

# Drug Utilization Review (DUR) Newsletter



**COLORADO**

Department of Health Care  
Policy & Financing

## Select HCPF Medication Use Policy Updates

**WINTER 2023**

### Table of Contents

- 1 - Concurrent Use of GLP-1 Receptor Agonists and DPP-4 Inhibitors in Type 2 Diabetes?
- 2 - Dr. Jim Leonard Honored
- 2 - Impact of AMP Cap Repeal and 2023 Spread Pricing Legislation
- 3 - DUR Team Spotlight - V Garcia
- 3 - PDL Therapeutic Drug Classes Reviewed in November 2023
- 4 - The New World of Very High-Cost Drug Products
- 4 - Gender-affirming Policy Update
- 4 - DUR Team Spotlight - H Anderson
- 5 - DUR Board Member Recruitment
- 5 - References

## Can I Prescribe a GLP-1 Receptor Agonist with a DPP-4 Inhibitor for my Patient with Type 2 Diabetes?

Robert L Page II, PharmD, MSPH

With the ever-rapidly changing landscape to treat cardiometabolic syndromes, obesity, and type 2 diabetes mellitus (T2DM), glucagon-like peptide-1 (GLP-1) receptor agonists and dipeptidyl peptidase-4 (DPP-4) inhibitors have moved to the forefront of pharmacotherapy.<sup>1</sup> From a mechanism of action standpoint, both the GLP-1 receptor agonists and DPP-4 inhibitors target the incretin system and increase the action of the endogenous hormone GLP-1. The GLP-1 hormone regulates blood sugar levels by stimulating insulin secretion, suppressing glucagon release, slowing gastric emptying, and promoting satiety. Although management of T2DM often requires combination therapy, a common question arises: *Can I use both a DPP-4 inhibitor and a GLP-1 receptor agonist for synergistic effect in T2DM?* The short answer is no.

As of 2023, the U.S. Food & Drug Administration, the American Diabetes Association (ADA), and the American Association of Clinical Endocrinology (AACE) do not recommend the concomitant use of GLP-1 receptor agonists and DPP-4 inhibitors.<sup>1-2</sup> Unlike endogenous incretin, GLP-1 is not broken down by the DPP-4 enzyme; thus, using these medications at the same time yields no additional benefit in hemoglobin A1c reduction. From the patient perspective, current use of both agents can not only intensify the risk of potential side effects (such as gastrointestinal (GI) upset, pancreatitis and GI obstruction), but increase both polypharmacy and out-of-pocket costs.<sup>3</sup>

For patients currently taking both a DPP-4 inhibitor and a GLP-1 receptor agonist, the ADA and AACE recommend, when possible, to discontinue the DPP-4 inhibitor and continue the GLP-1 receptor agonist.<sup>1,2</sup> Comparative trials show important differences between the two classes with respect to glycemic lowering, weight effects, and effects on systolic blood pressure and lipid profile.<sup>1-5</sup> In contrast with GLP-1 agonists, DPP-4 inhibitors have not been shown to reduce the occurrence of major cardiovascular events and are neutral in terms of weight loss.<sup>1,2</sup> The difference in cardiovascular efficacy may be due to improved pharmacological activation of the GLP-1 receptor with GLP-1 agonists.<sup>4,5</sup> Discontinuation of drugs in either class does not require tapering. The table below includes the products currently included on the Health First Colorado Preferred Drug List.

### Preferred GLP-1 Receptor Agonists, DPP-4 Inhibitors, and Combination Products on the 1/1/2024 PDL

GLP-1 Receptor Agonists	DPP-4 Inhibitors
*BYETTA (exenatide) pen	JANUVIA (sitagliptin) tablet
*TRULICITY (dulaglutide) pen	TRADJENTA (linagliptin) tablet
*VICTOZA (liraglutide) pen	JANUMET and JANUMET XR (sitagliptin/metformin) tablets
	JENTADUETO and JENTADUETO XR (linagliptin/metformin) tablets

\* Preferred GLP-1 products may be approved for members with a diagnosis of type 2 diabetes

## Jim Leonard, PharmD Honored for Excellence in Pharmacy

The faculty of the University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences awarded Dr. Jim Leonard, Deputy Director of the Colorado Department of Health Care Policy & Financing Pharmacy Office, with the **2023 Excellence in Pharmacy Award**. This annual award recognizes individuals who demonstrate exceptional leadership qualities, have advanced the profession of pharmacy, and have improved the health and welfare of society.



*Dr. Leonard with Dean Ralph Altieri*

Our mission is to improve health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.

<https://hcpf.colorado.gov>



## Impact of the AMP Cap Repeal and Prohibition of PBM Spread Pricing Practices on Medicaid DUR Programs

Drug manufacturer rebates help offset the cost of many prescription medications and play a significant role in drug cost budgeting and operations for state Medicaid programs. For example, manufacturer rebates lowered overall Medicaid prescription drug spending by 55% in fiscal year 2020.<sup>1</sup>

Since 2010, there has been an upper limit of 100% of the average manufacturer's price (AMP) on the total rebate amounts that Medicaid has been allowed to receive. The American Rescue Plan Act of 2021 removed this upper limit, or cap. Effective January 1, 2024 there will no longer be a cap on these confidential manufacturer rebates and Medicaid programs will be allowed to receive rebates that are above 100% of the federally-defined AMP for drug products.<sup>2</sup>

In other cost-related legislation, Governor Jared Polis signed a Colorado House Bill (HB23-1201)<sup>3</sup> into law in May 2023 to create more transparency about prescription drug pricing factors and add a prohibition on a specific pharmacy benefit manager (PBM) practice called "spread pricing." This new law ensures that drug costs for Health First Colorado (Colorado's Medicaid program) will not be artificially inflated at the PBM level and that the state and its taxpayers will not be harmed by spread pricing practices that drive up the cost of prescription drugs.<sup>4,5</sup>

These two new laws will allow Colorado's Medicaid program to better manage prescription drug costs, both for taxpayers and from a population health perspective.

**DUR Spotlight**

by Melina Harris  
PharmD Candidate,  
Population Health  
Intern

**Veronia Garcia, PharmD**

Dr. Veronia Garcia has lived most of her life in Colorado after immigrating from her native country, Egypt. She started her collegiate career at the University of Colorado Denver (UCD) where she worked as a teaching assistant in chemistry. Because she excelled in mathematics and chemistry, the then-Chair of the Chemistry Department encouraged her to think about pharmacy school. Dr. Garcia notes that one benefit of a career in pharmacy is having a work-life balance. Additionally, a pharmacy degree is very versatile, so she has been able to have a very flexible career thus far, as she serves in several different roles.

After attending UCD, Dr. Garcia attended Manchester University College of Pharmacy in Indiana as a member of its inaugural class. Upon graduation, she completed a PGY1 community pharmacy residency with Safeway/Albertsons that allowed her to broaden her horizons. During residency, she was integrated into management, ambulatory care, hospital pharmacy practice, and academia. After residency, Dr. Garcia decided to stay involved in community pharmacy and became a pharmacy manager. During the COVID-19 pandemic Dr. Garcia decided she needed a change. When she interviewed with the State of Colorado Department of Health Care Policy & Financing (HCPF) she knew that she had found a good fit.

When asked what she finds most meaningful about her current role she said, “So much! It is such a whole new world. I just never knew what it encompassed until I joined the team. I enjoy being able to have an impact on population health.” She credits being on the DUR team with helping her to think proactively to prevent problems from arising.

Outside of work, Dr. Garcia enjoys playing with her dogs, trying new restaurants, and traveling that includes going to Disney World with her husband.

## PDL Drug Classes reviewed during the November 2023 DUR Board Meeting

The [Preferred Drug List \(PDL\)](#) is developed based on safety, effectiveness, and clinical outcomes from classes of medications where there are multiple drug alternatives available and supplemental rebates from drug companies, allowing Colorado the ability to provide medications at the lowest possible costs.

- Hepatitis C Virus Treatments
  - Direct Acting Agents
  - Ribavirin
- Human Immunodeficiency Virus Treatments
- Targeted Immune Modulators
  - Rheumatoid Arthritis, all other Arthritis (except psoriatic arthritis), Ankylosing Spondylitis
  - Psoriatic Arthritis
  - Plaque Psoriasis
  - Crohn’s Disease and Ulcerative Colitis
  - Asthma
  - Atopic Dermatitis
  - Other indications
- Newer Hereditary Angioedema Products
- Inhaled Antibiotics
- Antiherpetic Agents
- Oral Fluoroquinolones
- Immune Globulins
- Newer Generation Antihistamines
- Leukotriene Modifiers
- Epinephrine Products
- Respiratory Agents
  - Inhaled Anticholinergics
  - Inhaled Beta-2 Agonists
  - Inhaled Corticosteroids
  - Phosphodiesterase Inhibitors

## The New World of Very High-Cost Drug Products

We're living in a whole new world. The landscape of high-cost drugs has changed dramatically, with a shift from five-figure prescription costs being considered high cost a decade ago to some of today's products that may cost 2 or 3 million dollars per dose.



The overall cost of brand name specialty drugs has continued to grow, and these increases have been associated with *higher costs per prescription* to a larger extent than to increases in the *number* of prescriptions being filled for these products.<sup>1</sup>

The Health First Colorado Pharmacy Office team closely monitors drug pricing data and develops evidence-based drug utilization strategies to address high-cost products that are already available on the U.S. market or in the drug development pipeline.

## Gender-Affirming Care Policy Updated

The Drug Utilization Review Program recently evaluated coverage policies for gender-affirming medications to ensure that medication access is in alignment with the current World Professional Association for Transgender Health (WPATH) Standards of Care [Version 8](#).<sup>1</sup>

For more information, click or tap this link to the [Gender-Affirming Care Billing Manual](#).<sup>2</sup>

## DUR Spotlight

by Renee Sapasap  
PharmD Candidate,  
Population Health  
Intern



## Heather Anderson, Ph.D.

Dr. Heather Anderson is heavily involved in The University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences (SSPPS). Her involvement with CU began in 2001 when she was a Professional Research Assistant with the Centers for American Indian/Alaska Native Health and a student earning her master's degree in biostatistics and Ph.D. in epidemiology. In 2010, Dr. Anderson began working for SSPPS and currently serves as the Director of Outcomes and Assessment, Director of the Pharmaceutical Outcomes Research PhD Program, faculty advisor for CU's Academy of Managed Care Pharmacy, and Professor for Evidence Based Medicine and Literature Evaluation. Her core values include being surrounded by a healthy community and creating a relationship with students where they feel safe to learn and grow. Dr. Anderson's active participation on the CU Anschutz medical campus is greatly appreciated every year.

Being a strong problem solver, Dr. Anderson enjoys being a member of the Colorado Evidence-Based DUR Program. She states that being able to produce work that impacts Health First Colorado members—and beyond—keeps her on her toes, and that sharing and learning healthcare models with other state programs is rewarding. "The team is phenomenal to work with," Dr. Anderson adds. Her work on the execution of ideas and analytical problem solving keeps the job exciting.

With 2024 on the horizon, Dr. Anderson looks forward to having quality time with family by participating in various activities. She and her family take joy in the snow season as snowboarders and skiers. Picking up from her wakeboarding skills, she grew a passion for snowboarding and yes, she does ride goofy!

## SHARE YOUR EXPERTISE AND SERVE THE STATE OF COLORADO

**HCPF is currently accepting applications from physicians and pharmacists**

**Apply to become a voting member of the Health First Colorado DUR Board**

Meetings are held virtually four times a year in February, May, August and November

Meeting dates and times, agendas, minutes, recent newsletters and other DUR-related updates are available at <https://hcpf.colorado.gov/drug-utilization-review-board>

Physicians and pharmacists are being recruited on a continuous basis to fill positions on the DUR Board

If you or a colleague have an interest in learning more about these professional opportunities, send an inquiry to [SSPPS.co-dur@cuanschutz.edu](mailto:SSPPS.co-dur@cuanschutz.edu)

### References

#### Can I Prescribe a GLP-1 Receptor Agonist with a DPP-4 Inhibitor for my Patient with Type 2 Diabetes?

1. ElSayed NA, Aleppo G, Aroda VR, et al. 9. Pharmacologic approaches to glycemic treatment: standards of care in diabetes—2023. *Diabetes Care*. 2023;46(Suppl 1):S140-S157.
2. Samson SL, Vellanki P, Blonde L, et al. American association of clinical endocrinology consensus statement: Comprehensive type 2 diabetes management algorithm - 2023 update. *Endocr Pract*. 2023;29(5):305-340.
3. Nauck MA, Troph MKD, Baranov O, et al. Addition of a dipeptidyl peptidase-4 inhibitor, sitagliptin, to ongoing therapy with the glucagon-like peptide-1 receptor agonist liraglutide: A randomized controlled trial in patients with type 2 diabetes. *Diabetes Obes Metab* 2017; 19(2): 200-207.
4. Marx N, Husain M, Verma S, et al. GLP-1 receptor agonists for the reduction of atherosclerotic cardiovascular risk in patients with type 2 diabetes. *Circulation* 2022; 146: 1882-1894.
5. Saini K, Sharma S, Khan Y. DPP-4 inhibitors for treating T2DM - hype or hope? an analysis based on the current literature. *Front Mol Biosci*. 2023; 10: 1130625.

#### Impact of the AMP Cap Repeal and Prohibition of PBM Spread Pricing Practices on Medicaid DUR Programs

1. Williams E. Medicaid and the Inflation Reduction Act of 2022. KFF. Published 22 September 2022. <https://www.kff.org/policy-watch/medicaid-and-the-inflation-reduction-act-of-2022>. Accessed 19 December 2023.
2. Centers for Medicare & Medicaid Services (CMS). (2023, May 23). “Misclassification of Drugs, Program Administration and Program Integrity Updates Under the Medicaid Drug Rebate Program Notice for Proposed Rulemaking (CMS-2434-P).” [Press Release]. <https://www.cms.gov/newsroom/fact-sheets/misclassification-drugs-program-administration-and-program-integrity-updates-under-medicaid-drug#:~:text=Removal%20of%20AMP%20Cap%3A%20The,for%20brand%20and%20generic%20drugs>.
3. Colorado General Assembly. House Bill 22-1201, Prescription Drug Benefits Contract Term Requirements. <https://leg.colorado.gov/bills/hb23-1201>. Accessed 23 December 2023.
4. Colorado Department of Health Care Policy & Financing (HCPF). (2023, May 10). “Gov. Polis Signs Legislation to Save Coloradans Money on Prescription Drug Costs.” [Press release]. <https://hcpf.colorado.gov/legislation-save-coloradans-money-on-prescription-drug-costs>.
5. Centers for Medicare & Medicaid Services (CMS). (2019, May 15). CMS Issues New Guidance Addressing Spread Pricing in Medicaid, Ensures Pharmacy Benefit Managers are not Up-Charging Taxpayers [Press release]. <https://www.cms.gov/newsroom/press-releases/cms-issues-new-guidance-addressing-spread-pricing-medicaid-ensures-pharmacy-benefit-managers-are-not>.

#### The New World of Very High-Cost Drug Products

1. Parasrampur, S. and Murphy, S. Trends in Prescription Drug Spending, 2016-2021. Washington, DC: Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. September 2022.

#### Gender-affirming Care Policy Updated

1. Coleman E, Radix AE, Bouman WP, Brown GR, de Vries ALC, Deutsch MB et al. Standards of Care for the Health of Transgender and Gender Diverse People, Version 8. *International Journal of Transgender Health*. 2022;23(S1):S1-S259.
2. Colorado Department of Health Care Policy & Financing. “Gender-Affirming Care Billing Manual.” <https://hcpf.colorado.gov/gac-manual#:~:text=Health%20First%20Colorado%20provides%20gender,information%20when%20providing%20these%20benefits>. Accessed 19 December 2023.

#### Images

1. Creative Commons “Prescription Prices Ver3” by Chris Potter. Licensed under [CC BY 2.0](https://creativecommons.org/licenses/by/2.0/). [Flickr](https://www.flickr.com/photos/86530412@N02/8266476742) ccPixs.com. Image available at <https://www.flickr.com/photos/86530412@N02/8266476742>. Accessed 19 December 2023.
2. Creative Commons Globe “Fxemoji u1F30E.svg by Firefox OS Emojis. Licensed under the [Creative Commons Attribution 4.0 International](https://creativecommons.org/licenses/by/4.0/). Image available at [https://commons.wikimedia.org/wiki/File:Fxemoji\\_u1F30E.svg](https://commons.wikimedia.org/wiki/File:Fxemoji_u1F30E.svg). Accessed 19 December 2023.