

12-28

Secretary of State  
Certificate and Order for Filing  
**PERMANENT ADMINISTRATIVE RULES**

I certify that the attached copies\* are true, full and correct copies of the PERMANENT Rule(s) adopted on 12/22/2006 by the  
Date prior to or same as filing date

Department of Human Services, Division of Medical Assistance Programs 410  
Agency and Division Administrative Rules Chapter Number

Darlene Nelson (503) 945-6927 (503) 945-6873 dar.l.nelson@state.or.us  
Rules Coordinator Telephone Fax email

Communications Unit, 3<sup>rd</sup> Fl., DHS Bldg., 500 Summer St. NE-E35, Salem, Or. 97301-0177  
Address

to become effective 1/1/2007. Rulemaking Notice was published in the 11/1/2006 Oregon Bulletin.\*\*  
Date upon filing or later Month and Year

**RULEMAKING ACTION**

**Rule Filing Caption:** Pharmaceutical Rule Revisions for January 1, 2007 - PMPDP PDL

**AMEND:** 410-121-0030

Stat. Auth.: ORS 409.010, Department of Human Services function, recipient of federal funds, or Chapter(s), 409.110; Authority of  
Director

Other Authority: None

Stats. Implemented: ORS 414.065

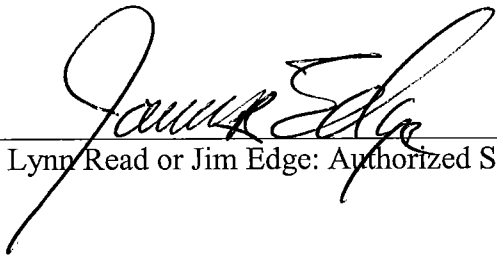
**RULE SUMMARY**

The Pharmaceutical Services Program administrative rules govern Division of Medical Assistance Programs' payment for pharmaceutical products and services provided to certain clients. DMAP revised 410-121-0030, The Practitioner Managed Prescription Drug Plan (PMPDP) Plan Drug List (PDL) by adding and deleting certain drugs to the PDL.

**FILED**

DEC 28 2006

ARCHIVES DIVISION  
SECRETARY OF STATE

  
Allen Douma, Lynn Read or Jim Edge: Authorized Signers

12/22/06  
Date

410-121-0030

Practitioner-Managed Prescription Drug Plan (PMPDP)

(1) The Practitioner-Managed Prescription Drug Plan (PMPDP) is a plan that ensures that fee for service clients of the Oregon Health Plan will 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 Plan Drug List (PDL):

- (a) The PDL is the primary tool that the Department of Human Services (DHS) has 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 consists of prescription drugs in selected classes that DHS, in consultation with the Health Resources Commission (HRC), has determined represent effective drug(s) available at the best possible price;
- (c) For each selected drug class, the PDL will identify a drug(s) as the benchmark drug that DHS determines to be the most effective drug(s) available for the best possible price;
- (d) The PDL will include other drugs in the class that are Medicaid reimbursable and which the Food and Drug Administration (FDA) has determined to be safe and effective if the relative cost is less than the benchmark drug(s). If pharmaceutical manufacturers enter into supplemental discount agreements with DHS that reduce the cost of their drug below that of the benchmark drug for the class, DHS will include their drug in the PDL;
- (e) A copy of the current PDL is available on the web at [www.dhs.state.or.us/policy/healthplan/guides/pharmacy/](http://www.dhs.state.or.us/policy/healthplan/guides/pharmacy/).

(3) PMPDP PDL Selection Process:

- (a) DHS will utilize the recommendations made by the HRC, which result from an evidence-based evaluation process, as the basis for identifying the most effective drug(s) within a selected drug class;
- (b) DHS will determine the drug(s) identified in (3)(a) that is (are) available for the best possible price and will consider any input from the HRC about other FDA-approved drug(s) in the same class that are available for a lesser relative price. DHS will determine relative price using the methodology described in subsection (4);
- (c) DHS will review drug classes and selected drug(s) for the drug classes periodically:
  - (A) Review will occur more frequently at the discretion of DHS if new safety information or the release of new drugs in a class or other information makes a review advisable;
  - (B) DHS will not add new drugs to the PDL until they have been reviewed by the HRC;
  - (C) DHS will make all changes or revisions to the PDL, using the rulemaking process and will publish the changes on DHS's Pharmaceutical Services provider rules Web page.

(4) Relative cost and best possible price determination:

- (a) DHS will 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) DHS may also consider dosing issues, patterns of use and compliance issues. DHS will weigh these factors with any advice provided by the HRC in reaching a final decision;
  - (c) DHS will determine the benchmark drug based on (4)(b) and on the Estimated Acquisition Cost (EAC) on the first of the month (OAR 410-121-0155) in which DHS reviews that specific drug class;
-

(d) Once the cost of the benchmark drug is determined, DHS will recalculate the cost of the other FDA-approved drugs in the class using the EAC in effect for retail pharmacies on the first of the month in which DHS reviews that specific drug class less average available rebate. DHS will include drugs with prices under the benchmark drug cost on the PDL.

(5) Regardless of the PDL, pharmacy providers shall dispense prescriptions in the generic form, unless the practitioner requests otherwise, subject to the regulations outlined in OAR 410-121-0155.

Table 121-0030-1, PMPDP PDL.

Stat. Auth.: ORS Chap. 409

Stats. Implemented: 414.06

---

## Table 121-0030-1 Practitioner-Managed Prescription Drug Plan (PMPDP)

All drugs listed below were evaluated by the Health Resources Commission (HRC) using an evidence-based review process. HRC identified drugs of similar or superior benefit when used as the initial treatment for the majority of patients. DHS limited the list of identified drugs to the most cost effective. Therapeutic prior authorization (PA) requirements still apply to drugs listed in the PDL classes (OAR 410-121-0040).

### Plan Drug List (PDL)

Note: (\*\*) This drug represents the benchmark drug for the class.

#### ALZHEIMER'S DRUGS:

- (\*\*)Aricept
- Excelon
- Namenda
- Razadyne

#### ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS:

- (\*\*)Enalapril (generic)
- Benzepiril (generic)
- Benzepiril-HCTZ (generic)
- Captopril (generic)
- Captopril-HCTZ (generic)
- Enalapril-HCTZ (generic)
- Lisinopril (generic)
- Lisinopril-HCTZ (generic)
- Mavik
- Quinapril (generic)
- Uniretic

#### ANGIOTENSIN II RECEPTOR ANTAGONISTS (AIIRA):

- (\*\*)Cozaar
  - Avalide
  - Avapro
-

- Atacand
- Atacand HCT
- Benicar
- Benicar HCT
- Diovan
- Diovan HCT
- Hyzaar
- Micardis
- Micardis HCT
- Tevetin
- Tevetin HCT

### **BETA-BLOCKERS:**

- (\*\*)Toprol XL
- Acebutolol (generic)
- Atenolol (generic)
- Bisoprolol (generic)
- Inderal LA
- Labetolol (generic)
- Metoprolol tartrate (generic)
- Nadolol (generic)
- Pindolol (generic)
- Propranolol (generic)
- Timolol (generic)

### **CALCIUM CHANNEL BLOCKERS:**

#### Dihydropyridines:

- (\*\*) Norvasc
- Nicardipine (generic)
- Nifedipine (generic)
- Nifedipine CC tablets (AB generics for Adalat CC)
- Nifedipine XL tablets (AB generics for Procardia XL)
- Sular

#### Non-Dihydropyridines:

- (\*\*)Verapamil Sustained Action tablets (AB generic for Isoptin SR)
  - Diltiazem IR (generic)
  - Verapamil IR (generic)
-

## **ESTROGENS:**

### Oral Products

- (\*\*) Estradiol (generic)

### Transdermal Products

- (\*\*) Estradiol patch (generic)
- Estraderm

### Vaginal Products

- (\*\*) Vagifem
- Premarin

## **HYPOGLYCEMICS, ORAL:**

- (\*\*) Glyburide (generic)
- Glimepiride (generic)
- Glipizide (generic)
- Glyburide, micronized (generic)

## **INHALED CORTICOSTEROIDS:**

### Low/Medium Potency

- (\*\*) QVAR
- Aerobid, Aerobid-M
- Azmacort

### High Potency

- (\*\*) Asmanex
- Flovent

### For Children <8 and unable to use inhaler:

- Pulmicort Respules

## **Newer Antiemetics**

- (\*\*) Zofran
- Kytril
- Emend (add-on therapy only)

## **NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAID):**

---

- (\*\*) Naproxen (generic)
- Ibuprofen (generic)
- Indomethacin (generic)
- Piroxicam (generic)
- Salsalate (generic)

### **OPIOIDS, LONG-ACTING:**

- (\*\*) LA-Morphine Sulfate (generic)
- Kadian
- Levorphanol (generic)
- Methadone HCL (generic)
- Oramorph SR

### **PROTON PUMP INHIBITORS:**

- (\*\*)Prilosec OTC
- Zegerid

### **SKELETAL MUSCLE RELAXANTS:**

Antispasmodics for chronic neurological conditions:

- (\*\*) Baclofen (generic)
- Tizandine

Acute/chronic musculoskeletal spasms:

- (\*\*)Cyclobenzaprine (generic)

### **STATINS (CHOLESTEROL-LOWERING MEDICATIONS):**

Low/Medium Potency:

- (\*\*) Lovastatin (generic)
- Lescol
- Lescol XL

High Potency:

- Lipitor

### **TRIPTAN DRUGS:**

---

- (\*\*) Relpax
- Amerge
- Axert
- Imitrex
- Maxalt Maxalt MLT
- Zomig, Zomig ZMT

Nasal:

- (\*\*) Zomig
- Imitrex

Subcutaneous:

- (\*\*) Imitrex

**URINARY INCONTINENCE DRUGS:**

- (\*\*) Oxybutynin (tablets and syrup)
-