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### Remittance Advice (RA) Message

Title: **MAT Provider Prior Authorization Attestation**

Issue Date: 10/09/2018

Run Length: 10 weeks

Provider Type(s): 001, 002, 003, 005, 008, 020, 021, 033, 034, 051, 054, 056, 070, 107, 108

Message: The Alaska Medicaid DUR Committee has approved a change to the process for oral buprenorphine based products requiring prior authorization; prescribers may choose to continue to request prior authorizations on an individual basis following the initial 28-day period or the prescriber may opt to attest to Alaska MAT standards of care consistent with Federal regulations for the provision of Medication Assisted Therapy for Opioid Use Disorder. The attestation prior authorization will encompass each of the provider's patients' prescriptions for oral buprenorphine based products and can be renewed annually. Prescriptions filled during the prescriber's 12-month authorization period will not require separate individual prior authorizations. Prescribers of office-based opioid treatment wishing to demonstrate compliance with Alaska Medicaid Standards of Care may complete and submit the Provider Attestation and Application for review to Magellan Medicaid administration. The forms can be found at: <http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx>. Fax completed forms back to Magellan Medicaid 888.603.7696. Attesting to meeting the Alaska Medicaid standards of care criteria does not guarantee approval of the application or continued patient prior authorization. Refer to the public notice Alaska Medicaid Pharmacy Update – September 2018 found at: <http://manuals.medicaidalaska.com/docs/pharmacy.htm>.