

Pharmacy POS replacement

Frequently asked questions

Where can I find drug coverage criteria for Apple Health?

Drug coverage status can be found on the [Apple Health Preferred Drug List \(AHPDL\)](#). The AHPDL indicates the following for drugs:

- The associated AHPDL drug class
- Rebate status
- Non-covered reason, if applicable
- Preferred status
 - To obtain authorization for a nonpreferred drug, a client must have tried and failed, or is intolerant to, a designated number of preferred drugs within the drug class unless contraindicated or not clinically appropriate. The designated number of preferred drugs is listed on the AHPDL in column titled number of preferred.
- If the drug requires prior authorization such as
 - Second Opinion Program limitations.
 - Clinical or non-clinical policy criteria, the policy number is listed in column titled PA policy number.

Clinical policies can be found on [Apple Health's Drug Coverage Criteria](#) webpage using the policy number found on the PA policy number column on the AHPDL.

Did federal rebate status change on drugs?

Drugs did not have a change in federal rebate status; however, the drug file Apple Health uses changed. Moving forward Apple Health is using the quarterly CMS file in combination with the First Data Bank drug file.

How do I interpret the rebate statuses on the Apple Health Preferred Drug List (AHPDL)?

Rebate status on the AHPDL can be interpreted as follows:

- Y = Active federal rebate
- N = No Active federal rebate (Apple Health only covers products with an active federal rebate)
- X = Not Applicable (federal rebate does not apply to this product, i.e., medical supplies, vaccines, etc.)

How do I verify if a drug is carved out of managed care?

For a list of drugs that are carved out of managed care please see the [Drugs excluded from MCO responsibility \(billed to FFS\) list](#).

What is the second opinion program?

As mandated by the legislator in [RCW 74.09.490](#), HCA developed the second opinion program to improve prescribing practices in children. This program was created in collaboration with the Pediatric Mental Health Advisory Group and the Drug Utilization Review Board. Together the group established pediatric mental health guidelines that identify children at risk due to off-label use of prescription medication, use of multiple medications, high medication dosage, or have a lack of coordination across multiple prescribing providers.

Where can I find information about the second opinion program?

Information about the Second Opinion Program, including the pediatric mental health guidelines, can be found on the [Apple Health Second Opinion Program webpage](#).

Has the authorization process changed?

The process remains the same with the following exceptions:

- The return fax number for supporting documentation and the [Pharmacy Information Authorization form \(13-825A\)](#) has been changed to 1-833-991-0704.
- Supporting documentation no longer requires a barcode coversheet

For more information, see the [Pharmacy Authorization webpage](#).

Is a barcode cover sheet required?

For drugs submitted through the pharmacy point-of-sale (POS) system, a barcode coversheet is not required to submit supporting documentation for a PA.

Does Apple Health Fee for Service contract with Cover My Meds?

No. Apple Health Fee for Service does not currently contract with any healthcare software companies to complete prior authorizations.

Are we able to submit a Prior Authorization (PA) renewal BEFORE it expires?

Yes, HCA recommends requesting a PA ahead of the current PA's expiration date. This allows time to ensure HCA receives all the required clinical information (charts, labs, etc.).

Have the Expedited Authorization (EA) codes changed?

Yes, the list of Expedited Authorization (EA) codes has been updated. Some were removed as part of the implementation of the new POS system. For a list of current codes see the [Prescription Drug Program EA list](#).

What over-the-counter products are covered?

Apple Health pays for OTC products that are preferred on the [Apple Health Preferred Drug List](#).

When is it appropriate to bill an emergency fill?

When the dispensing pharmacist uses their professional judgment to meet a client's urgent medical need and is willing to dispense the medication to the client per [Apple Health's Emergency Fill Policy](#).

What does submission clarification code 13 (emergency fill) override?

The Submission Clarification Code 13 overrides specific claim rejections. For a list of rejections Submission Clarification Code 13 will override, see the [Emergency Fill Rejection List](#).

Are Drug Utilization Review (DUR) rejects posting correctly?

Yes, except for ingredient duplication. The Pharmacy Program is working on correcting this currently it will post when there is a therapy duplication. To override this DUR reject please use the standard ingredient duplication options.

What drugs can be considered for compliance packaging?

Please see the [Prescription Drug Program Billing Guide](#) for compliance packaging criteria and billing instructions.

Where can I find additional Pharmacy billing and program information?

Additional Pharmacy and Billing Program information can be found in the following resources:

- [Prescription Drug Program billing guide](#)
- [Expedited Authorization list](#)
- [Payer Specification Sheet](#)
- [Emergency fill policy](#)
- [Apple Health Pharmacy webpage](#)
- [Apple Health Preferred Drug List webpage](#)
- [Apple Health Drug Coverage Criteria webpage \(clinical policies\)](#)
- [Pharmacy Prior Authorization Webpage](#)
- [Apple Health Second Opinion Program webpage](#)

Additional questions?

For Additional questions or to report an issue please contact
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