



September 10, 2012

Montana Health Care Programs Notice

Dentist, Mid-Level Practitioner, Pharmacy, Physician, and Podiatrist

Preferred Drug List (PDL) Expansion

Effective September 12, 2012, the Medicaid Preferred Drug List expands in two therapeutic classes: Topical Steroids and Topical Acne Medications. Note that many new medications are added as preferred and non-preferred status.

To view the completed Preferred Drug List, visit the Department's Provider Information website: <http://medicaidprovider.hhs.mt.gov/pdf/current/mtupdatedpdlcurrent.pdf>

Pharmacies and prescribers may submit prior authorization 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) 513-1928 or (800) 294-1350 (Fax)

To request prior authorization, providers must submit the information requested on the *Request for Drug Prior Authorization Form* to the Drug Prior Authorization Unit. This form is on the Provider Information website at <http://medicaidprovider.hhs.mt.gov/pdf/forms/2012/requestfordrugpriorauthorization.pdf>.

If you have questions regarding this provider notice, please contact Dave Campana at (406) 444-5951.

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@xerox.com

Visit the Provider Information website:

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