

**Health Services
Office of Medical Assistance Programs**

Joan M. Kapowich, Manager
OMAP Program and Policy Section

Authorized Signature

Number: OMAP-IM-04-144

Issue Date: 12/10/2004

Topic: Medical Benefits

Subject: Client letter: Prior Authorization required for prescription Singulair

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 (please specify): DHS staff and others identified on the SPD, CAF, OMHAS and OMAP transmittal lists |

Message: Effective December 1, 2004, OMAP must give prior authorizations on new prescriptions for Singulair. Existing refills will be honored without PA, but new scripts need to list an appropriate diagnosis code to get a PA. The attached letter will be mailed to approximately 1300 OHP clients who currently take prescription Singulair.

If you have any questions about this information, contact:

Contact(s):	Clients may contact CASU		
Phone:	1-800-273-0557	TTY:	1-800-375-2863
E-mail:			



Important Information for OHP clients taking prescription Singulair

This notice applies only to Oregon Health Plan clients who are taking a prescription drug called Singulair and who are not enrolled in an OHP managed care plan.

Starting on December 1, 2004, OMAP will require your provider to get prior authorization before filling a new prescription for Singulair.

The only new prescriptions for Singulair that OMAP will approve will be for people with a medical condition that's covered right now on the Prioritized List of Health Services.

This Means

When your current prescription refills run out, your provider will have to get OMAP's approval for a new prescription before OMAP will pay for it. Your medical provider must get the approval, not you or your pharmacy.

Prioritized List of Health Services

Funding for OHP is based on a list of medical conditions and treatments. The most effective services are at the top of the list. The least effective are at the bottom. There are 730 of these "Lines" on the list.

Right now OMAP pays for treatments of the first 546 conditions. Treatment for a condition below Line 546 may be provided only if it is directly related to another condition above the Line. Your doctor will know if this applies to you.

Questions?

- F Contact the OMAP Client Advisory Services Unit at 1-800-273-0557** if you have questions about this notice.
 - F Contact your OHP worker** if you need this notice in a larger print size or in a different format.
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