

May 26, 2011

Montana Health Care Programs Notice Physician, Mid-Level Practitioner, and Pharmacy

Effective Immediately

Prior Authorization for Horizant[®], Gralise[®], Daliresp[®] and Sprix[®]

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

Prior Authorization for Horizant[®]

Horizant[®] (gabapentin enacarbil) a prodrug, has recently been approved by the Food and Drug Administration (FDA) for the treatment of restless legs syndrome. The following criteria must be met to allow payment for Horizant[®]:

- **Criteria**
 - Patient has a diagnosis of restless legs syndrome (RLS); and
 - Patient must have had a trial of gabapentin immediate release; and
 - Patient must have a trial or contraindication to one other generic treatment for RLS, either pramipexole or ropinirole.

- **Limitations**
 - Dose is limited to a maximum of 1 tablet (600mg) daily.

Prior Authorization for Gralise[®]

Gralise[®] (gabapentin controlled release) has recently been approved by the FDA for the once-daily treatment of post-herpetic neuropathy. The following criteria must be met to allow payment for Gralise[®]:

- **Criteria**
 - Patient must have a diagnosis of post herpetic neuropathy; and
 - Patient must have had a trial of gabapentin immediate release; and
 - Patient must have had a trial and inadequate response to a tricyclic antidepressant.

- **Limitations**
 - No more than one 300mg tablet daily will be allowed except during the titration period.
 - Maximum allowed total daily dose will be 1800mg.

Prior Authorization for Daliresp[®]

Daliresp[®] (roflumilast) is the first selective phosphodiesterase-4 (PDE4) inhibitor that has recently been approved by the FDA for treatment to reduce the risk of COPD exacerbations with severe COPD associated with chronic bronchitis and a history of exacerbations. The following criteria must be met to allow payment for Daliresp[®]:

- **Criteria**

- Patient must be 18 years of age or older.
- Patients must have a diagnosis of severe COPD with chronic bronchitis and documentation of continued exacerbations in the last 6 months.
- Patient must be currently receiving standard treatment for COPD (i.e., long-acting B-agonists, long-acting anticholinergics, short-acting B-agonists, short-acting anticholinergics).

- **Limitations**

- Dose is limited to a maximum of 1 tablet (500mcg) daily.

Prior Authorization for Sprix[®]

Sprix[®] (ketorolac tromethamine), a potent non-steroidal anti-inflammatory drug (NSAID), has recently been FDA-approved in the adult population for the short-term (up to 5 days) management of moderate to moderately-severe pain that requires analgesia at the opioid level. It is an intranasal formulation of ketorolac, which is currently available generically in both oral and injectable forms. Sprix[®] carries the same black box warning as other formulations of ketorolac relating to bleeding, renal, and cardiovascular risk.

- **Criteria**

- Patient must have had a trial on oral ketorolac and a compelling medical reason which requires an intranasal formulation.

- **Limitations**

- Maximum limit of 1 unit per day, not to exceed 5 units in a 30-day time period.
- Concomitant use of other forms of oral or injectable ketorolac will not be allowed if approved.

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 (800) 395-7961 (Phone)
(406) 443-7014 or (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](#).

If you have questions regarding this notice, call Amy Holodnick (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://medicaidprovider.hhs.mt.gov>