

November 1, 2011

# Montana Health Care Programs Notice Physician, Mid-Level Practitioners, Pharmacy

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**Effective December 1, 2011**

## **Smart PA<sup>®</sup> Prior Authorization for Synagis<sup>®</sup>**

The Department has made changes to the Synagis<sup>®</sup> criteria based on new epidemiologic information and guidance from the American Association of Pediatrics. **Updated Synagis<sup>®</sup> criteria are attached.**

Synagis<sup>®</sup> (Palivizumab) is covered by Montana Medicaid when billed through a Montana Medicaid participating pharmacy for use during the Montana respiratory syncytial virus (RSV) season **from December 1, 2011 through April 30, 2012.** (However, epidemiology of RSV is monitored to adjust for seasonal variance.)

Medicaid will begin authorizing Synagis<sup>®</sup> on November 15, 2011, for use beginning December 1, 2011. Reimbursement for Synagis<sup>®</sup> is not available until December 1, 2011.

The prescriber (e.g., physician) or pharmacy may submit requests by mail, telephone, or fax to:

**Drug Prior Authorization Unit  
Mountain-Pacific Quality Health  
3404 Cooney Drive  
Helena, MT 59602  
(406) 443-6002 or (800) 395-7961 (Phone)  
(406) 513-1928 or (800) 294-1350 (Fax)**

To request prior authorization, providers must submit the information requested on the *Request for Drug Prior Authorization Form* to the Drug Prior Authorization Unit. This form is on the Provider Information website at <http://medicaidprovider.hhs.mt.gov/pdf/requestfordrugpriorauthorization.pdf>.

If you have questions regarding this notice, contact Dave Campana at (406) 444-5951 or the Medicaid Drug Prior Authorization Unit.

## Montana Medicaid Synagis<sup>®</sup> Criteria 2011-2012\*

Risk Factors	Chronologic Age (Postnatal) at Onset of RSV Season	Maximum Number of Doses
Diagnosis of chronic lung disease in the past 2 years and history of O <sub>2</sub> supplementation, bronchodilators, diuretics, or 3 or more claims for systemic or inhaled corticosteroids in the last 6 months.	< 24 months	5
Diagnosis of hemodynamically significant cyanotic & acyanotic congenital heart disease in the past 2 years and history of drugs to treat CHF, moderate to severe pulmonary HTN, or cyanotic heart disease in the past 45 days.	< 24 months	5
Estimated Gestational Age (EGA) ≤ 28 weeks	< 12 months	5
EGA ≤ 34 6/7 weeks and diagnosis of severe neuromuscular disease or congenital respiratory abnormalities in the past year.	< 12 months	5
EGA = 29–31 weeks 6 days.	< 6 months	5
EGA = 32–34 weeks 6 days and child has <b>one</b> of the following risk factors: sibling younger than 5 years old at home <b>or</b> child attends day care	≤ 3 months	3 doses or until child reaches 90 days of age or season ends (4/30)

\*The administration of Synagis<sup>®</sup> may begin for the 2011–2012 RSV season on December 1, 2011 and ends April 30, 2012. Advance authorizations may be obtained by contacting the Drug Prior Authorization Unit starting November 15.

### 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: [MTPRHeldesk@ACS-inc.com](mailto:MTPRHelpdesk@ACS-inc.com)**

Visit the Provider Information website:

<http://medicaidprovider.hhs.mt.gov>