

Apple Health Medicaid: Fee-for-Service Preferred Drug List

What is new in this version of the preferred drug list?

Effective for dates of service on and after October 1, 2018, the Health Care Authority will make the following changes:

Change
<p>Due to the implementation of the Apple Health Preferred Drug List (PDL), a PDL that applies to fee-for-service (FFS) clients as well as Apple Health managed care enrollees, the following changes have occurred:</p> <p>On the Fee-For-Service only Preferred Drug List</p> <ul style="list-style-type: none"> • Drug classes that are currently on the Apple Health PDL have been removed. These classes and the drug statuses can be found on the Apple Health Preferred Drug List. <p>On the Apple Health Preferred Drug List</p> <ul style="list-style-type: none"> • New drug classes have been added. This means drugs not previously on the PDL have been added with preferred and nonpreferred statuses. Some drugs may also have additional prior authorization (PA) requirements. • For existing drug classes, preferred statuses may have changed. Some drugs may have additional PA requirements that did not previously require PA. <p>October 25, 2018 Correction</p> <ul style="list-style-type: none"> • Two drug classes were erroneously removed and have been added back to the list: <ul style="list-style-type: none"> ✓ Asthma – Leukotriene Modifiers ✓ Skeletal Muscle Relaxants

What is the preferred drug list?

The Health Care Authority (the agency) has 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 evaluated by the Drug Use Review Board, which makes recommendations to the agency regarding the selection of the preferred drugs. The [Apple Health \(Medicaid\) Fee-For-Service Preferred Drug List](#) includes drug classes from the [Washington Preferred Drug List](#) (PDL) as well as additional classes and restrictions that pertain only to Fee-For-Service Medicaid clients. For drugs not on this list please check the [Apple Health Preferred Drug List](#). The [Therapeutic Interchange Program](#) (TIP) only applies to drug classes that are also included on the Washington Preferred Drug List (PDL).

What are the authorization criteria that must be met to obtain a nonpreferred drug?

- Unless otherwise indicated, the authorization criteria is that the client must have tried and failed, or is intolerant to, at least two or more preferred drugs within the drug class unless contraindicated, not clinically appropriate, or only one drug is preferred. Drugs may have criteria that go beyond these basic criteria.

HCA requires pharmacies to obtain authorization for nonpreferred drugs when a therapeutic equivalent is on this PDL. The following table shows the preferred and nonpreferred drug in each therapeutic drug class on the Apple Health Medicaid Fee-For-Service PDL.

What is the process to obtain drugs on the preferred drug list?

- **Preferred Drugs** - Prescription claims for preferred drugs submitted to the agency are reimbursed without authorization requirements unless the drug requires authorization for:
 - ✓ Safety criteria;
 - ✓ Special subpopulation criteria; or
 - ✓ Limits based on age, gender, dose, or quantity.
- **Nonpreferred Drugs** - Prescription claims for nonpreferred drugs submitted to the agency are reimbursed only after authorizing criteria are met.
- Prescription claims submitted to the agency for **non-preferred drugs** that are subject to the [Therapeutic Interchange Program](#) (TIP) 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 182-530-4150](#).

Pharmacies must contact the agency for authorization when required. To request authorization call 1-800-562-3022 or fax a Pharmacy Information Authorization form (13-835A) to 866-668-1214.

Drug Class	Preferred Drugs	Nonpreferred Drugs
<p>Alzheimer's Drugs</p> <p>Client must have tried and failed, or is intolerant to, all preferred products before receiving a nonpreferred product for the same indication.</p>	<p>Generic: donepezil /ODT galantamine HBR memantine memantine titration pak rivastigmine tartrate capsules</p> <p>Brand: Namenda (<i>memantine</i>) Namenda Titration Pak (<i>memantine</i>)</p>	<p>Generic: rivastigmine tartrate patch</p> <p>Brand: Aricept (<i>donepezil</i>) Exelon (<i>rivastigmine</i>) patch Exelon (<i>rivastigmine</i>) capsule Namenda XR (<i>memantine</i>)** Namenda XR Titration Pak (<i>memantine</i>)** Namzaric (<i>memantine-donepezil</i>)** Razadyne /ER (<i>galantamine</i>)</p> <p>**Not subject to DAW-1 override.</p>

Prescription Drug Program

Drug Class	Preferred Drugs	Nonpreferred Drugs
Antipsychotics /Antimanic Agents : Antipsychotics - Misc	Generic: Brand: Equetro (carbamazepine)* Nuplazid (pimavanserin)* Vraylar (cariprazine)* *PA Required	Generic: Brand:
Asthma -- Leukotriene Modifiers Subject to Therapeutic Interchange Program (TIP). Client must try all preferred drugs with the same indication before a nonpreferred drug will be authorized unless contraindicated or not clinically appropriate.	Generic: montelukast sodium zafirlukast Brand:	Generic: Brand: Accolate (zafirlukast) Singulair (montelukast) Zyflo /CR (zileuton)

Prescription Drug Program

Drug Class	Preferred Drugs	Nonpreferred Drugs
<p>Estrogen-Progestin Combinations</p> <p>Oral products subject to Therapeutic Interchange Program (TIP).</p> <p>Transdermal products are not subject to TIP.</p> <p>Client must have tried and failed, or is intolerant to, all preferred products before receiving a nonpreferred product according to the formulation prescribed for the same indication.</p>	<p>Generic: estradiol-norethindrone norethindrone acetate -ethinyl estradiol</p> <p>Brand:</p>	<p>Generic Oral:</p> <p>Brand Oral: Activella (<i>estradiol-norethindrone</i>) Angeliq (<i>estradiol-drospirenone</i>) Femhrt Low Dose (<i>ethinyl estradiol-norethindrone</i>) Prefest (<i>estradiol-norgestimate</i>) Premphase (<i>conjugated equine estrogens-medroxyprogesterone</i>) Prempro (<i>conjugated equine estrogens-medroxyprogesterone</i>)</p> <p>Generic Transdermal:</p> <p>Brand Transdermal: Climara Pro (<i>estradiol-levonorgestrel</i>) Combipatch (<i>estradiol-norethindrone</i>)</p>
<p>Histamine-2 Receptor Antagonist (H2RA)</p>	<p>Generic: ranitidine</p> <p>Brand:</p>	<p>Generic: cimetidine famotidine nizatidine</p> <p>Brand: Pepcid (<i>famotidine</i>) Pepcid Complete (<i>famotidine – calcium carbonate – magnesium hydroxide</i>) Tagamet HB (<i>cimetidine</i>) Zantac (<i>ranitidine</i>)</p>

Drug Class	Preferred Drugs	Nonpreferred Drugs
<p>Insomnia</p> <p>Subject to Therapeutic Interchange Program (TIP).</p> <p>Client must have tried and failed, or is intolerant to, all preferred products before receiving a nonpreferred product for the same indication.</p>	<p>Benzodiazepine receptor agonists:</p> <p>Generic: zaleplon zolpidem</p> <p>Brand:</p> <p>Non-benzodiazepine receptor agonists:</p> <p>Generic:</p> <p>Brand: Rozerem (<i>ramelteon</i>)*</p> <p>* Not subject to TIP</p>	<p>Benzodiazepine receptor agonists:</p> <p>Generic: eszopiclone zolpidem ER</p> <p>Brand: Ambien /CR (<i>zolpidem tartrate</i>) Edluar (<i>zolpidem tartrate</i>)** Intermezzo (<i>zolpidem tartrate</i>)** Lunesta (<i>eszopiclone</i>) Sonata (<i>zaleplon</i>) Zolpimist (<i>zolpidem tartrate</i>)**</p> <p>Non-benzodiazepine receptor agonists:</p> <p>Generic:</p> <p>Brand: Belsomra (<i>suvorexant</i>)** Silenor (<i>doxepin</i>***)</p> <p>**Not subject to TIP or DAW-1 override. ***Not subject to TIP or DAW-1 override and PA required.</p>

Drug Class	Preferred Drugs	Nonpreferred Drugs
<p>Macrolides</p> <p>Client must have tried and failed, or is intolerant to, one preferred drug within the drug class unless contraindicated, not clinically appropriate</p>	<p>Generic: azithromycin packet/suspension/tablet clarithromycin tablet/suspension clarithromycin SR tablet erythromycin base tablet erythromycin EC capsule/tablet erythromycin ethylsuccinate tablet/suspension erythromycin stearate tablet erythromycin tablet</p> <p>Brand: EES (<i>erythromycin ethylsuccinate</i>) granules Eryped 200 (<i>erythromycin ethylsuccinate</i>) Eryped 400 (<i>erythromycin ethylsuccinate</i>) Ery-Tab (<i>erythromycin base EC</i>) Erythrocin Stearate (<i>erythromycin stearate</i>)</p>	<p>Generic:</p> <p>Brand: Biaxin (<i>clarithromycin</i>) tablet/suspension Biaxin XL (<i>clarithromycin</i>) EES 400 (<i>erythromycin ethylsuccinate</i>) tablet PCE (<i>erythromycin base</i>) Zithromax (<i>azithromycin</i>) powder packet/suspension/tablet Zmax (<i>azithromycin SR</i>)</p>
<p>Nasal Corticosteroids</p> <p>Subject to Therapeutic Interchange Program (TIP).</p> <p>Client must have tried and failed, or is intolerant to, all preferred products before receiving a nonpreferred product for the same indication.</p>	<p>Generic: budesonide OTC fluticasone propionate OTC/RX triamcinolone acetonide OTC</p> <p>Brand:</p>	<p>Generic: budesonide RX flunisolide RX mometasone furoate triamcinolone acetonide RX</p> <p>Brand: Beconase AQ (<i>beclomethasone dipropionate</i>) Flonase (<i>fluticasone propionate</i>) Nasacort Allergy 24HR (<i>triamcinolone acetonide</i>) Nasonex (<i>mometasone furoate</i>) Omnaris (<i>ciclesonide</i>) QNasl (<i>beclomethasone dipropionate</i>)** Rhinocort Aqua (<i>budesonide</i>) Zetonna (<i>ciclesonide</i>)**</p> <p>**Not subject to TIP or DAW-1</p>

Prescription Drug Program

Drug Class	Preferred Drugs	Nonpreferred Drugs
<p>Newer Antihistamines</p> <p>Client must have tried and failed, or is intolerant to, one preferred drug within the drug class unless contraindicated, not clinically appropriate</p> <p>Subject to Therapeutic Interchange Program (TIP).</p>	<p>Generic: cetirizine syrup /tablet loratadine OTC</p> <p>Brand:</p>	<p>Generic: azelastine nasal spray cetirizine chewable cetirizine chewable – children’s desloratadine fexofenadine levocetirizine dihydrochloride olopatadine</p> <p>Brand: <i>Allegra (fexofenadine)</i> <i>Astepro (azelastine HCl nasal spray)</i> <i>Clarinex (desloratadine)</i> <i>Claritin (loratadine)</i> <i>Patanase (olopatadine nasal spray)</i> <i>Xyzal (levocetirizine)</i> <i>Zyrtec (cetirizine)</i></p>

Drug Class	Preferred Drugs	Nonpreferred Drugs
<p>Nonsteroidal Anti-inflammatory Drugs (NSAID) Including Cyclo-oxygenase - 2 (Cox-II) Inhibitors</p> <p>Subject to Therapeutic Interchange Program (TIP).</p> <p>Client must try all preferred drugs before a nonpreferred drug will be authorized unless contraindicated or not clinically appropriate.</p>	<p>Generic: diclofenac potassium diclofenac sodium /SR/ER/EC diflunisal etodolac /ER fenoprofen flurbiprofen ibuprofen indomethacin/SR ketoprofen /SR ketorolac mefenamic acid meloxicam nabumetone naproxen /EC naproxen sodium /ER/SA oxaprozin piroxicam salsalate sulindac tolmetin</p> <p>Brand:</p>	<p>Generic: celecoxib** diclofenac sodium topical gel* diclofenac sodium topical solution** meclofenamate sodium</p> <p>Brand: Anaprox DS (<i>naproxen sodium</i>) Cambia (<i>diclofenac potassium</i>) solution Celebrex (<i>celecoxib</i>)** Daypro (<i>oxaprozin</i>) Feldene (<i>piroxicam</i>) Flector (<i>diclofenac epolamine</i>)* Indocin (<i>indomethacin</i>) Mediproxen (<i>naproxen sodium</i>) Mobic (<i>meloxicam</i>) Nalfon (<i>fenoprofen</i>) Naprelan (<i>naproxen sodium ER</i>) Naprosyn /EC/DS (<i>naproxen</i>) Pennsaid (<i>diclofenac sodium</i>) sol* Ponstel (<i>mefenamic acid</i>) Rexaphenac (<i>diclofenac sodium</i>)* Solaraze (<i>diclofenac sodium</i>) gel* Tivorbex (<i>indomethacin</i>)** Vivlodex (<i>meloxicam</i>)** Voltaren (<i>diclofenac sodium</i>)* Zipsor (<i>diclofenac potassium</i>) Zorvolex (<i>diclofenac</i>)**</p> <p>*PA required & not subject to TIP ** Not subject to TIP *** Not subject to TIP or DAW-1 override</p>

Drug Class	Preferred Drugs	Nonpreferred Drugs
<p>Overactive Bladder/Urinary Incontinence</p> <p>Subject to Therapeutic Interchange Program (TIP).</p> <p>Client must try all preferred drugs with the same route of administration before a nonpreferred drug will be authorized unless contraindicated or not clinically appropriate.</p>	<p>Generic short acting: oxybutynin chloride tablets/syrup tolterodine tartrate trospium chloride</p> <p>Brand short acting:</p> <p>Generic long acting: oxybutynin chloride ER tolterodine tartrate ER trospium chloride ER</p> <p>Brand long acting:</p>	<p>Generic short acting: flavoxate HCl</p> <p>Brand short acting: Detrol (<i>tolterodine tartrate</i>)</p> <p>Generic long acting: darifenacin hydrobromide ER</p> <p>Brand long acting: Detrol LA (<i>tolterodine tartrate</i>) Ditropan XL (<i>oxybutynin chloride</i>) Enablex (<i>darifenacin hydrobromide</i>) Gelnique (<i>oxybutynin chloride</i>) topical gel Myrbetriq (<i>mirabegron</i>) Oxytrol (<i>oxybutynin chloride</i>) Toviaz (<i>fesoterodine fumarate</i>) Vesicare (<i>solifenacin succinate</i>)</p>

Drug Class	Preferred Drugs	Nonpreferred Drugs
<p>Proton Pump Inhibitors (Limited to 60 days duration)</p> <p>Subject to Therapeutic Interchange Program (TIP).</p> <p>Client must try all preferred drugs with the same route of administration before a nonpreferred drug will be authorized unless contraindicated or not clinically appropriate.</p>	<p>Generic: omeprazole OTC/RX pantoprazole sodium</p> <p>Brand: Nexium granules (<i>esomeprazole</i>)+ Protonix Pack (<i>pantoprazole</i>)*</p> <p>*EA required + Preferred only for children ages 17 and younger</p>	<p>Generic: esomeprazole magnesium esomeprazole strontium** lansoprazole omeprazole-sodium bicarbonate rabeprazole sodium</p> <p>Brand: Aciphex (<i>rabeprazole</i>) Dexilant (<i>dexlansoprazole</i>) Nexium (<i>esomeprazole</i>) Prevacid (<i>lansoprazole</i>) capsules Prevacid SoluTab (<i>lansoprazole</i>)* Prilosec OTC (<i>omeprazole magnesium</i>) tablets Prilosec Rx (<i>omeprazole</i>) Protonix (<i>pantoprazole</i>) Zegerid (<i>omeprazole-sodium bicarbonate</i>)</p> <p>*EA required **Not subject to TIP or DAW-1 override.</p>

Drug Class	Preferred Drugs	Nonpreferred Drugs
<p>Second Generation Antidepressants</p> <p>Client must have tried and failed, or is intolerant to, two preferred drugs within the drug class unless contraindicated, not clinically appropriate.</p>	<p>Generic: bupropion HCl bupropion SR* bupropion XL* citalopram tablet escitalopram tablet fluoxetine HCl capsule/solution fluvoxamine tablet mirtazapine /ODT/soltab paroxetine HCl sertraline tablet venlafaxine ER capsules venlafaxine HCl</p> <p>Brand:</p> <p><u>*EA required</u> **Not subject to DAW-1 override. ***Not subject to DAW-1 override, and PA required.</p>	<p>Generic: citalopram HBR solution desvenlafaxine ER duloxetine escitalopram solution fluoxetine HCl tablet fluvoxamine ER nefazodone paroxetine ER sertraline HCl solution venlafaxine ER tablets</p> <p>Brand: Aplenzin (<i>bupropion hydrobromide ER</i>) Brisdelle (<i>paroxetine mesylate</i>)*** Celexa (<i>citalopram</i>) Cymbalta (<i>duloxetine HCl</i>) Effexor XR (<i>venlafaxine HCl</i>) Fetzima / Titration Pack (<i>levomilnacipran HCl</i>)** Forfivo XL (<i>bupropion SR</i>)** Khedezla (<i>desvenlafaxine</i>)** Lexapro (<i>escitalopram</i>) Paxil /CR (<i>paroxetine HCl</i>) Pexeva (<i>paroxetine mesylate</i>)** Pristiq (<i>desvenlafaxine succinate</i>) Prozac /Prozac Weekly (<i>fluoxetine HCl</i>) Remeron /SolTab (<i>mirtazapine</i>) Sarafem (<i>fluoxetine</i>)*** Trintellix (<i>vortioxetine</i>)** Viibryd (<i>vilazodone</i>) Wellbutrin SR/XL (<i>bupropion HCl /SR/XL</i>)* Zoloft® (<i>sertraline</i>)</p> <p><u>*EA required</u> **Not subject to DAW-1 override. ***Not subject to DAW-1 override, and PA required.</p>

Prescription Drug Program

Drug Class	Preferred Drugs	Nonpreferred Drugs
<p>Skeletal Muscle Relaxants</p> <p>Subject to Therapeutic Interchange Program (TIP).</p> <p>Client must try all preferred drugs before a nonpreferred drug will be authorized unless contraindicated or not clinically appropriate.</p>	<p>Generic: baclofen cyclobenzaprine + methocarbamol tizanidine</p> <p>Brand:</p> <p>+PA required for cyclobenzaprine 7.5mg tablets</p>	<p>Generic: carisoprodol* chlorzoxazone dantrolene metaxalone orphenadrine citrate ER</p> <p>Brand: Amrix (cyclobenzaprine SR)** Dantrium (dantrolene) Fexmid (cyclobenzaprine) Lorzone (chlorzoxazone) Metaxall (metaxalone) Parafon Forte (chlorzoxazone) Robaxin (methocarbamol) Skelaxin (metaxalone) Soma (carisoprodol)* Zanaflex (tizanidine)</p> <p>*PA required **Not subject to TIP/DAW-1 override</p>
<p>Smoking Cessation</p>	<p>Generic: bupropion (smoking deterrent)*</p> <p>Brand: Chantix (<i>varenicline</i>)*</p> <p>*EA required</p>	<p>Generic:</p> <p>Brand: Zyban (<i>bupropion smoking deterrent</i>)*</p> <p>*EA required</p>