



COLORADO
 Department of Health Care
 Policy & Financing

**Drug Utilization Review Board
 MEETING AGENDA**

November 8, 2022

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>

Health First Colorado, Colorado’s Medicaid program

| DUR Board Members | DUR Team |
|-----------------------------------|---|
| Alison Shmerling, MD, MPH (Chair) | Jeffrey Taylor, PharmD (HCPF) |
| Liza Claus, PharmD (Vice Chair) | Rachele Poissant, PharmD (HCPF) |
| Todd Brubaker, DO | Veronia Guirguis-Garcia, PharmD (HCPF) |
| Brian Jackson, MD, MA | Julia Rawlings, PharmD (CO-DUR) |
| Shilpa Klocke, PharmD | Robert L Page II, PharmD, MSPH (CO-DUR) |
| Patricia Lanius, BSPHarm, MHA | Gina Moore, PharmD, MBA (CO-DUR) |
| Kenneth MacIntyre, DO | Heather Anderson, PhD (CO-DUR) |
| Ingrid Pan, PharmD | Garth Wright, MPH (CO-DUR) |
| | Nicholas Mendola, MPH (CO-DUR) |

1. Call to Order
2. Roll Call and Introductions
3. Virtual Meeting Information and General Announcements
4. Colorado Department of Health Care Policy and Financing Updates
5. Final Approval of Minutes from the August 9, 2022 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

- FDA New Product & Safety Updates
- Quarterly Module Summaries
- Retrospective DUR Reports
- Quarterly Drug Utilization Reports



COLORADO

Department of Health Care Policy & Financing

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>)

- Hepatitis C Virus Treatments
 - Direct Acting Antivirals
 - Other Agents
 - Ribavirin
- Human Immunodeficiency Virus (HIV) Treatments
- Intranasal Rhinitis Agents
- Targeted Immune Modulators
 - Rheumatoid Arthritis
 - Polyarticular Course Juvenile Idiopathic Arthritis
 - Ankylosing Spondylitis
 - Psoriatic Arthritis
 - Plaque Psoriasis
 - Crohn's Disease
 - Ulcerative Colitis
 - Asthma
 - Atopic Dermatitis
 - Other indications
- Asthma, Other Agents
- Newer Hereditary Angioedema (HAE) Products

Mass review drug classes*

- Antibiotics, Inhaled
- Antiherpetic Agents - Oral, Topical
- Fluoroquinolones, Oral
- Immune Globulins
- Antihistamines
- Newer Generation Antihistamine/Decongestant Combinations
- Leukotriene Modifiers
- Methotrexate Products
- Epinephrine Products
- Respiratory Agents
 - Inhaled Anticholinergics & Combinations
 - Inhaled Beta2 Agonists (Short & Long Acting)
 - Inhaled Corticosteroids & Combinations
 - Phosphodiesterase Inhibitors (PDEIs)

* 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.



COLORADO

Department of Health Care
Policy & Financing

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

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

- Cimzia (certolizumab pegol)
- Skyrizi (risankizumab-rzaa) IV formulation
- Radicava (edaravone)

C. Proposed Coverage Criteria for Non-PDL Physician Administered Drug Products Managed Under the Pharmacy Benefit and Medical Benefit (J-Codes listed for medical benefit management)

(Current Appendix Y available for reference at <https://hcpf.colorado.gov/physician-administered-drugs>. Current Appendix P available for reference at <https://hcpf.colorado.gov/pharmacy-resources#PDL>)

- J1602 Simponi (golimumab) IV formulation
- J3357/J3358 Stelara (ustekinumab) IV and subcutaneous formulations
- J0129 Orencia (abatacept)
- J2356 Tezspire (tezepelumab-ekko)
- J1427 Viltepso (viltolarsen)
- J0224 Oxlumo (lumasiran)
- J1428 Exondys 51 (eteplirsen)
- J1429 Vyondys 53 (golodirsen)

D. Review of Proposed Changes to “High Cost Claims” Prior Authorization

E. Review of Maximum Dose for Buprenorphine-Containing Products Used to Treat Substance Use Disorder

9. Adjournment

Next meeting date
February 7, 2023
1:00 pm to 5:00 pm

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.