



Montana Healthcare Programs Provider Notice

November 1, 2023

CAH, FQHC, Hospital Inpatient, Hospital Outpatient, IHS, Mid-Level, Pharmacy, Physician, RHC, and Tribal 638 Providers

Beyfortus and Synagis Coverage for RSV Prophylaxis

Beyfortus (nirsevimab) is a once yearly injection FDA approved for prevention of Respiratory Syncytial Virus (RSV) for all infants entering their first RSV season and for high-risk children up to 24 months entering their second RSV season.

The CDC Advisory Committee on Immunization Practices (ACIP) and the American Academy of Pediatrics (AAP) are recommending its use for all children as described above. Furthermore, it was approved by the ACIP for use in the Vaccines for Children (VFC) program, which is unprecedented since this is not a vaccine, but provides passive immunity throughout an entire season.

Previously, the only option, and the one covered by Montana Medicaid, was Synagis (palivizumab), which required monthly doses throughout the season. Beyfortus requires one dose at the beginning of the season. In addition, Synagis was only recommended by the AAP and was covered by Montana Medicaid for high-risk infants, while Beyfortus is recommended for **ALL** infants.

Because there is now a once yearly option available through the VFC program and it is recommended by both the ACIP and AAP for **ALL** infants, Montana Healthcare Programs will prefer Beyfortus over Synagis and will require providers to use Beyfortus through the VFC program. Synagis will only be covered if there were a supply issue with Beyfortus, and then only for high-risk infants as in previous years.

On October 23, the CDC issued [interim RSV prophylaxis recommendations](#) due to limited availability of Beyfortus. They are recommending providers suspend use of Beyfortus in children eligible for Synagis and use Synagis per AAP guidelines for these children. Synagis will be covered, as in previous years, through the pharmacy program only. Claims submitted via the medical/physician/hospital program will be denied. Reimbursement is only authorized during the Montana RSV season, which is defined as a greater than 3% RSV PCR positivity rate. [CDC reported RSV rates for Montana are available on the Respiratory Syncytial Virus Surveillance page on the CDC website.](#)

Please see the last page of this notice for [Synagis Coverage Criteria](#).

Contact and Website Information

Drug Prior Authorization Unit
Mountain Pacific Quality Health
(406) 443-6002 or (800) 395-7961 (Phone)
(406) 513-1928 or (800) 294-1350 (Fax)

For questions about this provider notice please contact:

- Shannon Sexauer, PharmD, Montana Healthcare Programs Pharmacist, (406) 444-5951, email Shannon.Sexauer@mt.gov
- Dani Feist, Pharmacy Program Officer, (406) 444-2738, email DFeist@mt.gov

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

Visit the [Montana Healthcare Programs Provider Information website](#) to access your provider type page. Choose Resources by Provider Type in the left-hand menu.

Visit the [Contact Us page](#) on the Provider Information website for additional DPHHS contact numbers.

Montana Healthcare Programs Synagis® Criteria 2023-2024

Synagis will only be covered if Beyfortus is unavailable.

For children **less than 12 months** at onset of RSV season (does not include first birthday), risk factors eligible for approval:

- Estimated Gestational Age (EGA) **less than 29 weeks**
- **EGA less than 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 congestive heart failure (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 cystic fibrosis (CF))**
- Patient undergoing **cardiac transplantation** OR patient is **profoundly immunocompromised** (e.g., stem cell or organ transplant, chemotherapy) **during RSV season**

For children **greater than or equal to 12 months and less than 24 months** at onset of RSV season (does not include second birthday), risk factors eligible for approval:

- Diagnosis of **CLD of prematurity** as defined above **WITH history in past 6 months of oxygen supplementation, diuretics, or 3 or more claims for systemic or inhaled corticosteroids**
- Patient undergoing **cardiac transplantation** OR
- Patient **profoundly immunocompromised during RSV season**

The 2023-2024 season for Montana Healthcare Programs and Healthy Montana Kids (HMK)/Children's Health Insurance Program (CHIP) RSV prophylaxis will be dependent on CDC reported PCR positivity rates.

Approval will be for 1 dose per month, up to a **maximum of 5 doses**, during the RSV season. If a member is started on Synagis due to Beyfortus supply issues at the beginning of the season, follow ACIP and AAP guidance regarding transition to Beyfortus mid-season.

Montana Healthcare Programs and HMK/CHIP will allow one 50 mg vial (0.5 ml) OR one 100 mg (1 ml) vial. Doses above 100 mg will require a prior authorization based on patient weight.