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PERMANENT ADMINISTRATIVE RULES

Oregon Health Authority, Division of Medical Assistance Programs	410
Agency and Division	Administrative Rules Chapter Number
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Upon filing.	
Adopted on	
Upon filing.	
Effective date	

RULE CAPTION

Amending PDL May23, July25, Sept26, 2013, Jan30, 2014 DUR/P&T Action, SR
Contract Updates

Not more than 15 words

RULEMAKING ACTION

ADOPT:

AMEND: 410-121-0030

REPEAL: 410-121-0030 (T)

RENUMBER:

AMEND & RENUMBER:

Stat. Auth.: ORS 413.032, 413.042, 414.065, 414.325, 414.330 to 414.414, 414.312, 414.316

Other Auth.:

Stats. Implemented: ORS 414.065; 414.325, 414.334, 414.361, 414.369, 414.371, 414.353, 414.354

RULE SUMMARY

The Pharmaceutical Services Program administrative rules (Division 121) govern Division payments for services provided to certain clients. The Division needs to amend rules as follows:

410-121-0030:

Preferred:

Butorphanol Tartrate Spray

Sumatriptan Succinate

Peginterferon Alpha-2A

Peginterferon Alpha-2A Sub Q

Tricor[®],ç

Trilipix[®],ç

Bacitracin Zinc / Polymyx B Sulfate

Somatropin (Norditropin[®])

Mesalamine (Lialda[®])

Golimumab (Simponi[®])

Valproic Acid solution

Interferon Beta-1A / Albumin (Refib[®],ç)

Interferon Beta-1B (Betaseron[®],ç)

Carbidopa / Levodopa tablet ER

Metadate[®],ç

Methylphenidate (Daytrana[®],ç)

Buprenorphine

Buprenorphine-Naloxone (Suboxone[®],ç)

Buprenorphine HCL / Naloxone (Suboxone[®],ç)

Ipratropium / Albuterol Sulfate (Combivent Respimat[®],ç)

Budesonide (Pulmicort Flexhaler[®])

Budesonide / Formoterol Fumarate (Symbicort[®])

Benzonatate

Guaifenesin

Guaifenesin / Codeine Phosphate

Guaifenesin / Dextromethorphan

Pseudoephedrine HCL

Atomoxetine HCL (Strattera[®])

Chlorpromazine HCL

Fluphenazine Decanoate

Fluphenazine HCL

Haloperidol

Haloperidol Decanoate

Haloperidol Lactate

Loxapine HCL

Loxapine Succinate

Perhenazine

Promazine HCL

Thioridazine HCL

Thiothixene

Thiothixene HCL

Trifluoperazine HCL

Triflupromazine HCL

Sofosbuvir (Sovaldi[®])

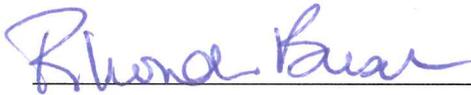
Simeprevir (Olysio[®])

Estradiol Transdermal patch (Vivelle Dot[®], Alora[®])

Tobi[®] - Brand only

Non-Preferred:

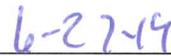
Methadone HCL
Tramadol HCL
Imitrex®
Zolmitriptan
Fenofibrate, Nanocrystallized
Spinosad (Natroba®)
Testosterone patch TD24
Dextroamphetamine Sulfate
Ciclesonide
Montelukast Sodium gram pack
Zafirlukast
Insulin Lispro (Humalog®)
Insulin NPL / Insulin Lispro (Humalog Mix 50/50®)
Insulin NPL / Insulin Lispro (Humalog Mix 75/25®)
Nadolol
Captopril
Captopril/ Hydrochlorothiazide
Fosinopril Sodium
Fosinopril/ Hydrochlorothiazide
Moexipril HCL
Moexipril/ Hydrochlorothiazide
Quinapril HCL
Quinapril/ Hydrochlorothiazide
Trandolapril



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410-121-0030

Practitioner-Managed Prescription Drug Plan

(1) The Practitioner-Managed Prescription Drug Plan (PMPDP) is a plan that ensures 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 the Division 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 (as defined in 410-121-0000 (cc)) consists of prescription drugs that the Division in consultation with the Drug Use Review (DUR) / Pharmacy & Therapeutics Committee (P&T) has determined represent the most effective drugs available at the best possible price;

(c) The PDL shall include drugs that are Medicaid reimbursable and the Food and Drug Administration (FDA) has determined to be safe and effective.

(3) PMPDP PDL Selection Process:

(a) The Division shall utilize the recommendations made by the P&T that result from an evidence-based evaluation process as the basis for selecting the most effective drug(s);

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

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

(A) Evaluation shall occur more frequently at the discretion of the Division if new safety information or the release of new drugs in a class or other information that 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 P&T;

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

(4) Relative cost and best possible price determination:

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

(5) Pharmacy providers shall dispense prescriptions in the generic form unless:

(a) The practitioner requests otherwise, subject to the regulations outlined in OAR 410-121-0155;

(b) The brand name medication is listed as preferred on the PDL.

(6) The exception process for obtaining non-preferred physical health drugs that are not on the PDL 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 dated May 1, 2014 is incorporated in rule by reference and is found on our webpage at www.orpdl.org.

Stat. Auth.: ORS 409.025, 409.040, 409.110, 414.065, 413.042, and 414.325

Stats. Implemented: ORS 414.065