



# 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 9, 2024

### 1. Call to Order

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

### 2. Roll Call

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

#### A. Members Present

George Athey, MD (Chairperson)  
Gwen Black, PharmD  
Katie Boudreaux, PharmD  
Emily Kosirog, PharmD  
Thuy McKitrick, PharmD  
Daralyn Morgenson, PharmD  
Joel Tanaka, MD

#### B. Members Excused

Morgan Alonzo, PharmD  
Marisa Sharkey, MD

#### C. Staff Present

##### HCPF Pharmacy Office

Mohamed Duklef, RPh  
Greg Miller, PharmD  
Jim Leonard, PharmD

##### Magellan RX Management

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Jessica Czechowski, PharmD  
Erik Hamel, PharmD  
Jessica Bacon

### 3. 2024 Chairpersons

G. ATHEY opened nominations for the new 2024 chairpersons. Reminded the committee that the Chairperson and Vice-Chairperson have had to serve on the committee for at least one year. G. BLACK moved to nominate G. ATHEY as Chairperson. E. KOSIROG seconded. G. ATHEY accepted the nomination. Virtual vote by private chat for Chairperson ended with 5 votes for G. ATHEY. G. ATHEY announced G. ATHEY as the 2024 Chairperson. E. KOSIROG nominated D. MORGENSON as Vice-Chairperson. G. BLACK seconded. D. MORGENSON accepted the nomination. Virtual vote by private chat for Vice-Chairperson ended with 5 votes for D. MORGENSON. G. ATHEY announced D. MORGENSON as the 2024 Vice-Chairperson.

### 4. Approval of Minutes

G. ATHEY asked for approval of the minutes from the October 3, 2023, meeting. G. ATHEY made a motion to approve the minutes. D. MORGENSON seconded. The minutes were approved with no audible dissent.

### 5. Department Updates:

G. MILLER reviewed updates from the October 3, 2023, P&T meeting.

- Hepatitis C Agents
  - Direct Acting Antivirals, Other Agents, Ribavirin
- Human Immunodeficiency Virus (HIV) Treatments
- Targeted Immune Modulators
  - Asthma, Other Agents
- Newer Hereditary Angioedema (HAE) Products
- Mass review drug classes
  - Antibiotics, Inhaled
  - Anti-herpetics (Oral & Topical)
  - Fluoroquinolones (Oral)
  - Immune Globulin
  - Antihistamines
    - Newer Generation, Antihistamine/Decongestant Combinations
  - Intranasal Rhinitis Agents
  - Leukotriene Modifiers
  - Methotrexate Products
  - Epinephrine Products
  - Respiratory Agents



- Inhaled Anticholinergics & Combinations, Inhaled Beta2 Agonists (Short & Long-Acting), Inhaled Corticosteroids & Combinations, Phosphodiesterase Inhibitors (PDEIs)

## 6. NEW BUSINESS

- A. G. MILLER 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’.
  - 4<sup>th</sup> Quarter of 2023
    - 73% approvals and 21% denials, 6% change in therapy
    - Average hold time for the call center for the past quarter was 2 minutes and 27 seconds
    - Average call length was 6 minutes and 13 seconds
    - 29,264 ePAs were initiated, with 75% approvals. ePA made up 40% of all PAs initiated
- B. G. MILLER announced currently open positions for 2023/2024.
- One physician who specializes in the practice of pediatrics
  - One physician who specializes in the practice of psychiatry
  - Two physicians of any specialty

## 7. Rules

G. ATHEY 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.

G. ATHEY 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:**

G. ATHEY 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**

G. ATHEY moved to discuss Drug Classes for Review.

G. MILLER asked for any disclosures for all classes to be reviewed. No disclosures noted.

1. G. ATHEY moved to discuss **Non-Opioid Analgesia Agents - Oral & Topical**. ELAINE CHAN with Scilex spoke on ZTLido. E. HAMEL reviewed utilization and



updates. (1) J. TANAKA made a motion that at least two oral agents with different mechanisms of action be available. D. MORGENSON seconded. The motion passed with no audible dissent. (2) D. MORGENSON made a motion that at least one topical agent be preferred. E. KOSIROG seconded. The motion passed with no audible dissent. (3) D. MORGENSON made a motion that at least one oral agent that can be given via feeding tube be preferred. J. TANAKA seconded. The motion passed with no audible dissent. (4) G. ATHEY made a motion that at least one pediatric indication be available. T. MCKITRICK seconded. The motion passed with no audible dissent. (5) E. KOSIROG made a motion that at least one agent for the members who are of childbearing potential be preferred. D. MORGENSON seconded. The motion passed with no audible dissent.

2. G. ATHEY moved to discuss **Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)**. ELAINE CHAN from Scilex spoke on Elyxyb. E. HAMEL reviewed utilization and updates. (1) K. BOUDREAUX made a motion that at least one non-oral NSAID be a preferred product. E. KOSIROG seconded. The motion passed with no audible dissent. (2) G. ATHEY made a motion that at least one agent with a pediatric indication be preferred. G. BLACK seconded. The motion passed with no audible dissent. (3) J. TANAKA made a motion that at least one agent with preferential COX-2 inhibition be preferred. G. BLACK seconded. The motion passed with no audible dissent.
3. G. ATHEY moved to discuss **Opioids - Short-Acting, Fentanyl Preparations, Long-Acting**. No speakers. E. HAMEL reviewed utilization and updates. *Short-Acting* (1) D. MORGENSON made a motion that at least two single agents and two combination agents be preferred. E. KOSIROG seconded. The motion passed with no audible dissent. (2) J. TANAKA made a motion that at least two liquid short-acting formulations be available as preferred agents. T. MCKITRICK seconded. The motion passed with no audible dissent. (3) D. MORGENSON made a motion that at least one Schedule IV short-acting opioid be available as preferred. G. BLACK seconded. The motion passed with no audible dissent. *Fentanyl Preparations* (1) G. BLACK made a motion that at least one non-oral or sublingual formulation be available as preferred. J. TANAKA seconded. The motion passed with no audible dissent. *Long-Acting* (1) E. KOSIROG made a motion that at least one Schedule III or IV long-acting opioid be included as preferred. D. MORGENSON seconded. The motion passed with no audible dissent. (2) G. BLACK made a motion that one long-acting agent be available that can be given via feeding tube or for patients who have difficulty swallowing. K. BOUDREAUX seconded. The motion passed with no audible dissent. (3) T. MCKITRICK made a motion that at least one long-acting opioid agent be available in transdermal form. D. MORGENSON seconded. The motion passed with no audible dissent.
4. G. ATHEY moved to discuss **Anticonvulsants, Oral**. MICHAEL FAITHE from Jazz Pharmaceuticals spoke on Epidiolex. CLARENCE WADE from SK Life Science spoke



on Xcopri. E. HAMEL reviewed utilization and updates. (1) D. MORGENSON made a motion that at least two medications for epilepsy be available for members of childbearing potential with a low risk of fetal abnormalities. E. KOSIROG seconded. The motion passed with no audible dissent. (2) J. TANAKA made a motion that at least two agents from each PDL subclass be preferred. G. ATHEY seconded. The motion passed with no audible dissent. (3) G. ATHEY made a motion that at least one cannabidiol agent be preferred. G. BLACK seconded. The motion passed with no audible dissent. (4) D. MORGENSON made a motion that at least one agent that can be administered via feeding tube be preferred. G. ATHEY seconded. The motion passed with no audible dissent.

5. G. ATHEY moved to discuss **Newer Generation Antidepressants**. LYNDIA FINCH with Biogen spoke on Zurzuvae. CHARLOTTE WINCOTT from Axsome spoke on Auvelity. E. HAMEL reviewed utilization and updates. (1) E. KOSIROG 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 be preferred. K. BOUDREAUX seconded. The motion passed with no audible dissent. (2) G. ATHEY made a motion that at least two agents with a pediatric indication be preferred. D. MORGENSON seconded. The motion passed with no audible dissent. (3) G. ATHEY made a motion that at least two agents that can be administered by a feeding tube be preferred. K. BOUDREAUX seconded. The motion passed with no audible dissent. (4) D. MORGENSON made a motion that at least one agent be preferred that is indicated for perinatal and postpartum depression patients. E. KOSIROG seconded. The motion passed with no audible dissent. (5) G. ATHEY made a motion that at least one agent within each mechanism of action be preferred. J. TANAKA seconded. The motion passed with no audible dissent.
6. G. ATHEY moved to discuss **Atypical Antipsychotics - Oral/Topical**. MADELINE SHURTLEFF from Otsuka spoke on Rexulti. E. HAMEL reviewed utilization and updates. (1) G. ATHEY made a motion that multiple dosage forms including an orally disintegrating tablet (ODT) and oral solution be including on the preferred list. D. MORGENSON seconded. The motion passed with no audible dissent. (2) G. ATHEY made a motion that at least two agents with a pediatric indication be preferred. J. TANAKA seconded. The motion passed with no audible dissent. (3) D. MORGENSON made a motion that all formulations of clozapine be preferred. G. ATHEY seconded. The motion passed with no audible dissent. (4) G. ATHEY made a motion that at least two agents should be on the preferred list that are regarded with low risk of metabolic effect for both adults and the pediatric population. G. BLACK seconded. The motion passed with no audible dissent. (5) D. MORGENSON made a motion that at least two agents known with lower risk of EPS side effects, including tardive dyskinesia, should be preferred. G. ATHEY





seconded. The motion passed with no audible dissent. (6) 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. BOUDREAUX seconded. The motion passed with no audible dissent. (7) G. ATHEY made a motion that at least one agent be preferred that has an indication for agitation in Alzheimer's dementia. J. TANAKA seconded. The motion passed with no audible dissent.

7. G. ATHEY moved to discuss **Calcitonin Gene-Related Peptide Inhibitors (CGRPIs)**. MANDEEP SOHAL from Teva spoke on Ajovy. MARIUS BIRLEA from UC Anschutz spoke on the whole class. SAMUEL DOLZANI from Pfizer spoke on Nurtec ODT and Zavzpret. TAMARA MILLER from Advanced Neurology of CO spoke on Nurtec ODT and Zavzpret. E. HAMEL reviewed utilization and updates. (1) E. KOSIROG made a motion that at least two agents with preventive indications be preferred. G. BLACK seconded. The motion passed with no audible dissent. (2) E. KOSIROG made a motion that at least two agents with an indication for abortive treatment be preferred. G. BLACK seconded. The motion passed with no audible dissent. (3) E. KOSIROG made a motion for at least one medication with data to prevent headache during the prodrome phase of a migraine be preferred. G. BLACK seconded. The motion passed with no audible dissent. (4) G. BLACK made a motion that at least one injectable and one oral agent for prevention are available as preferred. E. KOSIROG seconded. The motion passed with no audible dissent.

Break at 15:15 MST and meeting resumed at 15:25 MST.

8. G. ATHEY moved to discuss **Sedative Hypnotics**. KEITH POWELL from Idorsia Pharmaceuticals spoke on Quviviq. E. HAMEL reviewed utilization and updates. (1) E. KOSIROG made a motion that at least one agent that is not a controlled substance be preferred. D. MORGENSON seconded. The motion passed with no audible dissent. (2) J. TANAKA made a motion that at least two different mechanisms of action for the Sedative Hypnotic class be preferred. G. ATHEY seconded. The motion passed with no audible dissent.
9. G. ATHEY moved to discuss **Skeletal Muscle Relaxants**. No speakers. E. HAMEL reviewed utilization and updates. (1) G. BLACK made a motion to include at least one skeletal muscle relaxant as preferred. K. BOUDREAUX seconded. The motion passed with no audible dissent. (2) J. TANAKA made a motion that Soma (carisoprodol) has a high addiction profile and should not be preferred because of safety reasons. G. ATHEY seconded. The motion passed with no audible dissent.
10. G. ATHEY moved to discuss **Stimulants and Related Agents**. JIA LI from Supernus spoke on Qelbree. CHARLOTTE WINCOTT from Axsome spoke on Sunosi. E. HAMEL reviewed utilization and updates. (1) J. TANAKA made a motion to include at least two short-acting and two long-acting stimulant formulations of each product



be preferred. E. KOSIROG seconded. The motion passed with no audible dissent. (2) G. BLACK made a motion that multiple dosage forms, such as sprinkles, capsules, patches, and liquids, be available as preferred. T. MCKITRICK seconded. The motion passed with no audible dissent. (3) G. BLACK made a motion that at least one non-controlled agent be preferred including one alpha, adrenergic agonist. G. ATHEY seconded. The motion passed with no audible dissent. (4) G. ATHEY made a motion that at least two agents with an indication for excessive daytime sleepiness be preferred. G. BLACK seconded. The motion passed with no audible dissent. (5) G. ATHEY made a motion that at least two agents be preferred with low cardiovascular risks. J. TANAKA seconded. The motion passed with no audible dissent.

11. G. ATHEY moved to discuss **Diabetes Management Classes - Insulins - Rapid, Short, Intermediate, Long-Acting, Mixtures, Concentrated**. JESSICA CHARDOULIAS from NovoNordisk spoke on Insulin Aspart. E. HAMEL reviewed utilization and updates. *Non-Long-Acting* (1) T. MCKITRICK made a motion that at least two agents in pen and vial form be preferred for all classes when available. G. BLACK seconded. The motion passed with no audible dissent. (2) E. KOSIROG made a motion that for those populations who are self-administering U-500 concentrated insulins that a pen be available as preferred. G. BLACK seconded. The motion passed with no audible dissent. (3) G. ATHEY made a motion that at least one agent in each class with a pediatric indication be preferred. T. MCKITRICK seconded. The motion passed with no audible dissent. (4) E. KOSIROG made a motion that at least one agent in each class be preferred for use during pregnancy in a pen formulation. K. BOUDREAUX seconded. The motion passed with no audible dissent. *Long-Acting* (1) K. BOUDREAUX made a motion that at least two long-acting insulin agents be preferred. G. BLACK seconded. The motion passed with no audible dissent. (2) G. BLACK made a motion that if an agent is preferred, all available dosage forms would be considered preferred. K. BOUDREAUX seconded. The motion passed with no audible dissent. (3) G. BLACK made a motion that at least one glargine and one degludec product are preferred. K. BOUDREAUX seconded. The motion passed with no audible dissent. (4) G. BLACK made a motion that at least two agents with a pediatric indication be preferred. G. ATHEY seconded. The motion passed with no audible dissent. (5) E. KOSIROG made a motion that at least one agent in pen formulation that is able to be used for patients with low manual dexterity be preferred with preference for a Flextouch device. K. BOUDREAUX seconded. The motion passed with no audible dissent. (6) E. KOSIROG made a motion that at least one ultra long-acting insulin product be preferred. K. BOUDREAUX seconded. The motion passed with no audible dissent.
12. G. ATHEY moved to discuss **Multiple Sclerosis Therapies - Disease Modifying & Symptom Management**. No speakers. E. HAMEL reviewed utilization and updates. (1) K. BOUDREAUX made a motion that products with varying mechanisms of action be preferred due to patient variability, response, and adverse effects, but





prioritize availability of medications that decrease the risk of disease progression, the rate of progression, and the risk of relapse. G. BLACK seconded. The motion passed with no audible dissent. (2) E. KOSIROG made a motion that at least one medication with potentially lower risk to persons of childbearing potential be preferred. G. ATHEY seconded. The motion passed with no audible dissent. (3) E. KOSIROG made a motion that at least one agent be available that is indicated for Clinically Isolated Syndrome. D. MORGENSON seconded. The motion passed with no audible dissent.

13. G. ATHEY moved to discuss **Ophthalmics, Immunomodulators**. No speakers. E. HAMEL reviewed utilization and updates. (1) G. ATHEY made a motion that at least one agent with a pediatric indication be preferred. K. BOUDREAUX seconded. The motion passed with no audible dissent.
14. G. ATHEY moved to discuss **Ophthalmics, Anti-Inflammatories**. No speakers. E. HAMEL reviewed utilization and updates. (1) E. KOSIROG made a motion that preservative-free versions be available for persons with sensitivities or allergies. G. ATHEY seconded. The motion passed with no audible dissent. (2) G. BLACK made a motion that at least one agent with a pediatric indication be preferred. T. MCKITRICK seconded. The motion passed with no audible dissent. (3) K. BOUDREAUX made a motion that multiple dosage forms be preferred. D. MORGENSON seconded. The motion passed with no audible dissent. (4) K. BOUDREAUX made a motion that at least one corticosteroid product be available with a low risk of intraocular pressure be preferred. G. ATHEY seconded. The motion passed with no audible dissent.
15. G. ATHEY moved to discuss **Ophthalmics, Glaucoma**. No speakers. E. HAMEL reviewed utilization and updates. (1) G. ATHEY made a motion that preservative-free version be available for those with sensitivities or allergies. E. KOSIROG seconded. The motion passed with no audible dissent. (2) G. ATHEY made a motion that at least one agent with a pediatric indication be preferred. G. BLACK seconded. The motion passed with no audible dissent. (3) D. MORGENSON made a motion that at least one product from each of the five categories be preferred. K. BOUDREAUX seconded. The motion passed with no audible dissent.
16. G. ATHEY moved to discuss Mass Review Drug Classes and reviewed the rules for **Mass Review Drug Classes**.
  - Monoamine Oxidase Inhibitors (MAOIs)
    1. No motions given.
  - Tricyclic Antidepressants
    1. At least two agents with a pediatric indication be available on the Preferred Drug List.
    2. Because of patient variability and response to these agents, we recommend as many agents as possible be preferred.
    3. At least one agent in the class with an OCD indication be preferred.



- Anti-Parkinson’s Agents
  1. Products with multiple formulations be available as preferred.
  2. At least one form of carbidopa as a single agent be available be preferred.
  3. At least one preferred product be available in each therapeutic category.
  4. Where available in each therapeutic category, agents be preferred that can be delivered by a non-oral route.
- Benzodiazepines (Non-Sedative Hypnotics)
  1. At least one agent be preferred that has a short, medium, and long duration of action.
  2. At least one agent with a pediatric indication be preferred.
  3. At least one agent that primarily undergoes Phase II liver metabolism be preferred.
  4. At least one agent that can be administered through a feeding tube be preferred.
- Anxiolytics, Non-Benzodiazepine
  1. No motions given.
- Lithium Agents
  1. At least one short-acting and one long-acting formulation be preferred.
  2. At least one solution be available for those unable to tolerate tablets or capsules.
- Neurocognitive Disorder Agents
  1. At least one agent be preferred that can be administered via a non-oral route.
- Triptans, Ditans, and Other Migraine Treatments - Oral & Non-Oral
  1. At least one long-acting agent should be available as preferred.
  2. At least one agent with a pediatric indication from oral and non-oral subclasses be preferred.
  3. All available routes of administration be preferred.
  4. At least one agent with a lower CVD risk be preferred.
- Ophthalmics, Allergy
  1. At least one agent be preferred with an indication in children down to the age of 2.
  2. Consideration be given that there are preferred agents from different mechanisms of action.

*G. ATHEY made a recommendation to the Department to review a different approach to the benzodiazepines due to the drug class having different criteria requirements located in different sections of the PDL and requiring a prior authorization for all pediatric patients.*

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



G. ATHEY announced the next meeting for April 9, 2024.

K. BOUDREAUX made a motion to adjourn. G. BLACK seconded. The motion passed with no audible dissent. The meeting adjourned at 16:45 MST.

By: George Athey, MD

Date: 04/09/2024

Reasonable accommodations will be provided upon request for persons with disabilities. Please notify the Committee Coordinator at 303- 866-6371 or [greg.l.miller@state.co.us](mailto:greg.l.miller@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.

