



COLORADO
Department of Health Care
Policy & Financing

Drug Utilization Review Board
Health First Colorado, Colorado’s Medicaid program

MEETING AGENDA
February 11, 2025

Open Session 1:00 pm to 5:00 pm

Zoom Link will be posted prior to the meeting at
<https://www.colorado.gov/pacific/hcpf/drug-utilization-review-board>

<p><u>DUR Board Members</u></p> <p>Brian Jackson, MD, MA (Chair) Liza Claus, PharmD (Vice Chair) Marshal Ash, DO Todd Brubaker, DO Shilpa Klocke, PharmD Kenneth MacIntyre, DO Ingrid Pan, PharmD Mary Shefchyk, MBA</p>	<p><u>DUR Team</u></p> <p>Jeffrey Taylor, PharmD (HCPF) Veronia Garcia, PharmD (HCPF) Rachele Poissant, PharmD (HCPF) Julia Rawlings, PharmD (CO-DUR) Robert L Page II, PharmD, MSPH (CO-DUR) Gina Moore, PharmD, MBA (CO-DUR) Heather Anderson, PhD (CO-DUR) Garth Wright, MPH (CO-DUR) Mouna Dardouri, PharmD, MPH, PhD student (CO-DUR)</p>
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1. Call to Order
2. Roll Call and Introductions
3. Virtual Meeting Information, General Announcements, Board Chair and Vice-Chair Elections
4. Colorado Department of Health Care Policy and Financing Updates
5. Final Approval of Minutes from the November 12, 2024 Meeting
6. Reading of Rules for Public Testimony and Disclosure of Conflicts of Interest
Presentations:
 - Agenda items must be approved in advance, including requests to present information. Please contact DUR Pharmacist Jeffrey Taylor at jeffrey.taylor@state.co.us
 - Anyone wishing to provide testimony must contact the DUR Pharmacist at least 24 hours prior to the start of the meeting
7. Clinical Updates and General Orders
 - a. FDA Safety Communications
 - b. FDA New Product Update
 - c. Quarterly Module Summaries
 - d. Retrospective DUR Reports
 - e. Quarterly Drug Utilization Reports

8. New Business (open for public testimony and DUR Board review)

A. Proposed Coverage Criteria for Preferred Drug List (PDL) Drug Classes

(Current PDL available for reference at <https://hcpf.colorado.gov/pharmacy-resources#PDL>)

- Non-Opioid Analgesia Agents
 - Oral
 - Topical
- Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)
 - Oral
 - Non-Oral
- Opioids
 - Short-Acting
 - Long-Acting
- Anticonvulsants, Oral
- Anti-Parkinson's Agents
- Newer Generation Antidepressants
- Atypical Antipsychotics
 - Oral
 - Long-Acting Injectables
- Calcitonin Gene-Related Peptide Inhibitors (CGRPis)
- Stimulants and Related Agents

Mass review drug classes*

- Opioids, Fentanyl Preparations (buccal, transmucosal, sublingual)
- Monoamine Oxidase Inhibitors (MAOIs)
- Tricyclic Antidepressants (TCAs)
- Benzodiazepines, Non-Sedative Hypnotic
- Anxiolytics, Non-Benzodiazepine
- Lithium Agents
- Neurocognitive Disorder Agents
- Sedative Hypnotics
- Skeletal Muscle Relaxants
- Triptans, Ditans and Other Migraine Treatments
 - Oral
 - Non-Oral
- Multiple Sclerosis Therapies
 - Disease Modifying
 - Symptom Management
- Ophthalmics, Allergy
- Ophthalmics, Immunomodulators
- Ophthalmics, Anti-Inflammatories
- Ophthalmics, Glaucoma
- Ophthalmics, Allergy

**Proposed criteria for drug classes designated for mass review will not be read aloud at the time of DUR Board review, as there are no proposed changes to criteria currently implemented for these designated classes. The DUR Board may determine if designated mass review drug classes will undergo full review, based on board vote.*

B. Proposed Coverage Criteria for Non-PDL Products Managed Under the Pharmacy Benefit

(Current coverage criteria for non-PDL products can be referenced on Appendix P at <https://hcpf.colorado.gov/pharmacyresources#PDL> for the pharmacy benefit and on Appendix Y at <https://hcpf.colorado.gov/physician-administered-drugs> for the medical benefit. Products listed below that are undergoing initial review of newly proposed criteria will not be listed on the posted documents until such time that proposed criteria undergoes review and finalization)

- **Zepbound** (tirzepatide) - Pharmacy benefit coverage of OSA-related indication only
- **Alyftrek** (vanzacaftor/tezacaftor/deutivacaftor) - Pharmacy benefit
- **Piasky** (crovalimab) - Pharmacy and medical benefits
- **Vyalev** (foscarbidopa/foslevodopa) - Pharmacy benefit
- **Yorvipath** (palopegteriparatide) - Pharmacy benefit
- **Vabysmo** (faricimab) - Medical benefit
- **Lucentis** (ranibizumab) - Medical benefit
- **Beovu** (brolucizumab) - Medical benefit
- **Sofdra** (sofipironium) - Pharmacy benefit
- **Clemastine syrup** - Pharmacy benefit

9. Adjournment

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 or send an email to hcpf504ada@state.co.us at least one week prior to the meeting to make arrangements.

Improving health care equity, access, and outcomes for the people we serve while
saving Coloradans money on health care and driving value for Colorado.
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