

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
HEALTH AND RECOVERY SERVICES ADMINISTRATION  
Olympia, Washington**

**To:** Pharmacists  
All Prescribers  
Nursing Home Administrators  
Managed Care Organizations

**Memorandum No: 08-22**  
**Issued:** May 30, 2008

**From:** Douglas Porter, Assistant Secretary  
Health and Recovery Services  
Administration

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

**Subject: Prescription Drug Program: Expanded Smoking Cessation Program and Changes to the Washington PDL and List of Limitations on Certain Drugs**

**Effective for dates of service on and after July 1, 2008**, the Health and Recovery Services Administration (HRSA) will:

- Expand the current Smoking Cessation program;
- Make a change to the list of limitations on certain drugs; and
- Implement changes to the Washington Preferred Drug List (PDL).

## **What are the changes to the Smoking Cessation Program?**

### *Client Eligibility*

**Effective for dates of service on and after July 1, 2008**, HRSA will expand the current Smoking Cessation program to include all eligible DSHS clients who meet the coverage requirements. Smoking cessation is not a covered benefit for clients eligible under the Family Planning Only, TAKE CHARGE, or Alien Emergency Medical programs.

### *Coverage Requirements*

DSHS covers:

- Over-the-counter drugs to promote smoking cessation, without a prescription, only when the client meets the following requirements:
  - ✓ 18 years of age or older; and
  - ✓ Participating in a DSHS-approved smoking cessation program.
- Prescription drugs to promote smoking cessation, only when the client meets the following requirements:
  - ✓ 18 years of age or older; and
  - ✓ Participating in a DSHS-approved smoking cessation program.

***Coverage Requirements (cont.)***

HRSA covers the following smoking cessation drugs:

- Nicotine gum;
- Nicotine Transdermal Patches;
- Bupropion SR (Zyban®); and
- Chantix® (varenicline tartrate).

HRSA does not allow combinations within or across smoking cessation drug types.

**Note:** The only smoking cessation drug that HRSA will cover for pregnant women is bupropion SR (Zyban®). HRSA will cover this drug for up to 11 months per client.

***Coverage Limitations and Restrictions***

HRSA's limitations and restrictions for smoking cessation drugs are as follows:

- The required use of Free & Clear Inc. behavior modification for all smoking cessation drug therapy. You may contact Free & Clear Inc. toll-free at: 1-800-QUIT NOW (1-800-784-8669).
- Limiting all smoking cessation drugs to 12 weeks per year, per client, except bupropion SR (Zyban®) for pregnant women.
- HRSA will authorize bupropion SR (Zyban®) only if a client does not have a history of seizures or Bipolar Disorder.
- HRSA will authorize Chantix® (varenicline tartrate) only if the client does not have a history of neuropsychiatric symptoms and dosage reductions are based on renal clearance.

***Nicotine Replacement Therapy (NRT)***

HRSA contracts with Free & Clear Inc. to provide the nicotine replacement therapy (NRT) only as follows:

- No pregnant women are allowed on NRT;
- No combination within NRT delivery systems or in combination with prescription smoking cessation drugs is allowed;
- NRT coverage includes only transdermal patches and gum;
- NRT must be in conjunction with behavioral modification; and
- NRT is limited to 12 weeks per year, per client.

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

HRSA is changing the dosing limitations for the following drug:

Drug	Dosing Limitations	Age Limitations
Strattera® ( <i>atomoxetine HCl</i> )	120mg per day as a single or twice daily divided dose	5 years of age and older

### What are the changes to the Washington Preferred Drug List (PDL)?

Changes to non-preferred drugs on the Washington PDL are highlighted in yellow.

Drug Class	Preferred Drugs	Non-preferred Drugs
ACE Inhibitors	<p><b>Generic:</b> benazepril captopril enalapril lisinopril ramipril*</p> <p><b>Brand:</b> Altace® (<i>ramipril</i>)*</p> <p>*EPA required</p>	<p><b>Generic:</b> fosinopril moexipril quinapril trandolapril</p> <p><b>Brand:</b> Accupril® (<i>quinapril</i>) Aceon® (<i>perindopril</i>) Capoten® (<i>captopril</i>) Lotensin® (<i>benazepril</i>) Mavik® (<i>trandolapril</i>) Monopril® (<i>fosinopril</i>) Prinivil® (<i>lisinopril</i>) Univasc® (<i>moexipril</i>) Vasotec® (<i>enalapril</i>) Zestril® (<i>lisinopril</i>)</p>

Drug Class	Preferred Drugs	Non-preferred Drugs
Antiemetics	<p><b>Generic:</b> ondansetron tablet/solution/ injection*</p> <p><b>*EPA required</b></p>	<p><b>Generic:</b> granisetron tablet/injection</p> <p><b>Brand:</b> Aloxi® (<i>palonosetron</i>) injection* Anzemet® (<i>dolasetron</i>) tablet/injection* Granisol® (<i>granisetron</i>) solution Kytril® (<i>granisetron</i>) tablet/solution/injection* Zofran®/ODT® (<i>ondansetron</i>) tablet/solution/injection*</p> <p><b>*EPA required</b></p>
Beta Blockers	<p><b>Generic:</b> atenolol carvedilol* metoprolol succinate* metoprolol tartrate nadolol propranolol timolol</p> <p><b>Brand:</b> Coreg® (<i>carvedilol</i>)* Toprol XL (<i>metoprolol succinate</i>)*</p>	<p><b>Generic:</b> acebutolol betaxolol bisoprolol labetalol pindolol propranolol ER</p> <p><b>Brand:</b> Blocadren® (<i>timolol</i>) Bystolic® (<i>nebivolol</i>)** Cartrol® (<i>carteolol</i>) Coreg CR® (<i>carvedilol CR</i>)** Corgard® (<i>nadolol</i>) Inderal® /LA (<i>propranolol</i>) InnoPran XL® (<i>propranolol</i>) Kerlone® (<i>betaxolol</i>) Levator® (<i>penbutolol</i>) Lopressor® (<i>metoprolol tartrate</i>) Normodyne® (<i>labetalol</i>) Sectral® (<i>acebutolol</i>) Tenormin® (<i>atenolol</i>) Trandate® (<i>labetalol</i>) Visken® (<i>pindolol</i>) Zebeta® (<i>bisoprolol</i>)</p> <p>**Not subject to TIP or DAW-1 override.</p>

Drug Class	Preferred Drugs	Non-preferred Drugs
Calcium Channel Blockers	<p><b>Generic:</b>                      amlodipine                      diltiazem /XR                      felodipine ER                      nifedipine ER                      verapamil /XR</p>	<p><b>Generic:</b>                      felodipine                      isradipine                      nicardipine                      nifedipine</p> <p><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>)                      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>)                      Vascore® (<i>bepiridil</i>)                      Verelan® /PM (<i>verapamil</i>)</p>

Drug Class	Preferred Drugs	Non-preferred Drugs
Estrogens	<p><b>Generic:</b> estradiol tablets</p> <p><b>Brand:</b> Menest® (<i>esterified estrogens</i>) Premarin® cream (<i>conjugated equine estrogen vaginal cream</i>)</p>	<p><b>Generic:</b> estradiol transdermal patch estropipate</p> <p><b>Brand:</b> Alora® (<i>estradiol</i>) transdermal Cenestin® (<i>synthetic conjugated estrogens</i>) Climara® (<i>estradiol</i>) transdermal Divigel® (<i>estradiol</i>) gel** Elestrin™ (<i>estradiol</i>) gel** Enjuvia® (<i>synthetic conjugated estrogens</i>) tablet** Esclim® (<i>estradiol</i>) transdermal Estrace® (<i>estradiol</i>) oral/vaginal Estraderm® (<i>estradiol</i>) transdermal Estring® (<i>estradiol</i>) vaginal ring Estrogel® (<i>estradiol</i>) gel Evamist® (<i>estradiol</i>) spray** Femring® (<i>estradiol</i>) vaginal ring Femtrace® (<i>estradiol</i>) tablet** Menostar® (<i>estradiol</i>) patch Ogen® (<i>estropipate</i>) Premarin® (<i>conjugated equine estrogens</i>) oral Vagifem® (<i>estradiol</i>) vaginal tablets Vivelle® /DOT (<i>estradiol</i>) transdermal</p> <p>**Not subject to TIP or DAW-1 override.</p>
Hepatitis C drugs (pegylated interferons) (*Not subject to TIP. See pg. M.1.)	Pegasys® ( <i>peginterferon alfa-2a</i> )	PegIntron® ( <i>peginterferon alfa-2b</i> )

Drug Class	Preferred Drugs	Non-preferred Drugs
<p>Inhaled Corticosteroids</p>	<p><b>Generic:</b> <b>Brand:</b> Aerobid/Aerobid-M® (<i>flunisolide MDI</i>) Asmanex Twisthaler® (<i>mometasone furoate DPI</i>) Azmacort® (<i>triamcinolone acetonide MDI</i>) Flovent®/HFA/Rotadisk® (<i>fluticasone propionate MDI/HFA/DPI</i>) Qvar® (<i>beclomethasone dipropionate MDI</i>) Pulmicort Respules® (<i>budesonide inhalation suspension</i>) Pulmicort Turbuhaler®/Flexhaler® (<i>budesonide DPI</i>)</p>	<p><b>Generic:</b> <b>Brand:</b> Vancerial® (<i>beclomethasone dipropionate MDI</i>)</p>
<p>Insulin-release stimulant type oral hypoglycemics</p>	<p><b>Generic immediate release:</b> glipizide glyburide glyburide micronized</p>	<p><b>Generic:</b> chlorpropamide glimepiride glipizide XR tolazamide tolbutamide</p> <p><b>Brand:</b> Amaryl® (<i>glimepiride</i>) Diabinese® (<i>chlorpropamide</i>) DiaBeta® (<i>glyburide</i>) Glucotrol®/XR (<i>glipizide</i>) Glynase® (<i>glyburide micronized</i>) Micronase® (<i>glyburide</i>) Orinase® (<i>tolbutamide</i>) Prandin® (<i>repaglinide</i>) Starlix® (<i>nateglinide</i>) Tolinase® (<i>tolazamide</i>)</p>

Drug Class	Preferred Drugs	Non-preferred Drugs
<p>Macrolides (*Not subject to TIP. See pg. M.1.)</p>	<p><b>Generic:</b> azithromycin – all forms clarithromycin immediate release tablet/suspension erythromycin EC erythromycin ethylsuccinate erythromycin filmtab erythromycin stearate</p>	<p><b>Generic:</b></p> <p><b>Brand:</b> Biaxin® (<i>clarithromycin</i>) tablet/suspension Biaxin XL® (<i>clarithromycin</i>) EES® (<i>erythromycin ethylsuccinate</i>) granules/suspension/filmtab Eryc® (<i>erythromycin base EC</i>) <del>E-Mycin® (<i>erythromycin base</i>)</del> Eryped® (<i>erythromycin ethylsuccinate</i>) drops/granules Ery-Tab® (<i>erythromycin base EC</i>) Erythrocin® (<i>erythromycin stearate</i>) filmtab PCE Dispertab® (<i>erythromycin base</i>) Zithromax® (<i>azithromycin</i>) capsule/powder packet/suspension/tablet Zmax® (<i>azithromycin SR</i>)</p>
<p>Nasal Corticosteroids</p>	<p><b>Generic:</b></p> <p><b>Brand:</b> Nasacort AQ® (<i>triamcinolone acetonide</i>) Nasonex® (<i>mometasone furoate</i>)*</p> <p>*EPA required</p>	<p><b>Generic:</b> flunisolide fluticasone propionate</p> <p><b>Brand:</b> Beconase AQ® (<i>beclomethasone dipropionate</i>) Flonase® (<i>fluticasone propionate</i>) Nasacort® (<i>triamcinolone acetonide</i>) Nasarel® (<i>flunisolide</i>) <del>Rhinocort® (<i>budesonide</i>)</del> Rhinocort Aqua® (<i>budesonide</i>) <del>Vancenase /AQ® (<i>beclomethasone dipropionate</i>)</del> Veramyst™ (<i>fluticasone</i>)**</p> <p>**Not subject to DAW-1 override or TIP.</p>

Drug Class	Preferred Drugs	Non-preferred Drugs
<p>Newer Antihistamines (formerly Non-Sedating Antihistamines)</p>	<p><b>Generic:</b> loratadine OTC</p> <p><b>Brand:</b> Clarinex® (<i>desloratadine</i>) syrup*</p> <p>*EPA required</p>	<p><b>Generic:</b> cetirizine fexofenadine</p> <p><b>Brand:</b> Allegra /ODT® (<i>fexofenadine</i>) Clarinex® (<i>desloratadine</i>) Claritin® (<i>loratadine</i>) Zyrtec® (<i>cetirizine</i>) Xyzal® (<i>levocetirizine</i>)**</p> <p>**Not subject to TIP or DAW-1 override.</p>
<p>Newer Sedative/Hypnotics</p>	<p><b>Generic:</b> zolpidem*</p> <p>*EPA required</p>	<p><b>Generic:</b> zaleplon*</p> <p><b>Brand:</b> Ambien /CR® (<i>zolpidem tartrate</i>)* Lunesta® (<i>eszopiclone</i>)* Sonata® (<i>zaleplon</i>)*</p> <p>*EPA required</p>

Drug Class	Preferred Drugs	Non-preferred Drugs
Nonsteroidal antiinflammatory drugs (NSAID) including Cyclo-oxygenase - 2 (Cox-II) Inhibitors	<p><b>Generic:</b>                      diclofenac potassium*                      diclofenac sodium /SR/ER/EC*                      diflunisal*                      etodolac /XL*                      fenoprofen*                      flurbiprofen*                      ibuprofen*                      indomethacin /SA*                      ketoprofen /SA*                      ketorolac*                      meclofenamate*                      meloxicam*                      nabumetone*                      naproxen /EC*                      naproxen sodium /ER*                      oxaprozin*                      piroxicam*                      salsalate*                      sulindac*                      tolmetin*</p> <p>* EPA required</p>	<p><b>Generic:</b></p> <p><b>Brand:</b>                      Amigesic® (<i>salsalate</i>)*                      Anaprox® /DS (<i>naproxen sodium</i>)*                      Ansaid® (<i>flurbiprofen</i>)*                      Cataflam® (<i>diclofenac potassium</i>)*                      Celebrex® (<i>celecoxib</i>)*                      Clinoril® (<i>sulindac</i>)*                      Dolobid® (<i>diflunisal</i>)                      Daypro® (<i>oxaprozin</i>)*                      Feldene® (<i>piroxicam</i>)*                      Flector® (<i>diclofenac epolamine</i>)**                      Indocin® /SR (<i>indomethacin</i>)*                      Lodine® /XL (<i>etodolac</i>)*                      Mobic® (<i>meloxicam</i>)*                      Motrin® (<i>ibuprofen</i>)*                      Nalfon® (<i>fenoprofen</i>)*                      Naprelan® (<i>naproxen sodium ER</i>)*                      Naprosyn® EC/DS (<i>naproxen</i>)*                      Orudis® (<i>ketoprofen</i>)*                      Oruvail® (<i>ketoprofen SA</i>)*                      Ponstel® (<i>mefenamic acid</i>)                      Relafen® (<i>nabumetone</i>)*                      Salflex® (<i>salsalate</i>)*                      Toradol® (<i>ketorolac</i>)*                      Voltaren® /XR (<i>diclofenac sodium</i>)*                      Voltaren® (<i>diclofenac sodium</i>) gel**</p> <p>* EPA required                      ** Not subject to TIP or DAW-1 override.</p>

Drug Class	Preferred Drugs	Non-preferred Drugs
<p>Second Generation Antidepressants (*Not subject to TIP. See pg. M.1.)</p>	<p><b>Generic:</b> bupropion /SR* citalopram fluoxetine HCl mirtazapine/soltab paroxetine HCl venlafaxine HCl</p> <p><b>Brand:</b> Effexor<sup>®</sup> /XR (<i>venlafaxine HCl</i>)</p> <p>*EPA required</p>	<p><b>Generic:</b> fluvoxamine nefazodone paroxetine CR sertraline</p> <p><b>Brand:</b> Celexa<sup>®</sup> (<i>citalopram</i>) Cymbalta<sup>®</sup> (<i>duloxetine HCl</i>) Lexapro<sup>®</sup> (<i>escitalopram</i>) Luvox CR (<i>fluvoxamine</i>)** Paxil<sup>®</sup> /CR (<i>paroxetine HCl</i>) Pexeva<sup>®</sup> (<i>paroxetine mesylate</i>) Pristiq<sup>®</sup> (<i>desvenlafaxine</i>)** Prozac<sup>®</sup> /Prozac Weekly<sup>®</sup> (<i>fluoxetine HCl</i>) Remeron<sup>®</sup> /SolTab (<i>mirtazapine</i>) <del>Serzone<sup>®</sup> (<i>nefazodone</i>)</del> Wellbutrin<sup>®</sup> /SR/XL (<i>bupropion/SR/XL</i>) Zoloft<sup>®</sup> (<i>sertraline</i>)</p> <p>**Not subject to TIP or DAW-1 override</p>
<p>Skeletal Muscle Relaxants</p>	<p><b>Generic:</b> baclofen cyclobenzaprine methocarbamol tizanidine</p>	<p><b>Generic:</b> carisoprodol chlorzoxazone dantrolene orphenadrine</p> <p><b>Brand:</b> Dantrium<sup>®</sup> (<i>dantrolene</i>) Flexeril<sup>®</sup> (<i>cyclobenzaprine</i>) <del>Lioresal<sup>®</sup> (<i>baclofen</i>)</del> Norflex<sup>®</sup> (<i>orphenadrine</i>) Parafon Forte<sup>®</sup> (<i>chlorzoxazone</i>) Robaxin<sup>®</sup> (<i>methocarbamol</i>) Skelaxin<sup>®</sup> (<i>metaxalone</i>) Soma<sup>®</sup> (<i>carisoprodol</i>) Zanaflex<sup>®</sup> (<i>tizanidine</i>)</p>

Drug Class	Preferred Drugs	Non-preferred Drugs
Statin-type Cholesterol lowering agents	<p><b>Generic:</b>                      lovastatin                      pravastatin*</p> <p><b>Brand:</b>                      Crestor® (<i>rosuvastatin</i>)</p> <p>*EPA required</p>	<p><b>Generic:</b>                      simvastatin</p> <p><b>Brand:</b>  <b>Altoprev® (<i>lovastatin</i>)</b>                      Lescol®/XL (<i>fluvastatin</i>)                      Lipitor® (<i>atorvastatin</i>)                      Mevacor® (<i>lovastatin</i>)                      Pravachol® (<i>pravastatin</i>)*                      Zocor® (<i>simvastatin</i>)</p> <p>*EPA required</p>

### Billing Instructions Replacement Pages

Attached to this memorandum are replacement pages i and ii and sections A, C, F, and M.

## How can I get HRSA's provider documents?

To obtain HRSA's provider numbered memoranda and billing instructions, go to HRSA's website at <http://maa.dshs.wa.gov> (click on the *Billing Instructions and Numbered Memo* link).

To request a free paper copy from the Department of Printing:

1. **Go to:** <http://www.prt.wa.gov/> (Orders filled daily.)
  - a) Click *General Store*.
  - b) If a **Security Alert** screen is displayed, click **OK**.
    - i. Select either *I'm New* or *Been Here*.
    - ii. If new, fill out the registration and click *Register*.
    - iii. If returning, type your email and password and then click *Login*.
  - c) At the **Store Lobby** screen, click *Shop by Agency*. Select *Department of Social and Health Services* and then select *Health and Recovery Services Administration*.
  - d) Select *Billing Instructions, Forms, Healthy Options, Numbered Memo, Publications, or Document Correction*. You will then need to select a year and then select the item by number and title.
2. **Fax/Call:** Dept. of Printing/Attn: Fulfillment at FAX 360.586.6361/telephone 360.586.6360. (Orders may take up to 2 weeks to fill.)



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# About the Program

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## What is the goal of the Prescription Drug Program?

The operational goal of the Prescription Drug Program is to pay providers for outpatient drugs, devices, and drug-related supplies according to HRSA rules and subject to limitations and requirements specified in these billing instructions.

HRSA programs are governed by federal and state regulations. These billing instructions are intended to help providers comply with the rules and requirements of the program.

### Basic things to know:

HRSA reimburses for medically necessary drugs, devices, and supplies according to rules in Washington Administration Code (WAC) and the Reimbursement section of these billing instructions.

HRSA covers outpatient drugs, including over-the-counter drugs, when:

- The manufacturer has a signed drug rebate agreement with the federal Department of Health and Human Services (DHHS). (Exceptions to this rule are described in the Compounded Prescriptions section on page E.2.);
- Approved by the Food and Drug Administration (FDA);
- Prescribed by a provider with prescribing authority who has not had his/her core provider agreement terminated or denied;
- Prescribed for a medically accepted indication;
- Prescribed for an eligible client; and
- Not excluded from coverage under WAC 388-501-0050, 388-530-2100, and Section C of these billing instructions (“What drugs, devices, and supplies are not reimbursed?”).

HRSA does not cover:

- Drugs used to treat sexual or erectile dysfunction, in accordance with section 1927(d)(2)(K) of the Social Security Act, unless such drugs are used to treat a condition other than sexual or erectile dysfunction and these uses have been approved by the FDA;
- A drug that is not approved by the FDA;
- A drug prescribed for a non-medically accepted indication or dosing level;
- A drug from a manufacturer without a federal rebate agreement; or

- Drugs and indications excluded from coverage by WAC such as drugs prescribed for:
  - ✓ Weight loss or gain;
  - ✓ Infertility, frigidity, or impotence;
  - ✓ Sexual or erectile dysfunction; or
  - ✓ Cosmetic purposes or hair growth.

## Provider Requirements

In order to be reimbursed by HRSA, the pharmacy must:

- Be properly licensed;
- Have a signed core provider agreement (CPA);
- Follow the guidelines in these billing instructions and applicable WAC; and
- Retain documentation demonstrating that all other possible payers have been billed appropriately.

HRSA may require a pharmacy to:

- Obtain authorization on a drug or product;
- Ascertain and document that certain diagnosis requirements are met; and
- Meet other requirements for client safety and program management.

## Important Notes

The following practices constitute an abuse of the program and a misuse of taxpayer dollars:

- **Prescription splitting:** Billing inappropriately to obtain additional dispensing fees. For example:
  - ✓ Supplying medication in amounts less than necessary to cover the days prescribed; and/or
  - ✓ Supplying medications in strengths less than those prescribed to gain more than one dispensing fee.
- **Excessive Filling:** Excessive filling consists of billing for an amount of a drug or supply greater than the prescribed quantity (except when HRSA specifies a mandatory minimum of an OTC drug).
- **Prescription Shorting:** Billing for a drug or supply greater than the quantity actually dispensed.

- **Substitution to Achieve a Higher Price:** Billing for a higher priced drug than prescribed even though the prescribed lower priced drug was available (except when HRSA identifies a higher-priced drug as preferred).

## Who may prescribe, administer, or dispense drugs to HRSA clients?

For the purposes of HRSA’s Prescription Drug Program, the practitioners listed below, when properly licensed and registered under the Legend Drug Act 69.41.030 RCW and Uniform Controlled Substances Act (69.50.101 RCW), may prescribe, administer, or dispense legend drugs and controlled substances to HRSA clients.

PROFESSION	RESTRICTION	LAW/RULE
Physician (MD)	None	18.71 RCW
Osteopathic Physician and Surgeon (DO)	None	18.57 RCW
Dentist (DDS or DMD)	Dental practice only	17.32.685 RCW only
Podiatric Physician (DPM)	Podiatry practice only	18.22.185 RCW only
Advanced Registered Nurse Practitioner (ARNP)	Scope of practice	18.88.280 RCW
Medical Physician Assistant (PA)	Prescriptive Authority	18.71 RCW/ WAC 308-52
Osteopathic Physician Assistant (PA)	Prescriptive Authority	18.57A RCW/ WAC 308-138A
Optometrist (OD)	Topical Eye Drugs only	18.53.010 RCW/ WAC 308-53
Pharmacist (RPh, PharmD)	Prescriptive Authority	18.64.005 RCW/ WAC 246-863-100

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# Program Restrictions

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## How does DSHS determine which drugs to cover?

[Refer to WAC 388-530-2000 (2)]

Coverage determinations for DSHS are decided by:

- DSHS in consultation with federal guidelines; or
- The Drug Use Review (DUR) Board; and
- DSHS's medical consultants and pharmacist(s).

If a product is determined to be covered, it will be assigned an authorization status (see the *Authorization* section).

HRSA evaluates a request for a drug that is listed as non-covered under the provisions of WAC 388-501-0160 that relates to non-covered services. The request for a noncovered drug is called a “request for an exception to rule.” See WAC 388-501-0160 for information about exceptions to rule.

## What drugs, devices, and supplies *are* covered?

[Refer to WAC 388-530-2000 (1)]

DSHS covers:

- Outpatient drugs, including over-the-counter drugs, as defined in WAC 388-530-1050, subject to the limitations and requirements in this chapter, when:
  - ✓ The drug is approved by the Food and Drug Administration (FDA);
  - ✓ The drug is for a medically accepted indication as defined in WAC 388-530-1050;
  - ✓ The drug is not excluded from coverage (see “What drugs, devices, and supplies are not covered?”); and
  - ✓ The manufacturer has a signed drug rebate agreement with the federal Department of Health and Human Services (DHHS). Exceptions to the drug rebate requirement are described in WAC 388-530-7500 which describes the drug rebate program.

## Prescription Drug Program

- Family planning drugs, devices, and drug-related supplies per chapter 388-532 WAC and as follows:
    - ✓ Over-the-counter (OTC) family planning drugs, devices, and drug-related supplies without a prescription when the department determines it necessary for client access and safety.
    - ✓ Family planning drugs that do not meet the federal drug rebate requirement in WAC 388-530-7500 on a case-by-case basis; and
    - ✓ Contraceptive patches, contraceptive rings, and oral contraceptives, only when dispensed in at least a three-month supply, unless otherwise directed by the prescriber. There is no required minimum for how many cycles of emergency contraception may be dispensed.
  - Prescription vitamins and mineral products, only as follows:
    - ✓ When prescribed for clinically documented deficiencies;
    - ✓ Prenatal vitamins, when prescribed and dispensed to pregnant women; or
    - ✓ Fluoride varnish for children under the early and periodic screening, diagnosis, and treatment (EPSDT) program.
  - Drug-related devices and drug-related supplies as an outpatient pharmacy benefit when:
    - ✓ Prescribed by a provider with prescribing authority;
    - ✓ Essential for the administration of a covered drug;
    - ✓ Not excluded from coverage under WAC 388-530-2100; and
    - ✓ Determined by the department, that a product covered under chapter 388-543 WAC Durable medical equipment and supplies should be available at retail pharmacies.
- Note:** For exceptions to the prescription (prescriber's order) requirement, see page C.7.
- Preservatives, flavoring and/or coloring agents, only when used as a suspending agent in a compound.

- Over-the-counter drugs to promote smoking cessation, without a prescription, only when the client meets the following requirements:
  - ✓ 18 years of age or older; and
  - ✓ Participating in a DSHS-approved smoking cessation program.
- Prescription drugs to promote smoking cessation, only when the client meets the following requirements:
  - ✓ 18 years of age or older; and
  - ✓ Participating in a DSHS-approved smoking cessation program.

### What drugs, devices, and supplies are *not* covered?

[Refer to WAC 388-530-2100 and 388-530-7500]

HRSA does not reimburse under the Prescription Drug Program for drugs and drug-related supplies administered by healthcare professionals as a component of hospital services, physician-related services, or billed in conjunction with home health services. Reimbursement for drugs and drug-related supplies in these situations may be available when billed under the rules of the related program.

HRSA does not reimburse for any of the following under the Prescription Drug Program:

- Nutritional supplements such as shakes, bars, puddings, powders, etc. These products may be reimbursable under the conditions of the Nondurable Medical Supplies and Equipment (MSE) and/or Enteral Nutrition programs.
- Drugs when the manufacturer has **not signed a rebate agreement** with the federal Department of Health and Human Services.
- Drugs listed in the federal register as “**less than effective**” (**DESI drugs**) or which are identical, similar, or related to such drugs. (Refer to: [http://www.cms.hhs.gov/MedicaidDrugRebateProgram/12\\_LTEIRS Drugs.asp](http://www.cms.hhs.gov/MedicaidDrugRebateProgram/12_LTEIRS Drugs.asp) for a list of DESI drugs.)
- Free pharmaceutical samples.

## Prescription Drug Program

- Drugs [prescription or over-the-counter(OTC)] and drug-related supplies:
  - ✓ Which have not been prescribed by a provider with prescriptive authority (with the exception of OTC family planning products and OTC smoking cessation products);
  - ✓ Which have been prescribed by a provider whose application for a Core Provider Agreement (CPA) has been denied, or whose CPA has been terminated with cause.
- Drugs prescribed for:
  - ✓ Weight loss or gain;
  - ✓ Infertility, frigidity, or impotence;
  - ✓ Sexual or erectile dysfunction; or
  - ✓ Cosmetic purposes or hair growth.
- OTC drugs which are not a less costly, therapeutically appropriate alternative to a legend drug.
- Drugs requiring authorization for which authorization has been requested and denied.
- Drugs and drug-related supplies for multiple patient use.
- Any drug regularly supplied as an integral part of program activity by other public agencies (such as drugs, vaccines, or biological products available without charge to the client from the Department of Health).
- Products or items that do not have an 11-digit national drug code (NDC).
- Drugs with NDCs which have been designated as obsolete for more than two years.
- Drugs whose shelf life has expired prior to being dispensed.
- Drugs which have been terminated or removed from the market.
- More than a 34-day supply of any product except:
  - ✓ Drugs when the smallest package size exceeds a 34-day supply;
  - ✓ Drugs with special packaging instructions which would require dispense of a quantity that exceeds a 34-day supply;

## Prescription Drug Program

- ✓ Contraceptive patches, contraceptive rings, and oral contraceptives not used for emergency contraception. These products must be dispensed at a minimum of a three-month supply, unless otherwise directed by the prescriber;
- ✓ Drugs provided through mail-order (see page F.8); or
- ✓ When the drug is specifically identified as exempt from the 34-day limit.
- Any vitamin product other than:
  - ✓ Prenatal vitamins prescribed to pregnant women;
  - ✓ Vitamins determined by HRSA to be the least costly therapeutic alternative for the treatment of a client's diagnosed condition; or
  - ✓ When HRSA agrees that the vitamin product is the least costly alternative in treating documented vitamin deficiency which has been confirmed by laboratory testing.
- Fluoride preparations other than as prescribed for children under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program.
- Non-preferred drugs in drug classes on the Washington Preferred Drug List (PDL), except as detailed in Section M.
- Drugs, biological products, insulin, supplies, appliances, and equipment included in other reimbursement methods including, but not limited to:
  - ✓ Diagnosis-related group (DRG);
  - ✓ Ratio of costs-to-charges (RCC);
  - ✓ OTC products supplied to Skilled Nursing Facility (SNF) residents (unless included in the Washington PDL);
  - ✓ Managed care capitation rates;
  - ✓ Block grants; or
  - ✓ Drugs prescribed for clients who are in HRSA's Hospice program when the drugs are related to the client's terminal condition.

## Prescription Drug Program

- Drugs prescribed for an indication that is not evidence-based as determined by:
  - ✓ HRSA in consultation with federal guidelines; or
  - ✓ The Drug Use Review (DUR) Board; and
  - ✓ HRSA medical consultants and pharmacist(s).
- Drugs that are:
  - ✓ Not approved by the Food and Drug Administration (FDA); or
  - ✓ Prescribed for non-FDA approved indications or dosing, which is not otherwise supported by quality evidence in the recognized compendia of drug information;
  - ✓ Unproven for efficacy or safety.
- Outpatient drugs for which the manufacturer requires as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or manufacturer's designee.
- Preservatives, flavoring, and/or coloring agents.
- Prescriptions written on pre-signed prescription blanks completed by SNF operators or pharmacists. HRSA may terminate the CPA of pharmacies involved in this practice.
- Drugs used to replace those taken from SNF emergency kits.
- The cost differential between the least costly dosage form of a drug and a more expensive dosage form within the same route of administration, unless the prescriber designated the costlier dosage form as medically necessary.
- Over-the-counter or prescription drugs to promote smoking cessation unless the client is 18 years old or older and participating in a DSHS-approved smoking cessation program.

## Exceptions to the Prescription Requirement

[Refer to WAC 388-530-2000(4)]

### Over-the-Counter Family Planning Products

HRSA reimburses specific OTC family planning drugs, devices, and supplies without a prescription. The following OTC contraceptives may be dispensed without a prescription to any HRSA client with a current Medical ID Card:

- Condoms (including female condom);
- Vaginal spermicidal foam with applicator and refills;
- Vaginal jelly with applicator;
- Vaginal creams and gels; and
- Vaginal suppositories.

Emergency contraception (Plan B) is also available without a prescription for females age 18 and older.

### **BILLING**

Pharmacies may bill HRSA FFS using the product-specific NDC number and prescribing provider number **9777707**. Regardless of the contraceptive, please bill the NDC as stated on the package.

### Over-the Counter Nicotine Replacement Therapy (NRT)

HRSA reimburses for specific OTC NRT products without a prescription (see page F.1) when distributed by a DSHS-approved smoking cessation program.

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# Special Programs/Services

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## Smoking Cessation

### *Client Eligibility*

Effective for dates of service on and after July 1, 2008, HRSA will expand the current Smoking Cessation program to include **all** eligible DSHS clients who meet the coverage requirements. Smoking cessation is not a covered benefit for clients eligible under the Family Planning Only, TAKE CHARGE, or Alien Emergency Medical programs.

### *Coverage Requirements*

DSHS covers:

- **Over-the-counter drugs**, *without a prescription*, to promote smoking cessation only when the client meets the following requirements:
  - ✓ 18 years of age or older; and
  - ✓ Participating in a DSHS-approved smoking cessation program.
  
- **Prescription drugs** to promote smoking cessation, only when the client meets the following requirements:
  - ✓ 18 years of age or older; and
  - ✓ Participating in a DSHS-approved smoking cessation program.

HRSA covers the following smoking cessation drugs:

- Nicotine gum;
- Nicotine Transdermal Patches;
- Bupropion SR (Zyban®); and
- Chantix® (varenicline tartrate).

HRSA does not allow combinations within or across smoking cessation drug types.

**Note:** The only smoking cessation drug that HRSA will cover for pregnant women is bupropion SR (Zyban®). HRSA will cover this drug for up to 11 months per client.

***Coverage Limitations and Restrictions***

HRSA's limitations and restrictions for smoking cessation drugs are as follows:

- The required use of Free & Clear Inc. behavior modification for all smoking cessation drug therapy. You may contact Free & Clear Inc. toll-free at: 1-800-QUIT NOW (1-800-784-8669).
- Limiting all smoking cessation drugs to 12 weeks per year, per client, except bupropion SR (Zyban®) for pregnant women.
- HRSA will authorize bupropion SR (Zyban®) only if a client does not have a history of seizures or Bipolar Disorder.
- HRSA will authorize Chantix® (varenicline tartrate) only if the client does not have a history of neuropsychiatric symptoms and dosage reductions are based on renal clearance.

***Nicotine Replacement Therapy (NRT)***

HRSA contracts with Free & Clear Inc. to provide the nicotine replacement therapy (NRT) only as follows:

- No pregnant women are allowed on NRT;
- No combination within NRT delivery systems or in combination with prescription smoking cessation drugs is allowed;
- NRT coverage includes only transdermal patches and gum;
- NRT must be in conjunction with behavioral modification; and
- NRT is limited to 12 weeks per year, per client.

## Smoking Cessation for Pregnant Women

[Refer to WAC 388-533-0400 (20)]

HRSA pays eligible providers for including tobacco cessation counseling as part of an antepartum care visit or a post pregnancy office visit (which must take place within two months following live birth, miscarriage, fetal death, or pregnancy termination).

A provider may prescribe pharmacotherapy for tobacco cessation for a client when the provider considers the treatment appropriate for the client. Bupropion SR (Zyban®) is the only drug that HRSA reimburses for tobacco cessation **for pregnant women**, and only under the following conditions:

- Must be prescribed by a physician, advanced registered nurse practitioner (ARNP), or physician assistant (PA);
- The client must be 18 years of age or older;
- The pharmacy provider must obtain authorization from HRSA when filling the prescription for pharmacotherapy; and
- The prescribing provider must include both of the following on the client's prescription:
  - ✓ The client's estimated or actual delivery date; and
  - ✓ Indicate that the client is participating in tobacco cessation counseling.

**To obtain authorization for bupropion SR (Zyban®), pharmacy providers must:**

- ✓ Fax a request for authorization to 360.725.2141; or
- ✓ Call 800.848.2842, option 2.

## Clozaril/Clozapine and Related Services

HRSA reimburses pharmacists for Clozaril/Clozapine plus pays a dispensing fee. Bill Clozaril/Clozapine using the appropriate national drug code (NDC) on either the Point-of-Sale (POS) system or the Pharmacy Statement [DSHS 13-714]. This form is available for electronic download at: <http://www1.dshs.wa.gov/msa/forms/eforms.html> (see *Important Contacts* for more information).

Any licensed or registered pharmacist with clinical experience in monitoring patient mental and health status may provide and bill for case coordination (medication management) for clients receiving Clozaril/Clozapine.

Persons providing case coordination serve as a focal point for the client's Clozaril/Clozapine therapy. All services must be documented and are subject to quality assurance review. When providing case coordination, providers must:

- Coordinate a plan of care with the client or the client's caregiver, the prescriber, and the pharmacy;
- Assure services are provided to the client as specified in the plan of care;
- Assure blood samples are drawn according to Food and Drug Administration (FDA) labeling, blood counts are within normal range, and client is compliant with plan of care;
- Follow-up with the client on missed medical appointments;
- Maintain detailed, individual client records to document progress;
- Provide feedback to the prescriber on the client's progress, immediately report abnormal blood counts, and client noncompliance; and
- Assure smooth transition to a new case coordinator, when necessary.

Use the following procedure codes to bill for Clozaril/Clozapine related services on an approved professional services claim form (e.g., paper 1500 claim form; electronic 1500 claim form; or electronic 837-P claim form):

Procedure Code	Description	Reimbursement
36415	Routine Venipuncture	Per the Resource-Based Relative Value Scale (RBRVS) fee schedule
90862	Case Coordination	\$10 per week, per client
85022 <sup>1</sup>	Complete Blood Count (CBC)	Per RBRVS fee schedule

**Note:** Due to close monitoring requirements, HRSA allows up to five (5) fills per month.

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<sup>1</sup> Can be billed by CLIA certified laboratories only.

## Emergency Contraceptive Pills (ECP)

HRSA reimburses for emergency contraceptive pills (ECP) through the POS system for female clients in eligible programs as follows:

- Clients age 17 and younger must have a prescription for ECP.
- Clients age 18 and older do not need a prescription for ECP.

To receive reimbursement, pharmacies must bill HRSA fee-for-service (FFS) using the specific NDC and prescribing provider number 9777707. It is common practice to dispense two packages at a time, especially for clients using barrier contraceptive methods. Pharmacies are instructed to dispense the quantity requested by the client. Pharmacies that are members of, or subcontract with, managed care plans and are serving a managed care client must bill the prescription cost to the plan. HRSA reimburses pharmacists for ECP plus pays a dispensing fee. Bill for ECP using the appropriate NDC.

## Emergency Contraception (EC) Counseling

When a pharmacist with an EC protocol approved by the Board of Pharmacy prescribes ECPs, the pharmacy may bill HRSA for the counseling portion.

Pharmacists performing EC counseling must ensure that a copy of the pharmacist's current approved protocol certificate from the Board of Pharmacy is on file at the pharmacy where the service was performed. Performing EC Counseling without a current approved protocol is subject to sanction by the Board of Pharmacy. Billing HRSA for EC Counseling without a current, approved protocol *on file* is subject to recoupment of payment

The counseling is a service-related item, not a drug, and must be billed on an approved professional services claim form (e.g., paper 1500 Claim Form, electronic 1500 Claim Form, or electronic 837-P claim form).

**BILLING ON A 1500 Claim Form**

- The pharmacy must use its HRSA-assigned provider number (beginning with a “6”) when billing professional services, not the NCPDP number.
- If the pharmacist performing EC Counseling has an individual DSHS provider ID, enter it as the prescribing provider number in field 17a.
- Otherwise enter 9777707 as the prescribing provider number in field 17a.
- Enter the diagnosis code V25.09 (contraceptive management) in field 24E.
- Use the following procedure code and modifier to bill for EC counseling:

Procedure Code	Modifier	Description	Maximum Allowable Fee
99605	FP	EC Counseling	\$13.50

**Anti-emetics**

Pharmacists with prescriptive authority for emergency contraceptive pills may prescribe and bill for selected anti-emetics only when these drugs are dispensed in conjunction with ECPs. HRSA reimburses the following only when they are prescribed and dispensed in the strength/dose form listed:

<b>Meclizine hydrochloride</b>	25 mg tablets
<b>Diphenhydramine hydrochloride</b>	25 mg tablets/capsules
<b>Dimenhydrinate</b>	50 mg tablets
<b>Promethazine hydrochloride</b>	25 mg tablets or 25 mg suppository
<b>Metoclopramide</b>	5 mg, 10 mg tablets
<b>Prochlorperazine</b>	25 mg suppository

## Patient Review and Coordination (PRC) Program

[Refer to WAC 388-501-0135]

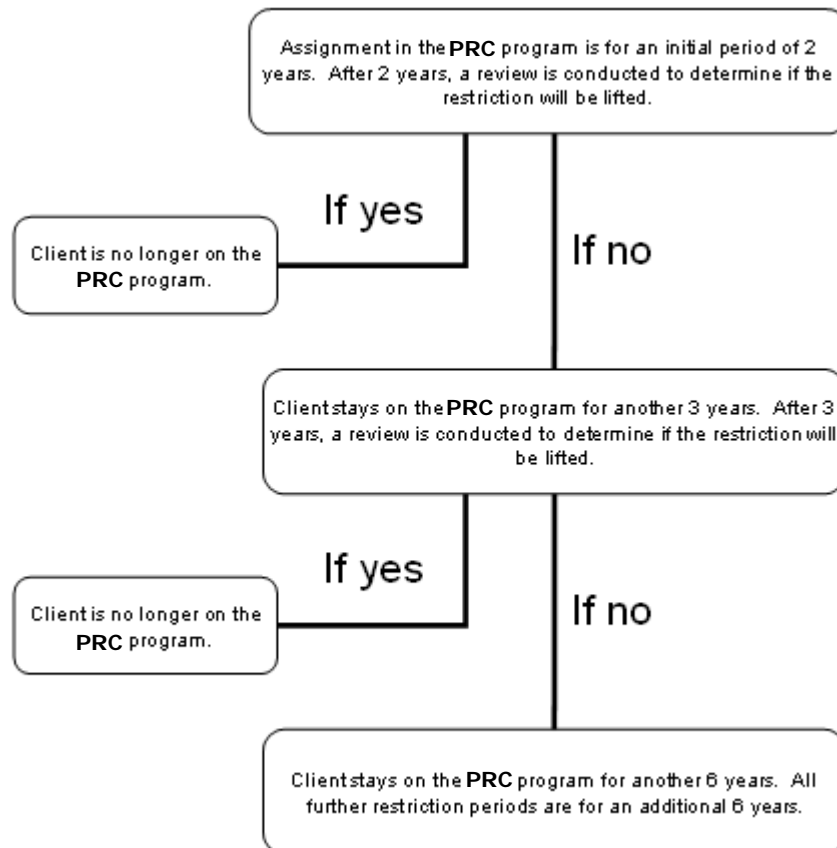
PRC is a health and safety program for FFS and managed care clients needing help in the appropriate use of medical services.

Clients assigned to the PRC program are identified with an “X” in the Restricted column of the client’s Medical ID Card.

A client in the PRC program may be restricted to any of the following:

- Primary care provider (PCP);
- Narcotic prescriber;
- Pharmacy;
- Hospital (for non-emergency medical services); or
- Another qualified provider type, as determined by HRSA or managed care organization (MCO) staff on a case-by-case basis.

Below is a flow chart explaining how PRC assignment works:



**PRC criteria:**

- Any two or more of the following conditions occurred in a period of 90 calendar days. The client or enrollee:
  - ✓ Received services from four or more different providers, including physicians, ARNPs, and PAs;
  - ✓ Had prescriptions filled by four or more different pharmacies;
  - ✓ Received 10 or more prescriptions;
  - ✓ Had prescriptions written by four or more different prescribers;
  - ✓ Received similar services from two or more providers in the same day; or
  - ✓ Had 10 or more office visits.

-OR-

- Any one of the following occurred within a period of 90 calendar days. The client or enrollee has:
  - ✓ Made two or more emergency department visits;
  - ✓ A medical history that indicates “at-risk” utilization patterns;
  - ✓ Made repeated and documented efforts to seek health services that are not medically necessary; or
  - ✓ Been counseled at least once by a health care provider or an HRSA or MCO staff member, with clinical oversight, about the appropriate use of health care services.

-OR-

- The client or enrollee received prescriptions for scheduled drugs from two or more different prescribers in any month.

## What is the pharmacy's role in the PRC Program?

The assigned pharmacy is a key player in managing the client's prescriptions. The pharmacist will be able to alert the client's primary care physician (PCP), narcotic prescriber, or HRSA's PRC staff of misuse or potential problems with the client's prescriptions.

Since pharmaceuticals are an HRSA-covered service, please do not accept cash from clients except for drugs not covered by HRSA per WAC 388-502-0160.

A major focus of the PRC Program is education. Educating the client on appropriate use of prescriptions, drug interactions, importance of maintaining one PCP and pharmacy to manage and monitor one's care are key elements in helping the client appropriately utilize services.

Clients who have been in the PRC program have shown a 33% decrease in emergency room use, a 37% decrease in physician visits, and a 24% decrease in the number of prescriptions.

## What happens if a restricted client goes to a non-assigned pharmacy?

If a restricted client goes to a *non-assigned pharmacy*, the POS system will reject the claim. In the case of a non-emergency situation, the client should be referred back to their assigned pharmacy.

Washington State has the "prudent layman's" law, in which clients can go to the emergency room *if they think* they have a problem and must be seen by the emergency room staff. However, emergency room prescriptions cannot be overridden in the POS system by a non-assigned PRC pharmacy. In this situation, the pharmacist may:

Call the PRC referral line during regular business hours (Monday-Friday, 8 a.m. – 5 p.m.) at 360.725.1780 to request an override.

At their discretion in an emergency situation, the pharmacist may fill all medications except scheduled drugs, unless verification is made with the prescriber that there is a legitimate medical necessity. Justification for the emergency fill must be provided to the PRC Program the next business day in order for an override to be completed.

For more information, or to report over-utilization of services, contact:

Patient Review and Coordination (PRC) Program  
PO Box 45532  
Olympia, Washington 98504-5532  
Phone: 800.794.4360, ext. 51780 or 360.725.1780  
FAX: 360.725.1969  
Web Site: <http://maa.dshs.wa.gov/PRR>

## Vaccines and Vaccine Administration Fees

- HRSA reimburses qualified pharmacists for the administration of all HRSA-covered vaccines for clients on eligible programs.
- HRSA does not reimburse for any vaccine available free from the Department of Health (DOH).
- Pneumonia and influenza vaccines for adults (19 years of age and older) are reimbursed through the POS system only.

**Note:** Flu vaccine will be reimbursed only when administered during the flu season, as established by DOH.

- All covered vaccines other than pneumonia and influenza must be billed on the 1500 Claim Form.
- Administration fees must be billed on the 1500 Claim Form (including pneumonia and influenza for clients age 18 and under). The POS does not have the capability to reimburse for professional services other than dispensing fees.

### Clients Age 18 and Younger

HRSA pays **only the administration fee** for any vaccine available at no cost from DOH through the Universal Vaccine Distribution program and the Federal Vaccines for Children program.

### How to Check Which Vaccines are Covered and if They are Available Free From DOH

To check which vaccines are “free from DOH” refer to the Injectable Drug Fee Schedule at: <http://maa.dshs.wa.gov/RBRVS/Index.html> 2007.

### Billing for the Administration of a Vaccine Available Free From DOH

Bill for the administration of these vaccine(s) with the appropriate procedure code for the vaccine and use modifier SL (e.g. 90707 SL).

**Billing for Vaccines That are NOT Free From DOH**

- Bill for the cost of the vaccine with the appropriate procedure code for the vaccine.
- Bill for the vaccine administration using CPT codes 90471 (first vaccination) and 90472 (additional vaccinations). HRSA limits reimbursement to a maximum of one unit of 90471 and one unit of 90472 per client, for the same date of service.
- The administration codes must be billed on the same claim as the procedure code for the vaccine.
- DO NOT use modifier SL with these vaccines.

**Reimbursement for Influenza and Pneumonia Vaccine**

Pharmacists must bill for flu and pneumonia vaccines for clients age 19 and older with national drug codes (NDCs) through the Point-of-Sale (POS) system, and for the administration on the 1500 Claim Form as follows:

**Billing for Vaccine Administration**

HRSA pays pharmacists for administering influenza and pneumonia vaccinations only if they have an immunization collaborative practice protocol on file with the Washington State Department of Health (DOH), State Board of Pharmacy.

HCPCS Code	Description	Maximum Allowable Fee
G0008	Administration of influenza virus vaccine	\$11.47
G0009	Administration of pneumococcal vaccine	\$11.47

HRSA pays for HCPCS codes G0008 and G0009 (administration codes) only when billed with place of service 01 (pharmacy).

Bill HRSA for the vaccine administration using only an approved professional services claim form (e.g., paper 1500 claim form; electronic 1500 claim form; or electronic 837-P claim form). Vaccine administrations *cannot* be billed through the pharmacy POS system.

**Please note:** When billing on the 1500 claim form, use the 7-digit DSHS pharmacy provider number – *do not* use the NCPDP number. Continue to bill the influenza or pneumonia vaccine itself through the POS system using the NDC.

## Reimbursement for GARDASIL®

Effective for dates of service on and after May 1, 2007, HRSA reimburses for GARDASIL® (Human Papillomavirus [Types 6,11,16,18] Recombinant Vaccine) when providers bill with CPT code 90649 (GARDASIL®)(H papilloma vacc 3 dose im) in the following manner:

### For clients age 9-18:

Because GARDASIL® is available free from DOH for these clients, HRSA pays only for the administration of the vaccine and not the vaccine itself. Bill for the administration of GARDASIL® using CPT code 90649 and modifier SL.

### For clients age 19 and 20:

- Bill HRSA for the cost of GARDASIL® using CPT code 90649. DO NOT use modifier SL when billing for the vaccine. Reimbursement is according to HRSA's maximum allowable fee schedule.
- Bill for the administration using CPT codes 90471 (one unit).
- Providers must bill administration codes on the same claim as the procedure code for the vaccine.

**Please note:** HRSA will not reimburse GARDASIL® for any other age group.

HRSA pays for GARDASIL® only when clients are on eligible DSHS programs. Clients on the TAKE CHARGE, Family Planning Only, and the Alien Emergency Medical (AEM) programs are not eligible for this service.

## Pre-filling Syringes

Fees for pre-filling syringes may be billed on an approved professional services claim form (e.g., paper 1500 Claim Form; electronic 1500 Claim Form; or electronic 837-P claim form). **These fees are not billable on POS.**

- Each unit billed must be for a two-week supply;
- The maximum number of units allowed per month is three; and
- Use the following procedure code:

Description	Procedure Code	Maximum Allowable
Pharmacy compounding and dispensing services (to be used for pre-filling syringes)	S9430	\$10.00 per unit

**Note:** If additional fills are necessary for dose adjustment, indicate the comment **“Dose adjustment required”** in field 19 (*Reserved for Local Use* field) of the 1500 Claim Form.

If additional fills are necessary due to multiple prescriptions/types, indicate the comment, **“Multiple prescriptions/types required”** in field 19 (*Reserved for Local Use* field) of the 1500 Claim Form.

If an emergency fill is necessary resulting in less than a two-week supply, indicate the comment **“Emergency fill”** in field 19 of the 1500 Claim Form.

## Special Drug Initiatives, Projects, and Services

HRSA has developed targeted drug initiatives to:

- Guide appropriate drug therapy;
- Improve therapeutic outcomes; and
- Improve the quality of life for HRSA clients.

HRSA has specific services that:

- Help identify potentially dangerous drug therapy;
- Reduce duplication of therapy;
- Reduce poly-prescribing; and
- Assist providers in complex clinical decision-making.

Examples of these services are described below:

### ADHD (Attention Deficit Hyperactivity Disorder) Drug Initiatives

HRSA has developed a program to help safeguard clients receiving ADHD drugs when:

- The clients are less than five years of age; or
- The dose exceeds the recommended maximum dosage limits or when drug combinations are prescribed outside the guidelines established by the statewide Mental Health Stakeholders Workgroup in 2006.

#### Safety Edit – AGE

##### Age Less than Five Years

This edit requires authorization and an HRSA-approved second opinion. When the patient is already taking the ADHD drug, it can be continued for 90 days while the second opinion is taking place. Prescribers of new ADHD prescriptions for children less than five years old are required to obtain the HRSA-approved second opinion prior to submitting an authorization request to HRSA. The Second Opinion Network Provider List is available at <http://maa.dshs.wa.gov/pharmacy/News.html>.

**Safety Edit - DOSAGE**

Dosing limits for ages five and older:

- Adult and child dosing greater than the following requires review:
  - ✓ 120 mg methylphenidate;
  - ✓ 60 mg dexamethylphenidate; or
  - ✓ 60 mg amphetamine.
- Children younger than 18 years of age require an HRSA-approved second opinion and HRSA authorization. Adult doses exceeding the limits require authorization by the Medical Director, or his designee, who will review clinical chart notes that must show:
  - ✓ Less risk than usual care;
  - ✓ Less cost to the state; and
  - ✓ The next step in reasonable care, including tried and failed FDA dosing.
- Refills above dose limits are authorized until the review is completed.
- Initiation of therapy above these dose limits requires review prior to payment.

When the patient is already taking the medication and the authorization request is denied, HRSA will allow one additional refill (up to a 34-day supply) of medication for the purpose of tapering the dose to fall within the accepted limits stated above. New prescriptions exceeding the recommended doses for children less than age 18 require the recommendations of a HRSA-designated Mental Health specialist from the Second Opinion Network Provider List. **This list is available at <http://maa.dshs.wa.gov/pharmacy/News.html>.**

**Safety Edit – ADHD DRUG COMBINATIONS**

- Combinations across drug types (e.g., methylphenidate with amphetamine) require authorization.
- Combinations of Strattera with stimulant ADHD drugs require authorization.
- Continuation of a combination is authorized for a maximum of 30 days while tapering a client off of a drug.

The chart below shows the drugs the Mental Health Stakeholders Workgroup has determined to be duplicative. The squares marked with "X" indicate the combinations that will require authorization after 34 days of concurrent therapy.

**Combinations of Medications in two or more ADHD Categories**

	Methylphenidate	Dexmethylphendidate	Amphetamines	Strattera®
Methylphenidate		X	X	X
Dexmethylphendidate	X		X	X
Amphetamines	X	X		X
Strattera®	X	X	X	

HRSA reimburses combinations of short-acting and long-acting forms of the same ADHD drug without authorization. HRSA requires the pharmacy to request authorization for a combination of ADHD medications across drug categories. When the pharmacy requests authorization, DSHS will contact the prescriber to obtain medical justification for the combination therapy. For children less than age 18, this medical justification must include the recommendations of a HRSA-designated Mental Health specialist from the Second Opinion Network Provider List. This list is available at <http://maa.dshs.wa.gov/pharmacy/News.html>.

**Alcohol and Substance Abuse Pilot Project**

HRSA has expanded its drug and alcohol assessment and treatment services. The agency can better help address the very complex issue of abuse and addiction that some HRSA clients face.

Starting with a four-county pilot project in Yakima, Clark, Spokane, and Pierce Counties, HRSA will offer prescribers a set of tools that will help get the necessary care to those HRSA clients with a potential substance or alcohol abuse/dependency issue. HRSA can provide a comprehensive listing of services (ER, hospital services, medication profiles, and other services) to medical professionals who have treated the individual clients in the past twelve months. To protect client confidentiality, the information on some clients may be incomplete as the client profile does not contain any mental health diagnosis or any prescriptions typically associated with mental health treatment. Instructions on the last page of the “Tool Kit” detail how to obtain a complete profile. The “Tool Kit” with all the important contact information is available at: <http://maa.dshs.wa.gov/pharmacy/toolkit.htm>.

## Anticonvulsants, Off-label Use Initiative

HRSA requires authorization for off-label use of certain anticonvulsants (Neurontin<sup>®</sup> or gabapentin, Topamax<sup>®</sup>, Keppra<sup>®</sup>, and Gabitril<sup>®</sup>). “Off label” guidelines can be reviewed at <http://maa.dshs.wa.gov/pharmacy>. The anticonvulsants are all used for treatment of seizures, and HRSA has established Expedited Authorization (EA) codes to allow immediate authorization for this use. Any other use outside of the FDA labeling requires the pharmacy to call HRSA’s Authorization toll-free telephone number 800.848.2842, option 2.

HRSA does not require authorization for all first-line anticonvulsant drugs used for seizure disorders, such as phenytoin and carbamazepine.

### EA codes and criteria:

Drug	Code	Criteria
Gabitril <sup>®</sup> (tiagabine)	036	Treatment of seizures
Keppra <sup>®</sup> (levetiracetam)	036	Treatment of seizures
Neurontin <sup>®</sup> (gabapentin)	035	Treatment of post-herpetic neuralgia
	036	Treatment of seizures
Topamax <sup>®</sup> /Topamax <sup>®</sup>	036	Treatment of seizures
Sprinkle (topiramate)	045	Migraine Prophylaxis

## Antidepressants, Therapeutic Duplication

It is routine to have a client on more than one antidepressant drug when in the process of changing antidepressants, in order to taper from one drug while starting another. This process can take as long as two months, but after that, it is inadvisable to maintain a client on duplicative therapies. ***Multiple antidepressants with same/similar mechanisms of action are likely to cause increased side effects with little or no increase in efficacy.*** In fact, it is possible for the drugs to compete, interfering with the efficacy of one or both drugs.

## Prescription Drug Program

Based on the determination of a state-wide workgroup of mental health experts, HRSA requires authorization for duplication of therapy which has lasted longer than a two-month taper period (68 days) for the classes listed in the chart below. The chart is presented as a cross reference of drugs the workgroup has determined to be duplicative. The squares marked with "X" indicate the combinations that will require authorization after 68 days of concurrent therapy. The blanks indicate appropriate combinations that may be reimbursed.

Class	SSRI	NaSSA	NDRI	SARI	SNRI
<b>SSRI (Selective Serotonin Reuptake Inhibitor)</b>	X			X	X
<b>NaSSA (Noradrenergic and Specific Serotonergic Antidepressant)</b>		X		X	
<b>NDRI (Norepinephrine/Dopamine Reuptake Inhibitor)</b>			X		
<b>SARI (Serotonin Antagonist Reuptake Inhibitor)</b>	X	X		X	
<b>SNRI (Serotonin Norepinephrine Reuptake Inhibitor)</b>	X				X

**SSRI** – Celexa (citalopram), Lexapro (escitalopram), Luvox (fluvoxamine), Paxil (paroxetine HCl), Pexeva (paroxetine mesylate), Prozac (fluoxetine), and Zoloft (sertraline)

**NaSSA** – Remeron (mirtazapine)

**NDRI** – Wellbutrin (bupropion)

**SARI** – Serzone (nefazodone)

**SNRI** – Cymbalta (duloxetine), Effexor (venlafaxine)

HRSA understands that such duplication sometimes occur when multiple prescribers are unaware they are providing duplicative care for the same client. In an effort to help prescribers coordinate care for clients, HRSA provides information to each prescriber involved when inappropriate duplication of antidepressants is found. HRSA requests that health care practitioners coordinate with each other to establish a plan for the client's care.

### Narcotic Review Project

HRSA has developed the Narcotics Review Project to reduce misuse of narcotics in clients considered at "high risk" of abuse/misuse of narcotic prescriptions. This program can assist providers in this complex area of medicine. The key to the project is keeping prescribers informed about their patients' narcotic utilization by faxing information to the prescriber who wrote the latest prescription.

The Pharmacy Authorization staff faxes the patient's recent narcotic profile (12 months of all narcotic prescriptions and prescriber names) to the prescriber who wrote the latest prescription. After the prescriber reviews the profile and makes a decision whether to continue with the prescription or not, the prescriber faxes the form back to Pharmacy Authorization, and the prescription is authorized or not authorized, depending on the prescriber's response.

## Prescription Drug Program

If the prescriber believes that the patient's pattern of narcotic utilization is medically necessary and does not show abuse/misuse, the patient's case is reviewed by HRSA's Drug Use Review Team, and a decision is made whether to remove the patient from the authorization requirement.

For more information about drug abuse prevention or treatment, please contact the 24-Hour Alcohol/Drug Helpline at 800.562.1240, or call the state Division of Alcohol and Substance Abuse at 877.301.4557 and ask for the regional administrator for your county to help you access public care. If you believe a patient may need help for drug abuse, please refer them to the Helpline.

### **Opioid Dosing Guidelines**

Opioid Dosing Guidelines are available on the HRSA pharmacy website: <http://maa.dshs.wa.gov/pharmacy/toolkit.htm>. These guidelines were developed by the Interagency Workgroup on Practice Guidelines (the Department of Corrections, Department of Health, Department of Labor and Industries, Department of Social and Health Services, and the Health Care Authority) in collaboration with actively practicing physicians who specialize in pain management. The guidelines are to assist the practitioner in prescribing opioids in a safe and effective manner. The guidelines do not apply to the treatment of cancer pain or end-of-life (hospice) care.

### **Sedative/Hypnotic Restrictions for Children**

Sedatives and hypnotics in children less than 18 years of age are limited to a one-time authorization of less than 5 doses in a 30-day period.

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# Washington Preferred Drug List

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## What is the Washington Preferred Drug List?

HRSA, in coordination with the Health Care Authority (HCA) and Labor & Industries (L & I), have developed a list of preferred drugs within a chosen therapeutic class that are selected based on clinical evidence of safety, efficacy, and effectiveness. The drugs within a chosen therapeutic class are studied by an evidence-based practice center (EPC). A written report on the comparative safety, efficacy, and effectiveness from the EPC is evaluated by the Washington State Pharmacy and Therapeutic Committee which makes recommendations to the state agencies regarding the selection of the preferred drugs on the Washington Preferred Drug List (PDL). [WAC 388-530-4100]

## What is the process to obtain drugs on the Washington PDL?

1. **Preferred Drugs** - Prescription claims for preferred drugs submitted to DSHS are reimbursed without authorization requirements unless the drug requires authorization for:
  - a. Safety criteria;
  - b. Special subpopulation criteria; or
  - c. Limits based on age, gender, dose, or quantity.
2. **Non-preferred Drugs** - Prescription claims for non-preferred drugs submitted to DSHS are reimbursed without authorization requirements when written by an Endorsing Practitioner who has indicated “DAW” on the prescription unless the drug requires restrictions for safety. See WAC 388-530-4150.
3. Prescription claims for non-preferred drugs submitted to DSHS are reimbursed only after authorizing criteria are met if written by a non-endorsing practitioner.
4. Pharmacies must call HRSA for authorization when required. Call 800.848.2842 (Option 1) or fax to **360.725.2020**.

## What are the authorization criteria that must be met to obtain a non-preferred drug?

- For most drug classes on the Washington PDL, the authorization criteria is that the client must have tried and failed, or is intolerant to, at least one preferred drug. Drugs may have criteria that go beyond these basic criteria for the reasons stated in #1 on the previous page.
- Drugs that are in drug classes on the Washington PDL that have not been studied by the evidence-based practice center(s) and have not been reviewed by the P&T committee will be treated as non-preferred drugs and will require authorization.

HRSA requires pharmacies to obtain authorization for non-preferred drugs when a therapeutic equivalent is on the Washington PDL. The following table shows the preferred and non-preferred drug in each therapeutic drug class on the Washington PDL:

**Note:** HRSA changed the format for multiple drug listings. A slash (/) is used to denote multiple forms of a drug. For example: “Cardizem<sup>®</sup> /CD/LA/SR” represents immediate release Cardizem, as well as the CD, LA, and SR forms. A hyphen (-) is used to indicate combination products. For example: “benazepril-HCTZ” represents the combination product of benazepril and hydrochlorothiazide, rather than benazepril AND the combination product.

Drug Class	Preferred Drugs	Non-preferred Drugs
ACE Inhibitors	<p><b>Generic:</b> benazepril captopril enalapril lisinopril ramipril*</p> <p><b>Brand:</b> Altace<sup>®</sup> (<i>ramipril</i>)*</p> <p>*EPA required</p>	<p><b>Generic:</b> fosinopril moexipril quinapril trandolapril</p> <p><b>Brand:</b> Accupril<sup>®</sup> (<i>quinapril</i>) Aceon<sup>®</sup> (<i>perindopril</i>) Capoten<sup>®</sup> (<i>captopril</i>) Lotensin<sup>®</sup> (<i>benazepril</i>) Mavik<sup>®</sup> (<i>trandolapril</i>) Monopril<sup>®</sup> (<i>fosinopril</i>) Prinivil<sup>®</sup> (<i>lisinopril</i>) Univasc<sup>®</sup> (<i>moexipril</i>) Vasotec<sup>®</sup> (<i>enalapril</i>) Zestril<sup>®</sup> (<i>lisinopril</i>)</p>

Drug Class	Preferred Drugs	Non-preferred Drugs
<p>Antiemetics</p>	<p><b>Generic:</b> ondansetron tablet/solution/ injection*</p> <p><b>*EPA required</b></p>	<p><b>Generic:</b> granisetron tablet/injection</p> <p><b>Brand:</b> Aloxi<sup>®</sup> (<i>palonosetron</i>) injection* Anzemet<sup>®</sup> (<i>dolasetron</i>) tablet/injection* Granisol<sup>®</sup> (<i>granisetron</i>) solution Kytril<sup>®</sup> (<i>granisetron</i>) tablet/solution/injection* Zofran<sup>®</sup>/ODT<sup>®</sup> (<i>ondansetron</i>) tablet/solution/injection*</p> <p><b>*EPA required</b></p>
<p>Antiplatelets</p> <p>(*Not subject to therapeutic interchange program (TIP). See pg. M.1.)</p>	<p><b>Generic:</b> clopidogrel*</p> <p><b>Brand:</b> Aggrenox<sup>®</sup> (<i>dipyridamole/aspirin ER</i>)* Plavix<sup>®</sup> (<i>clopidogrel bisulfate</i>)*</p> <p><b>*EPA required</b></p>	<p><b>Generic:</b> ticlopidine</p> <p><b>Brand:</b> Ticlid<sup>®</sup> (<i>ticlopidine</i>)</p>

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

Drug Class	Preferred Drugs	Non-preferred Drugs
<p>Atypical Antipsychotic Drugs                      (*Not subject to TIP. See pg. M.1.)</p>	<p><b>Generic:</b>                      clozapine tablet</p> <p><b>Brand:</b>                      Abilify<sup>®</sup> (<i>aripiprazole</i>) tablet/solution/Discmelt<sup>®</sup>                      Fazacllo<sup>®</sup> (<i>clozapine</i>) disintegrating tablet                      Geodon<sup>®</sup> (<i>ziprasidone HCl</i>) capsule                      Geodon<sup>®</sup> (<i>ziprasidone mesylate</i>) IM injection*                      Risperdal<sup>®</sup> (<i>risperidone</i>) tablet/M-tab<sup>®</sup>                      Risperdal Consta<sup>®</sup> (<i>risperidone</i>) injection*                      Seroquel<sup>®</sup> (<i>quetiapine</i>) tablet                      Zyprexa<sup>®</sup> (<i>olanzapine</i>) tablet/Zydis<sup>®</sup>                      Zyprexa<sup>®</sup> (<i>olanzapine</i>) IM injection*                      Zyprexa Zydis<sup>®</sup> (<i>olanzapine</i>) tablet</p> <p>*EPA required</p>	<p><b>Generic:</b></p> <p><b>Brand:</b>                      Abilify<sup>®</sup> (<i>aripiprazole</i>) IM injection**                      Clozaril<sup>®</sup> (<i>clozapine</i>) tablet                      Invega<sup>™</sup> (<i>paliperidone</i>) tablet**                      Seroquel<sup>®</sup> XR (<i>quetiapine</i>) tablet**</p> <p>** Not subject to DAW-1 override.</p>

Drug Class	Preferred Drugs	Non-preferred Drugs
Beta Blockers	<p><b>Generic:</b>  atenolol  carvedilol*  metoprolol succinate*  metoprolol tartrate  nadolol  propranolol  timolol</p> <p><b>Brand:</b>  Coreg<sup>®</sup> (<i>carvedilol</i>)*  Toprol XL (<i>metoprolol succinate</i>)*</p> <p>*EPA required</p>	<p><b>Generic:</b>  acebutolol  betaxolol  bisoprolol  labetalol  pindolol  propranolol ER</p> <p><b>Brand:</b>  Blocadren<sup>®</sup> (<i>timolol</i>)  Bystolic<sup>®</sup> (<i>nebivolol</i>)**  Cartrol<sup>®</sup> (<i>carteolol</i>)  Coreg CR<sup>®</sup> (<i>carvedilol CR</i>)**  Corgard<sup>®</sup> (<i>nadolol</i>)  Inderal<sup>®</sup> /LA  (<i>propranolol</i>)  InnoPran XL<sup>®</sup> (<i>propranolol</i>)  Kerlone<sup>®</sup> (<i>betaxolol</i>)  Levatol<sup>®</sup> (<i>penbutolol</i>)  Lopressor<sup>®</sup> (<i>metoprolol tartrate</i>)  Sectral<sup>®</sup> (<i>acebutolol</i>)  Tenormin<sup>®</sup> (<i>atenolol</i>)  Trandate<sup>®</sup> (<i>labetalol</i>)  Zebeta<sup>®</sup> (<i>bisoprolol</i>)</p> <p>**Not subject to TIP or DAW-1 override.</p>

Prescription Drug Program

Drug Class	Preferred Drugs	Non-preferred Drugs
<p>Calcium Channel Blockers</p>	<p><b>Generic:</b>                      amlodipine                      diltiazem /XR                      felodipine ER                      nifedipine ER                      verapamil /XR</p>	<p><b>Generic:</b>                      isradipine                      nicardipine                      nifedipine</p> <p><b>Brand:</b>                      Adalat<sup>®</sup> /CC (<i>nifedipine</i>)                      Calan<sup>®</sup> /SR (<i>verapamil</i>)                      Cardene<sup>®</sup> SR (<i>nicardipine</i>)                      Cardizem<sup>®</sup> /CD/LA (<i>diltiazem</i>)                      Cartia XT<sup>®</sup> (<i>diltiazem</i>)                      Dilacor<sup>®</sup> XR (<i>diltiazem</i>)                      Diltia XT<sup>®</sup> (<i>diltiazem</i>)                      DynaCirc<sup>®</sup> /CR (<i>isradipine</i>)                      Isoptin<sup>®</sup> /SR (<i>verapamil</i>)                      Norvasc<sup>®</sup> (<i>amlodipine</i>)                      Plendil<sup>®</sup> (<i>felodipine</i>)                      Procardia<sup>®</sup> /XL (<i>nifedipine</i>)                      Sular<sup>®</sup> (<i>nisoldipine</i>)                      Tazia XT<sup>®</sup> (<i>diltiazem</i>)                      Tiazac<sup>®</sup> (<i>diltiazem</i>)                      Verelan<sup>®</sup> /PM (<i>verapamil</i>)</p>
<p>Drugs to treat Alzheimer's Disease</p> <p>(*Not subject to TIP. See pg. M.1.)</p>	<p><b>Brand:</b>                      Aricept<sup>®</sup> /ODT(<i>donepezil</i>)                      Exelon<sup>®</sup> (<i>rivastigmine</i>)                      Razadyne<sup>®</sup> /ER(<i>galantamine</i>)                      Namenda<sup>™</sup> (<i>memantine</i>)</p>	<p><b>Brand:</b>                      Cognex<sup>®</sup> (<i>tacrine</i>)                      Exelon<sup>®</sup> (<i>rivastigmine</i>) patch**</p> <p>**Not subject to DAW-1 override.</p>

Drug Class	Preferred Drugs	Non-preferred Drugs
<p>Estrogens</p>	<p><b>Generic:</b> estradiol tablets</p> <p><b>Brand:</b> Menest<sup>®</sup> (<i>esterified estrogens</i>) Premarin<sup>®</sup> cream (<i>conjugated equine estrogen vaginal cream</i>)</p>	<p><b>Generic:</b> estradiol transdermal patch estropipate</p> <p><b>Brand:</b> Alora<sup>®</sup> (<i>estradiol</i>) transdermal Cenestin<sup>®</sup> (<i>synthetic conjugated estrogens</i>) Climara<sup>®</sup> (<i>estradiol</i>) transdermal Divigel<sup>®</sup> (<i>estradiol</i>) gel** Elestrin<sup>™</sup> (<i>estradiol</i>) gel** Enjuvia<sup>®</sup> (<i>synthetic conjugated estrogens</i>) tablet** Esclim<sup>®</sup> (<i>estradiol</i>) transdermal Estrace<sup>®</sup> (<i>estradiol</i>) oral/vaginal Estraderm<sup>®</sup> (<i>estradiol</i>) transdermal Estring<sup>®</sup> (<i>estradiol</i>) vaginal ring Estrogel<sup>®</sup> (<i>estradiol</i>) gel Evamist<sup>®</sup> (<i>estradiol</i>) spray** Femring<sup>®</sup> (<i>estradiol</i>) vaginal ring Femtrace<sup>®</sup> (<i>estradiol</i>) tablet** Menostar<sup>®</sup> (<i>estradiol</i>) patch Ogen<sup>®</sup> (<i>estropipate</i>) Premarin<sup>®</sup> (<i>conjugated equine estrogens</i>) oral Vagifem<sup>®</sup> (<i>estradiol</i>) vaginal tablets Vivelle<sup>®</sup> /DOT (<i>estradiol</i>) transdermal</p> <p>**Not subject to TIP or DAW-1 override.</p>
<p>Hepatitis C drugs (pegylated interferons)</p> <p>(*Not subject to TIP. See page M.1.)</p>	<p>Pegasys<sup>®</sup> (<i>peginterferon alfa-2a</i>)</p>	<p>PegIntron<sup>®</sup> (<i>peginterferon alfa-2b</i>)</p>

Drug Class	Preferred Drugs	Non-preferred Drugs
<p>Histamine-2 Receptor Antagonist (H2RA) (*Not subject to TIP. See pg. M.1.)</p>	<p><b>Generic:</b> ranitidine</p>	<p><b>Generic:</b> cimetidine famotidine nizatidine</p> <p><b>Brand:</b> Axid<sup>®</sup> (<i>nizatidine</i>) Pepcid<sup>®</sup> (<i>famotidine</i>) Tagamet<sup>®</sup> (<i>cimetidine</i>) Zantac<sup>®</sup> (<i>ranitidine</i>)</p>
<p>Inhaled Beta-Agonists</p>	<p><b>Generic short-acting nebulized:</b> albuterol inhalation solution metaproterenol inhalation solution</p> <p><b>Brand short-acting nebulized:</b> Xopenex<sup>®</sup> (<i>levalbuterol</i>) inhalation solution</p> <p><b>Generic short-acting inhaled:</b> albuterol inhaler</p> <p><b>Brand short-acting inhaled:</b> Alupent<sup>®</sup> (<i>metaproterenol</i>) inhaler Ventolin<sup>®</sup> HFA (<i>albuterol</i>) inhaler Xopenex<sup>®</sup> HFA (<i>levalbuterol</i>) inhaler</p> <p><b>Brand long-acting :</b> Foradil<sup>®</sup> Aerolizer<sup>®</sup> (<i>formoterol</i>) Serevent<sup>®</sup> Diskus<sup>®</sup> (<i>salmeterol</i>)</p>	<p><b>Brand short-acting nebulized:</b> Accuneb<sup>®</sup> (<i>albuterol</i>) inhalation solution Proventil<sup>®</sup> (<i>albuterol</i>) inhalation solution</p> <p><b>Brand short-acting inhaled:</b> Maxair Autohaler<sup>™</sup> (<i>pirbuterol</i>) inhaler ProAir<sup>™</sup> HFA (<i>albuterol</i>) inhaler Proventil<sup>®</sup> (<i>albuterol</i>) inhaler Proventil<sup>®</sup> HFA (<i>albuterol</i>) inhaler</p> <p><b>Brand long-acting (nebulized):</b> Brovana<sup>™</sup> (<i>arformoterol</i>)** Perforomist<sup>™</sup> (<i>formoterol</i>)**</p> <p>**Not subject to TIP or DAW-1 override.</p>

Drug Class	Preferred Drugs	Non-preferred Drugs
<p>Inhaled Corticosteroids</p>	<p><b>Generic:</b></p> <p><b>Brand:</b>                      Aerobid/Aerobid-M<sup>®</sup> (<i>flunisolide MDI</i>)                      Asmanex Twisthaler<sup>®</sup> (<i>mometasone furoate DPI</i>)                      Azmacort<sup>®</sup> (<i>triamcinolone acetonide MDI</i>)                      Flovent<sup>®</sup> /HFA/Rotadisk<sup>®</sup> (<i>fluticasone propionate MDI/HFA/DPI</i>)                      Qvar<sup>®</sup> (<i>beclomethasone dipropionate MDI</i>)                      Pulmicort Respules<sup>®</sup> (<i>budesonide inhalation suspension</i>)                      Pulmicort Turbuhaler<sup>®</sup>/Flexhaler<sup>®</sup> (<i>budesonide DPI</i>)</p>	<p><b>Generic:</b></p> <p><b>Brand:</b></p>
<p>Insulin-release stimulant type oral hypoglycemics</p>	<p><b>Generic immediate release:</b>                      glipizide                      glyburide                      glyburide micronized</p>	<p><b>Generic:</b>                      chlorpropamide                      glimepiride                      glipizide XR                      tolazamide                      tolbutamide</p> <p><b>Brand:</b>                      Amaryl<sup>®</sup> (<i>glimepiride</i>)                      Diabinese<sup>®</sup> (<i>chlorpropamide</i>)                      DiaBeta<sup>®</sup> (<i>glyburide</i>)                      Glucotrol<sup>®</sup> /XR (<i>glipizide</i>)                      Glynase<sup>®</sup> (<i>glyburide micronized</i>)                      Micronase<sup>®</sup> (<i>glyburide</i>)                      Prandin<sup>®</sup> (<i>repaglinide</i>)                      Starlix<sup>®</sup> (<i>nateglinide</i>)                      Tolinase<sup>®</sup> (<i>tolazamide</i>)</p>

Drug Class	Preferred Drugs	Non-preferred Drugs
<p>Long-Acting Opioids (oral tabs/caps/liquids) (*Not subject to TIP. See pg. M.1.)</p>	<p><b>Generic:</b> methadone morphine sulfate /SA/SR</p>	<p><b>Generic:</b> fentanyl transdermal levorphanol oxycodone ER Oramorph<sup>®</sup> SR</p> <p><b>Brand:</b> Avinza<sup>®</sup> (<i>morphine sulfate ER</i>) Dolophine<sup>®</sup> (<i>methadone</i>) Duragesic<sup>®</sup> (<i>fentanyl</i>) transdermal Kadian<sup>®</sup> (<i>morphine sulfate SR</i>) Kadian<sup>®</sup> 200mg (<i>morphine sulfate SR</i>)** Levo-Dromoran<sup>®</sup> (<i>levorphanol</i>) MS Contin<sup>®</sup> (<i>morphine sulfate SA</i>) Opana ER<sup>®</sup> (<i>oxymorphone HCl</i>) OxyContin<sup>®</sup> (<i>oxycodone ER</i>)</p> <p>**Not subject to DAW-1 or EPA overrides due to safety concerns (to prevent potential error/overdose).</p>
<p>Macrolides (*Not subject to TIP. See pg. M.1.)</p>	<p><b>Generic:</b> azithromycin – all forms clarithromycin immediate release tablet/suspension erythromycin EC erythromycin ethylsuccinate erythromycin filmtab erythromycin stearate</p> <p><b>Brand:</b> Ery-Tab 333mg<sup>®</sup> (<i>erythromycin base EC</i>)</p>	<p><b>Generic:</b></p> <p><b>Brand:</b> Biaxin<sup>®</sup> (<i>clarithromycin</i>) tablet/suspension Biaxin XL<sup>®</sup> (<i>clarithromycin</i>) EES<sup>®</sup> (<i>erythromycin ethylsuccinate</i>) granules/suspension/filmtab Eryc<sup>®</sup> (<i>erythromycin base EC</i>) Eryped<sup>®</sup> (<i>erythromycin ethylsuccinate</i>) drops/granules Ery-Tab<sup>®</sup> (<i>erythromycin base EC</i>) Erythrocin<sup>®</sup> (<i>erythromycin stearate</i>) filmtab PCE Dispertab<sup>®</sup> (<i>erythromycin base</i>) Zithromax<sup>®</sup> (<i>azithromycin</i>) capsule/powder packet/suspension/tablet Zmax<sup>®</sup> (<i>azithromycin SR</i>)</p>

Drug Class	Preferred Drugs	Non-preferred Drugs
Nasal Corticosteroids	<p><b>Generic:</b></p> <p><b>Brand:</b>                      Nasacort AQ<sup>®</sup> (<i>triamcinolone acetonide</i>)                      Nasonex<sup>®</sup> (<i>mometasone furoate</i>)*</p> <p>*EPA required</p>	<p><b>Generic:</b>                      flunisolide                      fluticasone propionate</p> <p><b>Brand:</b>                      Beconase AQ<sup>®</sup> (<i>beclomethasone dipropionate</i>)                      Flonase<sup>®</sup> (<i>fluticasone propionate</i>)                      Nasacort<sup>®</sup> (<i>triamcinolone acetonide</i>)                      Nasarel<sup>®</sup> (<i>flunisolide</i>)                      Rhinocort Aqua<sup>®</sup> (<i>budesonide</i>)                      Veramyst<sup>™</sup> (<i>fluticasone</i>)**</p> <p>**Not subject to DAW-1 override or TIP.</p>
Newer Antihistamines (formerly Non-Sedating Antihistamines)	<p><b>Generic:</b>                      loratadine OTC</p> <p><b>Brand:</b>                      Clarinex<sup>®</sup> (<i>desloratadine</i>) syrup*</p> <p>*EPA required</p>	<p><b>Generic:</b>                      cetirizine                      fexofenadine</p> <p><b>Brand:</b>                      Allegra /ODT<sup>®</sup> (<i>fexofenadine</i>)                      Clarinex<sup>®</sup> (<i>desloratadine</i>)                      Claritin<sup>®</sup> (<i>loratadine</i>)                      Zyrtec<sup>®</sup> (<i>cetirizine</i>)                      Xyzal<sup>®</sup> (<i>levocetirizine</i>)**</p> <p>**Not subject to TIP or DAW-1 override.</p>
Newer Sedative/Hypnotics	<p><b>Generic:</b>                      zolpidem*</p> <p>*EPA required</p>	<p><b>Generic:</b>                      zaleplon*</p> <p><b>Brand:</b>                      Ambien /CR<sup>®</sup> (<i>zolpidem tartrate</i>)*                      Lunesta<sup>®</sup> (<i>eszopiclone</i>)*                      Sonata<sup>®</sup> (<i>zaleplon</i>)*</p> <p>*EPA required</p>

Drug Class	Preferred Drugs	Non-preferred Drugs
Nonsteroidal anti-inflammatory drugs (NSAID) including Cyclo-oxygenase - 2 (Cox-II) Inhibitors	<p><b>Generic:</b>                      diclofenac potassium*                      diclofenac sodium /SR/ER/EC*                      diflunisal*                      etodolac /XL*                      fenoprofen*                      flurbiprofen*                      ibuprofen*                      indomethacin /SA*                      ketoprofen /SA*                      ketorolac*                      meclofenamate*                      meloxicam*                      nabumetone*                      naproxen /EC*                      naproxen sodium /ER*                      oxaprozin*                      piroxicam*                      salsalate*                      sulindac*                      tolmetin*</p> <p>* EPA required</p>	<p><b>Generic:</b></p> <p><b>Brand:</b>                      Amigesic<sup>®</sup> (<i>salsalate</i>)*                      Anaprox<sup>®</sup> /DS (<i>naproxen sodium</i>)*                      Ansaid<sup>®</sup> (<i>flurbiprofen</i>)*                      Cataflam<sup>®</sup> (<i>diclofenac potassium</i>)*                      Celebrex<sup>®</sup> (<i>celecoxib</i>)*                      Clinoril<sup>®</sup> (<i>sulindac</i>)*                      Dolobid<sup>®</sup> (<i>diflunisal</i>)                      Daypro<sup>®</sup> (<i>oxaprozin</i>)*                      Feldene<sup>®</sup> (<i>piroxicam</i>)*                      Flector<sup>®</sup> (<i>diclofenac epolamine</i>)**                      Indocin<sup>®</sup> /SR (<i>indomethacin</i>)*                      Lodine<sup>®</sup> /XL (<i>etodolac</i>)*                      Mobic<sup>®</sup> (<i>meloxicam</i>)*                      Motrin<sup>®</sup> (<i>ibuprofen</i>)*                      Nalfon<sup>®</sup> (<i>fenoprofen</i>)*                      Naprelan<sup>®</sup> (<i>naproxen sodium ER</i>)*                      Naprosyn<sup>®</sup> EC/DS (<i>naproxen</i>)*                      Oruvail<sup>®</sup> (<i>ketoprofen SA</i>)*                      Ponstel<sup>®</sup> (<i>mefenamic acid</i>)                      Salflex<sup>®</sup> (<i>salsalate</i>)*                      Voltaren<sup>®</sup> /XR (<i>diclofenac sodium</i>)*                      Voltaren<sup>®</sup> (<i>diclofenac sodium</i>) gel**</p> <p>* EPA required                      ** Not subject to TIP or DAW-1 override.</p>

Drug Class	Preferred Drugs	Non-preferred Drugs
<p>Overactive Bladder/Urinary Incontinence</p>	<p><b>Generic short acting:</b> oxybutynin chloride tablets/syrup</p> <p><b>Brand long acting:</b> Vesicare<sup>®</sup> (<i>solifenacin succinate</i>)</p>	<p><b>Generic short acting:</b> flavoxate HCl</p> <p><b>Brand short acting:</b> Detrol<sup>®</sup> (<i>tolterodine tartrate</i>) Ditropan<sup>®</sup> (<i>oxybutynin chloride</i>) Sanctura<sup>®</sup> (<i>trospium chloride</i>) Urispas<sup>®</sup> (<i>flavoxate HCl</i>)</p> <p><b>Brand long acting:</b> Detrol LA<sup>®</sup> (<i>tolterodine tartrate</i>) Ditropan XL<sup>®</sup> (<i>oxybutynin chloride</i>) Enablex<sup>®</sup> (<i>darifenacin hydrobromide</i>) Oxytrol<sup>®</sup> (<i>oxybutynin chloride</i>) Sanctura XR<sup>®</sup> (<i>trospium chloride</i>)**</p> <p>**Not subject to DAW-1 override or TIP.</p>
<p>Proton Pump Inhibitors</p>	<p><b>Generic:</b> omeprazole Rx</p> <p><b>Brand:</b> Prilosec OTC<sup>®</sup> (<i>omeprazole</i>) tablets Prevacid<sup>®</sup> (<i>lansoprazole</i>) capsules Prevacid<sup>®</sup> SoluTab<sup>™</sup> (<i>lansoprazole</i>)* Prevacid<sup>®</sup> (<i>lansoprazole</i>) suspension*</p> <p>*EPA required</p>	<p><b>Generic:</b> pantoprazole</p> <p><b>Brand:</b> Aciphex<sup>®</sup> (<i>rabeprazole</i>) Nexium<sup>®</sup> (<i>esomeprazole</i>) Prilosec<sup>®</sup> Rx (<i>omeprazole</i>) Protonix<sup>®</sup> (<i>pantoprazole</i>) Zegerid<sup>®</sup> (<i>omeprazole</i>)</p>

Prescription Drug Program

Drug Class	Preferred Drugs	Non-preferred Drugs
<p>Second Generation Antidepressants (*Not subject to TIP. See pg. M.1.)</p>	<p><b>Generic:</b> bupropion /SR* citalopram fluoxetine HCl mirtazapine/soltab paroxetine HCl venlafaxine HCl</p> <p><b>Brand:</b> Effexor® /XR (venlafaxine HCl)</p> <p>*EPA required</p>	<p><b>Generic:</b> fluvoxamine nefazodone paroxetine CR sertraline</p> <p><b>Brand:</b> Celexa® (citalopram) Cymbalta® (duloxetine HCl) Lexapro® (escitalopram) Luvox CR (fluvoxamine)** Paxil® /CR (paroxetine HCl) Pexeva® (paroxetine mesylate) Pristiq® (desvenlafaxine)** Prozac® /Prozac Weekly® (fluoxetine HCl) Remeron® /SolTab (mirtazapine) Wellbutrin® /SR/XL (bupropion/SR/XL) Zoloft® (sertraline)</p>
<p>Skeletal Muscle Relaxants</p>	<p><b>Generic:</b> baclofen cyclobenzaprine methocarbamol tizanidine</p>	<p><b>Generic:</b> carisoprodol chlorzoxazone dantrolene orphenadrine</p> <p><b>Brand:</b> Amrix® (cyclobenzaprine)** Dantrium® (dantrolene) Fexmid® (cyclobenzaprine) Flexeril® (cyclobenzaprine) Norflex® (orphenadrine) Parafon Forte® (chlorzoxazone) Robaxin® (methocarbamol) Skelaxin® (metaxalone) Soma® (carisoprodol) Zanaflex® (tizanidine)</p> <p>**Not subject to TIP or DAW-1 override.</p>

Drug Class	Preferred Drugs	Non-preferred Drugs
Statin-type cholesterol-lowering agents	<p><b>Generic:</b> lovastatin pravastatin*</p> <p><b>Brand:</b> Crestor<sup>®</sup> (<i>rosuvastatin</i>)</p> <p>*EPA required</p>	<p><b>Generic:</b> simvastatin</p> <p><b>Brand:</b> Altoprev<sup>®</sup> (<i>lovastatin</i>) Lescol<sup>®</sup> /XL (<i>fluvastatin</i>) Lipitor<sup>®</sup> (<i>atorvastatin</i>) Mevacor<sup>®</sup> (<i>lovastatin</i>) Pravachol<sup>®</sup> (<i>pravastatin</i>)* Zocor<sup>®</sup> (<i>simvastatin</i>)</p>
Targeted Immune Modulators (*Not subject to TIP. See pg. M.1.)	<p><b>Generic:</b></p> <p><b>Brand:</b> Enbrel<sup>®</sup> (<i>etanercept</i>)* Humira<sup>®</sup> (<i>adalimumab</i>)* Remicade<sup>®</sup> (<i>infliximab</i>)*</p> <p>*EPA required</p>	<p><b>Generic:</b></p> <p><b>Brand:</b> Amevive<sup>®</sup> (<i>alefacept</i>)* Kineret<sup>®</sup> (<i>anakinra</i>)* Orencia<sup>®</sup> (<i>abatacept</i>)* Raptiva<sup>®</sup> (<i>efalizumab</i>)* Rituxan<sup>®</sup> (<i>rituximab</i>)*</p> <p>*EPA required</p>
Thiazolidinediones (TZDs)	<p><b>Generic:</b></p> <p><b>Brand:</b> Avandia<sup>®</sup> tablet (<i>rosiglitazone maleate</i>)</p>	<p><b>Generic:</b></p> <p><b>Brand:</b> Actos<sup>®</sup> tablet (<i>pioglitazone HCl</i>)</p>
Triptans	<p><b>Generic:</b></p> <p><b>Brand:</b> Imitrex<sup>®</sup> (<i>sumatriptan</i>) tablet/nasal spray/injection Relpax<sup>®</sup> (<i>eletriptan</i>) Zomig<sup>®</sup> (<i>zolmitriptan</i>) tablet/nasal spray/ZMT<sup>®</sup></p>	<p><b>Generic:</b></p> <p><b>Brand:</b> Amerge<sup>®</sup> (<i>naratriptan</i>) Axert<sup>®</sup> (<i>almotriptan</i>) Frova<sup>®</sup> (<i>frovatriptan</i>) Maxalt<sup>®</sup> (<i>rizatriptan</i>) tablet/MLT<sup>®</sup></p>