

December 2, 2009

Montana Healthcare Programs Notice

Pharmacies, Physicians, Mid-Level Practitioners

Prior Authorization for Embeda®

Effective immediately, prior authorization will be required for Embeda®.

Embeda® (extended release morphine sulfate / naltrexone hydrochloride) is a C-II prescription medicine recently approved by the Food and Drug Administration (FDA) for the treatment of chronic pain. The following criteria must be met before prior authorization will be considered for Embeda®:

- Criteria
 - Patient must be 18 years or older.
 - Patient must have a documented history of opioid misuse.
 - No concurrent therapy on any other long- or short-acting opioids, including tramadol.
- Limitations
 - Approved coverage will be limited to twice daily dosing only.

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>