



MONTANA HEALTHCARE PROGRAMS NOTICE

May 9, 2022

CAH, Mid-Level, Outpatient Hospital, Physician, and Psychiatrist Providers

Announcement

REVISED

Physician Administered Drug Prior Authorization Information

Prior Authorization (PA) requirements for Physician Administered Drugs (PADs) should be verified through the Prior Authorization Information section of the Montana Healthcare Programs Provider Information website, not the fee schedule.

Some drugs are billed under unlisted codes, but providers are still required to obtain a PA. If a claim is later found to have paid for the PAD without an approved PA, providers may be audited.

Montana Healthcare Programs has updated the prior authorization (PA) criteria for the drugs listed below.

- Aduhelm™ (aducanumab-avwa) 01/07/2022
- Amondys 45® (casimersen) rev. 03/11/2022
- Evkeeza™ (evinacumab-dgnb) 01/07/2022
- Exondys 51® (eteplirsen) rev. 03/11/2022
- Lemtrada® (alemtuzumab) 01/07/2022
- Prolia® (denosumab) rev. 01/07/2022
- Viltespo® (viltolarsen) 03/11/2022
- Vyepiti® (eptinezumab-jjmr) 01/07/2022
- Vyondys 53® (golodirsen) rev. 03/11/2022
- Xolair® (omalizumab) rev. 01/07/2022

The full list of Physician Administered Drugs is available:

- By selecting the Physician Administered Drugs tab on your provider type page.
- By selecting the Physician Administered Drugs tab on the Prior Authorization Information webpage of the [Provider Information website](https://medicaidprovider.mt.gov/priorauthorization). The direct link to that webpage is <https://medicaidprovider.mt.gov/priorauthorization>.
- By clicking the Prior Authorization button at the top of the provider type webpage.

Contact Information

For claims questions or additional information, contact Montana Provider Relations at (800) 624-3958 or (406) 442-1837 or email Montana Provider Relations Helpdesk.

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