

Prescribing Medication Assisted Treatment (MAT)

Prescribers

Authorization is required for Washington Apple Health clients to receive some MAT products. Please see [Clinical Criteria](#) on the [Amerigroup Washington, Inc. Website](#) for a listing of medications and authorization requirements. To request authorization for your patient to receive MAT:

- Go to [Clinical Criteria](#) at [Amerigroup Website](#)
- Read [Clinical Guidelines and Coverage Limitations for Medication Assisted Treatment](#). 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 twelve 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 Amerigroup at 1-844-493-9207.
 - 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 twelve months:

- If treatment continues for longer than twelve months, you must complete form HCA 13-333 Medication Assisted Treatment Patient Status form every twelve 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 Amerigroup *Pharmacy Prior Authorization Form* as you would for any other authorization request.
- As supporting documentation to the *Pharmacy Prior Authorization Form*, attach Medication Assisted Treatment Request Form (13-330 or 13-332) completed by the prescriber.
- Fax both documents to Amerigroup at: 844-493-9207. The *Pharmacy 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 Amerigroup. Please be proactive in obtaining completed forms prior to requesting authorization.

Drug Specific Criteria

The agency's [Clinical Guidelines and Coverage Limitations for Medication Assisted Treatment \(MAT\)](#) and other drug specific criteria can be found on the [Amerigroup Website](#).

Links to Medication Assisted Treatment Request Forms can be found on the [Amerigroup Website](#).