



Division of Medical Assistance Programs

Information Memorandum Transmittal

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DMAP Policy and Planning Section

Number: DMAP IM 11-128

Authorized Signature

Issue Date: 12/20/2011

Topic: Medical Benefits

Subject: **Provider announcement:** Pharmacy Program policy changes effective Jan. & Feb. 2012

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 following information about updated policy for Prior Authorization, the Preferred Drug List and revised administrative rule 410-123-0146 in the Pharmaceutical Services Program.

See Rulebooks for details. All Rulebooks are found online at www.dhs.state.or.us/policy/healthplan/guides/main.html.

If you have any questions about this information, contact:

Contact(s):	DMAP Pharmacy Group		
Phone:	503-947-1195	Fax:	503-947-1119
E-mail:	Valerie.m.smith@state.or.us		

FFS pharmacies & prescribers

Pharmaceutical Services Program changes effective January 1, 2012

The Division of Medical Assistance Programs (DMAP) will make the following policy changes and post the updated information by Jan. 1:

Prior Authorization (PA) Criteria Guide

DMAP will update the exclusions table and add three new criteria for third-line diabetic agents to ensure proper use of these drugs.

Preferred Drug List updates

DMAP will update and post the revised Preferred Drug List (PDL). Preferred drugs are exempt from client copays.

See the Oregon Medicaid fee-for-service Prior Authorization Criteria Guide & the Preferred Drug List at

www.dhs.state.or.us/policy/healthplan/guides/pharmacy/clinical.html#pa

OAR 410-121-0146, Jan. 1 changes

■ Bypass 34-day supply limits

DMAP will allow drugs to be dispensed for more than a 34-day supply when the package size exceeds those limits and cannot be split. Oral contraceptives can now be filled for up to a 100-day supply.

■ 100-day supply maintenance medications

DMAP will allow selected classes of medications to be dispensed by any pharmacy when the client has been stable on the same dose for 2 previous fills.

See a list of drug classes in OAR 410-121-0146, (Table 121-0146-1).

■ New 15-day Drug Supply Limitations Table - effective Feb. 1

DMAP created a new table (Table 121-0146-2), listing the approved drugs for a 15-day, first-fill limit that will not be implemented until we receive approval from the Pharmacy & Therapeutics (P&T) Committee in late February.

Upon approval, the table will be posted online to the Pharmaceutical Services Program policy and guidelines Web page. All those who are registered through DMAP's online notification system will be notified.

See the entire OAR 410-121-0146 in the Pharmaceutical Services Program Rulebook at www.dhs.state.or.us/policy/healthplan/guides/pharmacy/main.html

Questions?

If you have any questions about this announcement, contact the DMAP Provider Services at dmap.providerservices@state.or.us or call 1-800-336-6016, Monday through Thursday, 8:30 a.m. to 4:30 p.m. and Friday 10 a.m. to 4:30 p.m. (phone lines closed 11:25 a.m. to 12:30 p.m. daily).

For questions about, or to request Prior Authorization:

Call the Oregon Pharmacy Call Center at 1-888-202-2126

Help us improve future announcements:

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

Point-of-care access to current OHP Preferred Drug List information

Download Epocrates Rx to your PDA or register for Web-based access to Epocrates Online, then add the PDL to your list of formularies. The PDL is listed as "Oregon Medicaid (open-card)."

