



Montana Healthcare Programs

Provider Attestation for Suboxone for Opioid Use Disorder

This form is for Suboxone films only. Other buprenorphine products will continue to require a manual prior authorization.

Attest that the following intake measures are routinely followed for Montana Healthcare Program members.

Providers who submit this form will no longer have to contact the Prior Authorization Call Center to attest to these requirements for individual members. An electronic prior authorization (PA) will be automatically assigned at the pharmacy.

Please note: This process may take up to 2 weeks to be completed. During that time, the provider should contact the Drug Prior Authorization Unit for a temporary PA for individual members or the pharmacy may use the emergency 3-day override. Temporary PAs have the same attestation requirements, including enrollment.

Provider Name	Provider DEA Number
Provider NPI	Provider Telephone Number

1. ☐ Provider is a Montana Healthcare Programs enrolled provider.
2. ☐ Patient assessment/screening supports a diagnosis of Opioid Use Disorder (DSM-V Criteria). Suboxone films are not FDA approved for pain management alone and are NOT COVERED for that indication.
3. ☐ Provider has performed an overdose risk assessment and recommended naloxone if appropriate.

Signature of Provider	Date (mm/dd/yyyy)
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Complete and sign the form and fax to Dani Feist, Pharmacy Program Officer, at (406) 444-1861.