

# PREFERRED DRUG LIST MEETING SCHEDULE

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

## **Montana Medicaid Drug Use Review Board/Formulary Committee** **Meeting**

The State of Montana Medicaid Drug Utilization Review Board/Formulary Committee will hold a meeting on :

**Date:** March 23, 2005 (Wednesday)  
**Time:** 1:00 pm – 4:00 pm Mountain Time  
**Location:** Best Western Helena Great Northern Hotel  
835 Great Northern Blvd, Helena, MT

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

### **Drug Class Reviews**

**All drugs reviewed pertain to oral drugs unless otherwise indicated**

- BIGUANIDE COMBINATION PRODUCTS
- 2<sup>ND</sup> GENERATION CEPHALOSPORINS
- 3<sup>RD</sup> GENERATION CEPHALOSPORINS
- ONYCHOMYCOSIS ORAL AGENTS
- INFLUENZA ANTIVIRAL AGENTS
- ANTIHERPETIC AGENTS
- ERECTILE DYSFUNCTION AGENTS

**Public Testimony** will be taken into consideration in the committee's recommendations as to which drugs should be given preferred status in the above listed classes of medications for the state's Medicaid program. Sign-up for public comment will occur between 12:30pm -12:55 pm outside the Conference Room. See the General Procedures for Public Comment section of this document for further details

*For a complete listing of agents to be discussed, please see the Complete Drug Listing that follows*

**Clinical Information:** Clinical information (in electronic format in PDF in the AMCP style dossier or desired style) may be sent on the drug classes listed above by March 16, 2005 to:

Mark Eichler, Mountain-Pacific Quality Health Foundation,  
Tel: 406-443-4020, ext. 118, [meichler@mpqhf.org](mailto:meichler@mpqhf.org) and cc: [pdl@state.mt.us](mailto:pdl@state.mt.us)

**Note:** This request constitutes a request for information pertaining to peer-reviewed literature including off label peer-reviewed studies or AMCP style - dossiers. Please note that all information sent is subject to public disclosure and that proprietary and confidential material should not be sent and that the sender accepts responsibility for all information sent. All information sent will be posted on a public website for viewing.

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

1. Thirty minutes prior to the beginning of the DUR Board Meeting, a sign up sheet for Public Comment will be posted for Pharmaceutical Manufacturers and Special Interest Groups for each Drug Class to be reviewed.
2. Sign up will close 5 minutes prior to the beginning of the DUR Board Meeting.
3. Speakers will be assigned on a first come basis respective to each Drug Class discussion.
4. Speakers will be asked to present on their corresponding product or interest.
  - a. Public comment will be allowed for up to 10 minutes to present information. However, please be respectful of your other colleagues and also of the Board's time. Please do not take 10 minutes if it is not needed. We are trying to be cognizant of the process and allowing everyone an ample amount of time to present and provide information to the Board. We will continue to monitor this process and make changes as needed to ensure it meets the needs of all the parties involved. The DUR Board Coordinator has the option to end a speaker's comment time if the information is not relevant to the topic of discussion.
  - b. Speakers must state their name, their affiliation, and whom they are speaking on behalf of or on request of, with any funding or payment agreements disclosed. Any studies cited during the presentation should be referenced with the primary source of funding included.
  - c. Handouts are limited to two (2) pages (paper size: 8.5" by 11", one side only) of documentation. Access to computers or other technology presentation devices for slide presentations will not be available during this comment period.
  - d. Public Comment will be limited to clinical and social comments; pricing or financial information regarding products and outcomes will not be permissible. The Board will be utilizing clinical information only. Information regarding pricing, cost or any other information of a financial nature will not be permissible and should not be discussed in handouts or during presentation by any public speaker.
  - e. The speakers presenting handouts are asked to provide at least thirty (30) copies that will be distributed by Foundation staff to the DUR Board members, State staff and for public distribution.
  - f. Copies will be collected by Foundation staff members at the time of sign-up.

- g. The State, FHSC and the DUR Board will be allowed to ask questions if needed during the presentation or after for clarification or discussion. Presenters will only be allowed to answer questions when specifically requested to do so by the Board during the remainder of the meeting.
  - h. It is not permissible for presenters to interject or ask questions to DURBoard members during the session
5. Individual products may only be represented by one presentation. For example, a product jointly ventured by two pharmaceutical companies can only be represented once.

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

Montana Department of Public Health and Human Services  
Drugs to be reviewed on March 23, 2005

**NOTE: this listing is a list of drugs that will be discussed at the next Montana Medicaid DURB/Formulary Meeting. The order of drugs and their grouping within specific clinical classes may vary in presentation**

**BIGUANIDE COMBINATION  
PRODUCTS**

AVANDAMET®

**CEPHALOSPORINS-2<sup>ND</sup>  
GENERATION**

CECLOR®  
CEFACLOR  
CEFUROXIME  
CEFTIN®  
CEFZIL®  
LORABID®  
RANICLOR®

**CEPHALOSPORINS-3<sup>RD</sup>  
GENERATION**

CEDAX®  
CEFPODOXIME  
OMNICEF®  
SPECTRACEF®  
VANTIN®

**ONYCHOMYCOSIS ORAL  
AGENTS**

GRIS-PEG®  
GRIFULVIN®  
GRISEOFULVIN  
FULVICIN®  
LAMISIL®  
SPORANOX®

**ANTIHERPES VIRAL AGENTS**

ACYCLOVIR®  
FAMVIR®  
VALTREX®  
ZOVIRAX®

**INFLUENZA ANTIVIRAL  
AGENTS**

AMANTADINE  
FLUMADINE®  
RELENZA®  
RIMANTADINE  
SYMMETREL®  
TAMIFLU®

**ERECTILE DYSFUNCTION  
AGENTS**

CIALIS®  
LEVITRA®  
VIAGRA®