Facts for providers

Apple Health (Medicaid) Preferred Drug List (PDL)

The Health Care Authority (HCA) has created a preferred drug list (PDL) for Apple Health (Medicaid) in partnership with Apple Health managed care plans. Below are answers to questions HCA has received about the Apple Health PDL.

What has changed?
On January 1, 2018, HCA implemented the Apple Health PDL. HCA added more drug classes on July 1, 2018. Drug classes will continue to be added quarterly through July 1, 2019.

The Apple Health PDL can be viewed at: www.hca.wa.gov/apple-health-pdl

How do managed care plans cover drugs that are not included in the Apple Health PDL?
Managed care plans will continue to use their own clinical criteria and policies for drugs that are not part of the Apple Health PDL. Each plan will continue to use established communication channels to notify patients and providers.

If a drug becomes non-preferred, will it be grandfathered?
The Drug Utilization Review (DUR) Board determines which drugs will be grandfathered. For grandfathered drugs, prescribers will not need to obtain prior authorization (PA) for patients to continue the medication.

Will medical benefit drugs be included in the Apple Health PDL?
The primary focus will be drugs that are covered in outpatient settings. HCA expects to include drugs traditionally covered in the medical benefit. The timeframe for including medical benefit drugs hasn’t been set.

How often will drug classes be reviewed and changes made to the PDL?
Drug classes will be reviewed at least once a year.

Who makes the final decision as to which drugs become part of the PDL?
Washington State’s Medicaid Director, who is a deputy director within HCA, or her designee, has the final authority for PDL decisions.

Can plans add drugs to the PDL?
No. Plans may not add drugs to classes within the Apple Health PDL. Plans may follow their own PDL for drugs or drug classes that are not part of the Apple Health PDL.

Do managed care plans use their own prior authorization criteria?
The goal is that all plans use the same prior authorization criteria, step therapy edits, and quantity limits that HCA develops. For drugs not included in the AH PDL, the plans may use their own criteria.
Has the process to obtain prior authorization changed?
No. The process is the same.
To request a non-preferred drug or other prior authorization, contact the patient’s health plan. If you have questions about how to request a prior authorization go to the health plan’s website or contact the plan.

<table>
<thead>
<tr>
<th>Plan</th>
<th>Phone Number</th>
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<tbody>
<tr>
<td>Amerigroup (AMG)</td>
<td>1-800-600-4441</td>
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<tr>
<td>Community Health Plan of Washington (CHPW)</td>
<td>1-800-440-1561</td>
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<tr>
<td>Coordinated Care of Washington (CCW)</td>
<td>1-877-644-4613</td>
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<tr>
<td>Molina Healthcare of Washington, Inc. (MHW)</td>
<td>1-800-869-7165</td>
</tr>
<tr>
<td>United Healthcare Community Plan (UHC)</td>
<td>1-877-542-8997</td>
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<tr>
<td>Apple Health (Medicaid) fee-for-service</td>
<td>1-800-562-3022</td>
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Does the Therapeutic Interchange program apply to the Apple Health PDL?
The Therapeutic Interchange program only applies to some drug classes for the Medicaid Fee-for Service program.

Apple Health Managed Care Plans do not participate.

Will endorsing prescriber status apply to the Apple Health PDL?
No. An endorsing prescriber will continue to have the ability to override non-preferred status in some drug classes but only for the Medicaid Fee-for Service program.