



Division of Medical Assistance Programs

Information Memorandum Transmittal

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DMAP Policy and Planning Section

Number: DMAP-IM-11-050

Authorized Signature

Issue Date: 06/17/2011

Topic: Medical Benefits

Subject: Provider and Client Announcements: Pharmacy Preferred Drug List (PDL) products removed

Applies to:

- All DHS employees
- Area Agencies on Aging
- Children, Adults and Families
- County DD Program Managers
- County Mental Health Directors
- Seniors and People with Disabilities
- Other (please specify): DHS and OHA staff and others identified on the SPD, CAF, AMH and DMAP transmittal lists

Message:

DMAP posted the attached announcement for prescribing providers and pharmacists telling them that on **July 17, 2011**, certain drug products will be removed from the PDL list. Clients currently taking removed drugs will be exempt from Prior Authorization requirements for 90 days.

DMAP mailed 310 letters to clients currently using the non-PDL drugs letting them know they will have a future \$3 copayment and their options.

If you have any questions about this information, contact:

Contact(s):	Provider Services		
Phone:	1-800-336-6016	Fax:	503-945-6873
E-mail:	dmap.providerservices @state.or.us		

Important Information

July 17, 2011, your prescription will require a copayment

Beginning July 17, 2011, the following drugs will be removed from the OHP Preferred Drug List (PDL) and will require a copayment of no more than \$3:

- Avinza
- Betaseron
- Oxycontin

Our records show that you have a prescription for one or more of these drugs and are not enrolled in an OHP medical plan.

About the Preferred Drug List

The Preferred Drug List (PDL) 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:

- 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;
- 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; or ask your doctor if you can change to a drug that does not require a copayment.

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 send you 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 to keep on the PDL.

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.



Prescribing Providers and Pharmacies

July 17, 2011: Preferred Drug List (PDL) revision

Drug products removed

Effective July 17, 2011, the Division of Medical Assistance Programs (DMAP) will remove the following drug products from the Preferred Drug List (PDL):

- Avinza
- Betaseron
- Oxycontin

Patients currently taking these drugs will be exempt from Prior Authorization requirements for 90 days.

We appreciate your cooperation and thank you for the services you provide to your OHP patients.

Questions?

- **About this announcement or the Provider Web Portal:** Contact Provider Services at 1-800-336-6016, Monday through Thursday from 8:30 am to 4:30 pm and Friday from 10 am to 4:30 pm, or e-mail DMAP.providerservices@state.or.us.
- **Technical billing and Prior Authorization:** Contact Oregon Pharmacy Call Center at 1-888-202-2126.

Access the OHP Preferred Drug List

- OHP Web page at www.orpdl.org.
- Pharmaceutical Services administrative rulebook at www.dhs.state.or.us/policy/healthplan/guides/pharmacy/main.html (**Table 121-0030-1**).
- Free Epocrates drug guide access from your mobile device or desktop Internet browser at <https://online.epocrates.com/home> (look for *Oregon Medicaid - Open Card*)

