

**January 29, 2003**  
**Montana Medicaid Notice**  
**Pharmacy Providers**

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The following changes are effective February 1, 2003.

### **Termination of Coverage for Selected Drugs**

In accordance with federal regulations, the following weight loss agents are no longer covered by Montana Medicaid:

- Fastin, Ionamin (phentermine)
- Meridia (sibutramine)
- Xenical (orlistat)

Clients who had a prior authorization in place for the above medications at the time of this notice will be allowed to continue their course of therapy as long as the criteria for continued coverage is met.

### **Change in Dispensing Limitations**

Past policy has limited prescription quantities to a 34-day or 100-dose supply, whichever is greater. This policy has been changed. Drugs are now limited to a 34-day supply.

### **Prescription Refills**

Prescriptions may be refilled after 75% of the estimated therapy days have elapsed. Refills prior to 75% of the estimated therapy days must be prior authorized by the Drug Prior Authorization Unit. The only circumstance that will allow for early refill is if the prescriber has changed the dosage and the client needs a refill at the new dosage.

### **Prior Authorization Updates**

Viagra (sildenafil) quantity is now limited to one (1) tablet per month.

### **Contact Information**

If you have any questions, please contact Provider Relations 8:00 a.m. - 5:00 p.m. Monday - Friday (Mountain time):

**(800) 624-3958** In state  
**(406) 442-1837** Out of state