

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 January 1, 2018, the agency will implement the following changes:

Product	Code	Criteria
Ocrevus™ (<i>ocrelizumab</i>)	074	Diagnosis of primary progressive multiple sclerosis (PPMS).
Daliresp® (<i>roflumilast</i>)	150	Removed
Lantus®/ Solostar® (<i>insulin glargine</i>)	267	Removed
Levemir®/ Flextouch® (<i>insulin detemir</i>)	267	Removed
Toujeo Solostar® (<i>insulin glargine</i>)	267	Removed
Tresiba® Flextouch® (<i>insulin degludec</i>)	267	Removed

What is expedited authorization (EA)?

(WAC [182-530-3200\(4\)](#))

The agency's EA process is designed to eliminate the need to request authorization from the agency. 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 the agency 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

Prescription Drug Program

Drug	Code	Criteria
90-day supply required	090	The prescription is written for less than a 90-day supply.
Aciphex® (<i>rabeprazole</i>)	079	Diagnosis of <i>H. pylori</i> with ulcer present. Limited to 28 units for 14 days for initial fill.
<i>acitretin</i>	064	Treatment of severe, recalcitrant psoriasis in patients 16 years of age and older. Prescribed by, or in consultation with, a dermatologist, and the patient must have an absence of all of the following: a) Current pregnancy or pregnancy which may occur while undergoing treatment; and b) Hepatitis; and c) Concurrent retinoid therapy.
Adderall®/XR (<i>amphetamine salt combo</i>)	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: <ul style="list-style-type: none"> • 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. <p>Clonidine equivalent dose: 1mg guanfacine = 0.1mg clonidine.</p>
<i>amlodipine besylate-benazepril</i>	038	Treatment of hypertension as a second-line agent when blood pressure is not controlled by any: a) ACE inhibitor alone; or b) Calcium channel blocker alone; or c) ACE inhibitor and a calcium channel blocker as two separate concomitant prescriptions.
<i>amphetamine salt combo/XR</i>	075	Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder ADD).
Amitiza® (<i>lubiprostone</i>)	007	Treatment of chronic constipation. Must have tried and failed a less costly alternative.
Anoro Ellipta® (<i>umeclidinium-vilanterol</i>)	150	Diagnosis of COPD.

Prescription Drug Program

Drug	Code	Criteria
Arava® (<i>leflunomide</i>)	034	Treatment of rheumatoid arthritis when prescribed by a rheumatologist with or without a loading dose of 100mg per day for 3 days and then up to a maximum of 20mg daily thereafter.
Arcapta™ Neohaler™ (<i>indacaterol</i>)	150	Diagnosis of COPD.
Atacand® (<i>candesartan cilexetil</i>)	092	Must have tried and failed, or have a clinically documented intolerance to an angiotensin converting enzyme (ACE) inhibitor.
Atacand HCT® (<i>candesartan cilexetil-HCTZ</i>)	092	Must have tried and failed, or have a clinically documented intolerance to an angiotensin converting enzyme (ACE) inhibitor.
Second Generation Antipsychotics (Atypical Antipsychotics) (Generics First) Abilify® (<i>aripiprazole</i>) <i>aripiprazole</i> <i>clozapine</i> Clozaril® (<i>clozapine</i>) Fanapt® (<i>iloperidone</i>) Geodon® (<i>ziprasidone HCl</i>) Invega™ (<i>paliperidone</i>) Latuda® (<i>lurasidone HCl</i>) <i>olanzapine</i> <i>quetiapine</i> Risperdal® (<i>risperidone</i>) <i>M-tab</i> <i>risperidone</i> Saphris® (<i>asenapine</i>) Seroquel® (<i>quetiapine</i>) / <i>XR</i> <i>Ziprasidone</i>	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.

Prescription Drug Program

Drug	Code	Criteria
Second Generation Antipsychotics (Atypical Antipsychotics) (Generics First) Cont. Zyprexa® <i>(olanzapine)</i> Zydis®		
Avalide® <i>(irbesartan/ HCTZ)</i>	092	Must have tried and failed, or have a clinically documented intolerance to an angiotensin converting enzyme (ACE) inhibitor.
Avapro® <i>(irbesartan)</i>	092	Must have tried and failed, or have a clinically documented intolerance to an angiotensin converting enzyme (ACE) inhibitor.
Azor® <i>(amlodipine-olmesartan)</i>	093	Must have tried and failed, or have a clinically documented intolerance to an angiotensin converting enzyme (ACE) inhibitor, and must have a history of dihydropyridine calcium channel blocker and/or angiotensin receptor blocker (ARB) therapy.
barbiturates	180	Prescribed for a diagnosis other than cancer, chronic mental health disorders, or epilepsy.
Benicar® <i>(olmesartan medoxomil)</i>	092	Must have tried and failed, or have a clinically documented intolerance to an angiotensin converting enzyme (ACE) inhibitor.
Benicar HCT® <i>(olmesartan meoxomil-HCTZ)</i>	092	Must have tried and failed, or have a clinically documented intolerance to an angiotensin converting enzyme (ACE) inhibitor.
Bevespi Aerosphere™ <i>(glycopyrrolate-formoterol fumarate)</i>	150	Diagnosis of COPD.
Blood Glucose Test Strips	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
Brovana® <i>(arformoterol)</i>	150	Diagnosis of COPD.

Prescription Drug Program

Drug	Code	Criteria
<i>bupropion HCl</i>	072	Client is receiving smoking (tobacco) cessation counseling. Washington State Tobacco Quitline phone number: 1-800-784-8669.
	073	Client is: a) Between the ages of 10 and 40 b) Pregnant, and c) Receiving smoking (tobacco) cessation counseling from their prescriber, qualified practitioner, or the Quitline. Washington State Tobacco Quitline phone number: 1-800-784-8669.
<i>bupropion SR/XL</i>	014	Not for smoking cessation.
<i>candesartan</i>	092	Must have tried and failed, or have a clinically documented intolerance to an angiotensin converting enzyme (ACE) inhibitor.
<i>candesartan-HCTZ</i>	092	Must have tried and failed, or have a clinically documented intolerance to an angiotensin converting enzyme (ACE) inhibitor.
<i>carbidopa-levodopa</i>	049	Diagnosis of Parkinson's disease and one of the following: a) Must have tried and failed generic carbidopa/levodopa; or b) Be unable to swallow solid oral dosage forms.
Chantix® <i>(varenicline tartrate)</i>	072	Client is receiving smoking (tobacco) cessation counseling. Washington State Tobacco Quitline phone number: 1-800-784-8669.
	073	Client is: a) Between the ages of 10 and 40 b) Pregnant, and c) Receiving smoking (tobacco) cessation counseling from their prescriber, qualified practitioner, or the Quitline. Washington State Tobacco Quitline phone number: 1-800-784-8669.
Concerta® <i>(methylphenidate HCl)</i>	075	Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder ADD).
contraceptives (oral, transdermal, and intra-vaginal)	364	Prescriber is unwilling to change dispensed quantity to twelve-month supply.
	365	Patient does not want twelve-month supply.
	366	Pharmacy is unwilling to dispense twelve-month supply.

Prescription Drug Program

Drug	Code	Criteria
Cozaar® (<i>losartan potassium</i>)	092	Must have tried and failed, or have a clinically documented intolerance to an angiotensin converting enzyme (ACE) inhibitor.
Cymbalta® (<i>duloxetine</i>)	163	Treatment of diabetic peripheral neuropathy.
	166	Treatment of fibromyalgia.
	171	Treatment of chronic musculoskeletal pain
Daytrana® (<i>methylphenidate HCl</i>) transdermal patch	075	Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder ADD).
Dexedrine SA® (<i>d-amphetamine</i>)	075	Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder ADD).
Dexilant® (<i>dexlansoprazole</i>)	079	Diagnosis of <i>H. pylori</i> with ulcer present. Limited to 28 units for 14 days for initial fill.
<i>dexmethylphenidate /SA</i>	075	Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder ADD).
Dextrostat® (<i>d-amphetamine</i>)	075	Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder ADD).
Diclegis® (<i>doxylamine-pyridoxine</i>)	129	Treatment of nausea and vomiting of pregnancy in women who do not respond to conservative management.
Diovan® (<i>valsartan</i>)	092	Must have tried and failed, or have a clinically documented intolerance to an angiotensin converting enzyme (ACE) inhibitor.
Diovan HCT® (<i>valsartan-HCTZ</i>)	092	Must have tried and failed, or have a clinically documented intolerance to an angiotensin converting enzyme (ACE) inhibitor.
<i>duloxetine</i>	163	Treatment of diabetic peripheral neuropathy.
	166	Treatment of fibromyalgia.
	171	Treatment of chronic musculoskeletal pain
Dulera® (<i>mometasone furoate-formoterol fumarate</i>)	151	Diagnosis of moderate to severe asthma.
Edarbi® (<i>azilsartan medoxomil</i>)	092	Must have tried and failed, or have a clinically documented intolerance to an angiotensin converting enzyme (ACE) inhibitor.
Edarbyclor (<i>azilsartan medoxomil-clorthalidone</i>)	092	Must have tried and failed, or have a clinically documented intolerance to an angiotensin converting enzyme (ACE) inhibitor.
	092	Must have tried and failed, or have a clinically documented intolerance to an angiotensin converting enzyme (ACE)

Prescription Drug Program

Drug	Code	Criteria
<i>eprosartan mesylate</i>		inhibitor.
<i>esomeprazole magnesium</i>	079	Diagnosis of <i>H. pylori</i> with ulcer present. Limited to 28 units for 14 days for initial fill.
<i>esomeprazole strontium</i>	079	Diagnosis of <i>H. pylori</i> with ulcer present. Limited to 28 units for 14 days for initial fill.
Estrace® vaginal cream (<i>estradiol</i>)	101	Diagnosis of labial adhesions in children under 5 years in age.
Exelon® capsules/patch /solution (<i>rivastigmine</i>)	015	Treatment of mild to moderate dementia associated with Parkinson's disease
Exforge® (<i>amlodipine besylate-valsartan</i>)	093	Must have tried and failed, or have a clinically documented intolerance to an angiotensin converting enzyme (ACE) inhibitor, and must have a history of dihydropyridine calcium channel blocker and/or angiotensin receptor blocker (ARB) therapy.
Exforge HCT® (<i>amlodipine besylate-valsartan/HCTZ</i>)	093	Must have tried and failed, or have a clinically documented intolerance to an angiotensin converting enzyme (ACE) inhibitor, and must have a history of dihydropyridine calcium channel blocker and/or angiotensin receptor blocker (ARB) therapy.
Focalin®/XR (<i>dexmethylphenidate</i>)	075	Diagnosis of attention deficit hyperactivity disorder (ADHD) or Attention deficit disorder (ADD)
Foradil® Aerolizer® (<i>formoterol</i>)	150	Diagnosis of COPD.
Gabitril® (<i>tiagabine HCl</i>)	036	Treatment of seizures.

Prescription Drug Program

Drug	Code	Criteria
<p>Hormones Prescribed for Gender Dysphoria Alora® (<i>estradiol</i>) Androderm® (<i>testosterone</i>) Androgel® (<i>testosterone</i>) Aveed® (<i>testosterone, undecanoate</i>) Axiron® (<i>testosterone</i>) Climara® (<i>estradiol</i>) Delestrogen® (<i>estradiol valerate</i>) Depo-Estradiol® (<i>estradiol cypionate</i>) Depo-Testost® (<i>testosterone cypionate</i>) Divigel® (<i>estradiol</i>) Elestrin® (<i>estradiol</i>) Enjuvia® (<i>estrogens, conjugated</i>) Estrace® (<i>estradiol estradiol estradiol valerate</i>) Estrasorb® (<i>estradiol</i>)</p>	<p>100</p>	<p>Diagnosis of gender dysphoria.</p>

Prescription Drug Program

Drug	Code	Criteria
<p>Hormones Prescribed for Gender Dysphoria cont. <i>estriol</i> Estrogel® <i>(estradiol)</i> <i>estrone</i> <i>estropipate</i> Ethinyl® (<i>ethinyl estradiol</i>) Evamist® <i>(estradiol)</i> Fortesta® (<i>testosterone</i>) Menest® (<i>esterified estrogens</i>) Menostar® <i>(estradiol)</i> Minivelle® <i>(estradiol)</i> Natesto® <i>(testosterone)</i> Ortho-Est® <i>(estropipate)</i> Premarin® <i>(estrogens, conjugated)</i> Striant® <i>(testosterone)</i> Testim® <i>(testosterone)</i> Testone Cik® <i>(testosterone cypionate)</i> Testopel® <i>(testosterone)</i> <i>testosterone</i> <i>testosterone cypionate</i> <i>testosterone enanthate</i> Vivelle-Dot® <i>(estradiol)</i> Vogelxo® <i>(testosterone)</i></p>	<p>100</p>	<p>Diagnosis of gender dysphoria.</p>

Prescription Drug Program

Drug	Code	Criteria
Hyzaar® (<i>losartan potassium-HCTZ</i>)	092	Must have tried and failed, or have a clinically documented intolerance to an angiotensin converting enzyme (ACE) inhibitor.
Incruse Ellipta® (<i>umeclidinium bromide</i>)	150	Diagnosis of COPD.
Intron A® (<i>interferon alpha-2b recombinant</i>)	030	Diagnosis of hairy cell leukemia in patients 18 years of age and older.
	031	Diagnosis of recurring or refractory condyloma acuminata (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.
<i>irbesartan</i>	092	Must have tried and failed, or have a clinically documented intolerance to an angiotensin converting enzyme (ACE) inhibitor.
<i>isotretinoin</i>		Must not be used by patients who are pregnant or who may become pregnant while undergoing treatment. The following conditions must be absent : <ul style="list-style-type: none"> a) Paraben sensitivity; b) Concomitant tretinoin 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.
	004	Prevention of skin cancers in patients with xeroderma pigmentosum.
	005	Diagnosis of mycosis fungoides (T-cell lymphoma) unresponsive to other therapies.

Prescription Drug Program

Drug	Code	Criteria
<i>itraconazole</i>		Must not be used for a patient with cardiac dysfunction such as congestive heart failure.
	047	Treatment of systemic fungal infections and dermatomycoses.
		Treatment of onychomycosis for up to 12 weeks is covered if patient has one of the following conditions:
	042	Diabetic foot;
	043	History of cellulitis secondary to onychomycosis and has required systemic antibiotic therapy;
	051	Peripheral vascular disease; or
	052	Patient is immunocompromised.
Keppra® /XR <i>(levetiracetam)</i>	036	Treatment of seizures.
Lamisil® <i>(terbinafine HCl)</i>		Treatment of onychomycosis for up to 12 weeks is covered if patient has one of the following conditions:
	042	Diabetic foot;
	043	History of cellulitis secondary to onychomycosis and has required systemic antibiotic therapy;
	051	Peripheral vascular disease; or
	052	Patient is immunocompromised.
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
<i>lansoprazole</i>	079	Diagnosis of <i>H. pylori</i> with ulcer present. Limited to 28 units for 14 days for initial fill.
<i>leflunomide</i>	034	Treatment of rheumatoid arthritis when prescribed by a rheumatologist with or without a loading dose of 100mg per day for 3 days and then up to a maximum of 20mg daily thereafter.
<i>levetiracetam</i>	036	Treatment of seizures.
<i>linezolid</i> injectable	013	Treatment of vancomycin resistant infection.
<i>linezolid</i> oral	013	Treatment of vancomycin resistant infection
	016	Outpatient treatment of methacillin resistant staph aureus (MRSA) infections when IV vancomycin is contraindicated, such as:

Prescription Drug Program

Drug	Code	Criteria
		<ul style="list-style-type: none"> a) Allergy; or b) Inability to maintain IV access.
<i>losartan potassium</i>	092	Must have tried and failed, or have a clinically documented intolerance to an angiotensin converting enzyme (ACE) inhibitor.
<i>losartan potassium/HCTZ</i>	092	Must have tried and failed, or have a clinically documented intolerance to an angiotensin converting enzyme (ACE) inhibitor.
Lotrel® (<i>amlodipine besylate-benazepril</i>)	038	Treatment of hypertension as a second-line agent when blood pressure is not controlled by any: <ul style="list-style-type: none"> a) ACE inhibitor alone; or b) Calcium channel blocker alone; or c) ACE inhibitor and a calcium channel blocker as two separate concomitant prescriptions.
Metadate CD®/ER (<i>methylphenidate HCl</i>)	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.
<i>methylphenidate /LA/SR/OSM</i>	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).
Micardis® (<i>telmisartan</i>)	092	Must have tried and failed, or have a clinically documented intolerance to an angiotensin converting enzyme (ACE) inhibitor.
Micardis HCT® (<i>telmisartan-HCTZ</i>)	092	Must have tried and failed, or have a clinically documented intolerance to an angiotensin converting enzyme (ACE) inhibitor.
Nephrocaps®, Nephro-Fer®, Nephro-vite®, Nephro-Vite® Rx, and Nephron® FA	096	Treatment of patients with renal disease.
Nexium® Nexium® granules (<i>esomeprazole</i>)	079	Diagnosis of <i>H. pylori</i> with ulcer present. Limited to 28 units for 14 days for initial fill.

Prescription Drug Program

Drug	Code	Criteria
Nicoderm® <i>(nicotine)</i>	073	Client is: <ul style="list-style-type: none"> a) Between the ages of 10 and 40 b) Pregnant, and c) Receiving smoking (tobacco) cessation counseling from their prescriber, qualified practitioner, or the Quitline. Washington State Tobacco Quitline phone number: 1-800-784-8669.
Nicorette® <i>(nicotine)</i> nicotine gum/ lozenge/patches	073	Client is: <ul style="list-style-type: none"> a) Between the ages of 10 and 40 b) Pregnant, and c) Receiving smoking (tobacco) cessation counseling from their prescriber, qualified practitioner, or the Quitline. Washington State Tobacco Quitline phone number: 1-800-784-8669.
<i>nicotine</i>	073	Client is: <ul style="list-style-type: none"> a) Between the ages of 10 and 40 b) Pregnant, and c) Receiving smoking (tobacco) cessation counseling from their prescriber, qualified practitioner, or the Quitline. Washington State Tobacco Quitline phone number: 1-800-784-8669.
Nicotrol® <i>(nicotine)</i>	072	Client is receiving smoking (tobacco) cessation counseling. Washington State Tobacco Quitline phone number: 1-800-784-8669.

Prescription Drug Program

Drug	Code	Criteria
	073	<p>Client is:</p> <ul style="list-style-type: none"> a) Between the ages of 10 and 40 b) Pregnant, and c) Receiving smoking (tobacco) cessation counseling from their prescriber, qualified practitioner, or the Quitline. <p>Washington State Tobacco Quitline phone number: 1-800-784-8669.</p>
Ocrevus™ (ocrelizumab)	074	Diagnosis of primary progressive multiple sclerosis (PPMS).
omeprazole OTC/RX	079	Diagnosis of <i>H. pylori</i> with ulcer present. Limited to 28 units for 14 days for initial fill.
omeprazole-sodium bicarbonate	079	Diagnosis of <i>H. pylori</i> with ulcer present. Limited to 28 units for 14 days for initial fill.
Opioid products (excludes injectable/IV) containing: Butorphanol Codeine Dihydrocodeine Fentanyl Hydrocodone Hydromorphone Levorphanol Meperidine Morphine Oxycodone Oxymorphone Pentazocine Tapentadol Tramadol	540	Client is in active cancer treatment, hospice care, palliative care, or other end-of-life care.
	541	Prescriber has indicated “EXEMPT” on the prescription.
	542	Patient is known to be a chronic opioid user at the currently prescribed dose prior to Medicaid enrollment.
ondansetron oral solution	071	Inability to swallow oral tablets or capsules for patients age 18 and older. Max dose 24mg/day.
Oxandrin®		Before any code is allowed, there must be an absence of all of the following:

Prescription Drug Program

Drug	Code	Criteria
<i>(oxandrolone)</i>		<ul style="list-style-type: none"> 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.
<i>oxandrolone</i>		<p>Before any code is allowed, there must be an absence of all of the following:</p> <ul style="list-style-type: none"> 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.
<i>pantoprazole sodium</i>	079	Diagnosis of <i>H. pylori</i> with ulcer present. Limited to 28 units for 14 days for initial fill.
<i>pentazocine HCl-acetaminophen</i>	091	Patient must be 12 years of age or older and has tried and failed two NSAIDs or failed one other narcotic analgesic and is allergic or sensitive to codeine.
<i>pentazocine-naloxone</i>	091	Patient must be 12 years of age or older and has tried and failed two NSAIDs or failed one other narcotic analgesic and is allergic or sensitive to codeine.
Perforomist® <i>(formoterol fumarate)</i>	150	Diagnosis of COPD.
Premarin® vaginal cream <i>(estrogens,</i>	101	Diagnosis of labial adhesions in children under 5 years in age.

Prescription Drug Program

Drug	Code	Criteria
<i>conjugated)</i>		
Prevacid® <i>(lansoprazole)</i>	079	Diagnosis of <i>H. pylori</i> with ulcer present. Limited to 28 units for 14 days for initial fill.
Prevacid® SoluTab™ <i>(lansoprazole)</i>	050	Inability to swallow oral tablets or capsules.
	079	Diagnosis of <i>H. pylori</i> with ulcer present. Limited to 28 units for 14 days for initial fill.
Prilosec OTC® Prilosec® Rx <i>(omeprazole)</i>	079	Diagnosis of <i>H. pylori</i> with ulcer present. Limited to 28 units for 14 days for initial fill.
Protonix® <i>(pantoprazole)</i>	079	Diagnosis of <i>H. pylori</i> with ulcer present. Limited to 28 units for 14 days for initial fill.
Protonix® Pak <i>(pantoprazole)</i>	050	Inability to swallow oral tablets or capsules.
	079	Diagnosis of <i>H. pylori</i> with ulcer present. Limited to 28 units for 14 days for initial fill.
Pulmozyme® <i>(dornase alpha)</i>	053	Diagnosis of cystic fibrosis and the patient is 5 years of age or older.
<i>rabeprazole sodium</i>	079	Diagnosis of <i>H. pylori</i> 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® <i>(folic acid-vit B comp W-C)</i>	096	Treatment of patients with renal disease.
Riomet® <i>(metformin) oral solution</i>	086	Inability to swallow oral tablets or capsules.
Ritalin®/LA/SR <i>(methylphenidate HCl)</i>	075	Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder ADD).
<i>rivastigmine</i>	015	Treatment of mild to moderate dementia associated with Parkinson's disease.
Savella® <i>(milnacipran HCl)</i>	066	Treatment of fibromyalgia.
Seebri Neohaler® <i>(glycopyrronium)</i>	150	Diagnosis of COPD.
Serevent® Diskus®	150	Diagnosis of COPD.

Prescription Drug Program

Drug	Code	Criteria
<i>(salmeterol)</i>		
Soriatane® <i>(acitretin)</i>	064	Treatment of severe, recalcitrant psoriasis in patients 16 years of age and older. Prescribed by, or in consultation with, a dermatologist, and the patient must have an absence of all of the following: a) Current pregnancy or pregnancy which may occur while undergoing treatment; and b) Hepatitis; and c) Concurrent retinoid therapy.
Spiriva® Handihaler® <i>(tiotropium)</i>	150	Diagnosis of COPD
Sporanox® <i>(itraconazole)</i>		Must not be used for a patient with cardiac dysfunction such as congestive heart failure.
	047	Treatment of systemic fungal infections and dermatomycoses.
		Treatment of onychomycosis for up to 12 weeks is covered if patient has one of the following conditions:
	042	Diabetic foot;
	043	History of cellulitis secondary to onychomycosis and has required systemic antibiotic therapy;
	051	Peripheral vascular disease; or
	052	Patient is immunocompromised.
Stioloto® <i>(tiotropium bromide-olodaterol)</i>	150	Diagnosis of COPD.
Striverdi® <i>(olodaterol)</i>	150	Diagnosis of COPD.
SymlinPen® <i>(pramlintide acetate)</i>	267	Diagnosis of type 1 diabetes.
<i>telmisartan</i>	092	Must have tried and failed, or have a clinically documented intolerance to an angiotensin converting enzyme (ACE) inhibitor.
<i>terbinafine HCl</i>		Treatment of onychomycosis for up to 12 weeks is covered if patient has one of the following conditions:
	042	Diabetic foot;
	043	History of cellulitis secondary to onychomycosis and has required systemic antibiotic therapy;
	051	Peripheral vascular disease; or
	052	Patient is immunocompromised.
<i>tiagabine HCl</i>	036	Treatment of seizures.

Prescription Drug Program

Drug	Code	Criteria
Tribenzor ® (<i>olmesartan-amlodipine-hctz</i>)	093	Must have tried and failed, or have a clinically documented intolerance to an angiotensin converting enzyme (ACE) inhibitor, and must have a history of dihydropyridine calcium channel blocker and/or angiotensin receptor blocker (ARB) therapy.
Tudorza ® Pressair ® (<i>aclidinium bromide</i>)	150	Diagnosis of COPD.
Utibron Neohaler ® (<i>indacaterol-glycopyrrolate</i>)	150	Diagnosis of COPD.
<i>valsartan</i>	092	Must have tried and failed, or have a clinically documented intolerance to an angiotensin converting enzyme (ACE) inhibitor.
<i>valsartan-HCTZ</i>	092	Must have tried and failed, or have a clinically documented intolerance to an angiotensin converting enzyme (ACE) inhibitor.
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 ® (<i>lisdexamfetamine dimesylate</i>)	075	Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder ADD
Wellbutrin SR ® and XL ® (<i>bupropion HCl</i>)	014	Not for smoking cessation.
Zegerid ® (<i>omeprazole-sodium bicarbonate</i>)	079	Diagnosis of <i>H. pylori</i> with ulcer present. Limited to 28 units for 14 days for initial fill.
Zofran ® oral solution (<i>ondansetron HCl</i>)	071	Inability to swallow oral tablets or capsules for patients age 18 and older. Max dose 24mg/day.
<i>zoledronic acid</i>	011	Diagnosis of Hypercalcemia associated with malignant neoplasms with or without metastases; or multiple myeloma; or bone metastases of solid tumors.
Zometa ® (<i>zoledronic acid</i>)	011	Diagnosis of Hypercalcemia associated with malignant neoplasms with or without metastases; or multiple myeloma; or bone metastases of solid tumors.
Zyban ® (<i>bupropion HCl</i>)	072	Client is receiving smoking (tobacco) cessation counseling. Washington State Tobacco Quitline phone number: 1-800-784-8669.

Prescription Drug Program

Drug	Code	Criteria
	073	Client is: <ul style="list-style-type: none"> a) Between the ages of 10 and 40 b) Pregnant, and c) Receiving smoking (tobacco) cessation counseling from their prescriber, qualified practitioner, or the Quitline. Washington State Tobacco Quitline phone number: 1-800-784-8669.
Zyprexa Relprevv® <i>(olanzapine pamoate)</i>	070	All of the following must apply: <ul style="list-style-type: none"> 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.
Zyvox® Injectable <i>(linezolid)</i>	013	Treatment of vancomycin resistant infection.
	016	Outpatient treatment of methacillin resistant staph aureus (MRSA) infections when IV vancomycin is contraindicated, such as: Allergy; or Inability to maintain IV access.
Zyvox® Oral <i>(linezolid)</i>	013	Treatment of vancomycin resistant infection
	016	Outpatient treatment of methacillin resistant staph aureus (MRSA) infections when IV vancomycin is contraindicated, such as: Allergy; or Inability to maintain IV access.