



**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  
July 13, 2021

**1. Call to Order**

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

**2. Roll Call**

Board introductions were made. There were sufficient members for a quorum with ten members participating and one member excused.

**A. Members Present**

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

**B. Members Excused**

Daralyn Morgenson, PharmD

**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 April 13th, 2021 meeting. The minutes were approved with no audible dissent.

### 4. Department Updates

B. SCHOCK reviewed updates from last meeting.

- Non-Opioid Analgesics
- Opioids - Short-Acting
- Fentanyl Preparations
- Opioids - Long-Acting
- Angiotensin Modulators and Angiotensin Modulator Combos - ACEIs and Combinations, ARBs and Combinations, Renin Antagonists and Combinations
- Acne Agents, Topical
- Acne Agents, Oral Isotretinoin
- Antineoplastics, Topical
- Rosacea Agents
- Phosphate Binders
- Respiratory Inhalants - Inhaled Anticholinergics & Anticholinergic Combinations, Inhaled Beta<sub>2</sub> Agonists (short-acting and long-acting), Inhaled Corticosteroids and Combinations, Phosphodiesterase Inhibitors (PDEIs)
- Mass review drug classes:
  - Tetracyclines
  - Skeletal Muscle Relaxants
  - Topical Immunomodulators
  - Androgenic Agents - Topical, Oral, Injectable
  - Antihistamines, Newer Generation and Combinations
  - Benign Prostatic Hypertrophy (BPH) Agents

### 5. NEW BUSINESS

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
- 2<sup>nd</sup> Quarter of 2021
  - 76% approvals, 21% denials, 3% change in therapy
  - Average hold time for the call center for the past quarter was 36 seconds



- Average call length was 6 minutes and 38 seconds

B. SCHOCK discussed standardizing language for motions.

- Last P&T meeting there were suggestions to have more streamlined language and terminology for motions.
- Located in the virtual binder, a document was put together with language for the committee to use as a resource.
- If the committee has comments, additions, suggestions, or changes, they can send an email to Brittany and those will be brought up in the October P&T meeting. This document can be updated as needed.
- Moving forward, this document can be a great resource for when new members join the committee.

## 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:
  - 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 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 the classes to be reviewed. No disclosures noted. B. SCHOCK asked for all speakers to provide disclosures before speaking.

1. J. FEINSTEIN moved to discuss **Anticonvulsants, Oral**. MANINDER MALIK from SK Life Science spoke on Xcopri. MERCY MARTIN from Zogenix spoke on Fintepla. BILL O'NEILL from Sunovion spoke on Aptiom. REJENA AZAD from UCB spoke on Briviact. JOHNNY SAWADA from Eisai spoke on Fycompa. J. CZECHOWSKI reviewed utilization and updates. K. JACKSON 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. J. FEINSTEIN seconded. The motion passed with no audible dissent. L. PARRY made a motion that all dosage forms for a



preferred agent be available. G. BLACK seconded. The motion passed with no audible dissent. L. PARRY made a motion that at least one agent from each PDL subclass be available as preferred. E. KOSIROG seconded. The motion passed with no audible dissent.

2. J. FEINSTEIN moved to discuss **Stimulants and Related Agents**. PATRICK HARVEY from Supernus Pharmaceuticals spoke on Qelbree. CRYSTAL CHANG from Adlon Therapeutics spoke on Adhansia XR. DEB PROFANT from Jazz Pharmaceuticals spoke on Sunosi. J. CZECHOWSKI reviewed utilization and updates. L. PARRY made a motion to include at least one ER and IR form of methylphenidate, amphetamine, and combination products as preferred. J. FEINSTEIN seconded. The motion passed with no audible dissent. E. KOSIROG made a motion that dosage forms such as sprinkles, capsules, and liquids be available 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<sub>2</sub> adrenergic agonist. G. BLACK seconded. The motion passed with no audible dissent.
3. J. FEINSTEIN moved to discuss **Estrogen Agents, Injectable and Oral/Transdermal**. No speakers. J. CZECHOWSKI reviewed utilization and updates. K. JACKSON made a motion that at least one parenteral agent with two-week dosing and one parenteral with one-week dosing be available as preferred due to peak trough concerns for patients. L. PARRY seconded. The motion passed with no audible dissent. K. JACKSON made a motion that at least two patches be preferred due to sensitivity with adhesives. D. ELWELL seconded. The motion passed with no audible dissent. K. JACKSON made a motion that at least one agent be preferred that is a tablet. J. FEINSTEIN seconded. The motion passed with no audible dissent.
4. J. FEINSTEIN moved to discuss **Contraceptives, Oral and Topical**. PAUL KORNER from Agile Therapeutics spoke on Twirla. J. CZECHOWSKI reviewed utilization and updates. L. PARRY made a motion to cover at least two in each category of the low dose estrogen monophasic, biphasic, triphasic/four, extended cycle and continuous cycle, progestin combinations with low and high dose category in monophasic category and progestin singles agents and at least one product that contains iron and at least one product that is chewable. G. BLACK seconded. The motion passed with no audible dissent. L. PARRY made a motion that at least one ring and one patch be available as preferred. J. FEINSTEIN seconded. The motion passed with no audible dissent. K. ROBINSON made a motion that at least one non-hormonal option be made available. L. PARRY seconded. The motion passed with no audible dissent.

Break at 14:57 and meeting resumed at 15:08.



5. J. FEINSTEIN moved to discuss **Diabetes Management Classes - GLP-1 Analogues**. BOBBIE BENTZ from Lilly spoke on Trulicity. JESSICA CHARDOULIAS from NovoNordisk spoke on Rybelsus and Ozempic. J. CZECHOWSKI reviewed utilization and updates for GLP-1 Analogies, Hypoglycemic Combinations, and SGLT-2s and Combinations. E. KOSIROG made a motion that at least one GLP-1 extended-release once-weekly product with an indication of major cardiovascular events (MACE data) be preferred. L. PARRY seconded. The motion passed with no audible dissent. K. ROBINSON made a motion that at least one GLP-1 with auto-injector formulation for those with limited dexterity or visual impairment be preferred in order to increase compliance. M. WIKTOR seconded. The motion passed with no audible dissent. D. PATEL made a motion that at least one oral GLP-1 formulation be preferred. K. ROBINSON seconded. The motion passed with 9 Ayes and 1 abstaining. E. KOSIROG made a motion that at least one GLP-1 with cardiovascular benefits be preferred. L. PARRY seconded. The motion passed with no audible dissent.
  
6. J. FEINSTEIN moved to discuss **Diabetes Management Classes - Hypoglycemic Combinations**. No speakers. K. ROBINSON made the motion to prefer none of the combination products. E. KOSIROG seconded. The motion passed with no audible dissent.
  
7. J. FEINSTEIN moved to discuss **Diabetes Management Classes - SGLT-2 Inhibitors and Combinations**. No speakers. E. KOSIROG made a motion that at least one SGLT-2 be preferred that has evidence for cardiovascular, heart failure and renal benefit. L. PARRY seconded. The motion passed with no audible dissent.
  
8. G. BLACK moved to discuss **Glucagon Agents**. MELISSA WINGET from Zealand Pharma spoke on Zegalogue. DR. VIRAL SHAH, associate professor at University of Colorado, spoke on glucagon agents as a whole. BOBBI BENTZ from Lilly spoke on Baqsimi. J. CZECHOWSKI reviewed utilization and updates. K. ROBINSON made a motion that consideration be given to the ease and rapidity of administration given the life-threatening nature of hypoglycemia. M. WIKTOR seconded. The motion passed with no audible dissent. J. FEINSTEIN made a motion that at least one agent with an indication for infants, children and adolescents be preferred. L. PARRY seconded. The motion passed with no audible dissent. E. KOSIROG made a motion that at least one non-injectable formulation be preferred. L. PARRY seconded. The motion passed with no audible dissent.
  
9. G. BLACK moved to discuss **Anticoagulant Agents, Oral**. WALTER HUNTER from BMS spoke on Eliquis. DR. KRISTEN NORDENHOLZ emergency physician from University of Colorado, School of Medicine, spoke on Eliquis. J. CZECHOWSKI reviewed utilization and updates. L. PARRY made a motion that at least two DOACs



be preferred as a first line agents. E. KOSIROG seconded. The motion passed with no audible dissent. D. ELWELL made a motion that at least one agent with a lower risk of GI bleed be preferred. M. WIKTOR seconded. The motion passed with no audible dissent. E. KOSIROG made a motion that at least two agents with documented safety in elderly be preferred. K. ROBINSON seconded. The motion passed with no audible dissent.

10. G. BLACK moved to discuss **Antiplatelet Agents**. No speakers. J. CZECHOWSKI reviewed utilization and updates. L. PARRY made a motion that multiple agents be available due to varying levels of efficacy and safety. J. FEINSTEIN seconded. The motion passed with no audible dissent.
11. G. BLACK moved to discuss **Colony Stimulating Factors**. HETAL PATEL from Coherus spoke on Udenyca. CZECHOWSKI reviewed utilization and updates. G. BLACK made a motion that one long-acting and one short-acting CSF agent be preferred. M. WIKTOR seconded. The motion passed with no audible dissent.
12. G. BLACK moved to discuss **New Hereditary Angioedema (HAE) Products**. No speakers. J. CZECHOWSKI reviewed utilization and updates. J. FEINSTEIN made a motion that at least one product with a pediatric indication be preferred. L. PARRY seconded. The motion passed with no audible dissent. K. JACKSON made a motion that at least one product with increased safety in members of childbearing potential be preferred. L. PARRY seconded. The motion passed with no audible dissent. E. KOSIROG made a motion that at least one product be available for treatment and one product available for prophylaxis per guidelines. T. MCKITRICK seconded. The motion passed with no audible dissent. G. BLACK made a motion that at least one product with IV route and one product with SC route of administration be preferred. L. PARRY seconded. The motion passed with no audible dissent.
13. G. BLACK moved to discuss **Overactive Bladder Agents**. No speakers. J. CZECHOWSKI reviewed utilization and updates. L. PARRY made a motion that one immediate-release formulation and one extended-release formulation be preferred. J. FEINSTEIN 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. K. JACKSON made a motion that at least one medication that's available to be given non-orally be preferred. J. FEINSTEIN seconded. The motion passed with not audible dissent. E. KOSIROG made a motion that at least one agent for members over 65 that is no on the BEERs list be preferred. K. JACKSON seconded. The motion passed with no audible dissent.
14. G. BLACK moved to discuss **Ophthalmics, Immunomodulators**. PHIL WETTESTAD from Novartis spoke on Xiidra. J. CZECHOWSKI reviewed utilization and updates. J.



FEINSTEIN made a motion that at least one agent with a pediatric indication be preferred. K. ROBINSON seconded. The motion passed with no audible dissent.

15.G. BLACK moved to discuss **Mass Review Categories**.

- Bone Resorption Suppression and Related Agents - Motions:
  - At least one agent for daily, weekly, and monthly dosing be available as well as an agent in liquid form be available
- Diabetes Management Classes - Amylin - No Motions
- Diabetes Management Classes - Biguanides - Motions:
  - Include as preferred both an extended and immediate release agent
- Diabetes Management Classes - DPP-4is and Combinations - No Motions
- Diabetes Management Classes - Insulins and Related Agents
  - At least two agents in pen and vial form be available for all classes.
  - For those populations who are self-administering concentrated insulins that a pen be available as preferred product.
  - At least one agent in each class be preferred with a pediatric indication.
  - At least one agent in each class be preferred for use during pregnancy.
- Diabetes Management Classes - Meglitinides and Combinations - Motions:
  - Keep all products non-preferred
- Diabetes Management Classes - TZDs and Combinations - Motions:
  - At least one TZD agent be preferred
- GI Motility, Chronic - Motions:
  - At least one agent that has a non-oral route be preferred.
  - At least one preferred product be available for each of the indications (IBS-C, IBS-D, CIC, and OIC).
- Anticoagulants - Parenteral - Motions:
  - At least one low molecular weight heparin be preferred as a first line agent.
- Erythropoiesis Stimulating Agents - No Motions
- Prenatal Vitamins - Motions:
  - An agent with each iron salt form be available as preferred.
  - Have as many different dosage forms as possible (capsule, softgel, tablet, solution, etc.) preferred.
  - Prenatal Vitamins should be allowed according to FDA-approved indications.

L. PARRY made a motion to approve the mass review classes with motions from last year's meeting. J. FEINSTEIN seconded. The motion passed with no audible dissent. G. BLACK made a motion to adjourn the meeting. M. WIKTOR seconded. The motion passed with no audible dissent.





B. SCHOCK announced next meeting date, Tuesday October 5<sup>th</sup>, 2021.

J. FEINSTEIN adjourned the meeting 16:25 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](mailto:brittany.schock@state.co.us) or the 504/ADA Coordinator [hcpf504ada@state.co.us](mailto:hcpf504ada@state.co.us) at least one week prior to the meeting.

