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 11, 2023

1. Call to Order

A quorum being present, G. ATHEY 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 eight members participating and two members excused.

A. Members Present

Morgan Alonzo, PharmD
George Athey, MD (Chairperson)
Emily Kosirog, PharmD
Daralyn Morgenson, PharmD
Kelet Robinson, MD (Vice-Chairperson)
Gwen Black, PharmaD
Thuy McKitrick, PharmD
Paulette Campbell, PharmD

B. Members Excused

James Feinstein, MD
Marisa Wiktor, MD

C. Staff Present

HCPF Pharmacy Office

Mohamed Duklef, RPh

Greg Miller, PharmD
Jim Leonard, PharmD

Magellan RX Management

Jessica Czechowski, PharmD
Erik Hamel, PharmD
Jessica Bacon

3. Approval of Minutes

G. ATHEY asked for approval of the minutes from the April 4, 2023, meeting. D. MORGENSON made a motion to approve the minutes. E. KOSIROG seconded. The minutes were approved with no audible dissent.

4. Department Updates:

M. DUKLEF reviewed updates from the April 4, 2023, P&T meeting.

- PAH Therapies (PDEIs, Endothelin Antagonists, Prostanoids, & Guanylate Cyclase Stimulators)
- Anti-Psoriatics – Oral & Topical
- Immunomodulators, Topical (Atopic Dermatitis, Antineoplastics, & Other Agents)
- Bile Salts
- Anti-Emetics, Oral & Non-Oral
- GI Motility, Chronic
- Hemorrhoidal, Anorectal, and Related Topical Anesthetic Agents
- Anticoagulants (Oral & Parenteral)
- Anti-Platelets
- Colony Stimulating Factors
- Mass review drug classes
    - Tetracyclines
    - Alpha-Blockers
    - Beta-Blockers
    - Calcium Channel Blockers
    - Angiotensin Converting Enzyme (ACE) Inhibitors & Combinations
    - Angiotensin Receptor Blockers (ARBs) & Combinations
    - Renin Inhibitors & Combinations
    - Lipotropics – Bile Acid Sequestrants, Fibrates, & Other Agents
    - Statins & Combinations
    - Acne Agents, Topical
    - Acne Agents, Oral Isotretinoins
    - Rosacea Agents
    - Topical Steroids – Low, Medium, High, & Very High Potency

- H. Pylori Treatments
- Pancreatic Enzymes
- Proton Pump Inhibitors
- Non-Biologic Ulcerative Colitis – Oral & Rectal
- Erythropoiesis Stimulating Agents

5. NEW BUSINESS

A. M. DUKLEF 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'.
- 2nd Quarter of 2023
  - 74% approvals and 20% denials, 6% change in therapy
  - Average hold time for the call center for the past quarter was 2 minutes and 31 seconds
  - Average call length was 6 minutes and 43 seconds
  - 30,681 ePAs were initiated, with 78% approvals. ePA made up 39% of all PAs initiated

B. M. DUKLEF announced currently open positions for 2023.
- One physician who specializes in the practice of psychiatry
- Two physician of any specialty

6. 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.

M. DUKLEF asked for any disclosures for all classes to be reviewed. No disclosures noted. M. DUKLEF asked for all speakers to provide disclosures before speaking.

1. G. ATHEY moved to discuss **Bone Resorption Suppression and Related Agents.**

No speakers. E. HAMEL reviewed utilization and updates. (1) E.KOSIROG made a motion that at least one agent for daily, weekly, and monthly dosing be available as well as an agent in liquid form. D. MORGENSON seconded. The motion passed with no audible dissent. (2) K. ROBINSON made a motion that at least one agent from each class be preferred. E. KOSIROG seconded. The motion passed with no audible dissent. (3) E. KOSIROG made a motion that at least two bisphosphonates that reduce hip and spine fractures be preferred. D. MORGENSON seconded. The motion passed with no audible dissent. (4) K. ROBINSON made a motion that at least one agent that is capable of reducing bone pain be preferred. G. BLACK seconded. The motion passed with no audible dissent. Recommendation: G. BLACK made a recommendation to update the PDL to include the FDA indication of reducing the risk of breast cancer for patients at high risk for Evista.

2. G. ATHEY moved to discuss **Contraceptives - Topical.** No speakers. E. HAMEL reviewed utilization and updates. (1) T. MCKITRICK made a motion that at least one ring and one patch be available as preferred. E. KOSIROG seconded. The motion passed with no audible dissent. (2) D. MORGENSON made a motion that at least one non-hormonal option be available as preferred. K. ROBINSON seconded. The motion passed with no audible dissent.

3. G. ATHEY moved to discuss **Diabetes Management Classes – Insulins – Long-Acting** JESSICA CHARDOULIAS from Novo Nordisk spoke on Tresiba. E. HAMEL reviewed utilization and updates. (1) E. KOSIROG made a motion that at least two agents in pen and vial form be preferred for all classes when available. D. MORGENSON seconded. The motion passed with no audible dissent. (2) E. KOSIROG made a motion that at least two agents with a pediatric indication be preferred. K. ROBINSON seconded. The motion passed with no audible dissent. (3) 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. D. MORGENSON seconded. The motion passed with no audible dissent.

4. G. ATHEY moved to discuss **Diabetes Management Classes – Non-Insulin GLP-1 Analogues, SGLT-2is.** CONNIE VALDEZ from Skaggs School of Pharmacy spoke on Ozempic. JESSICA CHARDOULIAS from Novo Nordisk spoke on Ozempic and Rybelsus. WELSEY NUFFER from Skaggs School of Pharmacy spoke on the whole class. HEATHER ELLIOTT from Rocky Ford Family Health Center spoke on Rybelsus. LARRY BERARDUCCI from Pueblo Cardiology Associates. E. HAMEL reviewed utilization and updates. *[GLP-1 Analogues]* (1) M. ALONZO made a motion that at least two GLP-1 extended-release once-weekly products with an indication of major cardiovascular events (MACE data) be preferred. G. BLACK seconded. The motion passed with no audible dissent. (2) E. KOSIROG made a motion that at least one GLP-1 with auto-injector formulation for those with limited dexterity or visual impairment be preferred. K. ROBINSON seconded. The motion passed with no audible dissent. (3) K. ROBINSON made a motion that at least one oral GLP-1

formulation be preferred. T. MCKITRICK seconded. The motion passed with no audible dissent. (4) EK made a motion that at least two GLP-1s with cardiovascular and renal benefits be preferred. D. MORGENSON seconded. The motion passed with no audible dissent. (5) M. ALONZO made a motion that at least one dual-agonist be preferred. D. MORGENSON seconded. The motion passed with no audible dissent. (6) Recommendation: K. ROBINSON recommended to the Department that weight loss be considered a health problem so that it can be covered by Medicaid. [SGLT-2is] (1) E. KOSIROG made a motion that at least two SGLT-2s be preferred that have evidence from cardiovascular, heart failure, and renal benefit in patients with diabetes. K. ROBINSON seconded. The motion passed with no audible dissent. (2) E. KOSIROG made a motion that at least one agent with an indication for heart failure be preferred. T. MCKITRICK seconded. The motion passed with no audible dissent. (3) K. ROBINSON made a motion that at least one agent with an indication of chronic kidney disease be preferred. D. MORGENSON seconded. The motion passed with no audible dissent.

5. G. ATHEY moved to discuss **Growth Hormones.** MARGARET FISHER from Novo Nordisk spoke on Norditropin and Sogroya. E. HAMEL reviewed utilization and updates. (1) D. MORGENSON made a motion that at least one agent that can be administered once a week be preferred. E. KOSIROG seconded. The motion passed with no audible dissent.

6. G. ATHEY moved to discuss **Benign Prostatic Hyperplasia (BPH) Agents.** No speakers. E. HAMEL reviewed utilization and updates. (1) D. MORGENSON made a motion that at least one agent from each of the 4 categories (alpha-blocker, 5-alpha reductase inhibitors, combinations, PDE inhibitors) be preferred. E. KOSIROG seconded. The motion passed with no audible dissent. (2) K. ROBINSON made a motion that an agent that can be given through a feeding tube be preferred. T. MCKITRICK seconded. The motion passed with no audible dissent.

7. G. ATHEY move to discuss **Overactive Bladder Agents.** JEFF NESHEIM from Urovant Sciences spoke on Gemtesa. E. HAMEL reviewed utilization and updates. (1) K. ROBINSON made a motion that one immediate-release formulation and one extended-release formulation be preferred. E. KOSIROG 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. M. ALONZO seconded. The motion passed with no audible dissent. (3) K. ROBINSON made a motion that at least one medication that's available to be given non-orally be preferred. D. MORGENSON seconded. The motion passed with no audible dissent. (4) E. KOSIROG made a motion that at least two agents for members over 65 that is not on the BEERs list be preferred. K. ROBINSON seconded. The motion passed with no audible dissent.

Break at 14:45 MST and meeting resumed at 14:55 MST.

8. G. ATHEY moved to discuss Mass Review Drug Classes and reviewed the rules for **Mass Review Drug Classes**.
    - Androgenic Agents -
        1. At least one product be available as topical and injectable.
        2. At least one patch and gel formulation be available.
    - Diabetic Management Classes – Insulins (Rapid, Short, Intermediate, Mixtures)
        1. At least two agents in pen and vial form be preferred for all classes when available.
        2. For those populations who are self-administering concentrated insulins that a pen be available as preferred product.
        3. At least one agent in each class with a pediatric indication be preferred.
        4. At least one agent in each class be preferred use during pregnancy in a pen formulation.
    - Diabetic Management Classes – Non-Insulins (Amylin, Biguanides, DPP4is, Meglitinides, TZDs, Combinations)
      [*Amylin*]
      1. No motions given.
      [*Biguanides*]
      1. Include as preferred both an extended and immediate release agent.
      [*DPP4is*]
      1. No motions given.
      [*Meglitinides*]
      1. No motions given.
      [*TZDs*]
      1. At least one TZD agent be preferred.
      [*Combinations*]
      1. Prefer none of the combination products.
    - Estrogen Agents – Oral/Transdermal, Injectable
        1. 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.
        2. At least two patches be preferred due to sensitivity with adhesives.
        3. At least one agent be preferred that is a tablet.
    - Glucagon, Self-Administered
        1. At least one injectable agent that does not have to be reconstituted or refrigerated be preferred.
        2. At least one agent with a pediatric indication be preferred.
        3. At least one non-injectable formulation be preferred.
    - Phosphate Binders
        1. At least one agent with and without calcium be available.
        2. At least one agent be preferred with a pediatric indication.

3. At least one agent with and without calcium that can be administered with a feeding tube be available.

- Prenatal Vitamins/Minerals
  1. An agent with each iron salt form be available as preferred.
  2. Have as many different dosage forms as possible (capsule, softgel, tablet, solution, etc.) preferred.
  3. Prenatal vitamins should be allowed according to FDA-approved indications.
- Antihyperuricemics
  1. At least one medication for acute and maintenance treatment be preferred.

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

M. DUKLEF announced the next meeting for October 3, 2023.

K. ROBINSON made a motion to adjourn. G. ATHEY seconded. The motion passed with no audible dissent. The meeting adjourned at 15:13 MST.

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 Mohamed.duklef@state.co.us or the 504/ADA Coordinator hcpf504ada@state.co.us at least one week prior to the meeting.