

April 14, 2009

Montana Healthcare Programs Notice

Pharmacy, Physician and Mid-Level Practitioner

Prior Authorization Addition: Uloric®

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

Uloric®

Uloric® (febuxostat) is a xanthine oxidase (XO) inhibitor indicated for the chronic management of hyperuricemia in patients with gout. Uloric® is not recommended for the treatment of asymptomatic hyperuricemia.

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

- Trial and fail a regimen of allopurinol with or without probenecid, or
- On a case-by-case basis with the following risk factors:
 - Renal insufficiency
 - Specific drug interaction potential
 - Significant risk in using allopurinol as a first line agent

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>

