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

April 8, 2025

1. Call to Order

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

A. Members Present

Morgan Alonzo, PharmD
Gwen Black, PharmD
Katie Boudreaux, PharmD (Vice-Chairperson)
Ann Dominguez, MD
Emily Kosirog, PharmD
Daralyn Morgenson, PharmD (Chairperson)
Marisa Sharkey, DO
Joel Tanaka, MD

B. Members Excused

Thuy McKitrick, PharmD

C. Staff Present

HCPF Pharmacy Office

Greg Miller, PharmD
Jim Leonard, PharmD

Prime Therapeutics State Government Solutions, LLC

Erik Hamel, PharmD
Jessica Bacon

3. Approval of Minutes

D. MORGENSON asked for approval of the minutes from the January 7, 2025, meeting. D. MORGENSON made a motion to approve the minutes. M. SHARKEY seconded. The minutes were approved with no audible dissent.

4. Department Updates:

G. MILLER reviewed updates from the January 7, 2025, P&T meeting.

- Non-Opioid Analgesia - Oral & Topical
- NSAIDs - Oral & Non-Oral
- Opioids - Short-Acting, Fentanyl Preparations, & Long-Acting
- Anticonvulsants, Oral
- New Generation Antidepressants
- Anti-Parkinson's Agents
- Atypical Antipsychotics - Oral/Topical
- Calcitonin Gene-Related Peptide Inhibitors (CGRPls)
- Stimulants and Related Agents
- Mass review drug classes
    - MAOls
    - Tricyclic Antidepressants
    - Benzodiazepines (Non-Sedative Hypnotics)
    - Anxiolytics, Non-Benzodiazepines
    - Lithium Agents
    - Neurocognitive Disorder Agents
    - Sedative Hypnotics
    - Skeletal Muscle Relaxants
    - Triptans, Ditans, and Other Migraine Treatments - Oral & Non-Oral
    - Multiple Sclerosis Therapies - Disease Modifying & Symptom Management
    - Ophthalmics, Allergy
    - Ophthalmics, lmmunomodulators
    - Ophthalmics, Anti-lnflammatories
    - Ophthalmics, Glaucoma

5. 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.
- 1st Quarter of 2025
    - 73% approvals and 23% denials, 4% change in therapy
    - Average hold time for the call center for the past quarter was 2 minutes and 29 seconds

- Average call length was 8 minutes and 7 seconds
- 35,351 ePAs were initiated, with 73% approvals. ePA made up 43% of all PAs initiated

6. 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 **Buprenorphine, Injectable**. JOHN LANDIS from Braeburn spoke on Brixadi. MEGAN PENNER from Indivior spoke on Sublocade. E. HAMEL reviewed utilization and updates. (1) M. SHARKEY made a motion that at least one long-acting injectable as a partial agonist at the mu opioid receptor be available as preferred. D. MORGENSON seconded. The motion passed with no audible dissent.

2. D. MORGENSON moved to discuss **Tetracyclines**. No speakers. E. HAMEL reviewed utilization and updates. (1) J. TANAKA made a motion that at least one agent with a pediatric indication be preferred. M. ALONZO seconded. The motion passed with no audible dissent. (2) G. BLACK made a motion that at least two different tetracyclines be preferred on the POL. D. MORGENSON seconded. The motion passed with no audible dissent. (3) M. SHARKEY made a motion that at least one agent used to treat chlamydia be preferred. E. KOSIROG seconded. The motion passed with no audible dissent. (4) K. BOUDREAUX made a motion that at least one agent that can be administered via feeding be preferred. M. SHARKEY seconded. The motion passed with no audible dissent. (5) E. KOSIROG made a motion that at least one agent for the treatment of H. Pylori be preferred. K. BOUDREAUX seconded. The motion passed with no audible dissent.

3. D. MORGENSON moved to discuss **PAH Therapies - PDEIs, Endothelin Antagonists, Prostanoids,** & **Guanylate Cyclase Stimulators.** KIMBERLY SIMPSON from United Therapeutics spoke on Tyvaso/Tyvaso DPI. E. HAMEL reviewed utilization and updates. (1) E. KOSIROG made a motion that at least one agent from each of the four classes (endothelin antagonists, prostanoids, guanylate cyclase stimulator (sGC) and phosphodiesterase inhibitors) be preferred. M. ALONZO seconded. The motion passed with no audible dissent. (2) M. ALONZO made a motion that at least two agents with data in pediatric patients be preferred from each class. E. KOSIROG seconded. The motion passed with no audible dissent. (3) D. MORGENSON made a motion that all available routes of administration across all classes be available as preferred. M. ALONZO seconded. The motion passed with no audible dissent.

4. D. MORGENSON moved to discuss **Statins & Combinations**. No speakers. E. HAMEL reviewed utilization and updates. (1) J. TANAKA made a motion that at least one agent with a pediatric indication be preferred. K. BOUDREAUX seconded. The motion passed with no audible dissent. (2) E. KOSIROG made a motion that at least two products with reduced drug interaction risk be included as preferred. D. MORGENSON seconded. The motion passed with no audible dissent. (3) E. KOSIROG made a motion that two high potency statins defined as >50% reduction in LDL should be included. G. BLACK seconded. The motion passed with no audible dissent.

5. D. MORGENSON moved to discuss **Movement Disorder Agents**. Ray Kong from Neurocrine Biosciences spoke on lngrezza. Mandeep Sohal from Teva spoke on Austedo/Austedo XR. E. HAMEL reviewed utilization and updates. (1) J. TANAKA made a motion that at least one agent with an indication for the treatment of Tardive Dyskinesia and Huntington's disease movement disorders be on the preferred list. D. MORGENSON seconded. The motion passed with no audible dissent. (2) M. SHARKEY made a motion that at least one extended-release formulation be available as preferred. K. BOUDREAUX seconded. The motion passed with no audible dissent.

6. D. MORGENSON moved to discuss **Acne Agents, Topical**. No speakers. E. HAMEL reviewed utilization and updates. (1) J. TANAKA made a motion that at least two products in each topical category be preferred (antibiotics, antibiotic combinations, retinoids, retinoid combinations, other). G. BLACK seconded. The motion passed with no audible dissent. (2) G. BLACK made a motion that at least one agent that is recommended for the treatment of inflammatory acne be preferred. K. BOUDREAUX seconded. The motion passed with no audible dissent. (3) G. BLACK made a motion that consideration be given to inclusion of gels, creams, lotions, foams, and cleansers be available for each drug class. E.

KOSIROG seconded. The motion passed with no audible dissent.

7. D. MORGENSON moved to discuss **Anti-Psoriatics - Oral & Topical**. No speakers. E. HAMEL reviewed utilization and updates. (1) M. SHARKEY made a motion that various topical formulations be available as preferred based on application site. K. BLACK seconded. The motion passed with no audible dissent. (2) K. BLACK made a motion that at least one non-steroid option be available as preferred. E. KOSIROG seconded. The motion passed with no audible dissent. (3) G. BLACK made a motion that at least one oral agent be preferred. K. BOUDREAUX seconded. The motion passed with no audible dissent.

8. D. MORGENSON moved to discuss **Immunomodulators, Topical - Atopic Dermatitis, Antineoplastics, & Other Agents**. JEN LEUNG from lncyte spoke on Opzelura. AMMON LARSEN from Monarch Dermatology and Surgery spoke on Opzelura. E. HAMEL reviewed utilization and updates. *[For Atopic Dermatitis]* (1) M. SHARKEY made a motion that at least one agent with a pediatric indication for children two years and above be preferred. E. KOSIROG seconded. The motion passed with no audible dissent. (2) K. BOUDREAUX made a motion that least one agent with an indication for mild-to-moderate atopic dermatitis and one agent with an indication for moderate-to-severe dermatitis be preferred. D. MORGENSON seconded. The motion passed with no audible dissent. (3) G. BLACK made a motion that at least one cream and one ointment be preferred. E. KOSIROG seconded. The motion passed with no audible dissent. (4) D. MORGENSON made a motion that multiple mechanisms of action be available as preferred. K. BOUDREAUX seconded. The motion passed with no audible dissent. (5) *Recommendation*: G. BLACK made a recommendation to the DUR board to consider not requiring a trial and failure of Elidel and tacrolimus to get to Opzelura because they have similar mechanisms of action. *[For Antineoplastics]* (7) G. BLACK made a motion that at least one agent be preferred for the treatment of cutaneious T-cell lymphoma (CTCL). K. BOUDREAUX seconded. The motion passed with no audible dissent. (8) E. KOSIROG made a motion that at least one agent be preferred for actinic keratosis. G. BLACK seconded. The motion passed with no audible dissent. (9) M. SHARKEY made a motion at least one agent from each of the topical preparations be preferred. K. BOUDREAUX seconded. The motion passed with no audible dissent. *[For Other Agents]* (10) D. MORGENSON made a motion that at least one type of each formulation (cream, gel, ointment, etc.) be available as preferred. M. SHARKEY seconded. The motion passed with no audible dissent. (11) E. KOSIROG made a motion that at least one agent with an FDA indication for the treatment of genital warts be preferred. M. ALONZO seconded. The motion passed with no audible dissent.

9. D. MORGENSON moved to discuss **Anti-Emetics - Oral & Non-Oral**. No speakers. E. HAMEL reviewed utilization and updates. (1) M. SHARKEY made a motion that at least one agent with pediatric indication from oral and non-oral subcategory be preferred. D. MORGENSON seconded. The motion passed with no audible dissent.

(2) D. MORGENSON made a motion that alternate dosage forms for all ages be available, such as liquid, ODT, patch, and suppository. K. BOUDREAUX seconded. The motion passed with no audible dissent. (3) K. BOUDREAUX made a motion that multiple mechanisms of action in multiple dosage forms be preferred. G. BLACK seconded. The motion passed with no audible dissent. (4) G. BLACK made a motion that at least one agent for the prevention of delayed nausea and vomiting be available. E. KOSIROG seconded. The motion passed with no audible dissent. (5) D. MORGENSON made a motion that one agent be preferred for the indication of nausea and vomiting associated with pregnancy. M. SHARKEY seconded. The motion passed with no audible dissent.

10. D. MORGENSON moved to discuss **H. Pylori Treatment**. No speakers. E. HAMEL reviewed utilization and updates. (1) K. BOUDREAUX made a motion that at least one agent be available as preferred. D. MORGENSON seconded. The motion passed with no audible dissent.

11. D. MORGENSON moved to discuss **Proton Pump Inhibitors**. KRUPA PATEL from Azurity spoke on Konvomep. E. HAMEL reviewed utilization and updates. (1) E. KOSIROG made a motion that at least two agents with a pediatric indication be preferred. M. SHARKEY seconded. The motion passed with no audible dissent. (2) G. BLACK made a motion that consideration be given to a variety of formulations for people with special needs (such as trouble swallowing and feeding tube). D. MORGENSON seconded. The motion passed with no audible dissent.

Break at 14:36 MT and meeting resumed at 14:46 MT.

12. D. MORGENSON moved to discuss Mass Review Drug Classes and reviewed the rules for **Mass Review Drug Classes**.
    - Alpha-Blockers
        1. No motions given.
    - Beta-Blockers – Single Agent, Anti-Arrhythmics, & Combinations
        1. At least one agent be available with theindication for treatment of heart failure.
        2. At least one agent that is Beta-1 selective be available.
        3. At least one agent with a pediatric indication be preferred.
        4. At least one agent be included that is considered acceptable during pregnancy.
        5. At least one dosage form be preferred that can be administered through a feeding tube.

    - Calcium Channel Blockers – DHPs & Non-DHPs
        1. At least one agent be included that is considered acceptable during pregnancy.
        2. At least one agent be preferred in each subcategory.

3. At least one agent with a pediatric indication be preferred in each subcategory.

- Angiotensin Converting Enzyme (ACE) Inhibitors & Combinations
  1. At least two ACEIs and two ACEI Combinations preferred.
  2. At least one liquid formulation that can be administered via a feeding tube be preferred.
  3. At least one ACEI for pediatric indications be preferred.
- Angiotensin Receptor Blockers (ARBs) & Combinations
  1. At least two ARBs and two ARB combinations be preferred.
  2. At least one combination, including a neprilysin inhibitor, be preferred for the treatment of heart failure.
  3. At least one ARB for pediatric indications be preferred.
- Angiotensin Modulators & Combinations, Renin Inhibitors, & Combinations
  1. No motions given.
- Lipotropics – Bile Acid Sequestrants, Fibrates, & Other Agents
  1. Agents be preferred in each drug class that are capable of being administered through a feeding tube, where available.
- Acne Agents – Oral Isotretinoins
  1. No motions given.
- Rosacea Agents
  1. Preferred agents should include cream, gel, foam, and lotion.
  2. One formulation be available for those individuals who are of child-bearing potential.
- Topical Steroids – Low, Medium, High, & Very High Potency
  1. At least one agent from each potency category with pediatric indication be preferred.
  2. At least two preferred agents be available for each potency category.
  3. Consideration be given for multiple formulations to account for application site across potency categories.
- Bile Salts
  1. At least one agent that can be administered via feeding tube be preferred.
  2. Have one available agent to treat cholestasis of pregnancy.
- Anti-Emetics – Oral & Non-Oral
  1. At least one agent with a pediatric indication from oral and non-oral subcategory be preferred.
  2. Alternate dosage forms for all ages be available, such as liquid, ODT, patch, and suppository.
  3. Multiple mechanisms of action in multiple dosage forms be preferred.
  4. At least one agent for the prevention of delayed nausea and vomiting be available.
  5. One agent be preferred for the indication of nausea and vomiting associated with pregnancy.
- GI Motility, Chronic
  1. At least one agent that has a non-oral route be preferred.

2. At least one preferred product be available for each of the indications (IBS-C, IBS-D, CIC, and OIC).

- Hemorrhoidal, Anorectal, & Related Topical Anesthetic Agents
  1. Preferred agents include multiple formulations of administration.
  2. At least one agent be preferred for anal fissures.
  3. At least one agent be preferred with an anesthetic.
- Pancreatic Enzymes
  1. Two or more agents be preferred due to the variability in patient response.
- Non-Biologic Ulcerative Colitis – Oral & Rectal
  1. Product formulation (oral and non-oral, foam, suppositories, enema, capsule, tablet, and a product that can be opened and poured onto applesauce) be considered for preferred status.
  2. At least one agent with pediatric indication be preferred.
  3. At least one preferred agent be available for treatment as well as maintenance therapy.
- Anticoagulants – Oral & Parenteral
  1. *[Oral]* At least two DOACs be preferred as a first-line agent.
  2. *[Oral]* At least one agent with a lower risk of bleeding be preferred.
  3. *[Oral]* Just agents with a higher safety profile be preferred.
  4. *[Parenteral]* At least one low molecular weight heparin be preferred as a first line agent.
  5. *[Parenteral]* At least one agent for the indication of HIT be preferred.
- Anti-Platelet Agents
  1. Multiple agents be available due to varying levels of efficacy and safety.
- Colony Stimulating Factors
  1. One long-acting and one short-acting CSF agent be preferred.
- Erythropoiesis Stimulating Agents
  1. No motions given.

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

G. MILLER announced the next meeting for July 8, 2025.

D. MORGENSON made a motion to adjourn. K. BOUDREAUX seconded. The motion passed with no audible dissent. The meeting adjourned at 14:47 MST.

By: Daralyn Morgenson
Daralyn Morgenson, PharmD, BCPP

Date: 7/8/24

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.