations for low, medium and high dose products and ease of use products. B. ROBINSON reviewed utilization and updates. J. Feinstein made the motion to include at least one single agent product from each dose form (MDI, DPI, and nebul) be preferred. G. BLACK seconded. The motion passed with no audible dissent. J. FEINSTEIN made a motion that at least one combination product from each
dosage form (MDI, DPI) be preferred. M. HILAIRE seconded. The motion passed with no audible dissent. J. FEINSTEIN made a motion that at least one low dose combination ICS product with pediatric indications be available from each dosage form be preferred. P. LANIUS seconded. The motion passed with no audible dissent.

9. K. JACKSON moved to discuss **Skeletal muscle relaxants**. No speakers. B. ROBINSON reviewed utilization and updates. P. LANIUS 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. G. Black seconded. The motion passed with no audible dissent. J. HYER made the motion that Soma has a high addiction profile and should not be preferred because of safety reasons. M. HILAIRE seconded. The motion passed with no audible dissent.

10. K. JACKSON moved to discuss **Testosterone products**. B. ROBINSON reviewed utilization and updates. M. HILAIRE made a motion that due to safety and suspected overutilization we recommend all products require a prior authorization. G. BLACK seconded. Motion passed with no audible dissent. Recommendation to DUR board to review lab value requirements being two tests done one month apart and how it is implemented. DUR recommendation to look at male to female transition patients after having surgery, to have possible low testosterone and may need treatment.

11. K. JACKSON moved to discuss **Topical Immunomodulators**. B. ROBINSON reviewed utilization and updates. The committee discussed recommendation to the DUR board that these products always be used as second line to topical steroids. No motions.

J. HYER made a motion to adjourn the meeting. G. BLACK seconded. B. SCHOCK reminded that the next meeting will be on July 11th. K. JACKSON adjourned the meeting 1645.

By: [Signature]

Lynn Parry, MD

Date: 7/11/2017

Reasonable accommodations will be provided upon request for persons with disabilities. Please notify the Committee Coordinator at 303-866-6371 or brittany.schock@state.co.us or the 504/ADA Coordinator hcpf504ada@state.co.us at least one week prior to the meeting.