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 3, 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 nine members participating and one member excused.

A. Members Present

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

B. Members Excused

James Feinstein, 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 July 11, 2023, meeting. M. SHARKEY made a motion to approve the minutes. G. BLACK seconded. The minutes were approved with no audible dissent.

4. Department Updates:

G. MILLER reviewed updates from the July 11, 2023, P&T meeting.

- Bone Resorption Suppression and Related Agents
- Contraceptives, Topical
- Diabetes Management Classes – Insulins, Long-Acting
- Diabetes Management Classes – Non-Insulin
  GLP-1 Analogues, SGLT-2is
- Growth Hormones
- Benign Prostatic Hyperplasia (BPH) Agents
- Overactive Bladder Agents
- Mass review drug classes
  - Androgenic Agents
  - Diabetic Management Classes – Insulins (Rapid, Short, Intermediate, Mixtures)
  - Diabetic Management Classes – Non-Insulins (Amylin, Biguanides, DPP4is, Meglitinides, TZDs, Combinations)
  - Estrogen Agents – Oral/Transdermal, Injectable
  - Glucagon, Self-Administered
  - Phosphate Binders
  - Prenatal Vitamins/Minerals
  - Antihyperuricemics

5. NEW BUSINESS

A. G. MILLER reviewed updates from the Prior Authorization Call Center.
   - 3rd Quarter of 2023
     - 74% approvals and 21% denials, 5% change in therapy
     - Average hold time for the call center for the past quarter was 2 minutes and 47 seconds
     - Average call length was 6 minutes and 10 seconds

- 27,735 ePAs were initiated, with 77% 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 psychiatry
- Two physician of any specialty
- Current 2022-2023 terms that expire in at the end of the year

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.

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

1. G. ATHEY moved to discuss **Hepatitis C Agents – Direct Acting Antivirals, Other Agents, Ribavirin.** NATALIE ROSE with Gilead spoke on Epclusa. E. HAMEL reviewed utilization and updates. [*Direct Acting Antivirals*] (1) K. ROBINSON made a motion that at least one agent with a pediatric indication for 3 years and over be preferred. E. KOSIROG seconded. The motion passed with no audible dissent. (2) G. BLACK made a motion that preferred medications do not require a prior authorization for treatment naïve patients. E. KOSIROG seconded. The motion passed with no audible dissent. (3) E. KOSIROG made a motion that at least two or more agents appropriate for treating all genotypes be preferred. M. SHARKEY seconded. The motion passed with no audible dissent. [*Single-Agent Ribavirin Products*] (1) No motions given.

2. G. ATHEY moved to discuss **Human Immunodeficiency Virus (HIV) Treatments.** NATALIE ROSE from Gilead spoke on Biktarvy and Sunlenca. E. HAMEL reviewed utilization and updates. (1) E. KOSIROG made a motion that at least three agents be available for pre-exposure prophylaxis (PrEP) without a prior authorization. T. MCKITRICK seconded. The motion passed with no audible dissent. (2) K. ROBINSON made a motion that all first line regimens in DHHS HIV guidelines be preferred

without prior authorization. G. BLACK seconded. The motion passed with no audible dissent.

3. G. ATHEY moved to discuss **Targeted Immune Modulators – Asthma, Other Agents.** VALERIE NG from LEO Pharma spoke on Adbry. MARCUS STANALAND from GSK spoke on Nucala. SUNNY HIRPARA from AstraZeneca spoke on Fasenra. HEATHER FREML from Abbvie spoke on Rinvoq and Skyrizi. E. HAMEL reviewed utilization and updates. (1) M. SHARKEY made a motion that for each indication, at least 2 agents with different mechanisms of action be preferred. T. MCKITRICK seconded. The motion passed with no audible dissent. (2) M. SHARKEY made a motion that a patient is not required to fail a second medication of the same mechanism of action prior to initiating a medication of a different mechanism of action. E. KOSIROG seconded. The motion passed with no audible dissent. (3) M. SHARKEY made a motion that for each indication, at least one agent with a pediatric indication be preferred. M. ALONZO seconded. The motion passed with no audible dissent. (4) E. KOSIROG made a motion that multiple dosage forms for each indication be preferred. T. MCKITRICK seconded. The motion passed with no audible dissent. (5) K. ROBINSON made a motion that at least one agent with a lower VTE risk be preferred when available. E. KOSIROG seconded. The motion passed with no audible dissent.

4. G. ATHEY moved to discuss **Newer Hereditary Angioedema (HAE) Products.** LINDSEY NOBLE from BioCryst spoke on Orladeyo. E. HAMEL reviewed utilization and updates. (1) M. SHARKEY made a motion that at least one product with a pediatric indication be preferred. M. ALONZO seconded. The motion passed with no audible dissent. (2) E. KOSIROG made a motion that as least one product with increased safety in members of childbearing potential be preferred. D. MORGENSON seconded. The motion passed with no audible dissent. (3) K. ROBINSON made a motion that at least one product be preferred for treatment and one product available for prophylaxis per guidelines. G. BLACK seconded. The motion passed with no audible dissent. (4) E. KOSIROG made a motion that at least one product with multiple routes of administration be available as preferred. K. ROBINSON seconded. The motion passed with no audible dissent.

Break at 14:08 MST and meeting resumed at 14:17 MST.

5. G. ATHEY moved to discuss Mass Review Drug Classes and reviewed the rules for **Mass Review Drug Classes**.
    - Antibiotics, Inhaled -
        1. Multiple agents be available for patients with diagnosis of CF be preferred.
    - Anti-herpetics (Oral & Topical)

1. Two or more agents be preferred due to the variability in patient response.

- Fluoroquinolones (Oral)
  1. No motions given.
- Immune Globulin
  1. Products to cover multiple indications be preferred.
  2. One preferred product in each route of administration (IV and SQ) be preferred.
- Antihistamines – Newer Generation, Antihistamine/Decongestant Combinations
  1. [*Newer Generation*] At least one formulation be available for those that can't swallow pills.
  2. [*Newer Generation*] To make available at least two different antihistamine agents.
  3. [Antihistamine/Decongestant Combinations] At least one formulation be available for those that can't swallow pills.
  4. [Antihistamine/Decongestant Combinations] To make available at least two different antihistamine agents.
- Intranasal Rhinitis Agents
  1. At least one agent with a pediatric indication be preferred.
  2. At least one non-steroidal agent be preferred.
  3. Scent-neutral formulations be available for those with sensitivities.
- Leukotriene Modifiers
  1. At least one agent with pediatric indication be preferred.
- Methotrexate Products
  1. Methotrexate be available in different dosage forms and different routes of administration.
- Epinephrine Products
  1. The product device, ease-of-use, expiration date, and needle protection be considerations when choosing a preferred product.
  2. Products with different preservatives and inactive ingredients be considered when choosing a preferred product.
  3. Consideration for weight appropriate based product be made available as preferred.
- Respiratory Agents – Inhaled Anticholinergics & Combinations, Inhaled Beta2 Agonists (Short & Long-Acting), Inhaled Corticosteroids & Combinations, Phosphodiesterase Inhibitors (PDEIs)
  1. [*Inhaled Anticholinergics & Combinations*] At least one agent from each subclass with a pediatric indication be preferred.
  2. [*Inhaled Anticholinergics & Combinations*] At least one product and one combination product from each subclass be preferred.
  3. [*Inhaled Beta2 Agonists (Short & Long-Acting)*] At least one short-acting inhaler and one short-acting solution be available as preferred.
  4. [*Inhaled Beta2 Agonists (Short & Long-Acting)*] At least one long-acting inhaler be available as preferred.

5. [*Inhaled Corticosteroids & Combinations*] At least one single agent product from each dose form (MDI, DPI, breath-activated and nebule) be preferred.
   [*Inhaled Corticosteroids & Combinations*] At least one combination product from each dose form (MDI, DPI) be preferred.
6. [*Inhaled Corticosteroids & Combinations*] At least one low-dose combination ICS product with pediatric indications be available in each dosage form.
7. [*Inhaled Corticosteroids & Combinations*] At least one combination agent be preferred that is guideline recommended for PRN and scheduled use.
8. [*Phosphodiesterase Inhibitors (PDEIs)*] No motions given.

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

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

M. SHARKEY made a motion to adjourn. The motion passed with no audible dissent. The meeting adjourned at 14:20 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 greg.l.miller@state.co.us or the 504/ADA Coordinator hcpf504ada@state.co.us at least one week prior to the meeting.