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TEMPORARY 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

12/10/2014 thru 06/06/2015

Effective dates

RULE CAPTION

Amending Preferred Drug List May 29, July 31, 2014 DUR/P&T Action.

Not more than 15 words

RULEMAKING ACTION

ADOPT:

AMEND: 410-121-0030

SUSPEND:

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

Other Auth.:

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

Imitrex[®] - Brand only

Tobramycin (Bethkis)

Calcium Acetate
Anafranil - Brand only
Escitalopram Oxalate
Imipramine HCL

Acamprosate Calcium
Amiloride HCL
Naltrexone HCL
Pulmonary Drug Reorganization removed COPD, Asthma Controllers, Asthma Rescue
(New Drug class names)
Combination Inhalers
 Inhaled Anticholinergics
 Inhaled Corticosteroids
 Inhaled Long Acting Bronchodilators
 Miscellaneous Pulmonary Drugs
 Short Acting Bronchodilators
Tazarotene (Tazorac®)

Non-Preferred:
Clomipramine HCL

STATEMENT OF NEED AND JUSTIFICATION

The temporary amendment of OAR 410-121-0030

In the Matter of

OR Law 2011, chapter 720 (HB 2100):
http://www.oregon.gov/pers/docs/2011_legislation/hb2100.en.pdf

Documents Relied Upon, and where they are available

The Pharmaceutical Services program administrative rules (division 121) govern Division payments for services provided to certain clients. The Division temporarily amended 410-121-0030 per the Drug Use Review (DUR) Pharmacy & Therapeutics (P&T) Committee's recommendations made during the May 29, July 31, 2014 meeting. The Authority needs to implement changes to the Preferred Drug List to ensure the safe and appropriate use of cost effective prescription drugs for the Oregon Health Plan's fee-for-service recipients.

Need for the Temporary Rule(s)

The Authority finds that failure to act promptly will result in serious prejudice to the public interest, the Authority, and clients enrolled in Oregon's Medicaid program by delaying the reassessment and update of preferred drug lists and prior authorization requirements. These rules need to be adopted promptly so the Authority can ensure the safe and appropriate use of Medicaid covered drugs.

Justification of Temporary Rules

D Swin

12/10/2014

Authorized Signer

Printed Name

Date

Authorization Page replaces the ink signature on paper filings. Have your authorized signer sign and date, then scan and attach it to your filing. You must complete this step before submitting your Permanent and Temporary filings.

STATEMENT OF NEED AND JUSTIFICATION

A Certificate and Order for Filing Temporary Administrative Rules accompanies this form.

Oregon Health Authority, Division of Medical Assistance Programs

410

Agency and Division

Administrative Rules Chapter Number

In the Matter of: The temporary amendment of OAR 410-121-0030

Rule Caption: Amending Preferred Drug List—May 29, July 31, 2014 DUR/P&T Action

Statutory Authority: ORS 413.032, 413.042, 414.065, 414.325, 414.330 to 414.414, 414.312, 414.316

Other Authority: None

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

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Short Acting Bronchodilators

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Authorized Signer

Printed name

12/10/2014

Date

Administrative Rules Unit, Archives Division, Secretary of State, 800 Summer Street NE, Salem, Oregon 97310.

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 drugs;

(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 drugs 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 website.

(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 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 dated ~~September 16~~October 29, 2014 is incorporated in rule by reference and is found on our website at: www.orpdl.org.

Stat. Auth.: ORS ~~409.025, 409.040, 409.110, 414.065, 413.042 and 414.325~~413.032, 413.042, 414.065, 414.325, 414.330 to 414.414, 414.312, 414.316

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