



Provider Notice 13-57

Dear Provider:

Alert: This provider notice contains two effective dates regarding authorization.

Effective for dates of service on and after September 1, 2013, the Medicaid Program of the Health Care Authority (agency) will no longer require prior authorization for **Rectiv®** (*nitroglycerin*) and will add it to the expedited authorization (EA) list as follows:

Product	Code	Criteria
Rectiv® (nitroglycerin)	081	Treatment of anal fissures

A limitation for **Rectiv®** of 30gm every 365 days applies.

Effective for dates of service on and after October 1, 2013, the Medicaid Program of the Health Care Authority (agency) will require authorization for Lamictal/lamotrigine XR.

Note: Authorization will **not** be required for Lamictal/lamotrigine XR, if the medication was paid for by the agency within the last six months.

BC/AL
 Provider Publications Team
 Medicaid Program
 Health Care Authority

NOTE: Please do not reply directly to this Listserv message. If you have feedback or questions, please visit the HCA website at <http://www.hca.wa.gov/medicaid/Pages/contact.aspx>. That way your message can be delivered to the appropriate staff.

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