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

October 4, 2022

1. Call to Order

A quorum being present, J. FEINSTEIN officially called the meeting to order at 13:03 MT.

2. Roll Call

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

A. Members Present

George 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
Kelet Robison, MD
Marisa Wiktor, MD

B. 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. Approval of Minutes

J. FEINSTEIN asked for approval of the minutes from the July 12, 2022, meeting. The minutes were approved with no audible dissent.

4. Department Updates:

M. DUKLEF reviewed updates from July 12, 2022, P&T meeting.

- Contraceptives, Oral & Topical
- Diabetes Management Classes – Insulins
  Rapid-Acting, Long-Acting, Mixtures
- Diabetes Management Classes – Non-Insulin
  GLP-1 Analogues, SGLT-2is
- Glucagon, Self-Administered
- Growth Hormones
- Mass review drug classes:
  - Androgenic Agents – Topical, Injectable, Oral
  - Bone Resorption Suppression and Related Agents
  - Diabetes Management Classes – Insulins
    Short, Intermediate
  - Diabetes Management Classes – Non-Insulins
  - Amylin, Biguanides, DPP-4is, Meglitinides, TZDs, Combinations
  - Estrogen Agents – Oral/Transdermal, Injectable
  - Phosphate Binders
  - Prenatal Vitamins/Minerals
  - Antihyperuricemics
  - Benign Prostatic Hyperplasia (BPH) Agents
  - Overactive Bladder Agents

5. 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, the new prescriber tool, accessible through the EHR, allows for real time benefit check, electronic e-prescribing, and electronic 'e-PAs'. The comparison between the first month of Go Live and the recent month is 2,468 ePAs in June 2021 and 7,748 ePAs in August 2022.
- 3rd Quarter of 2022
  - 74% approvals and 18% denials, 8% change in therapy

- Average hold time for the call center for the past quarter was 39 seconds
- Average call length was 6 minutes and 37 seconds
- 14,122 ePAs were initiated, with 76% approvals. ePA made up 33% of all PAs initiated

B. B. SCHOCK announced term expirations and open positions for January 2022.

- Open positions for applicants are being accepted for the following two positions for the term ending in December 2023:
  - One physician of any specialty
  - One member representative
- Open positions for applicants are being accepted for the following seven positions for the term ending in December 2024:
  - Two pharmacists
  - One physician who specializes in the practice of psychiatry
  - One physician who specializes in the practice of pediatrics
  - One physician who specializes in the practice of treating patients with disabilities.
  - One physician of any specialty
  - One member representative
- Open positions for applicants being accepted for the following positions for the terms beginning January 2023:
  - Pharmacists (2 positions)
  - Specialty Physicians, Other (5 positions)
  - Member Representatives (2 positions)

6. 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 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.

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 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 a 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 **Hepatitis C Virus Treatment (Direct Acting Antivirals, Ribavirin).** NATHAN BLAKE from Abbvie spoke on Mavyret. NANCY STEINFURTH as a public advocate spoke on the whole class. NATALIE ROSE from Gilead spoke on Epclusa. SARAH ROWAN as a public advocate spoke on the whole class. E. HAMEL reviewed utilization and updates. (1) *Direct Antiviral:* J. FEINSTEIN made a motion that at least one agent with a pediatric indication for 3 years and over be preferred. E. KOSIROG seconded. The motion passed with no audible dissent. (2) *Direct Acting Antivirals:* E. KOSIROG made a motion that prior authorizations for treatment-naïve patients be removed. G. ATHEY seconded. The motion passed with no audible dissent. (3) *Direct Acting Antivirals:* D. MORGENSON made a motion that at least two or more agents appropriate for treating all genotypes be preferred. D. ELWELL seconded. The motion passed with no audible dissent.

2. J. FEINSTEIN moved to discuss **Human Immunodeficiency Virus (HIV) Treatments.** AMY HALE from Johnson & Johnson spoke on Symtuza. NATALIE ROSE from Gilead spoke on Biktarvy. KAITLIN NGUYEN from Viiv Healthcare spoke on Dovato and Triumeq. E. HAMEL reviewed utilization and updates. (1) G. BLACK made a motion that at least three agents be available for pre-exposure prophylaxis (PrEP) without prior authorization. K. ROBINSON seconded. The motion passed with no audible dissent. (2) E. KOSIROG made a motion that all first line regimens in DHHS HIV guidelines be preferred without prior authorization. G. ATHEY seconded. The motion passed with no audible dissent.

3. J. FEINSTEIN moved to discuss **Intranasal Rhinitis Agents.** No speakers. E. HAMEL reviewed utilization and updates. (1) J. FEINSTEIN made a motion that at least one agent with a pediatric indication be preferred. G. ATHEY seconded. The motion passed with no audible dissent. (2) K. JACKSON made a motion that at least one non-steroidal agent be preferred. M. WIKTOR seconded. The motion passed with no audible dissent. (3) K. JACKSON made a motion that scent-neutral formulations be available for those with sensitivities. G. ATHEY seconded. The motion passed with no audible dissent.

Break at 14:27 and the meeting resumed at 14:40.

4. J. FEINSTEIN moved to discuss **Targeted Immune Modulators.** ANTHONY HAGER from BristolMyersSquibb spoke on Orencia. TIA NGUYEN from Sanofi spoke on Dupixent. JUDY KELLOWAY from GlaxoSmithKline spoke on Nucala. PHIL WETTESTAD from Novartis spoke on Cosentyx. NATHAN BLAKE from Abbvie spoke on Rinvoq and Skyrizi. MARIOLA VAZQUEZ from LEO Pharma spoke on Adbry. JORDAN WILD from Amgen spoke on Otezla. SUNNY HIRPARA from AstraZeneca spoke on Fasenra. E. HAMEL reviewed utilization and updates. (1) E. KOSIROG made a motion that for each indication, at least two agents with different mechanisms of action be preferred. D. ELWELL seconded. The motion passed with no audible dissent. (2) M. WIKTOR made a motion that a patient is not required to fail a

second medication of the same mechanism of action prior to initiating a medication of a different mechanism of action. G. ATHEY seconded. The motion passed with no audible dissent. (3) J. FEINSTEIN made a motion that for each indication, at least one agent with a pediatric indication be preferred. G. ATHEY seconded. The motion passed with no audible dissent. (4) E. KOSIROG made a motion that multiple dosage forms for each indication be preferred. J. FEINSTEIN seconded. The motion passed with no audible dissent.

5. J. FEINSTEIN moved to discuss **Newer Hereditary Angioedema (HAE) Products.** No speakers. E. HAMEL reviewed utilization and updates. (1) J. FEINSTEIN made a motion that at least one product with a pediatric indication be preferred. M. WIKTOR seconded. The motion passed with no audible dissent. (2) E. KOSIROG made a motion that at least one product with increased safety in members of childbearing potential be preferred. D. ELWELL seconded. The motion passed with no audible dissent. (3) J. FEINSTEIN made a motion that at least one product be preferred for treatment and one product be available for prophylaxis per guidelines. E. KOSIROG seconded. The motion passed with no audible dissent. (4) M. WIKTOR made a motion that at least one product with IV route and one product with SC route of administration be preferred. J. FEINSTEIN seconded. The motion passed with no audible dissent.

6. J. FEINSTEIN moved to discuss Mass Review Drug Classes and reviewed the rules for **Mass Review Drug Classes**.
    - Antibiotics, Inhaled
        1. Multiple agents be available for patients with a diagnosis of CF be preferred.
    - Antiherpetic Agents – Oral, Topical
        1. Two or more agents be preferred due to the variability in patient response.
    - Fluoroquinolones, Oral
        1. No motions given
    - Immune Globulins
        1. Products to cover multiple indications be preferred.
        2. One preferred product in each route of administration (IV and SQ) be preferred.
    - Antihistamines (Newer Generation, Antihistamine/Decongestant Combinations)
        1. At least one formulation be available for those that can't swallow pills.
        2. To make available at least two different antihistamines agents.
    - Leukotriene Modifiers
        1. At least one agent with pediatric indication be preferred.
    - Methotrexate Products

1. Methotrexate be available indifferent dosage forms and different route of administration.

- Epinephrine Products
  1. The product device, ease-of-use, expiration date, and needle protection be considerations when choosing a preferred product.
  2. Products with different preservatives and inactive ingredients be considered when choosing a preferred product.
  3. Consideration for weight appropriate based product be made available as preferred.
- Respiratory Agents
  1. (*Inhaled Anticholinergics and Combinations*) At least one agent from each subclass with a pediatric indication be preferred.
  2. (*Inhaled Anticholinergics and Combinations*) At least one product and one combination product from each subclass be preferred.
  3. (*Inhaled Beta2 Agonist – Short & Long-Acting*) At least one short-acting inhaler and one short-acting solution be available as preferred.
  4. (*Inhaled Beta2 Agonist – Short & Long-Acting*) At least one long-acting inhaler be available as preferred.
  5. (*Inhaled Corticosteroids & Combinations*) At least one combination product from each dose form (MDI, DPI) be preferred.
  6. (*Inhaled Corticosteroids & Combinations*) At least one combination product from each dose form (MDI, DPI) be preferred.
  7. (*Inhaled Corticosteroids & Combinations*) At least one low-dose combination ICS product with pediatric indications be available in each dosage form.
  8. (*Inhaled Corticosteroids & Combinations*) At least one combination agent be preferred that is guideline recommended for PRN and scheduled use.
  9. (*Phosphodiesterase Inhibitors - PDEIs*) No motions given

M. WIKTOR made a motion to approve the mass review drug classes. G. ATHEY seconded. The motion passed with no audible dissent.

B. SCHOCK announced the next meeting for January 10, 2023.

K. JACKSON made a motion to adjourn. Adjourned the meeting at 15:35 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.