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 9, 2024

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)
Gwen Black, PharmD
Katie Boudreaux, PharmD
Emily Kosirog, PharmD
Thuy McKitrick, PharmD
Joel Tanaka, MD
Marisa Sharkey, MD

B. Members Excused

Daralyn Morgenson, PharmD (Vice-Chairperson)

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 January 9, 2024, meeting. G. ATHEY made a motion to approve the minutes. K. BOUDREAUX seconded. The minutes were approved with no audible dissent.

4. Department Updates:

G. MILLER reviewed updates from the January 9, 2024, P&T meeting.

- Non-Opioid Analgesia Agents – Oral & Topical
- Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)
- Opioids – Short-Acting, Fentanyl Preparations, Long-Acting
- Anticonvulsants, Oral
- Newer Generation Antidepressants
- Atypical Antipsychotics – Oral/Topical
- Calcitonin Gene-Related Peptide Inhibitors (CGRPIs)
- Sedative Hypnotics
- Skeletal Muscle Relaxants
- Stimulants and Related Agents
- Diabetes Management Classes – Insulins
    - Rapid, Short, Intermediate, Long-Acting, Mixtures, Concentrated
- Multiple Sclerosis Therapies – Disease Modifying & Symptom Management
- Ophthalmics, Immunomodulators
- Ophthalmics, Anti-Inflammatories
- Ophthalmics, Glaucoma
- Mass review drug classes
    - Monoamine Oxidase Inhibitors (MAOIs)
    - Tricyclic Antidepressants
    - Anti-Parkinson's Agents
    - Benzodiazepines (Non-Sedative Hypnotics)
    - Anxiolytics, Non-Benzodiazepine
    - Lithium Agents
    - Neurocognitive Disorder Agents
    - Triptans, Ditans, and Other Migraine Treatments – Oral & Non-Oral
    - Ophthalmics, Allergy

5. NEW BUSINESS

A. G. MILLER 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'.
- 1st Quarter of 2024
  - 74% approvals and 21% denials, 5% change in therapy
  - Average hold time for the call center for the past quarter was 2 minutes and 33 seconds
  - Average call length was 6 minutes and 34 seconds
  - 33,288 ePAs were initiated, with 73% approvals. ePA made up 40% of all PAs initiated

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 **PAH Therapies – PDEIs, Endothelin Antagonists, Prostanoids, & Guanylate Cyclase Stimulators.** Janelle Hickey with United Therapeutics spoke on Tyvaso/Tyvaso DPI. AMY HALE with Johnson & Johnson spoke on Opsumit & Uptravi. E. HAMEL reviewed utilization and updates. (1) E. KOSIROG made a motion that at least one from each of the four classes (endothelin antagonists, prostanoids, guanylate cyclase stimulator (sGC) and phosphodiesterase inhibitors) be preferred. M. SHARKEY seconded. The motion passed with no audible dissent. (2) M. SHARKEY made a motion that at least one agent with pediatric indication be preferred from each class. T. MCKITRICK seconded. The motion passed with no audible dissent. (3) E. KOSIROG made a motion that all available routes of administration across all classes be available as preferred. K. BOUDREAUX seconded. The motion passed with no audible dissent.

2. G. ATHEY moved to discuss **Statins & Combinations.** No speakers. E. HAMEL reviewed utilization and updates. (1) M. SHARKEY 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. G. BLACK 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. K. BOUDREAUX seconded. The motion passed with no audible dissent.

3. G. ATHEY moved to discuss **Movement Disorder Agents.** JOHN DEASON III from Neurocrine Biosciences spoke on Ingrezza. MANDEEP SOHAL from TEVA spoke on Austedo. E. HAMEL reviewed utilization and updates. (1) G. ATHEY 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. G. BLACK seconded. The motion passed with no audible dissent. (2) E. KOSIROG made a motion that at least one extended-release formulation be available as preferred. G. ATHEY seconded. The motion passed with no audible dissent.

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

5. G. ATHEY moved to discuss **Anti-Psoriatics – Oral & Topical.** JANINE FOURNIER with Dermavant Sciences spoke on Vtama. E. HAMEL reviewed utilization and updates. (1) M. SHARKEY made a motion that various topical formulations be available as preferred based on application site. G. BLACK seconded. The motion passed with no audible dissent. (2) E. KOSIROG made a motion that at least one non-steroid option be available as preferred. K. BOUDREAUX seconded. The motion passed with no audible dissent. (3) K. BOUDREAUX made a motion that at least one oral agent be preferred. J. TANAKA seconded. The motion passed with no audible dissent.

6. G. ATHEY moved to discuss **Immunomodulators, Topical – Atopic Dermatitis, Antineoplastics, & Other Agents.** HITEN PATADIA from Incyte spoke on Opzelura.

MICHAEL PHAM from Nobelpharma America spoke on Hyftor. E. HAMEL reviewed utilization and updates. [*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. K. BOUDREAUX seconded. The motion passed with no audible dissent. (2) M. SHARKEY 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. T. MCKITRICK seconded. The motion passed with no audible dissent. (3) M. SHARKEY made a motion that at least one cream and one ointment be preferred. E. KOSIROG seconded. The motion passed with no audible dissent. [*Antineoplastics*] (4) G. BLACK made a motion that at least one agent be preferred for the treatment of cutaneious T-cell lymphoma (CTCL). E. KOSIROG seconded. The motion passed with no audible dissent. (5) G. BLACK made a motion that at least one agent be preferred for actinic keratosis. E. KOSIROG seconded. The motion passed with no audible dissent. (6) J. TANAKA made a motion that least one agent from each of the topical preparations be preferred. K. BOUDREAUX seconded. The motion passed with no audible dissent. [*Other Agents*] (7) T. MCKITRICK made a motion that at least one type of each formulation (cream, gel, ointment, etc.) be available as preferred. K. BOUDREAUX seconded. The motion passed with no audible dissent. (8) E. KOSIROG made a motion that at least one agent with an FDA indication for the treatment of genital warts be preferred. G. BLACK seconded. The motion passed with no audible dissent.

7. G. ATHEY moved to discuss **Bile Salts.** PHONG PHAM from Ipsen (Albireo) spoke on Bylvay. E. HAMEL reviewed utilization and updates. (1) E. KOSIROG made a motion that at least one agent that can be administered via feeding tube be preferred. K. BOUDREAUX seconded. The motion passed with no audible dissent. (2) E. KOSIROG made a motion to have one available agent to treat cholestasis of pregnancy. M. ALONZO seconded. The motion passed with no audible dissent.

8. G. ATHEY moved to discuss **Anti-Emetics – Oral & Non-Oral.** No speakers. E. HAMEL reviewed utilization and updates. (1) K. BOUDREAUX made a motion that at least one agent with pediatric indication from oral and non-oral subcategory be preferred. G. ATHEY seconded. The motion passed with no audible dissent. (2) J. TANAKA made a motion that alternate dosage forms for all ages be available, such as liquid, ODT, patch, and suppository. E. KOSIROG seconded. The motion passed with no audible dissent. (3) E. KOSIROG made a motion that multiple mechanisms of action in multiple dosage forms be preferred. K. BOUDREAUX 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) E. KOSIROG made a motion that one agent be preferred for the indication of nausea and vomiting associated with pregnancy. K. BOUDREAUX seconded. The motion passed

with no audible dissent.

9. G. ATHEY moved to discuss **H. Pylori Treatments**. No speakers. E. HAMEL reviewed utilization and updates. (1) E. KOSIROG made a motion that at least one agent be available as preferred. J. TANAKA seconded. The motion passed with no audible dissent.

10. G. ATHEY moved to discuss **Proton Pump Inhibitors**. No speakers. E. HAMEL reviewed utilization and updates. (1) M. SHARKEY made a motion that least two agents with a pediatric indication be preferred. E. KOSIROG seconded. The motion passed with no audible dissent. (2) M. SHARKEY made a motion that consideration be given to a variety of formulations for people with special needs (such as trouble swallowing and feeding tube). K. BOUDREAUX seconded. The motion passed with no audible dissent.

Break at 14:38 MST and meeting resumed at 14:48 MST.

11. G. ATHEY moved to discuss Mass Review Drug Classes and reviewed the rules for **Mass Review Drug Classes**.
    - Tetracyclines
        1. At least one agent with a pediatric indication be preferred.
        2. At least two different tetracyclines be preferred on the PDL.
        3. At least one agent used to treat chlamydia be preferred.
    - Alpha-Blockers
        1. No motions given.
    - Beta-Blockers & Combinations
        1. At least one agent be available with the indication 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
        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 Modulators and Combinations, ACEIs and ACEI Combinations
        1. At least two ACEIs and two ACEI Combinations be 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 Modulators and Combinations, ARBs and ARB 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 and Combinations, Renin Inhibitors & Renin Inhibitor Combinations
  1. No motions given.
- Lipotropics – Bile Acid Sequestrants, Fibrate, Other
  1. Agents be preferred in each drug class that are capable of being administered through a feeding tube, where available.
- Acne Products, 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)
  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.
- 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, and 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 Agents, Oral and 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.
- Anticoagulant Agents, Oral
  1. At least two DOACs be preferred as a first-line agent.
  2. At least one agent with a lower risk of bleeding be preferred.

3. Just agents with a higher safety profile be preferred.

- Anticoagulant Agents, Parenteral
  1. At least one low molecular weight heparin be preferred as a first line agent.
  2. 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
  2. No motions given.

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

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

J. TANAKA made a motion to adjourn. M. SHARKEY seconded. The motion passed with no audible dissent. The meeting adjourned at 14:58 MST.

By: George Athey, MD
Date: 07/09/2024

Reasonable accommodation 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.