

February 23, 2011

Montana Health Care Programs Notice

Psychiatrist, Physician, Mid-Level Practitioner, Pharmacy, and Community Mental Health Center

Prior Authorization for Abstral®

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

Abstral® (opioid analgesic) has recently been approved by the Food and Drug Administration (FDA) for the management of breakthrough pain in cancer patients 18 years of age or older. The following criteria must be met to allow payment for Abstral®:

- Criteria
 - Patient must be 18 year of age or older.
 - Patient must have a diagnosis of neoplasm/cancer.

- Limitations
 - Initial therapy of >100mcg dose will not be approved.
 - No approval for >8 units/day of any strength.

Due to the risk of misuse, abuse, addiction, and overdose, Abstral® is available only through the Abstral® Risk Evaluation and Mitigation Strategy (REMS) Program. Health care professionals who prescribe to outpatients, outpatients, pharmacies, and distributors must enroll to prescribe, receive, dispense or distribute Abstral®.

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

Drug Prior Authorization Unit
Mountain-Pacific Quality Health
3404 Cooney Drive
Helena, MT 59602
(406) 443-6002 or 1-800-395-7961 (Phone)
(406) 443-7014 or 1-800-294-1350 (Fax)

To request prior authorization, providers must submit a *Request for Drug Prior Authorization* form to the Drug Prior Authorization Unit. This form is on the Provider Information [website](#).

Contact Information

If you have questions regarding this notice, please call Amy Holodnick at (406) 444-2738 or the Medicaid Drug Prior Authorization Unit at (406) 443-6002.

For claims questions or additional information, contact Provider Relations:

1-800-624-3958 (Toll-free in- and out-of-state)

(406) 442-1837 (Helena)

E-mail: MTPRHelpdesk@ACS-inc.com

Visit the Provider Information website:

<http://medicaidprovider.hhs.mt.gov/>