

Donald Ross, Manager  
DMAP Policy and Planning

Authorized Signature

Number: DMAP-IM-10-078

Issue Date: 06/23/2010

Topic: Medical Benefits

Subject: Pharmacy program information: Oregon Medicaid Prior Authorization Criteria July 2010 document

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 DHS staff and others identified on the SPD, CAF, AMH and DMAP transmittal lists |

Message:

DMAP posted an updated Oregon Medicaid Prior Authorization Criteria (July 2010) document on the DMAP Pharmacy Program's Clinical Information page at [www.dhs.state.or.us/policy/healthplan/guides/pharmacy/clinical.html](http://www.dhs.state.or.us/policy/healthplan/guides/pharmacy/clinical.html).

This document provides information on the criteria used by the Oregon Pharmacy Call Center when reviewing prior authorization requests for fee-for-service ("open card") prescriptions.

See the **Update Information**, pages vi – vii, for details.

*If you have any questions about this information, contact:*

<b>Contact(s):</b>	Ralph Magrish, DMAP Pharmacy Policy Analyst
<b>Phone:</b>	503-945-6291
<b>E-mail:</b>	<a href="mailto:ralph.m.magrish@state.or.us">ralph.m.magrish@state.or.us</a>