

Effective October 1, 2018

After completion of this form, please fax to the Empower Healthcare Solutions Medicaid Pharmacy Unit. **Fax: 1-866-546-0484**
For questions call: 1-844-865-7829.

PLEASE PROVIDE BOTH ID NUMBERS					
AR MEDICAID ENROLLED PRESCRIBER PROVIDER ID NUMBER:			BENEFICIARY (PATIENT) MEDICAID BENEFICIARY ID NUMBER:		
FOR PHYSICIAN'S PROGRAM, FOR PHYSICIAN-ADMINISTERED DRUGS PROVIDE THE BILLING PROVIDER MEDICAID ID:					
Prescriber Name:			Beneficiary Name:		
Address:			Address:		
City:	State:	Zip:	City:	State:	Zip:
Phone ()					
FAX ()			Patient's date of birth: / /		
NAME OF PERSON (NURSE OR CLINIC REPRESENTATIVE) TO CONTACT IF THERE IS ADDITIONAL INFORMATION NEEDED FOR PA PROCESSING:					

The MAT DRUG available for this PA request is noted below.

QUANTITY EDITS APPLY

VIVITROL® IM 380 mg (naltrexone), 1 VIAL

BILLING THROUGH PHYSICIAN'S PROGRAM ONLY

- 1. As a condition of coverage or payment for any Medication Assisted Treatment (MAT) DRUG, a minimum of 1 (one) Behavioral Health (BH) counseling session each month is required. The BH counseling must be performed by a licensed clinician experienced in addiction counseling and the BH Agency must be certified by Division of Aging, Adult and Behavioral Health Services (DAABHS). *If your practice doesn't require BH counseling as part of your office-based Opioid Use Disorder or alcohol dependency treatment program, Arkansas Medicaid will not approve a MAT drug.***
- 2. Behavioral Health (BH) Substance Use Disorder (SUD) counseling is now a Medicaid covered benefit.** 12 BH counseling sessions per *state fiscal year* (July – June) are available without an extension of benefits (EOB) and if medically necessary, an EOB may be requested by the BH Agency and additional counseling services may be provided. **The MAT prescribing provider should work with the beneficiary to select a BH counseling agency and contact the selected BH counseling agency to set up the first appointment for the beneficiary.** The 1st 3 BH counseling sessions can occur prior to a Primary Care Physician (PCP) referral. *After the 1st 3 counseling sessions, the beneficiary's PCP must approve a referral from the BH Agency for continued BH counseling sessions* in order for the sessions to continue to be a covered Medicaid service. **The BH counseling requirement is not waived if the beneficiary fails to request his/her PCP to obtain a referral for BH counseling in order for the BH counseling to be a covered Medicaid benefit.** As of the date of this Provider Memo, there are 295 certified BH Agency locations in the state available for BH counseling and all 75 counties are represented. See the Medicaid Pharmacy Program website for the DAABHS list.
- 3. The Medicaid beneficiary is required** by Medicaid to choose a PCP for coordinating and approving care. As a condition of coverage or payment for a MAT DRUG, the beneficiary must agree to work with his/her PCP to obtain required referrals for MAT BH counseling** and other referrals necessary for the MAT prescribing provider. If a PCP has not been assigned, the beneficiary must contact ConnectCare at 1-800-275-1131 and request assistance in choosing a PCP. The MAT Provider or office staff can assist the beneficiary in making the call to ConnectCare for a PCP assignment. For more information regarding the AR Medicaid Beneficiary PCP requirements**, see ARMedicaid website, Beneficiary Information Screen, <https://medicaid.mmis.arkansas.gov/Beneficiary/PCP.aspx>.
- 4. The MAT prescribing provider must provide the name of the certified BH Agency selected, the address of the agency, and the date(s) of the BH counseling appointment(s) when requesting the MAT drug Prior Authorization (PA).**
- 5. The MAT Prescribing Provider must request a referral from the beneficiary's PCP in order to bill the MAT Physician-Administered-Injectable Drug to the Medicaid Physician's Program.**
 - Lack of required documentation, including BH counseling information, and urine drug/alcohol screens, at each PA request will result in denied Prior Authorizations or delayed Prior Authorization approval with a shortened length of approval time.*
 - Submitting attendance to Narcotics Anonymous (NA) or Alcoholics Anonymous (AA) meetings in lieu of BH counseling will only be accepted during time waiting for the first counseling appointment and prescriber must submit the first counseling appointment date.*
 - Attendance at additional NA or AA meetings can be used as a supplement to required BH counseling.*

VIVITROL IM WILL NOT BE REPLACED BY MEDICAID DUE TO IMPROPER STORAGE OR LOST VIALS

VIVITROL IM 380 mg Injection, QUANTITY LIMIT 1 VIAL PER MONTH

See **PAGE-1** regarding **BH counseling requirements** for any drug used for Medication Assisted Treatment (MAT) of substance abuse, including alcohol dependence. **The BH counseling requirement is not waived if the beneficiary fails to request his/her PCP to obtain a referral for BH counseling in order for the BH counseling to be a covered Medicaid benefit.**

For the INITIAL PA request for VIVITROL IM INJECTION, ALL of following are required: (If the beneficiary meets ALL the criteria, the prior authorization will not exceed a 1 month PA)

1. Indicate reason for PA request for VIVITROL IM injection:

Opioid Use Disorder	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Alcohol Dependence	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Mixed Opiate/Alcohol Dependence	YES <input type="checkbox"/>	NO <input type="checkbox"/>

2. If treating Alcohol Dependence, did the beneficiary receive a trial of oral naltrexone?
 - YES
 - NO

3. If treating Alcohol Dependence, provide chart notes to substantiate medical necessity of receiving VIVITROL IM over naltrexone tablets that do not require prior authorization.
4. Provide liver function test results (VIVITROL IM is not approved for Child-Pugh C classification).
5. Provide the current alcohol screen test & urine drug screen (opiates or other drugs) (UDS) test results.
6. Provide a copy of the signed patient-physician contract for Office-Based Treatment (OBT).
7. Provide current chart notes and the treatment plan.
8. Provide the *FIRST APPOINTMENT DATE* for BH COUNSELING, provide the *NAME OF THE SELECTED BH COUNSELING AGENCY* and provide the *ADDRESS OF THAT AGENCY* (see BH Agency list on the Medicaid Pharmacy Program website)

CONTINUATION PA REQUEST for VIVITROL IM INJECTION **ALL of following are required:**
(If the beneficiary meets all of the approval criteria in this section, the prior authorization will be approved for 6 months)

1. Submit ALL chart notes since previous PA approval date, including for current visit;
2. Submit ALL urine drug screen (UDS) test results performed *since previous PA approval date*; **AND** all UDS results must be negative.
3. The following additional information is needed for PA processing:

DOSES GIVEN	PROVIDE ALL DATES OF BH COUNSELING VISITS since previous drug PA approval and INCLUDE NEXT APPOINTMENT DATE	PROVIDE DATES OF ALL VIVITROL IM INJECTIONS GIVEN SINCE LAST PA APPROVAL & NAME OF PERSON GIVING INJECTION	PROVIDE DATE OF NEXT SCHEDULED APPOINTMENT for VIVITROL IM INJECTION
1.			
2.			
3.			
4.			
5.			
6.			
7.			

If the beneficiary does not meet all of the above approval criteria, the PA will not be approved for a 6 month time period; e.g., if the UDS is positive for any type of opiate drug, the approved PA will not exceed 1 month at a time; if the UDS is positive for any non-prescribed legend drug, illicit drug, or for prescribed or non-prescribed marijuana, the approved PA will not exceed 2 months at a time;

Prescriber Signature: _____ **Date:** _____
 Prescriber's original signature required; copied, stamped, or e-signature are not allowed. By signature the prescriber confirms the criteria information above is accurate and verifiable in patient records. Please retain this document in the recipient's medical record as it may be requested for future auditing purposes. Medicaid records should be maintained for a minimum of five (5) years. DMS 0685-13 (R09/09)