



November 7, 2016

Montana Healthcare Programs Notice

Pharmacy, Physicians, Mid-Levels, In-Patient Hospital, Out-Patient Hospital

Effective December 15, 2016

Smart PA® Prior Authorization for Synagis®

Synagis® (Palivuzimab), a covered product for Montana Medicaid and Healthy Montana Kids/CHIP, is subject to prior authorization criteria, and reimbursement is only authorized during the Montana Respiratory Syncytial Virus (RSV) season from December 15, 2016 through April 30, 2017 by pharmacy reimbursement. **Please note**, that epidemiology of RSV is monitored to adjust for seasonal variance. The criteria below was updated in 2014 to coincide with the American Academy of Pediatrics most recently revised guidelines (2014) for RSV prophylaxis.

Medicaid and Healthy Montana Kids/CHIP will begin authorizing Synagis® on December 15, 2016 electronically through the Smart PA® Point-of-Sale Prior Authorization system. Reimbursement is not available for Synagis® until December 15, 2016. The criteria for approval are outlined below. If a request is denied through the Smart PA® system on or after December 15, please contact the Medicaid Drug Prior Authorization Unit at 1-800.395.7961 to provide additional supporting documentation for review.

MEDICAID SYNAGIS® CRITERIA 2016:

AGE AT ONSET OF RSV SEASON	RISK FACTORS ELIGIBLE FOR APPROVAL
<12 MONTHS (does not include 1 st birthday)	Estimated Gestational Age (EGA)<29 weeks
	EGA < 32 weeks with a diagnosis of CLD in the past 12 months and history of requirement for 21% oxygen for the first 28 days after birth
	Diagnosis of hemodynamically significant acyanotic congenital heart disease in the past 12 months AND history of drugs to treat CHF or moderate to severe pulmonary hypertension in the past 45 days
	Diagnosis of hemodynamically significant cyanotic congenital heart disease in the past 12 months AND prescriber is a pediatric cardiologist.
	Diagnosis of severe neuromuscular disease or congenital respiratory abnormalities (does not include CF) in the past 12 months Patient undergoing cardiac transplantation OR patient is profoundly immunocompromised (e.g. stem cell or organ transplant, chemotherapy, etc) during RSV season
<24 MONTHS (does not include 2 nd birthday)	Diagnosis of chronic lung disease (CLD) in the past 2 years WITH history in past 6 months of O2 supplementation, diuretics, or 3 or more claims for systemic or inhaled corticosteroids
	Patient undergoing cardiac transplantation OR patient profoundly immunocompromised during RSV season

- The 2016-17 season for Montana Medicaid and Healthy Montana Kids/CHIP RSV prophylaxis will run from December 15, 2016 through April 30, 2017.
- Approval will be for 1 dose per month, up to a maximum of 5 doses, during the RSV season.
- Medicaid and Healthy Montana Kids/CHIP will allow one 50mg vial (0.5ml) **OR** one 100mg (1ml) vial. Doses above 100mg will require prior authorization based on patient weight.

Contact Information

If you have any questions regarding this provider notice, please contact Dave Campana, R.Ph. at 406.444.5951 or dcampana@mt.gov, or Katie Hawkins at 406.444.2738 or khawkins@mt.gov, or the Medicaid Drug Prior Authorization Unit at 1.800.395.7961.

Additional information regarding this notice can be obtained from

Drug Prior Authorization Unit
Mountain Pacific Quality Health
3404 Cooney Drive
Helena, MT 59602

406.443.6002 or 1.800.395.7961 (Phone)

406.513.1928 or 1.800.294.1350 (Fax)

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 Montana Healthcare Programs Provider Information website at <http://medicaidprovider.mt.gov/>.