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 12, 2021

1. Call to Order

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

2. Roll Call

B. SCHOCK introduced the new Chief Medical Officer, Dr. Peter Walsh, MD, for the Department of Health Care Policy and Financing. Board introductions conducted. There are two new board members. There are sufficient members for a quorum with eleven members participating.

A. Members Present

Gwen Black, PharmD
David Elwell, MD
James Feinstein MD
Kimberley Jackson, DO (Vice-Chairperson)
Emily Kosirog, PharmD
Thuy McKitrick, PharmD
Daralyn Morgenson, PharmD
Lynn Parry, MD (Chairperson)
Davin Patel, PharmD
Kelet Robinson, MD
Marisa Wiktor, MD

B. Members Excused

No members excused

C. Staff Present

HCPF Pharmacy Office

Jim Leonard, PharmD
Brittany Schock, PharmD

Magellan RX Management

Jessica Czechowski, PharmD
Diana Kastendieck, PharmD

3. Approval of Minutes

L. PARRY asked for approval of the minutes from the October 6, 2020 meeting. L. PARRY brought up wanting the factual inaccuracy in more detail on page 6 of the previous minutes. D. ELWELL motioned for approval to pass as is. There was discussion that the previous minutes be updated to relect more detail regarding the "factual inaccuracy" on page 6. K. JACKSON motioned for approval of the minutes with the addition of the "factual inaccuracy". M. WIKTOR seconded. The minutes were approved with no audible dissent.

4. 2021 Chairpersons

B. SCHOCK opened for nominations of new 2021 chairpersons. Reminded the committee that the Chairperson and Vice-Chairperson have had to serve on the committee for at least one year. K. JACKSON moved to self-nomiate for Chairperson. L. PARRY moved to nominate J. FEINSTEIN for Chairperson. J. FEINSTEIN accepted nomination. Virtual vote by private chat for Chairperson with 7 in favor of J. FEINSTEIN and 4 for K. JACKSON. B. SCHOCK announced J. FEINSTEIN as the 2021 Chairperson. B. SCHOCK opened for nominations of new 2021 Vice-Chairperson. L. PARRY moved to nominate G. BLACK for Vice-Chairperon. G. BLACK accepted nomination. K. JACKSON moved to self-nominate for Vice-Chairperson. Virtual vote by private chat for Vice-chairperson with 7 in favor of G. BLACK and 4 for K. JACKSON. B. SCHOCK announced G. BLACK as the 2021 Vice-Chairperson.

5. Department Updates

B. SCHOCK reviewed updates from last meeting.

- Non-Steroidal Anti-Inflammatories (NSAIDs) - Oral
- Non-Steroidal Anti-Inflammatories (NSAIDs) - Non-Oral
- Antibiotics, Inhaled
- Hepatitis C Virus Treatments - Direct-Acting Antivirals (DAAs)
- Pulmonary Arterial Hypertension (PAH) Agents – Endothelial Antagonists, Guanylate Cyclase, Phosphodiesterase Inhibitos, Prostanoids

- Triptans and other Migraine Treatments, Oral and Non-Oral
- Antipsoriatics – Oral
- Antipsoriatics – Topical
- Antiemetics
- H. Pylori Treatments
- Methotrexate Products
- Targeted Immune Modulators (TIMs)
- Antihyperuricemics
- Mass review drug classes:
    - Antiherpetics – Oral and Topical
    - Fluoroquinolones – Oral
    - Hepatitis C Treatments – Ribavirin Products
    - Newer Generation Antidepressants
    - Monoamine Oxidase Inhibitors (MAOIs)
    - Tricyclic Antidepressants (TCAs)
    - Pancreatic Enzymes
    - Proton Pump Inhibitors
    - Non-Biologic Ulcerative Colitis Agents - Oral and Rectal
    - Antiplatelets
    - Epinephrine (self-administered) Products

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.
- Last quarter: 74% PARs approved, 21% denied and 5% change in therapy.
- Average hold time for the call center for the past month was 40 seconds.
- Average call length was 7 minutes.

B. B. SCHOCK announced new project.
- Prescriber tool project - Multifunctional platform accessible through EHR. Aims to decrease administrative burden, control and improve health outcomes. One element that is currently implemented is Opioid Risk Module.

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 reviewed criteria for providing testimony. B. SCHOCK asked for any disclosures for all the classes to be reviews. No disclosures noted. B. SCHOCK asked for all speakers to provide disclosures before speaking.

1. J. FEINSTEIN moved to discuss Diabetes Management, Insulins. SUNIL BHAVSAR from Mannkind Corporation spoke on Afrezza. JESSICA CHARDOULIAS from NovoNordisk spoke on Tresiba and Fiasp. J. CZECHOWSKI reviewed utilization and market share. L. PARRY made a motion that at least two agents in pen and vial form be available for all classes. D. ELWELL seconded. The motion passed with no audible dissent. E. KOSIROG made a motion that for those populations who are self-administering concentrated insulins that a pen be available as preferred product. M. WIKTOR seconded. The motion passed with no audible dissent. M. WIKTOR made a motion that at least one agent in each class be preferred with a pediatric indication. L. PARRY seconded. The motion passed with no audible dissent. M. WIKTOR made a motion that at least one agent in each class be preferred for use during pregnancy. D. PATEL seconded. The motion passed with no audible dissent.

2. J. FEINSTEIN moved to discuss Lipotropics. No speakers. J. CZECHOWSKI reviewed utilization and market share. L. PARRY made a motion that agents be preferred in each drug class that are capable of being administered through a feeding tube, where available. K. JACKSON seconded. The motion passed with no audible dissent. Recommendation from the committee to HCPF to separate groups into smaller sub-groupings.

3. J. FEINSTEIN moved to discuss Glucagon, Self-Administered. No speakers. J. CZECHOWSKI reviewed utilization and market share. E. KOSIROG made a motion that consideration be given to the ease and repidity of administration given the life threatening nature of hypoglycemia. L. PARRY seconded. The motion passed with no audible dissent. K. ROBINSON made a motion that at least one agent be preferred with an indication for infants, children, and adolescents. T. MCKITRICK seconded. The motion passed with no audible dissent.

4. J. FEINSTEIN moved to discuss Cardiovascular Agents, Alpha-Blockers. No

speakers. J. CZECHOWSKI reviewed utilization and market share. No motions made by the committee.

5. J. FEINSTEIN moved to discuss Cardiovascular Agents, Beta-Blockers. J. CZECHOWSKI reviewed utilization and market share. DYLAN BASSETT from Pierre Fabre spoke on Hemangeol. D. ELWELL made a motion that at least one agent be available with the indication for treatment of heart failure. G. BLACK seconded. The motion passed with no audible dissent. G. BLACK made a motion that at least one agent that is Beta-1 selective be available which is safer for patients with COPD and asthma. L. PARRY seconded. The motion passed with no audible dissent. The committee made a recommendation to break out Sotalol. J. FEINSTEIN made a motion that at least one agent with a pediatric inducation be preferred. L. PARRY seconded. The motion passed with no audible dissent. K. ROBINSON made a motion that at least one agent be included that is considered acceptable during pregnancy. D. MORGENSON seconded. The motion passed with no audible dissent. K. JACKSON made a motion that at least one dosage form be preferred that can be administered through a feeding tube, L. PARRY seconded. The motion passed with no audible dissent.

6. J. FEINSTEIN moved to discuss Cardiovascular Agents, Calcium Channel Blockers and Combinations. No speakers. CZECHOWSKI reviewed utilization and market share. E. KOSIROG made a motion that at least one agent be included that is considered acceptable during pregnancy. L. PARRY seconded. The motion passed with no audible dissent. D. ELWELL made a motion that at least one agent be preferred in each subcategory. K. ROBINSON seconded. The motion passed with no audible dissent. J. FEINSTEIN made a mition that at least one agent with a pediatric indication be preferred in each subcategory. M. WIKTOR seconded. The motion passed with no audible dissent.

   Break at 14:54 MT and reconviened at 15:06 MT.

7. J. FEINSTEIN move to discuss Leukotriene Modifiers. No speakers. CZECHOWSKI reviewed utilization and market share. J. FEINSTEIN made a motion that at least one agent with pediatric indication be preferred. G. BLACK seconded. The motion passed with no audible dissent.

8. J. FEINSTEIN moved to discuss Multiple Sclerosis. MELISSA SOMMERS from Novartis spoke on Kesimpta. GARY OKANO from Bristol Myers Squib spoke on Zeposia. J. CZECHOWSKI reviewed utilization and market share. L. PARRY made a motion that products with varying mechanisms of action be preferred due to patient variability, response and adverse effects. E. KOSIROG seconded. The motion passed with no audible dissent. E. KOSIROG made a motion that consideration be given to medications with potentially lower risk to persons of child bearing age. T. MCKITRICK 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. M. WIKTOR seconded. The motion passed with no audible dissent.

9. J. FEINSTEIN moved to discuss Anti-Parkinson's Agents. BITA NADERI from Amneal Pharmaceuticals spoke on Rytary ER. J CZECHOWSKI reviewed utilization and market share. L. PARRY made a motion that products with multiple formulations be available as preferred. D. PATEL 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. M. WIKTOR seconded. The motion passed with no audible dissent. J. FEINSTEIN made a motion that at least one preferred product be available in each therapeutic category. E. KOSIROG seconded. The motion passed with no audible dissent. L. PARRY made a motion that where available in each therapeutic category, agents be preferred that can be delivered by a non-oral route. K. JACKSON seconded. The motion passed with no audible dissent.

10. J. FEINSTEIN moved to discuss Antimigraine Agents, CGRP Inhibitors. JENNIFER SHEAR from Teva spoke on Ajovy. CHELSEA LEROUE from Biohaven Pharmaceuticals spoke on Nurtec ODT. JENNA GIANNINOTO with Abbvie spoke on Ubrelvy. MICHAEL FAITHE from Amgen spoke on Aimovig. LINDSAY WEITZEL, a patient advocate, spoke on the CGRP class as a whole. J. CZECHOWSKI review utilization and market share. No motions made by the committee.

11. J. FEINSTEIN moved to discuss Atypical Antipsychotics. TARA MCKINLEY from Otsuka spoke on Rexulti. CHRIS MUOLLO from Viking HealthCare Solutions spoke on Secuado. JOSH BISHOP from Allergan spoke on Vraylar. DR. JOHN HARDY, a psychiatrist, spoke on Vraylar. NICOLE BETTS, nurse practitioner, spoke on Vraylar. DR. LARRY SANDERS board certified psychiatrist, spoke on Vraylar. MARK JANKELOW, nurse practicioner spoke on Vraylar. J. CZECHOWSKI reviewed utilization and market share. L. PARRY 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. D. MORGENSON seconded. The motion passed with no audible dissent. L. PARRY made a motion that Clozapine be considered preferred due to its proven efficacy in specific populations. D. MORGENSON seconded. The motion passed with no audible dissent. L. PARRY made a motion that at least one agent should be on the preferred list that is regarded as weight neutral. 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. D. PATEL seconded. The motion passed with no audible dissent. D. MORGENSON made a motion that at least one agent for Parkinson's disease psychosis that has an FDA approved

indication or efficacy be preferred. G. BLACK 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. K. ROBINSON seconded. The motion passed with no audible dissent.

M. WIKTOR left meeting at 16:13 MT.

12. J. FEINSTEIN moved to discuss Sedative Hypnotics. No speakers. J. CZECHOWSKI reviewed utilization and market share. K. JACKSON made a motion that at least one sublingual dosage form be preferred for patients that cannot tolerate solid oral dosage forms. L. PARRY seconded. The motion passed with no audible dissent.

13. J. FEINSTEIN moved to discuss Anxiolytics. No speakers. J. CZECHOWSKI reviewed utilization and market share. The committee made a recommendation to change the name of this class to Benzodiazepines and Buspirone. G. BLACK made a motion that at least one agent be preferred that has a short, medium, and long duration of action. L. PARRY 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 not primarily metabolized by the liver be preferred. G. BLACK seconded. The motion passed with no audible dissent. J. FEINSTEIN made a motion that at least one agent be preferred that can be administered through a feeding tube. D. ELWELL seconded. The motion passed with no audible dissent.

14. J. FEINSTEIN moved to discussed Hemorrhoidal and Related Anorectal Agents. No speakers. J. CZECHOWSKI review utilization and market share. L. PARRY made a motion that preferred agents include multiple formulations of administration. E. KOSIROG seconded. The motion passed with no audible dissent. D. MORGENSON made a motion that at least one agent be preferred for anal fissures. D. PATEL seconded. The motion passed with no audible dissent. K. ROBINSON made a motion that at least one agent be preferred with an anesthetic. E. KOSIROG seconded. The motion passed with no audible dissent. G. BLACK made a motion that lidocaine-prilocaine be a preferred agent due to its use in chemotherapy ports. J. FEINSTEIN seconded. The motion passed with no audible dissent.

15. J. FEINSTEIN moved to discuss Ophthalmic Anti-Inflammatory Agents. No speakers. J. CZECHOWSKI review utilization and market share. K. JACKSON made a motion that preservative-free versions be available for persons with sensitivities or allergies. T. MCKITRICK 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. L. PARRY made a motion that consideration be given for multiple forms of administration be preferred. J. FEINSTEIN seconded. The motion passed with no audible dissent.

16. J. FEINSTEIN moved to discuss Ophthalmic Glaucoma Agents**.** No speakers. J. CZECHOWSKI reviewed utilization and market share. K. JACKSON made a motion that preservative-free versions be available for those with sensitivities or allergies. L. PARRY seconded. The motion passed with no audible dissent. J. FEINSTEIN made a motion that at least one agent with a pediatric indication be preferred. G. BLACK seconded. The motion passed with no audible dissent. K. ROBINSON made a motion for consideration of race and ethnicity when choosing preferred products. L. PARRY seconded. The motion passed with no audible dissent. L. PARRY made a motion that at least one product from each of the five categories be preferred. G. BLACK seconded. The motion passed with no audible dissent.

    J. FEINSTEIN moved to discuss the Mass Review Drug Classes. E. KOSIROG asked to pull Intranasal Rhinitis Agents out of Mass Review. B. SCHOCK mentioned that committee needed vote to pull it out. J. FEINSTEIN asked the committee to vote to pull it out of Mass Review. All in favor.

17. J. FEINSTEIN moved to discuss Intranasal Rhinitis Agents. No speakers. J. CZECHOWSKI reviewed utilization and market share. 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. L. PARRY made a motion that at least one non-steroidal agent be preferred. J. FEINSTEIN seconded. The motion passed with no audible dissent. E. KOSIROG made a motion that scent-neutral formulations be available for those with sensitivities. T. MCKITRICK seconded. The motion passed with no audible dissent.

18. J. FEINSTEIN moved to discuss the Mass Review Drug Classes.

- Statins and Statin Combinations
    - 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.
- Lithium Agents
    - 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
    - Make products with varying mechanisms of action be preferred due to variability, response and adverse effects.
    - Products with multiple formulations be available.

  - At least one product be available for daily dosing due to care-taker considerations.
- Topical Steroids
  - At least one agent from each potency category with pediatric indication be preferred.
  - At least one preferred agent be available for each potency category.
  - Consideration be given for multiple formulations to account for application site across potency categories.
- Growth Hormones
  - Consider the ease of use, storage, and handline requirements when selecting preferred products.
- Bile Salts
  - Agents be preferred that are capable of going through a feeding tube, where available.
  - Have one available agent to treat cholestasis of pregnancy.
- Immune Globulins
  - Products to cover multiple indications be preferred.
  - One preferred product in each route of administration, IV and SQ, be preferred.
- Ophthalmic Allergy Agents
  - 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.

J. FEINSTEIN asked the committee to vote to approve the mass review motions. The motion passed with no audible dissent.

B. SCHOCK announced the next meeting for April 13, 2021. L. PARRY made a motion to adjourn the meeting. J, FEINSTEIN seconded. The motion passed with no audible dissent. J. FEINSTEIN adjournce the meeting at 17:39 MT.

By: _____
Jamie Feinstein, MD, MPH

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.