

January 9, 2007

Montana Medicaid Notice

Physician, Mid-level and Pharmacy Providers

Prior Authorization Addition

Effective immediately, prior authorization will be required for the following medications:

Byetta®

Byetta® (exenatide) is a synthetic peptide that has incretin-mimetic actions and was originally identified in the lizard *Heloderma suspectum*.

The following criteria must be met to allow payment for Byetta®:

- Type 2 diabetes mellitus **and**
- Concomitant use of one of the following medications:
 - metformin,
 - a sulfonylurea,
 - a thiazolidinedione, or
 - a combination of metformin and a sulfonylurea or thiazolidinedione

Emend®

Emend® (aprepitant) is a substance P/neurokinin 1 (NK1) receptor antagonist used in conjunction with other antiemetics to prevent acute and delayed nausea and vomiting associated with highly emetogenic chemotherapy and nausea and vomiting associated with moderately emetogenic chemotherapy.

Emend® will only be authorized with a cancer diagnosis and concomitant antiemetic therapy.

The prescriber (physician, etc.) or pharmacy may submit requests by mail, telephone, or fax to:

Drug Prior Authorization Unit
Mountain Pacific Quality Health Foundation
3404 Cooney Drive
Helena, MT 59602
(406) 443-6002 or (800) 395-7961 (Phone)
(406) 443-7014 or (800) 294-1350 (Fax)

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

Visit the Provider Information website:

<http://www.mtmedicaid.org>