



Montana Healthcare Programs Provider Notice

October 30, 2024

Update

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 the Federal Drug Administration (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 Centers for Disease Control (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 1 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.

In the event of a Beyfortus shortage, Synagis will be covered, as in previous years, through the pharmacy program only. Claims submitted via the medical, physician, or 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. RSV rates for Montana are available on the [DPHHS Communicable Disease Surveillance webpage](#).

To request Synagis coverage for members not able to receive Beyfortus, contact the Drug Prior Authorization Unit for next steps.

Healthy Montana Kids (HMK) members should receive either Beyfortus or Synagis through their medical benefit.

Contact and Website Information

For pharmacy prior authorization submissions, access the [Mountain Pacific Provider Portal](#) or call the Mountain Pacific Drug Prior Authorization Unit at (800) 395-7961 or fax (800) 294-1350.

For questions about this provider notice, please contact:

- Shannon Sexauer, PharmD, Montana Healthcare Programs Pharmacist, (406) 444-5941, 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.