

April 14, 2009

Montana Healthcare Programs Notice

Pharmacy, Physician and Mid-Level Practitioner

Prior Authorization Addition: Lidoderm[®], Voltaren Gel[®], Flector Patches[®]

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

Lidoderm[®], Voltaren Gel[®], Flector Patches[®]

Lidoderm[®]

- Patient must have diagnosis of post-herpetic neuralgia.
- Authorization will be granted for 30 patches initially to determine efficacy.
- Additional authorization may be granted for longer term therapy or larger quantities.
- Other diagnoses may be considered on a case-by-case basis.

Voltaren Gel[®]

- Patient must have diagnosis of osteoarthritis.
- Failure on two oral NSAIDs, one of which must be diclofenac, or have GI contraindication.
- Maximum 10 tubes/month. PA will be granted for one year.

Flector Patches[®]

- Indicated for acute pain due to minor sprains, strains and contusions.
- Failure on two NSAIDs, one of which must be diclofenac, or have GI contraindication.
- Authorization will be granted for 30 patches.

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

E-mail: MTPRHelpdesk@ACS-inc.com

Visit the Provider Information website:

<http://www.mtmedicaid.org>