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 5, 2021

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 were sufficient members for a quorum with seven members participating and four members excused.

A. Members Present

Gwen Black, PharmD (Vice-Chairperson)
James Feinstein, MD (Chairperson)
Emily Kosirog, PharmD
Thuy McKitrick, PharmD
Daralyn Morgenson, PharmD
Lynn Parry, MD
Marisa Wiktor, MD

B. Members Excused

David Elwell, MD
Kimberley Jackson, DO
Davin Patel, PharmD
Kelet Robinson, MD

C. Staff Present

Medicaid Pharmacy Department

Jim Leonard, PharmD
Brittany Schock, PharmD

Magellan RX Management

Jessica Czechowski, PharmD
Diana Kastendieck, PharmD

3. Approval of Minutes

J. FEINSTEIN asked for approval of the minutes from the July 13th, 2021 meeting. M. WIKTOR motioned for approval. E. KOSIROG seconded. The minutes were approved with no audible dissent.

4. Department Updates:

B. SCHOCK reviewed updates from last meeting.

- Anticonvulsants, Oral
- Stimulants and Related Agents
- Estrogen Agents, Parenteral and Oral/Transdermal
- Contraceptives, Oral and Topical
- Diabetes Management Classes: GLP-1 Analogues, Hypoglycemic Combos, SGLT-2 Inhibitors and Combos
- Glucagon Agents
- Anticoagulants, Oral
- Antiplatelet Agents
- Colony Stimulating Factors
- Newer Hereditary Angioedema (HAE) Agents
- Overactive Bladder Agents
- Ophthalmic, Immunomodulators
- Mass review drug classes:
    - Bone Resorption Suppression and Related Agents
    - Diabetes Management Classes: Amylin, Biguanides, DPP-4is and Combos, Insulins and Related Agents, Meglitinides and Combos, TZDs and Combos
    - GI Motility, Chronic
    - Anticoagulants, Parenteral
    - Erythropoiesis Stimulating Agents
    - Prenatal Vitamins/Minerals

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.
- 3rd Quarter of 2021
    - Third quarter 2021: 79% approvals and 16% denials, 5% change in therapy

- Average hold time for the call center for the past quarter was 44 seconds
- Average call length was 6 minutes and 43 seconds
- Also, new prescriber tool, accessible through the EHR, allows for real time benefit check, electronic e-prescribing and electronic 'e-PAs'.
- Third quarter 2021: 9983 ePAs were initiated, with 78% approvals. ePA made up 23% of all PAs initiated

B. B. SCHOCK announced term expirations and open positions for January 2021.

- Open positions for applicants are being accepted for the following two positions for the term ending in December 2022:
  - One physician who specializes in the practice of psychiatry
  - One physician who specializes in the treatment of members with disabilities
- Open positions for applicants are being accepted for the following six positions for the term January 2022-December 2023:
  - Pharmacists (2 positions)
  - Specialty Physician, Other (3 positions)
  - Member Representative (1 position)

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:
  - 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 **Hepatitis C Agents – Direct Acting Antivirals.** NATALIE ROSE from Gilead spoke on Epclusa. DR. SARAH ROWAN an infectious

disease specialist from Denver Health spoke about the whole class. J. CZECHOWSKI reviewed utilization and updates. J. FEINSTEIN made a motion that at least one agent with a pediatric indication for 3 years and over be included as preferred. M. WIKTOR seconded. The motion passed with no audible dissent. L. PARRY made a motion that prior authorizations for treatment naïve patients be reevaluated. E. KOSIROG seconded. The motion passed with no audible dissent. L. PARRY made a motion that the Department of Health Care Policy and Financing consider screening and treatment that is consistent with AASLD-IDSA guidelines. G. BLACK seconded. The motion passed with no audible dissent.

2. J. FEINSTEIN moved to discuss **Human Immunodeficiency Virus Treatments, Oral.** DR. NIK SEIFTER from Janssen spoke on Symtuza**.** NATALIE ROSE from Gilead spoke on Descovy and Biktarvy. DR. SARAH ROWAN, an infectious disease specialist form Denver Health spoke on the whole class. BARB CARDELL, legislative chair from CORA (Colorado Organizations and Individuals Responding to HIV/AIDs) spoke on the whole class. J. CZECHOWSKI reviewed utilization and updates. E. KOSIROG made a motion that at least two agents be available for pre-exposure prophylaxis (PrEP) without prior authorization. L. PARRY seconded. The motion passed with no audible dissent. G. BLACK made a motion that all first line regimens in DHHS HIV guidelines be unincumbered without prior authorization. L. PARRY seconded. The motion passed with no audible dissent. L. PARRY made a motion that second line agents not be subject to PDL status. E. KOSIROG seconded. The motion passed with no audible dissent.

3. J. FEINSTEIN moved to discuss **Pulmonary Arterial Hypertension (PAH) Agents (Phosphodiesterase Inhibitors, Endothelin Antagonists, Prostanoids, Guanylate Cyclase Stimulators).** DR. KEVIN SCHREUR from United Therapeutics spoke on Tyvaso. JOHN HARTNEY from Janssen spoke on Opsumit. J. CZECHOWSKI reviewed utilization and updates. J. FEINSTEIN made a motion that at least one from each of the four classes (endothelin antagonists, prostanoids, guanylate cyclase stimulator (sGC) and phosphodiesterase inhibitors) be preferred. L. PARRY seconded. The motion passed with no audible dissent. L. PARRY made a motion that at least one agent with a pediatric indication be preferred. M. WIKTOR seconded. The motion passed with no audible dissent. E. KOSIROG made a motion that all available routes of administration across all classes be available as preferred. J. FEINSTEIN seconded. The motion passed with no audible dissent.

   Break at 15:05 and meeting resumed at 15:15

4. G. BLACK moved to discuss **Anti-Depressants, Newer Generation.** J. CZECHOWSKI reviewed utilization and updates. J. FEINSTEIN 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 being preferred. L. PARRY seconded. The motion passed with no audible dissent. L. PARRY made a

motion that at least two agents with a pediatric indication be preferred. T. MCKITRICK seconded. The motion passed with no audible dissent. J. FEINSTEIN made a motion that at least one agent that can be administered by a feeding tube be preferred. D. MORGENSON seconded. The motion passed with no audible dissent.

5. G. BLACK moved to discuss **Triptans and other Migraine Treatments (Oral and Non-Oral).** DR. BOBBI BENTZ from Eli Lilly spoke on Reyvow. J. CZECHOWSKI reviewed utilization and updates. L. PARRY made a motion that at least one long-acting agent should be available. D. MORGENSON 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. L. PARRY seconded. The motion passed with no audible dissent. L. PARRY made a motion all available routes of administration be preferred. E. KOSIROG seconded. The motion passed with no audible dissent. L. PARRY made a motion that at least one agent with a lower CVD risk be preferred. T. MCKITRICK seconded. The motion passed with no audible dissent.

6. G. BLACK moved to discuss **Antiemetics.** No Speakers. J. CZECHOWSKI reviewed utilization and updates. J. FEINTSTEIN made a motion that at least one agent with pediatric indication from oral and non-oral subcategory be preferred. L. PARRY seconded. The motion passed with no audible dissent. L. PARRY made a motion that alternate dosage forms for all ages be available such as, liquid, ODT and patch. D. MORGENSON seconded. The motion passed with no audible dissent. D. MORGENSON made a motion that multiple mechanisms of action in multiple dosage forms be preferred. J. FEINTSTEIN seconded. The motion passed with no audible dissent. L. PARRY made a motion that at least one agent for the prevention of delayed nausea and vomiting be available. J. FEINTSTEIN seconded. The motion passed with no audible dissent. L. PARRY made a motion that at least one agent be preferred for the indication of nausea and vomiting associated with pregnancy. D. MORGENSON seconded. The motion passed with no audible dissent.

7. G. BLACK moved to discuss **H. Pylori Treatments**. No speakers. J. CZECHOWSKI reviewed utilization and updates. No motions made by the committee.

8. G. BLACK moved to discuss **Targeted Immune Modulators (TIMs).** DR. CARRIE JOHNSON from Amgen spoke on Otezla and Enbrel. PHIL WETTESTAD from Novartis spoke on Cosentyx. DR. BOBBI BENTZ from Eli Lilly spoke on Taltz and Olumiant. J. CZECHOWSKI reviewed utilization and updates. L. PARRY made a motion that for each indication at least 2 agents with different mechanisms of action be preferred. E. KOSIROG seconded. The motion passed with no audible dissent. G. BLACK made a motion that members should not be required to fail the same mechanism of action more than once to get access to another mechanism of

action product. L. PARRY seconded. The motion passed with no audible dissent. L. PARRY made a motion that at least one agent for each indication, with a pediatric indication be preferred. J. FEINTSTEIN seconded. The motion passed with no audible dissent. G. BLACK made a motion that multiple dosage forms, for each indication, be preferred. L. PARRY seconded. The motion passed with no audible dissent.

9. G. BLACK moved to discuss **Respiratory Agents, Inhaled Anticholinergics and Combinations**. JENNIFER SHEAR from Teva spoke on ProAir Digihaler, ArmonAir Digihaler, AirDue Digihaler. J. CZECHOWSKI reviewed utilization and updates. M. WIKTOR made a motion that at least one agent from each subclass with a pediatric indication be preferred. J. FEINSTEIN seconded. The motion passed with no audible dissent. M. WIKTOR made a motion that at least one product and one combination product from each subclass be preferred. L. PARRY seconded. The motion passed with no audible dissent.

10. G. BLACK moved to discuss **Respiratory Agents, Short-Acting and Long-Acting Beta Agonists**. J. CZECHOWSKI reviewed utilization and updates. J. FEINSTEIN made a motion that at least one short-acting inhaler and one short-acting solution be available as preferred. L. PARRY seconded. The motion passed with no audible dissent. J. FEINSTEIN made a motion that at least one long-acting inhaler be available as preferred. L. PARRY seconded. The motion passed with no audible dissent.

11. G. BLACK moved to discuss **Respiratory Agents, Inhaled Corticosteroids and Combinations**. J. CZECHOWSKI reviewed utilization and updates. D. MORGENSON made a motion that at least one single agent product from each dose form (MDI, DPI, breath-activated and nebule) be preferred. E. KOSIROG seconded. The motion passed with no audible dissent. L. PARRY made a motion that at least one combination product from each dose form (MDI, DPI) be preferred. M. WIKTOR seconded. The motion passed with no audible dissent. M. WIKTOR made a motion that at least one low-dose combination ICS product with pediatric indications be available in each dosage form. L. PARRY seconded. The motion passed with no audible dissent. E. KOSIROG made a motion that at least one combination agent be preferred that is guideline recommended for PRN and scheduled use. J. FEINSTEIN seconded. The motion passed with no audible dissent.

12. B. SCHOCK review rules for **Mass Review Drug Classes** and asked for any disclosures. No disclosures noted. J. FEINSTEIN moved to discuss Mass Review Drug Classes.
    - Non-Steroidal Anti-Inflammatory Drugs (NSAIDS) (oral and non-oral) – Motions:
        - At least one non-oral NSAID be a preferred product.
        - At least one agent with a pediatric indication be preferred.
    - Antibiotics, Inhaled – Motions:

    - Multiple agents be available for patients with diagnosis of CF as preferred.
- Anti-herpetics (Oral and Topical) – Motion:
    - Two or more agents be preferred due to the variability in patient response.
- Fluoroquinolones (Oral) – No motions.
- Hepatitis C – Single-Agent Ribavirin Products – No motions
- Anti-Depressants (Tricyclics, Monoamine Oxidase Inhibitors) – 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.
- Anti-Psoriatics (Oral and Topical).
    - Various topical formulations be available as preferred based on application site.
- Topical Immunomodulators – No Motions.
- Topical Steroids (low, medium, high, very high) – Motions:
    - 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
- Pancreatic Enzymes – Motions:
    - Two or more agents be preferred due to the variability in patient response.
- Proton Pump Inhibitors – Motions:
    - At least one agent with a pediatric indication be preferred
    - Consideration be given to a variety of formulations for people with special needs (such as trouble swallowing and feeding tube).
- Non-Biologic Ulcerative Colitis Agents, Oral and Rectal – Motions:
    - Product formulation (oral and non-oral, foam, suppositories, enema, capsule, tablet, and a product that can be opened and poured onto applesauce) be considered for preferred status.
    - At least one agent with pediatric indication be preferred.
    - At least one preferred agent be available for treatment as well as maintenance therapy.
- Immune Globulin – Motions:
    - Products to cover multiple indications be preferred.
    - One preferred product in each route of administration, IV, and SQ, be preferred.
- Newer Generation Antihistamines – Motions:
    - At least one formulation be available for those that can't swallow pills.
    - To make available at least two different antihistamine agents.

- Antihistamine/Decongestant Combos – Motions:
  - At least one formulation be available for those that can't swallow pills.
  - To make available at least two different antihistamine agents.
- Intranasal Rhinitis Agents – Motions:
  - At least one agent with a pediatric indication be preferred.
  - At least one non-steroidal agent be preferred.
  - Scent-neutral formulations be available for those with sensitivities.
- Leukotriene Modifiers – Motions:
  - At least one agent with pediatric indication be preferred.
- Methotrexate – Motions:
  - Methotrexate be available in different dosage forms and different routes of administration
- Epinephrine (self-administered) Products – Motions:
  - The product device, ease-of-use, expiration date and needle-protection, be considerations when choosing a preferred product.
  - Products with different preservatives and inactive ingredients be considered when choosing a preferred product.
  - Consideration for weight appropriate based product be made available as preferred.
- Newer Hereditary Antioedema (HAE) Agents – Motions:
  - At least one product with a pediatric indication be preferred.
  - At least one product with increased safety in members of childbearing potential be preferred.
  - At least one product be available for treatment and one product available for prophylaxis per guidelines.
  - At least one product with IV route and one product with SC route of administration be preferred.
- Anti-Hyperuricemics – Motions:
  - At least one medication for acute and maintenance treatment be preferred.
- Respiratory Agents – PDEIs – No motions.

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

B. SCHOCK announced the next meeting for January 11th, 2022.

L. PARRY made a motion to adjoin, E. KOSIROG seconded. Adjourned the meeting at 16:40 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.