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 December 1, 2020, the Health Care Authority (HCA) will implement the following changes:

Product	Code	Criteria
Descovy® *(emtricitabine/tenofovir alafenamide)*	006	Continuation of pre-exposure prophylaxis (PrEP) therapy.
HIV combinations **Biktarvy®** *(bictegravir/emtricitabine/tenofovir alafenamide)* **Delstrigo™_***(doravirine/lamivudine/tenofovir disoproxil)* **Descovy®** *(emtricitabine/tenofovir alafenamide)* **Dovato** *(dolutegravir/lamivudine)* efavirenz/lamivudine/tenofovir disoproxil **Juluca** *(dolutegravir/rilpivirine)* **Symtuza®** *(darunavir/cobicistat/emtricitabine/tenofovir alafenamide)* **Temixys™** *(lamivudine/tenofovir disoproxil)*	007	Continuation of antiviral treatment.

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.
acitretin	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 *(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.
Arava® *(leflunomide)*	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™ *(indacaterol)*	150	Diagnosis of COPD.
Second Generation	400	Continuation of therapy.

Drug	Code	Criteria
Antipsychotics (Atypical Antipsychotics) (Generics First) **Abilify®** *(aripiprazole)* *aripiprazole* *clozapine* **Clozaril®** *(clozapine)* **Fanapt®** *(iloperidone)* **Geodon®** *(ziprasidone HCl)* **Invega™** *(paliperidone)* **Latuda®** *(lurasidone HCl)* *olanzapine* *quetiapine* **Risperdal®** *(risperidone)M-tab* *risperidone* **Saphris®** *(asenapine)* **Seroquel®** *(quetiapine) /XR* *Ziprasidone* **Zyprexa®** *(olanzapine)* **Zydis®**	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.
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

Drug	Code	Criteria
		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.
carbidopa-levodopa	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.
Concerta® *(methylphenidate HCl)*	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.
Cymbalta® *(duloxetine)*	163	Treatment of **diabetic** peripheral neuropathy.
	166	Treatment of fibromyalgia.
	171	Treatment of chronic musculoskeletal pain
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.
duloxetine	163	Treatment of **diabetic** peripheral neuropathy.
	166	Treatment of fibromyalgia.

Drug	Code	Criteria
	171	Treatment of chronic musculoskeletal pain
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.
Estrace® vaginal cream *(estradiol)*	101	Diagnosis of labial adhesions in children under 5 years in age.
Exelon® capsules/patch /solution *(rivastigmine)*	015	Treatment of mild to moderate dementia associated with Parkinson's disease
Focalin®/XR *(dexmethylphenidate)*	075	Diagnosis of attention deficit hyperactivity disorder (ADHD) or Attention deficit disorder (ADD)
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.

Drug	Code	Criteria
Hormones Prescribed for Gender Dysphoria **Alora®** *(estradiol)* **Androderm®** *(testosterone)* **Androgel®** *(testosterone)* **Aveed®** *(testosterone, undecanoate)* **Climara®** *(estradiol)* **Delestrogen®** *(estradiol valerate)* **Depo-Estradiol®** *(estradiol cypionate)* **Depo-Testost®** *(testosterone cypionate)* **Divigel®** *(estradiol)* **Elestrin®** *(estradiol)* **Estrace®** *(estradiol)* *estradiol* *estradiol valerate* **Estrogel®** *(estradiol)* *estrone* *estropipate* **Ethinyl®** *(ethinyl estradiol)* **Evamist®** *(estradiol)***Fortesta®** *(testosterone)* **Menest®** *(esterified estrogens)* **Menostar®** *(estradiol)* **Minivelle®** *(estradiol)*	100	Diagnosis of gender dysphoria.

Drug	Code	Criteria
Hormones Prescribed for Gender Dysphoria cont. **Natesto®** *(testosterone)* **Premarin®** *(estrogens, conjugated)* **Striant®** *(testosterone)* **Testim®** *(testosterone)* **Testone Cik®** *(testosterone cypionate)* **Testopel®** *(testosterone)* *testosterone* *testosterone cypionate* *tesosterone enanthate* **Vivelle-Dot®** *(estradiol)* **Vogelxo®** *(testosterone)*	100	Diagnosis of gender dysphoria.
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.

Drug	Code	Criteria
	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.
	004	Prevention of skin cancers in patients with xeroderma pigmentosum.
	005	Diagnosis of mycosis fungoides (T-cell lymphoma) unresponsive to other therapies.
itraconazole		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.
Lamisil® *(terbinafine HCl)*		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

Drug	Code	Criteria
lansoprazole	079	Diagnosis of *H. pylori* with ulcer present. Limited to 28 units for 14 days for initial fill.
leflunomide	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.
linezolid injectable	013	Treatment of vancomycin resistant infection.
linezolid oral	013	Treatment of vancomycin resistant infection
	016	Outpatient treatment of methacillin resistant staph aureus (MRSA) infections when IV vancomycin is contraindicated, such as: a) Allergy; or b) Inability to maintain IV access.
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	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

Drug	Code	Criteria
injectable/IV) containing: benzhydrocodone buprenorphine (pain indications only) butorphanol codeine dihydrocodeine fentanyl hydrocodone hydromorphone levorphanol meperidine morphine oxycodone oxymorphone pentazocine tapentadol tramadol		doses, and the chronic use (42 days in a 90 day period) limit, but NOT the 120 MME limit.
	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.
ondansetron oral solution	071	Inability to swallow oral tablets or capsules for patients age 18 and older. Max dose 24mg/day.
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.

Drug	Code	Criteria
pentazocine-naloxone	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® *(formoterol fumarate)*	150	Diagnosis of COPD.
Premarin® vaginal cream *(estrogens, conjugated)*	101	Diagnosis of labial adhesions in children under 5 years in age.
Prevacid® *(lansoprazole)*	079	Diagnosis of *H. pylori* with ulcer present. Limited to 28 units for 14 days for initial fill.
Prevacid® SoluTab™ *(lansoprazole)*	050	Inability to swallow oral tablets or capsules.
	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)*	050	Inability to swallow oral tablets or capsules.
	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).
rivastigmine	015	Treatment of mild to moderate dementia associated with

Drug	Code	Criteria
		Parkinson's disease.
Savella® *(milnacipran HCl)*	066	Treatment of fibromyalgia.
Seebri Neohaler® *(glycopyrrolate)*	150	Diagnosis of COPD.
Serevent® Diskus® *(salmeterol)*	150	Diagnosis of COPD.
Soriatane® *(acitretin)*	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.
Sporanox® *(itraconazole)*		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.
Stiolto® *(tiotropium bromide-olodaterol)*	150	Diagnosis of COPD.
Striverdi® *(olodaterol)*	150	Diagnosis of COPD.
SymlinPen® *(pramlintide acetate)*	267	Diagnosis of type 1 diabetes.
terbinafine HCl		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.

Drug	Code	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.
Zofran® oral solution *(ondansetron HCl)*	071	Inability to swallow oral tablets or capsules for patients age 18 and older. Max dose 24mg/day.
zoledronic acid	011	Diagnosis of Hypercalcemia associated with malignant neoplasms with or without metastases; or multiple myeloma; or bone metastases of solid tumors.
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.

Drug	Code	Criteria
Zyvox® Injectable *(linezolid)*	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 *(linezolid)*	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.