



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

July 8, 2025

1. Call to Order

A quorum being present, D. MORGENSON officially called the meeting to order at 13:01 MT.

2. Roll Call

G. MILLER introduced the MedImpact team who will be managing the October P&T meeting, Mohamed Duklef, RPh and Laureen Biczak, MD.

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
Katie Boudreaux, PharmD (Vice-Chairperson)
Ann Dominguez, MD
Emily Kosiog, PharmD
Thuy McKittrick, PharmD
Daralyn Morgenson, PharmD (Chairperson)
Joel Tanaka, MD

B. Members Excused

Gwen Black, PharmD

C. Members Unexcused

Marisa Sharkey, DO



D. 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 April 8, 2025, meeting.
D. MORGENSON made a motion to approve the minutes. K. BOUDREAUX seconded.

4. Department Updates:

G. MILLER reviewed updates from the April 8, 2025, P&T meeting.

- Buprenorphine, Injectable
- Tetracycline
- PAH Therapies - PDEIs, Endothelin Antagonists, Prostanoids, & Guanylate Cyclase Stimulators
- Statins & Combinations
- Movement Disorder Agents
- Acne Agents, Topical
- Anti-Psoriatics - Oral & Topical
- Immunomodulators, Topical - Atopic Dermatitis, Antineoplastics, & Other Agents
- Anti-Emetics - Oral & Non-Oral
- H. Pylori Treatment
- Proton Pump Inhibitors
- Mass review drug classes
 - Alpha-Blockers
 - Beta-Blockers - Single Agent, Anti-Arrhythmics , & Combinations
 - Calcium Channel Blockers - DHPs & Non-DHPs
 - Angiotensin Converting Enzyme (ACE) Inhibitors & Combinations
 - Angiotensin Receptor Blockers (ARBs) & Combinations
 - Angiotensin Modulators & Combinations, Renin Inhibitors, & Combinations
 - Lipotropics - Bile Acid Sequestrants, Fibrates, & Other Agents
 - Acne Agents - Oral Isotretinoin
 - Rosacea Agents



- Topical Steroids - Low, Medium, High & Very High Potency
- Bile Salts
- Anti-Emetics - Oral & Non-Oral
- GI Motility, Chronic
- Hemorrhoidal, Anorectal, & Related Topical Anesthetic Agents
- Pancreatic Enzymes
- Non-Biologic Ulcerative Colitis - Oral & Rectal
- Anticoagulants - Oral & Parenteral
- Anti-Platelet Agents
- Colony Stimulating Factors
- Erythropoiesis Stimulating Agents

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.
 - 2nd Quarter of 2025
 - 71% approvals and 24% denials, 5% change in therapy
 - Average hold time for the call center for the past quarter was 1 minutes and 55 seconds
 - Average call length was 7 minutes and 48 seconds
 - 28,669 ePAs were initiated, with 71% 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.

Factual Inaccuracy:

E. HAMEL sent a message to the stakeholders via Zoom regarding Factual Inaccuracy. During a Committee meeting, if a stakeholder believes that a factual inaccuracy has been stated by a Committee member, the stakeholder may 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.

1. D. MORGENSON moved to discuss **Antipsychotics - Long-Acting Injectables**. MANDEEP SOHAL from Teva spoke on Uzedly. STEFAN LUFT from Luye Pharma spoke on Erzofri. E. HAMEL reviewed utilization and updates. (1) E. KOSIROG made a motion that at least one agent be preferred with a low risk of weight gain, diabetes, and dyslipidemia. K. BOUDREAUX seconded. The motion passed with no audible dissent. (2) D. MORGENSON made a motion that at least one agent be preferred with a low risk of sedation. E. KOSIROG seconded. The motion passed with no audible dissent. (3) D. MORGENSON made a motion that at least three agents from this class be on the Preferred Drug List. M. ALONZO seconded. The motion passed with no audible dissent. (4) K. BOUDREAUX made a motion that at least two different routes of administration be preferred. M. ALONZO seconded. The motion passed with no audible dissent. (5) K. BOUDREAUX made a motion that at least two agents whose duration of action are two months or longer be preferred. M. ALONZO seconded. The motion passed with no audible dissent.
2. D. MORGENSON moved to discuss **Androgenic Agents - Topical, Injectable, Oral**. No speakers. E. HAMEL reviewed utilization and updates. (1) D. MORGENSON made a motion that at least one product be available as topical and injectable. M. ALONZO seconded. The motion passed with no audible dissent. (2) M. ALONZO made a motion that at least one intramuscular and one subcutaneous injectable be available as a preferred agent. E. KOSIROG seconded. The motion passed with no audible dissent.
3. D. MORGENSON moved to discuss **Contraceptives - Topical**. No speakers E. HAMEL reviewed utilization and updates. (1) E. KOSIROG made a motion that at least one ring and one patch be available as preferred. T. MCKITRICK seconded. The motion passed with no audible dissent. (2) E. KOSIROG made a motion that at least one non-hormonal option be made available as preferred. M. ALONZO seconded. The motion passed with no audible dissent.
4. D. MORGENSON moved to discuss **Bone Resorption Suppression and Related Agents**. No speakers. E. HAMEL reviewed utilization and updates. (1) D.



MORGENSON made a motion that at least one agent for daily, weekly, and monthly dosing be available as well as an agent in liquid form. A. DOMINGUEZ seconded. The motion passed with no audible dissent. (2) E. KOSIROG made a motion that at least two injectable agents be available as preferred. M. ALONZO seconded. The motion passed with no audible dissent. (3) E. KOSIROG made a motion that at least two bisphosphonates that reduce both hip and spine fractures be preferred. D. MORGENSON seconded. The motion passed with no audible dissent.

5. D. MORGENSON moved to discuss **Diabetes Management Classes - Non-Insulins - DPP-4is**. No speakers. E. HAMEL reviewed utilization and updates. (1) E. KOSIROG made a motion that at least one DPP-4 medication is made preferred. A. DOMINGUEZ seconded. The motion passed with no audible dissent.
6. D. MORGENSON moved to discuss **Diabetes Management Classes - Non-Insulins - GLP-1 Analogues**. WESLEY NUFFER from University of Colorado, Skaggs School of Pharmacy & Pharmaceutical Sciences spoke on Semaglutide/Tirzepatide. LOGAN POOLE from Novo Nordisk spoke on Ozempic, Rybelsus, & Wegovy. ANDREW FREEMAN from National Jewish Health spoke on the whole drug class. CHRISTINA R. BRATCHER from Common Spirit, Endocrinology spoke on Ozempic. SARAH GOODPASTER from Common Spirit Mercy, Primary Care spoke on Semaglutide. E. HAMEL reviewed utilization and updates. (1) E. KOSIROG made a motion that at least three GLP-1 extended-release once-weekly products be available as preferred. A. DOMINGUEZ seconded. The motion passed with no audible dissent. (2) E. KOSIROG made a motion that at least one GLP-1 with auto-injector formulation for those with limited dexterity and visual impairment be preferred. D. MORGENSON seconded. The motion passed with no audible dissent. (3) A. DOMINBUEZ made a motion that at least one oral GLP-1 formulation for those with limited dexterity, visual impairment, and unable to use needles be preferred. K. BOUDREAUX seconded. The motion passed with no audible dissent. (4) K. BOUDREAUX made a motion that at least two GLP-1s be available for patients with cardio, renal, metabolic, hepatic, or sleep apnea with or without a diagnosis of diabetes. E. KOSIROG seconded. The motion passed without any audible dissent. (5) E. KOSIROG made a motion that at least one dual agonist be preferred. M. ALONZO seconded. The motion passed with no audible dissent. (6) M. ALONZO made a motion to remove Byetta and Bydureon BCISE as preferred agents due to lack of efficacy and increase adverse events. E. KOSIROG seconded. The motion passed without any audible dissent. (7) M. ALONZO made a motion that at least one GLP-1 extended-release once-weekly agent with a pediatric indication be preferred. D. MORGENSON seconded. The motion passed without any audible dissent.



7. D. MORGENSON moved to discuss **Diabetes Management Classes - Non-Insulin - SGLT-2is**. No speakers. E. HAMEL reviewed utilization and updates. (1) D. MORGENSON made a motion that at least two SGLT-2i agents be preferred that have evidence of cardiometabolic conditions and conditions associated with obesity in patients with or without diabetes. E. KOSIROG seconded. The motion passed without any audible dissent.
8. D. MORGENSON moved to discuss **Growth Hormones**. KATIE PACKARD from Pfizer spoke on Ngenla. E. HAMEL reviewed utilization and updates. (1) M. ALONZO made a motion that at least two agents that can be administered once a week be preferred. E. KOSIROG seconded. The motion passed without any audible dissent. (2) M. ALONZO made a motion that at least one weekly agent that has an indication for both pediatric and adults be preferred. D. MORGENSON seconded. The motion passed with no audible dissent. (3) M. ALONZO made a motion that at least two agents with different active ingredients be preferred. K. BOUDREAUX seconded. The motion passed without any audible dissent.
9. D. MORGENSON moved to discuss **Benign Prostatic Hyperplasia (BPH) Agents**. No speakers. E. HAMEL reviewed utilization and updates. (1) M. MCKITRICK made a motion that at least one agent from each of the 4 categories (alpha-blocker, 5-alpha reductase inhibitors, combinations, PDE inhibitors) be preferred. M. ALONZO seconded. The motion passed without any audible dissent.

Break at 15:14 MT and meeting resumed at 15:24 MT.

10. D. MORGENSON moved to discuss Mass Review Drug Classes and reviewed the rules for Mass Review Drug Classes.
 - Diabetes Management Classes - Insulins and Related Agents (non-long-acting)
 1. At least two agents in pen and vial form be preferred for all classes when available.
 2. For those populations who are self-administering concentrated insulins that a pen be available as preferred.
 3. At least one agent in each class with a pediatric indication be preferred.
 4. At least one agent in each class be preferred for use during pregnancy in a pen formulation.
 - Diabetes Management Classes - Insulins - Long-Acting
 1. At least two long-acting insulin agents be preferred.
 2. If an agent is preferred, all available dosage forms would be considered preferred.
 3. At least one glargine and one degludec product are preferred.
 4. At least two agents with a pediatric indication be preferred.



5. At least one agent in pen formulation that is able to be used for patients with low manual dexterity be preferred with preference for a Flextouch device.
6. At least one ultra long-acting insulin product be preferred.
7. At least one agent with a high dosage formulation be preferred.
- Diabetes Management Classes - Amylin
 1. No motions given
- Diabetes Management Classes - Biguanides
 1. Include as preferred both an extended and immediate release agent.
- Diabetes Management Classes - Meglitinides and Combinations
 1. Keep all products non-preferred.
- Diabetes Management Classes - TZDs and Combinations
 1. At least one TZD agent be preferred.
- Diabetes Management Classes - Hypoglycemic Combinations
 1. Prefer none of the combination products.
- Estrogen Agents, Injectable and Oral/Transdermal
 1. At least one parenteral agent with two-week dosing and one parenteral with one-week dosing be available as preferred due to peak trough concerns for patients.
 2. At least two patches be preferred due to sensitivity with adhesives.
 3. At least one agent be preferred that is a tablet.
- Glucagon Agents
 1. At least one injectable agent that does not have to be reconstituted or refrigerated be preferred
 2. At least one agent with a pediatric indication be preferred.
 3. At least one non-injectable formulation be preferred.
- Phosphate Binders
 1. At least one agent with and without calcium be available.
 2. At least one agent be preferred with a pediatric indication.
 3. At least one agent with and without calcium that can be administered with a feeding tube be available.
- Prenatal Vitamins
 1. An agent with each iron salt form be available as preferred.
 2. Have as many different dosage forms as possible (capsule, softgel, tablet, solution, etc.) preferred.
 3. Prenatal vitamins should be allowed according to FDA-approved indications.
- Anti-Hyperuricemics
 1. At least one medication for acute and maintenance treatment be preferred.
- Overactive Bladder Agents
 1. One immediate-release formulation and one extended-release formulation be preferred.
 2. At least one agent with a pediatric indication be preferred.



3. At least one medication that's available to be given non-orally be preferred.
4. At least two agents for members over 65 that are not on the BEERs list be preferred.

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

G. MILLER announced the next meeting for October 7, 2025.

D. MORGENSON made a motion to adjourn. T. MCKITRICK seconded. The motion passed with no audible dissent. The meeting adjourned at 15:27 MST.

By: _____

Daralyn Morgenson, PharmD, BCPP

Date: 10/7/2025

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.

