

January 12, 2009

Montana Healthcare Programs Notice

Pharmacy Providers

Refill Too Soon Edit Set to 90 Percent for Gabapentin

Effective February 17, 2009

Clients seeking an early refill of gabapentin must use 90 percent of the days' supply of the medication prior to refilling. For example, a 30-day supply of a medication cannot be refilled prior to the 28th day of therapy.

Requiring 90 percent of the estimated days' supply to be used prior to a refill being authorized will reinforce appropriate prescription use and mitigate the abuses associated with gabapentin.

This should not prohibit clients from receiving a timely refill of their prescriptions, nor should weekends or holidays pose a problem. Pharmacists continue to have the authority to fill a three-day emergency supply of a client's medication by using the Prior Authorization Type Code of 8 on the point of sale system. Admission to a nursing facility or a change in the dose will continue to be an exception to this policy.

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 1-800-395-7961 (Phone)
(406) 443-7014 or 1-800-294-1350 (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>