



MONTANA HEALTHCARE PROGRAMS NOTICE

November 14, 2019

CAH, Hospital Inpatient, Hospital Outpatient, Mid-Levels, Pharmacy, and Physician Providers

Effective December 12, 2019

Prior Authorization Criteria for Synagis®

Synagis® (Palivizumab), a covered product for Montana Healthcare Programs, is subject to prior authorization criteria. Reimbursement is only authorized during the Montana Respiratory Syncytial Virus (RSV) season from December 12, 2019 through April 30, 2020.

Montana Healthcare Programs will begin authorizing Synagis® on December 12, 2019, electronically through the SmartPA Point-of-Sale Prior Authorization system. Therefore, reimbursement is not available for Synagis® until dates of service December 12, 2019 through April 30, 2020. If a request is denied through the SmartPA system on or after the start date of the season, please contact the Medicaid Drug Prior Authorization Unit at 1.800.395.7961. Additional supporting documentation will be required 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 coincides with the American Academy of Pediatrics most recently revised guidelines (2014) for RSV prophylaxis.

Contact Information

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)

Shannon Sexauer, PharmD, Medicaid Pharmacist, email Shannon.Sexauer@mt.gov or telephone (406) 444-5951 or Dfeist@mt.gov or telephone (406) 444- 2738 or Medicaid Drug Prior Authorization Unit at (800) 395-7961

For claims questions or additional information, contact Montana Provider Relations at (800) 624-3958 or (406) 442-1837 or email MTPRHelpdesk@conduent.com.

Visit the Montana Healthcare Programs Provider Information website at <https://medicaidprovider.mt.gov>.

MONTANA MEDICAID SYNAGIS® CRITERIA 2019-2020

AGE AT ONSET OF RSV SEASON	RISK FACTORS ELIGIBLE FOR APPROVAL
<12 MONTHS <i>(does not include 1st birthday)</i>	
	Estimated Gestational Age (EGA)<29 weeks
	EGA < 32 weeks with a diagnosis of Chronic Lung Disease (CLD) and history of requirement for 21% oxygen for the first 28 days after birth (CLD of prematurity).
	Diagnosis of hemodynamically significant acyanotic congenital heart disease 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 AND prescriber is a pediatric cardiologist.
	Diagnosis of severe neuromuscular disease or congenital respiratory abnormalities (does not include CF).
	Patient undergoing cardiac transplantation OR patient is profoundly immunocompromised (e.g. stem cell or organ transplant, chemotherapy, etc.) <i>during RSV season.</i>
≥12 and < 24 MONTHS <i>(does not include 2nd birthday)</i>	
	Diagnosis of CLD of prematurity as defined above 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 <i>during RSV season.</i>

- The 2019-2020 season for Montana Healthcare Programs and Healthy Montana Kids/CHIP RSV prophylaxis will run from December 12, 2019 through April 30, 2020.
- Approval will be for 1 dose per month, up to a **maximum** of 5 doses, during the RSV season.
- Montana Healthcare Programs 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.