

April 12, 2011

Montana Health Care Programs Notice

Psychiatrist, Physician, Mid-Level Practitioner, Pharmacy, and Community Mental Health Center

Prior Authorization for Nexiclon XR[®]

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

Nexiclon XR[®] (clonidine) Extended Release tablets and suspension are indicated by the Food and Drug Administration (FDA) for the treatment of hypertension.

- Criteria
 - Patient must have a diagnosis of hypertension.
 - Patient must successfully establish dose using immediate-release clonidine and have significant compliance issues or an inadequate response requiring an extended-release product (tablets or suspension).
- Limitations
 - Patient must have a diagnosis of hypertension.
 - Patient must successfully establish dose using immediate-release clonidine and have significant compliance issues or an inadequate response requiring an extended-release product (tablets or suspension).

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

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

To request PA, providers must submit the information requested on the Request for Drug Prior Authorization Form to the Drug Prior Authorization Unit. This form is on the Provider Information [website](#).

If you have questions regarding this notice, contact Amy Holodnick 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://medicaidprovider.hhs.mt.gov>