

PLAN DRUG LIST (PDL)

Evaluated by the Oregon Health Resources Commission
using a rigorous, public, evidence review process. Full evidence report

ACE INHIBITORS & ANGIOTENSIN II RECEPTOR BLOCKERS	
captopril	≤ \$5
lisinopril	≤ \$5
benazepril	≤ \$5
lisinopril-HCTZ	\$10
captopril-HCTZ	\$10
benazepril-HCTZ	\$10
enalapril-HCTZ	\$15
enalapril	\$20
◆ BENICAR	\$50
◆ AVAPRO	\$55
◆ MICARDIS	\$55
◆ ATACAND	\$55
MICARDIS HCT	\$55
BENICAR HCT	\$60
ATACAND HCT	\$65
COZAAR	\$65
◆ DIOVAN	\$65
HYZAAR	\$65
DIOVAN HCT	\$70
AVALIDE	\$80

ANTIHISTAMINES, NON-SEDATING	
loratadine	≤ \$5

ALZHEIMER'S DRUGS	
NAMENDA	\$130
ARICEPT	\$170

BETA-BLOCKERS	
atenolol	≤ \$5
metoprolol IR	≤ \$5
propranolol IR	≤ \$5
pindolol	≤ \$5
nadolol	\$15
acebutolol	\$20
labetalol	\$20
metoprolol SR	\$35

CALCIUM CHANNEL BLOCKERS	
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DIHYDROPYRIDINES	
nifedipine IR	\$20
nicardipine IR	\$25
amlodipine	\$60
SULAR	\$65

NON-DIHYDROPYRIDINES	
verapamil IR	≤ \$5
diltiazem IR	≤ \$5
verapamil SA TAB	\$15

ESTROGENS	
estradiol (oral)	≤ \$5
VIVELLE (topical)	\$25
CLIMARA PRO (topical)	\$35
estradiol (topical)	\$35
ALORA (topical)	\$40
VIVELLE- DOT (topical)	\$40
ESTRADERM (topical)	\$45
VAGIFEM (vaginal)	\$45
MENOSTAR (topical)	\$50
ESTRING (vaginal)	\$90
PREMARIN (vaginal)	\$90

INHALED CORTICOSTEROIDS	
QVAR (low/med potency)	\$70
AEROBID Aerobid-M (low/med potency)	\$90
ASMANEX (high potency)	\$120
FLOVENT (high potency)	\$120
AZMACORT (low/medium potency)	\$125
PULMICORT RESPULES (for children <8 and unable to use inhaler)	\$240

LONG-ACTING (LA) OPIOIDS	
methadone	\$20
KADIAN	\$130
morphine SA	\$130
levorphanol	\$150

NEW ANTINAUSEANTS	
EMEND	\$75
ondansetron rapids	\$130
ondansetron	\$145

NSAIDS	
piroxicam	≤ \$5
ibuprofen	≤ \$5
meloxicam	≤ \$5
naproxen	≤ \$5
naproxen sodium	\$15
diclofenac sodium	\$20
fluribiprofen	\$20
indomethacin	\$20
ketoprofen	\$20

ORAL HYPOGLYCEMICS	
glipizide	≤ \$5
glimepiride	\$10
glyburide	\$15

OVERACTIVE BLADDER DRUGS	
oxybutynin chloride IR	\$10

PPIs (also see H2-antagonists)	
PRILOSEC OTC	\$25
ZEGRID (capsule)	\$105
ZEGRID (packet)	\$145

SKELETAL MUSCLE RELAXANTS	
cyclobenzaprine	≤ \$5
tizanidine	\$30
baclofen	\$45

STATINS	
simvastatin (high potency)	\$20
lovastatin (low/med potency)	\$30
pravastatin (low/medium potency)	\$40

TRIPTANS – cost per tablet/dose (monthly quantity limits per FDA label enforced)	
AMERGE (oral)	\$15
AXERT (oral)	\$15
RELPAK (oral)	\$15
ZOMIG (oral)	\$20
IMITREX (nasal)	\$20
MAXALT (oral)	\$20
IMITREX (oral)	\$20
ZOMIG (nasal)	\$25
IMITREX (SQ)	\$135

TZDs	
AVANDIA	\$140
ACTOS	\$160

Rules and billing information:
www.dhs.state.or.us/policy/healthplan/guides/pharmacy/main.html

**OHP “OPEN CARD”
BENEFIT SUMMARY**

July 1, 2007

If the client is in a managed care plan, contact the plan for benefit information.

OHP does not cover drugs prescribed for treating the following conditions:

- acne/rosacea
- cold/flu treatment
- cosmetic indications
- erectile dysfunction
- fluoride preps for adults
- infertility
- irritable bowel disease
- seborrhea
- uncomplicated oral herpes
- weight loss

Drugs with Quantity Limits

- 5HT3 Antinauseants (3-days)
- carisoprodol products (56 tabs/90 days)
- combination opioids (e.g., vicodin)
- ketorolac (5 days)
- oxycodone (120 mg/day)
- PPIs (8 weeks of therapy - except PRILOSEC OTC)
- sedatives (15 doses/30 days)
- triptans (monthly limits per FDA label)
- stimulants above recommended doses

OHP requires Prior Authorization (PA) for the following drugs:

- Actiq
- brand name drugs if generic available
- dronabinol
- gabapentin
- growth hormone
- becaplermin
- Miralax
- nutritional supplements
- terbinafine and itraconazole
- topical antifungals (except generic miconazole & nystatin)
- topical testosterone
- allergy drugs (except generic OTC antihistamines)
- psoriasis drugs(except corticosteroids, cyclosporin, ENBREL & methotrexate)

How to Obtain PA for OHP “Open Card” Clients

- Only licensed medical professionals at prescriber’s office can request PA
- Call First Health at 800-344-9180 or Fax 800-250-6950. Fax form is at: www.oregon.gov/DHS/healthplan/forms/dmapforms.shtml#misc
- Information needed:
 - Client name & OHP number
 - Drug, strength, quantity
 - ICD-9 of OHP covered diagnosis
 - Pharmacy contact information
- 96-hour emergency supply available while PA pending

Tablet Splitting & Dose Consolidation

- Many drugs cost the same for all strengths (aka “flat-pricing”)
- Can save 50% by using 1 dose per day rather than 2 or 1/2 of larger strength tablet when appropriate (e.g. 50 mg = 1/2 100mg tablet)
- Patients must be physically capable to split tablets and understand concept
- Time-release tabs or capsules are not suitable for splitting
- OHP will pay for 1 tablet splitter per year

No formal evidence review done

COST COMPARISONS SELECTED DRUGS

ANTIBIOTICS – cost for 7 days	
CEPHALOSPORINS	
cephalexin	\$10
cefuroxime	\$30
FLUOROQUINOLONES	
ciprofloxacin	≤ \$5
AVELOX	\$75
LEVAQUIN	\$90
MACROLIDES	
erythromycin (all forms)	≤ \$5
erythromycin/sulfisoxazole	\$10
clarithromycin	\$25
azithromycin	\$45
PENICILLINS	
amoxicillin	≤ \$5
penicillin V	≤ \$5
dicloxacillin	\$20
amox tr/potassium clavulanate	\$30
AUGMENTIN XR	\$60
SULFONAMIDES	
tmp/smx	≤ \$5
TETRACYCLINES	
tetracycline	≤ \$5
doxycycline	≤ \$5
minocycline	\$10
ANTICONSULSANT DRUGS & MOOD STABILIZERS	
carbamazepine	\$15
lithium carbonate	\$20
phenytoin sodium extended	\$30
valproic acid	\$70
gabapentin	\$75
LYRICA	\$145
DEPAKOTE	\$160
DEPAKOTE ER	\$160
LAMICTAL (<200MG/DAY)	\$190
GABITRIL	\$210
TRILEPTAL	\$250
KEPPRA	\$280
TOPAMAX	\$280
FELBATOL	\$320
lamotrigine	\$345

No formal evidence review done

COST COMPARISONS SELECTED DRUGS

ANTIDEPRESSANTS	
amitriptyline	≤ \$5
trazodone	≤ \$5
citalopram	\$10
↓ fluoxetine	\$15
mirtazapine	\$20
paroxetine	\$40
bupropion SR	\$55
sertraline	\$60
♦ LEXAPRO	\$80
venlafaxine	\$100
PAXIL CR	\$120
↑ EFFEXOR XR	\$140
CYMBALTA	\$140
↓ WELLBUTRIN XL	\$145
ANTIPSYCHOTICS	
fluphenazine	\$20
haloperidol	\$25
perphenazine	\$45
haloperidol decanoate	\$55
clozapine	\$210
↓ RISPERDAL	\$250
GEODON	\$310
CLOZARIL	\$395
↑ ABILIFY	\$440
↑ ZYPREXA	\$455
↑ ↓ ZYPREXA ZYDIS	\$505
SEROQUEL (> 300mg)	\$535
RISPERDAL CONSTA	\$845
ANXIOLYTICS	
diazepam	≤ \$5
alprazolam	≤ \$5
clonazepam	\$10
lorazepam	\$20
buspirone	\$35
oxazepam	\$35
DIURETICS	
furosemide	≤ \$5
hydrochlorothiazide	≤ \$5
triamterene/hctz	≤ \$5
H2-ANTAGONISTS	
cimetidine	≤ \$5
ranitidine	≤ \$5

No formal evidence review done

COST COMPARISONS SELECTED DRUGS

H2-ANTAGONISTS Cont.	
famotidine	≤ \$5
nizatidine	\$35
RESPIRATORY DRUGS	
theophylline SR	\$20
albuterol HFA	\$45
XOPENEX	\$55
ACCOLATE	\$80
SINGULAIR (PA - 800-344-9180)	\$95
FORADIL	\$100
ATROVENT	\$105
COMBIVENT	\$120
SPIRIVA	\$125
ADVAIR	\$175
SEDATIVE/HYPNOTICS	
Insomnia not covered by OHP – Cost for 15 doses ^Limits of 15 doses/30 days enforced	
temazepam	≤ \$5
triazolam	≤ \$5
zolpidem	\$10
ROZEREM	\$40
SONATA	\$50
LUNESTA	\$55
SHORT-ACTING OPIOIDS – cost for 30 tabs	
hydrocodone bit/apap 5-500mg	≤ \$5
oxycodone/apap 5-325mg	≤ \$5
propoxyphene n/apap 100-650mg	≤ \$5
tramadol	≤ \$5
morphine IR	≤ \$5
oxycodone IR	\$10
hydrocodone bit/apap 10-500mg	\$10
hydromorphone	\$15
tramadol/apap	\$20
oxycodone/apap 10-650mg	\$30
STIMULANT & ADHD DRUGS	
methylphenidate IR (PA > 90mg/d)	\$20
methylphenidate ER (PA > 90mg/d)	\$35
amphetamine salt combo (PA > 40mg/d)	\$45
ADDERALL XR (PA > 40mg/d)	\$130
CONCERTA (PA > 90mg/d)	\$130
DAYTRANA	\$130
STRATTERA	\$150
PROVIGIL	\$335



Oregon Health Plan (OHP)
Open Card Program

POCKET DRUG GUIDE

Legend

bold = Generic drugs

lower case = (lower patient co-pay)

Cost = Average retail cost for 30 days to OHP in 1st Qtr 2007 unless otherwise noted; excludes rebate.

Shading depicts cost relative to class average:

White = < 25th percentile of class costs or ≤ \$5

Light = 25-75th percentile of class costs

Dark = > 75th percentile of class costs

♦ = 1/2 tablet opportunity

↑ ↓ = Dose-consolidation opportunity

OTHER RESOURCES

- Pocket Drug Guide update:
Call 503-494-9954 or www.orpd.org
- Drug Use Review (DUR) Board Newsletter:
http://pharmacy.oregonstate.edu/drug_policy/newsletter
- DMAP Prescriber Number List:
Paper: 800-527-5772
Electronic: ketchum@ohsu.edu
- OHP List of Prioritized Services Index:
www.oregon.gov/DHS/healthplan/priorlist/main.shtml
- OHP Provider Services: 1-800-336-6016 or dmap.prov-callcenter@state.or.us
- Detailed benefit information available for free PDA/PC download at: www2.epocrates.com/products/tx/

Pocket
Drug
Guide
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