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DMAP Policy and Planning Section

Authorized Signature

Number: DMAP- IM-10-042

Issue Date: 04/09/2010

Topic: Medical Benefits

Subject: Provider Announcement: 3rd and final reminder: Prior Authorization required for non-PDL drugs and 34-day supply limit

Applies to (check all that apply):

- | | |
|--|---|
| <input checked="" 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:

The attached announcement is the third and final reminder to prescribers and pharmacies about PA requirements for non-PDL drugs and 34-day supply limit changes for FFS client prescriptions.

The first announcement was posted on 12/14/09 and is available at http://www.oregon.gov/DHS/healthplan/notices_providers/2009/pdl-changes0110.pdf

The second announcement was posted on 4/5/09 and is available at http://www.oregon.gov/DHS/healthplan/notices_providers/2010/pdl_changes.pdf

Please provide the following contact information as listed below.

Prescribers and pharmacies ONLY

Contact(s)	For technical or PA questions, Oregon Pharmacy Call Center	For all other questions, Provider Services Unit
Phone	1-888-202-2126	1-800-336-6016
FAX	1-888-346-0178	
Hours	24 hours, 7 days a week	Mon.-Thurs. 8:30 a.m. to 4:30 p.m. and Friday, 10:00 a.m. to 4:30 p.m.
E-mail		dmap.providerservices@state.or.us

Clients

Contact	Client Services Unit
Phone	1-800-273-0557
Hours	Mon.-Fri. 8:00 a.m. to 4:45 p.m.



Reminder

Pharmacies/Prescribers **PA required for non-preferred drugs and the 34-day supply limit**

An enforceable Preferred Drug List (PDL) for physical health drugs and a voluntary PDL for mental health drugs was implemented on January 1, 2010. This affects fee-for-service prescriptions.

Prior authorization (PA) for non-preferred physical health drugs

This affects new prescriptions only. Prescriptions for drugs not listed on OHP's physical health PDL require Prior Authorization (PA). Effective April 13, 2010, the claims system will deny claims for these drugs without PA. **The PA requirement does not apply to mental health drugs.**

Submit PAs to the Oregon Pharmacy Call Center at **1-888-202-2126** or FAX 1-888-346-0178 or via the secure Provider Web Portal at <https://www.or-medicaid.gov>. PA requests will be responded to within 24 hours.

34-day supply limit

Effective April 13, 2010, the OHP claims system will deny claims for prescriptions that exceed a 34-day supply except for those circumstances where DMAP allows **up to a 100-day supply**, such as:

- Prescriptions filled by Wellpartner, Indian Health mail order and 340b pharmacies
- Generic maintenance medications in non-PDL classes that cost less than \$10 per month
- Certain preferred PDL generics

OHP client savings

Patients can receive up to a 100-day prescription supply without copayments or delivery fees by using Wellpartner, OHP's contracted mail-order pharmacy. Clients can call **1-877-935-5797** to set up an account.

Prescribers can fax prescriptions to Wellpartner at **1-866-624-5797**. Wellpartner cannot accept prescription transfers from pharmacies.

For more information

- Announcement questions: DMAP Provider Services at **1-800-366-6016**
- Pharmacy billing and PA questions: Oregon Pharmacy Call Center at **1-888-202-2126**
- Pharmaceutical Services Administrative rules, guidelines and other resources are at: www.dhs.state.or.us/policy/healthplan/guides/pharmacy/main.html

We can help

We understand that your patients will have questions and concerns. Please share our Client Services toll-free number with your OHP patients: 1-800-273-0557. Representatives are available Monday - Friday 8:00 a.m. to 4:45 p.m.



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