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 April 1, 2019, the Health Care Authority will make the following changes:

Change

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:

On the Fee-For-Service only Preferred Drug List

• 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.

On the Apple Health Preferred Drug List

- 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.

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 **nonpreferred drugs** that are subject to the <u>Therapeutic Interchange Program</u> (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 <u>WAC 182-530-4150</u>.

Prescription Drug Program

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
Alzheimer's Drugs	Generic:	Generic:
	donepezil /ODT	rivastigmine tartrate patch
Client must have	galantamine HBR	
tried and failed, or is	memantine	Brand:
intolerant to, all	memantine titration pak	Aricept (donepezil)
preferred products	rivastigmine tartrate capsules	Exelon (rivastigmine) patch
before receiving a		Exelon (rivastigmine) capsule
nonpreferred product		Namenda XR (memantine)**
for the same	Brand:	Namenda XR Titration Pak
indication.	Namenda (memantine)	(memantine)**
	Namenda Titration Pak (memantine)	Namzaric (memantine-
		donepezil)**
		Razadyne/ER (galantamine)
		**Not subject to DAW-1 override.
Histamine-2	Generic:	Generic:
Receptor Antagonist	ranitidine	cimetidine
(H2RA)		famotidine
	Brand:	nizatidine
		, , ,
		Brand:
		Pepcid (famotidine)
		Pepcid Complete (famotidine –
		calcium carbonate – magnesium
		hydroxide)
		Tagamet HB (cimetidine)
		Zantac (ranitidine)

Drug Class	Preferred Drugs	Nonpreferred Drugs
Nasal Corticosteroids Subject to	Generic: budesonide OTC fluticasone propionate OTC/RX	Generic: flunisolide RX mometasone furoate
Therapeutic Interchange Program (TIP). Client must have tried and failed, or is intolerant to, all preferred products before receiving a nonpreferred product for the same indication.	Brand:	Brand: Beconase AQ (beclomethasone dipropionate) Flonase (fluticasone propionate) Nasacort Allergy 24HR (triamcinolone acetonide) Nasonex (mometasone furoate) Omnaris (ciclesonide) QNasl (beclomethasone dipropionate)** Rhinocort Aqua (budesonide) Zetonna (ciclesonide)**
Newer Antihistamines	Generic: cetirizine syrup /tablet loratadine OTC	**Not subject to TIP or DAW-1 Generic: cetirizine chewable cetirizine chewable – children's
Client must have tried and failed, or is intolerant to, one preferred drug within the drug class unless contraindicated, not clinically appropriate Subject to Therapeutic Interchange Program (TIP).	Brand:	desloratadine fexofenadine levocetirizine dihydrochloride Brand: Allegra (fexofenadine) Clarinex (desloratadine) Claritin (loratadine) Xyzal (levocetirizine) Zyrtec (cetirizine)

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

Prescription Drug Program

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

Prescription Drug Program

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