Expedited Authorization Codes and Criteria Table

What is new in this version of the expedited authorization list?

Effective for dates of service on and after March 1, 2021, the Health Care Authority (HCA) will implement the following changes:

Product	Code	Criteria
zoledronic acid	011	Removed
linezolid injectable/oral **Zyvox® injectable/oral** *(linezolid)*	013	Removed
Exelon® capsules/patch/solution *(rivastigmine)* **rivastigmine**	015	Removed
linezolid injectable/oral **Zyvox® injectable/oral** *(linezolid)*	016	Removed
Arava® *(leflunomide)* **leflunomide**	034	Removed
Lamisil® *(terbinafine HCl)* **Itraconazole** **Sporanox®** *(itraconazole)* **terbinafine HCl**	042	Removed
Lamisil® *(terbinafine HCl)* **Itraconazole** **Sporanox®** *(itraconazole)* **terbinafine HCl**	043	Removed
Itraconazole **Sporanox®** *(itraconazole)*	047	Removed
carbidopa-levodopa	049	Removed
Prevacid® SoluTab™ *(lansoprazole)* **Protonix® Pak** *(pantoprazole)*	050	Removed
Lamisil® *(terbinafine HCl)* **Itraconazole** **Sporanox®** *(itraconazole)* **terbinafine HCl**	051	Removed
Lamisil® *(terbinafine HCl)* **Itraconazole**	052	Removed

Sporanox® *(itraconazole)* **terbinafine HCl**		
acitretin **Soriatane®** *(acitretin)*	064	Removed
ondansetron oral solution **Zofran® oral solution** *(ondansetron HCl)*	071	Removed
pentazocine-naloxone	091	Removed
Hormones Prescribed for Gender Dysphoria – All products	100	Removed. See expedited authorization codes 102, 103 and 104.
Estrace® vaginal cream *(estradiol)* **Premarin® vaginal cream** *(estrogens, conjugated)*	101	Removed
Testosterone therapy **Aveed** *(testosterone undecanoate)* **AndroDerm** *(testosterone transdermal patch)* **testosterone cypionate IM** **testosterone transdermal gel 1.62%** **Xyosted** *(testosterone enanthate)*	102	For clients 18 years of age and older: • Testosterone therapy for the treatment of gender dysphoria For clients 17 years of age and under: • Testosterone therapy for the treatment of gender dysphoria; AND • A pediatric endocrinologist or other clinician experienced in pubertal assessment has determine hormone treatment to be appropriate. This code will not override prior authorization for brands with generic equivalents or non-preferred products unless client has met tried and failed criteria.
<u>Gonadotropin-releasing Hormone (GnRH) Agonists</u> **Eligard** *(leuprolide)* **Fensolvi** *(leuprolide)* **Lupron Depot/Depot-Ped** *(leuprolide)* **Supprelin LA** *(histrelin)* **Triptodur** *(triptorelin)* **Vantas** *(histrelin)* **Zoladex** *(goserlin)*	103	GnRH therapy for puberty suppression in adolescents diagnosed with gender dysphoria **AND** a pediatric endocrinologist or other clinician experienced in pubertal assessment has determined hormone treatment to be appropriate. This code will not override prior authorization for brands with generic equivalents or non-preferred products unless client has met tried and failed criteria.

<u>Gonadotropin-releasing Hormone (GnRH) Agonists</u> **Eligard** *(leuprolide)* **Fensolvi** *(leuprolide)* **Lupron Depot/Depot-Ped** *(leuprolide)* **Supprelin LA** *(histrelin)* **Triptodur** *(triptorelin)* **Vantas** *(histrelin)* **Zoladex** *(goserlin)*	104	For clients 18 years of age and older: • GnRH therapy for the treatment of gender dysphoria. For clients 17 years of age and under: • GnRH therapy for the treatment of gender dysphoria; AND • A pediatric endocrinologist or other clinician experienced in pubertal assessment has determined hormone treatment to be appropriate. This code will not override prior authorization for brands with generic equivalents or non-preferred products unless client has met tried and failed criteria.
Cymbalta® *(duloxetine)* **Duloxetine**	163	Removed
Cymbalta® *(duloxetine)* **duloxetine**	166	Removed
Cymbalta® *(duloxetine)* **duloxetine**	171	Removed

What is expedited authorization (EA)?

(WAC 182-530-3200(4))

The expedited authorization process is designed to eliminate the need to request authorization from HCA. The intent is to establish authorization criteria and associate these criteria with specific codes, enabling providers to create an "EA" number when appropriate.

How is an EA number created?

To bill HCA for drugs that meet the expedited authorization criteria on the following pages, the pharmacist must create an 11-digit EA number. The first 8 digits of the EA number must be 85000000. The last 3 digits must be the code number of the diagnosis/condition that meets the EA criteria.

> **Example:** The 11-digit EA number for Accutane (for the treatment of "severe, recalcitrant acne rosacea in adults unresponsive to conventional therapy") would be **85000000002** (85000000 = first eight digits, 002 = diagnosis/condition code).

Reminder: EA numbers are only for drugs listed in this table. EA numbers are not valid for any of the following:

- Other drugs requiring authorization through the Prescription Drug Program
- Waiving the State Maximum Allowable Cost (SMAC) or Automated Maximum Allowable Cost (AMAC) price.
- Authorizing the third or fifth fill in the month.

Note: Use of an EA number does not exempt claims from edits, such as per-calendar-month prescription limits or early refills.

EA guidelines:

Diagnoses - Diagnostic information may be obtained from the prescriber, client, client's caregiver, or family member to meet the conditions for EA. Drug claims submitted without an appropriate diagnosis/condition code for the dispensed drug are denied.

Unlisted Diagnoses - If the drug is prescribed for a diagnosis/condition, or age that does not appear on the EA list, additional justification is required. The pharmacist must request authorization by either one of the following:

- ✓ Phone 1-800-562-3022
- ✓ Fax 1-866-668-1214

Documentation - Dispensing pharmacists must write both of the following on the original prescription:

- ✓ The full name of the person who provided the diagnostic information
- ✓ The diagnosis/condition and/or the criteria code from the attached table

Drug	Code	Criteria
90-day supply required	090	The prescription is written for less than a 90-day supply.
Aciphex® *(rabeprazole)*	079	Diagnosis of *H. pylori* with ulcer present. Limited to 28 units for 14 days for initial fill.
Adderall®/XR *(amphetamine salt combo)*	075	Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder ADD).
Alpha-agonists	076	Change in prescribed alpha agonist or change in dose of prescribed alpha agonist. Total dose of all currently prescribed alpha agonists does not exceed: • 0.2mg clonidine equivalent dose for patient age 4 – 5 years of age; or • 0.3mg clonidine equivalent dose for patient age 6 - 8 years of age; or • 0.4mg clonidine equivalent dose for patient age 9 - 17 years of age. Clonidine equivalent dose: 1mg guanfacine = 0.1mg clonidine.
amphetamine salt combo/XR	075	Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder ADD).
Anoro Ellipta® *(umeclidinium-vilanterol)*	150	Diagnosis of COPD.
Arcapta™ Neohaler™ *(indacaterol)*	150	Diagnosis of COPD.
Second Generation Antipsychotics (Atypical Antipsychotics) (Generics First) **Abilify®** *(aripiprazole)* *aripiprazole* *clozapine* **Clozaril®** *(clozapine)* **Fanapt®** *(iloperidone)* **Geodon®**	400	Continuation of therapy.
	401	Patient is not a new start.
	402	History of hyperprolactinemia.
	403	History of extrapyramidal symptoms (EPS).
	404	Pharmacy has chart note on file documenting patient's refusal of a generic atypical antipsychotic, or their request for a specific atypical antipsychotic.
	405	Prescribed for a diagnosis which is not FDA indicated for any preferred generic AAP.
	406	Patient in Crisis.

Drug	Code	Criteria
(ziprasidone HCl) **Invega™** *(paliperidone)* **Latuda®** *(lurasidone HCl)* *olanzapine* *quetiapine* **Risperdal®** *(risperidone)M-tab* *risperidone* **Saphris®** *(asenapine)* **Seroquel®** *(quetiapine) /XR* *Ziprasidone* **Zyprexa®** *(olanzapine)* **Zydis®**		
barbiturates	180	Prescribed for a diagnosis other than cancer, chronic mental health disorders, or epilepsy.
Bevespi Aerosphere™ *(glycopyrrolate-formoterol fumarate)*	150	Diagnosis of COPD.
Blood Glucose Test Strips	263	Gestational Diabetes (any quantity necessary up to two months post-delivery)
	264	Insulin-dependent diabetic (age 21 and older, up to 100 strips and 100 lancets per month)
	265	Insulin-dependent diabetic (age 20 and younger, up to 300 strips and 300 lancets per month)
	266	Patient had diabetes prior to pregnancy (any quantity necessary up to two months post-delivery)
Brovana® *(arformoterol)*	150	Diagnosis of COPD.
buprenorphine	077	buprenorphine monotherapy for pregnant clients. Limited to 32 mg per day, 28 days at a time for up to 12 months.
bupropion SR/XL	014	Not for smoking cessation.
Concerta® *(methylphenidate HCl)*	075	Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder ADD).
contraceptives	364	Prescriber is unwilling to change dispensed quantity to twelve-

Drug	Code	Criteria
(oral, transdermal, and intra-vaginal)		month supply.
	365	Patient does not want twelve-month supply.
	366	Pharmacy is unwilling to dispense twelve-month supply.
Daytrana® *(methylphenidate HCl)* transdermal patch	075	Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder ADD).
Descovy® *(emtricitabine/tenofovir alafenamide)*	006	Continuation of pre-exposure prophylaxis (PrEP) therapy.
Dexedrine SA® *(d-amphetamine)*	075	Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder ADD).
Dexilant® *(dexlansoprazole)*	079	Diagnosis of *H. pylori* with ulcer present. Limited to 28 units for 14 days for initial fill.
Dexmethylphenidate /SA	075	Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder ADD).
Diclegis® *(doxylamine-pyridoxine)*	129	Treatment of nausea and vomiting of pregnancy in women who do not respond to conservative management.
Dulera® *(mometasone furoate-formoterol fumarate)*	151	Diagnosis of moderate to severe asthma.
esomeprazole magnesium	079	Diagnosis of *H. pylori* with ulcer present. Limited to 28 units for 14 days for initial fill.
esomeprazole strontium	079	Diagnosis of *H. pylori* with ulcer present. Limited to 28 units for 14 days for initial fill.
Focalin®/XR *(dexmethylphenidate)*	075	Diagnosis of attention deficit hyperactivity disorder (ADHD) or Attention deficit disorder (ADD)
<u>Gonadotropin-releasing Hormone (GnRH) Agonists</u> **Eligard** *(leuprolide)* **Fensolvi** *(leuprolide)* **Lupron Depot/Depot-Ped** *(leuprolide)* **Supprelin LA**	103	GnRH therapy for puberty suppression in adolescents diagnosed with gender dysphoria **AND** a pediatric endocrinologist or other clinician experienced in pubertal assessment has determined hormone treatment to be appropriate. This code will not override prior authorization for brands with generic equivalents or non-preferred products unless client has met tried and failed criteria.

Drug	Code	Criteria
(histrelin) **Triptodur** *(triptorelin)* **Vantas** *(histrelin)* **Zoladex** *(goserlin)*		
Gonadotropin-releasing Hormone (GnRH) Agonists **Eligard** *(leuprolide)* **Fensolvi** *(leuprolide)* **Lupron Depot/Depot-Ped** *(leuprolide)* **Supprelin LA** *(histrelin)* **Triptodur** *(triptorelin)* **Vantas** *(histrelin)* **Zoladex** *(goserlin)*	104	For clients 18 years of age and older: • GnRH therapy for the treatment of gender dysphoria. For clients 17 years of age and under: • GnRH therapy for the treatment of gender dysphoria; AND • A pediatric endocrinologist or other clinician experienced in pubertal assessment has determined hormone treatment to be appropriate. This code will not override prior authorization for brands with generic equivalents or non-preferred products unless client has met tried and failed criteria.
HIV combinations **Biktarvy®** *(bictegravir/emtricitabine/tenofovir alafenamide)* **Delstrigo™** *(doravirone/lamivudine/tenofovir disoproxil)* **Descovy®** *(emtricitabine/tenofovir alafenamide)* **Dovato** *(dolutegravir/lamivudine)* efavirenz/lamivudine/tenofovir disoproxil	007	Continuation of antiviral treatment.

Drug	Code	Criteria
HIV combinations cont. **Juluca** *dolutegravir/rilpivirine)* **Symtuza®** *(darunavir/cobicistat/emtricitabine/tenofovir alafenamide)* **Temixys™** *(lamivudine/tenofovir disoproxil)*	007	Continuation of antiviral treatment.
Incruse Ellipta® *(umeclidinium bromide)*	150	Diagnosis of COPD.
Intron A® *(interferon alpha-2b recombinant)*	030	Diagnosis of hairy cell leukemia in patients 18 years of age and older.
	031	Diagnosis of recurring or refractory condyloma acuminate (external genital/perianal area) for intralesional treatment in patients 18 years of age and older.
	032	Diagnosis of AIDS-related Kaposi's sarcoma in patients 18 years of age and older.
	033	Diagnosis of chronic hepatitis B in patients 1 year of age and older.
	107	Diagnosis of malignant melanoma in patients 18 years of age and older.
	109	Treatment of chronic hepatitis C in patients 18 years of age and older.
	135	Diagnosis of follicular non-Hodgkin's lymphoma in patients 18 years of age and older.
isotretinoin		Must not be used by patients who are pregnant or who may become pregnant while undergoing treatment. The following conditions must be **absent**: a) Paraben sensitivity; b) Concomitant etretinate therapy; and c) Hepatitis or liver disease.
	001	Diagnosis of severe (disfiguring), recalcitrant cystic acne, unresponsive to conventional therapy.
	002	Diagnosis of severe, recalcitrant acne rosacea in adults unresponsive to conventional therapy.
	003	Diagnosis of severe keratinization disorders when prescribed by, or in consultation with, a dermatologist.

Drug	Code	Criteria
	004	Prevention of skin cancers in patients with xeroderma pigmentosum.
	005	Diagnosis of mycosis fungoides (T-cell lymphoma) unresponsive to other therapies.
Lancets	263	Gestational Diabetes (up to two months post delivery)
	264	Insulin-dependent diabetic (age 21 and older)
	265	Insulin-dependent diabetic (age 20 and younger)
	266	Patient had diabetes prior to pregnancy
lansoprazole	079	Diagnosis of *H. pylori* with ulcer present. Limited to 28 units for 14 days for initial fill.
Metadate ®/ER *(methylphenidate HCl)*	075	Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder ADD).
Methadone products	540	Client is in active cancer treatment, hospice care, palliative care, or other end-of-life care. This code will override the 18 or 42 doses, and the chronic use (42 days in a 90-day period) limit, but NOT the 120 MME limit.
methylphenidate /LA/SR/OSM	075	Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder ADD).
Methylin® /XR/chewable/ solution	075	Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder ADD).
Nephro-vite®, Nephro-Vite® Rx, and Nephron® FA	096	Treatment of patients with renal disease.
Nexium® Nexium® granules *(esomeprazole)*	079	Diagnosis of *H. pylori* with ulcer present. Limited to 28 units for 14 days for initial fill.
Ocrevus™ *(ocrelizumab)*	074	Diagnosis of primary progressive multiple sclerosis (PPMS).
omeprazole OTC/RX	079	Diagnosis of *H. pylori* with ulcer present. Limited to 28 units for 14 days for initial fill.
omeprazole-sodium bicarbonate	079	Diagnosis of *H. pylori* with ulcer present. Limited to 28 units for 14 days for initial fill.
Opioid products (excludes injectable/IV) containing:	540	Client is in active cancer treatment, hospice care, palliative care, or other end-of-life care. This code will override the 18 or 42 doses, and the chronic use (42 days in a 90 day period) limit, but NOT the 120 MME limit.

Drug	Code	Criteria
benzhydrocodone buprenorphine (pain indications only) butorphanol codeine dihydrocodeine fentanyl hydrocodone hydromorphone levorphanol meperidine morphine oxycodone oxymorphone pentazocine tapentadol tramadol	541	Prescriber has indicated "EXEMPT" on the prescription. This code will override the 18 or 42 doses, but NOT the chronic use (42 days in a 90 day period) limit or the 120 MME limit.
oxandrolone		Before any code is allowed, there must be an absence of all of the following: a) Hypercalcemia; b) Nephrosis; c) Carcinoma of the breast; d) Carcinoma of the prostate; and e) Pregnancy.
	110	Treatment of unintentional weight loss in patients who have had extensive surgery, severe trauma, chronic infections (such as AIDS wasting), or who fail to maintain or gain weight for no conclusive pathophysiological cause.
	111	To compensate for the protein catabolism due to long-term corticosteroid use.
	112	Treatment of bone pain due to osteoporosis.
pantoprazole sodium	079	Diagnosis of *H. pylori* with ulcer present. Limited to 28 units for 14 days for initial fill.
Perforomist® *(formoterol fumarate)*	150	Diagnosis of COPD.

Drug	Code	Criteria
Prevacid® *(lansoprazole)*	079	Diagnosis of *H. pylori* with ulcer present. Limited to 28 units for 14 days for initial fill.
Prevacid® SoluTab™ *(lansoprazole)*	079	Diagnosis of *H. pylori* with ulcer present. Limited to 28 units for 14 days for initial fill.
Prilosec OTC® Prilosec® Rx *(omeprazole)*	079	Diagnosis of *H. pylori* with ulcer present. Limited to 28 units for 14 days for initial fill.
Protonix® *(pantoprazole)*	079	Diagnosis of *H. pylori* with ulcer present. Limited to 28 units for 14 days for initial fill.
Protonix® Pak *(pantoprazole)*	079	Diagnosis of *H. pylori* with ulcer present. Limited to 28 units for 14 days for initial fill.
Pulmozyme® *(dornase alpha)*	053	Diagnosis of cystic fibrosis and the patient is 5 years of age or older.
rabeprazole sodium	079	Diagnosis of *H. pylori* with ulcer present. Limited to 28 units for 14 days for initial fill.
Rectiv® (nitroglycerin)	081	Treatment of anal fissures.
Rena-Vite® Rena-Vite RX® *(folic acid-vit B comp W-C)*	096	Treatment of patients with renal disease.
Riomet® *(metformin) oral solution*	086	Inability to swallow oral tablets or capsules.
Ritalin®/LA *(methylphenidate HCl)*	075	Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder ADD).
Savella® *(milnacipran HCl)*	066	Treatment of fibromyalgia.
Seebri Neohaler® *(glycopyrrolate)*	150	Diagnosis of COPD.
Serevent® Diskus® *(salmeterol)*	150	Diagnosis of COPD.
Stiolto® *(tiotropium bromide-olodaterol)*	150	Diagnosis of COPD.
Striverdi®	150	Diagnosis of COPD.

Drug	Code	Criteria
(olodaterol)		
SymlinPen® *(pramlintide acetate)*	267	Diagnosis of type 1 diabetes.
Testosterone therapy **Aveed** *(testosterone undecanoate)* **AndroDerm** *(testosterone transdermal patch)* **testosterone cypionate IM** **testosterone transdermal gel 1.62%** **Xyosted** *(testosterone enanthate)*	102	For clients 18 years of age and older: • Testosterone therapy for the treatment of gender dysphoria. For clients 17 years of age and under: • Testosterone therapy for the treatment of gender dysphoria; AND • A pediatric endocrinologist or other clinician • experienced in pubertal assessment has determined hormone treatment to be appropriate. This code will not override prior authorization for brands with generic equivalents or non-preferred products unless client has met tried and failed criteria.
Tudorza® Pressair® *(aclidinum bromide)*	150	Diagnosis of COPD.
Utibron Neohaler® *(indacaterol-glycopyrrolate)*	150	Diagnosis of COPD.
Vancomycin oral	069	Diagnosis of clostridium difficile toxin and one of the following: a) The patient has failed to respond after 2 days of metronidazole treatment; or b) The patient is intolerant to metronidazole; or c) Metronidazole is contraindicated due to drug-drug interaction(s).
Vyvanse® *(lisdexamfetamine dimesylate)*	075	Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder ADD
Wellbutrin SR® and XL® *(bupropion HCl)*	014	Not for smoking cessation.
Zegerid® *(omeprazole-sodium bicarbonate)*	079	Diagnosis of *H. pylori* with ulcer present. Limited to 28 units for 14 days for initial fill.

Drug	Code	Criteria
Zyprexa Relprevv® *(olanzapine pamoate)*	070	All of the following must apply: a) There is an appropriate DSM IV diagnosis with a psychotic disorder; b) Patient is 18 to 65 years of age; c) Patient has established tolerance to oral olanzapine prior to initiating Zyprexa Relprevv®; d) Zyprexa Relprevv ® will be administered only in a registered healthcare facility with ready access to emergency response services, and the patient will be monitored for at least 3 hours after injection for delirium/sedation syndrome prior to release; and e) Dose is not more than 300mg every 2 weeks or 405mg every 4 weeks.