



MONTANA HEALTHCARE PROGRAMS NOTICE

March 2, 2018

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

Effective Immediately Updated

Physician Administered Drug Update

Kymriah®(tisagenlecleucel) criteria has been updated.

Montana Healthcare Programs require prior authorization for **Fasenra®(benralizumab)** which is currently billed with an unlisted CPT code.

[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 (406) 444-3995
Hospital Program Officer (406) 444-7018
FQHC/RHC (406) 444-4834

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

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