



Prescribing Medication Assisted Treatment (MAT)

Prescribers

Authorization is required for Coordinated Care members to receive some MAT products. Please see the MAT clinical guidelines and coverage limitations under the section titled Medication Assisted Treatment (MAT) at <http://www.coordinatedcarehealth.com/for-providers/pharmacy-program/> for a listing of medications and authorization requirements. To request authorization for your patient to receive MAT:

1. Go to MAT clinical guidelines and coverage limitations under the section titled Medication Assisted Treatment (MAT) at <http://www.coordinatedcarehealth.com/for-providers/pharmacy-program/>.
2. Read *Clinical Guidelines and Coverage Limitations for Medication Assisted Treatment*. You should familiarize yourself with Coordinated Care's requirements for office based substance use disorder treatment prior to prescribing or requesting authorization for MAT.
3. Determine whether the drug you will be prescribing requires authorization:
 - o **If no:** Client may receive the product without further authorization requirement. For treatment that will exceed twelve (12) months, please see 'ongoing treatment' below.
 - o **If yes: (a)** 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.**

(b) Fax the completed authorization form to Coordinated Care's Pharmacy Benefit Manager, Envolve Pharmacy Solutions, at fax number (866)399-0929.

For ongoing treatment beyond twelve months:

- If treatment continues for longer than twelve (12) months, you must complete form **HCA 13-333** Medication Assisted Treatment Patient Status form every twelve (12) months and maintain it in the patient's records for later audit and review by Health Care Authority (HCA).
- The requirement to complete and maintain the HCA 13-333 Medication Assisted Treatment Patient Status applies to all MAT products, including MAT products that do not require prior authorization. You can obtain the HCA 13-333 Medication Assisted Treatment Patient Status form at <https://www.hca.wa.gov/billers-providers/programs-and-services/apple-health-medicare-drug-coverage-criteria>
- Providers are not required to resubmit a Prior Authorization for ongoing treatment beyond twelve (12) months unless the dosing increment increases.

Drug Specific Criteria

Coordinated Care's *Clinical Guidelines and Coverage Limitations for Medication Assisted Treatment (MAT)* and other drug specific criteria can be found under the section titled Medication Assisted Treatment (MAT) at <http://www.coordinatedcarehealth.com/for-providers/pharmacy-program/>.