Preferred Drug List (PDL) – Non-Preferred Drugs in Select PDL Classes

Goal(s):
- Ensure that non-preferred drugs are used appropriately for OHP-funded conditions.

Initiative:
- PDL: Preferred Drug List

Length of Authorization:
- Up to 6 months

Requires PA:
- Non-preferred drugs

Covered Alternatives:
- Current PMPDP preferred drug list per OAR 410-121-0030 at www.orpdl.org
- Searchable site for Oregon FFS Drug Class listed at www.orpdl.org/drugs/

Approval Criteria		
1. What diagnosis is being treated?	Record ICD10 code	
2. Is this an FDA approved indication?	**Yes**: Go to #3	**No:** Pass to RPh. Deny; medical appropriateness
3. Is this an OHP-funded diagnosis?	**Yes**: Go to #4	**No**: Go to #5
4. Will the prescriber consider a change to a preferred product? Message: Preferred products do not generally require a PA. Preferred products are evidence-based and reviewed for comparative effectiveness and safety by the P&T Committee.	**Yes**: Inform prescriber of covered alternatives in class.	**No**: Approve until anticipated formal review by the P&T committee, for 6 months, or for length of the prescription, whichever is less.

5. RPh only: All other indications need to be evaluated for funding status on the OHP prioritized list
   - If funded and clinic provides supporting literature: Approve until anticipated formal review by the P&T committee, for 6 months, or for length of the prescription, whichever is less.
   - If not funded and patient is over 21 years of age: Deny; not funded by the OHP.
   - If not funded and patient is 21 year of age or less: Approve for 6 months, or for length of the prescription, whichever is less if treatment has or is expected to improve the patient's ability to grow, develop or participate in school.[1] If no documentation is provided: Deny; not funded by the OHP.

1. *Statement of intent 4:* https://www.oregon.gov/oha/HPA/DSI-HERC/SearchablePLdocuments//Prioritized-List-SOI-004.docx