



August 8, 2012

# Montana Health Care Programs Notice Pharmacy and Physician

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Effective July 2, 2012

## Prior Authorization for Eylea<sup>®</sup> Aflibercept Injection

Effective July 2, 2012, prior authorization is required for Eylea<sup>®</sup> Aflibercept Injection as indicated, and Medicaid approval allowed for neovascular age-related macular degeneration. The following criteria must be met to allow payment for Eylea<sup>®</sup> Aflibercept Injection:

- Criteria for approval:
  - Diagnosis of neovascular age related macular degeneration;
  - To be administered by ophthalmologist;
  - Dose is limited to 2 mg every four weeks for three doses, then every eight weeks.

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) 513-1928 or (800) 294-1350 (Fax)**

To request prior authorization, 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 at <http://medicaidprovider.hhs.mt.gov/pdf/forms/2012/requestfordrugpriorauthorization2012.pdf>.

If you have questions regarding this notice, contact Dave Campana at (406) 444-5951 or the Medicaid Drug Prior Authorization Unit.

### Contact Information

If you have questions regarding this notice, please contact Dave Campana at (406) 444-5951. 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@xerox.com](mailto:MTPRHelpdesk@xerox.com)**

Visit the Provider Information website:

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