

410-121-0030 Practitioner-Managed Prescription Drug Plan (PMPDP)

(1) The Practitioner-Managed Prescription Drug Plan (PMPDP) is a plan that ensures that fee for service clients of the Oregon Health Plan will have access to the most effective prescription drugs appropriate for their clinical conditions at the best possible price:

(a) Licensed health care practitioners (informed by the latest peer reviewed research), make decisions concerning the clinical effectiveness of the prescription drugs;

(b) The licensed health care practitioners also consider the health condition of a client or characteristics of a client, including the client's gender, race or ethnicity.

(2) PMPDP Plan Drug List (PDL):

(a) The PDL is the primary tool that the Department of Human Services (DHS) has developed to inform licensed health care practitioners about the results of the latest peer-reviewed research and cost effectiveness of prescription drugs;

(b) The PDL consists of prescription drugs in selected classes that DHS, in consultation with the Health Resources Commission (HRC), has determined represent effective drug(s) available at the best possible price;

(c) For each selected drug class, the PDL will identify the drug(s) in the class that DHS determines to be the most effective drug(s) and determine the Net Price for each drug and Average Net Price of the class;

(d) The PDL will include drugs in the class that are Medicaid reimbursable and which the Food and Drug Administration (FDA) has determined to be safe and effective if the relative cost is less than the Average Net Price. If pharmaceutical manufacturers enter into supplemental rebate agreements with DHS that reduce the cost of their drug below that of the Average Net Price for the class, DHS, in consultation with the HRC recommendations, may include their drug on the PDL;

(e) A copy of the current PDL is available on the web at www.dhs.state.or.us/policy/healthplan/guides/pharmacy/.

(3) PMPDP PDL Selection Process:

(a) DHS will utilize the recommendations made by the HRC, which result from an evidence-based evaluation process, as the basis for identifying the most effective drug(s) within a selected drug class;

(b) DHS will determine the drug(s) identified in (3) (a) that is (are) available for the best possible price and will consider any input from the HRC about other FDA-approved drug(s) in the same class that are available for a lesser relative price. DHS will determine relative price using the methodology described in subsection (4);

(c) DHS will review drug classes and selected drug(s) for the drug classes periodically:

(A) Review will occur more frequently at the discretion of DHS if new safety information or the release of new drugs in a class or other information makes a review advisable;

(B) DHS will not add new drugs to the PDL until they have been reviewed by the HRC;

(C) DHS will make all changes or revisions to the PDL, using the rulemaking process and will publish the changes on the DHS Pharmaceutical Services provider rules Web page.

(4) Relative cost and best possible price determination:

(a) DHS will determine the relative cost of all drugs in each selected class that are Medicaid reimbursable and that the FDA has determined to be safe and effective;

(b) DHS may also consider dosing issues, patterns of use and compliance issues. DHS will weigh these factors with any advice provided by the HRC in reaching a final decision;

(c) DHS will determine the Average Net Price for each PDL drug class. ;

(d) DHS will include drugs on the PDL based on all of the above and with a Net Price under the Average Net Price.

(5) Regardless of the PDL, pharmacy providers shall dispense prescriptions in the generic form, unless the practitioner requests otherwise, subject to the regulations outlined in OAR 410-121-0155.

Table 121-0030-1, PMPDP PDL

Stat. Auth.: ORS 409.010, 409.025, 409.040, 409.050, 409.110 & 414.065
Stats. Implemented: ORS 414.065

1-1-09

Table 121-0030-1 Practitioner-Managed Prescription Drug Plan (PMPDP)

All drugs listed below were evaluated by the Health Resources Commission (HRC) using an evidence-based review process. HRC identified drugs of similar or superior benefit when used as the initial treatment for the majority of patients. DHS limited the list of identified drugs to the most cost effective. Therapeutic prior authorization (PA) requirements still apply to drugs listed in the PDL classes (OAR 410-121-0040).

ALLERGY

Newer Antihistamines:

(**) loratidine (generic)

ANALGESICS

Non-Steroidal Anti-inflammatory Drugs:

(**) diclofenac sodium (generic)

- ibuprofen (generic)
- indomethacin (generic)
- fluriprofen (generic)
- ketoprofen (generic)
- meloxicam (generic)
- naproxen (generic)
- naproxen sodium (generic)
- oxaprozin (generic)
- piroxicam (generic)
- salsalate (generic)
- sulindac (generic)

Opioids, Long-Acting:

(**) LA morphine sulfate (generic)

- Kadian
- levorphanol (generic)
- methadone (generic)
- Oramorph SR

Skeletal Muscle Relaxants:

Chronic neurological condition spasms:

- (**) baclofen (generic)
- tizanidine (generic)

Acute/chronic musculoskeletal spasms:

- (**) cyclobenzaprine (generic)

Triptans:

- (**) Relpax
- Amerge
- Axert
- Imitrex
- Maxalt, Maxalt MLT
- Zomig, Zomig ZMT

Nasal

- (**) Zomig
- Imitrex

Subcutaneous:

- (**) Imitrex

ANTI-INFECTIVES

Hepatitis C Drugs:

- (**) Peg-Intron
- Pegasys

ASTHMA/COPD

Beta Agonists:

Long-acting

- (**) Foradil
- Serevent

Short-acting

- (**) Proventil HFA
- Alupent
- Maxair
- Proair HFA
- Ventolin HFA

- Xopenex HFA

Inhaled Corticosteroids:

Low/Medium potency

- (**) QVAR
- Aerobid, AerobidM
- Azmacort

High potency

- (**) Asmanex
- Flovent
- Pulmicort Flexhaler

CARDIOVASCULAR

ACE Inhibitors:

- (**)enalapril (generic)
- captopril (generic)
- lisinopril (generic)

Combinations

- (**) lisinopril-HCTZ (generic)
- benazepril-HCTZ (generic)
- captopril-HCTZ (generic)
- enalapril-HCTZ(generic)

Angiotensin Receptor Antagonists:

(**)Cozaar

- Avapro
- Atacand
- Benicar
- Diovan
- Micardis

Combinations

- (**) Hyzaar
- Avalide
- Atacand HCT
- Benicar HCT
- Diovan HCT
- Micardis HCT

Antiplatelets:

- (**) Plavix
- Aggrenox
- Aspirin

Beta Blockers:

- (**) metoprolol succinate (generic)
- acebutolol (generic)
- atenolol (generic)
- bisoprolol (generic)
- carvedilol (generic)
- labetalol (generic)
- metoprolol tartrate (generic)
- nadolol (generic)
- propranolol (generic)

Calcium Channel Blockers:

Dihydropyridines:

- (**) amlodipine (generic)

NonDihydropyridines:

- (**)verapamil SR (generic)
- diltiazem IR (generic)
- verapamil IR (generic)

Statins:

Low/Medium Potency

(**) lovastatin (generic)

- pravastatin (generic)

High Potency

- simvastatin (generic)

ENDOCRINE

Diabetes Drugs:

Oral Hypoglycemic Drugs:

- (**) glyburide (generic)
- glimepiride (generic)
- glipizide (generic)

Thiazolidinediones:

- (**) Avandia
- Actos

Estrogens:

- (**) estradiol (generic)
- estropipate (generic)

Transdermal Products

(**) estradiol patch (generic)

- Alora
- Combipatch
- Estraderm
- Menostar
- Vivelle, Vivelle-Dot

Vaginal Products

(**) Vagifem

- Premarin
- Estring

GASTROINTESTINAL

Antiemetics:

- (**) ondansetron (generic)
- Emend (add on therapy only)

Proton Pump Inhibitors:

(**) omeprazole (generic)

GENITOURINARY

Overactive Bladder Drugs:

(**) oxybutynin (generic)

NEUROLOGIC

Alzheimers Drugs:

- (**)Aricept
- Aricept ODT
- Exelon
- Namenda
- Razadyne
- Razadyne ER

410-121-0032 Supplemental Rebate Agreements

(1) Supplemental Rebate Agreements are negotiated for specific drug products between the Division of Medical Assistance Programs (DMAP) and pharmaceutical manufacturers. Manufacturers may submit Supplemental Rebate offers for consideration to include their drug(s) on the Practitioner's-Managed Prescription Drug Plan (PMPDP) Plan Drug List (PDL), OAR 410-121-0030:

(a) Manufacturers must submit Supplemental Rebate Agreements on the agreement template approved by the Centers for Medicare and Medicaid Services (CMS). This template is available on the Department of Human Services Web site;

(2) Manufacturers may offer Supplemental Rebates by submitting the completed template to DMAP:

(a) Manufacturers may be allowed to submit Supplemental Rebate offers for drugs recommended for inclusion on the PDL by the Health Resources Commission;

(b) The PDL will include drugs in the class that are Medicaid reimbursable and which the Food and Drug Administration (FDA) has determined to be safe and effective if the relative cost is less than the Average Net Price. If pharmaceutical manufacturers enter into supplemental rebate agreements with DHS that reduce the cost of their drug below that of the Average Net Price for the class, DHS, in consultation with the HRC recommendations, may include their drug on the PDL;

(3) Manufacturers may submit a Supplemental Rebate Agreement offer by:

(a) Obtaining the CMS-approved template from the DHS website, and;

(b) Submitting the completed Supplemental Rebate Agreement with attachment B listing the drugs offered to DMAP. The manufacturers may submit up to three separate attachment B drug lists with the Supplemental Rebate Agreement offer.

(4) Acceptance of the offer:

(a) DMAP may notify the manufacturer of the acceptance of the offer(s);

(b) Supplemental Agreements will be executed after signed by all parties, approved by CMS if required, and added to the PMPDP Plan Drug List by the Administrative rule process.

Stat. Auth.: ORS 409.010, 409.025, 409.040, 409.050, 409.110 & 414.065

Stats. Implemented: 414.065

7-1-09