

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
HEALTH AND RECOVERY SERVICES ADMINISTRATION  
Olympia, Washington**

**To:** All Prescribers  
Managed Care Organizations  
Nursing Facility Administrators  
Pharmacists  
Regional Support Networks

**# Memo: 10-11  
Issued: March 1, 2010**

**From:** Douglas Porter, Assistant Secretary  
Health and Recovery Services  
Administration

**For further information, go to:**  
<http://hrsa.dshs.wa.gov/pharmacy>

**Subject: Prescription Drug Program: Generics First for New Starts, New PA Requirements, Changes to the Washington PDL, New Authorization Form, Changes to the EA List, Additions to Drugs Requiring PA, Addition to the Covered OTC List**

**Effective for dates of service on and after April 1, 2010**, unless otherwise noted, the Department will:

- Make additions to the Generics First Drug Initiative;
- Require authorization for use of Proton Pump Inhibitors for clients taking clopidogrel (Plavix®);
- Make changes to the Washington PDL;
- Require the use of a new authorization form;
- Make changes to the Expedited Authorization (EA) List;
- Make additions to drugs requiring prior authorization; and
- Make changes to the Covered OTC List.

### **Generics First for New Starts**

**Effective for dates of service on and after April 1, 2010**, the Department requires that a preferred generic drug be used as a client's first course of treatment within specific drug classes on the Washington Preferred Drug List (PDL). The Department will add the following drug classes to the Generics First Initiative:

- Long-acting opioids;
- Nasal corticosteroids;
- Nonsteroidal anti-inflammatory drugs (NSAIDS);
- Second generation antidepressants; and
- Statin-type cholesterol-lowering agents.

**Note:** Only clients who are new to a drug class will be required to start on a preferred generic product. Any use of a drug in one of the drug classes listed above within the preceding 180 days of the date of fill establishes that the patient is not new to the drug class. The Department does not require clients who are established on a drug to be changed to a generic drug.

When a client has not received a drug in one of these drug classes within 180 days prior to the date of the fill, the Department will deny claims for both preferred and nonpreferred brand name drugs and for nonpreferred generic drugs within the class. For a client's first course of treatment in these specific drug classes on the Washington PDL, the Department's Point-of-Sale (POS) system will accept only preferred generic drugs without authorization.

**Note:** The Department is aware that a pharmacy or prescriber may not have a client's full prescription history available. Pharmacies are not expected to apply this Generics First for New Starts policy unless specifically directed by the Department to do so through return messaging on a rejected claim.

If the brand name drug or nonpreferred generic drug has been prescribed by a nonendorsing practitioner, or by an endorsing practitioner who has not indicated "Dispense As Written" (DAW), the Department will not cover the drug.

If the prescriber is an endorsing practitioner who has signed "substitution permitted" on a prescription for a brand name drug or nonpreferred generic drug, the Department requests that pharmacies make a Therapeutic Interchange to a preferred generic drug on the PDL in the following classes:

- Nasal corticosteroids;
- Nonsteroidal anti-Inflammatory drugs (NSAIDS); and
- Statin-type cholesterol lowering agents.

Therapeutic Interchange is not permitted for drugs in the following drug classes:

- Long-acting opioids; and
- Second generation antidepressants.

If the prescriber is an endorsing practitioner who has indicated "DAW" for drugs in the drug classes listed above, the Department requests that pharmacies contact the prescriber to request a change to a preferred generic drug or contact the Department for authorization. The Department will provide the endorsing practitioner with an opportunity to justify the medical necessity for starting the client on a brand name drug or a nonpreferred generic drug as the client's first course of therapy.

### **Proton Pump Inhibitors (PPIs) with Clopidogrel (Plavix®)**

**Effective for dates of service on and after February 5, 2010**, the Department requires authorization for PPIs in combination with clopidogrel (Plavix®). The combination of a PPI with clopidogrel can decrease the effectiveness of clopidogrel and can lead to increased cardiovascular events, such as myocardial infarctions and stroke. Ranitidine, a Histamine H2-Receptor Antagonist, does not appear to have the same effect on clopidogrel as the PPIs.

In a March 4, 2009, article in the *Journal of the American Medical Association*, an investigator with Veteran Affairs is quoted, “proton pump inhibitors shouldn’t be prescribed prophylactically just because the patient is on aspirin and clopidogrel. Given the accumulating evidence, this study suggests that unless there is a clear indication for the PPI medication, there might be other stomach medications that patients can take.”

## What Are the Changes to the Washington Preferred Drug List (PDL)?

Effective for dates of service on and after April 1, 2010, the Department will make the following changes (highlighted in yellow) on the Washington PDL:

Drug Class	Preferred Drugs	Nonpreferred Drugs
<b>Attention Deficit/ Hyperactivity Disorder</b> (Not subject to TIP.)	<p><b>Generic:</b>            amphetamine salt combo            amphetamine salt combo XR            dextmethylphenidate            dextroamphetamine            dextroamphetamine SA            methylphenidate            methylphenidate SA            Methylin® (methylphenidate HCl) tablet            Methylin ER® (methylphenidate HCl)</p> <p><b>Brand:</b>            Concerta® (methylphenidate HCl)            Daytrana™ (methylphenidate HCl) transdermal patch            Focalin XR® (dextmethylphenidate)            Metadate CD™ (methylphenidate HCl)            Strattera® (atomoxetine HCl)            Vyvanse™ (lisdexamfetamine dimesylate)</p>	<p><b>Generic:</b></p> <p><b>Brand:</b>            Adderall® (<i>amphetamine salt combo</i>)            Adderall XR® (<i>amphetamine salt combo</i>)            Dexedrine SA® (<i>d-amphetamine</i>)            Dextrostat® (<i>d-amphetamine</i>)            Focalin® (<i>dextmethylphenidate</i>)            Intuniv™ (<i>guanfacine</i>) **            Liquadd® (<i>d-amphetamine</i>) sol**            Metadate ER™ (<i>methylphenidate HCl</i>)            Methylin® (<i>methylphenidate HCl</i>) chewable/solution            ProCentra® (<i>d-amphetamine</i>) sol**            Ritalin® (<i>methylphenidate HCl</i>)            Ritalin LA® (<i>methylphenidate HCl</i>)            Ritalin SR® (<i>methylphenidate HCl</i>)</p> <p>**Not subject to DAW-1 override</p>

Drug Class	Preferred Drugs	Nonpreferred Drugs
<b>Atypical Antipsychotic Drugs</b> (Not subject to TIP.)	<p><b>Generic:</b>            clozapine tablet            risperidone tablet/solution</p> <p><b>Brand:</b>            Abilify® (<i>aripiprazole</i>) tablet/solution/Discmelt®            Abilify® (<i>aripiprazole</i>) IM injection*            Fazaclo® (<i>clozapine</i>) disintegrating tablet            Geodon® (<i>ziprasidone HCl</i>) capsule            Geodon® (<i>ziprasidone mesylate</i>) IM injection*            Invega™ (<i>paliperidone</i>) tablet            Risperdal® (<i>risperidone</i>) M-tab®            Risperdal Consta® (<i>risperidone</i>) injection*            Seroquel® (<i>quetiapine</i>) tablet /XR            Zyprexa® (<i>olanzapine</i>) tablet/            Zydys® tablet            Zyprexa® (<i>olanzapine</i>) IM injection*</p> <p>*EA required</p>	<p><b>Generic:</b></p> <p><b>Brand:</b>            Clozaril® (<i>clozapine</i>) tablet            Fanapt® (<i>iloperidone</i>)**            Invega Sustenna® (<i>paliperidone</i>) IM injection**            Risperdal® (<i>risperidone</i>) tablet/solution            Saphris® (<i>asenapine</i>) sublingual tablet**</p> <p>**Not subject to DAW-1 override</p>
<b>Multiple Sclerosis Drugs</b> (Not subject to TIP.)	<p><b>Generic:</b>            mitoxantrone</p> <p><b>Brand:</b>            Avonex® (<i>interferon β 1a</i>)            Copaxone® (<i>glatiramer acetate</i>)            Extavia® (<i>interferon β 1b</i>)            Rebif® (<i>interferon β 1a</i>)            Tysabri® (<i>natalizumab</i>)*            *PA required</p>	<p><b>Generic:</b></p> <p><b>Brand:</b>            Betaseron® (<i>interferon β 1b</i>)            Novantrone® (<i>mitoxantrone</i>)</p>

Drug Class	Preferred Drugs	Nonpreferred Drugs
<b>Newer Antihistamines (formerly Non-Sedating Antihistamines)</b>	<b>Generic:</b> loratadine OTC cetirizine tab/chewable/ syrup	<b>Generic</b> fexofenadine  <b>Brand:</b> Allegra® ( <i>fexofenadine</i> ) Clarinetx® ( <i>desloratadine</i> ) Claritin® ( <i>loratadine</i> ) Xyzal® ( <i>levocetirizine</i> )** Zyrtec® ( <i>cetirizine</i> )  **Not subject to TIP or DAW-1 override. (new product since P & T review)



Drug Class	Preferred Drugs	Nonpreferred Drugs
<p><b>Proton Pump Inhibitors (PPI)</b></p> <p>Limited to 90 days duration</p>	<p><b>Generic:</b>            omeprazole OTC            omeprazole Rx</p> <p><b>Brand:</b>            Prilosec OTC® (<i>omeprazole magnesium</i>) tablets            Prevacid® SoluTab™ (<i>lansoprazole</i>)*</p> <p>*EA required</p>	<p><b>Generic:</b>            pantoprazole  <b>lansoprazole</b></p> <p><b>Brand:</b>            Aciphex® (<i>rabeprazole</i>)            Kapidex® (<i>dexlansoprazole</i>)**            Nexium® (<i>esomeprazole</i>)            Prevacid® (<i>lansoprazole</i>) capsules            Prilosec® Rx (<i>omeprazole</i>)            Protonix® (<i>pantoprazole</i>)            Zegerid® (<i>omeprazole sodium bicarbonate</i>)***</p> <p>**Not subject to TIP or DAW-1 override.            ***Not subject to DAW – not eligible for federal rebate</p>

Drug Class	Preferred Drugs	Nonpreferred Drugs
<b>Second Generation Antidepressants</b> (Not subject to TIP.)	<b>Generic:</b> bupropion HCl /SR/XL* citalopram fluoxetine HCl <b>fluvoxamine</b> mirtazapine/soltab paroxetine HCl /CR sertraline venlafaxine HCl /ER	<b>Generic:</b> nefazodone  <b>Brand:</b> Aplenzin ( <i>bupropion hydrobromide ER</i> )** Celexa® ( <i>citalopram</i> ) Cymbalta® ( <i>duloxetine HCl</i> ) Effexor® /XR ( <i>venlafaxine HCl</i> ) Lexapro® ( <i>escitalopram</i> ) Luvox CR ( <i>fluvoxamine</i> )** Paxil® /CR ( <i>paroxetine HCl</i> ) Pexeva® ( <i>paroxetine mesylate</i> ) Pristiq® ( <i>desvenlafaxine</i> )** Prozac® /Prozac Weekly® ( <i>fluoxetine HCl</i> ) Remeron® /SolTab ( <i>mirtazapine</i> ) Wellbutrin® /SR/XL ( <i>bupropion HCl /SR/XL</i> ) Zoloft® ( <i>sertraline</i> )  **Not subject to DAW-1 override.
<b>Targeted Immune Modulators</b> (Not subject to TIP.)	<b>Generic:</b>  <b>Brand:</b> Enbrel® ( <i>etanercept</i> )* Humira® ( <i>adalimumab</i> )* Remicade® ( <i>infliximab</i> )*	<b>Generic:</b>  <b>Brand:</b> <b>Actemra® (<i>tocilizumab</i>)**</b> Amevive® ( <i>alefacept</i> )* <b>Cimzia® (<i>certolizumab pegol</i>)**</b> Kineret® ( <i>anakinra</i> )* Orencia® ( <i>abatacept</i> )* Rituxan® ( <i>rituximab</i> )* Simponi® ( <i>golimumab</i> )** <b>Stelara® (<i>ustekinumab</i>)**</b>  *EA required **Not subject to DAW-1 override

Drug Class	Preferred Drugs	Nonpreferred Drugs
<b>Triptans</b>	<b>Generic:</b> sumatriptan tablets sumatriptan injection sumatriptan nasal spray  <b>Brand:</b> Maxalt®/MLT ( <i>rizatriptan</i> ) Relpax® ( <i>eletriptan</i> )	<b>Brand:</b> Amerge® ( <i>naratriptan</i> ) Axert® ( <i>almotriptan</i> ) Frova® ( <i>frovatriptan</i> ) Imitrex® tablets ( <i>sumatriptan</i> ) Imitrex® injection ( <i>sumatriptan</i> ) Imitrex® nasal spray ( <i>sumatriptan</i> ) Sumavel™ DosePro™ ** Zomig®/ZMT ( <i>zolmitriptan</i> )  **Not subject to TIP or DAW-1 override.

## New Authorization Form Required

Effective for dates of service on and after April 1, 2010, the Department will require the use of a new ProviderOne-compatible authorization request form. The new Pharmacy Information Authorization, DSHS 13-835A, form replaces the following fax request forms currently in use:

- Prescription Drug Authorization Fax Request (HRSA), DSHS 13-798; and
- Request to Change Reimbursement, DSHS 13-753.

To download the new form, go to <http://www.dshs.wa.gov/msa/forms/eforms.html>.

**Note:** Pharmacy Information Authorization, DSHS 13-835A, **must be type written**. To expedite the authorization process, the Department will scan all requests into the authorization system. Handwritten requests cannot be scanned, so the Department will not accept them. To continue faxing authorization requests to the Department, it is critical that pharmacy staff have access to the website above, or that the Word version of the form be downloaded and made available for completion on a computer accessible to pharmacy staff.

**[Pharmacy Authorization Information \(13-835A\)](#) is available for pharmacies to begin using now.**

Until April 1, 2010, the Department will accept faxed authorization requests on DSHS 13-798, DSHS 13-753, or the new DSHS 13-835A. Pharmacies are encouraged to transition to the new form as soon as possible. Please continue to send requests to the same fax numbers used for previous versions of the form. Fax requests to change reimbursement to 360-725-1982. Fax authorization requests to 360-725-2141.

As of April 1, 2010, the Department will no longer accept authorization requests submitted on forms 13-798 or 13-753.

When submitting authorization requests using [Pharmacy Authorization Information \(13-835A\)](#), please be aware of the following:

- **The form must be typed.**
- Numbers which might usually contain dashes (Phone numbers, Fax Numbers, PIC Codes, National Drug Codes) must be entered as numeric only (e.g., NDC 12345-1234-12 must be entered as 12345123412).
- National Drug Codes must be entered in an 11-digit format (e.g., 'placeholder' zeros must be used, NDC 12345-12-1 must be entered as 12345001201).
- Provide supporting documentation *after* the form.
- Do not use a fax cover sheet. [Pharmacy Authorization Information \(13-835A\)](#) must be the first page of the fax transmission.
- You must fax only one request at a time. Faxing multiple requests as a single transmission will cause only the first request to be entered into the system.
- If your fax machine 'holds' multiple faxes to send to the same fax number as a single transmission, you will need to manually ensure that each request faxes separately so that your fax machine does not bundle multiple requests into a single fax.
- Although there are multiple lines to request multiple products, these are reserved for future system enhancements. At this time, only one product may be requested per form. Please use only the first line.
- Please continue to use current Patient Identification Codes (PIC) until ProviderOne goes live, rather than ProviderOne Client ID. You will receive separate notification of ProviderOne go live to inform you when it will be necessary to change to ProviderOne Client ID.

## Additions to the Expedited Authorization (EA) List

Effective for dates of service on and after April 1, 2010, the Department will add the following drugs to the EA List:

- Cambia (*diclofenac potassium*); and
- Twynsta® (*amlodipine/telmisartan/hydrochlorothiazide*).

Product	Code	Criteria
<b>Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)</b>	141	An absence of a history of ulcer or gastrointestinal bleeding.
		Arthrotec® ( <i>diclofenac/misoprostol</i> ) <b>Cambia™ (<i>diclofenac potassium</i>)</b> diclofenac potassium diclofenac sodium SR/ER/EC diflunisal etodolac /ER fenoprofen Flector® ( <i>diclofenac epolamine</i> ) flurbiprofen ibuprofen ibuprofen/hydrocodone (Vicoprofen®) indomethacin /SR ketoprofen /SR ketorolac meclofenamate meloxicam nabumetone naproxen /EC naproxen sodium /ER oxaprozin piroxicam Ponstel® ( <i>mefenamic acid</i> ) salsalate sulindac tolmetin Voltaren® ( <i>diclofenac sodium</i> ) gel
<b>Twynsta® (<i>amlodipine/telmisartan</i>)</b>	<b>093</b>	<b>Must have tried and failed, or have a clinically documented intolerance to an angiotensin converting enzyme (ACE) inhibitor, and must have a history of dihydropyridine calcium channel blocker and/or angiotensin receptor blocker (ARB) therapy.</b>

## Removal from the Expedited Authorization (EA) List

Effective for dates of service on and after April 1, 2010, the Department will remove the following drugs and EA codes from the EA List:

- Cetirizine syrup and EA code 082 from the EA list. Cetirizine syrup will be a preferred drug listed under the “Newer Antihistamine” drug class on the PDL and will be covered without EA.

Drug	Code	Criteria
Cetirizine syrup	082	Patient is at least 6 months, but less than 2 years, of age

- Raptiva® and EA code 027 from the EA list due to the product being removed from the market.

Drug	Code	Criteria
Raptiva®	027	Treatment of plaque psoriasis when prescribed by a dermatologist for patients 18 years or older. Weekly dose is not to exceed 200mg subcutaneously.

## New Drugs Requiring Prior Authorization

Effective for dates of service on and after February 4, 2010, the Department will require prior authorization for the following newly marketed drugs:

- Adcirca® (tadalafil) tablet
- Atryn® (antithrombin, recombinant) IV powder for solution
- Bepreve™(bepotastine besilate)ophthalmic solution
- Berinert® (C1 esterase inhibitor, human) IV powder for solution
- Caldolor® (ibuprofen) injection
- Colcrys® (colchicine) tablet
- Feraheme® (ferumoxytol) injection
- Kalbitor® (ecallantide) injection
- Metozolv™ ODT (metoclopramide HCl) orally disintegrating tablet
- Multaq® (dronedarone HCl) tablet
- Ozurdex™ (dexamethasone) intravitreal implant
- RiaSTAP™ (fibrinogen) IV powder for solution
- Sabril® (vigabatrin) tablet/packet for oral solution
- Samsca™ (tolvaptan) tablet
- Ulesfia™ (benzyl alcohol) lotion

## Additions and Changes to the Covered Over-the-Counter Drug List

Effective for dates of service on and after February 5, 2010, the Department will add the following drugs to the Covered Over-the-Counter Drug list:

Vitamin/Minerals
CHOLECALCIFEROL TAB 1000 UNIT

Effective for dates of service on and after February 18, 2010, the Department will no longer cover the following drugs for Medicare Part D clients. The client's Medicare Part D plans cover these drugs.

OTC Insulin
INSULIN REGULAR (HUMAN) INJ 100 UNIT/ML
INSULIN ISOPHANE (HUMAN) INJ 100 UNIT/ML
INSULIN ISOPHANE & REGULAR (HUMAN) INJ 100 UNIT/ML

Effective for dates of service on and after April 1, 2010, the Department will no longer cover the following drug:

Imidazol-Related Antifungal
MICONAZOLE NITRATE VAGINAL CREAM 200 MG/5GM (4%)

## Updated Washington Preferred Drug List (PDL) and Expedited Authorization (EA) List

The Department has updated the Washington PDL with the changes discussed in this memo. You may view and download the updated lists at:

[http://hrsa.dshs.wa.gov/download/Billing%20Instructions%20Web%20Pages/Prescription\\_Drug\\_Program.html](http://hrsa.dshs.wa.gov/download/Billing%20Instructions%20Web%20Pages/Prescription_Drug_Program.html).

The Department has updated the EA List with the changes discussed in this memo. You may view and download the updated lists at:

[http://hrsa.dshs.wa.gov/download/Billing%20Instructions%20Web%20Pages/Prescription\\_Drug\\_Program.html](http://hrsa.dshs.wa.gov/download/Billing%20Instructions%20Web%20Pages/Prescription_Drug_Program.html).

## How Can I Get Department/HRSA Provider Documents?

To download and print Department/HRSA provider numbered memos and billing instructions, go to the Department/HRSA website at <http://hrsa.dshs.wa.gov> (click the *Billing Instructions and Numbered Memorandum* link).