



MONTANA HEALTHCARE PROGRAMS NOTICE

November 7, 2017

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

Effective December 13, 2017

Smart PA® Prior Authorization for Synagis®

Synagis® (Palivizumab) 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 13, 2017 through April 30, 2018.

Montana Medicaid and Healthy Montana Kids/CHIP will begin authorizing Synagis® on December 13, 2017, electronically through the SmartPA® Point-of-Sale Prior Authorization system. Therefore, reimbursement is not available for Synagis® until December 13, 2017. If a request is denied through the SmartPA® system on or after December 13, 2017, please contact the Medicaid Drug Prior Authorization Unit at 1.800.395.7961, to provide additional supporting documentation for review. The criteria for approval is outlined on the second page of this notice.

Please Note: Epidemiology of RSV is monitored to adjust for seasonal variance. The attached criteria was updated in 2014 to coincide with the American Academy of Pediatrics, most recently revised guidelines (2014) for RSV prophylaxis.

Contact Information

If you have any questions, please contact:
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)

Or contact [Dave Campana, R.Ph, email dcampana@mt.gov](mailto:dcampana@mt.gov) telephone (406) 444-5951 or [Dani Feist, email dfeist@mt.gov](mailto:dfeist@mt.gov) telephone (406) 444-2738 or The Medicaid Drug Prior Authorization Unit at 1 (800) 395-7651

[For additional information, contact Montana Provider Relations at \(800\) 624-3958 or \(406\) 442-1837 or email MTPRHelpdesk@conduent.com.](tel:(800)624-3958)

Visit the Montana Healthcare Programs Provider Information website at www.medicaprovider.mt.gov.

MONTANA MEDICAID SYNAGIS® CRITERIA 2017-2018

Risk Factors Eligible for Approval

Age of onset of RSV Season is <12months <i>(does not include 1st birthday)</i>
Estimated Gestational Age (EGA)<29 weeks
EGA < 32 weeks with a diagnosis of Chronic Lung Disease (CLD) in the past 12 months and history of requirement for 21% oxygen for the first 28 days after birth (<i>CLD of prematurity</i>)
Diagnosis of hemodynamically significant acyanotic congenital heart disease in the past 12 months <u>AND</u> 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 <u>AND</u> 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 <u>OR</u> patient is profoundly immunocompromised (e.g. stem cell or organ transplant, chemotherapy, etc.) <u>during RSV season</u>

Age of onset of RSV Season is ≥12months and <24 months <i>(does not include 2nd birthday)</i>
Diagnosis of CLD of prematurity as defined above in the past 2 years <u>WITH</u> history in past 6 months of O2 supplementation, diuretics, or 3 or more claims for systemic or inhaled corticosteroids
Patient undergoing cardiac transplantation <u>OR</u> patient profoundly immunocompromised during RSV season

- The 2017-18 season for Montana Medicaid and Healthy Montana Kids/CHIP RSV prophylaxis will run from December 13, 2017 through April 30, 2018.
- 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.