



MONTANA HEALTHCARE PROGRAMS NOTICE

February 14, 2020

Physician, Mid-Level, Outpatient Hospital, CAH, FQHC, and RHC Providers

Effective January 1, 2020

Physician Administered Drug Update

Effective January 1, 2020 Montana Healthcare Program will require prior authorization for the following physician administered drugs:

- Evenity® Romosozumab-aqqg
- Spravato™ esketamine
- Vivitrol® naltrexone
- Zolgensma® onasemnogene abeparvovec-xioi
- Zulresso™ brexanolone

Please note, the Spinraza®(nusinersen) criteria has been updated.

[The new and updated physician administered drug criteria information and prior authorization form can be found at the following website:](#)

<https://medicaidprovider.mt.gov/priorauthorization#260627814-physician-administered-drugs>

Contact Information

Hospital Program Officer, (406) 444-4834

[For claims questions or 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 https://medicaidprovider.mt.gov.](https://medicaidprovider.mt.gov)