Medication Authorization Changes

Oral and Topical Estrogens

Effective September 13, 2017, grandfathering or allowing non-preferred drugs to be covered without prior authorization, will be removed for non-preferred oral and transdermal estrogens preparations. After this effective date, ALL non-preferred Estrogen claims, including previously grandfathered claims, will require prior authorization. Providers may request coverage of non-preferred Estrogens by contacting the Montana Health Care Programs Drug Prior Authorization Unit at 1-800-395-7961 to obtain a Prior Authorization.

New Drugs Requiring a Prior Authorization

Ilaris® - This drug will deny at the pharmacy as it is a physician administered drug.

Natpara® criteria below is to be reviewed by the Drug Utilization Review Board at an upcoming meeting.
For initiation of therapy: Member must be 18 years old AND
Have a diagnosis of persistent hypoparathyroidism with hypocalcemia AND
Must be prescribed in consultation with an endocrinologist or nephrologist AND
Prior therapy with both calcium and calcitriol (active vitamin D) is ineffective, or not tolerated/contraindicated AND
Parathyroid hormone must be used in conjunction with calcium and calcitriol supplementation AND
Current total serum calcium level corrected must be > 7.5 mg/dl prior to Natpara initiation

Limitations: Initial authorization is for six months, and a maximum of 28 doses per 28 days.

Continuation of Therapy

Medical records (chart notes/lab values) must be provided documenting total serum calcium level is within the lower half of the normal range (approximately 8 - 9 mg/dl - albumin corrected).
Member must continue to take calcium supplementation alone or calcium supplementation with calcitriol.
Medication must be prescribed by or in consultation with an endocrinologist or nephrologist.
This may be reauthorization for 1 year intervals, max 28 doses per 28 days.
New Information

Certain drugs are now being designated in our system as branded generics. Pharmacy processing is accomplished easily by adding a (NCPDP 408-D8) DAW code of 5. Drugs identified as branded generics include Gavilyte, Go-Lytely, Nu-Lytely, some oral contraceptives, SSD Cream, Synthroid, Levoxyl and Nitrostat. If you receive a denial for a branded generic thyroid preparation, you may submit the revised claim with a DAW - 5. Thyroid preparations that do not fit the branded generic designation include Tirosint and some Armour Thyroid products. These formulations will require a DAW - 1 and a Prior authorization.

Around September 15, 2017, many prescription vitamins become designated as OTC’s. The Department has adjusted coding to keep those prescription products that were covered as covered drugs. However, if you see denials related to this, please call the Medicaid Pharmacist or the Pharmacy Officer as noted below.

Contact Information
If you have any questions, please contact:

Medicaid Pharmacist Dave Campana, email dcampana@mt.gov or telephone (406) 444-5951 or Pharmacy Program Officer, Dani Feist, email dfeist@mt.gov or telephone (406) 444-2738.

For additional information, contact Montana Provider Relations at (800) 624-3958 or (406) 442-1837 or email MTPRHelpdesk@conduent.com.

Visit the Montana Healthcare Programs Provider Information website at www.medicaidprovider.mt.gov.