

May 21, 2008

# Montana Healthcare Programs Notice

## Physicians, Mid-Level Practitioners, and Pharmacies

### Maintenance Medications, Pharmacy Dispensing Fee Increase, and Signature Log Requirements

Effective July 1, 2008

#### Maintenance Medications

Montana Medicaid will allow selected generic maintenance medications to be filled for 100 units or a 90-day supply, whichever is greater. “Maintenance medications” include oral tablet or capsule drugs that:

- have a low probability for dosage or therapy changes due to side effects;
- may be subject to serum drug concentration monitoring or therapeutic response of a course of prolonged therapy (for example, thyroid hormone levels or blood pressure are monitored);
- are used most commonly to treat a chronic disease state. Therapy with the drug is not considered curative or promoting recovery; and
- are administered continuously rather than intermittently.

The Medicaid Drug Utilization Review Board has recommended the following drug classes be considered for maintenance supplies (examples in parentheses):

Heart disease	Diabetes medications	Blood pressure	Women's health	Thyroid
Digitalis glycosides (digoxin, lanoxin)	insulin release stimulant type (glipizide)	Hypotensive, vasodilators (prazosin)	Folic acid preparations	Thyroid hormones (levothyroxine)
Antiarrhythmics (quinidine)	Biguanides (metformin)	Hypotensive, sympatholytic (clonidine)	Prenatal vitamins	
Potassium replacement	alpha-glucosidase inhibitors (acarbose)	ACE inhibitors (lisinopril)	Oral contraceptives	
Thiazide and related diuretics (HCTZ)	insulin release stimulant/biguanide combo	ACE inhibitors/diuretic combos		
Potassium sparing diuretics and combinations (spironolactone)		ACE inhibitor/ Calcium channel blocker combos		
Loop diuretics (furosemide)		Calcium Channel Blockers (diltiazem)		
		Alpha/beta adrenergic blocking agents (carvedilol)		

Heart disease	Diabetes medications	Blood pressure	Women's health	Thyroid
		Alpha adrenergic blocking agents and thiazide combos		
		Beta-adrenergic blocking agents (propranolol)		

Patients must be established on a given dose for two months before a pharmacy considers filling a maintenance supply.

### **Dispensing Fee Increase**

Effective July 1, 2008, the maximum dispensing fee for pharmacy providers will increase to \$4.94. Out of state and new providers will remain at \$3.50, and pharmacies not submitting a cost to dispense survey will remain at \$2.00.

### **Signature Logs**

The requirement for a patient Signature Log is now in ARM 37-86-1105. A provider shall maintain a signature log to act as proof of delivery of prescription drugs. Each recipient, or an individual acting on behalf of the recipient, must sign the log each time a prescription drug is dispensed. For prescription drugs delivered to a nursing facility, the individual charged with ensuring the security of pharmaceutical supplies may sign the log after verifying delivery of all prescription drugs.

### **Contact Information**

Any questions regarding this notice can be directed to Wendy Blackwood at (406) 444-2738 or the Medicaid Drug Prior Authorization Unit at (406) 443-6002. For claims questions or additional information, contact Provider Relations:

**Provider Relations toll-free in- and out-of-state: 1-800-624-3958**

**Helena: (406) 442-1837**

**E-mail: MTPRHelpdesk@ACS-inc.com**

Visit the Provider Information website:

**<http://www.mtmedicaid.org>**