

## DMAP requires PA on OTCs

Effective January 24, 2008, DMAP will require Prior Authorization (PA) on single-source OTC drugs, single-source vitamins, and most allergy/cold drugs. DMAP will pay for these drugs as long as the client has a prescription for a covered medical diagnosis.

A limited list of allergy/cold drugs will **not** require PA, including the following:

Generic name	Brand name
chlorpheniramine	Chlor-Trimeton, others
diphenhydramine	Benadryl, other
guaifenesin	Robitussin, others
guaifenesin with codeine	Robitussin AC, others
guaifenesin with dextromethorphan	Robitussin DM, others
hydroxyzine pamoate	Vistaril, others
loratadine	Claritin, others
promethazine	Phenergan, others
pseudoephedrine/triprolidine	Actifed, others
pseudoephedrine	Sudafed

This change only applies to drugs reimbursed on a fee-for-service basis.

### Contact DMAP Provider Services

at [dmap.providerservices@state.or.us](mailto:dmap.providerservices@state.or.us), or 800-336-6016 if you have questions about this change.

