

Expedited Authorization Codes and Criteria Table

What is new in this version of the expedited authorization list?

The following changes are effective for dates of service on and after November 1, 2024:

Product	Code	Criteria
buprenorphine	077	Removed
buprenorphine	078	Removed

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

Prescription Drug Program

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
Aciphex® (<i>rabeprazole</i>)	079	Diagnosis of <i>H. pylori</i> with ulcer present. Limited to 28 units for 14 days for initial fill.
Second Generation 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</i>) <i>M-tab</i> <i>risperidone</i> Saphris® (<i>asenapine</i>) Seroquel® (<i>quetiapine</i>) /XR	400	Continuation of therapy.
	401	Patient is not a new start.
	404	Pharmacy has chart note on file documenting patient's refusal of a generic atypical antipsychotic, or their request for a specific atypical antipsychotic.
	406	Patient in Crisis.

Prescription Drug Program

Drug	Code	Criteria
<i>Ziprasidone</i> Zyprexa® (<i>olanzapine</i>) Zydis®		
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 and 300 lancets per month)
	266	Patient had diabetes prior to pregnancy (any quantity necessary up to two months post-delivery)
contraceptives (oral, transdermal, and intra-vaginal)	131	Used as a contraceptive, dispense 1 year
	132	Used as a contraceptive, dispensed less than a twelve month supply due to ONE of the following: <ul style="list-style-type: none"> • The prescriber is unwilling to change dispensed quantity to twelve-month supply • The patient does not want twelve-month supply • The pharmacy does not have adequate stock
	133	Used for other diagnosis, not related to contraception up to a 90-day supply
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>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.
<u>Gonadotropin-releasing Hormone (GnRH) Agonists</u> Eligard (<i>leuprolide</i>) Fensolvi (<i>leuprolide</i>) Lupron Depot/Depot-Ped	103	GnRH therapy for puberty suppression in adolescents diagnosed with gender dysphoria AND a pediatric endocrinologist or other clinician experienced in pubertal assessment has determined hormone treatment to be appropriate. This code will not override prior authorization for brands with generic equivalents or non-preferred products unless client has met tried and failed criteria.

Prescription Drug Program

Drug	Code	Criteria
<i>(leuprolide)</i> Supprelin LA <i>(histrelin)</i> Triptodur <i>(triptorelin)</i> Vantas <i>(histrelin)</i> Zoladex <i>(goserlin)</i>		
<u>Gonadotropin-releasing Hormone (GnRH) Agonists</u> Eligard <i>(leuprolide)</i> Fensolvi <i>(leuprolide)</i> Lupron Depot/Depot-Ped <i>(leuprolide)</i> Supprelin LA <i>(histrelin)</i> Triptodur <i>(triptorelin)</i> Vantas <i>(histrelin)</i> Zoladex <i>(goserlin)</i>	104	For clients 18 years of age and older: <ul style="list-style-type: none"> GnRH therapy for the treatment of gender dysphoria. For clients 17 years of age and under: <ul style="list-style-type: none"> GnRH therapy for the treatment of gender dysphoria; AND A pediatric endocrinologist or other clinician experienced in pubertal assessment has determined hormone treatment to be appropriate. <p>This code will not override prior authorization for brands with generic equivalents or non-preferred products unless client has met tried and failed criteria.</p>
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.
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.
Nexium® Nexium® granules <i>(esomeprazole)</i>	079	Diagnosis of <i>H. pylori</i> with ulcer present. Limited to 28 units for 14 days for initial fill.
<i>omeprazole</i> <i>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.

Prescription Drug Program

Drug	Code	Criteria
Opioid products (excludes injectable/IV) containing: benzhydrocodone buprenorphine (pain indications only) butorphanol codeine dihydrocodeine fentanyl hydrocodone hydromorphone levorphanol meperidine morphine oxycodone oxymorphone pentazocine tapentadol tramadol	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.
<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 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.
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>)	079	Diagnosis of <i>H. pylori</i> with ulcer present. Limited to 28 units for 14 days for initial fill.

Prescription Drug Program

Drug	Code	Criteria
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>)	079	Diagnosis of <i>H. pylori</i> with ulcer present. Limited to 28 units for 14 days for initial fill.
<i>rabeprazole sodium</i>	079	Diagnosis of <i>H. pylori</i> with ulcer present. Limited to 28 units for 14 days for initial fill.
SymlinPen® (<i>pramlintide acetate</i>)	267	Diagnosis of type 1 diabetes.
<u>Testosterone therapy</u> Aveed (<i>testosterone undecanoate</i>) AndroDerm (<i>testosterone transdermal patch</i>) testosterone cypionate IM testosterone transdermal gel 1.62% Xyosted (<i>testosterone enanthate</i>)	102	For clients 18 years of age and older: <ul style="list-style-type: none"> • Testosterone therapy for the treatment of gender dysphoria. For clients 17 years of age and under: <ul style="list-style-type: none"> • Testosterone therapy for the treatment of gender dysphoria; AND • A pediatric endocrinologist or other clinician • experienced in pubertal assessment has determined hormone treatment to be appropriate. This code will not override prior authorization for brands with generic equivalents or non-preferred products unless client has met tried and failed criteria.
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.