

Pharmacy & Therapeutics Committee (P&T) Meeting

Colorado Department of Health Care Policy & Financing (HCPF)

Date, Time	Tuesday, October 7, 2025	1:00-5:00 PM MST
Location	Virtual via Teams	

Meeting Minutes

1. Call to Order

A quorum being present, **D. Morgenson** officially called the meeting to order at **1:00 PM MST**.

2. Roll Call

Members Present	Members Excused
Members Present <ul style="list-style-type: none"> • Daralyn Morgenson, PharmD (<i>Chair</i>) • Katie Boudreaux, PharmD (<i>Vice Chair</i>) • Gwen Black, PharmD • Thuy McKitrick, PharmD • Ann Dominguez, MD • Emily Kosirog, PharmD • Morgan Alonzo, PharmD 	Members Excused <ul style="list-style-type: none"> • Joel Tanaka, MD
HCPF Staff Present <ul style="list-style-type: none"> • Greg Miller, PharmD • Jim Leonard, PharmD 	Members Not Excused <ul style="list-style-type: none"> • Marisa Sharkey, DO
	MedImpact Healthcare Systems <ul style="list-style-type: none"> • Mohamed Duklef, RPh, MS • Laureen Biczak, DO

3. Old Business

D. Morgenson asked for approval of the minutes of the July 8, 2025, meeting.

K. Boudreaux moved to approve the minutes. **T. McKitrick** seconded. The motion passed unanimously.

G. Miller provided updates from **July 8, 2025, P&T meeting**.

4. New Business

G. Miller reviewed updates from the Prior Authorization Call Center

- 72% approvals, 22% denials, 6% therapy changes
- Average hold time: 2:14 minutes (increase of 19 seconds from Q2)
- Average call length: 7:13 minutes (decrease of 35 seconds from Q2)
- 30,843 ePAs initiated (+2,174 from Q2), representing a 43% share of total PAs

G. Miller reminded the Committee about upcoming term expirations and open positions effective January 2026.

5. Rules

D. Morgenson explained the review process, public comment guidelines, and Committee discussion and recommendations

6. Drug Class Reviews

G. Miller asked for any disclosures for all classes to be reviewed. No disclosures noted

6.1. Epinephrine Products

G. Miller called for speakers. **Kevin Schreur** (ARS Pharmaceuticals) spoke about NEFFY. **G. Miller** noted that written comments about NEFFY were received from **Alexa Jordan** (Asthma and Allergy Foundation of America), **Sofia Goli** (Aspire Allergy), and **Jill Hanson** (Colorado ENT & Allergy). **M. Duklef** reviewed utilization. **D. Morgenson** moved to discuss past motions:

1. The product device, ease of use, expiration date, and needle protection be considered when choosing a preferred product. (**E. Kosirog** moved; **T. McKitrick** seconded)
– *passed unanimously*
2. Products with different preservatives and inactive ingredients be considered when choosing a preferred product. (**Motion Withdrawn**)
3. At least one pediatric product be preferred. (**E. Kosirog** moved; **D. Morgenson** seconded) – *passed unanimously*.

6.2. Hepatitis C Virus Treatments (DAA)

G. Miller called for speakers. **Natalie Rose** (Gilead) spoke about EPCLUSA, and **Mark Harmon** (AbbVie) spoke about MAVYRET. **M. Duklef** reviewed utilization. **D. Morgenson** moved to discuss past motions:

1. At least two agents appropriate for all genotypes should be preferred. (**E. Kosirog** moved; **M. Alonzo** seconded) – *passed unanimously*.
2. At least one agent with a pediatric indication for 3 years and older be preferred. (**E. Kosirog** moved; **D. Morgenson** seconded) – *passed unanimously*.
3. Preferred medications do not require prior authorization for treatment-naïve patients. (**Motion withdrawn**)
4. At least one agent with an indication for acute Hepatitis C be preferred. (**E. Kosirog** moved; **D. Morgenson** seconded) – *passed unanimously*.

No motion was made for the ribavirin products.

6.3. Human Immunodeficiency Virus (HIV) Treatments-Oral

G. Miller called for speakers. **Natalie Rose** (Gilead) spoke about BIKTARVY and YEZSTUGO. **M. Duklef** reviewed utilization. **D. Morgenson** moved to discuss past motions:

1. At least three agents be available for pre-exposure prophylaxis (PrEP) without prior authorization. (**G. Black** moved; **A. Dominguez** seconded) – *passed unanimously*.
2. All first-line regimens in the DHHS HIV guidelines are preferred without prior authorization. (**G. Black** moved; **D. Morgenson** seconded) – *passed unanimously*.

6.4. Immune Globulins

No speakers. **M. Duklef** reviewed utilization. **D. Morgenson** moved to discuss past motions:

1. Products that cover multiple indications be preferred. (**T. McKittrick** moved; **A. Dominguez** seconded) – *passed unanimously*.
2. One preferred product for each route of administration (IV and SubQ) should be available. (**E. Kosirog** moved; **D. Morgenson** seconded) – *passed unanimously*.

6.5. Newer Hereditary Angioedema (HAE) Products

G. Miller called for speakers. **Jeff Martin** (BioCryst) spoke about ORLADEYO. **G. Miller** noted that we received a written comment from **Daniel Soteres, MD** (Asthma & Allergy Associates) on EKTERLY. **M. Duklef** reviewed utilization. **D. Morgenson** moved to discuss past motions:

1. At least one product with a pediatric indication is preferred for both prophylaxis and treatment. (**D. Morgenson** moved; **K. Boudreaux** seconded) – *passed unanimously*.
2. At least one product with increased safety in members of childbearing potential be preferred. (**D. Morgenson** moved; **K. Boudreaux** seconded) – *passed unanimously*.
3. At least one product be preferred for treatment and one product available for prophylaxis per guidelines. (**G. Black** moved; **T. McKittrick** seconded) – *passed unanimously*.
4. Multiple routes of administration, including an oral option, be available as preferred. (**K. Boudreaux** moved; **D. Morgenson** seconded) – *passed unanimously*.

6.6. Respiratory Agents

G. Miller called for speakers. **Christine Dube** (AstraZeneca) spoke about AIRSUPRA. **Alex Jones** (Verona Pharma) spoke about OHTUVAYRE. **G. Miller** noted that we received a written comment from **Catherine Clark** (Children's Hospital of Colorado) regarding respiratory agents used for asthma.

- a. Inhaled Beta-2 Agonists (short- and long-acting)**— **M. Duklef** reviewed the utilization. No motion was made
- b. Inhaled Corticosteroids and Combinations**
M. Duklef reviewed utilization. **D. Morgenson** moved to discuss past motions:
 1. At least one single-agent product from each dosage form (MDI, DPI, breath-activated, and nebulizer) be preferred. (**E. Kosirog** moved; **G. Black** seconded) – *passed unanimously*.
 2. At least two HFA combination products be available as preferred. (**T. McKittrick** moved; **G. Black** seconded) – *passed unanimously*.
 3. At least two combination products with formoterol be available as preferred. (**E. Kosirog** moved; **M. Alonzo** seconded) – *passed unanimously*.
 4. At least one low-dose combination inhaled corticosteroid product with pediatric indications be available in each dosage form. (**G. Black** moved; **M. Alonzo** seconded) – *passed unanimously*.
 5. At least one triple combination (LABA/LAMA/ICS) be available as preferred. (**T. McKittrick** moved; **D. Morgenson** seconded) – *passed unanimously*.
 6. Generic Fluticasone be available as preferred for all ages. (**Motion withdrawn after discussion due to resolved supply issues.**)
- c. Inhaled Anticholinergics and Combinations**
D. Morgenson moved to discuss past motions:
 1. At least one agent from each subclass with a pediatric indication be preferred. (**D. Morgenson** moved; **T. McKittrick** seconded) – *passed unanimously*.
 2. At least two products and two combinations of products from each subclass should be preferred. (**D. Morgenson** moved; **G. Black** seconded) – *Passed unanimously*.
- d. Phosphodiesterase Inhibitors**— No motion was made.

6.7. Targeted Immune Modulators

G. Miller called for speakers. **Dave Miley** (Teva Pharmaceuticals) spoke about SELARSDI and SIMLANDI. **Carla McSpadden** (Galderma) spoke about NEMLUVIO. **Rachel Williams** (Amgen) spoke about TEZSPIRE. **Valerie Ng** (LEO Pharma) spoke about ADBRY. **Julie Vandaveer** (Johnson & Johnson) spoke about TREMFYA. **Mark Harmon** (AbbVie) spoke about RINVOQ and SKYRIZI. **Christine Dubé** (AstraZeneca) spoke about FASENRA. **Jen Leung** (Incyte) spoke about OPZELURA. **Kevin Chang** (Sanofi) spoke about DUPIXENT. **G. Miller** noted that we received a written comment

from **Elizabeth Lubelczyk** (Eli Lilly and Company) regarding EBGLYSS and OMVOH. **M. Duklef** reviewed utilization. **D. Morgenson** moved to discuss past motions:

1. For each indication, at least two agents with different mechanisms of action be preferred. (**D. Morgenson** moved; **K. Boudreaux** seconded) – *passed unanimously*.
2. A patient is not required to fail a second medication with the same mechanism of action prior to initiating a medication with a different mechanism of action. (**E. Kosirog** moved; **D. Morgenson** seconded) – *passed unanimously*.
3. For each indication, at least one agent with a pediatric indication and an available dosage form is preferred. (**E. Kosirog** moved; **D. Morgenson** seconded) – *passed unanimously*.
4. Multiple dosage forms for each indication be preferred. (**D. Morgenson** moved; **K. Boudreaux** seconded) – *passed unanimously*.
5. At least one agent with a lower risk for people of childbearing potential is preferred. (**E. Kosirog** moved; **D. Morgenson** seconded) – *passed unanimously*.

G. Miller introduced the mass review classes. **D. Morgenson** instructed the committee to take approximately 10 minutes to review these classes and determine whether any should be pulled out for further discussion or approved as presented.

Break at 3:15 PM MST, and the meeting resumed at 3:25 PM MST.

7. Mass Review

- Antibiotics – Inhaled
 - Multiple agents be available for patients with diagnosis of CF be preferred.
- Antiherpetic Agents – Oral and Topical
 - Two or more agents be preferred due to the variability in patient response.
- Antihistamine/Decongestant Combinations
 - At least one formulation be available for those that can't swallow pills.
 - To make available at least two different antihistamine agents.
- Fluoroquinolones – Oral
 - No motions given.
- 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
 - At least one agent with pediatric indication be preferred.
- Methotrexate Products
 - Methotrexate be available in different dosage forms and different routes of administration.
- Newer Generation Antihistamines
 - At least one formulation be available for those that can't swallow pills.
 - To make available at least two different antihistamine agents.

D. Morgenson made a motion to approve the mass review drug classes. **G. Black** seconded. The motion passed unanimously.

8. Adjourn

Motion to adjourn the meeting. (**D. Morgenson** moved; **K. Boudreaux** seconded) – passed unanimously. Meeting adjourned at 3:27 PM MST

G. Miller announced the next meeting on **January's 6th 2026**



X *Daralyn Morgenson* PharmD, BCPP
Daralyn Morgenson, PharmD, BCPP



Date: 1/5/2026

Accessibility

Reasonable accommodations will be provided upon request. Auxiliary aids and services for individuals with disabilities and language services for individuals whose first language is not English may be provided upon request. Please notify the 504/ADA Coordinator at hcpf504ada@state.co.us at least one week prior to the meeting to make arrangements.