

Exclusion List

- Deny payment for drug claims for drugs that are only FDA-approved for indications that are not covered by the Oregon Health Plan (OHP).
- Other exclusionary criteria are in rules at:
www.oregon.gov/OHA/healthplan/pages/pharmacy-policy.aspx

Excerpt from
 OAR 410-121-0147 Exclusions and Limitations
 (DMAP Pharmaceutical Services Program)

- 1) The following items are not covered for payment by the Division of Medical Assistance Programs (DMAP) Pharmaceutical Services Program:
- (a) Drug products for diagnoses below the funded line on the Health Services Commission Prioritized List or an excluded service under Oregon Health Plan (OHP) coverage;
 - (b) Home pregnancy kits;
 - (c) Fluoride for individuals over 18 years of age;
 - (d) Expired drug products;
 - (e) Drug products from non-rebatable manufacturers, with the exception of selected oral nutritionals, vitamins, and vaccines;
 - (f) Active Pharmaceutical Ingredients (APIs) and Excipients as described by Centers for Medicare and Medicaid (CMS);
 - (g) Drug products that are not assigned a National Drug Code (NDC) number;
 - (h) Drug products that are not approved by the Food and Drug Administration (FDA);
 - (i) Drug products dispensed for Citizen/Alien-Waived Emergency Medical client benefit type;
 - (j) Drug Efficacy Study Implementation (DESI) drugs (see OAR 410-121-0420);
 - (k) Medicare Part D covered drugs or classes of drugs for fully dual eligible clients (see OAR 410-121-0149, 410-120-1200, & 410-120-1210).

NOTE: Returns as “70 – NDC NOT COVERED”

Approval Criteria

1. What diagnosis is being treated?	Record ICD10 code.	
2. For what reason is it being rejected?		
3. “70” NDC Not Covered (Transaction line states “Bill Medicare”)	Yes: Go to the Medicare B initiative in these criteria.	No: Go to #2B
4. “70” NDC Not Covered (Transaction line states “Bill Medicare or Bill Medicare D”)	Yes: Informational Pa to bill specific agency	No: Go to #2C

Approval Criteria

<p>5. "70" NDC Not Covered (due to expired or invalid NDC number)</p>	<p>Yes: Informational PA with message "The drug requested does not have a valid National Drug Code number and is not covered by Medicaid. Please bill with correct NDC number."</p>	<p>No: Go to #2D</p>
<p>6. "70" NDC Not Covered (due to DME items, excluding diabetic supplies) (Error code M5 –requires manual claim)</p>	<p>Yes: Informational PA (Need to billed via DME billing rules) 1-800-336-6016</p>	<p>No: Go to #2E</p>
<p>7. "70" NDC Not Covered (Transaction line states "Non-Rebatable Drugs")</p>	<p>Yes: Pass to RPh. Deny (Non-Rebatable Drug) with message "The drug requested is made by company that does not participate in Medicaid Drug Rebate Program and is therefore not covered"</p>	<p>No: Go to #2F</p>
<p>8. "70" NDC Not Covered (Transaction line states "DESI Drug")</p>	<p>Yes: Pass to RPh. Deny (DESI Drug) with message, "The drug requested is listed as a "Less-Than-Effective Drug" by the FDA and not covered by Medicaid."</p>	<p>No: Pass to RPh. Go to #3</p>

Approval Criteria

<p>9. RPh only: "70" NDC Not Covered (Drugs on the Exclusion List) All indications need to be evaluated to see if they are above the line or below the line.</p>	<p>Above: Deny with yesterday's date (Medically Appropriateness) and use clinical judgment to APPROVE for 1 month starting today to allow time for appeal.</p> <p>Message: "Although the request has been denied for long term use because it is considered medically inappropriate, it has also been APPROVED for one month to allow time for appeal."</p>	<p>Below: Deny. Not funded by the OHP.</p> <p>Message: "The treatment for your condition is not a covered service on the Oregon Health Plan."</p>
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If the MAP desk notes a drug is often requested for a covered indication, notify Lead Pharmacist so that policy changes can be considered for valid covered diagnoses.

Exclusion List

Drug Code	Description	DMAP Policy
DCC = 1	Drugs To Treat Impotency/ Erectile Dysfunction	Impotency Not Covered on OHP List
DCC = B	Fertility Agents	Fertility Treatment Not Covered on OHP List
DCC = D	Diagnostics	DME Billing Required
DCC= F, except HSN = 018751 002111 002112 002070 002113 016924	Weight Loss Drugs	Weight Loss Not Covered on OHP List except In cases of co-morbidity. Exceptions are Prior Authorized
DCC= Y	Ostomy Supplies	DME Billing Required
HIC3= B0P	Inert Gases	DME Billing Required
HIC3= L1C	Hypertrichotic Agents, Systemic/Including Combinations	Cosmetic Indications Not Covered on OHP List
HIC3= Q6F	Contact Lens Preparations	Cosmetic Indications Not Covered on OHP List
HIC3=X1C	IUDs	DME Billing Required
HIC3=D6C	Alosetron Hcl	IBS Not Covered on OHP List
HIC3=D6E	Tegaserod	IBS Not Covered on OHP List
HIC3=L1D	Hyperpigmentation Agents	

Drug Code	Description	DMAP Policy
HIC3=L3P	Astringents	
HIC3=L4A	Topical Antipruritic Agents	
HIC3=L5A; Except HSN= 002466 006081 (Podophyllin Resin)	Keratolytics	Acne, Warts, Corns/Calluses; Seborrhea Are Not Covered on OHP List
HIC3=L5B	Sunscreens	Cosmetic Indications, Acne, Atopic Dermatitis, Warts, Corns/Callouses; Diaper Rash, Seborrhea Are Not Covered on OHP List
HIC3=L5C	Abrasives	Cosmetic Indications, Acne, Atopic Dermatitis, Warts, Corns/Callouses; Diaper Rash, Seborrhea Are Not Covered on OHP List
HIC3=L5E	Anti Seborrheic Agents	Seborrhea Not Covered on OHP List
HIC3=L5G	Acne Agents	Acne Not Covered on OHP List
HIC3=L5H	Acne Agents, Topical	Acne Not Covered on OHP List
HIC3=L6A; Except HSN = 002577 002576 002574 002572 (Capsaicin)	Irritants	Acne, Atopic Dermatitis, Seborrhea, Sprains Not Covered on OHP List
HIC3=L7A	Shampoos	Cosmetic Indications, Seborrhea, Not Covered on OHP List
HIC3=L8A	Deodorants	Cosmetic Indications Not Covered on OHP List
HIC3=L8B	Antiperspirants	Cosmetic Indications Not Covered on OHP List
HIC3=L9A	Topical Agents, Misc	Cosmetic Indications, Acne, Atopic Dermatitis, Warts, Corns/Callouses; Diaper Rash, Seborrhea, are Not Covered on OHP List
HIC3=L9B	Vit A Used for Skin	Acne Not Covered on OHP List
HIC3=L9C	Antimelanin Agents	Pigmentation Disorders Not Covered on OHP List
HIC3=L9D	Topical Hyperpigmentation Agent	Pigmentation Disorders Not Covered on OHP List
HIC3=L9F	Topical Skin Coloring Dye Agent	Cosmetic Indications Not Covered on OHP List
HIC3=L9I	Topical Cosmetic Agent; Vit A	Cosmetic Indications Not Covered on OHP List
HIC3=L9J	Hair Growth Reduction Agents	Cosmetic Indications Not Covered on OHP List

Drug Code	Description	DMAP Policy
HIC3=Q5C	Topical Hypertrichotic Agents	Cosmetic Indications Not Covered on OHP List
HIC3=Q5K	Topical Immunosuppressants	Atopic Dermatitis Not Covered on OHP List
HIC3=Q6R, Q6U, Q6D	Antihistamine-Decongestant, Vasoconstrictor and Mast Cell Eye Drops	Allergic Conjunctivitis Not Covered on OHP List
HIC3= U5A, U5B, U5F & S2H plus HSN= 014173	Herbal Supplements “ Natural Anti-Inflammatory Supplements” - Not Including Nutritional Supplements such as: Ensure, Boost, Etc.	
HSN = 004045 + ROA = TOPICAL	Clindamycin Topical	Acne Not Covered on OHP List
HSN=003344	Sulfacetamide Sodium/Sulfur Topical	Acne Not Covered on OHP List
HSN=008712, 004022 + ROA=TOPICAL	Erythromycin Topical	Acne Not Covered on OHP List
HSN=025510	Rosacea	Acne Not Covered on OHP List
TC=93; Except HSN = 002363 (dextranomer) 002361 (zno)	Emollients/Protectants	Cosmetic Indications, Acne, Atopic Dermatitis, Warts, Corns/Callouses; Diaper Rash, Seborrhea, Psoriasis Are Not Covered on OHP List

P&T Review: 2/23/06
Implementation: 9/1/06; 1/1/12