

**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: 10-72**  
**Issued: December 1, 2010**

**From:** Doug Porter, Administrator and  
Medicaid Director Health Care  
Authority/Medicaid Purchasing  
Administration

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

**Subject: Prescription Drug Program: Eliminate Coverage of Medicare Part D Copays, Changes to the Washington PDL, Addition to List of Drugs Requiring PA, Additions to the List of Drugs with Limitations, and Changes to the List of Drugs that Require EA**

**Effective for dates of service on and after January 1, 2011**, unless otherwise noted, the Department of Social and Health Services (the Department) will:

- No longer cover Medicare Part D copays;
- Provide sign up information for the Department's email distribution list;
- Make changes to the Washington Preferred Drug List (PDL);
- Make additions to the list of drugs that require prior authorization (PA);
- Make one addition to the list of drugs with limitations; and
- Make changes to the expedited authorization (EA) list.

## **Eliminate Coverage of Medicare Part D Copays**

**Effective for dates of service on and after January 1, 2011**, the Department will no longer provide coverage for Medicare Part D medication copayments. Medicare Part D copayments will be the responsibility of the client.

## **Get Up to Date Information by Email**

**The Department encourages providers to sign up for the Washington State Medicaid Providers information distribution list at <https://fortress.wa.gov/dshs/hrsalistsrvsignup/>.** This is a free service for medical providers who work with the Washington State Medicaid program. This service helps to ensure that the right information will reach the right staff. The use of the distribution list enables the Department to proactively notify providers with important information. For more information about the provider distribution email list refer to # memo [10-21](#).

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

Effective for dates of service on and after January 1, 2011, the Department will make the following changes (highlighted in yellow) to the Washington PDL:

Drug Class	Preferred Drugs	Nonpreferred Drugs
<b>Newer Antihistamines            (formerly Non-sedating            Antihistamines)</b>	<b>Generic:</b> Loratadine OTC Cetirizine tab/chewable/ syrup  <b>Brand:</b>	<b>Generic</b> Azelastine nasal spray Fexofenadine  <b>Brand:</b> Allegra® (fexofenadine) Astelin® (azelastine HCl nasal spray) Clarinex® (desloratadine) Claritin® (loratadine) Patanase® (olopatadine nasal spray) Xyzal® (levocetirizine) Zyrtec® (cetirizine)
Drug Class	Preferred Drugs	Non-preferred Drugs
<b>Atypical Antipsychotic            Drugs</b> (Not subject to Therapeutic Interchange Program)	<b>Generic:</b> Clozapine tablet risperidone tablet/solution  <b>Brand:</b> Abilify® (aripiprazole) tablet/solution/Discmelt® Abilify® (aripiprazole) IM injection* Fanapt® (iloperidone) tablet Fazaclo® (clozapine) disintegrating tablet Geodon® (ziprasidone HCl) capsule Geodon® (ziprasidone mesylate) IM injection* Invega™ (paliperidone) tablet Invega Sustenna® (paliperidone) IM injection* Risperdal® (risperidone) M-tab® Risperdal Consta® (risperidone) injection* Saphris® (asenapine) sublingual tablet Seroquel® (quetiapine) tablet /XR Zyprexa® (olanzapine) tablet/ Zydis® tablet Zyprexa® (olanzapine) IM injection* Zyprexa Relprevv® (olanzapine pamoate) injection*  *EA required	<b>Generic:</b>   <b>Brand:</b> Clozaril® (clozapine) tablet Risperdal® (risperidone) tablet/solution

Changes to the Washington Preferred Drug List (PDL) (Continued)		
Drug Class	Preferred Drugs	Non-preferred Drugs
Thiazolidinediones (TZDs)	<b>Generic:</b>	<b>Generic:</b>
	<b>Brand:</b> Actos® tablet ( <i>pioglitazone HCl</i> )	<b>Brand:</b>
	Avandia® tablet ( <i>rosiglitazone maleate</i> ) *  *PA required	

### Addition to List of Drugs Requiring Prior Authorization

Effective for dates of service on and after January 1, 2011, the Department will require prior authorization (PA) for Avandia®, Avandaryl®, and Avandamet®. PA will be required because the U.S. Food and Drug Administration announced restrictions in the use of the diabetes drug rosiglitazone for patients with Type 2 diabetes who cannot control their diabetes with other medications. These new restrictions are in response to data that suggest an elevated risk of cardiovascular events, such as heart attack and stroke, in patients treated with rosiglitazone.

### Addition to the List of Limitations on Certain Drugs

Effective for dates of service on and after January 1, 2011, the Department will add the following to the list of drugs with limitations:

Drug	Dosing Limitations
Neurontin® ( <i>gabapentin</i> )	2400mg/day

To view the Department's current list of drugs with limitations, go to:  
<http://hrsa.dshs.wa.gov/pharmacy>.

## Changes to the Expedited Authorization (EA) List

Effective for dates of service on and after January 1, 2011, the Department will make the following changes (highlighted in yellow) to the EA List:

Drug	Code	Criteria
Neurontin® (gabapentin) <b>For doses greater than            2400mg/day</b>	035	Treatment of post-herpetic neuralgia
	036	Treatment of seizures
	063	Treatment of diabetic peripheral neuropathy
<b>Invega Sustenna®            (paliperidone) IM injection**</b>	068	<b>All of the following must apply:</b> a) There is an appropriate DSM IV diagnosis with a psychotic disorder; b) Patient is 18 to 65 years of age; c) Patient has established tolerance to oral or injectable risperidone or oral paliperidone prior to initiating Invega Sustenna®; and d) Dose is not more than 234 mg dosed once per a month.
<b>Zyprexa Relprevv®            (olanzapine pamoate)</b>	070	<b>All of the following must apply:</b> a) There is an appropriate DSM IV diagnosis with a psychotic disorder; b) Patient is 18 to 65 years of age; c) Patient has established tolerance to oral olanzapine prior to initiating Zyprexa Relprevv®; d) Zyprexa Relprevv ® will be administered only in a registered healthcare facility with ready access to emergency response services, and the patient will be monitored for at least 3 hours after injection for delirium/sedation syndrome prior to release; and e) Dose is not more than <b>300</b> mg every 2 weeks or 405mg every 4 weeks.

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

**Effective for dates of service on and after January 1, 2011**, the Department will update 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\\_Instructions\\_Webpages/Prescription\\_Drug\\_Program.html](http://hrsa.dshs.wa.gov/download/Billing_Instructions_Webpages/Prescription_Drug_Program.html).

**Effective for dates of service on and after January 1, 2011**, the Department will update 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\\_Instructions\\_Webpages/Prescription\\_Drug\\_Program.html](http://hrsa.dshs.wa.gov/download/Billing_Instructions_Webpages/Prescription_Drug_Program.html).

## **How Can I Get the Department/MPA Provider Documents?**

To download and print the 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).