



# MONTANA HEALTHCARE PROGRAMS NOTICE

March 8, 2018

Physician, Mid-Level, Outpatient Hospital, Federally Qualified Health Center, and Rural Health Clinic Providers

**Effective April 1, 2018**      **Updated**

## Physician Administered Drug Update

Effective April 1, 2018 Montana Healthcare Program will require prior authorization of **Simponi Aria® (golimumab)** and **Entyvio® (vedolizumab)**.

[The entire criteria information and prior authorization form can be found at  
http://medicaidprovider.mt.gov/priorauthorization#260627814-physician-administered-drugs](http://medicaidprovider.mt.gov/priorauthorization#260627814-physician-administered-drugs)

### Contact Information

If you have any questions, please contact:

Physician Program Officer at (406) 444-3995

Hospital Program Officer at (406) 444-7018

FQHC/RHC Program Officer at (406) 444-4834

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

[Visit the Montana Healthcare Programs Provider Information website at www.medicaidprovider.mt.gov.](http://www.medicaidprovider.mt.gov)