

January 29, 2004

Montana Medicaid Notice

Pharmacies, Physicians, and Mid-Level Practitioners

Prior Authorization Additions

Effective February 01, 2004, prior authorization will be required on the following medications.

Actiq Lozenges

Actiq® lozenges, a potent opioid analgesic indicated for management of breakthrough cancer pain, will **only** be authorized for patients with a diagnosis of neoplasm/cancer. The following criteria will apply for approval of Actiq® lozenges.

1. No history of MAOI use within the last 30 days
2. Initial doses greater than 200mcg will not be approved. Initial therapy will be defined as patients not having Actiq therapy in the last 30 days.
3. Non-cancer diagnoses will not be approved
4. Greater usage than 4 units of any strength per day
5. Authorization for existing usage in pain of non-cancer origin will be granted on an individual basis in consultation with the prescriber to prevent withdrawal syndromes.

Prevacid NapraPac

Prior authorization for Prevacid NapraPac®, a combination product containing Prevacid® and Naprosyn®, requires that the patient must have tried and failed concomitant use of Prilosec OTC and Naproxen.

Risperdal Consta

Prior authorization for Risperdal Consta®, a long acting injectable form of Risperdal®, requires that the patient must have tried and failed the oral Risperdal® **or** have documented compliance issues.

Contact Information

Any questions regarding this notice can be directed to Dan Peterson at (406) 444-2738 or the Medicaid Drug Prior Authorization Unit at (406) 443-6002.

Prior Authorizations for the Medicaid Prescription Drug Program can be obtained by calling the Medicaid Drug Prior Authorization unit at (406) 443-6002 or (800) 395-7961

Visit the Provider Information website:

<http://www.mtmedicaid.org>

For claims questions, contact Provider Relations:

Provider Relations in Helena and out-of-state: (406) 442-1837

In-state toll-free: 1-800-624-3958