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

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

April 2, 2019

1. Call to Order

A quorum being present, Lynn Parry officially called the meeting to order at 1301.

2. Roll Call

Board introductions were made. There were sufficient members for a quorum with eleven members participating, and two member(s) excused.

A. Members Present

Gwen Black, PharmD
David Elwell, MD
Kimberly Jackson, DO
Thuy McKitrick, PharmD
Lynn Parry, MD
Morgan Payne, PharmD
Kelet Robinson, MD
Steven Russell, MD
Dan Severn, DO
Jed Ward
Marisa Witkor, MD

B. Members Excused

Andrew Davis, PharmD
James Feinstein, MD

C. Staff Present

Medicaid Pharmacy Department

Brittany Schock, PharmD

Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.

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3. Approval of Minutes

L. PARRY asked for approval of the minutes from the January 8, 2019 meeting. D. ELWELL motioned for approval. S. RUSSELL seconded. The minutes were approved with no audible dissent.

4. Department Updates

B. SCHOCK reviewed updates from last meeting.

- Atypical Antipsychotics (oral)
- Calcitonin Gene-Related Peptide (CGRP) Inhibitors
- Growth Hormones
- Insulins
- Intranasal Corticosteroids
- Lipotropics and Bile Salts
- Multiple Sclerosis Agents
- Neurocognitive Disorder Agents
- Anti-Parkinson Agents
- Ophthalmic Glaucoma Agents
- Topical Steroids
- Mass review drug classes:
  - Leukotriene Modifiers
  - Ophthalmic Allergy
  - Sedative Hypnotics
  - Statins & Statin Combinations

5. NEW BUSINESS

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
- Month of March
  - 71% approvals, 27% denials, 2% change in therapy
  - Average hold time for the call center for the past month was 54 seconds
B SCHOCK discussed the Clinical Materials provided to the committee, a survey regarding them and the possibility of changing what is included in the binder for the day of the meeting.

L. PARRY presented Drug Classes Up for Review.

Each Review will contain:

- Oral presentation by manufacturers, providers, and public
- Overview for each Drug Class, including market share and FDA updates
- Committee Discussion and Recommendations for each Class

Mass review drug classes will only include: Overview for each Drug Class, including market share and FDA updates

6. Rules

L. PARRY 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.
- Stakeholders comments are to:
  - Be limited to clinical information only;
  - Exclude any reference to cost
  - Exclude anecdotal content
  - Exclude general drug or disease specific economic information
- 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.
- The Department recently disseminated recently received public comments to the Committee members prior to the meeting

L. PARRY 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 either differences in efficacy or effectiveness, or differences in safety or adverse effects?

**Factual Inaccuracy:**

L. PARRY 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**

L. PARRY moved to discuss Drug Classes for Review.

1. L. PARRY moved to discuss Acne Products. J. CZECHOWSKI reviewed utilization and updates. K JACKSON made a motion that at least one product is available in each category (topical: antibiotic combinations, retinoids, other; oral isotretinoins and tetracyclines) be available as a preferred medication. D SEVERN seconded. The motion passed with no audible dissent. K JACKSON made a motion that consideration be given for different oral formulations to be available for patients unable to swallow. S RUSSELL seconded. The motion passed with no audible dissent. L PARRY made a motion that at least one agent be available in all classes with pediatric indications. G BLACK seconded. The motion passed with no audible dissent.

2. L. PARRY moved to discuss Rosacea Agents. J. CZECHOWSKI reviewed utilization and updates. S RUSSELL made a motion that preferred agents should include cream, gel, foam and lotion. M WIKTOR seconded. The motion passed with no audible dissent. K ROBINSON made a motion that one formulation be available for those who are pregnant or of child-bearing age. S RUSSELL seconded. The motion passed with no audible dissent.

3. L. PARRY moved to discuss Non-Opioid Analgesics. DAN PAVICICH, from Scilex...
spoke on ZTLido. J. CZECHOWSKI reviewed utilization and updates. K ROBINSON made a motion that at least two oral agents with different mechanisms of action be available. M WIKTOR seconded. The motion passed with no audible dissent. L PARRY made a motion that at least one topical agent be preferred. M PAYNE seconded. The motion passed with no audible dissent. K JACKSON made a motion that at least one oral agent that can be given via feeding tube be preferred. M WIKTOR seconded. The motion passed with no audible dissent. M WIKTOR made a motion that at least one agent with pediatric indication be available. K ROBINSON seconded. The motion passed with no audible dissent.

4. L. PARRY made a motion to discuss **Short-Acting, Oral Agents.** J. CZECHOWSKI reviewed utilization and updates. D ELWELL made a motion that at least two single agents and two combination agents be preferred. G BLACK seconded. The motion passed with no audible dissent. K JACKSON made a motion that at least one liquid short active formulation be available as a preferred agent. M WIKTOR seconded. The motion passed with no audible dissent. M PAYNE made a motion that at least one Schedule IV agent short acting opioid be available as preferred. G BLACK seconded. The motion passed with no audible dissent. K ROBINSON made a motion that at least one abuse-deterrent formulation (ADF) be made available. M PAYNE seconded. The motion passed with no audible dissent.

5. L. PARRY made a motion to discuss **Long-Acting, Oral Agents.** J. CZECHOWSKI reviewed utilization and updates. D SEVERN made a motion that at least one Schedule IV long acting opioid be included as preferred. M WIKTOR seconded. The motion passed with no audible dissent. D ELWELL made a motion that at least one product that has long acting and abuse-deterrent properties be preferred. K ROBINSON seconded. The motion passed with no audible dissent. K JACKSON made a motion that one long acting agent be available that can be given via feeding tube or for patients who have difficulty swallowing. K ROBINSON seconded. The motion passed with no audible dissent. K JACKSON made a motion that one long-acting opioid agent be available in transdermal form. D ELWELL seconded. The motion passed with no audible dissent. D SEVERN made a motion that at least one formulation be made available for people of child-bearing age. K JACKSON seconded. The motion passed with no audible dissent. S RUSSELL made a motion that one agonist/antagonist be preferred. There was no second. There was discussion from the committee regarding coverage and requirements of opioid antagonists.

Break at 1502 and meeting resumed at 1516.

6. L. PARRY moved to discuss **Benign Prostatic Hypertrophy (BPH) Agents.** J
CZECHOWSKI reviewed utilization and updates. S RUSSELL made a motion that at least one agent from each of the 4 categories (alpha blocker, 5-alpha reductase inhibitors, combinations, PDE Inhibitors) be preferred. K ROBINSON seconded. The motion passed with no audible dissent. M PAYNE made a motion that consideration be given for at least two alpha-blockers, one that is uro-selective and one that is non-uro-selective be preferred. T MCKITRICK seconded. The motion passed with no audible dissent. K ROBINSON made a motion that an agent that can be given through a feeding tube be preferred. S RUSSELL seconded. The motion passed with no audible dissent.

7. L. PARRY moved to discuss **Phosphate Binders**. J CZECHOWSKI reviewed utilization and updates. D ELWELL made a motion that at least one agent with and without calcium be available. D SEVERN seconded. The motion passed with no audible dissent. S RUSSELL made a motion that at least one agent be preferred that is indicated in pediatrics. G BLACK seconded. The motion passed with no audible dissent. K JACKSON made a motion that at least one agent with and without calcium that can be administered with a feeding tube be available. D SEVERN seconded. The motion passed with no audible dissent.

8. L. PARRY moved to discuss **Respiratory inhalants**. BRIDGET RALEIGH, NP from Children’s Hospital spoke on Respiratory Inhalants. L. PARRY moved to discuss **Inhaled Anticholinergics and Combinations**. J. CZECHOWSKI reviewed utilization and updates. M WIKTOR made a motion that pediatric indications should be considered as well as all dosage forms. K ROBINSON seconded. The motion passed with no audible dissent. G BLACK made a motion that at least one long-acting inhaler with pediatric indication for asthma be preferred. M WIKTOR seconded. The motion passed with no audible dissent.

9. L. PARRY moved to discuss **Inhaled Beta2 agonists**. J. CZECHOWSKI reviewed utilization and updates. G BLACK made a motion that one inhaler with a dose counter be preferred. D ELWELL seconded. The motion passed with no audible dissent. S RUSSELL made a motion that at least one inhaled solution be preferred. K ROBINSON seconded. The motion passed with no audible dissent.

10. L. PARRY moved to discuss **Inhaled corticosteroids and combinations**. J. CZECHOWSKI reviewed utilization and updates. S RUSSELL made a motion at least one single agent product from each dose form (MDI, DPI, breath-activated and nebul) be preferred. G BLACK seconded. The motion passed with no audible dissent. G BLACK made a motion at least one combination product from each dosage form (MDI, DPI) be preferred. T MCKITRICK seconded. The motion passed with no audible dissent. D ELWELL made a motion at least one low-dose combination ICS product from with pediatric indications be available from each dosage form. S RUSSELL seconded. The motion passed with no audible dissent.
11. L. PARRY moved to discuss **Androgenic Agents**. J. CZECHOWSKI reviewed utilization and updates. G BLACK made a motion that at least one product be available as topical and injectable. K ROBINSON seconded. The motion passed with no audible dissent. D ELWELL made a motion that at least one patch and gel formulation be available. G BLACK seconded. The motion passed with no audible dissent.

12. K ROBINSON moved to remove the **Antihistamines, Newer Generation and Decongestant Combinations** from the Mass Review. The motion passed with a majority vote. K ROBINSON made a motion that at least one formulation be available for those that can’t swallow pills. K JACKSON seconded. The motion passed with no audible dissent. D ELWELL made a motion to make available at least two different antihistamine agents. G BLACK seconded. The motion passed with no audible dissent.

13. L. PARRY moved to discuss **Mass Review Categories**.
   - Angiotensin Modulators and Combinations
     - ACEIs, ACEI Combinations
     - ARBs, ARB Combinations
     - Renin Inhibitors; Renin Inhibitor Combinations
     - Motions:
       - At least two ACEIs, two ACEI Combinations, two ARBs and two ARB Combinations be preferred
       - At least one product be available for members who cannot swallow whole or crushed tablets
       - At least one ACEI and one ARB for pediatric indications be preferred
   - Skeletal Muscle Relaxants
     - Motions:
       - Include at least one agent to treat spasticity as preferred
       - Include at least one skeletal muscle relaxant as preferred
       - Soma has a high addiction profile and should not be preferred because of safety reasons
   - Topical Immunomodulators
     - No past motions

K JACKSON made a motion to approve the mass review classes with current motions from last year’s meeting. M WIKTOR seconded. The motion passed with no audible dissent.

K JACKSON made a motion to adjourn. D SEVERN seconded. The motion passed with no audible dissent.
L. PARRY adjourned the meeting at 1614.

By: ______________________________
    Lynn Parry, MD

Date: ______________________________

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.