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**Authorized Signature**
**Number:** DMAP-IM-08-024

**Issue Date:** 02/26/2008

**Topic:** Medical Benefits

**Subject:** DMAP reduces pharmacy copays for FFS OHP Plus

**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, AMH and DMAP transmittal lists |

**Message:**

Beginning March 1, 2008, fee-for-service OHP Plus clients will pay reduced copayments for their prescription drugs. They will also be able to order a 90-day supply of medicine for most drugs instead of 30-day supply starting on that date as well.

DMAP will announce these changes to clients and providers with their March Medical Care IDs and RA stuffers respectively. Sample announcements follow. We will also update the OHP Client Handbook with an errata sheet (attached).

*If you have any questions about this information, contact:*

<b>Contact:</b>	DMAP Client Services Unit		
<b>Phone:</b>	800-273-0557		
<b>Contact:</b>	DMAP Provider Services		
<b>Phone:</b>	800-336-6016	<b>E-mail</b>	<a href="mailto:DMAP.providerservices@state.or.us">DMAP.providerservices@state.or.us</a>

## IMPORTANT INFORMATION

### Changes in OHP pharmacy copayments

This information only applies to people  
who have “AB” in field 7b of their DMAP Medical Care ID

#### **DMAP reduces prescription copayments**

Starting March 1, 2008, DMAP will reduce the copayment on many prescription drugs. Some drugs will no longer require a copayment. Your pharmacy knows the correct copayment and will charge you the reduced copayment amount, beginning March 1.

#### **This means**

- If you currently pay a copayment, the amount you pay will be reduced **or** you will not have to pay copayments for many of your most needed medications.
- You and your doctor decide whether generics or brand-name drugs are best for you.

You may request a different medication from your doctor to reduce the copayment, but you are not required to change medications. If a brand-name drug works for you and your doctor, you may continue to get it for a slightly higher copayment.

#### **Who pays copayments?**

You will see “AB” in Field 7b of your DMAP Medical Care ID if you or your family members are required to pay copayments. Clients who do not pay copayments have “NO COPAYS” printed in this field.

#### **Medical Care IDs**

Field 7a of your DMAP Medical Care ID has been revised to show that pharmacy copayments will now range from \$0 to \$3.

#### **DMAP increases quantity limits**

Also starting March 1, 2008, you may get 90-day supplies of OHP generic drugs that have \$0 copayments. Supplies have been limited to 30 days in the past, except when ordered through the OHP Home-Delivery Program. Certain drugs, such as narcotics or mood altering medicines, will still be limited to a 30-day supply.

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#### **Questions?**

- ☎ If you have questions about this information – contact Client Services at 800-273-0557.
- ☎ If you need this information in a larger print size or different format – call your worker.

## DMAP reduces OHP prescription copays



*The following changes only apply to drugs reimbursed on a fee-for-service basis.*

### DMAP increases quantity limits and reduces prescription copayments

Effective March 1, 2008, a policy change (OAR 410-121-146 Dispensing Limitations) will increase the maximum quantity limit from a one-month to a three-month supply for drugs that have \$0 copayments, excluding specified psychotropic drugs.

Effective March 1, 2008, DMAP will reduce OHP Plus copayments to use the scale listed at right (see OAR 410-120-1230). Clients with OHP Standard benefits still do not pay any copayments.

Current copay	New copay	Type of medication
\$2 \$2 \$3	\$0	Preferred PDL generics Generics in non-PDL classes ≤ \$10 Preferred PDL brands
\$2	\$1	Non-preferred PDL generics Generics in non-PDL classes > \$10
\$3	\$3	Non-preferred PDL brands All other brands

These changes coordinate drug

benefit policies to provide consistent incentives to prescribe, dispense and use preferred drugs as determined by the established evidence review process for the Practitioner-Managed Prescription Drug Plan at [www.dhs.state.or.us/policy/healthplan/guides/pharmacy/rulebooks/121rb0108.pdf](http://www.dhs.state.or.us/policy/healthplan/guides/pharmacy/rulebooks/121rb0108.pdf).

### Questions?

If you have questions about the information in this announcement, contact DMAP Provider Services at 800-336-6016 or e-mail [dmap.providerservices@state.or.us](mailto:dmap.providerservices@state.or.us).

### Free, point-of-care access to current OHP Plan Drug List (PDL) information

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

To learn more, go to [www.epocrates.com](http://www.epocrates.com).

**The information below replaces language on pages 4 and 5**

### **Old language**

\$2 for generic and \$3 for brand name prescription drugs (for each filled prescription).

### **New (replacement) language**

DMAP has reduced the copayment on many prescription drugs. Some drugs will no longer require a copayment. The new copayment for prescriptions drugs will be \$0 - \$3 for drugs not paid for by your Medical Plan. Your pharmacy knows the correct copayment and will charge you the reduced copayment amount, beginning March 1.

**The information below replaces the Oregon Quit Line  
phone number on page 12**

### **New phone numbers for the Oregon Quit Line**

- ▶ English: 800-QUIT NOW (800-784-8669)
- ▶ Spanish: 877-2 NO FUME (877-266-3863)
- ▶ TTY: 877-777-6534