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# TEMPORARY ADMINISTRATIVE ORDER

INCLUDING STATEMENT OF NEED & JUSTIFICATION

## DMAP 29-2021

CHAPTER 410
OREGON HEALTH AUTHORITY
HEALTH SYSTEMS DIVISION: MEDICAL ASSISTANCE PROGRAMS

**FILED**
06/29/2021 3:17 PM
ARCHIVES DIVISION
SECRETARY OF STATE
& LEGISLATIVE COUNSEL

FILING CAPTION: Amending Preferred Drug List

EFFECTIVE DATE: 07/01/2021 THROUGH 12/27/2021

AGENCY APPROVED DATE: 06/29/2021

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NEED FOR THE RULE(S):

The Pharmaceutical Services program administrative rules (division 121) govern Division payments for services provided to certain clients. The Division needs to amend 410-121-0030 per the Drug Use Review (DUR) Pharmacy & Therapeutics (P&T) Committee's recommendations made during the June 3, 2021 meetings. 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.

410-121-0030:

Preferred:

Page 6: ACEIs, ARBs, DRIs renamed Inhibitors of the Renin-Angiotensin-Aldosterone System (RASS) and content moved to page 8
Page 8: addition of prasugrel HCL tablet
Page 8: Statins & Combos (High Potency) and Statins & Combos (Low-Medium Potency) combine into single class of Statins & Combos
Page 8: addition of Rosuvastatin tablet
Page 15: removal of pegfilgrastim syringe w/inj and pegfilgrastim syringe; addition of pegfilgrastim-apgf (NYVEPRIA)
Page 15: biologics for rare conditions class created; addition of inebilizumab-cdon, ravulizumab-cwvz, and satralizumab-mwge

Non-Preferred:

Clerical:

Page 3: removal of sumatriptan succinate syringe-I see rebatable syringe with 5/31/21 termination date in MMIS
Page 5: addition of cabotegravir sodium tablet and cabotegravir/rilpivirine (CABENUVA) suspension vial
Page 11: removal of exenatide microspheres vial-I see the only rebatable one in MMIS with a 11/30/20 termination date
Page 11: glucagon, human recombinant vial renamed glucagon vial
Page 12: removal of Makena Brand only vial and medroxyprogesterone acetate vial-one gsn (autoinjector) still looks active but another has a 5/31/21 termination date
Page 15: removal of adalimumab pen ij kit-SR contract
Page 26: risperidone (PERSERIS) suser sykit changed to suser syr.

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JUSTIFICATION OF TEMPORARY FILING:

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.

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DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE:

ORS 414.353, 414.354, 414.361, and OR Law 2011, Chapter 720 (HB 2100).

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AMEND: 410-121-0030

RULE SUMMARY: The Pharmaceutical Services program administrative rules (division 121) govern Division payments for services provided to certain clients. The Authority needs to amend this rule to update the Oregon Medicaid Fee for Service Preferred Drug List found at http://www.oregon.gov/oha/HSD/OHP/Pages/Policy-Pharmacy.aspx based on the P&T (Pharmacy and Therapeutic) Committee recommendations June 3rd, 2021.

CHANGES TO RULE:

410-121-0030
Practitioner-Managed Prescription Drug Plan ¶

(1) The Practitioner-Managed Prescription Drug Plan (PMPDP) is a plan that ensures that OHP fee-for-service clients have access to the most effective prescription drugs appropriate for their clinical conditions at the best possible price: ¶
(a) Licensed health care practitioners, who are informed by the latest peer reviewed research, make decisions concerning the clinical effectiveness of the prescription drugs; ¶
(b) Licensed health care practitioners also consider the client's health condition, personal characteristics, and the client's gender, race, or ethnicity. ¶
(2) PMPDP Preferred Drug List (PDL): ¶
(a) The PDL is the primary tool the Division uses to inform licensed health care practitioners about the results of the latest peer-reviewed research and cost effectiveness of prescription drugs; ¶
(b) The PDL contains a list 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 ensure the drugs selected in section (3)(a) are the most effective drugs 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 section (4); ¶
(c) The Division shall evaluate selected drugs for the drug classes periodically: ¶
(A) The Division may evaluate more frequently 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 P&T; ¶
(C) The Division shall make all 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 pursuant to OAR 410-121-0155;¶
(b) The Division notifies the pharmacy that the cost of the brand name particular drug, after receiving discounted prices and rebates, is equal to or less than the cost of the generic version of the drug.¶
(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 when: ¶
(A) The prescriber in their professional judgment determines the non-preferred drug is medically appropriate after consulting with the Division or the Oregon Pharmacy Call Center; or ¶
(B) Where the prescriber requests an exception subject to the requirement of section (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 ~~April~~July 1, 2021 is adopted and incorporated by reference and is found at: www.orpdl.org.
Statutory/Other Authority: ORS 413.032, 413.042, 414.065, 414.325, 414.330 to 414.414, ~~ORS 413.032,~~ ORS 414.312, ORS 414.316
Statutes/Other Implemented: ~~ORS~~ 414.065, 414.325, ORS 414.334, 414.361, 414.369, 414.371, 414.353, 414.354