DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES
Mountain Pacific INNOVATING BETTER HEALTH
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Montana Healthcare Programs

Provider Attestation for Sublingual Buprenorphine Products for Opioid Use Disorder

This form is for sublingual buprenorphine products only and is subject to the Preferred Drug List requirements. Injectable formulations and non-preferred sublingual formulations will continue to require manual prior authorization.

Provider attests that the following intake measures are routinely followed for Montana Healthcare Program members.

Providers who submit this form will no longer have to contact the Prior Authorization Call Center to attest to these requirements for individual members. An electronic prior authorization (PA) will be automatically assigned at the pharmacy.

> **Please note:** This process may take up to 2 weeks to be completed. During that time, the provider should contact the Drug Prior Authorization Unit for a temporary PA for individual members or the pharmacy may use the emergency 3-day override. Temporary PAs have the same attestation requirements, including enrollment.

Provider name:	Provider NPI number:
Provider DEA number:	Provider telephone number:

- ☐ Provider is a Montana Healthcare Programs enrolled provider.
- ☐ Member assessment/screening supports a diagnosis of Opioid Use Disorder (DSM-V Criteria). Sublingual buprenorphine products are not FDA approved for pain management alone and are NOT COVERED for that indication.
- ☐ Provider has performed an overdose risk assessment and recommended naloxone if appropriate.

Signature of provider:	Date (mm/dd/yyyy):

Complete and sign the form and fax to
Josh Surginer, Pharmacy Program Officer, at (406) 444-1861.