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

October 8, 2024

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
Ann Dominguez, MD
Emily Kosirog, PharmD
Thuy McKitrick, PharmD
Daralyn Morgenson, PharmD (Vice-Chairperson)
Marisa Sharkey, DO

B. Members Excused

George Athey, MD (Chairperson)
Katie Boudreaux, PharmD
Joel Tanaka, MD

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

D. MORGENSON asked for approval of the minutes from the July 9, 2024, meeting. D. MORGENSON made a motion to approve the minutes. M. STARKEY seconded. The minutes were approved with no audible dissent.

4. Department Updates:

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

- Antipsychotics, Long-Acting Injectables
- Androgenic Agents
- Bone Resorption Suppression and Related Agents
- Diabetes Management Classes – Insulins, Long-Acting
- Diabetes Management Classes – Non-Insulins
    - DPP-4is, GLP-1 Analogues, SGLT-is
- Growth Hormones
- Phosphate Binders
- Mass review drug classes
    - Contraceptives – Topical
    - Diabetic Management Classes – Insulins – Rapid, Short, Intermediate, Mixtures, Concentrated
    - Diabetes Management Classes – Non-Insulins
        - Amylin, Biguanides, Meglitinides, TZDs, Combinations
    - Estrogen Agents – Oral/Transdermal, Injectable
    - Glucagon, Self-Administered
    - Prenatal Vitamins/Minerals
    - Antihyperuricemics
    - Benign Prostatic Hyperplasia (BPH) Agents
    - Overactive Bladder 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.
- 3rd Quarter of 2024
    - 74% approvals and 20% denials, 6% change in therapy
    - Average hold time for the call center for the past quarter was 2 minutes and 20 seconds

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- Average call length was 7 minutes
- 33,391 ePAs were initiated, with 75% approvals. ePA made up 44% of all PAs initiated

B. M. DUKLEF announced currently open positions for 2024/2025.
- One physician who specializes in the practice of psychiatry
- One pediatric physician
- Two physician of any specialty
- Three pharmacists

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.

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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 **Human Immunodeficiency Virus (HIV) Treatments.** PAUL AMATO from ViiV spoke on Dovato and Rukobia. NATALIE ROSE from Gilead spoke on Biktarvy and Sunlenca. E. HAMEL reviewed utilization and updates. (1) E. KOSIROG made a motion that at least three agents be available for pre-exposure prophylaxis (PrEP) without prior authorization. M. SHARKEY seconded. The motion passed with no audible dissent. (2) T. MCKITRICK made a motion that all first line regimens in DHHS HIV guidelines be preferred without prior authorization. E. KOSIROG seconded. The motion passed with no audible dissent.

2. D. MORGENSON moved to discuss **Hepatitis C Virus Treatments.** NATALIE ROSE from Gilead spoke on Epclusa. E. HAMEL reviewed utilization and updates. [*Direct Acting Antivirals*] (1) D. MORGENSON made a motion that at least one agent with a pediatric indication for 3 years and over be preferred. T. MCKITRICK seconded. The motion passed with no audible dissent. (2) E. KOSIROG made a motion that

preferred medications do not require a prior authorization for treatment naïve patients. M. SHARKEY seconded. The motion passed with no audible dissent. (3) A. DOMINGUEZ made a motion that at least two or more agents appropriate for treating all genotypes be preferred. M. SHARKEY seconded. The motion passed with no audible dissent. [*Single-agent Ribavirin Products*] (4) No motions given.

3. D. MORGENSON moved to discuss **Immune Globulins.** No speakers. E. HAMEL reviewed utilization and updates. (1) D. MORGENSON made a motion that products to cover multiple indications be preferred. E. KOSIROG seconded. The motion passed with no audible dissent. (2) M. SHARKEY made a motion that one preferred product in each route of administration (IV and SQ) be preferred. M. ALONZO seconded. The motion passed with no audible dissent.

4. D. MORGENSON moved to discuss **Methotrexate Products.** No speakers. E. HAMEL reviewed utilization and updates. (1) T. MCKITRICK made a motion that methotrexate be available in different dosage forms and different routes of administration. M. ALONZO seconded. The motion passed with no audible dissent.

5. D. MORGENSON moved to discuss **Newer Hereditary Angioedema (HAE) Products.** SHANNON PAYNE from Biocryst spoke on Orladeyo. E. HAMEL reviewed utilization and updates. (1) D. MORGENSON made a motion that at least one product with a pediatric indication be preferred for both prophylaxis and treatment. M. SHARKEY seconded. The motion passed with no audible dissent. (2) D. MORGENSON made a motion that at least one product with increased safety in members of childbearing potential be preferred. E. KOSIROG seconded. The motion passed with no audible dissent. (3) G. BLACK made a motion that at least one product be preferred for treatment and one product available for prophylaxis per guidelines. D. MORGENSON seconded. The motion passed with no audible dissent. (4) D. MORGENSON made a motion that multiple routes of administration be available as preferred. E. KOSIROG seconded. The motion passed with no audible dissent.

6. D. MORGENSON moved to discuss **Targeted Immune Modulators.** CHRISTINE DUBÉ from AstraZeneca spoke on Fasenra. BRADLEY JONES from Abbvie spoke on Rinvoq and Skyrizi. RACHEL WILLIAMS from Amgen spoke on Otezla. CLAIRE ELSON from Amgen spoke on Tezspire. MANDEEP SOHAL from Teva spoke on Simlandi. MELINDA TURKINGTON from UCB spoke on Bimzelx. E. HAMEL reviewed utilization and updates. (1) D. MORGENSON made a motion that for each indication, at least two agents with different mechanisms of action be preferred. G. BLACK seconded. The motion passed with no audible dissent. (2) G. BLACK made a motion that a patient is not required to fail a second medication of the same mechanism of action prior to initiating a medication of a different mechanism of

action. M. SHARKEY seconded. The motion passed with no audible dissent. (3) M. SHARKEY made a motion that for each indication, at least one agent with a pediatric indication be preferred. M. ALONZO seconded. The motion passed with no audible dissent. (4) T. MCKITRICK made a motion that multiple dosage forms for each indication be preferred. G. BLACK seconded. The motion passed with no audible dissent. (5) D. MORGENSON made a motion that at least one agent that is lower risk for people of childbearing potential be preferred. M. SHARKEY seconded. The motion passed with no audible dissent.

7. D. MORGENSON moved to discuss **Respiratory Agents – Inhaled Beta2 Agonists (Short & Long-Acting), Inhaled Corticosteroids & Combinations, and Phosphodiesterase Inhibitors (PDEIs).** CHRISTINE DUBÉ from AstraZeneca spoke on Airsupra. SHANNON WHITE from Children's Hospital on Corticosteroid Combinations. E. HAMEL reviewed utilization and updates. [*Short and Long-Acting Beta2 Agonists*] (1) No motions given. [*Corticosteroids & Combinations*] (2) G. BLACK made a motion that at least one single agent product from each dose form (MDI, DPI, breath-activated and nebule) be preferred. T. MCKITRICK seconded. The motion passed with no audible dissent. (3) E. KOSIROG made a motion that at least two HFA combination products be available as preferred. D. MORGENSON seconded. The motion passed with no audible dissent. (4) E. KOSIROG made a motion that at least two combination products with formoterol be available as preferred. D. MORGENSON seconded. The motion passed with no audible dissent. (5) A. DOMINIGUEZ made a motion that at least one low-dose combination ICS product with pediatric indications be available in each dosage form. G. BLACK seconded. The motion passed with no audible dissent. (6) A. DOMINGUEZ made a motion that at least one triple combination LABA/LAMA be available as preferred. T. MCKITRICK seconded. The motion passed with no audible dissent. (7) D. MORGENSON made a motion that generic Fluticasone HFA be available as preferred all ages. G. BLACK seconded. The motion passed with no audible dissent. [*Phosphodiesterase Inhibitors*] (8) No motions given.

Break at 14:52 MT and meeting resumed at 15:03 MT.

8. D. MORGENSON moved to discuss Mass Review Drug Classes and reviewed the rules for **Mass Review Drug Classes**.
    - Antibiotics, Inhaled
        1. Multiple agents be available for patients with diagnosis of CF be preferred.
    - Antiherpetic Agents – Oral, Topical
        1. Two or more agents be preferred due to the variability in patient response.
    - Fluoroquinolones, Oral
        1. No motions given.

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- Newer Generation Antihistamines
  1. At least one formulation be available for those that can't swallow pills.
  2. To make available at least two different antihistamine agents.
- Antihistamines/Decongestant Combos
  1. At least one formulation be available for those that can't swallow pills.
  2. To make available at least two different antihistamine agents.
- Intranasal Rhinitis Agents
  1. At least one agent with a pediatric indication be preferred.
  2. At least one non-steroidal agent be preferred.
  3. Scent-neutral formulations be available for those with sensitivities.
- Leukotriene Modifiers
  1. At least one agent with pediatric indication be preferred.
- Epinephrine (self-administered) Products
  1. The product device, ease-of-use, expiration date, and needle protection be considerations when choosing a preferred product.
  2. Products with different preservatives and inactive ingredients be considered when choosing a preferred product.
  3. Consideration for weight appropriate based product be made available as preferred.
- Respiratory Agents, Inhaled Anticholinergics and Combinations
  1. At least one agent from each subclass with a pediatric indication be preferred.
  2. At least one product and one combination product from each subclass be preferred.

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

E. HAMEL announced the next meeting for January 7, 2025.

D. MORGENSON made a motion to adjourn. M. SHARKEY seconded. The motion passed with no audible dissent. The meeting adjourned at 15:05 MST.

By: _____
George Athey, MD

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.