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CHERYL MYERS
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AND TRIBAL LIAISON

ARCHIVES DIVISION
STEPHANIE CLARK
DIRECTOR

800 SUMMER STREET NE
SALEM, OR 97310
503-373-0701

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DMAP 87-2024
CHAPTER 410
OREGON HEALTH AUTHORITY
HEALTH SYSTEMS DIVISION: MEDICAL ASSISTANCE PROGRAMS

FILING CAPTION: Amending Pharmacy rules; Exclusions & Limitations, and PA criteria to reference P&T recommendations.

EFFECTIVE DATE: 05/01/2024

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CONTACT: Martha Martinez-Camacho
503-559-0830
hsd.rules@oha.oregon.gov

500 Summer Street NE
Salem,OR 97301

Filed By:
Martha Martinez-Camacho
Rules Coordinator

RULES:
410-121-0040, 410-121-0147

AMEND: 410-121-0040

NOTICE FILED DATE: 02/29/2024

RULE SUMMARY: This rule amends for changes to Prior authorization criteria based on recommendations from the Pharmaceutical and Therapeutics committee following the April 4, 2024 meeting.

CHANGES TO RULE:

410-121-0040
Prior Authorization Required for Drugs and Products ¶

(1) Prescribing practitioners shall obtain prior authorization (PA) for the drugs and categories of drugs requiring PA in this rule, using the procedures set forth in OAR 410-121-0060.¶
(2) Except as provided in section (3) of this rule, all drugs and categories of drugs including, but not limited to, those drugs and categories of drugs that require PA shall meet the following requirements for coverage:¶
(a) Each drug shall be prescribed for conditions funded by the Oregon Health Plan (OHP) in a manner consistent with the Health Evidence Review Commission (HERC) Prioritized List of Health Services (OAR 410-141-3820 through 410-141-3825). If the medication is for a non-covered diagnosis, the medication may not be covered unless there is a co-morbid condition for which coverage would be allowed. The use of the medication shall meet corresponding treatment guidelines and be included within the client's benefit package of covered services and not otherwise excluded or limited;¶
(b) Each drug shall also meet other criteria applicable to the drug or category of drug in these pharmacy provider rules, including PA requirements imposed in this rule.¶
(3) The Division shall grant exceptions to section (2) of this rule when coverage is required through Early and Periodic Screening, Diagnostic and Treatment (EPSDT) as set forth in Chapter 410 Division 151.¶
(4) The Authority may require PA for individual drugs and categories of drugs to ensure that the drugs prescribed are indicated for conditions funded by OHP and consistent with the Prioritized List of Health Services and its corresponding treatment guidelines (see OAR 410-141-3820). The drugs and categories of drugs that the Authority requires PA for this purpose are found in the Oregon Medicaid Fee-for-Service Prior Authorization

Approval Criteria (PA Criteria guide) ~~April~~May 1, 2024, adopted and incorporated by reference and found at https://www.oregon.gov/oha/HSD/OHP/Pages/Policy-Pharmacy.aspx¶
(5) The Authority may require PA for individual drugs and categories of drugs to ensure medically appropriate use or to address potential client safety risk associated with the particular drug or category of drug, as recommended by the Pharmacy & Therapeutics Committee (P&T) and adopted by the Authority in this rule. The drugs and categories of drugs for which the Authority requires PA for this purpose are found in the Pharmacy PA Criteria Guide.¶
(6) New drugs shall be evaluated when added to the weekly upload of the First Databank drug file:¶
(a) If the new drug is in a class where current PA criteria apply, all associated PA criteria shall be required at the time of the drug file load;¶
(b) If the new drug is indicated for a condition below the funding line on the Prioritized List of Health Services, PA shall be required to ensure that the drug is prescribed for a condition funded by OHP;¶
(c) PA criteria for all new drugs shall be reviewed by the DUR/P&T Committee.¶
(7) PA shall be obtained for brand name drugs that have two or more generically equivalent products available and that are not determined Narrow Therapeutic Index drugs by the DUR/P&T Committee:¶
(a) Immunosuppressant drugs used in connection with an organ transplant shall be evaluated for narrow therapeutic index within 180 days after United States patent expiration;¶
(b) Manufacturers of immunosuppressant drugs used in connection with an organ transplant shall notify the Authority of patent expiration within ~~thirty (~~30~~)~~ days of patent expiration for section (5)(a) of this rule to apply;¶
(c) Criteria for approval are:¶
(A) If criteria established in section (4) or (5) of this rule applies, follow that criteria;¶
(B) If section (7)(a) of this rule does not apply, the prescribing practitioner shall document that the use of the generically equivalent drug is medically contraindicated and provide evidence that either the drug has been used and has failed or that its use is contraindicated based on evidence-based peer reviewed literature that is appropriate to the client's medical condition.¶
(8) PA shall be obtained for non-preferred Preferred Drug List (PDL) products in a class evaluated for the PDL except in the following cases:¶
(a) The drug is a mental health drug as defined in OAR 410-121-0000;¶
(b) The original prescription is written prior to 1/1/10;¶
(c) The prescription is a refill for the treatment of seizures, cancer, HIV, or AIDS; or¶
(d) The prescription is a refill of an immunosuppressant.¶
(9) PA may not be required:¶
(a) When the prescription ingredient cost plus the dispensing fee is less than the PA processing fees as determined by the Authority;¶
(b) For over-the-counter (OTC) covered drugs when prescribed for conditions covered under OHP; or¶
(c) If a drug is in a class not evaluated from the Practitioner-Managed Prescription Drug Plan under ORS 414.334.
Statutory/Other Authority: ORS 413.032, 413.042, 414.065, 414.330 - 414.414, 414.312, 414.316, ORS 414.325
Statutes/Other Implemented: ORS 414.065, 414.334, 414.361, 414.371, 414.353, 414.354, ORS 414.325, ORS 414.369

AMEND: 410-121-0147

NOTICE FILED DATE: 02/29/2024

RULE SUMMARY: Amending Exclusions and limitations to reestablish previous updates erroneously removed in subsequent updates to the rule for HOP/CWM, and EPSDT changes.

CHANGES TO RULE:

410-121-0147
Exclusions and Limitations ¶

(1) The following items are not covered for payment by the ~~Health Systems Division~~Division of Medical Assistance Programs (Division) Pharmaceutical Services Program:¶
(a) Except as provided in section (2) of this rule, drug products for diagnoses below the funded line on the Health Evidence Review Commission (HERC) Prioritized List of Health Services or an excluded service under Oregon Health Plan (OHP) coverage;¶
(b) Home pregnancy kits;¶
(c) Fluoride for individuals over 18 years of age;¶
(d) Expired drug products;¶
(e) ~~Except as provided in section (3) of this rule, d~~Drug products from non-rebateable manufacturers, with the exception of selected oral nutritionals, vitamins, and vaccines;¶
(f) Active Pharmaceutical Ingredients (APIs) and Excipients as described by Centers for Medicare and Medicaid (CMS);¶
(g) Drug products that are not assigned a National Drug Code (NDC) number;¶
(h) Drug products that are not approved by the Food and Drug Administration (FDA);¶
(i) Drug products dispensed for Citizenship Waived Medical (CWM) client benefit type except when prescribed as an emergency medical service as defined by OAR 410-134-0003(3). The CWM benefit plan end~~s~~ed on June 30, 2023;¶
(j) Drug Efficacy Study Implementation (DESI) drugs (see OAR 410-121-0420); ~~and~~¶
(k) Medicare Part D covered drugs or classes of drugs for fully dual eligible clients (see OAR 410-121-0149, 410-120-1200 & 410-120-1210).¶
(L) Drug products prescribed to establish or reestablish fertility or pregnancy;¶
(m) Drug products when prescribed for the treatment of sexual or erectile dysfunction; ¶
(n) Drug products when prescribed for weight loss; and¶
(o) Drug products when primarily prescribed for cosmetic purposes or hair growth.¶
(2) The Division shall cover drug products for diagnoses below the funded line on the HERC Prioritized List of Health Services when such coverage is required through Early and Periodic Screening, Diagnostic and Treatment (EPSDT) as set forth in Chapter 410 Division 151.¶
(3) The Division shall cover drug products from non-rebateable manufacturers under any one or a combination of the following circumstances:¶
(a) Coverage is required through Early and Periodic Screening, Diagnostic and Treatment (EPSDT) as set forth in Chapter 410 Division 151;¶
(b) The drug is a vaccine; or¶
(c) The drug is an oral nutritional or vitamin selected for coverage by the Division.¶
(4) Effective on or after April 1, 2008, Section 1903(i) of the Social Security Act requires that written (nonelectronic) prescriptions for covered outpatient drugs for Medicaid clients be executed on a tamper-resistant pad in order to be eligible for federal matching funds. To meet this requirement, the Division shall only reimburse for covered Medicaid outpatient drugs only when the written (nonelectronic) prescription is executed on a tamper-resistant pad, or the prescription is electronically submitted to the pharmacy.¶
(5) Drugs requiring a skilled medical professional for safe administration shall be billed by the medical professional's office; unless otherwise specified by the Division.
Statutory/Other Authority: ORS 413.042, ORS 414.065
Statutes/Other Implemented: ORS 414.065