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DMAP Policy and Planning Section

Authorized Signature

Number: DMAP- IM-11-025

Issue Date: 3/28/2011

Topic: Medical Benefits

Subject: Client Announcement: Drugs removed from the Preferred Drug List require copayment

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"/> Seniors and People with Disabilities   |
| <input type="checkbox"/> Children, Adults and Families | <input checked="" type="checkbox"/> Other (please specify): DHS staff and others identified on the SPD, CAF, AMH and DMAP transmittal lists |
| <input type="checkbox"/> County DD Program Managers    |   |

Message:

DMAP will mail the following letter to 338 clients who had recent prescriptions for drugs that DMAP removed from the OHP Preferred Drug List (PDL) effective March 1. The letter tells them that because these drugs are no longer on the PDL, they will require a copayment starting April 16.

The PDL lists preferred drugs for OHP clients who receive prescription drug coverage on a fee-for-service ("open card") basis. For more information about the PDL, go to [www.orpdl.org](http://www.orpdl.org).

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

<b>Contact(s):</b>	DMAP Pharmacy Program
<b>E-mail:</b>	<a href="mailto:dmap.rxquestions@state.or.us">dmap.rxquestions@state.or.us</a>

## ***Important information***

### **Your prescription will require copayment**

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Beginning April 15, 2011, the following drugs will require a copayment of no more than \$3:

- |              |              |
|--------------|--------------|
| ■ Alphagan P | ■ Lialda     |
| ■ Avalide    | ■ Lovenox    |
| ■ Avapro     | ■ Pegintron  |
| ■ Diovan     | ■ Pentasa    |
| ■ Diovan HCT | ■ Tazorac    |
| ■ Exelon     | ■ Tev-tropin |
| ■ Focalin XR | ■ Vesicare   |
| ■ Letairis   |              |

Our records show that you have a prescription for one or more of these drugs.

Because these drugs are no longer on the OHP Preferred Drug List (PDL) as of March 1, 2011, they now require a copayment.

#### **About the Preferred Drug List**

The Preferred Drug List is a list of drugs that we find the most helpful, inexpensive and safe.

OHP does not charge a copayment for PDL drugs.

#### **You have a choice:**

1. Continue to get your current prescription through your pharmacy and pay the copayment when it applies. If you cannot make a required copayment, you will still receive the drug; however, you will owe the pharmacy for the copayment;

2. Use OHP's mail order pharmacy service. Prescriptions filled through OHP's mail order pharmacy do not require copayment. For more information about OHP's mail order pharmacy service, go to [www.oregon.gov/DHS/healthplan/clients/mailrx.shtml](http://www.oregon.gov/DHS/healthplan/clients/mailrx.shtml); or
3. Ask your doctor if you can change to a drug that does not require a copayment.

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#### **The following clients do not pay copayments:**

- Clients on the OHP Standard benefit package;
- Pregnant women;
- Children under age 19;
- Clients who receive services under a home and community based waiver: These services include most in-home services or services in an adult foster home or other home or facility paid by Seniors and People with Disabilities;
- Inpatients in a hospital, nursing facility, or Intermediate Care Facility for the Mentally Retarded (ICF/MR);
- American Indian/Alaska Native clients who are members of a federally recognized Indian tribe or receive services through a tribal clinic.

If you are in one of these groups and your coverage letter shows you have a copayment requirement, call your worker.

We are sorry to bring this news. We understand this extra expense may be hard for you and your family.

The reason for this change is that these drugs are now too costly for DMAP keep on the PDL.

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## Questions?

-  **Call OHP Client Services** at 1-800-273-0557 if you have questions about this letter.
-  **Call your worker** if you need this letter in another language or another format, such as (but not limited to) large print, Braille, audio recordings, Web-based communications and other electronic formats.
-  **TTY service:** Dial 711.

