



September 22, 2014

Montana Health Care Programs Notice

Mid-Level Practitioners, Pharmacy, and Physician Providers

Effective November 12, 2014

Provider Atypical Antipsychotics for Children Ages Six and Under – Prior Authorization Requirement

Effective November 12, 2014, prior authorization will be required for atypical antipsychotics when prescribed for children ages six and under unless prescribed by a Fellowship Trained Pediatric Psychiatrist.

The Department will be utilizing SmartPA to review the new requirements. SmartPA will electronically verify that the prescription:

- Is prescribed by a Fellowship Trained Pediatric Psychiatrist; and
- In instances of new starts, that the day supply is for 15 days or less; and
- Is a preferred product.

If all of these conditions are met, SmartPA will provide the approval for the prior authorization. **Subsequent prescriptions may be filled for more than a 15-day supply.**

If the prescription denies for any reason, the provider may call the Drug Prior Authorization Unit at the telephone number below for prior authorization.

Contact Information

Drug Prior Authorization Unit
Mountain-Pacific Quality Health
3404 Cooney Drive
Helena, MT 59602
406-443-6002 or 1-800-395-7961 (Phone)
406-513-1928 or 1-800-294-1350 (Fax)

If you have any questions regarding this provider notice, please contact Dave Campana, R.Ph., at 406-444-5951 or dcampana@mt.gov, or Katie Hawkins at 406-444-2738 or khawkins@mt.gov, 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 Montana Medicaid Provider Information website at <http://medicaidprovider.hhs.mt.gov>.