

Certificate and Order for Filing
TEMPORARY ADMINISTRATIVE RULES
 A Statement of Need and Justification accompanies this form.

I certify that the attached copies* are true, full and correct copies of the TEMPORARY Rule(s) adopted on 2/24/2011 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 503-947-5221 dar.l.nelson@state.or.us
 Rules Coordinator Telephone Fax email

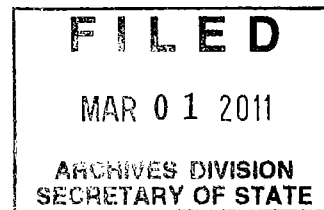
Communications Unit, 3rd Fl., DHS Bldg., 500 Summer St. NE-E35, Salem, Or. 97301-0177
 Address

to become effective 3/1/2011 through 8/20/2011
Date upon filing or later A maximum of 180 days including the effective date.

RULEMAKING ACTION

Rule Filing Caption: Updates and changes to the Preferred Drug List (PDL)

AMEND: 410-121-0030



Statutory Authority: ORS 409.025, 409.040, 409.110, 413.042, 414.065 & 414.325

Other Authority: ORS 291.261

Statutes Implemented: 414.065

Subject Matter: The Pharmaceutical Services Program administrative rules govern Division of Medical Assistance Programs' (Division) payments for services provided to certain clients. The Division will amend 410-121-0030 to remove ineligible products from the PDL (Table 121-0030-1). The failure of certain manufacturers to execute Supplemental Rebate Agreements with the State resulted in the Net Price of their drug products being above the ANP for their drug class. Consequently, the Division must immediately amend OAR 410-121-0030 to remove those drugs from the PDL that are no longer eligible for placement on the PDL under the Division's rules.

Authorized Signers:

Judy Mohr Peterson, Lynn Read or Jean Phillips

3-1-11

D MAP 2-2011(T)

Secretary of State
Statement of Need and Justification

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

Department of Human Services (Department), Division of Medical Assistance Programs (Division) 410
Agency and Division Administrative Rule Chapter Number

In the Matter of: The temporary amendment of a rule that governs payment for the **Pharmaceutical Services Program**. The Division temporarily amended OAR 410-121-0030 (Table 121-0030-1, Preferred Drug List).

Rule Filing Caption: Updates and changes to the Preferred Drug List (PDL)

Statutory Authority: ORS 409.025, 409.040, 409.110, 413.042, 414.065 & 414.325

Other Authority: ORS 291.261

Statutes Implemented: 414.065

Need for Rule(s): The Pharmaceutical Services Program administrative rules govern Division of Medical Assistance Programs' (Division) payments for services provided to certain clients. The Preferred Drug List (Table 121-0030-1) in OAR 410-121-0030 provides a list of prescription drugs in selected classes that the Division, in consultation with the Health Resources Commission (HRC), has determined represent the most effective drug(s) available at the best possible price.

The Division's administrative rules require that in order for a drug to be placed on the PDL that the drug must be offered at a cost less than the Average Net Price (ANP) for its class of drugs, as stated in OAR 410-121-0030(2)(d). The formula to determine the Net Price of individual drugs is calculated as the Estimated Acquisition Cost minus the CMS Basic Rebate minus the CMS CPI Rebate minus the State Supplemental rebate under OAR 410-121-0000(3)(t).

Effective January 1, 2011, the Centers for Medicare & Medicaid Services (CMS) approved the Division's Oregon State Plan Amendment 10-13 which permitted the State Medicaid Agency to negotiate and collect supplemental rebates from drug manufacturers for utilization of products on the Division's Fee-For-Service PDL by all individuals enrolled in Medicaid Managed Care Organizations (MCO) regardless of whether the product is on an MCO formulary or not.

All affected manufacturers were notified by certified mail of the requirements on January 12, 2011 and given a deadline of February 15, 2011 to return the executed Supplemental Rebate Agreements. Manufacturers were also notified at that time that a temporary rule would be filed with an effective date of March 1, 2011 to remove ineligible products from the PDL.

The failure of certain manufacturers to execute Supplemental Rebate Agreements with the State resulted in the Net Price of their drug products being above the ANP for their drug class. Consequently, the Division must immediately amend OAR 410-121-0030 (Table 121-0030-1) to remove those drugs from the PDL that are no longer eligible for placement on the PDL under the Division's rules.

Justification of Temporary Rule(s): The Division finds that its failure to act promptly by adopting this temporary rule would result in serious prejudice to the public interest because the Division's PDL would not represent the most effective drugs of its class at the best possible price for the State's Medicaid program. It would also cause the Division to be out-of-compliance with its rules by allowing products at or above the ANP for their drug class to remain on the PDL without a valid exception.

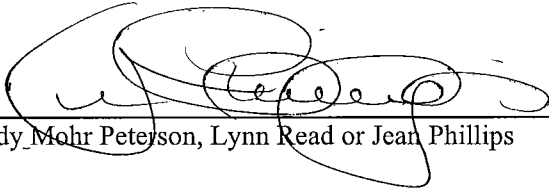
Moreover, the Division also finds that its failure to act promptly in adopting this temporary rule would result in serious prejudice to the interests of the manufacturers who are validly listed on the PDL by allowing other manufacturers who do not offer supplemental drug rebates to the State Medicaid Agency from reaping an unfair competitive advantage and market share. For these reasons, the Division is adopting this temporary rule in order to protect the public interest and the interests of the parties concerned.

Documents Relied Upon, and where these can be viewed or obtained:

- (1) Pharmaceutical Program Rules can be viewed at
<http://www.dhs.state.or.us/policy/healthplan/guides/pharmacy/rulebooks/RB169%20012811tb%20cor.pdf>
- (2) CMS Letter of Approval for State Plan Amendment 10-13 can be viewed at
<http://www.oregon.gov/DHS/healthplan/supp-rebate/approval0111.pdf>

Other Agencies affected: N/A

Authorized Signers:



Judy Mohr Peterson, Lynn Read or Jean Phillips

3-1-11

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 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 that the Department 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 the Department, in consultation with the Health Resources Commission (HRC), has determined represent the most effective drug(s) available at the best possible price;

(c) For each selected drug class, the PDL shall identify the drug(s) in the class that the Department determines to be the most effective drug(s) and determine the Net Price for each drug and Average Net Price of the class;

(d) The PDL shall include drugs in the class that are Medicaid reimbursable and the Food and Drug Administration (FDA) has determined to be safe and effective if the relative cost is less than the Average Net Price. If pharmaceutical manufacturers enter into supplemental rebate agreements with the Department that reduce the cost of their drug below that of the Average Net Price for the class, the Department, in consultation with the HRC recommendations, may include their drug on the PDL;

(e) A copy of the current PDL is available on the web at:
www.dhs.state.or.us/policy/healthplan/guides/pharmacy/rulebooks/CRB121rb101810p.pdf in table 121.0030-1.

(3) PMPDP PDL Selection Process:

(a) The Department shall utilize the recommendations made by the HRC, that result from an evidence-based evaluation process, as the basis for identifying the most effective drug(s) within a selected drug class;

(b) The Department shall determine the drugs identified in (3)(a) that are available for the best possible price and shall consider any input from the HRC about other FDA-approved drug(s) in the same class that are available for a lesser relative price. The Department will determine relative price using the methodology described in subsection (4);

(c) The Department shall evaluate drug classes and selected drugs for the drug classes periodically:

(A) Evaluation shall occur more frequently at the discretion of the Department 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 HRC;

(C) The Department shall make all changes or revisions to the PDL, using the rulemaking process and shall publish the changes on the Department's Pharmaceutical Services provider rules Web page.

(4) Relative cost and best possible price determination:

(a) The Department 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 Department may also consider dosing issues, patterns of use and compliance issues. The Department shall weigh these factors with any advice provided by the HRC in reaching a final decision;

(c) The Department shall determine the Average Net Price for each PDL drug class;

(d) The Department shall include drugs on the PDL based on all of the above and with a Net Price under the Average Net Price.

(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.

(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 (Revised, effective 3/1/11)

[ED. NOTE: Tables referenced are not included in rule text. Click here for PDF copy of table(s).]

Stat. Auth.: ORS 409.010, 409.025, 409.040, 409.050, 409.110, 414.065, 414.325

Stats. Implemented: ORS 414.065

3-1-11(T)

**Table 121-0030-1 Oregon Fee-for-Service Enforcable Physical Health Preferred
Drug List effective 3/1/11**

System	Class	Preferred	
Allergy/Cold	Antihistamines, 2nd Generation	Cetirizine HCL	Tablet
		Cetirizine HCL	Solution
		Loratadine	Tablet
		Loratadine	Solution
		Loratadine	Tab RAPDIS
Analgesics	Gout	Allopurinol	Tablet
		Probenecid-colchicine	Tablet
Analgesics	Long-Acting Opioids	Avinza	CPMP 24HR
		Duragesic (brand only)	Patch TD72
		Methadone**	Oral CONC
		Methadone HCL**	Tablet
		Methadone HCL**	Solution
		Methadone intensol**	Oral conc
		Morphine sulfate	Tablet SA
		Oxycontin (brand only)	Tab.SR 12H
Analgesics	NSAIDs	Diclofenac sodium	Tablet DR
		Etodolac	Tablet
		Etodolac	Capsule
		Flurbiprofen	Tablet
		Ibuprofen	Capsule
		Ibuprofen	Tablet
		Ibuprofen	Oral susp
		Ibuprofen IB	Tab chew
		Indomethacin	Capsule
		Infant's ibuprofen	Drops susp
		Meloxicam	Tablet
		Nabumetone	Tablet
		Naproxen	Tablet
		Naproxen	Tablet DR
		Naproxen sodium	Tablet
		Oxaprozin	Tablet
		Piroxicam	Capsule
		Salsalate	Tablet
		Sulindac	Tablet
Analgesics	Short-Acting Opioids	Codeine sulfate	Tablet
		Hydrocodone-acetaminophen	Tablet
		Hydromorphone HCL	Tablet
		Morphine sulfate	Tablet
		Morphine sulfate	Solution
		Oxycodone hcl	Tablet
		Oxycodone hcl	Oral CONC
		Oxycodone hcl	Capsule
		Oxycodone hcl	Solution
		Oxycodone-acetaminophen	Capsule
		Oxycodone-acetaminophen	Tablet
		Tramadol HCL	Tablet

*Drug coverage subject to meeting clinical prior authorization criteria

**Drug coverage subject to quantity limits.

**Table 121-0030-1 Oregon Fee-for-Service Enforcable Physical Health Preferred
Drug List effective 3/1/11**

System	Class	Preferred	
Analgesics	Skeletal Muscle Relaxants	Carisoprodol** Baclofen Carisoprodol compound** Cyclobenzaprine HCL Methocarbamol Orphenadrine citrate Orphenadrine compound forte Tizanidine HCL	
Analgesics	Topical	Capsaicin	Cream (GM)
Analgesics	Tryptans	Axert**	Tablet
		Imitrex (brand only)**	Spray
		Imitrex (brand only)**	Pen IJ KIT
		Imitrex (brand only)**	Vial
		Maxalt**	Tablet
		Maxalt mlt**	Tab RAPDIS
		Naratriptan**	Tablet
		Sumatriptan**	Tablet
		Zomig**	Spray
Antibiotic	Amoxicillin-Clavulanate	Amox TR-potassium clavulanate	Tablet
		Amox TR-potassium clavulanate	Susp recon
Antibiotic	Cephalosprin, 1st Gen	Cephalexin	Capsule
		Cephalexin	Susp recon
Antibiotic	Cephalosprin, 2nd Gen	Cefaclor	Capsule
		Cefprozil	Susp recon
		Cefprozil	Tablet
		Cefuroxime	Tablet
Antibiotic	Cephalosprin, 3rd Gen	Cefdinir	Capsule
		Cefdinir	Susp recon
		Cefpodoxime proxetil	Tablet
		Suprax	Tablet
		Suprax	Susp recon
Antibiotic	Fluoroquinolones, Oral	Avelox	Tablet
		Avelox ABC pack	Tablet
		Cipro	SUS MC REC
		Ciprofloxacin HCL	Tablet
Antibiotic	Macrolide/Ketolide	Azithromycin	Susp recon
		Azithromycin	Tablet
		Clarithromycin	Tablet
		E.E.S. 200	Susp recon
		E.E.S. 400	Tablet
		Eryped 200	Susp recon
		Eryped 400	Susp recon
		Ery-tab	Tablet DR
		Erythrocin stearate	Tablet
		Erythromycin	Tablet
		Erythromycin	Capsule DR
		Erythromycin ethylsuccinate	Tablet

*Drug coverage subject to meeting clinical prior authorization criteria

**Drug coverage subject to quantity limits.

**Table 121-0030-1 Oregon Fee-for-Service Enforcable Physical Health Preferred
Drug List effective 3/1/11**

System	Class	Preferred	
Antibiotic	Tetracyclines, Oral	Doxycycline hyclate	Tablet
		Doxycycline hyclate	Capsule
		Doxycycline monohydrate	Capsule
		Doxycycline monohydrate	Tablet
		Minocycline HCL	Capsule
		Tetracycline HCL	Capsule
		Vibramycin	Susp recon
Antifungal	Antifungal, Oral	Clotrimazole	Troche
		Fluconazole	Tablet
		Fluconazole	Susp recon
		Ketoconazole	Tablet
		Nystatin	Oral susp
		Nystatin	Tablet
Antiviral	Hepatitis B	EPIVIR HBV	
		Viread	
		Baraclude	
Antiviral	Hepatitis C	Pegasys*	
Antiviral	HSV, Oral	Acyclovir	Capsule
		Acyclovir	Tablet
		Acyclovir	Oral susp
Antiviral	Influenza	Amantadine	Syrup
		Amantadine	Capsule
		Amantadine	Tablet
		Rimantadine HCL	Tablet
		Tamiflu**	Susp recon
		Tamiflu**	Capsule
Cardiovascular	Anticoagulants, SQ	Fragmin	
		Enoxaparin	
Cardiovascular	Antiplatelet Drugs	Aggrenox	CPMP 12HR
		Aspirin	Tablet
		Dipyridamole	Tablet
		Plavix	Tablet
Cardiovascular	Beta-Blockers	Acebutolol HCL	Capsule
		Atenolol	Tablet
		Carvedilol	Tablet
		Labetalol HCL	Tablet
		Metoprolol tartrate	Tablet
		Nadolol	Tablet
		Propranolol HCL	Tablet
Cardiovascular	Calcium Channel Blockers - DH	Amlodipine besylate	Tablet
		Nicardipine HCL	Capsule
		Nifedipine ER	Tab ER 24
		Nifedipine er	Tablet SA
Cardiovascular	Calcium Channel Blockers NDH	Diltiazem 24HR ER	Cap.SR 24H

*Drug coverage subject to meeting clinical prior authorization criteria

**Drug coverage subject to quantity limits.

**Table 121-0030-1 Oregon Fee-for-Service Enforcable Physical Health Preferred
Drug List effective 3/1/11**

System	Class	Preferred	
	Calcium Channel Blockers - NDH	Diltiazem ER Diltiazem ER Diltiazem HCL Verapamil HCL Verapamil HCL Verapamil HCL	Capsule CR Capsule SA Tablet Cap24H PEL Tablet Tablet SA
Cardiovascular	DRIs, ACE-Is and ARBs	Benazepril Benicar Captopril Enalapril Fosinopril Lisinopril Losartan Micardis Moexipril Quinapril Ramipril Trandolapril	
Cardiovascular	DRIs, ACE-Is and ARBs + HCT	Benazepril-hydrochlorothiazide Benicar HCT Captopril/hydrochlorothiazide Enalapril-hydrochlorothiazide Fosinopril-hydrochlorothiazide Lisinopril-hydrochlorothiazide Losartan-hydrochlorothiazide Micardis HCT Moexipril-hydrochlorothiazide Quinapril-hydrochlorothiazide	
Cardiovascular	HP Statins & Combos	Lipitor Simvastatin	
Cardiovascular	LMP Statins & Combos	Lovastatin Pravastatin	
Dermatologic	Antifungal, Topical	Miconazole nitrate Nystatin Nystatin	Cream (GM) Cream (GM) Oint (GM)
Dermatologic	Antiparasite	Permethrin Permethrin Pip butox/pyrethrins/permeth Piperonyl butoxide/pyrethrins Piperonyl butoxide/pyrethrins Piperonyl butoxide/pyrethrins Piperonyl butoxide/pyrethrins	Cream (GM) Liquid Kit Gel (GM) Kit Liquid Shampoo

*Drug coverage subject to meeting clinical prior authorization criteria

**Drug coverage subject to quantity limits.

**Table 121-0030-1 Oregon Fee-for-Service Enforcable Physical Health Preferred
Drug List effective 3/1/11**

System	Class	Preferred	
Dermatologic	Impetigo Agents	Bacitracin	Oint. (GM)
		Bacitracin zinc	Oint (GM)
		Bacitracin-polymyxin	Oint (GM)
		Gentamicin sulfate	Cream (GM)
		Mupirocin	Oint (GM)
		Neomy sulf/bacitrac zn/poly	Oint (GM)
Dermatologic	Psoriasis, Topical	Anthralin*	Cream (GM)
		Calcipotriene*	Solution
		Dovonex*	Cream (GM)
		Taclonex*	Oint (GM)
Dermatologic	Steroids, Topical	Alclometasone dipropionate	Cream (GM)
		Alclometasone dipropionate	Oint (GM)
		Betamethasone dipropionate	Cream (GM)
		Betamethasone dipropionate	Lotion
		Betamethasone dipropionate	Oint (GM)
		Betamethasone valerate	Cream (GM)
		Betamethasone valerate	Oint (GM)
		Clobetasol propionate	Cream (GM)
		Clobetasol propionate	Oint (GM)
		Desonide	Cream (GM)
		Desonide	Oint (GM)
		Fluocinolone acetonide	Cream (GM)
		Fluocinolone acetonide	Solution
		Fluocinonide	Cream (GM)
		Fluocinonide	Solution
		Fluocinonide/emollient	Cream.(GM)
		Hydrocortisone	Cream (GM)
		Hydrocortisone	Oint.(GM)
		Hydrocortisone acetate	Cream (GM)
		Hydrocortisone butyrate	Solution
		Triamcinolone acetonide	Cream.(GM)
		Triamcinolone acetonide	Oint.(GM)
Endocrine	Androgens	Androderm*	Patch TD24
		Androgel*	Gel packet
		Testosterone cypionate	Vial
		Testosterone enanthate	Vial
Endocrine	Bone Metabolism Drugs	Actonel	Tablet
		Alendronate sodium	Tablet
		Boniva	Tablet
		Fosamax	Solution
		Fosamax plus D	Tablet
Endocrine	DM-Insulin	Lantus*	Cartridge
		Lantus	Vial
		Lantus solostar*	Insulin pen
		Novolin 70-30	Vial
		Novolin 70-30 innolet*	Insulin pen

*Drug coverage subject to meeting clinical prior authorization criteria

**Drug coverage subject to quantity limits.

**Table 121-0030-1 Oregon Fee-for-Service Enforcable Physical Health Preferred
Drug List effective 3/1/11**

System	Class	Preferred	
Endocrine (cont)	DM-Insulin (cont)	Novolin L	Vial
		Novolin N	Vial
		Novolin N innolet*	Insulin pen
		Novolin R	Vial
		Humulin R	Vial
		Humulin N	Vial
		Humulin 50-50	Vial
		Humulin 70-30	Vial
		Humulin N*	Insulin pen
		Humulin 70-30*	Insulin pen
		Humalog	Vial
		Humalog 50-50	Vial
		Humalog 70-25	Vial
		Humalog *	Insulin pen
		Humalog*	Cartridge
		Humalog 50-50*	Insulin pen
		Humalog 70-25*	Insulin pen
		Novolog*	Cartridge
		Novolog*	Insulin pen
		Novolog	Vial
		Novolog mix 70-30*	Insulin pen
		Novolog mix 70-30	Vial
Endocrine	DM-Oral Hypoglycemics	Glimepiride	Tablet
		Glipizide	Tablet
		Glyburide	Tablet
		Metformin HCL	Tablet
		Metformin HCL ER	Tab SR 24H
Endocrine	DM-Thiazolidinediones	Actos	
Endocrine	Growth Hormone	Saizen*	Cartridge
		Nutropin*	Vial
		Nutropin AQ*	Cartridge
Endocrine	HRT - Estrogen, Oral	Omnitrope	
		Cenestin	
		Estradiol	
		Estropipate	
		Femhrt	
Endocrine	HRT - Estrogen, Topical	Alora	Patch TDSW
		Climara	Patch TDWK
		Estradiol	Patch TDWK
Endocrine	HRT - Estrogen, Vaginal	Estring	
		Premarin	
		Vagifem	
Gastrointestinal	Antiemetics, Newer	Ondansetron HCL **	Solution
		Ondansetron ODT**	Tab RAPDIS
		Ondansetron HCL **	Tablet
Gastrointestinal	Digestive Enzymes	Creon	
		Zenpep	

*Drug coverage subject to meeting clinical prior authorization criteria

**Drug coverage subject to quantity limits.

**Table 121-0030-1 Oregon Fee-for-Service Enforcable Physical Health Preferred
Drug List effective 3/1/11**

System	Class	Preferred	
Gastrointestinal	H2-Antagonists	Cimetidine	Tablet
		Cimetidine	Solution
		Famotidine	Tablet
		Ranitidine HCL	Tablet
		Ranitidine HCL	Syrup
		Ranitidine HCL	Capsule
Gastrointestinal	Inflammatory Bowel	Apriso	Cap SR 24H
		Asacol	Tablet DR
		Dipentum	Capsule
		Mesalamine	Kit
		Sfrowasa	Enema
		Sulfasalazine	Tablet
		Sulfasalazine Dr	Tablet DR
		Sulfazine	Tablet
		Sulfazine EC	Tablet DR
Gastrointestinal	PPIs	Aciphex	Tablet DR
		Omeprazole	Capsule DR
		Omeprazole	Tablet DR
		Prilosec OTC	Tablet DR
Genitourinary	BPH	Doxazosin mesylate	Tablet
		Finasteride	Tablet
		Tamsulosin HCL	Cap.SR 24H
		Terazosin HCL	Capsule
Genitourinary	Overactive Bladder Drugs	Detrol	Tablet
		Hyomax-SR	Tab.SR12H
		Hyoscyamine sulfate	Drops
		Hyoscyamine sulfate	Elixir
		Hyosyne	Elixir
		Oxybutynin chloride	Tablet
		Oxybutynin chloride	Syrup
		Oxybutynin chloride ER	Tab ER 24
		Oxytrol	Patch TDSW
		Toviaz	Tab.SR 24H
Hematology	Colony Stimulating Factors	Neupogen	
		Neulasta	
		Leukine	
Hematology	Hematopoietic Agents	Aranesp*	Vial
		Procrit*	Vial
Immunologics	Immunosuppressants	Azathioprine	Tablet
		Cellcept	Susp recon
		Cyclosporine	Capsule
		Gengraf	Solution
		Gengraf	Capsule
		Mycophenolate mofetil	Capsule

*Drug coverage subject to meeting clinical prior authorization criteria

**Drug coverage subject to quantity limits.

**Table 121-0030-1 Oregon Fee-for-Service Enforcable Physical Health Preferred
Drug List effective 3/1/11**

System	Class	Preferred	
	Immunosuppressants (cont)	Mycophenolate mofetil	Tablet
		Neoral	Capsule
		Prograf	Capsule
		Rapamune	Solution
		Rapamune	Tablet
		Sandimmune	Capsule
		Zortress	Tablet
Immunologics	Targetted Immune Modulators	Enbrel	
		Humira	
		Remicade	
Neurologic	Alzeimers Dx	Aricept	Tablet
		Galantamine	Tablet
		Namenda	Tablet
Neurologic	Anticonvulsants	Banzel	Tablet
		Carbamazepine	Tablet
		Carbamazepine	Tab chew
		Carbamazepine	Oral susp
		Carbamazepine XR	Tab.SR 12H
		Carbatrol	CPMP 12HR
		Celontin	Capsule
		Clonazepam	Tablet
		Clonazepam	Tab RAPDIS
		Depakote sprinkle	Cap sprink
		Diastat (brand only)	Kit
		Diastat acudial (brand only)	Kit
		Dilantin	Tab chew
		Dilantin	Capsule
		Divalproex sodium	Tablet DR
		Divalproex sodium ER	Tab.SR 24H
		Epitol	Tablet
		Ethosuximide	Syrup
		Ethosuximide	Capsule
		Gabapentin	Capsule
		Gabitril	Tablet
		Keppra	Solution
		Lamotrigine	Tablet
		Levetiracetam	Tablet
		Mebaral	Tablet
		Mephobarbital	Tablet
		Oxcarbazepine	Tablet
		Peganone	Tablet
		Phenobarbital	Tablet
		Phenobarbital	Elixir
		Phenytek	Capsule
		Phenytoin	Oral susp
		Phenytoin sodium extended	Capsule

*Drug coverage subject to meeting clinical prior authorization criteria

**Drug coverage subject to quantity limits.

**Table 121-0030-1 Oregon Fee-for-Service Enforcable Physical Health Preferred
Drug List effective 3/1/11**

System	Class	Preferred	
Neurologic (cont)	Anticonvulsants (cont)	Primidone	Tablet
		Tegretol xr	Tab.SR 12H
		Topiramate*	Tablet
		Trileptal	Oral susp
		Valproic acid	Syrup
		Valproic acid	Capsule
		Vimpat	Tablet
		Zonisamide	Capsule
Neurologic	MS Drugs	Avonex	
		Copaxone	
Neurologic	Parkinson's Drugs	Benzotropine mesylate	Tablet
		Carbidopa-levodopa	Tablet
		Comtan	Tablet
		Requip*	Tablet
		Ropinirole HCL*	Tablet
		Selegiline HCL	Capsule
		Stalevo	Tablet
		Trihexyphenidyl HCL	Tablet
Opthalmic	Antibiotic/Steroid	Trihexyphenidyl HCL	Elixir
		Blephamide	Drops susp
		Blephamide S.O.P.	Oint.(GM)
		Neomycin-bacitracin-poly-HC	Oint.(GM)
		Neomycin-polymyxin-dexameth	Drops susp
		Tobradex	Oint.(GM)
Opthalmic	Antibiotics	Tobramycin-dexamethasone	Drops susp
		Bacitracin-polymyxin	Oint.(GM)
		Ciprofloxacin HCL	Drops
		Erythromycin	Oint.(GM)
		Gentak	Oint.(GM)
		Gentamicin sulfate	Drops
		Natacyn	Drops susp
		Neomycin-polymyxin-gramicidin	Drops
		Ofloxacin	Drops
		Polymyxin B sul-trimethoprim	Drops
		Quixin	Drops
		Sulfacetamide sodium	Drops
		Sulfamide	Drops
		Tobramycin sulfate	Drops
		Tobrex	Oint.(GM)
		Vigamox	Drops
		Zymar	Drops
Opthalmic	Antiinflammatory Drugs	Dexamethasone sodium phosphate	Drops
		Diclofenac sodium	Drops
		Fluorometholone	Drops susp
		Flurbiprofen sodium	Drops
		FML S.O.P.	Oint.(GM)
		Ketorolac tromethamine	Drops

*Drug coverage subject to meeting clinical prior authorization criteria

**Drug coverage subject to quantity limits.

**Table 121-0030-1 Oregon Fee-for-Service Enforcable Physical Health Preferred
Drug List effective 3/1/11**

System	Class	Preferred	
Ophthalmic (cont)	Antiinflammatory Drugs (cont)	Lotemax	Drops susp
		Maxidex	Drops susp
		Prednisolone acetate	Drops susp
Ophthalmic	Glaucoma	Azopt	Drops susp
		Brimonidine tartrate (0.15, 0.2%)	Drops
		Combigan	Drops
		Isopto carpine	Drops
		Levobunolol HCL	Drops
		Pilocar	Drops
		Timolol maleate	Drops
		Timolol maleate	Sol-gel
		Travatan	Drops
		Travatan Z	Drops
Otic	Antibiotic	Ciprodex	Drops susp
		Cortisporin-TC	Drops susp
		Neomycin-polymyxin-hc	Drops susp
		Ofloxacin	Drops
Psychiatric	ADHD	Amphetamine salt combo**	Tablet
		Concerta**	TAB ER 24
		Daytrana**	PATCH TD24
		Dexmethylphenidate HCL**	Tablet
		Dextroamphetamine sulfate**	Tablet
		Methylphenidate HCL**	Tablet
		Methylphenidate SR**	Tablet SA
		Ritalin LA**	CPMP 50-50
		Vyvanse**	Capsule
Psychiatric	Sedatives	Zolpidem	Tablet
Pulmonary	Anticholinergic Inhalers	Atrovent HFA	HFA AER AD
		Combivent	AER W/ADAP
		Ipratropium bromide	Solution
		Ipratropium-albuterol	AMPUL-NEB
		Spiriva	Cap w/dev
Pulmonary	Asthma Controllers	Accolate	Tablet
		Aerobid	AER W/ADAP
		Asmanex	AER POW BA
		Flovent diskus	Disk w/dev
		Flovent HFA	AER W/ADAP
		Foradil	CAP W/DEV
		Pulmicort flexhaler	AER POW BA
		Qvar	AER W/ADAP
		Serevent diskus	Disk w/dev
		Singulair*	Tablet
		Singulair*	Tab chew
		Singulair*	Gran pack

*Drug coverage subject to meeting clinical prior authorization criteria

**Drug coverage subject to quantity limits:

**Table 121-0030-1 Oregon Fee-for-Service Enforcable Physical Health Preferred
Drug List effective 3/1/11**

System	Class	Preferred	
Pulmonary	Asthma Rescue	Albuterol sulfate	Solution
		Albuterol sulfate	VIAL-NEB
		Maxair autohaler	AER BR.ACT
		Proair HFA	HFA AER AD
		Proventil HFS	HFA AER AD
		Ventolin HFA	HFA AER AD
		Xopenex HFS	HFA AER AD
Pulmonary	PAH	Adcirca	Tablet
		Tracleer	Tablet
		Revatio	Tablet
Renal	Phosphate Binders	Calcium acetate	Capsule

*Drug coverage subject to meeting clinical prior authorization criteria

**Drug coverage subject to quantity limits:

**Table 121-0030-1 Oregon Fee-for Service Voluntary Mental Health
Preferred Drug List – effective 3/1/11**

System	Class	Preferred	
Psychiatric	Antidepressants 2 nd Generation	Bupropion hcl	Tablet
		Bupropion hcl sr	Tablet SA
		Citalopram	Solution
		Citalopram hbr	Tablet
		Fluoxetine hcl	Capsule
		Fluoxetine hcl	Solution
		Fluoxetine hcl	Tablet
		Fluvoxamine maleate	Tablet
		Lexapro	Solution
		Lexapro	Tablet
		Mirtazapine	Tablet
		Mirtazapine	Tab RAPDIS
		Paroxetine hcl	Tablet
		Sertraline hcl	Tablet
		Sertraline hcl	Oral Conc
		Venlafaxine hcl	Tablet
Psychiatric	Antipsychotics, 2nd Generation	Abilify	Solution
		Abilify	Tablet
		Clozapine	Tablet
		Geodon	Capsule
		Risperidone	Tablet
		Risperidone	Solution
		Risperidone	Tab RAPDIS
		Seroquel	Tablet