

Health Services
Office of Medical Assistance Programs

Allison Knight, Acting Manager
OMAP Program and Policy Section

Authorized Signature

Number: OMAP-IM-06-127

Issue Date: 08/17/2006

Topic: Medical Benefits

Subject: Client and Provider notices: PA required on Actiq prescriptions

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): DHS staff and others identified on the SPD, CAF, OMHAS and OMAP transmittal lists |

Message: Beginning Sept. 1, 2006, OMAP will require prior authorization (PA) of a prescription pain killer called Actiq. OMAP is notifying by mail the 17 OHP clients taking Actiq as well as their prescribing providers and dispensing pharmacies. We are also posting a general announcement about PA requirement changes on Actiq and selected psoriasis drugs on the provider announcements [Web page](#).

If you have any questions about this information, contact:

Contact(s):	Brian Olson, OMAP Pharmacy Policy Analyst		
Phone:	(503) 945-6492	Fax:	(503) 947-1119
E-mail:	Brian.olson@state.or.us		

Important Information about your Actiq prescription

This information applies only to Oregon Health Plan (OHP) clients who are taking a prescription drug called Actiq and who receive OHP services on a fee-for-service, or “open card,” basis. (That means you are not enrolled in a managed care plan.)

Starting on September 1, 2006, OMAP will require your health care provider to get prior authorization from OMAP before your pharmacy can fill a prescription for Actiq.

OMAP will only approve Actiq prescriptions for people with a medical condition that is covered right now on the Prioritized List of Health Services. The prescription must also follow the recommendations of the manufacturer and Food and Drug Administration.

This Means

When it is time to renew your prescription, your health care provider will have to get OMAP’s approval for a new Actiq prescription before OMAP will pay for it. Your medical provider must get the approval, not you or your pharmacy.

If OMAP does not approve your Actiq refill, you may be able to have a different prescription for your covered medical

condition. Talk to your medical provider about your choices.

If OMAP denies approval of Actiq, you will get a denial notice that explains your hearing rights. This is not a denial notice.

The Prioritized List of Health Services

Funding for OHP is based on a list of medical conditions and treatments. The most effective services are at the top of the list. The least effective are at the bottom. There are 730 of these “lines” on the list.

Right now OMAP pays for treatments of the first 530 conditions. Treatment for a condition below Line 530 may be provided only if it is directly related to another condition above the Line.

Your health care provider will know if this applies to you.

Questions?

- F** Contact the OMAP Client Advisory Services Unit at 1-800-273-0557 if you have questions about this information.
- F** Contact your OHP worker if you need this information in a larger print size or in a different format.



Oregon

Theodore R. Kulongoski, Governor

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August 17, 2006

To: All OMAP Prescribing Providers and
Pharmacies

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

Subject: New Prior Authorization Requirements



Actiq (fentanyl lozenges)

Effective September 1, 2006, OMAP will restrict prior authorization (PA) of Actiq to conditions covered on the Prioritized List of Health Services. Use must be consistent with the Food and Drug Administration (FDA) labeling. Actiq carries a “black box” warning from the FDA stating that it is indicated only for the management of severe breakthrough pain in patients who are already receiving and who are tolerant to opioid therapy for their underlying persistent pain. Patients considered opioid tolerant are those who are taking at least 60 mg morphine/day, 50 mcg transdermal fentanyl/hour, or an equianalgesic dose of another opioid for a week or longer. The FDA also recommends this drug only be prescribed by specialists who are knowledgeable and skilled in the use of high dose opioids. Alternative treatments of severe breakthrough pain that do not require PA include generic morphine, hydromorphone or oxycodone.

Selected psoriasis drugs (e.g., acitretin, alafecept, antralin, calcipotriene, coal tar, efalizumab, isotretinon, methoxsalen, tazorotene, trioxsalen)

On January 1, 2006, the OHP Prioritized List of Health Services was revised to fund coverage for Stages III and IV psoriasis. Prior to this revision, all psoriasis treatment was not funded and drugs used exclusively to treat psoriasis were excluded from coverage. If filled at a pharmacy, OMAP will cover those drugs but will require PA to document psoriasis staging.

“Assisting People to Become Independent, Healthy and Safe”

Valid Medicaid prescriber number on psychotropic drug claims for children under 6 years of age

OMAP will require pharmacies to include a valid Medicaid prescriber number on drug claims for psychotropic drugs (*i.e.*, antidepressants, antipsychotics, mood stabilizers and stimulants). Currently if billers use a “999999” default number, the claim will deny, but

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the First Health Help Desk (1-800-344-9180) can supply pharmacies with valid prescriber numbers at the time of claim processing. You can request a hard copy of the current list of prescriber numbers (~600 pages) OMAP at 1-800-527-5772. The OSU College of Pharmacy at 503-494-9954 maintains an electronic version.

To request PA for fee-for-service OHP patients, prescribers may call First Health Services at 1-800-344-9180. You will find request forms online at

<www.oregon.gov/DHS/healthplan/forms/omapforms.shtml#misc>.

Fax completed forms to 1-800-250-6950.

See Oregon Administrative Rules regarding drug prior authorizations at:

<<http://www.dhs.state.or.us/policy/healthplan/guides/pharmacy/main.html>>.

Thank you for continuing to support and serve OHP patients.