

September 28, 2009

Montana Healthcare Programs Notice

Physicians, Mid-Level Practitioners, Pharmacies

Update: SmartPA® Prior Authorization for Synagis®

Attention physicians, mid-level practitioners and public health clinics: The Medicaid Physician Program will no longer reimburse you for Synagis (90378) but will **only reimburse** for the administration of the Synagis. Synagis can be acquired through the Pharmacy Program and administered by you.

The Department has made changes to the Synagis criteria based on new epidemiologic information and guidance from the American Association of Pediatrics: Updated criteria is in boldface below.

Approval Criteria

Montana Medicaid will implement the following SmartPA® criteria for approval of Synagis® claims for the 2009-2010 Respiratory Syncytial Virus (RSV) season.

- Synagis® will be approved during our RSV season from **November 1-April 30. (Epidemiology will be monitored to adjust for seasonal variance)**
- Treatment is being administered at the start or within the RSV season
- <2 years old with chronic lung disease that required treatment in the past 6 months.
- Patients born <28 weeks of gestation* and are currently <1 year of age.
- Patients born between 29 and 32 weeks gestation* and are currently <6 months of age.
- Patients born between 32 and 35 weeks gestation* and are currently <6 months of age if they have two or more risk factors present such as;
 - Child care attendance
 - School-aged siblings
 - Exposure to environmental air pollutants
 - Congenital abnormalities of the airways
 - Severe neuromuscular disease
 - Low birth weight
 - Long distance from hospital care
- <24 months of age with hemodynamically significant cyanotic and acyanotic congenital heart disease.
- Infants younger than 24 months of age with congenital heart disease who most likely are to benefit from immunoprophylaxis such as:

- Those receiving medication to control CHF
- Those with moderate to severe pulmonary hypertension
- Those with cyanotic heart disease
- Children with severe immunodeficiencies who may benefit from prophylaxis. (Subject to clinical/medical review)

If the claim denies for prior authorization and the prescriber or pharmacist wants to pursue obtaining a prior authorization, the prescriber or pharmacy may submit requests by mail, telephone, or fax to:

**Drug Prior Authorization Unit
Mountain Pacific Quality Health Foundation
3404 Cooney Drive
Helena, MT 59602
(406) 443-6002 or (800) 395-7961 (Phone)
(406) 443-7014 or (800) 294-1350 (Fax)**

Any questions regarding this notice can be directed to Wendy Blackwood at (406) 444-2738 or the Medicaid Drug Prior Authorization Unit.

***Weeks gestation calculated by completed weeks of gestation.**

Contact Information

For claims questions or additional information, contact Provider Relations:

Provider Relations toll-free in- and out-of-state: 1-800-624-3958

Helena: (406) 442-1837

E-mail: MTPRHelpdesk@ACS-inc.com

Visit the Provider Information website:

<http://www.mtmedicaid.org>