



MONTANA HEALTHCARE PROGRAMS NOTICE

August 27, 2019

Pharmacy, Mid-Level, and Physician Providers

Effective July 15, 2019

REVISED FORM

Electronic Prior Authorization Process for Suboxone Films for Medication Assisted Therapy

Beginning July 15, 2019, Montana Healthcare Programs will be implementing a new electronic prior authorization procedure for **buprenorphine/naloxone films only**.

Eligible providers may fill out a one-time form attesting to standard intake procedures for all Montana Healthcare Programs Medication Assisted Treatment (MAT) members. Prescription claims for buprenorphine/naloxone films, written by a provider who has submitted a signed **Provider Attestation for Suboxone for Opioid Substance Use Disorder form** to the department, will have an electronic prior authorization automatically assigned at the pharmacy. Providers who submit this form after July 1, 2019 should follow the current prior authorization process for approximately 2 weeks until the system is updated.

Please note: This procedure is for the **preferred buprenorphine/naloxone films only**. All other buprenorphine products will continue to require a manual prior authorization and submission of a **buprenorphine containing products prior authorization form** located on the provider webpage. Prescriptions that do not meet quantity limits will also require manual prior authorization.

Providers employed by an all-inclusive opioid treatment program (OTP) facility (where medications are billed through the medical benefit) will be excluded from this prior authorization exemption process.

For questions regarding this policy, please contact Shannon Sexauer, PharmD, Medicaid Pharmacist at (406) 444-5951 or Dani Feist, Pharmacy Program Officer at (406) 444-2738.

Contact Information

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)

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

[Visit the Montana Healthcare Programs Provider Information website at <https://medicaidprovider.mt.gov>.](https://medicaidprovider.mt.gov)

**Montana Healthcare Programs
Provider Attestation for Suboxone for Opioid Substance Use Disorder (updated 8/19)**

Please attest that all of the following intake and treatment plan measures are routinely followed for Montana Healthcare Program Members.

Providers who submit this form will no longer have to fill out individual prior authorization request forms for Suboxone films. An electronic PA will be automatically assigned at the pharmacy. Please note: this is for Suboxone films only. Other buprenorphine products will continue to require a manual PA. Providers employed by an all inclusive opioid treatment program (OTP) facility (where medications are billed through the medical benefit) will be excluded from this PA exemption process.

This will go into effect July 15, 2019 or 2 weeks after signed form is received by the department whichever is later. Please continue with the current process until that time.

| | |
|-----------------|---------------------------------|
| Provider Name: | Provider DEA# (X-DEA required): |
| Provider NPI #: | Provider Phone #: |

- 1. Provider attests patient Treatment Plan** includes all of the following (please check) and will be documented in patient chart:
- Patient is 16 years of age or older.
 - Patient assessment/screening supports a diagnosis of **moderate to severe Opioid SUD** (DSM-V Criteria).
 - Behavioral health assessment and engagement in counseling will be recommended. If recommendation accepted, referral assistance will be provided if resources are available. If patient is not ready for change, periodic re-assessment of readiness will occur. Lack of counseling is not a reason to withhold treatment.
 - Proposed monitoring plan includes random pill counts and random urine drug screens (to include drugs of abuse and buprenorphine).
 - Treatment Contract, **including patient’s acknowledgement of his/her understanding of section “B” below**, has been signed by patient. *The department may request a copy of the signed treatment contract at any time.*

Limitations (specific product subject to Preferred Drug List requirements):

A. Quantity Limits:

Ongoing reassessment to establish effective opioid receptor blockade without significant side effects will be performed.

- SUBOXONE film 8 mg/2 mg or 2 mg/0.5 mg: Max 3 films daily. 4mg/1mg: Max 1 film daily. 12mg/3mg: Max 2 films daily.

B. Concurrent opioids, tramadol, or carisoprodol will not be covered with buprenorphine-containing products.

- If a patient subsequently discontinues the buprenorphine-containing product, all opioids, tramadol formulations, and carisoprodol will remain on not-covered status. These medications will require Prior Authorization for any future prescriptions. Approval may be granted short-term for an acute injury, hospitalization, or other appropriate diagnosis *only* after the case is reviewed with the treating provider and the provider prescribing the buprenorphine-containing product.

- 2. Consideration will be made to offer patient a naloxone rescue prescription & education: Yes No**
(Products available without PA are Narcan® nasal spray, naloxone vial for injection, naloxone prefilled syringe for injection)

Signature of Provider: _____ Date: _____

Please complete form and fax to Dani Feist, Pharmacy Program Officer, at: 1-406-444-1861