



October 17, 2012

Montana Health Care Programs Notice

Physician, Mid-Level, and Pharmacy Providers

Smart PA[®] Prior Authorization for Synagis[®]

Effective December 1, 2012

Synagis[®] (Palivuzimab) is covered according to the authorization criteria (see attached) by Montana Medicaid when billed through a Montana Medicaid participating pharmacy for use during the Montana Respiratory Syncytial Virus (RSV) season from **December 1, 2012 through April 30, 2013.** (Epidemiology of RSV is monitored to adjust for seasonal variance.)

Medicaid will begin authorizing Synagis[®] on November 15, 2012, for use beginning December 1, 2012. Reimbursement is not available for Synagis[®] until December 1, 2012.

To request prior authorization, providers must submit a completed *Request for Drug Prior Authorization Form* to the Drug Prior Authorization Unit. The form is available on the Provider Information website at <http://medicaidprovider.hhs.mt.gov/pdf/forms/2012/requestfordrugpriorauthorization2012.pdf>.

If you have questions regarding this provider notice, please contact Dave Campana (406) 444-5951, or the Medicaid Drug Prior Authorization Unit at (406) 443 6002.

Contact Information

For claims questions or additional information, contact Provider Relations at 1-800-624-3958 (toll-free, in/out of state) or (406) 442-1837 (Helena) or via e-mail at MTPRHelpdesk@xerox.com.

Visit the Provider Information website at <http://medicaidprovider.hhs.mt.gov>.

Montana Medicaid Synagis® Criteria 2012–2013

Risk Factors	Chronologic Age (Post-Natal) at Onset of RSV Season	Maximum Number of Doses
Infants and children younger than 2 years who have been treated for chronic lung disease within 6 months of the start of the RSV season.	< 24 months	5
Infants and children younger than 2 years with cyanotic or complicated congenital heart disease.	< 24 months	5
Estimated Gestational Age (EGA) < 29 weeks**	< 12 months	5
EGA \leq 34 6/7 weeks who have either congenital abnormalities of the airway or neuromuscular disease that compromises handling of respiratory secretions.	< 12 months	5
EGA = 29–31 weeks 6 days	< 6 months	5
EGA = 32–34 weeks 6 days & child has one of the following risk factors: Sibling younger than 5 years old at home or child attends daycare.	\leq 3 months	3 doses or until child reaches 90 days of age or season ends (04/30/2013).

*The 2012–2013 RSV season for Montana Medicaid immunization will begin December 1, 2012 and end April 30, 2013. Prior authorization may begin November 15, 2012.

**Modified 12/09/2011 to close the gap between \leq 28 weeks and 29 weeks.