

April 14, 2009

Montana Healthcare Programs Notice

Pharmacy, Physician and Mid-Level Practitioner

Prior Authorization for Ryzolt®

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

Ryzolt®

Ryzolt® (tramadol hydrochloride extended-release tablets) is a centrally acting analgesic composed of a dual-matrix delivery system with both immediate-release and extended-release characteristics. The following criteria must be met to allow payment of Ryzolt®:

- **Criteria**
 - Patient must be 18 years or older.
 - Patient must not be pregnant or nursing.
 - Patient must successfully establish appropriate dose using immediate release tramadol and have a significant compliance or pain control issue necessitating the extended-release product.
- **Limitations**
 - Coverage will only be allowed for once-daily dosing.
 - Maximum daily dose authorized will be 300 mg.
 - Total tramadol dose for concomitant therapy with immediate-release tablets cannot exceed 400 mg daily.

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>