

Prescribing Medication Assisted Treatment (MAT)

Prescribers

Authorization is required for Washington Apple Health clients to receive some MAT products. Please see drug coverage criteria at <http://chpw.org/for-providers/documents-and-tools/> for a listing of medications and authorization requirements. To request authorization for your patient to receive MAT:

- Go to the drug coverage criteria at <http://chpw.org/for-providers/documents-and-tools/>
- You should familiarize yourself with HCA's requirements for office based substance use disorder treatment prior to prescribing or requesting authorization for MAT.
- Determine whether the drug you will be prescribing requires authorization:
 - **If no:** Client may receive the product without further authorization requirement. For treatment that will exceed six months, please see 'ongoing treatment' below.
 - **If yes:**
 - Select the Medication Assisted Treatment Request form for the drug or dose you will be prescribing. Both you *and your client* must complete and sign this form.
 - Fax the completed form to the pharmacy which will be filling the prescription and dispensing to your patient.
 - Alternately, you may provide the forms to your patient to hand deliver to their pharmacy of choice. The documents MUST be available at the pharmacy for them to request the authorization to dispense MAT.

For ongoing treatment beyond six months:

- If treatment continues for longer than six months, you must complete form HCA 13-333 Medication Assisted Treatment Patient Status form every six months and maintain it in the patient's records for later audit and review by Health Care Authority.
- The requirement to complete and maintain the Medication Assisted Treatment Patient Status applies to all MAT, including those not requiring prior authorization.

Pharmacies

To submit a request for MAT requiring authorization you must:

- Complete the Express Scripts (ESI) Prior Authorization form as you would for any other authorization request.
- As supporting documentation to the ESI Prior Authorization form, attach the Medication Assisted Treatment Request form (13-330, 13-331, or 13-332) completed by the prescriber.
- Fax both documents to ESI at 1-877-251-5896. The ESI Prior Authorization form must be the first document in the fax transmission.
- Authorization requests will not be reviewed until all necessary documents are received by the agency. Please be proactive in obtaining completed forms prior to requesting authorization.