

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 shall 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 Preferred Drug List (PDL):

(a) The PDL is the primary tool that the Department 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 the Department, in consultation with the Health Resources Commission (HRC), has determined represent the most effective drug(s) available at the best possible price;

(c) For each selected drug class, the PDL shall identify the drug(s) in the class that the Department 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 shall include drugs in the class that are Medicaid reimbursable and 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 the Department that reduce the cost of their drug below that of the Average Net Price for the class, the Department, 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/rulebooks/CRB121rb101810p.pdf

(3) PMPDP PDL Selection Process:

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

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

(c) The Department shall evaluate drug classes and selected drugs for the drug classes periodically:

(A) Evaluation shall occur more frequently at the discretion of the Department if new safety information or the release of new drugs in a class or other information makes an evaluation advisable;

(B) New drugs in classes already evaluated for the PDL shall be non-preferred until the new drug has been reviewed by the HRC;

(C) The Department shall make all changes or revisions to the PDL, using the rulemaking process and shall publish the changes on the Department's Pharmaceutical Services provider rules Web page.

(4) Relative cost and best possible price determination:

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

(c) The Department shall determine the Average Net Price for each PDL drug class;

(d) The Department shall 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.

(6) The exception process for obtaining non-preferred physical health drugs that are not on the PDL drugs shall be as follows:

(a) If the prescribing practitioner, in their professional judgment, wishes to prescribe a physical health drug not on the PDL, they may request an exception, subject to the requirements of OAR 410-121-0040;

(b) The prescribing practitioner must request an exception for physical health drugs not listed in the PDL subject to the requirements of OAR 410-121-0060;

(c) Exceptions shall be granted in instances:

(A) Where the prescriber in their professional judgment determines the non-preferred drug is medically appropriate after consulting with the Division or the Oregon Pharmacy Help Desk; or

(B) Where the prescriber requests an exception subject to the requirement of (6)(b) and fails to receive a report of PA status within 24 hours, subject to OAR 410-121-0060.

(7) Table 121-0030-1, PMPDP PDL

[ED. NOTE: Tables referenced are not included in rule text. Click here for PDF copy of table(s).]

Stat. Auth.: ORS 409.010, 409.025, 409.040, 409.050, 409.110, 414.065, 414.325

Stats. Implemented: ORS 414.065

1-1-11

**Table 121-0030-1 Oregon FFS Enforcable Physical Health
Preferred Drug List - effective 1/1/11**

| System | Class | Preferred | |
|------------------------|--------------------------------|-----------------------------|------------|
| Allergy/Cold | Antihistamines, 2nd Generation | CETIRIZINE HCL | TABLET |
| | | CETIRIZINE HCL | SOLUTION |
| | | LORATADINE | TABLET |
| | | LORATADINE | SOLUTION |
| | | LORATADINE | TAB RAPDIS |
| Analgesics | Gout | ALLOPURINOL | TABLET |
| | | PROBENECID-COLCHICINE | TABLET |
| Analgesics | Long-Acting Opioids | AVINZA | CPMP 24HR |
| | | DURAGESIC (BRAND ONLY) | PATCH TD72 |
| | | METHADONE | ORAL CONC |
| | | METHADONE HCL | TABLET |
| | | METHADONE HCL | SOLUTION |
| | | METHADONE INTENSOL | ORAL CONC |
| | | MORPHINE SULFATE | TABLET SA |
| OXYCONTIN (BRAND ONLY) | TAB.SR 12H | | |
| Analgesics | NSAIDs | DICLOFENAC SODIUM | TABLET DR |
| | | ETODOLAC | TABLET |
| | | ETODOLAC | CAPSULE |
| | | FLURBIPROFEN | TABLET |
| | | IBUPROFEN | CAPSULE |
| | | IBUPROFEN | TABLET |
| | | IBUPROFEN | ORAL SUSP |
| | | IBUPROFEN IB | TAB CHEW |
| | | INDOMETHACIN | CAPSULE |
| | | INFANT'S IBUPROFEN | DROPS SUSP |
| | | MELOXICAM | TABLET |
| | | NABUMETONE | TABLET |
| | | NAPROXEN | TABLET |
| | | NAPROXEN | TABLET DR |
| | | NAPROXEN SODIUM | TABLET |
| OXAPROZIN | TABLET | | |
| PIROXICAM | CAPSULE | | |
| SALSALATE | TABLET | | |
| SULINDAC | TABLET | | |
| Analgesics | Short-Acting Opioids | CODEINE SULFATE | TABLET |
| | | HYDROCODONE-ACETAMINOPHEN | TABLET |
| | | HYDROMORPHONE HCL | TABLET |
| | | MORPHINE SULFATE | TABLET |
| | | MORPHINE SULFATE | SOLUTION |
| | | OXYCODONE HCL | TABLET |
| | | OXYCODONE HCL | ORAL CONC |
| | | OXYCODONE HCL | CAPSULE |
| | | OXYCODONE HCL | SOLUTION |
| | | OXYCODONE-ACETAMINOPHEN | CAPSULE |
| | | OXYCODONE-ACETAMINOPHEN | TABLET |
| TRAMADOL HCL | TABLET | | |
| Analgesics | Skeletal Muscle Relaxants | CARISOPRODOL | |
| | | BACLOFEN | |
| | | CARISOPRODOL COMPOUND | |
| | | CYCLOBENZAPRINE HCL | |
| | | METHOCARBAMOL | |
| | | ORPHENADRINE CITRATE | |
| | | ORPHENADRINE COMPOUND FORTE | |
| TIZANIDINE HCL | | | |

| System | Class | Preferred | |
|------------|-------------------------|-------------------------------|------------|
| Analgesics | Topical | CAPSAICIN | CREAM(GM) |
| Analgesics | Triptans | AXERT | TABLET |
| | | IMITREX (BRAND ONLY) | SPRAY |
| | | IMITREX (BRAND ONLY) | PEN IJ KIT |
| | | IMITREX (BRAND ONLY) | VIAL |
| | | MAXALT | TABLET |
| | | MAXALT MLT | TAB RAPDIS |
| | | NARATRIPTAN | TABLET |
| | | SUMATRIPTAN | TABLET |
| | | ZOMIG | SPRAY |
| Antibiotic | Amoxicillin-Clavulanate | AMOX TR-POTASSIUM CLAVULANATE | TABLET |
| | | AMOX TR-POTASSIUM CLAVULANATE | SUSP RECON |
| Antibiotic | Cephalosprin, 1st Gen | CEPHALEXIN | CAPSULE |
| | | CEPHALEXIN | SUSP RECON |
| Antibiotic | Cephalosprin, 2nd Gen | CEFACTOR | CAPSULE |
| | | CEFPROZIL | SUSP RECON |
| | | CEFPROZIL | TABLET |
| | | CEFUROXIME | TABLET |
| Antibiotic | Cephalosprin, 3rd Gen | CEFDINIR | CAPSULE |
| | | CEFDINIR | SUSP RECON |
| | | CEFPODOXIME PROXETIL | TABLET |
| | | SUPRAX | TABLET |
| | | SUPRAX | SUSP RECON |
| Antibiotic | Fluoroquinolones, Oral | AVELOX | TABLET |
| | | AVELOX ABC PACK | TABLET |
| | | CIPRO | SUS MC REC |
| | | CIPROFLOXACIN HCL | TABLET |
| Antibiotic | Macrolide/Ketolide | AZITHROMYCIN | SUSP RECON |
| | | AZITHROMYCIN | TABLET |
| | | CLARITHROMYCIN | TABLET |
| | | E.E.S. 200 | SUSP RECON |
| | | E.E.S. 400 | TABLET |
| | | ERYPED 200 | SUSP RECON |
| | | ERYPED 400 | SUSP RECON |
| | | ERY-TAB | TABLET DR |
| | | ERYTHROCIN STEARATE | TABLET |
| | | ERYTHROMYCIN | TABLET |
| | | ERYTHROMYCIN | CAPSULE DR |
| | | ERYTHROMYCIN ETHYLSUCCINATE | TABLET |
| Antibiotic | Tetracyclines, Oral | DOXYCYCLINE HYCLATE | TABLET |
| | | DOXYCYCLINE HYCLATE | CAPSULE |
| | | DOXYCYCLINE MONOHYDRATE | CAPSULE |
| | | DOXYCYCLINE MONOHYDRATE | TABLET |
| | | MINOCYCLINE HCL | CAPSULE |
| | | TETRACYCLINE HCL | CAPSULE |
| | | VIBRAMYCIN | SUSP RECON |
| Antifungal | Antifungal, Oral | CLOTRIMAZOLE | TROCHE |
| | | FLUCONAZOLE | TABLET |
| | | FLUCONAZOLE | SUSP RECON |
| | | KETOCONAZOLE | TABLET |
| | | NYSTATIN | ORAL SUSP |
| | | NYSTATIN | TABLET |
| Antiviral | Hepatitis B | EPIVIR HBV | |
| | | VIREAD | |
| | | BARACLUDE | |
| Antiviral | Hepatitis C | PEGASYS | |
| | | PEGINTRON | |

| System | | Class | Preferred |
|----------------|--------------------------------|---------------------|------------|
| Antiviral | HSV, Oral | ACYCLOVIR | CAPSULE |
| | | ACYCLOVIR | TABLET |
| | | ACYCLOVIR | ORAL SUSP |
| Antiviral | Influenza | AMANTADINE | SYRUP |
| | | AMANTADINE | CAPSULE |
| | | AMANTADINE | TABLET |
| | | RIMANTADINE HCL | TABLET |
| | | TAMIFLU | SUSP RECON |
| | | TAMIFLU | CAPSULE |
| Cardiovascular | Anticoagulants, SQ | FRAGMIN LOVENOX | |
| Cardiovascular | Antiplatelet Drugs | AGGRENOX | CPMP 12HR |
| | | ASPIRIN | TABLET |
| | | DIPYRIDAMOLE | TABLET |
| | | PLAVIX | TABLET |
| Cardiovascular | Beta-Blockers | ACEBUTOLOL HCL | CAPSULE |
| | | ATENOLOL | TABLET |
| | | CARVEDILOL | TABLET |
| | | LABETALOL HCL | TABLET |
| | | METOPROLOL TARTRATE | TABLET |
| | | NADOLOL | TABLET |
| | | PROPRANOLOL HCL | TABLET |
| Cardiovascular | Calcium Channel Blockers - DH | AMLODIPINE BESYLATE | TABLET |
| | | NICARDIPINE HCL | CAPSULE |
| | | NIFEDIPINE ER | TAB ER 24 |
| | | NIFEDIPINE ER | TABLET SA |
| Cardiovascular | Calcium Channel Blockers - NDH | DILTIAZEM 24HR ER | CAP.SR 24H |
| | | DILTIAZEM ER | CAPSULE CR |
| | | DILTIAZEM ER | CAPSULE SA |
| | | DILTIAZEM HCL | TABLET |
| | | VERAPAMIL HCL | CAP24H PEL |
| | | VERAPAMIL HCL | TABLET |
| | | VERAPAMIL HCL | TABLET SA |
| Cardiovascular | DRIs, ACE-Is and ARBs | AVAPRO | |
| | | BENAZEPRIL | |
| | | BENICAR | |
| | | CAPTOPRIL | |
| | | DIOVAN | |
| | | ENALAPRIL | |
| | | FOSINOPRIL | |
| | | LISINOPRIL | |
| | | LOSARTAN | |
| | | MICARDIS | |
| | | MOEXIPRIL | |
| | | QUINAPRIL | |
| | | RAMIPRIL | |
| | | TRANDOLAPRIL | |

| System | Class | Preferred |
|----------------|-----------------------------|--|
| Cardiovascular | DRIs, ACE-Is and ARBs + HCT | AVALIDE BENAZEPRIL-HYDROCHLOROTHIAZIDE BENICAR HCT CAPTOPRIL/HYDROCHLOROTHIAZIDE DIOVAN HCT ENALAPRIL-HYDROCHLOROTHIAZIDE FOSINOPRIL-HYDROCHLOROTHIAZIDE LISINOPRIL-HYDROCHLOROTHIAZIDE LOSARTAN-HYDROCHLOROTHIAZIDE MICARDIS HCT MOEXIPRIL-HYDROCHLOROTHIAZIDE QUINAPRIL-HYDROCHLOROTHIAZIDE |
| Cardiovascular | HP Statins & Combos | LIPITOR SIMVASTATIN |
| Cardiovascular | LMP Statins & Combos | LOVASTATIN PRAVASTATIN |
| Dermatologic | Antifungal, Topical | MICONAZOLE NITRATE CREAM(GM) NYSTATIN CREAM(GM) NYSTATIN OINT.(GM) |
| Dermatologic | Antiparasite | PERMETHRIN CREAM(GM) PERMETHRIN LIQUID PIP BUTOX/PYRETHRINS/PERMETH KIT PIPERONYL BUTOXIDE/PYRETHRIN: GEL (GM) PIPERONYL BUTOXIDE/PYRETHRIN: KIT PIPERONYL BUTOXIDE/PYRETHRIN: LIQUID PIPERONYL BUTOXIDE/PYRETHRIN: SHAMPOO |
| Dermatologic | Impetigo Agents | BACITRACIN OINT.(GM) BACITRACIN ZINC OINT.(GM) BACITRACIN-POLYMYXIN OINT.(GM) GENTAMICIN SULFATE CREAM(GM) MUPIROCIN OINT.(GM) NEOMY SULF/BACITRAC ZN/POLY OINT.(GM) |
| Dermatologic | Psoriasis, Topical | ANTHRALIN CREAM(GM) CALCIPOTRIENE SOLUTION DOVONEX CREAM(GM) TACLONEX OINT.(GM) TAZORAC CREAM(GM) |

| System | Class | Preferred | |
|-------------------------|-----------------------|----------------------------|------------|
| Dermatologic | Steroids, Topical | ALCLOMETASONE DIPROPIONATE | CREAM(GM) |
| | | ALCLOMETASONE DIPROPIONATE | OINT.(GM) |
| | | BETAMETHASONE DIPROPIONATE | CREAM(GM) |
| | | BETAMETHASONE DIPROPIONATE | LOTION |
| | | BETAMETHASONE DIPROPIONATE | OINT.(GM) |
| | | BETAMETHASONE VALERATE | CREAM(GM) |
| | | BETAMETHASONE VALERATE | OINT.(GM) |
| | | CLOBETASOL PROPIONATE | CREAM(GM) |
| | | CLOBETASOL PROPIONATE | OINT.(GM) |
| | | DESONIDE | CREAM(GM) |
| | | DESONIDE | OINT.(GM) |
| | | FLUOCINOLONE ACETONIDE | CREAM(GM) |
| | | FLUOCINOLONE ACETONIDE | SOLUTION |
| | | FLUOCINONIDE | CREAM(GM) |
| | | FLUOCINONIDE | SOLUTION |
| | | FLUOCINONIDE/EMOLLIENT | CREAM(GM) |
| | | HYDROCORTISONE | CREAM(GM) |
| | | HYDROCORTISONE | OINT.(GM) |
| HYDROCORTISONE ACETATE | CREAM(GM) | | |
| HYDROCORTISONE BUTYRATE | SOLUTION | | |
| TRIAMCINOLONE ACETONIDE | CREAM(GM) | | |
| TRIAMCINOLONE ACETONIDE | OINT.(GM) | | |
| Endocrine | Androgens | ANDRODERM | PATCH TD24 |
| | | TESTOSTERONE CYPIONATE | VIAL |
| | | TESTOSTERONE ENANTHATE | VIAL |
| Endocrine | Bone Metabolism Drugs | ACTONEL | TABLET |
| | | ALENDRONATE SODIUM | TABLET |
| | | BONIVA | TABLET |
| | | FOSAMAX | SOLUTION |
| | | FOSAMAX PLUS D | TABLET |
| Endocrine | DM-Insulin | LANTUS | CARTRIDGE |
| | | LANTUS | VIAL |
| | | LANTUS SOLOSTAR | INSULN PEN |
| | | NOVOLIN 70-30 | VIAL |
| | | NOVOLIN 70-30 INNOLET | INSULN PEN |
| | | NOVOLIN L | VIAL |
| | | NOVOLIN N | VIAL |
| | | NOVOLIN N INNOLET | INSULN PEN |
| | | NOVOLIN R | VIAL |
| | | HUMULIN R | VIAL |
| | | HUMULIN N | VIAL |
| | | HUMULIN 50-50 | VIAL |
| | | HUMULIN 70-30 | VIAL |
| | | HUMULIN N | INSULN PEN |
| HUMULIN 70-30 | INSULN PEN | | |
| Endocrine | DM-Insulin | HUMULOG | VIAL |
| | | HUMULOG 50-50 | VIAL |
| | | HUMULOG 70-25 | VIAL |
| | | HUMULOG | INSULN PEN |
| | | HUMULOG | CARTRIDGE |
| | | HUMULOG 50-50 | INSULN PEN |
| | | HUMULOG 70-25 | INSULN PEN |
| | | NOVOLOG | CARTRIDGE |
| | | NOVOLOG | INSULN PEN |
| | | NOVOLOG | VIAL |
| | | NOVOLOG MIX 70-30 | INSULN PEN |
| NOVOLOG MIX 70-30 | VIAL | | |

| System | Class | Preferred | |
|------------------|-------------------------|--------------------|------------|
| Endocrine | DM-Oral Hypoglycemics | GLIMEPIRIDE | TABLET |
| | | GLIPIZIDE | TABLET |
| | | GLYBURIDE | TABLET |
| | | METFORMIN HCL | TABLET |
| | | METFORMIN HCL ER | TAB.SR 24H |
| Endocrine | DM-Thiazolidinediones | ACTOS | |
| Endocrine | Growth Hormone | SAIZEN | CARTRIDGE |
| | | NUTROPIN | VIAL |
| | | NUTROPIN AQ | CARTRIDGE |
| | | TEV-TROPIN | VIAL |
| Endocrine | HRT - Estrogen, Oral | CENESTIN | |
| | | ESTRADIOL | |
| | | ESTROPIPATE | |
| | | FEMHRT | |
| Endocrine | HRT - Estrogen, Topical | ALORA | PATCH TDSW |
| | | CLIMARA | PATCH TDWK |
| | | ESTRADIOL | PATCH TDWK |
| Endocrine | HRT - Estrogen, Vaginal | ESTRING | |
| | | PREMARIN | |
| | | VAGIFEM | |
| Gastrointestinal | Antiemetics, Newer | ONDANSETRON HCL | SOLUTION |
| | | ONDANSETRON ODT | TAB RAPDIS |
| | | ONDANSETRON HCL | TABLET |
| Gastrointestinal | Digestive Enzymes | CREON | |
| | | ZENPEP | |
| Gastrointestinal | H2-Antagonists | CIMETIDINE | TABLET |
| | | CIMETIDINE | SOLUTION |
| | | FAMOTIDINE | TABLET |
| | | RANITIDINE HCL | TABLET |
| | | RANITIDINE HCL | SYRUP |
| | | RANITIDINE HCL | CAPSULE |
| Gastrointestinal | Inflammatory Bowel | APRISO | CAP.SR 24H |
| | | ASACOL | TABLET DR |
| | | DIPENTUM | CAPSULE |
| | | LIALDA | TABLET DR |
| | | MESALAMINE | KIT |
| | | PENTASA | CAPSULE SA |
| | | SFROWASA | ENEMA |
| | | SULFASALAZINE | TABLET |
| | | SULFASALAZINE DR | TABLET DR |
| | | SULFAZINE | TABLET |
| SULFAZINE EC | TABLET DR | | |
| Gastrointestinal | PPIs | ACIPHEX | TABLET DR |
| | | OMEPRAZOLE | CAPSULE DR |
| | | OMEPRAZOLE | TABLET DR |
| | | PRILOSEC OTC | TABLET DR |
| Genitourinary | BPH | DOXAZOSIN MESYLATE | TABLET |
| | | FINASTERIDE | TABLET |
| | | TAMSULOSIN HCL | CAP.SR 24H |
| | | TERAZOSIN HCL | CAPSULE |

| System | Class | Preferred | |
|---------------|-----------------------------|------------------------|------------|
| Genitourinary | Overactive Bladder Drugs | DETROL | TABLET |
| | | HYOMAX-SR | TAB.SR 12H |
| | | HYOSCYAMINE SULFATE | DROPS |
| | | HYOSCYAMINE SULFATE | ELIXIR |
| | | HYOSYNE | ELIXIR |
| | | OXYBUTYNIN CHLORIDE | TABLET |
| | | OXYBUTYNIN CHLORIDE | SYRUP |
| | | OXYBUTYNIN CHLORIDE ER | TAB ER 24 |
| | | OXYTROL | PATCH TDSW |
| | | TOVIAZ | TAB.SR 24H |
| | | VESICARE | TABLET |
| Hematology | Colony Stimulating Factors | NEUPOGEN | |
| | | NEULASTA | |
| | | LEUKINE | |
| Hematology | Hematopoietic Agents | ARANESP | VIAL |
| | | PROCRIT | VIAL |
| Immunologics | Immunosuppressants | AZATHIOPRINE | TABLET |
| | | CELLCEPT | SUSP RECON |
| | | CYCLOSPORINE | CAPSULE |
| | | GENGRAF | SOLUTION |
| | | GENGRAF | CAPSULE |
| | | MYCOPHENOLATE MOFETIL | CAPSULE |
| | | MYCOPHENOLATE MOFETIL | TABLET |
| | | NEORAL | CAPSULE |
| | | PROGRAF | CAPSULE |
| | | RAPAMUNE | SOLUTION |
| | | RAPAMUNE | TABLET |
| SANDIMMUNE | CAPSULE | | |
| ZORTRESS | TABLET | | |
| Immunologics | Targetted Immune Modulators | ENBREL | |
| | | HUMIRA | |
| | | REMICADE | |
| Neurologic | Alzeimers Dx | ARICEPT | TABLET |
| | | EXELON | PATCH TD24 |
| | | GALANTAMINE | TABLET |
| | | NAMENDA | TABLET |

| System | Class | Preferred | |
|--------------------------|--------------------|------------------------------|------------|
| Neurologic | Anticonvulsants | BANZEL | TABLET |
| | | CARBAMAZEPINE | TABLET |
| | | CARBAMAZEPINE | TAB CHEW |
| | | CARBAMAZEPINE | ORAL SUSP |
| | | CARBAMAZEPINE XR | TAB.SR 12H |
| | | CARBATROL | CPMP 12HR |
| | | CELONTIN | CAPSULE |
| | | CLONAZEPAM | TABLET |
| | | CLONAZEPAM | TAB RAPDIS |
| | | DEPAKOTE SPRINKLE | CAP SPRINK |
| | | DIASTAT (BRAND ONLY) | KIT |
| | | DIASTAT ACUDIAL (BRAND ONLY) | KIT |
| | | DILANTIN | TAB CHEW |
| | | DILANTIN | CAPSULE |
| | | DIVALPROEX SODIUM | TABLET DR |
| | | DIVALPROEX SODIUM ER | TAB.SR 24H |
| | | EPITOL | TABLET |
| | | ETHOSUXIMIDE | SYRUP |
| | | ETHOSUXIMIDE | CAPSULE |
| | | GABAPENTIN | CAPSULE |
| | | GABITRIL | TABLET |
| | | KEPPRA | SOLUTION |
| | | LAMOTRIGINE | TABLET |
| | | LEVETIRACETAM | TABLET |
| | | MEBARAL | TABLET |
| | | MEPHOBARBITAL | TABLET |
| | | OXCARBAZEPINE | TABLET |
| | | PEGANONE | TABLET |
| | | PHENOBARBITAL | TABLET |
| | | PHENOBARBITAL | ELIXIR |
| | | PHENYTEK | CAPSULE |
| | | PHENYTOIN | ORAL SUSP |
| | | PHENYTOIN SODIUM EXTENDED | CAPSULE |
| PRIMIDONE | TABLET | | |
| TEGRETOL XR | TAB.SR 12H | | |
| TOPIRAMATE | TABLET | | |
| TRILEPTAL | ORAL SUSP | | |
| VALPROIC ACID | SYRUP | | |
| VALPROIC ACID | CAPSULE | | |
| VIMPAT | TABLET | | |
| ZONISAMIDE | CAPSULE | | |
| Neurologic | MS Drugs | AVONEX | |
| | | COPAXONE | |
| Neurologic | Parkinson's Drugs | BENZTROPINE MESYLATE | TABLET |
| | | CARBIDOPA-LEVODOPA | TABLET |
| | | COMTAN | TABLET |
| | | REQUIP | TABLET |
| | | ROPINIROLE HCL | TABLET |
| | | SELEGILINE HCL | CAPSULE |
| | | STALEVO | TABLET |
| | | TRIHEXYPHENIDYL HCL | TABLET |
| TRIHEXYPHENIDYL HCL | ELIXIR | | |
| Ophthalmic | Antibiotic/Steroid | BLEPHAMIDE | DROPS SUSP |
| | | BLEPHAMIDE S.O.P. | OINT.(GM) |
| | | NEOMYCIN-BACITRACIN-POLY-HC | OINT.(GM) |
| | | NEOMYCIN-POLYMYXIN-DEXAMETH | DROPS SUSP |
| | | TOBRADEX | OINT.(GM) |
| TOBRAMYCIN-DEXAMETHASONE | DROPS SUSP | | |

| System | Class | Preferred | |
|----------------------|--------------------------|----------------------------------|------------|
| Ophthalmic | Antibiotics | BACITRACIN-POLYMYXIN | OINT.(GM) |
| | | CIPROFLOXACIN HCL | DROPS |
| | | ERYTHROMYCIN | OINT.(GM) |
| | | GENTAK | OINT.(GM) |
| | | GENTAMICIN SULFATE | DROPS |
| | | NATACYN | DROPS SUSP |
| | | NEOMYCIN-POLYMYXIN-GRAMICIDII | DROPS |
| | | OFLOXACIN | DROPS |
| | | POLYMYXIN B SUL-TRIMETHOPRIM | DROPS |
| | | QUIXIN | DROPS |
| | | SULFACETAMIDE SODIUM | DROPS |
| | | SULFAMIDE | DROPS |
| | | TOBRAMYCIN SULFATE | DROPS |
| | | TOBREX | OINT.(GM) |
| VIGAMOX | DROPS | | |
| ZYMAR | DROPS | | |
| Ophthalmic | Antiinflammatory Drugs | DEXAMETHASONE SODIUM PHOSPI | DROPS |
| | | DICLOFENAC SODIUM | DROPS |
| | | FLUOROMETHOLONE | DROPS SUSP |
| | | FLURBIPROFEN SODIUM | DROPS |
| | | FML S.O.P. | OINT.(GM) |
| | | KETOROLAC TROMETHAMINE | DROPS |
| | | LOTEMAX | DROPS SUSP |
| | | MAXIDEX | DROPS SUSP |
| PREDNISOLONE ACETATE | DROPS SUSP | | |
| Ophthalmic | Glaucoma | ALPHAGAN P 0.1% | DROPS |
| | | AZOPT | DROPS SUSP |
| | | BRIMONIDINE TARTRATE (0.15, 0.2% | DROPS |
| | | COMBIGAN | DROPS |
| | | ISOPTO CARPINE | DROPS |
| | | LEVOBUNOLOL HCL | DROPS |
| | | PILOCAR | DROPS |
| | | TIMOLOL MALEATE | DROPS |
| | | TIMOLOL MALEATE | SOL-GEL |
| | | TRAVATAN | DROPS |
| TRAVATAN Z | DROPS | | |
| Otic | Antibiotic | CIPRODEX | DROPS SUSP |
| | | CORTISPORIN-TC | DROPS SUSP |
| | | NEOMYCIN-POLYMYXIN-HC | DROPS SUSP |
| | | OFLOXACIN | DROPS |
| Psychiatric | ADHD | AMPHETAMINE SALT COMBO | TABLET |
| | | CONCERTA | TAB ER 24 |
| | | DAYTRANA | PATCH TD24 |
| | | DEXMETHYLPHENIDATE HCL | TABLET |
| | | DEXTROAMPHETAMINE SULFATE | TABLET |
| | | FOCALIN XR | CPMP 50-50 |
| | | METHYLPHENIDATE HCL | TABLET |
| | | METHYLPHENIDATE SR | TABLET SA |
| | | RITALIN LA | CPMP 50-50 |
| VYVANSE | CAPSULE | | |
| Psychiatric | Sedatives | ZOLPIDEM | TABLET |
| Pulmonary | Anticholinergic Inhalers | ATROVENT HFA | HFA AER AD |
| | | COMBIVENT | AER W/ADAP |
| | | IPRATROPIUM BROMIDE | SOLUTION |
| | | IPRATROPIUM-ALBUTEROL | AMPUL-NEB |
| | | SPIRIVA | CAP W/DEV |

| System | Class | Preferred | |
|-----------|--------------------|---------------------|------------|
| Pulmonary | Asthma Controllers | ACCOLATE | TABLET |
| | | AEROBID | AER W/ADAP |
| | | ASMANEX | AER POW BA |
| | | FLOVENT DISKUS | DISK W/DEV |
| | | FLOVENT HFA | AER W/ADAP |
| | | FORADIL | CAP W/DEV |
| | | PULMICORT FLEXHALER | AER POW BA |
| | | QVAR | AER W/ADAP |
| | | SEREVENT DISKUS | DISK W/DEV |
| | | SINGULAIR | TABLET |
| | | SINGULAIR | TAB CHEW |
| | | SINGULAIR | GRAN PACK |
| Pulmonary | Asthma Rescue | ALBUTEROL SULFATE | SOLUTION |
| | | ALBUTEROL SULFATE | VIAL-NEB |
| | | MAXAIR AUTOHALER | AER BR.ACT |
| | | PROAIR HFA | HFA AER AD |
| | | PROVENTIL HFA | HFA AER AD |
| | | VENTOLIN HFA | HFA AER AD |
| | | XOPENEX HFA | HFA AER AD |
| Pulmonary | PAH | ADCIRCA | TABLET |
| | | LETAIRIS | TABLET |
| | | REVATIO | TABLET |
| Renal | Phosphate Binders | CALCIUM ACETATE | CAPSULE |

**Table 121-0030-1 Oregon Fee-for-Service Voluntary Mental Health
Preferred Drug List - effective 1/1/11**

| System | Class | Preferred | |
|-------------|---------------------------------|---------------------|------------|
| Psychiatric | Antidepressants, 2nd Generation | BUPROPION HCL | TABLET |
| | | BUPROPION HCL SR | TABLET SA |
| | | CITALOPRAM | SOLUTION |
| | | CITALOPRAM HBR | TABLET |
| | | FLUOXETINE HCL | CAPSULE |
| | | FLUOXETINE HCL | SOLUTION |
| | | FLUOXETINE HCL | TABLET |
| | | FLUVOXAMINE MALEATE | TABLET |
| | | LEXAPRO | SOLUTION |
| | | LEXAPRO | TABLET |
| | | MIRTAZAPINE | TABLET |
| | | MIRTAZAPINE | TAB RAPDIS |
| | | CLOZAPINE | TABLET |
| | | GEODON | CAPSULE |
| Psychiatric | Antipsychotics, 2nd Generation | INVEGA | TAB ER 24 |
| | | INVEGA SUSTENNA | DISP SYRIN |
| | | RISPERIDONE | TABLET |
| | | RISPERIDONE | SOLUTION |
| | | RISPERIDONE | TAB RAPDIS |
| | | SEROQUEL | TABLET |

410-121-0032 Supplemental Rebate Agreements

(1) The Division of Medical Assistance Programs (Division) has a CMS approved Supplemental Rebate Agreement. This template and instructions are available on the Department website at;

<http://www.oregon.gov/DHS/healthplan/supp-rebate/main.shtml>

(2) The Division negotiates Supplemental Rebate Agreements for specific drug products through the Sovereign States Drug Consortium (SSDC) multi-state pool and pharmaceutical manufacturers.

Negotiations are confidential, and shall not be disclosed, except in connection with an agreement/contract or as may be required by law. Confidentiality is required of any third party involved in administration of the agreement/contract.

(3) Manufacturers may submit supplemental rebate offers for consideration to include their drug(s) on the Practitioner's-Managed Prescription Drug Plan (PMPDP) Preferred Drug List (PDL), OAR 410-121-0030 after gaining access to the SSDC secure web-based offer entry system.

(4) Manufacturers must abide by requirements of the SSDC.

(5) The Practitioner-Managed Prescription Drug List (PMPDP) also called the Preferred Drug List (PDL) consist of drugs after the Food and Drug Administration (FDA) has determined to be safe and effective and reimbursable as determined by the Centers for Medicaid and Medicare Services (CMS), and evaluated using an evidence-based review process by the Oregon Health Resources Commission (HRC). If pharmaceutical manufacturers enter into supplemental rebate agreements with the SSDC that reduced the cost of a drug below the Average Net Price (ANP) for the PDL class, the Department may include that drug on the PDL.

(6) Acceptance of the offer:

(a) The Division may accept an offer through the SSDC process as long as the offer meets the cost reduction requirements of ANP described above

(b) The SSDC will notify manufacturers of the status of their offer(s).

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

(d) The Division may contract for the functions of tracking utilization, invoicing, and dispute resolution for supplemental rebate products.

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

Stats. Implemented: ORS 414.065

1-1-10

7-1-10 (Hk only)