

December 10, 2009

Montana Healthcare Programs Notice

Pharmacies, Physicians, Mid-Level Practitioners

Prior Authorization for Intuniv®

Effective immediately, prior authorization will be required for the following medication:

Intuniv® (guanfacine) extended release tablets have been recently approved by the Food and Drug Administration (FDA) for the treatment of adolescents ages 6-17 who met DSM-IV® criteria for Attention Deficit Hyperactivity Disorder (ADHD). The following criteria must be met to allow payment of Intuniv®:

- **Criteria**
 - Patient must be between 6 years and 17 years of age.
 - Patient must have a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD).
 - Patient must successfully establish appropriate dose using immediate release guanfacine and have significant compliance issues or inadequate response necessitating the extended release product.
- **Limitations**
 - Coverage will be limited to once daily dosing.
 - Maximum dose authorized will be 4mg/day.
 - Dose optimization will apply.

The prescriber (physician, etc.) or pharmacy may submit requests by mail, telephone, or fax to:

Drug Prior Authorization Unit
Mountain Pacific Quality Health Foundation
3404 Cooney Drive
Helena, MT 59602
(406) 443-6002 or (800) 395-7961 (Phone)
(406) 443-7014 or (800) 294-1350 (Fax)

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.

Contact Information

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>