

April 12, 2011

# Montana Health Care Programs Notice

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

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### Prior Authorization for Pradaxa<sup>®</sup>

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

Pradaxa<sup>®</sup> (dabigatran etexilate) is indicated by the Food and Drug Administration (FDA) to reduce the risk of stroke and systemic embolism in patients with non-valvular atrial fibrillation. The following criteria must be met to allow payment for Pradaxa<sup>®</sup>.

- Criteria
  - Patient must have a diagnosis of atrial fibrillation; and
  - Patient must have had an adequate trial on warfarin or an adverse event/contraindication to warfarin.
- Limitations
  - Maximum dose authorized will be 2 tablets per day.

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](mailto:MTPRHelpdesk@ACS-inc.com)**

Visit the Provider Information website:

**<http://medicaidprovider.hhs.mt.gov>**