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 11, 2022

1. Call to Order

A quorum being present, J. FEINSTEIN officially called the meeting was called to order at 13:01 MT.

2. Roll Call

Board introductions were made. There was one new board member. There were sufficient members for a quorum with eleven members participating and no members excused.

A. Members Present

Rick Athey, MD
Gwen Black, PharmD
David Elwell, MD
James Feinstein, MD (Chairperson)
Kimberly Jackson
Emily Kosirog, PharmD (Vice-Chairperson)
Thuy McKitrick, PharmD
Daralyn Morgenson, PharmD
Lynn Parry, MD
Kelet Robinson, MD
Marisa Wiktor, MD

B. Members Excused

None

C. Staff Present

HCPF Pharmacy Office

Jim Leonard, PharmD
Brittany Schock, PharmD

Magellan RX Management

Jessica Czechowski, PharmD
Jessica Bacon
Diana Kastendieck, PharmD

3. 2022 Chairpersons

B. SCHOCK opened nominations of new 2022 chairpersons. Reminded the committee that the Chairperson and Vice-Chairperson have had to serve on the committee for at least one year. E. KOSIROG moved to nominate G. BLACK for Chairperson. G. BLACK politely declined the nomination. L. PARRY moved to nominate J. FEINSTEIN for Chairperson. J. FEINSTEIN accepted nomination. No other nominations extended. Virtual vote by private chat for Chairperson with 9 in favor of J. FEINSTEIN and no other votes cast. B. SCHOCK announced J. FEINSTEIN as the 2022 Chairperson. B. SCHOCK opened for nominations of new 2022 Vice-Chairperson. K. JACKSON moved to self-nominate for Vice-Chairperson. T. MCKITRICK moved to nominate E. KOSIROG for Vice-Chairperson. E. KOSIROG accepted nomination. K. Jackson withdrew self-nomination. Virtual vote by private chat for Vice-Chairperson with 8 votes for E. KOSIROG and no other votes cast. B. SCHOCK announced E. KOSIROG as the 2022 Vice-Chairperson.

4. Approval of Minutes

J. FEINSTEIN asked for approval of the minutes from the October 5th, 2021 meeting. The minutes were approved with no audible dissent.

5. Department Updates:

B. SCHOCK reviewed updates from last meeting.

- Hepatitis C Agents – Direct Acting Antivirals
- Human Immunodeficiency Virus Treatment, Oral
- Pulmonary Arterial Hypertension (PAH) Agents (Phosphodiesterase Inhibitors, Endothelin Antagonists, Prostanoids, Guanylate Cyclase Stimulators)
- Anti-Depressants, Newer Generation
- Triptans and other Migraine Treatments (Oral and Non-Oral)
- Antiemetics
- H. Pylori Treatments
- Targeted Immune Modulators (TIMs)
- Respiratory Agents, Inhaled Anticholinergics and Combinations
- Respiratory Agents, Short-Acting and Long-Acting Beta Agonists
- Respiratory Agents, Inhaled Corticosteroids and Combinations
- Mass review drug classes:

- Non-Steroidal Anti-Inflammatory Drugs (NSAIDS) (Oral and Non-Oral)
- Antibiotics, Inhaled
- Anti-Herpetics (Oral and Topical)
- Fluoroquinolones
- Hepatitis C – Single-Agent Ribavirin Products
- Anti-Depressants (Tricyclics, Monoamine Oxidase Inhibitors)
- Anti-Psoriatics (Oral and Topical)
- Topical Immunomodulators
- Topical Steroids (Low, Medium, High, Very High)
- Pancreatic Enzymes
- Proton Pump Inhibitors
- Non-Biologic Ulcerative Colitis Agents, Oral and Rectal)
- Immune Globulin
- Newer Generation Antihistamines
- Antihistamine/Decongestant Combos
- Intranasal Rhinitis Agents
- Leukotriene Modifiers
- Methotrexate
- Epinephrine (Self-Administered) Products
- Newer Hereditary Angioedema (HAE) Agents
- Anti-Hyperuricemics
- Respiratory Agents

6. NEW BUSINESS

A. 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. Also, new prescriber tool, accessible through the EHR, allows for real time benefit check, electronic e-prescribing and electronic 'e-PAs'.
- 4th Quarter of 2021
  - Fourth quarter 2021: 70% approvals and 23% denials, 7% change in therapy
  - Average hold time for the call center for the past quarter was 44 seconds
  - Average call length was 6 minutes and 46 seconds
  - Fourth quarter 2021: 16,717 ePAs were initiated, with 76% approvals. ePA made up 29% of all PAs initiated

7. Rules

J. FEINSTEIN 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:
  - 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.

J. FEINSTEIN 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:

J. FEINSTEIN 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

J. FEINSTEIN 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. J. FEINSTEIN moved to discuss **Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) – Oral & Non-Oral.** No speakers. J. CZECHOWSKI reviewed utilization and updates. K. ROBINSON made a motion that at least one non-oral NSAID be preferred product. M. WIKTOR seconded. The motion passed with no audible dissent. J. FEINSTEIN made a motion that at least one agent with a pediatric indication be preferred. L. PARRY seconded. The motion passed with no audible dissent. E. KOSIROG made a motion that at least one agent with preferential cox-2 inhibition be preferred. M. WIKTOR seconded. The motion passed with no audible dissent.

2. J. FEINSTEIN moved to discuss **Beta-Blockers & Combinations.** No speakers. J. CZECHOWSKI reviewed utilization and updates. J. FEINSTEIN made a motion that at least on agent be available with the indication for treatment of heart failure. T. MCKITRICK seconded. The motion passed with no audible dissent. K. ROBINSON made a motion that at least one agent that is Beta-1 selective be available. L. PARRY seconded. The motion passed with no audible dissent. M. WIKTOR made a motion that at least one agent with a pediatric indication be preferred. K. ROBINSON seconded. The motion passed with no audible dissent. L. PARRY made a motion that at least one agent be included that is considered acceptable during pregnancy. G. BLACK seconded. The motion passed with no audible dissent. D. MORGENSON made a motion at least one dosage form be preferred that can be administered through a feeding tube. K. JACKSON seconded. The motion passed with no audible dissent.

3. J. FEINSTEIN moved to discuss **Anticonvulsants, Oral.** ALEXANDRA SCURRY from UCB spoke on Vimpat and Briviact. SARAH KLEIN, CEO of the Epilepsy Foundation of Colorado/Wyoming spoke on the whole class. MERCEDES MARUSCAK from Zogenix spoke on Fintepla. CATHERINE WANG from Azurity spoke on Eprontia. SEAN STERN from SK Life Sciences spoke on Xcopri. J. CZECHOWSKI reviewed utilization and updates. J. FEINSTEIN made a motion that at least one medication for epilepsy be available for members of childbearing potential with a low risk of fetal abnormalities. L. PARRY seconded. The motion passed with no audible dissent. L. PARRY made a motion that a brand name medication be preferred when used with the diagnosis of epilepsy. R. ATHEY seconded. The motion passed with no audible dissent. J. FEINSTEIN made a motion that all dosage forms for a preferred agent be available. D. MORGENSON seconded. The motion passed with no audible dissent. G. BLACK made a motion that at least one agent from each PDL subclass be available as preferred. M. WIKTOR seconded. The motion passed with no audible dissent. Recommendation from the committee to HCPF for the treatment of epilepsy that no PA allow a "fail first" strategy.

4. J. FEINSTEIN moved to discuss **Anti-Depressants, Newer Generation.** No speakers. J. CZECHOWSKI reviewed utilization and updates. M. WIKTOR 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. L. PARRY seconded. The motion passed with no audible dissent. J. FEINSTEIN mad a motion that at least two agents with a pediatric indication be preferred. K. ROBINSON seconded. The motion passed with no audible dissent. K. ROBINSON made a motion that at least one agent that can be administered by a feeding tube be preferred. E. KOSIROG seconded. The motion passed with no audible dissent.

5. J. FEINSTEIN moved to discuss **Anti-Parkinson's Agents.** No speakers. J. CZECHOWSKI reviewed utilization and updates. L. PARRY made a motion that products with multiple formulations be available as preferred. R. ATHEY seconded. The motion passed with no audible dissent. L. PARRY made a motion that at least one form of carbidopa as a single agent be available as preferred. R. ATHEY seconded. The motion passed with no audible dissent. R. ATHEY made a motion at least one preferred product be available in each therapeutic category. L. PARRY seconded. The motion passed with no audible dissent. K. JACKSON made a motion that where available in a therapeutic category, agents be preferred that can be delivered by a non-oral route. K. ROBINSON seconded. The motion passed with no audible dissent.

6. J. FEINSTEIN moved to discuss **Benzodiazepines (Non-Sedative Hypnotics).** No speakers. J. CZECHOWSKI reviewed utilization and updates. J. FEINTSTEIN made a motion that at least one agent be preferred that has a short, medium, and long duration of action. R. ATHEY seconded. The motion passed with no audible

dissent. J. FEINSTEIN made a motion that at least one pediatric indication be preferred. R. ATHEY seconded. The motion passed with no audible dissent. K. ROBINSON made a motion that at least one agent that primarily undergoes Phase II liver metabolism be preferred. L. PARRY seconded. The motion passed with no audible dissent. K. ROBINSON made a motion that at least one agent that can be administered via a feeding tube be preferred. R. ATHEY seconded. The motion passed with no audible dissent.

Break at 14:45 and meeting resumed at 14:55.

7. J. FEINSTEIN moved to discuss **Atypical Antipsychotics, Oral & Topical**. KENNETH BERRY from Alkermes spoke on Lybalvi. J. CZECHOWSKI reviewed utilization and updates. R. ATHEY made a motion that multiple dosage forms including an orally disintegrating tablet (ODT) and oral solution be included on the preferred list for pediatric and adult populations. D. MORGENSON seconded. The motion passed with no audible dissent. J. FEINSTEIN made a motion that at least one agent with a pediatric indication be preferred. R. ATHEY seconded. The motion passed with no audible dissent. R. ATHEY made a motion that clozapine be considered preferred due to its proven efficacy in specific populations. L. PARRY seconded. The motion passed with no audible dissent. R. ATHEY made a motion that at least one agent should be on the preferred list that is regarded with low risk of metabolic effects for both adults and the pediatric population. J. FEINSTEIN seconded. The motion passed with no audible dissent. L. PARRY made a motion that at least one agent known with lower risk of EPS side effects, including tardive dyskinesia, should be preferred. R. ATHEY seconded. The motion passed with no audible dissent. 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. R. ATHEY seconded. The motion passed with no audible dissent. LARRY SANDERS spoke on the whole class.

8. E. KOSIROG moved to discuss **Calcitonin Gene-Related Peptide Inhibitors (CGRPIs).** CHELSEA LEROUE from Biohaven spoke on Nurtec ODT. LAURA HILL from Abbvie spoke on Qulipta and Ubrelvy. JENNIFER SHEAR from Teva spoke on Ajovy. J. CZECHOWSKI reviewed utilization and updates. No motions made by the committee.

9. E. KOSIROG moved to discuss **Triptans, Ditan, and other Migraine Treatments, Oral & Non-Oral**. No speakers. J. CZECHOWSKI reviewed utilization and updates. R. ATHEY made a motion that at least one long-acting agent should be available. G. BLACK seconded. The motion passed with no audible dissent. J. FEINSTEIN made a motion that at least one agent with a pediatric indication from oral and non-oral subclasses be preferred. E. KOSIROG seconded. The motion passed with no audible dissent. L. PARRY made a motion that all available routes of administration be preferred. G. BLACK seconded. The motion passed with no

audible dissent. G. BLACK made a motion that at least one agent with a lower CVD risk be preferred. M. WIKTOR seconded. The motion passed with no audible dissent.

10. E. KOSIROG moved to discuss **Stimulants and Related Agents**. No speakers. J. CZECHOWSKI reviewed utilization and updates. J. FEINSTEIN made a motion to include at least one ER and IR form of methylphenidate, amphetamine, and combination products as preferred. R. ATHEY seconded. The motion passed with no audible dissent. R. ATHEY made a motion that immediate release and long-acting dosage forms should be available in liquid and/or chewable forms on the preferred list. L. PARRY seconded. The motion passed with no audible dissent. L. PARRY made a motion that at least two non-controlled agents be preferred, including one alpha$_2$ adrenergic agonist. T. MCKITRICK seconded. The motion passed with no audible dissent.

11. E. KOSIROG moved to discuss **Growth Hormones**. No speakers J. CZECHOWSKI reviewed utilization and updates. J. FEINSTEIN made a motion to consider the ease of use, storage, and handling requirements when selecting preferred products. E. KOSIROG seconded. The motion passed with no audible dissent.

12. E. KOSIROG moved to discuss **Bile Salts**. BAILEY PECK from Albireo spoke on Bylvay. J. CZECHOWSKI reviewed utilization and updates. J. FEINSTEIN made a motion that at least one agent that can be administered via feeding tube be preferred. E. KOSIROG seconded. The motion passed with no audible dissent. K. ROBINSON made a motion to have one available agent to treat cholestasis of pregnancy. E. KOSIROG seconded. The motion passed with no audible dissent.

13. E. KOSIROG moved to discuss **Multiple Sclerosis**. PHIL WETTESTAD from Novartis spoke on Kesimpta. DR. RYAN KAMMEYER from UC Anschutz spoke on the whole class. J. CZECHOWSKI reviewed utilization and updates. L. PARRY made a motion that products with varying mechanisms of action be preferred due to patient variability, response, and adverse effects, but prioritize availability of meds that decrease relapses, risk of progression, and rate of progression. E. KOSIROG seconded. The motion passed with no audible dissent. E. KOSIROG made a motion that at least one agent with potential lower risk for members who are of childbearing potential be preferred. M. WIKTOR seconded. The motion passed with no audible dissent. L. PARRY made a motion that at least one agent be available that is indicated for Clinically Isolated Syndrome. J. FEINSTEIN seconded. The motion passed with no audible dissent.

14. J. FEINSTEIN moved to discuss **Ophthalmics, Anti-Inflammatories**. KARLI SEKAB from Kala Pharmaceuticals spoke on Eysuvis. DR. KENT GODREY spoke on the whole class. J. CZECHOWSKI reviewed utilization and updates. K. JACKSON made a motion that preservative-free versions be available for person with sensitivities or allergies. E. KOSIROG seconded. The motion passed with no audible dissent. J.

FEINSTEIN made a motion that at least one agent with a pediatric indication be preferred. R. ATHEY seconded. The motion passed with no audible dissent. J. FEINSTEIN made a motion that multiple dosage forms be preferred. L. PARRY seconded. The motion passed with no audible dissent. L. PARRY made a motion that at least one corticosteroid product be available with a low risk of increased intraocular pressure.

15. J. FEINSTEIN moved to discuss Mass Review Drug Classes and reviewed the rules for **Mass Review Drug Classes**.
    - Non-Steroidal Anti-Inflammatory Drugs (NSAIDS) (oral and non-oral) – Motions:
        - At least two oral agents with different mechanisms of action be available.
        - At least one topical agent be preferred.
        - At least one oral agent that can be given via feeding tube be preferred.
        - At least one pediatric indication be available.
    - Opioids – Short-Acting – Motions:
        - At least two single agents and two combination agents be preferred.
        - At least one liquid short-acting formulation be available as a preferred agent.
        - At least one Schedule IV short-acting opioid be available as preferred.
        - At least one non-oral short-acting opioid be available as preferred.
    - Fentanyl Preparations – No motion.
    - Opioids – Long-Acting
        - At least one Schedule III or IV long-acting opioid be included as preferred.
        - One long-acting agent be available that can be given via feeding tube or for patients who have difficulty swallowing.
        - At least one long-acting opioid agent be available in transdermal form.
    - Alpha Blockers – No motions
    - Calcium Channel Blockers – Motions:
        - At least one agent be included that is considered acceptable during pregnancy.
        - At least one agent be preferred in each subcategory.
        - At least one agent with a pediatric indication be preferred in each subcategory.
    - Lipotropics – Bile Acid Sequestrants, Fibrates, Other – Motions:
        - Agents be preferred in each drug class that are capable of being administered through a feeding tube, where available.
    - Statins & Combinations – Motions:
        - At least one agent be preferred with the pediatric indication.
        - One product with reduced drug interaction risk be included as preferred.
        - Two high potency statins defined as >50% reduction in LDL should be included.
    - Monoamine Oxidase Inhibitors (MAOIs) – Motions:

  - 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.
  - At least two agents with a pediatric indication be available on the Preferred Drug List.
  - 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 – Motions:
  - 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.
  - At least two agents with a pediatric indication be available on the Preferred Drug List.
  - Because of patient variability and response to these agents, and multiple mechanisms of action, we recommend as many agents as possible being preferred.
- Anxiolytics, Non-Benzodiazepine – No motions.
- Lithium Agents – Motions:
  - At least one short-acting and one long-acting formulation be preferred.
  - At least one solution be available for those unable to tolerate tablets or capsules.
- Neurocognitive Disorder Agents – Motions:
  - Make products with varying mechanisms of action be preferred due to variability, response, and adverse effects.
  - Products with multiple formulations be available.
- Sedative Hypnotics – Non-Benzodiazepine & Benzodiazepine – Motions:
  - At least one sublingual dosage form be preferred for patients that cannot tolerate solid oral dosage forms.
- Hemorrhoidal, Anorectal, and Related Topical Anesthetic Agents – Motions:
  - Preferred agents include multiple formulations of administration.
  - At least one agent be preferred for anal fissures.
  - At least one agent be preferred with an anesthetic.
  - Lidocaine-prilocaine be a preferred agent due to its use in chemotherapy ports.
- Ophthalmics, Allergy – Motions:
  - At least one agent be preferred with an indication in children down to the age of 2.
  - Consideration be given that there are preferred agents from different mechanisms of action.
- Ophthalmics, Immunomodulators – Motions:
  - At least one agent with a pediatric indication be preferred.
- Ophthalmics, Glaucoma – Motions:

- Preservative-free versions be available for those with sensitivities or allergies.
- At least one agent with a pediatric indication be preferred.
- Consideration for race and ethnicity when choosing preferred products.
- At least on product from each of the five categories be preferred.

J. FEINSTEIN made a motion to approve past motions in Mass Review Drug Classes. L. PARRY seconded. The motion passed with no audible dissent.

B. SCHOCK announced the next meeting for April 12th, 2022.

G. BLACK made a motion to adjourn, E. KOSIROG seconded. Adjourned the meeting at 16:55 MT.

By: _____
James Feinstein, 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.