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DMAP Policy and Planning

Authorized Signature

Number: DMAP-IM-10-056

Issue Date: 05/13/2010

Topic: Medical Benefits

Subject: Pharmacy program information: Oregon Medicaid Prior Authorization Criteria corrections to April 1 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 (May 2010) document on the DMAP Pharmacy Program's Clinical Information page at 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.

This May 1 version makes minor corrections to the last updated version (April 1). See the **Update Information**, pages iv – v, for details.

If you have any questions about this information, contact:

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