



MONTANA HEALTHCARE PROGRAMS NOTICE

November 9, 2022

CAH, FQHC, Hospital Inpatient, Hospital Outpatient, Mid-level, Pharmacy, Physician, and RHC Providers

Effective October 1, 2022

Prior Authorization Criteria for Synagis®

Synagis® (palivizumab), a covered product for Montana Healthcare Programs, is subject to prior authorization criteria. Synagis® is only authorized and reimbursed through the pharmacy program. Claims submitted via the medical/physician/hospital program will be denied. Reimbursement is only authorized during the Montana Respiratory Syncytial Virus (RSV) season. Due to the early increase in RSV positive cases, indicating an earlier season than previous years, Montana Healthcare Programs will begin covering Synagis® for the 2022-2023 RSV season on October 1, 2022. The season will continue through April 30, 2023 as usual, unless the positive cases drop significantly, indicating an end to the RSV season. Montana Healthcare Programs will authorize 5 doses for the season in accordance with the [American Academy of Pediatrics' Updated Guidance for the 2022-2023 RSV Season](#). Approval of additional doses would depend on a longer than 6-month RSV season, an update to the AAP recommendations, and will require a manual override.

Montana Healthcare Programs will begin authorizing Synagis® on October 26, 2022, electronically through the SmartPA Point-of-Sale Prior Authorization system. However, claims may be billed retroactively to October 1, 2022 for members who meet the attached criteria. If a request is denied through the SmartPA system on or after the start date of the season, please contact the Montana Healthcare Programs Drug Prior Authorization Unit at (800) 395-7961. Additional supporting documentation will be required for review. The criteria for approval are outlined on the second page of this notice.

Please Note: Epidemiology of RSV is monitored to adjust for seasonal variance. The attached criteria coincide with the American Academy of Pediatrics [AAP Publications Reaffirmed | American Academy of Pediatrics](#) most recently revised guidelines (2019) for RSV prophylaxis.

Contact Information

Drug Prior Authorization Unit
Mountain-Pacific Quality Health
P.O. Box 5119
Helena, MT 59604
(406) 443-6002 or (800) 395-7961 (Phone)
(406) 513-1928 or (800) 294-1350 (Fax)

If you have any questions regarding this provider notice, please contact Shannon Sexauer, PharmD, Montana Healthcare Programs Pharmacist at (406) 444-5951 or Shannon.Sexauer@mt.gov, or Dani Feist at (406) 444-2738 or 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 at https://medicaidprovider.mt.gov](https://medicaidprovider.mt.gov).

MONTANA HEALTHCARE PROGRAM SYNAGIS® CRITERIA 2022-2023

AGE AT ONSET OF RSV SEASON	RISK FACTORS ELIGIBLE FOR APPROVAL
<p>Less than 12 MONTHS <i>(does not include 1st birthday)</i></p>	<ul style="list-style-type: none"> • 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 (<i>CLD of prematurity</i>). • 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.) during RSV season.
<p>Greater than or Equal to 12 and Less than 24 MONTHS <i>(does not include 2nd birthday)</i></p>	<ul style="list-style-type: none"> • 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 during RSV season.

- The 2022-2023 season for Montana Healthcare Programs and Healthy Montana Kids/CHIP RSV prophylaxis will run from October 1, 2022 through April 30, 2023.
- 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.