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 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
Ann Dominguez, MD
Thuy McKitrick, PharmD
Daralyn Morgenson, PharmD (Vice-Chairperson)
Joel Tanaka, MD

B. Members Excused

Emily Kosirog, PharmD
Marisa Sharkey, DO

C. Staff Present

HCPF Pharmacy Office

Mohamed Duklef, RPh
Greg Miller, PharmD
Jim Leonard, PharmD

Magellan RX Management

Erik Hamel, PharmD
Jessica Bacon

3. Approval of Minutes

G. ATHEY asked for approval of the minutes from the April 9, 2024, meeting. G. BLACK made a motion to approve the minutes. D. MORGENSON seconded. The minutes were approved with no audible dissent.

4. Department Updates:

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

- PAH Therapies
  - PDEIs, Endothelin Antagonists, Prostanoids, & Guanylate Cyclase Stimulators
- Statins & Combinations
- Movement Disorder Agents
- Acne Agents, Topical
- Anti-Psoriatics – Oral & Topical
- Immunomodulators, Topicals
  - Atopic Dermatitis, Antineoplastics, & Other Agents
- Bile Salts
- Anti-Emetics – Oral & Non-Oral
- H. Pylori Treatments
- Proton Pump Inhibitors
- Mass review drug classes
  - Tetracyclines
  - Alpha-Blockers
  - Beta-Blockers & Combinations
  - Calcium Channel Blockers
  - Angiotensin Modulators and Combinations, ACEIs and ACEIs and Combinations
  - Angiotensin Modulators and Combinations, ARBs and ARB Combinations
  - Angiotensin Modulators and Combinations, Renin Inhibitors & Renin Inhibitor Combinations
  - Lipotropics
  - Acne Products, Oral Isotretinoins
  - Rosacea Agents
  - Topical Steroids
    - Low, Medium, High, & Very High Potency
  - GI Motility, Chronic
  - Hemorrhoidal, Anorectal, and Related Topical Anesthetic Agents

- Pancreatic Enzymes
- Non-Biologic Ulcerative Colitis Agents – Oral & Rectal
- Anticoagulant Agents, Oral
- Anticoagulant Agents, 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 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'.
- 2nd Quarter of 2024
  - 72% approvals and 22% denials, 6% change in therapy
  - Average hold time for the call center for the past quarter was 2 minutes and 43 seconds
  - Average call length was 6 minutes and 49 seconds
  - 31,251 ePAs were initiated, with 73% approvals. ePA made up 42% 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 **Antipsychotics, Long-Acting Injectables.** KENNETH

BERRY from Alkermes spoke on Aristada. MANDEEP SOHAL from TEVA spoke on Uzedy. BRAD HARRISON from Otsuka spoke on Abilify Asimtufii. AHARON SOLOMON from Syneos Health spoke on Rykindo. E. HAMEL reviewed utilization and updates. (1) K. BOUDREAUX made a motion that at least one agent be preferred with a low risk of weight gain, diabetes, and dyslipidemia. D. MORGENSON seconded. The motion passed with no audible dissent. (2) K. BOUDREAUX made a motion that at least one agent be preferred with a low risk of sedation. G. ATHEY 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. G. ATHEY seconded. The motion passed with no audible dissent. (4) D. MORGENSON made a motion that at least two different routes of administration be preferred. K. BOUDREAUX seconded. The motion passed with no audible dissent. (5) D. MORGENSON made a motion that at least two agents whose duration of action are two months or longer be preferred. T. MCKITRICK seconded. The motion passed with no audible dissent.

2. G. ATHEY moved to discuss **Androgenic Agents.** No speakers. E. HAMEL reviewed utilization and updates. (1) M. ALONZO made a motion that at least one product be available as topical and injectable. G. BLACK seconded. The motion passed with no audible dissent. (2) G. BLACK made a motion that at least two different gel formulations be preferred. M. ALONZO seconded. The motion passed with no audible dissent.

3. G. ATHEY 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. J. TANAKA seconded. The motion passed with no audible dissent. (2) G. BLACK made a motion that at least one agent from each class be preferred. M. ALONZO seconded. The motion passed with no audible dissent. (3) G. BLACK made a motion that at least two bisphosphonates that reduce hip and spine fractures be preferred. A. DOMINGUEZ seconded. The motion passed with no audible dissent.

4. G. ATHEY moved to discuss **Diabetes Management Agents – Insulins, Long-Acting.** DOOHWAN KIM from Sanofi spoke on Toujeo. E. HAMEL reviewed utilization and updates. (1) M. ALONZO made a motion that at least two long-acting insulin agents be preferred. D. MORGENSON seconded. The motion passed with no audible dissent. (2) G. BLACK made a motion that if an agent is preferred, all available dosage forms would be considered preferred. K. BOUDREAUX seconded. The motion passed with no audible dissent. (3) K. BOUDREAUX made a motion that at least on glargine and one degludec product be preferred. M. ALONZO seconded. The motion passed with no audible dissent. (4) G. ATHEY made a motion that at least two agents with a pediatric indication be preferred. M. ALONZO seconded. The motion passed with no audible dissent. (5) K.

BOUDREAUX made a motion that 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. A. DOMINGUEZ seconded. The motion passed with no audible dissent. (6) M. ALONZO made a motion that at least one ultra long-acting insulin product be preferred. K. BOUDREAUX seconded. The motion passed with no audible dissent. (7) T. MCKITRICK made a motion that at least one agent with a high dosage formulation be preferred. D. MORGENSON seconded. The motion passed with no audible dissent.

5. G. ATHEY moved to discuss **Diabetes Management Agents – Non-Insulins – DPP-4is, GLP-1 Analogues, SGLT2-is.** LOGAN POOLE from NovoNordisk spoke on Ozempic, Rybelsus, and Wegovy. E. HAMEL reviewed utilization and updates. [*DPP-4is*] (1) G. BLACK made a motion that at least one DPP-4 medication is made preferred. T. MCKITRICK seconded. The motion passed with no audible dissent. [*GLP-1 Analogues*] (2) K. BOUDREAUX made a motion that at least two GLP-1 extended-release once-weekly products with an indication of major cardiovascular events (MACE data) be preferred. A. DOMINGUEZ seconded. The motion passed with no audible dissent. (3) K. BOUDREAUX made a motion that at least one GLP-1 with auto-injector formulation for those with limited dexterity or visual impairment be preferred. G. BLACK. The motion passed with no audible dissent. (4) A. DOMINGUEZ made a motion that at least one oral GLP-1 formulation be preferred. T. MCKITRICK seconded. The motion passed with no audible dissent. (5) G. BLACK made a motion that at least two GLP-1s with cardiovascular and renal benefits be preferred. A. DOMINGUEZ seconded. The motion passed with no audible dissent. (6) M. ALONZO made a motion that at least one dual-agonist be preferred. D. MORGENSON seconded. The motion passed with no audible dissent. [*SGLT2-is*] (7) J. TANAKA made a motion that at least two SGLT-2 be preferred that have evidence from cardiovascular, heart failure, and renal benefit in patients with diabetes. M. ALONZO seconded. The motion passed with no audible dissent. (8) G. BLACK made a motion that at least one agent with an indication for heart failure be preferred. M. ALONZO seconded. The motion passed with no audible dissent. (9) A. DOMINGUEZ made a motion that at least one agent with an indication of chronic kidney disease be preferred. K. BOUDREAUX seconded. [*GLP-1 Analogues*] (10) G. BLACK made a motion to remove Byetta as a preferred agent due to its lack of efficacy compared to the other agents. D. MORGENSON seconded.

6. G. ATHEY moved to discuss **Growth Hormones.** PAUL MINER from Ascendis Pharma spoke on Skytrofa. E. HAMEL reviewed utilization and updates. (1) M. ALONZO made a motion that at least one agent that can be administered once a week be preferred. G. ATHEY seconded. The motion passed with no 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. G. BLACK 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. D. MORGENSON seconded. The motion passed with no audible dissent.

7. G. ATHEY moved to discuss **Phosphate Binders.** No speakers. E. HAMEL reviewed utilization and updates. (1) A. DOMINGUEZ made a motion that at least one agent with and without calcium be available. G. ATHEY seconded. The motion passed with no audible dissent. (2) M. ALONZO made a motion that at least one agent be preferred with a pediatric indication. K. BOUDREAUX seconded. The motion passed with no audible dissent. (3) J. TANAKA made a motion that at least one agent with a and without calcium that can be administered with a feeding tube be available. D. MORGENSON seconded. The motion passed with no audible dissent.

Break at 14:56 MT and meeting resumed at 15:12 MT.

8. G. ATHEY moved to discuss Mass Review Drug Classes and reviewed the rules for **Mass Review Drug Classes**.
    - Contraceptives - Topical
        1. At least one ring and one patch be available as preferred.
        2. At least one non-hormonal option be made available as preferred.
    - DMC – 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 – 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.
- 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.
- Benign Prostatic Hypertrophy (BPH) Agents
  1. At least one agent from each of the 4 categories (alpha-blocker, 5-alpha reductase inhibitors, combinations, PDE inhibitors) be preferred.
  2. An agent that can be given through a feeding tube 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. K. BOUDREAUX seconded. The motion passed with no audible dissent.

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

By: _____
Daralyn Morgenson, PharmD, BCPP

Date: _____

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.