March 27, 2015

Montana Health Care Programs Notice

Mid-Levels, Pharmacies, Physicians, and Psychiatrists

Effective April 29, 2015

Initial Prescription Fill Requirements for Attention Deficit Hyperactive Disorder Stimulant Drugs

On April 29, 2015, the Department will adopt a 14-day supply maximum initial fill for all new start Attention Deficit Hyperactive Disorder (ADHD) stimulant drugs and strengths. Subsequent fills of the same molecule and strength will be allowed for a 30-day supply.

Contact Information

If you have any questions regarding this provider notice, please contact Dave Campana, R.Ph. at 406-444-5951 or dcampana@mt.gov, Katie Hawkins at 406-444-2738 or khawkins@mt.gov, or the Medicaid Drug Prior Authorization Unit at 406-443-6002.

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)

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.mt.gov.