COLORADO
Department of Health Care Policy & Financing

MINUTES OF THE MEETING OF THE COLORADO MEDICAID P&T COMMITTEE

University of Colorado | Anschutz Medical Campus
13121 E. 17th Ave. Aurora, CO 80045 Education Building #2 South, Room 1102

October 7, 2014

1. Call to Order

K. Nordstrom called the meeting to order at 1:09 p.m.

2. Roll Call

The Board Coordinator called the roll. There were sufficient members for a quorum with ten members participating and two members absent.

A. Members Present

Lynn Parry, Roy Durbin, Kimberly Nordstrom, Patricia Lanius, Jennifer Hyer, Leslie Moldauer, Katy Trinkley, David Fox, Kimnberley Jackson, and Deanna Tolman

B. Members Absent

Irene Girgis and Shilpa Kinikar

C. Staff Present

Swaniee Grubb, PDL Pharmacist, Pharmacy Benefits Section

3. Announcements

S. Grubb announced term expirations for the committee members. She requested if a member would like to continue to serve to turn in a CV/resume and a conflict of interest. S. Grubb and K. Nordstrom presented the P&T Committee Policy and Procedures document changes/updates. L. Parry made 2 grammatical changes. J. Hyer made a motion to approve. L. Parry seconded. The motion passed with no audible dissent.

S. Grubb spoke of 2 new client representatives D. Tolman and K. Jackson. There is still one opening for a physician and requested resumes/CV from anyone interested.

4. Approval of Minutes

K. Nordstrom asked for approval of the minutes from the July 8, 2014 meeting. L. Parry requested S. Grubb discuss with the Department the need for industry speakers comments being included in the minutes. S. Grubb will follow up. L. Parry motioned to approve and K. Trinkley seconded. The minutes were approved with no audible dissent

5. Department Updates

- PDL changes – S. Grubb, Pharmacy Benefits Section
  - RE: Hepatitis C agents, oral anticoagulants, bisphosphonates, oral biguanides, hypoglycemic combinations, meglitinides, newer diabetic agents (DPP-4, GLP-1, SGLT-2, amylin), thiozolidinediones, erythropoiesis stimulating agents, overactive bladder agents, stimulants and other ADHD
- Prior authorization helpdesk call statistics – S. Grubb, Pharmacy Benefits Section
    - The prior authorization numbers from the previous month showed slightly higher approvals. This being about 89% approvals and 11% denials.
    - S. Grubb attributes this to the automatic approval of short acting opioid requests for 6 months to allow tapering to new limits.

6. Rules

K. Nordstrom presented guidelines for manufacturer and public presentations. Oral presentations will be restricted to products that are being reviewed for PDL status. Presentations will be limited to a maximum of three minutes per representative per drug product. Representatives will be called to present in the order in which they signed in by drug class. Presentations must be limited to verbal comments. No visual aids, other than designated handouts, are permitted. Presentations should follow the one page summary that was submitted to the Department. 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. S. Grubb disseminated recently received public comments to the committee members.

A. DRUG CLASSES FOR REVIEW

1) Antiemetics

Public Testimony

There was no public testimony regarding the antiemetics.

Board Discussion

There was no board discussion regarding the antiemetics.

S. Grubb provided utilization, FDA updates, and current preferred products.

L. Parry motioned that all 5-HT3 antagonists are equivalent from an efficacy standpoint. J. Hyer seconded. There was no discussion. All in favor, the motion passed with no audible dissent.

J. Hyer motioned that one agent with pediatric indication be preferred. L. Parry seconded. No discussion. All in favor, the motion passed with no audible dissent.

L. Parry motioned to recommend alternate dosage forms be considered for those who cannot swallow such as liquids or ODT forms. D. Fox seconded. No discussion. All in favor, motion passed with no audible dissent.

K. Trinkley motioned to recommend to have at least one agent with low anticholinergic burden. L. Parry seconded. No discussion. All in favor, motion passed with no audible dissent.

2) New generation antidepressants

Public Testimony

There was no public testimony regarding the new generation antidepressants.

Board Discussion

L. Moldauer motioned that there was no reason to prefer one agent over another based on safety since we acknowledge all the medications in this class have some safety concerns. L. Parry seconded.

K. Trinkley brought up the QT prolongation with citalopram and L. Parry said they all have some side effects. All in favor, the motion passed with no audible dissent.

There was a lot of discussion over using the term "most" or "all".

S. Grubb provided utilization, FDA updates, and current preferred products.

L. Parry motioned that at least two agents with a pediatric indication be available. D. Fox seconded. No discussion. All in favor, the motion passed with no audible dissent.

K. Jackson made the motion that due to multiple mechanism of action we recommend most generics be available in this class. L. Parry seconded. All in favor, the motion passed with no audible dissent.

J. Hyer motioned to make a statement to the DUR committee that there is insufficient evidence to support one product over another in reproductive age women. D. Tolman seconded. No discussion. All in favor, the motion passed with no audible dissent.

3) Antiherpetic agents

Public Testimony

There was no public testimony regarding the antiherpetic agents.

Board Discussion

There was discussion about crafting this motion similar to the same previous antidepressant motion regarding safety.

S. Grubb provided utilization, FDA updates, and current preferred products.

P. Lanius made the motion that for reasons of increasing compliance and reduction transmission, an agent with less frequent dosing should be considered. K. Jackson seconded. No discussion. All in favor, the motion passed with no audible dissent.

L. Moldauer made the motion that we acknowledge all of the medications in this class have significant safety concerns therefore, there is no reason to prefer one agent over another based on safety. L. Parry seconded. All in favor, the motion passed with no audible dissent.

4) Oral antiplatelet agents

Public Testimony

L. Krueger from Eli Lilly spoke of Effient. She discussed the studies comparing Effient and Plavix.

J. Argueta from Astra Zeneca spoke of Brillinta and its reduction of CV events with ACS and myocardial infarction.

K. Lyons from Merck spoke of Zontivity and its indication for peripheral artery disease and reducing CV event, myocardial infarction, and stroke.

Board Discussion

There was no board discussion regarding the oral antiplatelet agents.

S. Grubb gave FDA updates, utilization, and current preferred products.

K. Trinkley made the motion that based on the level of evidence and robust data to support the combination of ASA and clopidogrel (particularly in long-term CV disease and PVD), as well as the availability of pediatric data, because ASA is OTC; clopidogrel should be available on the PDL. P. Lanius seconded. No discussion. All in favor, the motion passed with no audible dissent.

L. Parry made the motion that both Effient (prasugrel) and Brillinta (ticagrelor) are efficacious in ACS, recognizing a higher incidence of bleeding in certain populations from prasugrel; and the twice-daily dosing and a low-dose ASA restriction with ticagrelor. P. Lanius seconded. No discussion. All in favor, the motion passed with no audible dissent.

L. Parry made the motion that Aggrenox and clopidogrel should be available for secondary stroke prevention. P. Lanius seconded. No discussion. All in favor, the motion passed with no audible dissent.

5) Fluoroquinolones

Public Testimony

There was no public testimony regarding the fluoroquinolones.

Board Discussion

The committee made an information statement that in pediatric and geriatric populations, unique side effects (tendon rupture, QT prolongation, hepatotoxicity…) and dosing recommendations need to be considered.

The committee made an informational statement that these agents should not be first line for women of reproductive age who are not on contraception or pregnant females and want this information sent to providers

S. Grubb gave FDA updates, utilization, and current preferred products.

D. Fox made the motion that formulations for children unable to swallow tablets should be available. L. Parry seconded. R. Durbin made a friendly amendment to change children to patients. Accepted by D. Fox. New motion is that formulations for patients unable to swallow tablets should be available. All in favor, the motion passed with no audible dissent.

P. Lanius made the motion that these agents, in general, are comparable with regards to safety. K. Jackson seconded. No discussion. All in favor, the motion passed with no audible dissent.

D. Fox made the motion that although not FDA approved in children, there are limited situation where they are necessary and effective. L. Parry seconded. All in favor, the motion passed with no audible dissent.

6) Pancreatic enzymes

Public Testimony

Dr. M. Saavedra from National Jewish spoke regarding the availability of pancreatic enzymes and the use of multiple types in some patients.

Board Discussion

K. Nordstrom asked Dr. Saavedra if any agent was better than the others for use in G-tube; she stated no.

The committee made an informational statement that consideration be given to complexity of regimen (patients at times require multiple agents at one time) as well as pediatric and adult dosing.

The committee made an informational statement that these agent are not interchangeable due to the differing enzyme ratios, and additional consideration should be given to the vulnerability of this population such that any gaps in therapy of proven stable regimens put this population at greater risk and should include grandfathering any product the patient is currently on.

S. Grubb gave FDA updates, utilization, and current preferred products.

K. Jackson made the motion that consideration be made to have at least one agent that is suitable for use through a G-tube. L. Parry seconded. All nay. The motion did not pass.

K. Jackson made the motion that these products be considered equal in safety and effectiveness and that two if not more drugs in this class be preferred. D. Fox seconded. K. Trinkley made a friendly amendment to add "because of inter individual variation in response". P. Lanius made a friendly amendment to change to "because of variability in enzyme component and patient response" this was accepted. D. Tolman made a friendly amendment "5 or more products" that was not accepted. The final motion was that these products be considered equal in safety and effectiveness and that two if not more drugs in this class be preferred because of variability in enzyme component and patient response. One abstention the rest in favor. The motion passed with no audible dissent.

7) Proton pump inhibitors

Public Testimony

There was no public testimony regarding the proton pump inhibitors.

Board Discussion

There was no board discussion regarding the proton pump inhibitors.

S. Grubb gave FDA updates, utilization information, and current preferred products.

D. Fox made the motion that pediatric population be considered when selecting preferred formulations. L. Parry seconded. No discussion. All in favor, motion passed with no audible dissent.

K. Jackson motioned that consideration be given to a variety of formulations for people with special needs (like trouble swallowing). L. parry seconded. No discussion. All in favor, motion passed with no audible dissent.

P. Lanius made the motion that the Committee recommends DUR review the prior authorization criteria addressing the 60 days limit criteria for chronic disease eligibility status and also the 60 days per year cycle status. L. Parry seconded. All in favor, the motion passed with no audible dissent.

8) Pulmonary arterial hypertension agents

Public Testimony

K. Lane from United Therapeutics spoke about Orenitram, L. Roesjel from Actelion spoke regarding Opsumit, and M. Puyear from Gilead spoke regarding Letairis.

Board Discussion

There was no board discussion regarding the pulmonary arterial hypertension agents.

S. Grubb gave FDA updates, utilization information, and current preferred products.

L. Parry motioned that at least one from each of the three classes (endothelin antagonists, prostanoids, and phosphodiesterase inhibitors) be preferred. No discussion. P. Lanius seconded. All in favor, the motion passed with no audible dissent.

9) Targeted immunomodulators (for rheumatoid arthritis)

Public Testimony

L. Hill from Abbvie spoke of Humira, D. Hanna from Celgene spoke of Otezla, R. Hansen from Pfizer spoke of Xeljanz, and R. Reusher from Amgen spoke of Enbrel.

Dr. S. West from UC Denver spoke of having an option in each biologic class.

Board Discussion

There was discussion on removing the rheumatoid arthritis part of the drug class title since the products have many indications. All were in favor and said to check with the Department for final decision.

S. Grubb gave FDA updates, utilization information, and current preferred products.

J. Hyer made the motion that at least one anti-TNF agent approved for children be considered preferred since the anti-TNF agents appear similar in efficacy. L. Parry seconded. All in favor, the motion passed with no audible dissent.

L. Parry made the motion that at least one TNF monoclonal antibody and one TNF receptor blocker be preferred. J. Hyer seconded. No discussion. All in favor, the motion passed with no audible dissent.

K. Jackson made the motion that at least one agent that is not a TNF agent is preferred. D. Fox seconded. 4 nay, 5 yay, 1 abstain. The motion did not pass.

10) Triptans

Public Testimony

There was no public testimony regarding the triptans.

Board Discussion

There was no board discussion regarding the triptans.

S. Grubb gave FDA updates, utilization information, and current preferred products.

J. Hyer made the motion that a long acting agent should be considered for approval for menstrual related migraine. K. Jackson seconded. No discussion. All in favor, the motion passed with no audible dissent.

L. Parry made the motion that one preferred agent should have a pediatric indication. D. Fox seconded. No discussion. All in favor, the motion passed with no audible dissent.

L. Parry motioned that one tablet, one injection, one inhaled, and one oral disintegrating formulation should be preferred. L. Moldauer seconded. All in favor, the motion passed with no audible dissent

7. The meeting was adjourned at 5pm

The next scheduled meeting of the Medicaid P&T Committee is at 1:00 p.m. on Tuesday, January 6, 2015 in the 1st floor conference room at 225 East 16th Avenue, Denver, CO.

Reasonable accommodations will be provided upon request for persons with disabilities. Please notify the Committee Coordinator at 303- 866-3614 or swaniee.grubb@state.co.us or the 504/ADA Coordinator hcpf504ada@state.co.us at least one week prior to the meeting.