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DMAP Policy and Planning Section

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Authorized Signature

Issue Date: 1/3/2014

Topic: Medical Benefits

Subject: Pharmacy announcements - Jan. 1, 2014 Preferred Drug List, PA criteria and billing changes

Applies to:

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

Message:

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

Jan. 1, 2014 pharmacy program changes: This announcement 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](#).

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

January 1, 2014 PDL and prior authorization criteria updates

Key changes

- Updated Prior Authorization (PA) Criteria
- Updated Preferred Drug List (PDL)

Prior authorization criteria updates

Beginning January 1, 2014, DMAP will implement the following new PA criteria:

- HydroxyprogesteroneCaproate (Makena®) – new criteria
- Analgesics, Non-Steroidal Anti-Inflammatory Drugs – updated criteria
- Antiemetics – updated criteria
- Anti-Parkinsons Agents – updated criteria
- Fentanyl Transmucosal, Buccal, and Sprays – updated criteria
- Hepatitis C Oral Protease Inhibitors / Triple Therapy – updated criteria
- Incretin Enhancers – updated criteria
- IncretinMimetics – updated criteria
- LABA / ICS Inhalers – updated criteria
- Mipomersen and Lomitapide – new criteria
- Naltrexone Extended Release Inj (Vivitrol®) – new criteria
- Oral MS Drugs – updated criteria
- Repository Corticotropin Injection (Acthar Gel®) – new criteria
- Roflumilast – updated criteria
- Saproterin – updated criteria
- Skeletal Muscle Relaxants – updated criteria
- Sodium-Glucose Co-Transporter 2 (SGLT2) – new criteria

Find specific criteria in the DMAP Fee-for-Service PA Criteria Guide on the Pharmaceutical Services Clinical Information page at www.dhs.state.or.us/policy/healthplan/guides/pharmacy/clinical.html.

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 at <https://apps.state.or.us/Forms/Served/OE3978.pdf>.

To view the PDL:

- Use the free Epocrates drug guide to access the PDLs on your mobile device or desktop Internet browser (look for "Oregon Medicaid - Open Card"). For more information, go to www.epocrates.com.
- You will also find links to these resources on the PDL Web page at www.orpdl.org.

OHP Preferred Drug List updates

The Division of Medical Assistance Programs (DMAP) has made the following updates to the physical health Preferred Drug List (PDL) effective January 1, 2014:

Preferred:

- Butorphanol Tartrate Spray
- Sumatriptan Succinate
- Peginterferon Alpha-2A
- Peginterferon Alpha-2A Sub Q
- Tricor™
- Trilipix™
- Bacitracin Zinc / Polymyx B Sulfate
- Somatropin (Norditropin®)
- Mesalamine (Lialda®)
- Golimumab (Simponi®)
- Valproic Acid solution
- Interferon Beta-1A / Albumin (Refib™)
- Interferon Beta-1B (Betaseron™)
- Carbidopa / Levodopa tablet ER
- Metadate™
- Methylphenidate (Daytrana™)
- Buprenorphine
- Buprenorphine-Naloxone (Suboxone™)
- Buprenorphine HCL / Naloxone (Suboxone™)
- Ipratropium / Albuterol Sulfate (Combivent Respimat™)
- Budesonide (PulmicortFlexhaler®)
- Budesonide / Formoterol Fumarate (Symbicort®)
- Benzonatate
- Guaifenesin
- Guaifenesin / Codeine Phosphate
- Guaifenesin / Dextromethorphan
- Pseudoephedrine HCL

Non-Preferred:

- Methadone HCL
- Tramadol HCL
- Imitrex®
- Zolmitriptan
- Fenofibrate, Nanocrystallized
- Spinosad (Natroba®)
- Testosterone patch TD24
- Dextroamphetamine Sulfate
- Ciclesonide
- Montelukast Sodium gram pack
- Zafirlukast

We can help

We understand that your patients will have questions and concerns. Please share our Client Services toll-free number (1-800-273-0557), with OHP patients. 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 managed care clients:** Contact the client's managed care plan.

Help us improve future announcements:

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

