

# 2025 PREFERRED DRUG LIST MEETING SCHEDULE

## State of Montana Department of Public Health & Human Services

### Montana Medicaid Drug Use Review (DUR) Board/Formulary Committee Meeting

The State of Montana Medicaid DUR Board/Formulary Committee will hold a meeting on:

**Date:** May 21, 2025 (Wednesday)

**Time:** 1:00 pm – 5:00 pm Mountain Time

**Location:** This meeting will be conducted by teleconference only. Register in advance for this meeting. After registering, you will receive a confirmation email containing information about joining the meeting. Those wishing to provide public comment must follow the additional instructions provided on page 2 of this agenda. Please note that ALL public comment, including manufacturer presentations, will be in the same public comment period at the beginning of the meeting

<https://events.teams.microsoft.com/event/04844360-864d-4883-adab-ccfc7531d225@1f053f7a-e47d-43fd-9182-8507c9ff10c7>  
[\[events.teams.microsoft.com\]](https://events.teams.microsoft.com)

At this time the Montana Medicaid DUR Board/Formulary Committee will review the following drug classes for Preferred Drug List (PDL) review:

All drugs reviewed pertain to oral drugs unless otherwise indicated.

NI- New information, ND- New Drug, NG-New Generic

The Department will review **GROUP 3** as **NEW** information is known to exist:

- ALZHEIMER'S AGENTS - ND - Zunevyl DR
- ANTICONVULSANTS – NI - Motpoly XR
- ANTIPSYCHOTICS, ATYPICAL – ND - Cobenfy, Erzofri ER
- SUBSTANCE USE DISORDER TREATMENTS – NI - Sublocade

The Department will validate **GROUP 2** Formulary Committee's clinical recommendations, unless manufacturers submit **NEW relevant clinical** information prior to the deadline noted below.

- ANALGESICS, NARCOTICS LONG
- ANTIDEPRESSANTS, OTHER
- ANTIDEPRESSANTS, SSRIs
- ANTIMIGRAINE AGENTS
- ANTIPARKINSON'S AGENTS
- MOVEMENT DISORDERS
- MULTIPLE SCLEROSIS AGENTS
- NEUROPATHIC PAIN
- NSAIDS
- OPHTHALMICS for ALLERGIC CONJUNCTIVITIS
- OPHTHALMIC ANTIBIOTICS
- OPHTHALMIC ANTIBIOTIC-STERIOD COMBINATIONS
- OPHTHALMICS, ANTI-INFLAMMATORIES
- OPHTHALMICS, ANTI-INFLAMMATORY /IMMUNOMODULATOR
- OPHTHALMIC GLAUCOMA AGENTS
- OTIC ANTIBIOTICS
- OTIC ANTI-INFECTIVES & ANESTHETICS
- OTICS, ANTI-INFLAMMATORY
- SEDATIVE HYPNOTICS
- SKELETAL MUSCLE RELAXANTS
- STIMULANTS & RELATED AGENTS
- ANTIHYPERTENSIVES, SYMPATHOLYTICS

**Montana Medicaid  
Department of Public Health and Human Services  
DUR Board/Formulary Committee Meeting  
General Procedures for Public Comment**

**Public Comment** will be permitted on items over which the DUR Board has jurisdiction. The public comment period will be limited to 15 minutes. All persons wishing to speak through the video conferencing platform must notify the Department by submitting their name and topic they wish to speak on via <https://forms.office.com/g/EkPyKbJYTy> by **noon** the day prior to the meeting. Individual comment will be limited to a maximum of 3 minutes per person but may be subject to further limitations depending on the number of speakers (15 minutes divided by total speakers).

Due to time constraints, all persons are encouraged to provide written comment, especially those providing clinical information, to allow the board adequate time to review and research. Please email written comments and/or clinical information, with a statement indicating that it is public comment, to [PDL@mt.gov](mailto:PDL@mt.gov) at least 7 days prior to the meeting. Please limit clinical information to 2 pages and to new information since last review. New peer-reviewed randomized comparative controlled trials or randomized controlled trials with true health outcomes are most helpful. Please do not provide any pricing information. Materials submitted less than 7 days prior to the meeting, in excess of 2 pages, and/or including pricing information will not be included in the board members' meeting packets.

**Note: These procedures may be revised at the discretion of the Department.**