

**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: 09-61  
Issued: September 1, 2009**

**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, Changes to the Washington PDL, Changes to the EA List, and New Alien Emergency Medical Billing Requirements**

**Effective for dates of service on and after October 1, 2009, unless otherwise noted, DSHS 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);
- Implement a new drug class in the Washington PDL;
- Make changes to the Washington PDL;
- Make changes to the Expedited Authorization (EA) list; and
- Require pharmacies to confirm eligible prescriptions before billing them to DSHS when a client presents retroactive Alien Emergency Medical eligibility.

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

**Effective for dates of service on and after October 1, 2009, DSHS will cover only preferred generic drugs as a client's first course of therapy within the following drug classes:**

- Atypical Antipsychotics (for ages 17 and younger only)
- Attention Deficit Hyperactivity Disorder (ADHD) Drugs
- Proton Pump Inhibitors (PPI)

**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 above drug classes within the preceding 180 days establishes that the patient is not new to the drug class. DSHS 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, DSHS will deny claims for both preferred and nonpreferred brand name drugs within the class. The DSHS 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:** DSHS 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 DSHS through return messaging on a rejected claim.

If the brand name drug has been prescribed by a non-endorsing practitioner, or by an endorsing practitioner who has not indicated Dispense As Written (DAW), the brand will be noncovered by DSHS. If the prescriber is an endorsing practitioner, Therapeutic Interchange should be made to a preferred drug on the PDL for nonpreferred PPIs. Atypical antipsychotics and ADHD drugs are not subject to Therapeutic Interchange. Otherwise, when requested to do so by POS return messaging, please contact the prescriber to request a change of the prescription to a preferred generic drug.

If the brand name drug prescription is signed "DAW" by an endorsing practitioner for one of the drug classes listed on the previous page, please contact DSHS to request authorization. DSHS will provide the endorsing practitioner with an opportunity to justify the medical necessity for starting the client on a brand name drug as their first course of therapy.

### **New Drug Class Added to the Washington Preferred Drug List (PDL)**

HRSA is adding the following drug class to the Washington PDL.

<b>Drug Class</b>	<b>Preferred Drugs</b>	<b>Non-preferred Drugs</b>
Leukotriene Modifiers	<b>Generic:</b>  <b>Brand:</b> Singulair® ( <i>montelukast</i> )	<b>Generic:</b>  <b>Brand:</b> Accolate® ( <i>zafirlukast</i> ) Zyflo /CR® ( <i>zileuton</i> )

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

Changes on the Washington PDL are highlighted in yellow.

Drug Class	Preferred Drugs	Non-preferred Drugs
<b>Attention Deficit/  Hyperactivity  Disorder</b>  Not subject to TIP. See pg. 1)	<b>Generic:</b> amphetamine salt combo <b>amphetamine salt combo XR</b> dexamethylphenidate dextroamphetamine dextroamphetamine SA methylphenidate methylphenidate SA Methylin® ( <i>methylphenidate HCl</i> ) tablet Methylin ER® ( <i>methylphenidate HCl</i> )  <b>Brand:</b> Concerta® ( <i>methylphenidate HCl</i> ) Daytrana™ ( <i>methylphenidate HCl</i> ) transdermal patch Focalin XR® ( <i>dexamethylphenidate</i> ) Metadate CD™ ( <i>methylphenidate HCl</i> ) Strattera® ( <i>atomoxetine HCl</i> ) Vyvanse™ ( <i>lisdexamfetamine dimesylate</i> )	<b>Generic:</b> pemoline  <b>Brand:</b> Adderall® ( <i>amphetamine salt combo</i> ) <b>Adderall XR® (<i>amphetamine salt combo</i>)</b> Dexedrine SA® ( <i>d-amphetamine</i> ) Dextrostat® ( <i>d-amphetamine</i> ) Focalin® ( <i>dexamethylphenidate</i> ) Metadate ER™ ( <i>methylphenidate HCl</i> ) Methylin® ( <i>methylphenidate HCl</i> ) chewable/solution Ritalin® ( <i>methylphenidate HCl</i> ) Ritalin LA® ( <i>methylphenidate HCl</i> ) Ritalin SR® ( <i>methylphenidate HCl</i> )

Drug Class	Preferred Drugs	Non-preferred Drugs
<b>Calcium Channel Blockers</b>	<b>Generic:</b> amlodipine diltiazem /XR felodipine ER nicardipine nifedipine ER <b>nisoldipine</b> verapamil /XR	<b>Generic:</b> isradipine nifedipine  <b>Brand:</b> Adalat® CC ( <i>nifedipine</i> ) Calan® /SR ( <i>verapamil</i> ) Cardene® SR ( <i>nicardipine</i> ) Cardizem® /CD/LA ( <i>diltiazem</i> ) Cartia XT® ( <i>diltiazem</i> ) Covera HS ( <i>verapamil</i> ) Dilacor® XR ( <i>diltiazem</i> ) Diltia XT® ( <i>diltiazem</i> ) DynaCirc® CR ( <i>isradipine</i> ) Isoptin® SR ( <i>verapamil</i> ) Norvasc® ( <i>amlodipine</i> ) Plendil® ( <i>felodipine</i> ) Procardia® /XL ( <i>nifedipine</i> ) Sular® ( <i>nisoldipine</i> ) Taztia XT® ( <i>diltiazem</i> ) Tiazac® ( <i>diltiazem</i> ) Verelan® /PM ( <i>verapamil</i> )

Drug Class	Preferred Drugs	Non-preferred Drugs
<p><b>Estrogens</b></p> <p>Transdermal products are not subject to TIP.</p>	<p><b>Generic:</b>            estradiol tablet  <b>estropipate tablet</b></p> <p><b>Brand:</b>            Menest® (<i>esterified estrogens</i>) tablet</p>	<p><b>Generic Oral:</b></p> <p><b>Brand Oral:</b>            Cenestin® (<i>synthetic conjugated estrogens</i>)            Enjuvia® (<i>synthetic conjugated estrogens</i>)            Estrace® (<i>estradiol</i>) tablet            Femtrace® (<i>estradiol</i>)            Ogen® (<i>estropipate</i>)            Ortho-Est® (<i>estropipate</i>)            Premarin® (<i>conjugated equine estrogens</i>) tablet</p> <p><b>Generic Transdermal:</b>  <b>estradiol transdermal patch (weekly)</b></p> <p><b>Brand Transdermal:</b>            Alora® (<i>estradiol</i>) patch (biweekly)            Climara® (<i>estradiol</i>) patch (weekly)            Divigel® (<i>estradiol</i>) gel            Elestrin™ (<i>estradiol</i>) gel            Estraderm® (<i>estradiol</i>) patch (biweekly)            Estrasorb® (<i>estradiol</i>) emulsion            Estrogel® (<i>estradiol</i>) gel            Evamist® (<i>estradiol</i>) spray**            Menostar® (<i>estradiol</i>) patch (weekly)            Vivelle® /DOT (<i>estradiol</i>) patch (biweekly)</p> <p>**Not subject to TIP or DAW-1 override.</p>

Drug Class	Preferred Drugs	Non-preferred Drugs
<b>Estrogens (cont.)</b>  Transdermal products are not subject to TIP.	<b>Generic Topical:</b>  <b>Brand Topical:</b> Vagifem® ( <i>estradiol</i> ) vaginal tablets	<b>Generic Topical:</b>  <b>Brand Topical:</b> Estrace® ( <i>estradiol</i> ) vaginal cream Estring® ( <i>estradiol</i> ) vaginal ring Femring® ( <i>estradiol</i> ) vaginal ring Premarin® ( <i>conjugated equine estrogen</i> ) vaginal cream
<b>Estrogen-Progestin Combinations</b>  Transdermal products are not subject to TIP.	<b>Generic:</b> estradiol/norethindrone 1.0mg/0.5mg  <b>Brand:</b> Activella® ( <i>estradiol/norethindrone</i> ) 0.5mg-0.1mg	<b>Generic Oral:</b>  <b>Brand Oral:</b> Angeliq® ( <i>estradiol/drospirenone</i> ) Femhrt® ( <i>ethinyl estradiol/norethindrone</i> ) Prefest® ( <i>estradiol/norgestimate</i> ) Premphase® ( <i>conjugated equine estrogens/medroxyprogesterone</i> ) Prempro® ( <i>conjugated equine estrogens/medroxyprogesterone</i> )  <b>Generic Transdermal:</b>  <b>Brand Transdermal:</b> Climara Pro® ( <i>estradiol/levonorgestrel</i> ) Combipatch® ( <i>estradiol/norethindrone</i> )

Drug Class	Preferred Drugs	Non-preferred Drugs
<b>Macrolides</b>  (Not subject to TIP. See pg. 1.)	<b>Generic:</b> azithromycin powder packet/suspension/tablet clarithromycin tablet/suspension clarithromycin SR tablet erythromycin EC capsule/tablet erythromycin ethylsuccinate tablet/suspension erythromycin stearate tablet erythromycin tablet  <b>Brand:</b> EES® ( <i>erythromycin  ethylsuccinate</i> ) granules/suspension Eryped® ( <i>erythromycin  ethylsuccinate</i> ) drops/granules/suspension	<b>Generic:</b>  <b>Brand:</b> Biaxin® ( <i>clarithromycin</i> ) tablet/suspension Biaxin XL® ( <i>clarithromycin</i> ) EES® ( <i>erythromycin  ethylsuccinate</i> ) tablet Ery-Tab® ( <i>erythromycin base EC</i> ) Erythrocin® ( <i>erythromycin  stearate</i> ) tablet PCE Dispertab® ( <i>erythromycin  base</i> ) Zithromax® ( <i>azithromycin</i> ) powder packet/suspension/tablet Zmax® ( <i>azithromycin SR</i> )
<b>Newer Sedative/  Hypnotics</b>	<b>Generic:</b> zaleplon* zolpidem*  <b>Brand:</b>   *EA required	<b>Generic:</b>  <b>Brand:</b> Ambien /CR® ( <i>zolpidem  tartrate</i> )* Lunesta® ( <i>eszopiclone</i> )* Sonata® ( <i>zaleplon</i> )*  *EA required
<b>Overactive  Bladder/Urinary  Incontinence</b>	<b>Generic short-acting:</b> oxybutynin chloride tablets/syrup	<b>Generic short-acting:</b> flavoxate HCl  <b>Brand short-acting:</b> Detrol® ( <i>tolterodine tartrate</i> ) Ditropan® ( <i>oxybutynin chloride</i> ) Sanctura® ( <i>tropium chloride</i> ) Urispas® ( <i>flavoxate HCl</i> )

Drug Class	Preferred Drugs	Non-preferred Drugs
	<p><b>Generic long-acting:</b> oxybutynin ER tablet</p> <p><b>Brand long-acting:</b> Vesicare® (<i>solifenacin succinate</i>)</p>	<p><b>Brand long-acting:</b> Detrol LA® (<i>tolterodine tartrate</i>) Ditropan XL® (<i>oxybutynin chloride</i>) Enablex® (<i>darifenacin hydrobromide</i>) Gelnique® (<i>oxybutynin chloride</i>) topical gel** Oxytrol® (<i>oxybutynin chloride</i>) Sanctura XR® (<i>trospium chloride</i>) Toviaz® (<i>fesoterodine fumarate</i>)**</p> <p>**Not subject to TIP or DAW-1 override.</p>
<p><b>Proton Pump Inhibitors (Limited to 90 days duration.)</b></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>)* Prevacid® (<i>lansoprazole</i>) suspension*</p> <p>*EA required</p>	<p><b>Generic:</b> pantoprazole</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.</p>

**Changes to the Expedited Authorization (EA) List**

Per changes in the coverage of Over-the-Counter (OTC) products announced in # Memo 09-58, effective for dates of service on and after September 1, 2009, OTC Vitamin E is no longer covered and will be removed from the EA list.

Drug	Code	Criteria
Vitamin E	105	Confirmed diagnosis of tardive dyskinesia or is clinically necessary for Parkinsonism and all of the following: a) Caution is addressed for concurrent anticoagulant treatment; and b) Dosage does not exceed 3,000 IU per day.

According to the Covered OTC Drug list available at <http://hrsa.dshs.wa.gov/pharmacy/>, Calcium with Vitamin D tablets in the following forms and strengths are now covered without authorization requirements:

- Calcium carbonate-vitamin D 500mg-200mg tablet
- Calcium, oyster shell-vitamin D 500mg-200mg tablet
- Calcium carbonate-vitamin D 600mg-200mg tablet
- Calcium carbonate-vitamin D 600mg-400mg tablet

Other forms and strengths are noncovered and DSHS will remove them from the EA list.

Drug	Code	Criteria
Calcium w/Vitamin D Tablets	126	Confirmed diagnosis of osteoporosis, osteopenia, or osteomalacia.

## New Alien Emergency Medical Billing Requirements

- Prior to **November 1, 2009**, for All Clients

When **any** client presents a retroactive coupon showing valid eligibility for a prior month, the provider has the option to re-bill claims to DSHS that were previously processed as cash payments from the client and refund to the client any money that had been collected.

- Effective for Dates of Service on and after **November 1, 2009**

*For AEM clients presenting a valid Medical ID Card for past dates of service, you must call the DSHS Medical Assistance Customer Service Center (MACSC) at 1-800-562-3022 before billing any prescriptions for the retroactive eligibility period.*

Only specific dates of service within the eligibility period and only specific services will be covered. If you bill DSHS for any other dates or services, the POS system may allow your claim to pay, but the overpayment will be recouped later. Further information will be posted at <http://hrsa.dshs.wa.gov/News/aem.htm> as it becomes available.

**The process for all other clients remains the same.**

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

DSHS has updated the EA List and WPDL 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).

## ProviderOne Readiness

To continue to get paid, providers need to complete readiness activities to prepare for ProviderOne implementation on December 6, 2009. Specific instructions and resources are available at <http://hrsa.dshs.wa.gov/providerone/providers.htm>.

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

To obtain DSHS/HRSA provider numbered memos and billing instructions, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click the **Billing Instructions and Numbered Memorandum** link). These documents may be downloaded and printed.