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 7, 2025

1. Call to Order

A quorum being present, D. MORGENSON 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 seven members participating and three members excused.

A. Members Present

Morgan Alonzo, PharmD
Gwen Black, PharmD
Katie Boudreaux, PharmD
Ann Dominguez, MD
Thuy McKitrick, PharmD
Daralyn Morgenson, PharmD (Vice-Chairperson)
Joel Tanaka, MD

B. Members Excused

George Athey, MD (Chairperson)
Emily Kosirog, PharmD
Marisa Sharkey, DO

C. Staff Present

HCPF Pharmacy Office

Greg Miller, PharmD
Jim Leonard, PharmD

Magellan RX Management

Erik Hamel, PharmD
Jessica Bacon

3. 2025 Chairpersons

D. MORGENSON opened nominations for the new 2025 chairpersons. Reminded the committee that the Chairperson and Vice-Chairperson have had to serve on the committee for at least one year. T. MCKITRICK moved to nominate D. MORGENSON as Chairperson. G. BLACK seconded. D. MORGENSON accepted the nomination. Virtual vote by private chat for Chairperson ended with 5 votes for D. MORGENSON. D. MORGENSON announced D. MORGENSON as the 2025 Chairperson. J. TANAKA nominated K. BOUDREAUX as Vice-Chairperson. D. MORGENSON seconded. K. BOUDREAUX accepted the nomination. Virtual vote by private chat for Vice-Chairperson ended with 6 votes for K. BOUDREAUX. D. MORGENSON announced K. BOUDREAUX as the 2025 Vice-Chairperson.

4. Approval of Minutes

D. MORGENSON asked for approval of the minutes from the October 8, 2024, meeting. D. MORGENSON made a motion to approve the minutes. A. DOMINGUEZ seconded. The minutes were approved with no audible dissent.

5. Department Updates:

G. MILLER reviewed updates from the October 8, 2024, P&T meeting.

- Human Immunodeficiency Virus (HIV)
- Hepatitis C Virus Treatments
- Immune Globulins
- Methotrexate Products
- Newer Hereditary Angioedema (HAE)
- Targeted Immune Modulators
- Respiratory Agents
    - Inhaled Beta2 Agonists (Short & Long-Acting), Inhaled Corticosteroids & Combinations, and Phosphodiesterase Inhibitors (PDEIs)
- Mass review drug classes
    - Antibiotics, Inhaled
    - Antiherpetic Agents – Oral, Topical
    - Fluoroquinolones, Oral
    - Newer Generation Antihistamines
    - Antihistamine/Decongestant Combos
    - Intranasal Rhinitis Agents
    - Leukotriene Modifiers

- Epinephrine (self-administered) Products
- Respiratory Agents
  - Inhaled Anticholinergics & Combinations

6. NEW BUSINESS

A. G. MILLER reviewed updates from the Prior Authorization Call Center.

- Prior authorization requests for Pharmacy benefits can be faxed, called-in, or electronically submitted through the new prescriber online tool.
- 4th Quarter of 2024
  - 73% approvals and 22% denials, 5% change in therapy
  - Average hold time for the call center for the past quarter was 2 minutes and 50 seconds
  - Average call length was 8 minutes and 3 seconds
  - 33,369 ePAs were initiated, with 73% approvals. ePA made up 43% of all PAs initiated

7. Rules

D. MORGENSON 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.

D. MORGENSON 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:

D. MORGENSON 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

D. MORGENSON moved to discuss Drug Classes for Review.

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

1. D. MORGENSON moved to discuss **Non-Opioid Analgesia – Oral & Topical.** WENDY BORGERSEN from Scilex spoke on Ztildo. E. HAMEL reviewed utilization and updates. (1) K. BOUDREAUX 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) T. MCKITRICK made a motion that at least one topical agent be preferred. A. DOMINGUEZ seconded. The motion passed

with no audible dissent. (3) G. BLACK made a motion that at least one oral agent that can be given via feeding tube be preferred. K. BOUDREAUX seconded. The motion passed with no audible dissent. (4) G. BLACK made a motion that at least one agent with a pediatric indication be preferred. D. MORGENSON seconded. The motion passed with no audible dissent. (5) A. DOMINGUEZ made a motion that at least one agent for members who are of childbearing potential be preferred. D. MORGENSON seconded. The motion passed with no audible dissent.

2. D. MORGENSON moved to discuss **NSAIDs – Oral & Non-Oral.** WENDY BORGERSEN from Scilex spoke on Elyxyb. E. HAMEL reviewed utilization and updates. (1) T. MCKITRICK made a motion that at least one topical agent be a preferred product. D. MORGENSON seconded. The motion passed with no audible dissent. (2) D. MORGENSON 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) G. BLACK made a motion that at least one agent with preferential COX-2 inhibition be preferred. D. MORGENSON seconded. The motion passed with no audible dissent.

3. D. MORGENSON moved to discuss **Opioids – Short-Acting, Fentanyl Preparations, & Long-Acting.** No speakers. E. HAMEL reviewed utilization and updates. [*Short-Acting*] (1) A. DOMINGUEZ made a motion that at least two single agents and two combination agents be preferred. M. ALONZO seconded. The motion passed with no audible dissent. (2) D. MORGENSON made a motion that at least two liquid short-acting formulations be available as preferred agents. G. BLACK seconded. The motion passed with no audible dissent. (3) G. BLACK made a motion that at least one Schedule IV short-acting opioid be available as preferred. T. MCKITRICK seconded. The motion passed with no audible dissent. [*Fentanyl Preparations*] (4) No motions given. [*Long-Acting*] (5) D. MORGENSON made a motion that least one Schedule III or IV long-acting opioid be included as preferred. K. BOUDREAUX seconded. The motion passed with no audible dissent. (6) D. MORGENSON made a motion that one long-acting agent be available that can be given via feeding tube or for patients who have difficulty swallowing. G. BLACK seconded. The motion passed with no audible dissent. (7) K. BOUDREAUX 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. D. MORGENSON moved to discuss **Anticonvulsants Oral.** No speakers. E. HAMEL reviewed utilization and updates. (1) A. DOMINGUEZ made a motion that at least two medications for epilepsy be available for members of childbearing potential with a low risk of fetal abnormalities. D. MORGENSON seconded. The motion passed with no audible dissent. (2) G. BLACK made a motion that at least two agents from each PDL subclass be preferred. A. DOMINGUEZ seconded. The motion passed with no audible dissent. (3) G. BLACK made a motion that at least

one cannabidiol agent be preferred. T. MCKITRICK seconded. The motion passed with no audible dissent. (4) A. DOMINGUEZ made a motion that at least two agent that can be administered via feeding tube be preferred. K. BOUDREAUX seconded. The motion passed with no audible dissent.

5. D. MORGENSON moved to discuss **Newer Generation Antidepressants.** LYNDA FINCH from Biogen spoke on Zurzuvae. LALLY SAMUEL from Axsome spoke on Auvelity. E. HAMEL reviewed utilization and updates. (1) A. DOMINGUEZ 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) A. DOMINGUEZ made a motion that as many agents as possible with a pediatric indication be preferred. D. MORGENSON seconded. The motion passed with no audible dissent. (3) G. BLACK made a motion that at least two agents that can be administered by a feeding tube be preferred. D. MORGENSON seconded. The motion passed with no audible dissent. (4) A. DOMINGUEZ made a motion that at least one agent be preferred that is indicated for perinatal and postpartum depression patients. D. MORGENSON seconded. The motion passed with no audible dissent. (5) D. MORGENSON made a motion that at least one agent within each mechanism of action be preferred. A DOMINGUEZ seconded. The motion passed with no audible dissent.

6. D. MORGENSON moved to discuss **Anti-Parkinson's Agents.** No speakers. E. HAMEL reviewed utilization and updates. (1) J. TANAKA made a motion that products with multiple formulations be available as preferred. K. BOUDREAUX seconded. The motion passed with no audible dissent. (2) G. BLACK made a motion that least one form of carbidopa as a single agent be available be preferred. D. MORGENSON seconded. The motion passed with no audible dissent. (3) D. MORGENSON made a motion that at least one preferred product be available in each therapeutic category. K. BOUDREAUX seconded. The motion passed with no audible dissent. (4) K. BOUDREAUX made a motion that multiple dosage forms for each indication be preferred. G. BLACK seconded. The motion passed with no audible dissent.

7. D. MORGENSON moved to discuss **Atypical Antipsychotics – Oral/Topical.** KENNETH BERRY from Alkermes spoke on Lybalvi. JACQUITA JORDAN from Fountain Valley Healthcare on Cobenfy. AARON FEYOS from Bristol-Myers Squibb spoke on Cobenfy. GILDA MARK from Private Practice spoke on Caplyta. ALVIN OUNG from Intra-Cellular Therapies, Inc. spoke on Caplyta. BRADLEY JONES from Abbvie spoke on Vraylar. E. HAMEL reviewed utilization and updates. (1) J. TANAKA made a motion that multiple dosage forms including an orally disintegrating tablet (ODT) and oral solution with adult and pediatric indications

be included on the preferred list. D. MORGENSON seconded. The motion passed with no audible dissent. (2) J. TANAKA 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. BLACK made a motion that all formulations of clozapine be preferred. D. MORGENSON seconded. The motion passed with no audible dissent. (4) A. DOMINGUEZ made a motion that at least two agents should be on the preferred list that are regarded with low risk of cardiometabolic side effects for both adults and the pediatric population. D. MORGENSON seconded. The motion passed with no audible dissent. (5) A. DOMINIGUEZ made a motion that at least two agents known with lower risk of EPS side effects, including tardive dyskinesia, should be preferred. T. MCKITRICK 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) J. TANAKA made a motion that at least one agent be preferred that has an indication for agitation in Alzheimer's dementia. G. BLACK seconded. The motion passed with no audible dissent. (8) D. MORGENSON 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.

8. D. MORGENSON moved to discuss **Calcitonin Gene-Related Peptide Inhibitors (CGRPIs).** BRADLEY JONES from Abbvie spoke on Ubrelvy & Qulipta. MANDEEP SOHAL from Teva spoke on Ajovy. E. HAMEL reviewed utilization and updates. (1) K. BOUDREAUX made a motion that at least two agents with preventive indications be preferred. G. BLACK seconded. The motion passed with no audible dissent. (2) G. BLACK made a motion that least least two agents with an indication for abortive treatment be preferred. T. MCKITRICK seconded. The motion passed with no audible dissent. (3) D. MORGENSON made a motion that at least one injectable and one oral agent for prevention are available as preferred. G. BLACK seconded. The motion passed with no audible dissent.

9. D. MORGENSON moved to discuss **Stimulants and Related Agents.** LALLY SAMUEL from Axsome spoke on Sunosi. E. HAMEL reviewed utilization and updates. (1) G. BLACK made a motion to include at least three short-acting and long-acting stimulant formulations of each product be preferred. D. MORGENSON seconded. The motion passed with no audible dissent. (2) D. MORGENSON 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) A. DOMINGUEZ made a recommendation that Guanfacine ER be made accessible for children with fetal alcohol syndrome. (4) A. DOMINGUEZ

made a motion that at two non-controlled agents be preferred including one alpha, adrenergic agonist. D. MORGENSON seconded. The motion passed with no audible dissent. (5) D. MORGENSON made a motion that at least two agents with an indication for excessive daytime sleepiness be preferred. K. BOUDREAUX seconded. The motion passed with no audible dissent.

Break at 15:16 MT and meeting resumed at 15:26 MT.

10. D. MORGENSON moved to discuss Mass Review Drug Classes and reviewed the rules for **Mass Review Drug Classes**.
    - 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.
    - 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-Benzodiazepines
      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.
    - Sedative Hypnotics
      1. At least one agent that is not a controlled substance be preferred.
      2. At least two different mechanisms of action for the Sedative Hypnotic class be preferred.
    - Skeletal Muscle Relaxants
      1. Include at least one skeletal muscle relaxants as preferred.
      2. Soma (carisoprodol) has a high addiction profile and should not be preferred because of safety reasons.
    - 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.

- Multiple Sclerosis Therapies – Disease Modifying & Symptom Management
  1. 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.
  2. At least one medication with potentially lower risk to persons of childbearing potential be preferred.
  3. At least one agent be available that is indicated for Clinically Isolated Syndrome.
- 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.
- Ophthalmics, Immunomodulators
  1. At least one agent with a pediatric indication be preferred.
- Ophthalmics, Anti-Inflammatories
  1. Preservative-free versions be available for persons with sensitivities or allergies.
  2. At least one agent with a pediatric indication be preferred.
  3. Multiple dosage forms be preferred.
  4. At least one corticosteroid product be available with a low risk of intraocular pressure be preferred.
- Ophthalmics, Glaucoma
  1. Preservative-free versions be available for those with sensitivities or allergies.
  2. At least one agent with a pediatric indication be preferred.
  3. At least one product from each of the five categories be preferred.

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

K. BOUDREAUX announced the next meeting for April 8, 2025.

D. MORGENSON made a motion to adjourn. K. BOUDREAUX seconded. The motion passed with no audible dissent. The meeting adjourned at 15:35 MST.

By: _____Daralyn Morgenson_____
Daralyn Morgenson, PharmD, BCPP

Date: _____04/08/2025_____

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.