

Donald Ross, Manager
Medicaid Policy and Planning Section

Number: DMAP IM 14-044

Authorized Signature

Issue Date: 10/23/2014

Topic: Medical Benefits

Subject: Fee-for-service Preferred Drug List (PDL) and Oregon Medicaid
Pharmaceutical Services prior authorization (PA) criteria updates

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.
- You can also find the PDL and current PA Criteria on the [Pharmaceutical Services provider guidelines page](#).

If you have any questions about this information, contact:

Contact(s):	DMAP Pharmacy Program
E-mail:	dmap.rxquestions@state.or.us

Attention prescribers and pharmacies

October 2014 Preferred Drug List and prior authorization criteria updates

Prior authorization (PA) criteria updates effective October 14, 2014

Beginning October 14, 2014, the Division of Medical Assistance Programs (DMAP) implemented updates for the following PA criteria. For details, view the *Oregon Medicaid PA Criteria* on the Pharmaceutical Services guidelines page at www.oregon.gov/OHA/healthplan/pages/pharmacy-policy.aspx:

Updated criteria:

- ADHD (Attention Deficit Hyperactivity Disorder) Safety Edit (replaces CNS Stimulants)
- Biologicals for RA, Psoriasis, Crohn's disease (replaces TIMS)
- Growth Hormone
- Hepatitis C General
- Incretin Enhancers
- Incretin Mimetics
- Oral MS drugs
- Palivizumab (Synagis®)
- Sodium Glucose C-transporter 2 (SGLT2)
- Sofosbuvir (Sovaldi®)

New criteria:

- Botulinum Toxins
- Peginterferon Beta 1-a

How to request PA:

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

- Call the Oregon Pharmacy Call Center at 1-888-202-2126;
- Submit via the secure Provider Web Portal at <https://www.or-medicaid.gov>; or
- Fax a completed [Pharmacy and Oral Nutritional Supplement Request](#) (DMAP 3978) to 888-346-0178.

OHP Preferred Drug List (PDL) updates effective October 29, 2014

DMAP has made the following updates to the physical health PDL effective October 29, 2014:

Preferred:

- Acamprosate Calcium
- Amiloride HCL
- Naltrexone HCL
- Tazarotene

Pulmonary Drug Reorganization:

- Removed COPD, Asthma Controllers, Asthma Rescue drug class names
- New drug class names are:
 - Combination Inhalers
 - Inhaled Anticholinergics
 - Inhaled Corticosteroids
 - Inhaled Long Acting Bronchodilators
 - Miscellaneous Pulmonary Drugs
 - Short Acting Bronchodilators

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.
- You can also find current and past PDLs at 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 Friday from 8:00 a.m. to 5 p.m.
- **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 organization 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.

