

CareOregon Pharmacy

Medicare benefit changes in response to COVID-19

Updated 4/15/20



The CDC recommends that people have at least a two-week supply of medications on hand. The following changes have been made to our pharmacy benefit to help ensure our members can get their medications:

Refills
<ul style="list-style-type: none">• Early refills are allowed.• Opioid prescription limits and safety checks will remain in place.
Extended-day supply
<ul style="list-style-type: none">• Prescriptions can be filled for up to a 90-day supply as usual. Please consider how much supply is truly necessary to ensure medication shortages are kept to a minimum.• Quantity limits will still apply, for safety reasons. We will continue to evaluate as needs change.
Mail
<ul style="list-style-type: none">• Many pharmacies are offering delivery or mail service.• CareOregon Advantage also partners with two mail-order pharmacies: OHSU and OptumRx. There are links on the member page to sign up: https://www.careoregonadvantage.org/member-resources/find-a-pharmacy
Prior authorization
<ul style="list-style-type: none">• All medications that have a current authorization on file will have the expiration date extended by six months.• Prior authorization requirements will be turned back on. If you prescribed a medication during the period that PA was lifted, you may need to submit a PA request to continue therapy. Providers and members will receive a letter with instructions.• PA requests can now also be submitted electronically in addition to fax. Send the PA request form and any chart notes to pharmacyPArequest@careoregon.org
Medication Shortages
<ul style="list-style-type: none">• CareOregon is monitoring medication shortages via contacts with local pharmacies and review of the FDA medication shortage list. We will act on them as necessary and appropriate.• If a patient of yours is having trouble filling their medications and you have already worked with their local pharmacy with no success, please call Pharmacy Customer Service at 503-416-4100. You will be asked to provide specifics such as medication name, strength and dosage form, the specific pharmacy called, and member information.