

Expedited Emergency Supply Request Drugs

For drugs listed in the table below, expedited emergency supply requests may be submitted only using the Specialized Transmission Approval Technology-Prior Authorization system. Effective for dates of service on and after April 1, 2020, the list has been expanded and modified temporarily during the COVID-19 public health emergency. The expanded list allows pharmacy providers to submit prior authorization requests for an expedited emergency supply for many drugs using the Specialized Transmission Approval Technology-Prior Authorization system and then submit a claim for the expedited emergency supply electronically. This eliminates the need to submit claims for expedited emergency supply drugs on paper. Pharmacy providers are required to complete, date, and sign the [Prior Authorization/Preferred Drug List \(PA/PDL\) for Expedited Emergency Supply Request](#) form, F-00401 (01/2020), before a prior authorization request for an expedited emergency supply is submitted.

Effective 04/01/2020

| Up To 14-Day Supply Authorization | Up To 34-Day Supply Authorization | Up To 100-Day Supply Authorization |
|-----------------------------------|--|--|
| Drug or Class Name | Drug or Class Name | Drug or Class Name |
| Antivirals, Influenza | Antibiotics, Beta Lactam | Acne Agents, Topical |
| H. Pylori Agents | Antibiotics, Macrolides/Ketolides | Alzheimer's Agents |
| | Antibiotics, Vaginal | Analgesics/Anesthetics, Topical |
| | Antiparasitics, Topical | Analgesics, Miscellaneous |
| | Fluoroquinolones | Analgesics, Opioids Long-Acting (Excluding buprenorphine transdermal, fentanyl transdermal 37.5 mcg, 62.5 mcg, and 87.5 mcg) |
| | Otics, Antibiotics | Analgesics, Opioids Short-Acting - Fentanyl Mucosal Agents |
| | Otics, Anti-Infectives and Anesthetics | Analgesics, Opioids Short-Acting (Excluding Oxaydo and Roxybond) |
| | | Androgenic Agents |
| | | Androgenic Agents, Injectable |
| | | Angiotensin Modulators, ACE Inhibitors |
| | | Angiotensin Modulators, ARBs and DRIs |
| | | Angiotensin Modulators, Combination |
| | | Antibiotics, GI |
| | | Antibiotics, Tetracyclines |
| | | Antibiotics, Topical |
| | | Anticoagulants |
| | | Anticonvulsants (Excluding Diacomit, Sympazan, Vigadrone, and vigabatrin) |

| Up To 14-Day Supply Authorization | Up To 34-Day Supply Authorization | Up To 100-Day Supply Authorization |
|-----------------------------------|-----------------------------------|---|
| Drug or Class Name | Drug or Class Name | Drug or Class Name |
| | | Antidepressants, Other |
| | | Antidepressants, SSRI |
| | | Antiemetics |
| | | Antiemetics/Antivertigo (Excluding scopolamine patch) |
| | | Antifungals, Oral |
| | | Antifungals, Topical (Excluding Jublia and Kerydin) |
| | | Antihistamines, Minimally Sedating |
| | | Antihypertensives, Miscellaneous |
| | | Antiparkinson's Agents |
| | | Antipsoriatics, Oral |
| | | Antipsoriatics, Topical |
| | | Antipsychotics (Excluding Abilify MyCite) |
| | | Antipsychotics, Injectable |
| | | Antivirals, Other |
| | | Antivirals, Topical |
| | | Anxiolytics |
| | | Beta Blocker |
| | | Bile Salts |
| | | Bladder Relaxant Preparations |
| | | Bone Resorption Suppression |
| | | BPH Agents, Adrenergic |
| | | BPH Agents, Alpha Reductase Inhibitors |
| | | Bronchodilators, Beta Agonists |
| | | Calcium Channel Blocking Agents |
| | | COPD Agents |
| | | Cough and Cold, Narcotic Liquids |
| | | Erythropoiesis Stimulating Proteins |
| | | Fibromyalgia |
| | | GI Motility, Chronic - Constipation |
| | | GI Motility, Chronic - Diarrhea |
| | | Glucocorticoids, Inhaled |
| | | Glucocorticoids, Oral (Excluding Emflaza) |
| | | Gout Agents (Excluding febuxostat tabs) |
| | | H2 Antagonists |

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|-----------------------------------|-----------------------------------|--|
| Drug or Class Name | Drug or Class Name | Drug or Class Name |
| | | Hepatitis B Agents |
| | | Hypoglycemics, Alpha-Glucosidase Inhibitors |
| | | Hypoglycemics, DPP-4 Inhibitors |
| | | Hypoglycemics, Insulins (Excluding Long-Acting) |
| | | Hypoglycemics, Meglitinides |
| | | Hypoglycemics, Other (Excluding metformin ER OSM-tab) |
| | | Hypoglycemics, Sulfonylureas |
| | | Hypoglycemics, Thiazolidinediones |
| | | Immunomodulators, Atopic Dermatitis (Eucrisa only) |
| | | Immunomodulators, Topical |
| | | Intranasal Rhinitis Agents |
| | | Leukotriene Modifiers |
| | | Lipotropics, Bile Acid Sequestrants |
| | | Lipotropics, Fibric Acids |
| | | Lipotropics, Niacin |
| | | Lipotropics, Other |
| | | Methotrexate |
| | | Migraine Agents, Other |
| | | Neuropathic Pain |
| | | Nonsteroidal Anti-Inflammatory Drugs |
| | | Ophthalmics, Allergic Conjunctivitis (Excluding olopatadine 0.2% drops) |
| | | Ophthalmics, Antibacterial |
| | | Ophthalmics, Antibiotic-Steroid Combinations |
| | | Ophthalmics, Anti-Inflammatories |
| | | Ophthalmics, Anti-Inflammatory/Immunomodulators (Excluding Cequa solution) |
| | | Ophthalmics, Glaucoma—Beta Blockers |
| | | Ophthalmics, Glaucoma—Other |
| | | Ophthalmics, Glaucoma—Prostaglandins (Excluding bimatoprost 0.03% 7.5 ml and Lumigan 0.01% 7.5 ml) |

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|-----------------------------------|-----------------------------------|--|
| Drug or Class Name | Drug or Class Name | Drug or Class Name |
| | | Opioid Dependency Agents (Only buprenorphine for pregnant women and Sublocade) |
| | | Pancreatic Enzymes |
| | | Phosphate Binders (Excluding sevelamer [Gen-Renvela] and lanthanum carbonate) |
| | | Platelet Aggregation Inhibitors |
| | | Prenatal Vitamins |
| | | Proton Pump Inhibitors |
| | | Pulmonary Arterial Hypertension |
| | | Sedative Hypnotics (Excluding temazepam 7.5 mg and 22.5 mg) |
| | | Skeletal Muscle Relaxants |
| | | Steroids, Topical High |
| | | Steroids, Topical Low |
| | | Steroids, Topical Medium |
| | | Steroids, Topical Very High |
| | | Stimulants (Excluding methamphetamine) |
| | | Ulcerative Colitis |