

Health Services
Office of Medical Assistance Programs

Allison Knight, Acting Manager
OMAP Program and Policy Section



Authorized Signature

Number: OMAP IM-05-178
Issue Date: 10/28/05

Topic: Medical Benefits

Rx Provider Announcement:

Subject: FFS PA criteria changes for antifungal and stimulant drugs

Applies to (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Children, Adults and Families | <input type="checkbox"/> Seniors and People with Disabilities |
| <input type="checkbox"/> County DD Program Managers | <input checked="" type="checkbox"/> Other (please specify): OMAP + Plans |

Message: OMAP is posting the attached message for pharmacy and prescribing providers at http://www.oregon.gov/DHS/healthplan/notices_providers/main.shtml
If providers say they never heard about this, refer them to the proposed rulemaking Web page <http://www.dhs.state.or.us/policy/healthplan/rules/notices.html> and ask them to subscribe to receive e-mails whenever new information is posted there.

If you have any questions about this information, contact:

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October 27, 2005

To: OMAP Pharmacy and Prescribing Providers

From: Allison Knight, Acting Manager
OMAP Program and Policy Section



Subject: FFS Prior Authorization Criteria Changes on Antifungal and Stimulant Drugs

Antifungal Drugs

On November 1, 2005, OMAP will modify current OHP coverage policy to provide open access (no prior authorization, or PA) to two low-cost, generic topical products, miconazole and nystatin, for covered conditions. We will continue to require PA on all other topical antifungals, oral itraconazole (Lamisil), and oral terbinafine (Sporanox).

The Oregon Health Plan (OHP) does **not** cover treatment for:

- Dermatophytoses of the nail, foot or groin (Line 583)
- Candidiasis of the mouth, skin or nails (Line 649)
- Diaper/napkin rash (Line 690)
- Other minor fungal infections (Lines 552, 583, 637, 638)

OMAP **will** approve prior authorization requests for:

- Topical antifungals, itraconazole or terbinafine to treat opportunistic infections of the immunocompromised (Line 171)
- Deep-seated fungal infections and dermatophytosis of the beard, scalp, body or hand (Line 363).

Call 1-800-344-9180 to request OHP fee-for-service PA.

Stimulant drugs

On November 15, 2005, OMAP will revise OHP stimulant drug coverage policy to allow open access (no PA) to amphetamines and methylphenidate at evidence-supported doses (Table 1). OMAP is implementing this policy change in response to an observed increase in the number of patients receiving more than the recommended dose.

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Stimulant drugs, cont'd

OMAP will require PA on doses above the recommendations when they are not prescribed by a psychiatrist. We will approve PA requests from non-psychiatric prescribers for children up to 2mg/kg for methylphenidate and 0.5mg/kg for amphetamines.^{1 & 2} We will evaluate doses above these recommendations on a case-by-case basis.

Call 1-800-344-9180 for OHP fee-for-service PA requests.

Table 1. – Maximum recommended doses for stimulants

Generic	Brands	Dose Requiring PA
Methylphenidate Products— (dl-threo-enantiomer)	Ritalin, Ritalin SR, Ritalin LA, Methylin ER, Methadate ER, Methadate CD, Concerta	>90mg.
Dexmethylphenidate (d-threo-enantiomer)	Focalin	>20mg.
Amphetamine (methamphetamine)	Desoxyn	>60mg.
Mixed Amphetamine Salts (d-amphetamine: l-amphetamine 3:1)	Adderall, Adderall XR	>60mg.
Dextroamphetamine SO4	Dextroamphetamine, Dexedrine, DextroStat, Dexadrine Spansule, Dextroamphetamine CR	>40mg.

1. Greenhill LL, Pliszka S, Dulcan MK, et al. “Practice parameter for the use of stimulant medications in the treatment of children, adolescents, and adults.” *J Am Acad Child Adolesc Psychiatry*. 2002;41(Supplement 2): 26S-49S.

2. *Pediatric Dosage Handbook*, 12th edition.