

Jean Phillips, Deputy Administrator

Authorized Signature
Number: DMAP-IM-08-008

Issue Date: 01/16/2008

Topic: Medical Benefits

Subject: Provider announcement (updated 1/17/2008): DMAP requires prior authorization (PA) on certain 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): DHS staff and others identified on the SPD, CAF, AMH and DMAP transmittal lists |

Message:

DMAP will send the following announcement in remittance advices to prescribing providers and pharmacies the weeks of 1/21 and 1/28. It informs providers about a PA requirement for selected over-the-counter medications (effective 1/24/08). This change does not affect managed care clients.

This announcement replaces a letter describing multiple pharmacy policy changes effective 1/24 and 2/1/08.

If you have any questions about this information, contact:

Contact(s):	DMAP Provider Services		
Phone:	800-336-6016	Fax:	503-945-6873
E-mail:	dmap.providerservices@state.or.us		

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,

or 800-336-6016 if you have questions about this change.

