

**Health Care Authority
Olympia, Washington**

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

**# Memo: 11-54
Issued: September 13, 2011**

From: Doug Porter, Director
Health Care Authority

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

Subject: Medicaid Prescription Drug Program: Changes to the Washington Preferred Drug List (WPDL) and the Expedited Authorization List (EA), Therapeutic Duplication of Antipsychotics, Addition to List of Drugs with Limitations, Addition to List of Drugs Requiring PA, and Information about Payment Recoupment

Effective for dates of service on and after October 1, 2011, unless otherwise noted, the Medicaid program of the Health Care Authority (the Agency) will make the following changes to the Medicaid program:

- Update the Washington Preferred Drug List;
- Remove Lyrica from the Expedited Authorization List;
- Implement an initiative to reduce therapeutic duplication of antipsychotic therapy for children 17 years of age and younger;
- Make additions to the List of Limitations on Drugs;
- Require authorization for Lyrica and Lidoderm;
- Notify providers that early in 2012, the Agency will not reimburse pharmacies for prescriptions written by prescribers that are not enrolled in the Washington Medicaid program; and
- Audit and recoup payment for future dated claims.

Updates to the Washington Preferred Drug List and Expedited Authorization List

Effective for dates of services on and after October 1, 2011, the Agency will update the:

- Washington Preferred Drug List (WPDL); and
- Expedited Authorization (EA) List.

You may view/download the above lists on the Agency *Prescription Drug Program Billing Instructions* web site at:

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

Removal from the Expedited Authorization (EA) List

Effective for dates of service on and after October 1, 2011, the Agency will remove Lyrica® from the EA List and the Agency will now require authorization.

Drug	Code	Criteria
Lyrica®	035	Treatment of post-herpetic neuralgia.
	036	Treatment of seizures.
	063	Treatment of Diabetic peripheral neuropathy.
	066	Treatment of fibromyalgia.

Therapeutic Duplication of Antipsychotic Therapy for Children 17 Years of Age and Younger

Beginning October 1, 2011, the Agency will implement a drug initiative to reduce the therapeutic duplication of antipsychotic drugs prescribed for children 17 years of age and younger. After 60 days of concurrent therapy of combinations of two or more of the antipsychotic drugs listed below, the Agency will require recommendations of an Agency-designated Mental Health Specialist from the Second Opinion Network Provider List.

- asenapine (Saphris®)
- aripiprazole (Abilify®)
- clozapine (Clozaril®, Fazaclon®)
- haloperidol/haloperidol decanoate (Haldol®)
- iloperidone (Fanapt®)
- lurasidone (Latuda®)
- olanzapine (Zyprexa®/Zyprexa Zydis®/Zyprexa Relprevv®/Symbyax®)
- paliperidone (Invega®/Invega Sustenna®)
- perphenazine (Trilafon®)
- quetiapine fumarate (Seroquel®/XR)
- risperidone (Risperdal®/Risperdal M-Tab®/Risperdal Consta®)
- ziprasidone HCl/mesylate (Geodon®)

Continuation of a combination may be authorized for up to 60 days, if necessary, to allow additional time to taper a client off a drug.

Second Opinion Network Provider List is available at
<http://hrsa.dshs.wa.gov/pharmacy/News.html>.

Note: Dispensed As Written (DAW) by an endorsing prescriber does not override combination limits of the specified antipsychotic drugs for children 17 years of age and younger.

Additions to the List of Limitations on Certain Drugs

Beginning October 1, 2011, the Agency will limit the dose of simvastatin products including simvastatin, Zocor®, and Vytorin® to 40mg per day or less. A dose of 80mg per day may be maintained after it has been verified that the client has been on the 80mg per day dose for 12 months or more and has no evidence of muscle toxicity.

The List of Drugs with Limits is available at
<http://hrsa.dshs.wa.gov/pharmacy/>

Required Authorization for Lidoderm®

Effective for dates of service on and after October 1, 2011, the Agency will require authorization for Lidoderm®. The Agency will limit Lidoderm® authorization to the Federal Drug Administration (FDA)-approved indication for relief of pain associated with post-herpetic neuralgia.

Required Authorization for Lyrica®

The Agency will limit Lyrica® authorization to the following FDA indications:

- Neuropathic pain associated with diabetic peripheral neuropathy;
- Post herpetic neuralgia;
- Seizures; and
- Fibromyalgia.

Any of the above may require evidence of a trial of a less costly, equally-effective alternative.

Notice of Future Intent to Block Prescriptions from Non-Medicaid Providers

The Agency is giving providers advance notice that early in 2012, pharmacies will not be reimbursed for prescriptions written by prescribers that have not enrolled in the Washington Medicaid Program.

To be eligible for reimbursement from the Agency, fee-for-service claims must meet the following criteria:

- Any prescribing provider must be enrolled with the Agency as a Medicaid provider in the ProviderOne system; and
- The National Provider Identifier (NPI) number of the prescribing provider must be listed on claims for prescriptions, supplies, etc., ordered or prescribed by the provider.

The NPI will be the *only* prescriber ID accepted on pharmacy claims (i.e. the DEA number will no longer be valid).

Audit and Recoup Payment on Future Dated Claims

Effective for dates of service on and after October 1, 2011, the Agency will begin auditing and recouping payment for future dated claims. The Agency does not consider claims submitted with a date of fill in the future to be valid for payment.

How Can I Get Agency Provider Documents?

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