

**Montana Healthcare Programs Drug Utilization Review Board Agenda  
Hosted by Mountain Pacific Quality Health**

**February 12, 2025**

**1-5 PM**

**Virtual Call Only**

**Register in advance for this meeting:**

**<https://events.teams.microsoft.com/event/194f1b2a-987c-4ddb-8294-9bf1a5ad2b1d@1f053f7a-e47d-43fd-9182-8507c9ff10c7>**

1. Introductions
2. Public Comment- 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/EkPyKbJYTv> by **noon** the day prior to the meeting. Individual comment will be limited to a maximum of 3 minutes per person and is 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.

- Meeting Minutes
  - December DUR Board
- 3. Department Update
- 4. PA Criteria updates:
  - Language/criteria Update
    - Auvelity® initial authorization time change
    - Qelbree® update
    - Eohilia™ discussion
  - New Indication/Formulation
    - Cimzia® new indication and complete update
    - Otezla® new indication and complete update
    - Skyrizi® new indication
    - Vtama® new indication
- 5. New Drugs
  - Erzofri® and Invega Sustenna®, Invega Trinza®, and Invega Hafyera® complete update
  - Nemluvio®
  - Zepbound® (OSA indication)

6. PA Criteria removal or changes
  - Vyndamax™ and Vyndaqel® category removal
7. Discussion on atypical antipsychotic use in pediatrics program
8. Review of Emflaza® place in therapy.