

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 November 1, 2019, the agency will implement the following changes:

| Product | Code | Criteria |
|-------------------------|------|--|
| All associated products | 542 | Removed |
| Methadone products | 540 | Added “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.” |
| Opioid products | 540 | Added “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.” |
| Opioid products | 541 | Added “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.” |

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. Clonidine equivalent dose: 1mg guanfacine = 0.1mg clonidine. |
| <i>amphetamine salt combo/XR</i> | 075 | Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder ADD). |
| Anoro Ellipta® (<i>umeclidinium-vilanterol</i>) | 150 | Diagnosis of COPD. |
| 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. |
| Second Generation | 400 | Continuation of therapy. |

Prescription Drug Program

| Drug | Code | Criteria |
|--|-------------|--|
| 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)M-tab</i> <i>risperidone</i> Saphris® <i>(asenapine)</i> Seroquel® <i>(quetiapine) /XR</i> <i>Ziprasidone</i> Second Generation Antipsychotics (Atypical Antipsychotics) (Generics First) Cont. Zyprexa® <i>(olanzapine)</i> 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 | 150 | Diagnosis of COPD. |

Prescription Drug Program

| Drug | Code | Criteria |
|--|-------------|--|
| Aerosphere™ (glycopyrrolate-formoterol fumarate) | | |
| 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® (arformoterol) | 150 | Diagnosis of COPD. |
| <i>buprenorphine</i> | 077 | Seven (7) day induction of buprenorphine monotherapy for pregnant clients. |
| <i>bupropion HCl</i> | 072 | Client is receiving smoking (tobacco) cessation counseling from their prescriber, qualified practitioner, or the Quitline. Washington State Tobacco Quitline phone number: 1-800-784-8669. |
| | 073 | Client is: a) Pregnant, and b) 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>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® (varenicline tartrate) | 072 | Client is receiving smoking (tobacco) cessation counseling from their prescriber, qualified practitioner, or the Quitline. Washington State Tobacco Quitline phone number: 1-800-784-8669. |
| | 073 | Client is: a) Pregnant, and b) Receiving smoking (tobacco) cessation counseling from their prescriber, qualified practitioner, or the Quitline. Washington State Tobacco Quitline phone number: 1-800-784-8669. |
| 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. |

Prescription Drug Program

| Drug | Code | Criteria |
|--|-------------|---|
| 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. |
| <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. |
| <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 |
| Focalin®/XR (<i>dexmethylphenidate</i>) | 075 | Diagnosis of attention deficit hyperactivity disorder (ADHD) or Attention deficit disorder (ADD) |

Prescription Drug Program

| Drug | Code | Criteria |
|--|------|--------------------------------|
| Foradil® Aerolizer® <i>(formoterol)</i> | 150 | Diagnosis of COPD. |
| 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> | 100 | Diagnosis of gender dysphoria. |

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>tesosterone 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 |
|--|-------------|---|
| 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>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 : a) Paraben sensitivity; b) Concomitant tretinate 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. |
| <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; |

Prescription Drug Program

| Drug | Code | Criteria |
|--|-------------|--|
| | 051 | Peripheral vascular disease; or |
| | 052 | Patient is immunocompromised. |
| 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>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: a) Allergy; or b) Inability to maintain IV access. |
| 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. 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. |
| <i>methylphenidate /LA/SR/OSM</i> | 075 | Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder ADD). |
| Methylin® <i>/XR/chewable/ solution</i> | 075 | Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder ADD). |

Prescription Drug Program

| Drug | Code | Criteria |
|---|-------------|--|
| Nephrocaps®, Nephro-Fer®, Nephro-vite®, Nephro-Vite® Rx, and Nephron® FA | 096 | Treatment of patients with renal disease. |
| Nexium® Nexium® granules (esomeprazole) | 079 | Diagnosis of <i>H. pylori</i> with ulcer present. Limited to 28 units for 14 days for initial fill. |
| nicotine gum/ lozenge/patches | 072 | Client is receiving smoking (tobacco) cessation counseling from their prescriber, qualified practitioner, or the Quitline. Washington State Tobacco Quitline phone number: 1-800-784-8669. |
| | 073 | Client is: a) Pregnant, and b) Receiving smoking (tobacco) cessation counseling from their prescriber, qualified practitioner, or the Quitline. Washington State Tobacco Quitline phone number: 1-800-784-8669. |
| Ocrevus™ (ocrelizumab) | 074 | Diagnosis of primary progressive multiple sclerosis (PPMS). |
| <i>omeprazole OTC/RX</i> | 079 | Diagnosis of <i>H. pylori</i> with ulcer present. Limited to 28 units for 14 days for initial fill. |
| <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. |
| Opioid products (excludes injectable/IV) containing: benzhydrocodone buprenorphine (pain indications only) butorphanol codeine dihydrocodeine fentanyl hydrocodone hydromorphone levorphanol meperidine | 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. |
| | 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. |

Prescription Drug Program

| Drug | Code | Criteria |
|---|-------------|---|
| morphine oxycodone oxymorphone pentazocine tapentadol tramadol | | |
| <i>ondansetron</i> oral solution | 071 | Inability to swallow oral tablets or capsules for patients age 18 and older. Max dose 24mg/day. |
| Oxandrin® (<i>oxandrolone</i>) | | 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. |
| <i>oxandrolone</i> | | 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. |
| <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. |

Prescription Drug Program

| Drug | Code | Criteria |
|---|-------------|--|
| <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, conjugated)</i> | 101 | Diagnosis of labial adhesions in children under 5 years in age. |
| 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). |

Prescription Drug Program

| Drug | Code | Criteria |
|---|-------------|--|
| <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® (<i>salmeterol</i>) | 150 | Diagnosis of COPD. |
| 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: <ul style="list-style-type: none"> a) Current pregnancy or pregnancy which may occur while undergoing treatment; and b) Hepatitis; and c) Concurrent retinoid therapy. |
| 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. |
| Stiolto® (<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>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. |

Prescription Drug Program

| Drug | Code | Criteria |
|---|-------------|---|
| Tudorza® Pressair® (<i>aclidinium bromide</i>) | 150 | Diagnosis of COPD. |
| Utibron Neohaler® (<i>indacaterol-glycopyrrolate</i>) | 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® (<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 from their prescriber, qualified practitioner, or the Quitline. Washington State Tobacco Quitline phone number: 1-800-784-8669. |
| | 073 | Client is: a) Pregnant, and b) Receiving smoking (tobacco) cessation counseling from their prescriber, qualified practitioner, or the Quitline. Washington State Tobacco Quitline phone number: 1-800-784-8669. |

Prescription Drug Program

| Drug | Code | Criteria |
|--|-------------|---|
| 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. |
| 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. |