

**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: 09-69
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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: Additions to the Covered Over-the-Counter Drug List, Changes to the Washington PDL, Changes and Additions to EA List, and Additions to Drugs Requiring Prior Authorization

Effective for dates of service on and after December 1, 2009, unless otherwise noted, DSHS will:

- Make additions/changes to the Covered Over-the-Counter Drug List;
- Make changes to the Washington PDL;
- Make changes and additions to the Expedited Authorization (EA) List; and
- Make additions to drugs requiring Prior Authorization.

Additions and Changes to the Covered Over-the-Counter Drug List

Effective for dates of service on and after December 1, 2009, DSHS will add or change the following drugs on the Covered Over-the-Counter Drug list:

Additions:

Gastrointestinal Laxatives	Vitamin/Minerals
<ul style="list-style-type: none"> • Magnesium hydroxide (MOM) suspension 	<ul style="list-style-type: none"> • Calcium carbonate suspension 1250mg/5ml • Calcium glubionate syrup 1.8gm/5ml • Cholecalciferol 1000 unit capsule

Changes:

Ophthalmic	Vitamin/Minerals
<ul style="list-style-type: none"> • Carboxymethylcellulose sodium 0.5% ophthalmic solution (including preservative free, Refresh Plus) 	<ul style="list-style-type: none"> • Ferrous sulfate 220mg/5ml elixir – no longer requires PA • Ferrous Sulfate 75mg/0.6ml drops – no longer requires PA

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

Effective for dates of service on and after December 1, 2009, DSHS will make the following changes (highlighted in yellow) on the Washington PDL:

Drug Class	Preferred Drugs	Non-preferred Drugs
Antiplatelets (Not subject to TIP. See pg. 1.)	Generic: Brand: Aggrenox® (<i>dipyridamole/aspirin ER</i>)* Plavix® (<i>clopidogrel bisulfate</i>)* *EA required	Generic: ticlopidine Brand: Effient® (<i>prasugrel HCl</i>)** Ticlid® (<i>ticlopidine</i>) **Not subject to DAW-1 override
Attention Deficit/ Hyperactivity Disorder Not subject to TIP. See pg. 1)	Generic: amphetamine salt combo amphetamine salt combo XR dexamethylphenidate dextroamphetamine dextroamphetamine SA methylphenidate methylphenidate SA Methylin® (<i>methylphenidate HCl</i>) tablet Methylin ER® (<i>methylphenidate HCl</i>) Brand: 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>)	Generic: Brand: Adderall® (<i>amphetamine salt combo</i>) Adderall XR® (<i>amphetamine salt combo</i>) Dexedrine SA® (<i>d-amphetamine</i>) Dextrostat® (<i>d-amphetamine</i>) Focalin® (<i>dexamethylphenidate</i>) Liquadd® (<i>d-amphetamine</i>) sol** Metadate ER™ (<i>methylphenidate HCl</i>) Methylin® (<i>methylphenidate HCl</i>) chewable/solution ProCentra® (<i>d-amphetamine</i>) sol** Ritalin® (<i>methylphenidate HCl</i>) Ritalin LA® (<i>methylphenidate HCl</i>) Ritalin SR® (<i>methylphenidate HCl</i>) **Not subject to DAW-1 override

Drug Class	Preferred Drugs	Non-preferred Drugs
<p>Atypical Antipsychotic Drugs (Not subject to TIP. See pg. 1.)</p>	<p>Generic: clozapine tablet risperidone tablet/solution</p> <p>Brand: Abilify® (<i>aripiprazole</i>) tablet/solution/Discmelt® Abilify® (<i>aripiprazole</i>) IM injection* Fazacllo® (<i>clozapine</i>) disintegrating tablet Geodon® (<i>ziprasidone HCl</i>) capsule Geodon® (<i>ziprasidone mesylate</i>) IM injection* Invega™ (<i>paliperidone</i>) tablet Risperdal® (<i>risperidone</i>) M-tab® Risperdal Consta® (<i>risperidone</i>) injection* Seroquel® (<i>quetiapine</i>) tablet /XR Zyprexa® (<i>olanzapine</i>) tablet/ Zydis® tablet Zyprexa® (<i>olanzapine</i>) IM injection*</p> <p>*EA required</p>	<p>Generic:</p> <p>Brand: Clozaril® (<i>clozapine</i>) tablet Invega Sustenna® (<i>paliperidone</i>) IM injection** Risperdal® (<i>risperidone</i>) tablet/solution Saphris® (<i>asenapine</i>) sublingual tablet**</p> <p>**Not subject to DAW-1 override</p>
<p>Multiple Sclerosis Drugs (Not subject to TIP. See pg. 1.)</p>	<p>Generic: mitoxantrone</p> <p>Brand: Avonex® (<i>interferon β 1a</i>) Betaseron® (<i>interferon β 1b</i>) Copaxone® (<i>glatiramer acetate</i>) Rebif® (<i>interferon β 1a</i>) Tysabri® (<i>natalizumab</i>)*</p> <p>*PA required</p>	<p>Generic:</p> <p>Brand: Extavia® (<i>interferon β 1b</i>)** Novantrone® (<i>mitoxantrone</i>)</p> <p>**Not subject to DAW-1 override</p>

Drug Class	Preferred Drugs	Non-preferred Drugs
Newer Sedative/Hypnotics	<p>Generic: zaleplon* zolpidem*</p> <p>Brand:</p> <p>*EA required</p>	<p>Generic:</p> <p>Brand: Ambien /CR® (<i>zolpidem tartrate</i>)* Edluar® (<i>zolpidem tartrate</i>) sublingual** Lunesta® (<i>eszopiclone</i>)* Sonata® (<i>zaleplon</i>)*</p> <p>*EA required **Not subject to TIP or DAW-1 override</p>
Statin-type cholesterol-lowering agents	<p>Generic: lovastatin pravastatin simvastatin</p> <p>Brand: Crestor® (<i>rosuvastatin</i>)</p>	<p>Generic:</p> <p>Brand: Altoprev® (<i>lovastatin</i>) Lescol® /XL (<i>fluvastatin</i>) Lipitor® (<i>atorvastatin</i>) Livalo® (<i>pitavastatin calcium</i>)** Mevacor® (<i>lovastatin</i>) Pravachol® (<i>pravastatin</i>) Zocor® (<i>simvastatin</i>)</p> <p>**Not subject to TIP or DAW-1 override</p>
Targeted Immune Modulators (Not subject to TIP. See pg. 1.)	<p>Generic:</p> <p>Brand: Enbrel® (<i>etanercept</i>)* Humira® (<i>adalimumab</i>)* Remicade® (<i>infliximab</i>)*</p> <p>*EA required</p>	<p>Generic:</p> <p>Brand: Amevive® (<i>alefacept</i>)* Kineret® (<i>anakinra</i>)* Orencia® (<i>abatacept</i>)* Raptiva® (<i>efalizumab</i>)* Rituxan® (<i>rituximab</i>)* Simponi® (<i>golimumab</i>)**</p> <p>*EA required **Not subject to DAW-1 override</p>

Changes to the Expedited Authorization (EA) List

Effective retroactively to August 1, 2009, DSHS is adding an EA code to allow larger quantities of blood glucose test strips and lancets for insulin-dependent children. DSHS will allow insulin-dependent clients under the age of 21 to receive up to 300 test strips and 300 lancets per month.

Product	Code	Criteria
Blood Glucose Test Strips	264	Insulin-dependent diabetic (age 21 and older) up to 100 units per month
	265	Insulin-dependent diabetic (age 20 and younger) up to 300 units per month
Lancets	264	Insulin-dependent diabetic (age 21 and older) up to 100 units per month
	265	Insulin-dependent diabetic (age 20 and younger) up to 300 units per month

Additions to the Expedited Authorization (EA) List

Exforge® HCT (*amlodipine/valsartan/hydrochlorothiazide*) will be added to the EA list.

Product	Code	Criteria
Exforge® (<i>amlodipine/valsartan</i>) Exforge® HCT (<i>amlodipine/valsartan/HCTZ</i>)	093	Must have tried and failed, or have a clinically documented intolerance to an angiotensin converting enzyme (ACE) inhibitor, and must have a history of dihydropyridine calcium channel blocker and/or angiotensin receptor blocker (ARB) therapy.

When Exelon® is prescribed for mild to moderate dementia associated with Parkinson's disease, this indication is not included on the Washington PDL Alzheimer's drug class, and DSHS does not require a trial and failure of a preferred Alzheimer's drug.

Use the following EA code if Exelon® is prescribed for the treatment of mild to moderate dementia associated with Parkinson's disease. Exelon® is still included as a nonpreferred drug on the Washington PDL Alzheimer's drug class when prescribed for Alzheimer's type dementia.

Product	Code	Criteria
Exelon® capsules/patch /solution (<i>rivastigmine</i>)	015	Treatment of mild to moderate dementia associated with Parkinson's disease

New Drugs Requiring Prior Authorization

Effective for dates of service on and after December 1, 2009, DSHS will require prior authorization for the following newly marketed drugs:

- Astepro® (*azelastine*) nasal spray
- Besivance® (*besifloxacin*) ophthalmic suspension
- Cetraxal® (*ciprofloxacin HCl*) otic solution
- Embeda® (*morphine sulfate/naltrexone HCl*) ER capsule
- Ilaris® (*canakinumab*) injection
- Nucynta® (*tapentadol HCl*) tablet
- Onglyza® (*Saxagliptin HCl*) tablet
- Onsolis® (*fentanyl citrate*) buccal film
- Promacta® (*eltrombopag*) tablets
- Rapaflo® (*silodosin*) capsule
- Tyvaso® (*treprostinil*) inhalation solution
- Uloric® (*febuxostat*) tablet
- Valtorna® (*aliskiren/valsartan*) tablet
- Vectical® (*calcitriol*) ointment
- Xenazine® (*tetrabenazine*) tablet

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

DSHS has updated 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%20Instructions%20Web%20Pages/Prescription_Drug_Program.html.

DSHS has updated the 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%20Instructions%20Web%20Pages/Prescription_Drug_Program.html.

How Can I Get DSHS/HRSA Provider Documents?

To download and print 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).