

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAID PURCHASING ADMINISTRATION
Olympia, Washington**

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

**# Memo: 10-64
Issued: October 1, 2010**

From: Doug Porter, Administrator and
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Authority/Medicaid Purchasing
Administration

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

Subject: Prescription Drug Program: Generics First for New Starts on Atypical Antipsychotics

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

- Require that preferred generic drugs be used as a client's first course of treatment within Atypical Antipsychotics; and
- Add drugs to the Expedited Authorization (EA) list.

Generics First for New Starts on Atypical Antipsychotics

As described in [# Memo 09-61](#), the Generics First for New Starts requirements on Atypical Antipsychotics (AAP) for ages 17 and younger was originally effective for dates of service on and after October 1, 2009.

Effective for dates of service on and after November 1, 2010, the Department will cover only preferred generic drugs as a client's first course of treatment within the AAP drug class for clients of any age.

Note: Only clients who are new to the drug class will be required to start on a preferred generic product. The Department is not requiring clients who are established on a drug to be changed to a generic product.

The history of paid claims for any AAP used by a client within the preceding 180 days will be recognized by the Department's Point-of-Sale (POS) claims processing system, and the Generics First for New Starts authorization requirements will not be applied. Any previous use of any AAP by a client establishes that the client is not new to the drug class, and this will be accepted as medical justification for immediate authorization if the Department's POS system does not have that history available.

When a client has not received a drug in the AAP class 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. The Department's POS system accepts only preferred generic drugs without authorization for a client's first course of treatment within the AAP class.

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

If a brand name AAP or nonpreferred generic AAP has been prescribed as a client's first course of treatment by a nonendorsing practitioner, or by an endorsing practitioner who **has not** indicated Dispense As Written (DAW), and exception criteria (see next page) does not apply, the drug will be noncovered by the Department. The Department requests that you contact the prescriber to verify whether any exception criteria (see next page) apply and to request a change to a preferred generic drug if they do not. **Therapeutic Interchange is not allowed within the AAP class.**

If the prescriber is an endorsing practitioner who **has** indicated DAW for a brand name AAP or nonpreferred generic AAP, the Department asks pharmacies to contact the prescriber to request a change to a preferred generic drug or contact the Department for an authorization, if exception criteria (see next page) do not apply. 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 as the client's first course of treatment.

New starts in the AAP class for brand name or nonpreferred generic drugs in children 17 years of age or younger require a Department-approved second opinion prior to submitting an authorization request to the Department. The Department will require additional clinical information and the recommendations of a Department-designated mental health specialist from the Second Opinion Network Provider List. **This list is available at:**

<http://hrsa.dshs.wa.gov/pharmacy/News.html>.

Exception Criteria

The Department recognizes the difficulty in managing complex conditions which may require treatment with an AAP, and acknowledges that there are situations in which a preferred generic AAP may not be the next reasonable step in appropriate care for the client. To facilitate the fastest and most expedient access to care in these situations, the Department is providing Expedited Authorization (EA) codes to pharmacists and prescribers to manage the following exception circumstances:

Exception	Description
Continuation of therapy	If the prescription is a continuation of an AAP the client is currently being treated with, but Medicaid has not previously been the payer, the claim may be rejected due to the Generics First for New Starts requirements because the Department does not know the client's history. Prescribers may write "continuation of therapy" on the prescription or provide the same information to the pharmacy verbally. If the pharmacy has information that the prescription is a continuation of therapy, they may submit the claim using EA code 85000000400.
Client is not a new start	If the client has previously received treatment with any drug in the AAP class but Medicaid was not the payer, or the previous course of treatment occurred greater than 180 days prior to the current date of service, the claim may be rejected due to the Generics First for New Starts requirements even though the client is not a new start. Prescribers may write "not new start" on the prescription or provide the same information to the pharmacy verbally. If the pharmacy has information that the client is not a new start, they may submit the claim using EA code 85000000401.
History of hyperprolactinemia	Clients with a history of hyperprolactinemia are currently exempt from the Generics First for New Starts requirements in the AAP drug class. Prescribers may write "history of hyperprolactinemia" on the prescription or provide this same information to the pharmacy verbally. If the pharmacy has confirmation from a prescriber that the client has a history of hyperprolactinemia, they may submit the claim using EA code 85000000402.
History of extrapyramidal symptoms (EPS)	Clients with a history of EPS are currently exempt from the Generics First for New Starts requirements in the AAP drug class. Prescribers may write "history of EPS" on the prescription or provide this same information to the pharmacy verbally. If the pharmacy has confirmation from a prescriber that the client has a history of EPS, they may submit the claim using EA code 85000000403.

Exception	Description
<p>Prescriber documents client's refusal of a generic atypical antipsychotic or their request for a specific atypical antipsychotic</p>	<p>Client preference can be an important element in compliance with prescribed mental health therapies. To facilitate and encourage compliance with medically necessary use of AAPs, the Department will accept client preference as a justification to use a brand name AAP or nonpreferred generic AAP as a client's first course of treatment within the drug class. Prescribers must document in their clinical record that they have discussed the client's generic options with them, and the client has either refused treatment with a preferred generic AAP or has specifically requested a brand name AAP or nonpreferred generic AAP. When the prescriber has documented this, they must supply the dispensing pharmacy with a copy of the chart note from the visit during which the doctor discussed the client's AAP preference. When the pharmacy has received this information from the prescriber, they must keep it on file with the original prescription and may submit the claim using EA code 85000000404.</p>
<p>Prescribed for an adult with a diagnosis which is not FDA indicated for any preferred generic AAP</p>	<p>For adult clients, the Department does not require the use of preferred generic AAPs for any off label use. If the prescription has been written for an adult to treat a diagnosis that is not FDA indicated for any preferred generic AAP, the prescriber may write that diagnosis on the prescription or provide that diagnostic information to the pharmacy verbally. If the pharmacy has received such written or verbal communication from the prescriber, they may submit the claim using EA code 85000000405.</p> <div data-bbox="654 1230 1341 1451" style="border: 1px solid black; padding: 5px; margin: 10px auto; width: fit-content;"> <p>Note: Medical justification for use of a brand name AAP or nonpreferred generic AAP as the first course of treatment within the drug class for children age 17 and younger must be submitted to the Department's Second Opinion Network regardless of the diagnosis for which it has been prescribed.</p> </div>
<p>Patient in crisis</p>	<p>The Department makes an exception for a new start in the AAP drug class when the client is in crisis. If the prescriber has indicated verbally or in writing on the prescription that the client is in "crisis" or that the need to start treatment is an emergency, the pharmacy may submit the claim using EA code 85000000406.</p>

Additions to the Expedited Authorization (EA) List

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

Drug	Code	Criteria
Atypical Antipsychotics (Generics First)	400	Continuation of therapy.
Abilify® (<i>aripiprazole</i>)	401	Client is not a new start.
Geodon® (<i>ziprasidone HCl</i>)	402	History of hyperprolactinemia.
Geodon® (<i>ziprasidone mesylate</i>) IM	403	History of extrapyramidal symptoms (EPS).
Invega™ (<i>paliperidone</i>)	404	History of extrapyramidal symptoms (EPS).
Risperdal® (<i>risperidone</i>)	404	Pharmacy has chart note on file documenting client's refusal of a generic atypical antipsychotic, or their request for a specific atypical antipsychotic.
Risperdal Consta® (<i>risperidone</i>)	405	Pharmacy has chart note on file documenting client's refusal of a generic atypical antipsychotic, or their request for a specific atypical antipsychotic.
Seroquel® (<i>quetiapine</i>) /XR	405	Prescribed for a diagnosis which is not FDA indicated for any preferred generic AAP.
Zyprexa® (<i>olanzapine</i>) / Zydis®	405	Prescribed for a diagnosis which is not FDA indicated for any preferred generic AAP.
Zyprexa® (<i>olanzapine</i>)	406	Patient in Crisis.
Clozaril® (<i>clozapine</i>)	406	Patient in Crisis.
Fanapt® (<i>iloperidone</i>)	406	Patient in Crisis.
Invega Sustenna® (<i>paliperidone</i>)	406	Patient in Crisis.
Risperdal® (<i>risperidone</i>)	406	Patient in Crisis.
Saphris® (<i>asenapine</i>)	406	Patient in Crisis.

You may view the updated EA List online at:

http://hrsa.dshs.wa.gov/download/Billing_Instructions_Webpages/Prescription_Drug_Program.html

How Can I Get Department/MPA Provider Documents?

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