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DMAP Policy and Planning Section

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**Authorized Signature**

**Issue Date:** 12/21/2012

**Topic:** Medical Benefits

**Subject:** Pharmacy announcements - Jan. 1, 2013 Preferred Drug List, PA criteria and billing changes

**Applies to:**

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

**Message:**

DMAP will post the following announcements on the [OHP Provider Announcements](#) page and distribute via eSubscribe.

- Jan. 1, 2013 pharmacy program changes (page 1): This letter describes changes to the fee-for-service Preferred Drug List (PDL) and prior authorization (PA) criteria. You can find the Jan. 1 PDL and updated criteria in the Supplemental Information section of the [Pharmaceutical Services provider guidelines page](#).
- Important fee-for-service billing changes (page 4): This explains a change in billing early refill drugs and a change to OHP with Limited Drug (BMD) coverage due to changes in drugs covered by Medicare Part D.

*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>

# Attention prescribers and pharmacies

## January 1, 2013 PDL and prior authorization criteria updates

### Key changes effective Jan. 1, 2013

The Division of Medical Assistance Programs (DMAP) has made the following updates:

- Prior authorization (PA) criteria updates for two drug classes
- Physical health drugs now preferred (listed below)
- Physical health drugs now non-preferred that require PA (listed below)

### PA criteria updates

- New criteria for IV/SQ Pulmonary Arterial Hypertension (PAH) Agents
- Updated criteria for Erythropoiesis Stimulating Agents (ESAs)

Specific criteria can be found in the DMAP Fee-for-Service PA Criteria Guide on the Pharmaceutical Services Clinical Information page at <http://www.dhs.state.or.us/policy/healthplan/guides/pharmacy/pa-criteria.pdf>.

### OHP Preferred Drug List updates

#### *Physical Health PDL changes*

The following drugs are now preferred on the Physical Health PDL:

- Inhaled hypertonic saline solution within the Cystic Fibrosis drug class
- Dornase alfa within the Cystic Fibrosis drug class with quantity limitations of 30 vials per 30 days
- Omnitrope® within the Growth Hormone drug class
- Canasa® suppository and balsalazide within the Ulcerative Colitis drug class
- Ciloxan® ointment within the Ophthalmic Antibiotics drug class
- Sevelamer and calcium acetate within the Phosphate Binders drug class
- Risedronate within the Bone Metabolism Agents drug class
- Alvesco® as an ICS alternative in the Asthma Controllers drug class
- Advair® in the ICS/LABA Combination Agents drug class
- Detemir in the Insulins drug class
- Antara®, Tricor® and gemfibrozil in the Other Lipotropics drug class
- Natroba® in the Topical Antiparasitics drug class
- Focalin XR® and Focalin® IR in the ADHD drug class

The following drugs are now non-preferred on the Physical Health PDL and now require PA:

- Alendronate with vitamin D3 within the Bone Metabolism Agents drug class
- Nutropin® and Genotropin® within the Growth Hormone drug class
- Mesalamine rectal enemas and kits within the Ulcerative Colitis drug class
- Pegasys® in the Hepatitis C drug class
- Asmanex® as an ICS alternative in the Asthma Controllers drug class
- Proventil® in the Asthma Rescue drug class
- Insulin glargine in the Insulins drug class
- All fibric acid derivatives other than Antara®, Tricor® and gemfibrozil in the Other Lipotropics drug class

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- Ciprofloxacin/dexamethasone in the Otic Antibiotics drug class
  - Pramlintide in the Amylin Analogs drug class
  - Zenpep® in the Digestive Enzymes drug class
  - Epoetin alfa in the Hematopoietic Agents drug class
  - Tadalafil in the PAH drug class
  - Concerta®, Ritalin LA® and their generic equivalents in the ADHD drug class

### **Voluntary Mental Health PDL changes**

- Make olanzapine preferred and make risperidone rapid dissolving tabs non-preferred

### **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 Web site at <https://apps.state.or.us/Forms/Served/OE3978.pdf>.

### **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).
- Refer to the Pharmaceutical Services administrative rulebook at [www.dhs.state.or.us/policy/healthplan/guides/pharmacy/main.html](http://www.dhs.state.or.us/policy/healthplan/guides/pharmacy/main.html) (see Table 121-0030-1 Practitioner-Managed Prescription Drug Plan).
- You will also find links to these resources on the PDL Web page at [www.orpdl.org](http://www.orpdl.org).

### **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 health plan (CCO or FCHP) clients:** Contact the client's plan.



# Attention Oregon Health Plan pharmacies

## Important billing changes for fee-for-service prescriptions

### Early Refill clarification codes required beginning Dec. 31, 2012

When overriding a prescription for early refill, you will need to use a clarification code in addition to the conflict, intervention and outcome codes.

Code	Rationale	Description
03	Vacation supply	The cardholder has requested a vacation supply of the medication.
04	Lost or stolen prescription	The cardholder has requested a replacement of medication that has been lost, stolen or destroyed.
05	Therapy change	The physician has determined that a change in therapy was required; either the medication was used faster than expected or an increased dosage is needed, etc.
06	Starter dose	The previous medication was a starter dose and now additional medication is needed to continue treatment.
07	Medically necessary	The early refill has been determined by the physician to be medically necessary.
13	Payer-recognized emergency/disaster assistance request	The override is needed based on an emergency/disaster situation recognized by the payer.
14	Long term care leave of absence	The cardholder requires a short-fill of a prescription due to a leave of absence from the Long Term Care (LTC) facility.

### Medicare Part D will cover barbiturates and benzodiazepines beginning Jan. 1, 2013

Because of this change in Medicare Part D coverage, DMAP will no longer cover these medications under the OHP with Limited Drug (BMD) benefit package. Starting Jan. 1, please bill the recipient's Medicare Part D plan, not DMAP, for these drugs.

### Questions?

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