

May 15, 2009

Montana Healthcare Programs Notice

Pharmacies, Physicians, and Mid-Level Practitioners

Latisse® (bimatoprost) Not Covered by Montana Medicaid

Latisse® is prescription medicine with the sole indication of increasing eyelash growth. Medicaid does not cover agents for cosmetic purposes or hair growth.

Xalatan® (latanoprost) and Lumigan® (bimatoprost) will remain as covered products, subject to the Preferred Drug List, when used for the treatment of glaucoma and ocular hypertension. These drugs will not be covered when used for cosmetic purposes.

Any questions regarding this notice can be directed to Wendy Blackwood at (406) 444-2738 or the Medicaid Drug Prior Authorization Unit at (406) 443-6002.

Contact Information

For claims questions or additional information, contact Provider Relations:

Provider Relations toll-free in- and out-of-state: 1-800-624-3958

Helena: (406) 442-1837

E-mail: MTPRHelpdesk@ACS-inc.com

Visit the Provider Information website:

<http://www.mtmedicaid.org>