

WAC 182-530-3000 When the medicaid agency requires authorization. Covered drugs, devices, or drug-related supplies require authorization for reimbursement when:

- (1) The medicaid agency's pharmacists or medical consultants:
 - (a) Have determined that authorization for the drug, device, or drug-related supply is required, as described in WAC 182-530-3100; or
 - (b) Have not yet reviewed the drug, device, or drug-related supply as described in WAC 182-530-3100.
- (2) The drug, device, or drug-related supply is in a therapeutic drug class on the Washington preferred drug list and the product is one of the following:
 - (a) Nonpreferred as described in WAC 182-530-4100; and
 - (i) The prescriber is a nonendorsing practitioner; or
 - (ii) The drug is designated as exempt from the therapeutic interchange program per WAC 182-530-4100(6) or 182-530-4150 (2)(a);
 - (b) Preferred for a special population or specific indication and has been prescribed by a nonendorsing practitioner under conditions for which the drug, device, or drug-related supply is not preferred; or
 - (c) Determined to require authorization for safety.
- (3) The agency is promoting safety, efficacy, and effectiveness of drug therapy, or the agency identifies clients or groups of clients who would benefit from further clinical review.
- (4) The agency designates the prescriber(s) as requiring authorization because the prescriber(s) is under agency review or is sanctioned for substandard quality of care.
- (5) Utilization data indicate there are health and safety concerns or the potential for misuse and abuse. Examples of utilization concerns include:
 - (a) Multiple prescriptions filled for the same drug in the same calendar month;
 - (b) Prescriptions filled earlier than necessary for optimal therapeutic response;
 - (c) Therapeutic duplication;
 - (d) Therapeutic contraindication;
 - (e) Excessive dosing, excessive duration of therapy, or subtherapeutic dosing as determined by FDA labeling or the compendia of drug information; and
 - (f) Number of prescriptions filled per month in total or by therapeutic drug class.
- (6) The pharmacy requests reimbursement in excess of the maximum allowable cost and the drug has been prescribed with instructions to dispense as written.

[Statutory Authority: RCW 41.05.021 and 41.05.160. WSR 17-07-001, § 182-530-3000, filed 3/1/17, effective 4/1/17; WSR 16-01-046, § 182-530-3000, filed 12/9/15, effective 1/9/16. WSR 11-14-075, recodified as § 182-530-3000, filed 6/30/11, effective 7/1/11. Statutory Authority: RCW 74.04.050, 74.08.090, 74.09.700, 2008 c 245. WSR 08-21-107, § 388-530-3000, filed 10/16/08, effective 11/16/08. Statutory Authority: RCW 74.04.050, 74.08.090, 74.09.530, and 74.09.700. WSR 07-20-049, § 388-530-3000, filed 9/26/07, effective 11/1/07.]