

December 19, 2012

Montana Health Care Programs Notice

Physician, Mid-Level Practitioner, and Pharmacy

Prior Authorization Requirements for Namenda[®], Natroba[®], Sklice[®], Rayos DR[®], and Sorilux[®]

Effective **January 23, 2013**, prior authorization is required for the drugs listed below. The criteria indicated must be met to allow payment.

Namenda[®] (memantine)

- Prior authorization for Namenda will require a diagnosis of dementia, Alzheimer's disease or other compelling medical need.
- Patients currently on this medication will be grandfathered.

Natroba[®] (spinosad)

- Initial treatment for lice will be with a covered over-the-counter product. If a patient has tried a covered over-the-counter product in the past 30 days and the infestation has not resolved, prior authorization will be given for a prescription product.
- Natroba (spinosad 120g/bottle) will be limited to one bottle for each patient per year.

Sklice[®] (ivermectin)

- Initial treatment for lice will be with a covered over-the-counter product.
- If a patient has tried an over-the-counter product in the past 30 days and the infestation has not resolved, prior authorization will be given for a prescription product.
- Sklice (ivermectin 117g/bottle) will be limited to one bottle for each patient per year.

Rayos DR[®] (prednisone)

- Prior authorization may be approved if patient has had an inadequate response to immediate release prednisone and prescriber has compelling evidence requiring use of this medication.

Sorilux[®] (calcipotriene) and calcipotriene topical products

- Patient is not pregnant.
- Patient does not have hypercalcemia.
- Patient is at least 18 years old.
- Patient has tried a preferred high potency steroid.
- If the above criteria are met, patient must have tried a generic calcipotriene product before Sorilux[®] will be authorized.

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) 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 (<http://medicaidprovider.hhs.mt.gov/pdf/requestfordrugpriorauthorization.pdf>) can be downloaded from the *Forms* page of the Provider Information website.

Contact Information

If you have questions regarding this notice, please contact Dave Campana at (406) 444-5951 or the Medicaid Drug Prior Authorization Unit at (406) 443-6002.

For claims questions or additional information, contact Provider Relations at 1-800-624-3958 (toll-free, in/out of state) or (406) 442-1837 (Helena) or via e-mail at MTPRHelpdesk@xerox.com.

Visit the Provider Information website at <http://medicaidprovider.hhs.mt.gov>.