

**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: 10-65**  
**Issued: October 1, 2010**  
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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, Changes to the EA List, Addition to list of Drugs with Limits, Client Date of Birth and Last Name Validation, Prior Authorization Fax Process**

**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 specific drug classes on the Washington Preferred Drug List (PDL);
- Make changes to the Expedited Authorization (EA) List;
- Make additions to the List of Limitations on Certain Drugs;
- Validate the client's date of birth against the submitted client ID;
- Require oral and transdermal contraceptives to be billed and dispensed in at least a 3-month supply; and
- Provide a reminder on the correct use of the ProviderOne authorization request form.

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

**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 therapy within the following drug classes:

- ACE Inhibitors;
- Atypical Antipsychotics for Adults\*;
- Beta Blockers;
- Newer Antihistamines;
- Newer Sedative/Hypnotics; and
- Skeletal Muscle Relaxants.

\* See companion # Memo 10-64 for class-specific details on the Generics First for New Starts on Atypical Antipsychotics (AAP) requirements for adults and children.

**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 on the previous page within the preceding 180 days establishes that the client is not new to the drug class. The Department is not requiring clients who are established on a drug to be changed to a generic product.

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. The Department's Point-of-Sale (POS) system will accept only preferred generic drugs without authorization for a client's first course of treatment in these specific drug classes on the Washington PDL.

**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 the brand name drug or nonpreferred generic has been prescribed by a nonendorsing practitioner as a client's first course of therapy within the class, or by an endorsing practitioner who has not indicated Dispense As Written (DAW), the drug will be noncovered by the Department.

If the prescriber is an endorsing practitioner who has written substitution permitted on a prescription for a brand or nonpreferred generic, pharmacies are required to make a Therapeutic Interchange to a preferred generic drug on the PDL in the following classes:

- ACE Inhibitors;
- Beta Blockers;
- Newer Antihistamines;
- Newer Sedative/Hypnotics; and
- Skeletal Muscle Relaxants.

If the prescriber is an endorsing practitioner who has indicated DAW for drugs in the above drug classes, pharmacies are asked to contact the prescriber to request a change to a preferred generic drug or contact the Department for an 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 as their first course of therapy.

## Additions to the Expedited Authorization (EA) List

Effective for dates of service on and after October 1, 2010, the Department will make changes to the format of the EA list. Because multiple forms of isotretinoin are now available on the market, Accutane® will no longer be listed by name on the EA List. Isotretinoin will be listed on the EA List by generic name to refer to all isotretinoin products.

Effective for dates of service on and after January 5, 2010, the Department added/changed EA codes for the following drugs on the EA List:

- Blood glucose test strips; and
- Blood glucose lancets.

The Blood Glucose Test Strips/Lancets EA codes below allow billing quantities greater than 100 per 3 months. Codes were added to distinguish between diabetes, which predated pregnancy, and gestational diabetes.

| Product                   | Code | Criteria                               |
|---------------------------|------|--|
| Blood Glucose Test Strips | 266  | Client had diabetes prior to pregnancy |
| Lancets                   | 266  | Client had diabetes prior to pregnancy |

## Removal from the Expedited Authorization (EA) List

Effective for dates of service on and after November 1, 2010, the Department will remove the following product from EA and adding a limit. (See Additions to the *List of Limitations on Certain Drugs* on the next page.)

| Drug                                      | Code | Criteria  |
|---|------|---|
| Glycolax Powder®<br>(polyethylene glycol) | 021  | Treatment of occasional constipation. Must have tried and failed a less costly alternative. |

## Updated Expedited Authorization (EA) List

DSHS has updated the EA List with the changes discussed in this memo. You may view and download the updated list at:

[http://hrsa.dshs.wa.gov/download/Billing\\_Instructions\\_Webpages/Prescription\\_Drug\\_Program.html](http://hrsa.dshs.wa.gov/download/Billing_Instructions_Webpages/Prescription_Drug_Program.html).

## Additions to the List of Limitations on Certain Drugs

| Drug     | Dosing Limitations                           |
|----------|--|
| Glycolax | 527gm/per calendar month or 1 packet per day |

To view DSHS's current list of Limitations on Certain Drugs, go to:  
<http://hrsa.dshs.wa.gov/pharmacy>.

## Client Date of Birth Validation

Effective for dates of service on and after November 1, 2010, the Department will begin validating the client's date of birth on all submitted pharmacy claims. The Department will validate claim information against the ProviderOne client file. For assistance with client information verification, please contact us at: 1-800-562-3022.

## Requirements for Oral and Transdermal Contraceptives

Effective for dates of service on and after November 1, 2010, the Department will enforce the requirement to dispense oral and transdermal contraceptives in at least a 3-month supply [**Refer to WAC 388-530-2000 (1)(b)(iii)**]. Pharmacies may bill up to one year (13 cycles) of birth control as a single dispense. For the purposes of dispensing these contraceptive products, "3 months" means an 84-day supply.

Any prescription currently written for a specific quantity which is less than an 84-day supply, regardless of how many refills are currently available, cannot be dispensed as an 84-day supply without confirming a change to the order with the prescriber. The Department encourages pharmacies to request prescription changes, but does not require it. Prescriptions can still be billed to the Department without a change in the days supply as currently written.

If the prescriber's order (including the number of available refills) requires that less than an 84-day supply be dispensed, the pharmacy may submit EA code **8500000090** to receive payment for the shorter days' supply as indicated by the prescription. Please consider requesting a change to the prescription whenever possible for current or future fills.

## Reminder: ProviderOne Authorization Request Form Required

Effective for dates of service on and after April 1, 2010, the Department began requiring the use of the ProviderOne-compatible authorization request form. The Pharmacy Information Authorization form, DSHS 13-835A, replaced the following fax request forms:

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

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

To expedite your requests, please complete the form as stated below:

- The Pharmacy Information Authorization form, DSHS 13-835A, **must be type written.**
- The Org for Pharmacy authorization requests must be entered as **512.**
- The Org for Pharmacy reimbursement requests must be entered as **522.**
- **Do not use a fax cover sheet.** The Pharmacy Authorization Information form, DSHS 13-835A, must be the first page of the fax transmission. Pharmacy authorization requests transmitted to the Department with a cover sheet will not be processed.
- Numbers which might usually contain dashes [e.g., phone numbers, fax numbers, National Drug Codes (NDC), etc.] must be entered as numeric only (e.g., NDC 12345-1234-12 must be entered as 12345123412).
- NDCs must be entered in an 11-digit format. If necessary, placeholder zeros must be used (e.g., NDC 12345-12-1 must be entered as 12345001201).
- Provide supporting documentation *after* the form.
- 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. Additional requests faxed in the same transmission will not be processed.

## 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).