
HOUSE BILL 1797

State of Washington

62nd Legislature

2011 Regular Session

By Representatives Green and Hinkle

1 AN ACT Relating to establishing criteria for prescribing atypical
2 antipsychotic drugs on the state preferred drug list; and amending RCW
3 69.41.190.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

5 **Sec. 1.** RCW 69.41.190 and 2009 c 575 s 1 are each amended to read
6 as follows:

7 (1)(a) Except as provided in subsection (2) of this section, any
8 pharmacist filling a prescription under a state purchased health care
9 program as defined in RCW 41.05.011(2) shall substitute, where
10 identified, a preferred drug for any nonpreferred drug in a given
11 therapeutic class, unless the endorsing practitioner has indicated on
12 the prescription that the nonpreferred drug must be dispensed as
13 written, or the prescription is for a refill of an antipsychotic,
14 atypical antipsychotic, antidepressant, antiepileptic, chemotherapy,
15 antiretroviral, or immunosuppressive drug, or for the refill of a
16 immunomodulator/antiviral treatment for hepatitis C for which an
17 established, fixed duration of therapy is prescribed for at least
18 twenty-four weeks but no more than forty-eight weeks, in which case the
19 pharmacist shall dispense the prescribed nonpreferred drug.

1 (b) When a substitution is made under (a) of this subsection, the
2 dispensing pharmacist shall notify the prescribing practitioner of the
3 specific drug and dose dispensed.

4 (2)(a) A state purchased health care program may impose limited
5 restrictions on an endorsing practitioner's authority to write a
6 prescription to dispense as written only under the following
7 circumstances:

8 (i) There is statistical or clear data demonstrating the endorsing
9 practitioner's frequency of prescribing dispensed as written for
10 nonpreferred drugs varies significantly from the prescribing patterns
11 of his or her peers;

12 (ii) The medical director of a state purchased health program has:

13 (A) Presented the endorsing practitioner with data that indicates the
14 endorsing practitioner's prescribing patterns vary significantly from
15 his or her peers, (B) provided the endorsing practitioner an
16 opportunity to explain the variation in his or her prescribing patterns
17 to those of his or her peers, and (C) if the variation in prescribing
18 patterns cannot be explained, provided the endorsing practitioner
19 sufficient time to change his or her prescribing patterns to align with
20 those of his or her peers; and

21 (iii) The restrictions imposed under (a) of this subsection (2)
22 must be limited to the extent possible to reduce variation in
23 prescribing patterns and shall remain in effect only until such time as
24 the endorsing practitioner can demonstrate a reduction in variation in
25 line with his or her peers.

26 (b) A state purchased health care program may immediately designate
27 an available, less expensive, equally effective generic product in a
28 previously reviewed drug class as a preferred drug, without first
29 submitting the product to review by the pharmacy and therapeutics
30 committee established pursuant to RCW 70.14.050.

31 (c) For a patient's first course of treatment within a therapeutic
32 class of drugs, a state purchased health care program may impose
33 limited restrictions on endorsing practitioners' authority to write a
34 prescription to dispense as written, only under the following
35 circumstances:

36 (i) There is a less expensive, equally effective therapeutic
37 alternative generic product available to treat the condition;

1 (ii) The drug use review board established under WAC 388-530-4000
2 reviews and provides recommendations as to the appropriateness of the
3 limitation;

4 (iii) Notwithstanding the limitation set forth in (c)(ii) of this
5 subsection (2), the endorsing practitioner shall have an opportunity to
6 request as medically necessary, that the brand name drug be prescribed
7 as the first course of treatment;

8 (iv) The state purchased health care program may provide, where
9 available, prescription, emergency room, diagnosis, and hospitalization
10 history with the endorsing practitioner; and

11 (v) Specifically for antipsychotic restrictions, the state
12 purchased health care program shall effectively guide good practice
13 without interfering with the timeliness of clinical decision making.
14 Department of social and health services prior authorization programs
15 must provide for responses within twenty-four hours and at least a
16 seventy-two hour emergency supply of the requested drug.

17 (d) If, within a therapeutic class, there is an equally effective
18 therapeutic alternative over-the-counter drug available, a state
19 purchased health care program may designate the over-the-counter drug
20 as the preferred drug.

21 (e) A state purchased health care program may impose limited
22 restrictions on endorsing practitioners' authority to prescribe
23 pharmaceuticals to be dispensed as written for a purpose outside the
24 scope of their approved labels only under the following circumstances:

25 (i) There is a less expensive, equally effective on-label product
26 available to treat the condition;

27 (ii) The drug use review board established under WAC 388-530-4000
28 reviews and provides recommendations as to the appropriateness of the
29 limitation; and

30 (iii) Notwithstanding the limitation set forth in (e)(ii) of this
31 subsection (2), the endorsing practitioner shall have an opportunity to
32 request as medically necessary, that the drug be prescribed for a
33 covered off-label purpose.

34 (f) The provisions of this subsection related to the definition of
35 medically necessary, prior authorization procedures and patient appeal
36 rights shall be implemented in a manner consistent with applicable
37 federal and state law.

1 (g) Prescriptions for atypical antipsychotic medications are
2 subject to the following exception criteria:

3 (i) The patient is stable on current medication;

4 (ii) The patient has previously been prescribed an atypical
5 antipsychotic medication;

6 (iii) The patient cannot tolerate generic atypical antipsychotic
7 medication;

8 (iv) The pharmacy has a chart note on file documenting the
9 patient's refusal of a generic atypical antipsychotic medication, or
10 the patient's request for a specific atypical antipsychotic medication;

11 (v) There is no preferred generic atypical antipsychotic medication
12 indicated by the food and drug administration for the diagnosis; and

13 (vi) The patient is in an emergency situation.

14 (3) Notwithstanding the limitations in subsection (2) of this
15 section, for refills for an antipsychotic, atypical antipsychotic,
16 antidepressant, antiepileptic, chemotherapy, antiretroviral, or
17 immunosuppressive drug, or for the refill of an immunomodulator
18 antiviral treatment for hepatitis C for which an established, fixed
19 duration of therapy is prescribed for at least twenty-four weeks by no
20 more than forty-eight weeks, the pharmacist shall dispense the
21 prescribed nonpreferred drug.

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