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DMAP Medicaid Policy and Planning Section

**Number:** DMAP IM 14-027

**Authorized Signature**

**Issue Date:** 07/16/2014

**Topic:** Medical Benefits

**Subject:** Fee-for-service Preferred Drug List and Oregon Medicaid Pharmaceutical Services prior authorization criteria effective July 15, 2014

**Applies to:**

- |                                     |                               |                                     |  |
|-------------------------------------|-------------------------------|-------------------------------------|--|
| <input type="checkbox"/>            | All DHS employees             | <input type="checkbox"/>            | County Mental Health Directors             |
| <input checked="" type="checkbox"/> | Area Agencies on Aging        | <input checked="" type="checkbox"/> | Aging and People with Disabilities         |
| <input type="checkbox"/>            | Children, Adults and Families | <input checked="" type="checkbox"/> | Other (please specify): AMH and DMAP staff |
| <input type="checkbox"/>            | County DD Program Managers    |                                     |  |

**Message:**

DMAP will post the following [OHP Provider Announcement](#) and distribute via eSubscribe. It provides updates to the physical health PDL and PA criteria for fee-for-service Oregon Medicaid prescription coverage.

- You can find current and previous versions of the PDL on the PDL Web page at [www.orpdl.org](http://www.orpdl.org).
- You can also find the PDL and current PA Criteria on the [Pharmaceutical Services provider guidelines page](#) in the “For Prescribers” section.

*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>

## Fee-for-service prescribers and pharmacies

### July 15, 2014 Preferred Drug List and prior authorization criteria updates

#### OHP Preferred Drug List updates

The Division of Medical Assistance Programs (DMAP) has made the following updates to the physical health Preferred Drug List (PDL) effective July 15, 2014:

##### Preferred starting July 15, 2014

- Testosterone (Androgel®) Pump
- Calcitriol
- Calcium Carbonate
- Calcium Carbonate / Vitamin D3
- Cholecalciferol (Vitamin D3)
- Cyanocobalamin (Vitamin B-12)
- Ergocalciferol (Vitamin D2)
- Ferrous Gluconate
- Ferrous Sulfate
- Folic Acid
- Pyridoxine HCL
- Thiamine HCL
- Immune Glob, Gam Caprylate (IGG) Injection (Gamunex-C®)

##### Non-Preferred starting July 15, 2014

- Pirbuterol Acetate
- Doxepin HCL

#### To view the PDL:

- Use the free Epocrates drug guide to access the PDL on your mobile device or desktop Internet browser (look for "Oregon Medicaid - Open Card"). For more information, go to [www.epocrates.com](http://www.epocrates.com).
- You can also find current and past PDLs at [www.orpdl.org](http://www.orpdl.org).

#### Prior authorization criteria updates

Beginning July 15, 2014, DMAP will implement the following new PA criteria. For details, view the *Oregon Medicaid PA Criteria* at [www.dhs.state.or.us/policy/healthplan/guides/pharmacy/clinical.html](http://www.dhs.state.or.us/policy/healthplan/guides/pharmacy/clinical.html).

##### Updated criteria effective July 15, 2014

- Central Nervous (CNS) Sedatives – Non Benzodiazepines
- CNS Sedatives – Quantity Limit
- CNS Sedatives – Therapy duplication
- Hepatitis B Antivirals
- Ivacaftor (Kalydeco®)

##### New criteria effective August 1, 2014

- Multi-Vitamins and Antioxidant Multivitamin Combinations

#### How to request PA:

For non-preferred physical health products, you can submit PA requests three ways:

1. Call the Oregon Pharmacy Call Center at 1-888-202-2126;
2. Submit via the secure Provider Web Portal at <https://www.or-medicaid.gov>; or
3. Fax a completed Pharmacy and Oral Nutritional Supplement Request (DMAP 3978) to 888-346-0178. This form is available on the DHS|OHA website at <https://apps.state.or.us/Forms/Served/OE3978.pdf>.

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## We can help

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

## Questions?

- **About this announcement or the Provider Web Portal:** Call the Provider Services Unit at 1-800-336-6016, Monday through Thursday from 8:30 a.m. to 4:30 p.m. and 10 a.m. to 4:30 p.m. on Friday.
- **About pharmacy point of sale and prior authorizations:** Call the Oregon Pharmacy Call Center at 1-888-202-2126.
- **About physical health prescriptions for managed care or coordinated care clients:** Contact the client's managed care plan or coordinated care organization.



**Help us improve future announcements:**

[Click here](#) to answer six survey questions about this provider announcement.