COLORADO
Department of Health Care Policy & Financing

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

Department of Health Care Policy and Financing
Virtual Meeting via Zoom

January 10, 2023

1. Call to Order

A quorum being present, J. FEINSTEIN officially called the meeting to order at 13:00 MT.

2. Roll Call

Board introductions were made. There were sufficient members for a quorum, with ten members participating and no members excused. Members Present

Morgan Alonzo, PharmD
George Athey, MD
Gwen Black, PharmD
Paulette Campbell, PharmD
James Feinstein, MD (Chairperson)
Emily Kosirog, PharmD (Vice-Chairperson)
Thuy McKitrick, PharmD
Daralyn Morgenson, PharmD
Kelet Robison, MD
Marisa Wiktor, MD

A. Staff Present

HCPF Pharmacy Office

Mohamed Duklef, RPh
Jim Leonard, PharmD
Brittany Schock, PharmD

Magellan RX Management

Jessica Czechowski, PharmD
Erik Hamel, PharmD

Jessica Bacon

3. 2023 Chairpersons

B. Schock opened nominations for new 2023 chairpersons. Reminded the committee that the Chairperson and Vice-Chairperson have had to serve on the committee for at least one year. K. ROBINSON moved to nominate J. FEINSTEIN. J. FEINSTEIN politely declined the nomination. J. FEINSTEIN moved to nominate K. ROBINSON. K. ROBINSON accepted the nomination. K. ROBINSON moved to nominate G. ATHEY. G. ATHEY accepted the nomination. Virtual vote by private chat for Chairperson ended in a tie in the first round. The second round ended with 6 votes for G. ATHEY and 4 votes for K. ROBINSON in the second round. B. SCHOCK announced G. ATHEY as the 2023 Chairperson. The committee moved to have K. ROBINSON be Vice-Chairperson with no other nominees provided or dissent given. B. SCHOCK announced K. ROBINSON as the 2023 Vice-ChairPerson.

4. Approval of Minutes

G. ATHEY asked for approval of the minutes from the October 5, 2022, meeting. The minutes were approved with no audible dissent.

5. Department Updates:

M. DUKLEF reviewed updates from the October 5, 2022, P&T meeting.

- Hepatitis C Virus Treatments
- Direct Acting Antivirals, Ribavirin
- Human Immunodeficiency Virus (HIV) Treatments
- Intranasal Rhinitis Agents
- Targeted Immune Modulators
- Asthma, Other Agents
- Newer Hereditary Angioedema (HAE) Products
- Mass review drug classes:
    - Antibiotics, Inhaled
    - Antiherpetic Agents
        - Oral, Topical
    - Fluoroquinolones, Oral
    - Immune Globulins
    - Antihistamines
        - Newer Generation, Antihistamine/Decongestant Combinations
    - Leukotriene Modifiers
    - Methotrexate Products
    - Epinephrine Products

- Respiratory Agents
    - Inhaled Anticholinergics & Combinations
    - Inhaled Beta2 Agonists (Short & Long-Acting)
    - Inhaled Corticosteroids & Combinations
    - Phosphodiesterase Inhibitors (PDEIs)

6. NEW BUSINESS

A. M. DUKLEF reviewed updates from the Prior Authorization Call Center.
- Prior authorization requests for Pharmacy benefits can be faxed or called-in, in most cases. Also, the new prescriber tool, accessible through the EHR, allows for real time benefit check, electronic e-prescribing, and electronic 'e-PAs'.
- 4th Quarter of 2022
    - 72% approvals and 19% denials, 9% change in therapy
    - Average hold time for the call center for the past quarter was 2 minutes and 57 seconds
    - Average call length was 6 minutes and 54 seconds
    - 27,683 ePAs were initiated, with 76% approvals. ePA made up 38% of all PAs initiated

B. B. SCHOCK mentioned there are still two positions open on the committee.

7. Rules

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

- Each review will contain the following:
    - Opportunity for disclosures by Committee members and speakers.
    - Oral presentations 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.

- Rules for presentation:
    - 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 will be limited by 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 disseminated recently received public comments to the Committee members prior to the meeting.

G. ATHEY presented Committee Discussion and Recommendations for each Class should address the following questions:

- Do the agents differ in efficacy or effectiveness?
- Do the agents differ in safety or adverse effects?
- 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:

G. ATHEY 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 or email the Department representative. 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

G. ATHEY moved to discuss Drug Classes for Review.

B. SCHOCK asked for any disclosures for all classes to be reviewed. No disclosures noted. B. SCHOCK asked for all speakers to provide disclosures before speaking.

1. G. ATHEY moved to discuss **Non-Opioid Analgesia Agents – Oral & Topical.** ELAINE CHAN from Scilex spoke on ZTLido. E. HAMEL reviewed utilization and

updates. (1) D. MORGENSON made a motion that at least two oral agents with different mechanisms of action be available. G. BLACK seconded. The motion passed with no audible dissent. (2) K. ROBINSON made a motion that at least one topical agent be preferred. T. MCKITRICK seconded. The motion passed with no audible dissent. (3) G. BLACK made a motion that at least one oral agent that can be given via feeding tube be preferred. M. ALONZO seconded. The motion passed with no audible dissent. (4) G. ATHEY made a motion that at least one pediatric indication be available. M. WIKTOR seconded. The motion passed with no audible dissent. (5) K. ROBINSON made a motion that at least one agent for members who are of childbearing potential be preferred. E. KOSIROG seconded. The motion passed with no audible dissent.

2. G. ATHEY moved to discuss **Opioids – Short-Acting, Fentanyl Preparations, Long-Acting.** No speakers. E. HAMEL reviewed utilization and updates. *Short-Acting* (1) M. WIKTOR made a motion that at least two single agents and two combination agents be preferred. E. KOSIROG seconded. The motion passed with no audible dissent. (2) G. BLACK made a motion that at least two liquid short-acting formulations be available as preferred agents. T. MCKITRICK seconded. The motion passed with no audible dissent. (3) D. MORGENSON made a motion that at least one Schedule IV short-acting opioid be available as preferred. G. BLACK seconded. The motion passed with no audible dissent. (4) K. ROBINSON made a motion that at least one non-oral or sublingual short-acting opioid be available as preferred. D. MORGENSON seconded. The motion passed with no audible dissent. *Fentanyl Preparations* (1) E. KOSIROG made a motion that at least one non-oral or sublingual formulation be available as preferred. G. BLACK seconded. The motion passed with no audible dissent. *Long-Acting* (1) D. MORGENSON made a motion that at least one Schedule III or IV long-acting opioid be included as preferred. M. WIKTOR seconded. The motion passed with no audible dissent. (2) M. WIKTOR made a motion that one long-acting agent be available that can be given via a feeding tube or for patients who have difficulty swallowing. K. ROBINSON seconded. The motion passed with no audible dissent. (3) G. BLACK made a motion that at least one long-acting opioid agent be available in transdermal form. E. KOSIROG seconded. The motion passed with no audible dissent.

3. G. ATHEY moved to discuss **Anticonvulsant, Oral.** ALEXANDRA SCURRY from UCB spoke on Briviact. SARAH KLEIN from Epilepsy Foundation of Colorado/Wyoming spoke on the whole class. GREG BROUTMAN from SK Life Science spoke on Xcopri. DEB PROFANT from Jazz Pharmaceuticals spoke on Epidiolex. JOHN FLATT from Marinus spoke on Ztalmy. E. HAMEL reviewed utilization and updates. (1) D. MORGENSON made a motion that at least one medication for epilepsy be available for members of childbearing potential with a low risk of fetal abnormalities. K. ROBINSON seconded. The motion passed with no audible dissent. (2) G. BLACK made a motion that at least two agents from each PDL subclass be preferred. E. KOSIROG seconded. The motion passed with no audible dissent. (3) K. ROBINSON made a recommendation to the Drug Utilization Review Board for the treatment

of epilepsy no fail-first prior authorization requirements. (4) G. ATHEY made a motion that at least one cannabidiol agent be preferred. E. KOSIROG seconded. The motion passed with no audible dissent. (5) G. BLACK made a motion that at least agent that can be administered via feeding tube be preferred. K. ROBINSON seconded. The motion passed with no audible dissent.

4. G. ATHEY moved to discuss **Newer Generation Antidepressants.** No speakers. E. HAMEL reviewed utilization and updates. (1) E. KOSIROG made a motion that due to patient variability, differing response to these agents, differing safety profiles, and multiple mechanisms of action, we recommend as many agents as possible be preferred. D. MORGENSON seconded. The motion passed with no audible dissent. (2) G. ATHEY made a motion that at least two agents with a pediatric indication be preferred. K. ROBINSON seconded. The motion passed with no audible dissent. (3) K. ROBINSON made a motion that at least two agents that can be administered by feeding tube or sublingually be preferred. D. MORGENSON SECONDED. The motion passed with no audible dissent.

5. G. ATHEY moved to discuss **Atypical Antipsychotics – Oral/Topical.** MICAH LANDS from Intra-Cellular spoke on Caplyta. TED SMITH from Colorado Mental Health Institute at Pueblo spoke on Vraylar. KENNETH BERRY from Alkermes spoke on Lybalvi. E. HAMEL reviewed utilization and updates. (1) K. ROBINSON made a motion that multiple dosage forms, including an orally disintegrating table and oral solution, be included on the preferred list. D. MORGENSON seconded. The motion passed with no audible dissent. (2) D. MORGENSON made a motion that at least two agents with a pediatric indication be preferred. K. ROBINSON seconded. The motion passed with no audible dissent. (3) D. MORGENSON made a motion that all formulations of clozapine be preferred. G. BLACK seconded. The motion passed with no audible dissent. (4) G. ATHEY made a motion that at least two agents should be on the preferred list that are regarded with low risk of metabolic effect for both adults and pediatric population. D. MORGENSON seconded. The motion passed with no audible dissent. (5) D. MORGENSON made a motion that at least two agents known with lower risk of EPS side effects, including tardive dyskinesia, should be preferred. T. MCKITRICK seconded. (6) D. MORGENSON made a motion that at least one agent should be on the preferred list that is regarded as weight neutral for the indication of Bipolar Depression. G. ATHEY seconded. The motion passed with no audible dissent.

6. G. ATHEY moved to discuss **Neurocognitive Disorder Agents.** No speakers. E. HAMEL reviewed utilization and updates. (1) D. MORGENSON made a motion that at least one agent be preferred that can be administered via a non-oral route. G. ATHEY seconded. The motion passed with no audible dissent.

Break at 14:28 MT and meeting resumed at 15:10 MT.

7. G. ATHEY move to discuss **Sedative Hypnotics.** KEITH POWELL from Idorsia Pharmaceuticals spoke on Quviviq. E. HAMEL reviewed utilization and updates. (1) G. BLACK made a motion that at least one agent that is not a controlled substance be preferred. D MORGENSON seconded. The motion passed with no audible dissent.

8. G. ATHEY moved to discuss **Skeletal Muscle Relaxants.** No speakers. E. HAMEL reviewed utilization and updates. (1) M. WIKTOR made a motion to include at least one skeletal muscle relaxant as preferred. G. ATHEY seconded. The motion passed with no audible dissent. P. CAMPBELL made a motion that Soma has a high addiction profile and should not be preferred because of safety reasons. M. WIKTOR seconded. The motion passed with no audible dissent.

9. G. ATHEY moved to discuss **Stimulants and Related Agents.** PATRICK HARVEY from Supernus spoke on Qelbree. E. HAMEL reviewed utilization and updates. (1) G. ATHEY made a motion that at least 2 ER and IR forms of each product be preferred. D. MORGENSON seconded. The motion passed with no audible dissent. (2) D. MORGENSON made a motion that dosage forms, such as sprinkles, capsules, patches, and liquids, be available on the preferred list. G. ATHEY seconded. The motion passed with no audible dissent. (3) G. BLACK made a motion that at least two non-controlled agents be preferred, including one alpha, adrenergic agonist. E. KOSIROG seconded. The motion passed with no audible dissent.

10. G. ATHEY moved to discuss **Triptans, Ditans, and Other Migraine Treatments – Oral & Non-Oral.** No speakers. E. HAMEL reviewed utilization and updates. (1) E. KOSIROG made a motion that at least one long-acting agent should be available as preferred. G. ATHEY seconded. The motion passed with no audible dissent. (2) G. ATHEY made a motion that at least one agent with a pediatric indication from oral and non-oral subclasses be preferred. K. ROBINSON seconded. The motion passed with no audible dissent. (3) T. MCKITRICK made a motion that all available routes of administration be preferred. D. MORGENSON seconded. The motion passed with no audible dissent.

11. G. ATHEY moved to discuss **Multiple Sclerosis Therapies – Disease Modifying & Symptom Management.** KAYONDA BAYO from BristolMyersSquibb spoke on Zeposia. AMY HALE from Janssen spoke on Ponvory. E. HAMEL reviewed utilization and updates. (1) K. ROBINSON made a motion that products with the varying mechanisms of action be preferred due to patient variability, response, and adverse effects, but prioritize availability of medications that decrease the risk of disease progression, the rate of progression, and the risk of relapse. E. KOSIROG seconded. The motion passed with no audible dissent. (2) K. ROBINSON made a motion that at least one medication with potentially lower risk to persons of childbearing potential be preferred. D. MORGENSON seconded. The motion passed with no audible dissent. (3) E. KOSIROG made a motion that at least one agent be available that is indicated for Clinically Isolated Syndrome. K. ROBINSON

seconded. The motion passed with no audible dissent.

12. G. ATHEY moved to discuss **Ophthalmics, Immunomodulators.** No speakers. E. HAMEL reviewed utilization and updates. G. ATHEY made a motion that at least one agent with a pediatric indication be preferred. K. ROBINSON seconded. The motion passed with no audible dissent.

13. G. ATHEY moved to discuss Mass Review Drug Classes and reviewed the rules for **Mass Review Drug Classes**.
    - Non-Steroidal Anti-Inflammatory Drugs (NSAIDS) – Oral & Non-Oral
        1. At least one non-oral NSAID be a preferred product.
        2. At least one agent with a pediatric indication be preferred.
        3. At least one agent with preferential COX-2 inhibition be preferred.
    - Monoamine Oxidase Inhibitors (MAOIs)
        1. There is no reason to prefer one agent over another based-on safety since [the committee] acknowledges all the medications in this class have some safety concerns.
        2. At least two agents with a pediatric indication be available on the Preferred Drug List.
        3. Because of patient variability and response to these agents, and multiple mechanisms of action, we recommend as many agents as possible being preferred.
    - Tricyclic Antidepressants (TCAs)
        1. There is no reason to prefer one agent over another based-on safety since [the committee] acknowledges all the medications in this class have some safety concerns.
        2. At least two agents with a pediatric indication be available on the Preferred Drug List.
        3. Because of patient variability and response to these agents, and multiple mechanisms of action, we recommend as many agents as possible being preferred.
    - Anti-Parkinson's Agents
        1. Products with multiple formulations be available as preferred.
        2. At least one form of carbidopa as a single agent be available as preferred.
        3. At least one preferred product be available in each therapeutic category.
        4. Where available in each therapeutic category, agents be preferred that can be delivered by a non-oral route.
    - Benzodiazepines (Non-Sedative Hypnotic)
        1. At least one agent be preferred that has a short, medium, and long duration of action.
        2. At least one agent with a pediatric indication be preferred.
        3. At least one agent that primarily undergoes Phase II liver metabolism be preferred.

4. At least one agent that can be administered through a feeding tube be preferred.

- Anxiolytics, Non-Benzodiazepine
  1. No motions given
- Calcitonin Gene-Receptor Inhibitors (CGRPIs)
  1. No motions given
- Lithium Agents
  1. At least one short-acting and one long-acting formulation be preferred.
  2. At least one solution be available for those unable to tolerate tablets or capsules.
- Ophthalmics, Allergy
  1. At least one agent be preferred with an indication in children down to the age of 2.
  2. Consideration be given that there are preferred agents from different mechanisms of action.
- Ophthalmics, Anti-Inflammatories
  1. Preservative-free versions be available for persons with sensitivities or allergies.
  2. At least one agent with a pediatric indication be preferred.
  3. Multiple dosage forms be preferred.
  4. At least one corticosteroid product with a low risk of Intraocular pressure be preferred.
- Ophthalmics, Glaucoma
  1. A Preservative-free versions be available for those with sensitivities or allergies.
  2. At least one agent with a pediatric indication be preferred.
  3. Consideration for race and ethnicity when choosing preferred products.
  4. At least one product from each of the five categories be preferred.

D. MORGENSON made a motion to pull out and review Monoamine Oxidase Inhibitor (MAOIs) and Tricyclic Antidepressants (TCAs). G. ATHEY seconded. The motion passed with no audible dissent.

14. G. ATHEY moved to discuss **Monoamine Oxidase Inhibitors (MAOIs).** No speakers. E. HAMEL reviewed utilization and updates. No motions given.

15. G. ATHEY moved to discuss **Tricyclic Antidepressants (TCAs).** No speakers. E. HAMEL reviewed utilization and updates. (1) G. ATHEY made a motion that at least two agents with a pediatric indication be available on the Preferred Drug List. D. MORGENSON seconded. The motion passed with no audible dissent. (2) D. MORGENSON made a motion that because of patient variability and response to these agents, we recommend as many agents as possible be preferred. E. KOSIROG seconded. The motion was approved with 9 votes, and 1 abstention. (3) D. MORGENSON made a motion that at least one agent in this class with an OCD

indication be preferred. G. ATHEY seconded. The motion passed with no audible dissent.

G. ATHEY moved to approve the mass review drug classes, excluding the Monoamine Oxidase Inhibitors (MAOIs) and Tricyclic Antidepressants that were individually reviewed. E. KOSIROG seconded. The motion passed with no audible dissent.

M. DUKLEF announced the next meeting for April 4, 2023.

The meeting adjourned at 16:22 MT.

By: _____
George Athey, 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.