

## Oregon Health Plan (OHP) pharmacies – brand Invega®, Sabril®, Lamictal®, and Strattera® required starting January 11, 2021

Effective January 11, 2021, the Oregon Health Authority (OHA) will require pharmacies to dispense the following brand name medications over the generic equivalents to Oregon Health Plan (OHP) fee-for-service (FFS) patients.

Brand	Generic Equivalent
Invega®	paliperidone
Strattera®	atomoxetine
Sabril®	vigabatrin
Lamictal®	lamotrigine ODT

This means that starting January 11, OHA will deny FFS claims for the generic equivalent of these drugs.

### If your pharmacy needs to dispense the generic after January 11:

Please request prior authorization from the Oregon Pharmacy Call Center at 1-888-202-2126.

### Learn more about FFS pharmacy coverage

View the OHP Preferred Drug List at [www.orpdl.org](http://www.orpdl.org). You can also use the interactive Preferred Drug List database at [www.orpdl.org/drugs/index.php](http://www.orpdl.org/drugs/index.php).

### Questions?

- **About pharmacy point of sale and prior authorizations for fee-for-service prescriptions:** Call the Oregon Pharmacy Call Center at 1-888-202-2126.
- **About physical health prescriptions for patients in a coordinated care organization (CCO):** Contact the CCO.
- **Patient questions or concerns:** Please share our Client Services toll-free number with OHP patients: 1-800-273-0557. Representatives are available Monday through Friday, 8:00 a.m. to 4:45 p.m.

#### Keep informed:

Find current OHP policies, rules and guidelines at [www.oregon.gov/OHA/HSD/OHP/Pages/Policies.aspx](http://www.oregon.gov/OHA/HSD/OHP/Pages/Policies.aspx)

