



October 1, 2014

Montana Health Care Programs Notice

Mid-Level, Physician and Pharmacy Providers

Effective October 27, 2014

Prior Authorization Required for the Antibiotic Sivextro[®] and the New Antifungal Luzu[®]

Effective October 27, 2014, Sivextro[®] oral and infusion products require prior authorization. The Drug Utilization Review Board plans to discuss and consider approval criteria for Sivextro at the meeting on October 15, 2014.

Effective October 27, 2014, the antifungal cream Luzu[®] also requires prior authorization.

Luzu[®] may be approved if the following conditions are met:

- Member is age 18 or older.
- Member has a diagnosis of tinea corporis, tinea cruris, or tinea pedis confirmed by KOH (potassium hydroxide preparation) or cell culture test.
- Member must have tried and failed at least one prescription topical antifungal agent.
 - Examples: clotrimazole, ketoconazole topical, or ciclopirox,

If the prescription denies for any reason, the provider may call the Drug Prior Authorization Unit at the telephone number below for a prior authorization.

Contact Information

Drug Prior Authorization Unit
Mountain Pacific Quality Health
3404 Cooney Drive
Helena, MT 59602
406-443-6002 or 1-800-395-7961 (Phone)
406-513-1928 or 1-800-294-1350 (Fax)

If you have any questions regarding this provider notice, please contact Dave Campana, R.Ph., at 406-444-5951 or dcampana@mt.gov, or Katie Hawkins at 406-444-2738 or khawkins@mt.gov, or the Medicaid Drug Prior Authorization Unit at 406-443-6002.

For claims questions or additional information, contact Provider Relations at 1-800-624-3958 (toll-free, in/out of state) or 406-442-1837 (Helena) or via e-mail at MTPRHelpdesk@xerox.com.

Visit the Montana Medicaid Provider Information website at <http://medicaidprovider.hhs.mt.gov>.