



MONTANA HEALTHCARE PROGRAMS NOTICE

July 30, 2021

Outpatient Hospitals, Critical Access Hospitals, Physician and Mid-Level Providers

Effective July 22, 2021

Updated Criteria for ENTYVIO (vedolizumab)

Effective July 22, 2021, Montana Healthcare Programs has updated the criteria for ENTYVIO (vedolizumab) HCPCS J3380. The criteria will be published to the Prior Authorization page (<https://medicaidprovider.mt.gov/priorauthorization>) of the Montana Healthcare Programs Provider Information website.

Prior authorization requests must be submitted electronically through the Qualitrac Portal. If you do not already have access, please access the Mountain-Pacific Quality Health (MPQH) webpage (<https://mpqhf.org/corporate/medicaid-portal-home>) and click on the Portal Registration link in the top right-hand corner, under the Portal Sign In button. The registration process is completed online, and account set up can take up to 5 business days to be finalized. Faxed, mailed, or phoned-in requests will not be accepted.

Contact Information

If you have any questions, please contact:

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.mt.gov/medicaidprovider](https://www.mt.gov/medicaidprovider).