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 (STAT-PA) system.

		Effective 01/01/2025
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
Alzheimer's Agents	Androgenic Agents (Excluding Azmiro)	Prenatal Vitamins
Analgesics/Anesthetics, Topical (Excluding diclofenac 2% pump [Gen-Pennsaid pump])	Antipsychotics, Injectable (Excluding risperidone ER [Gen-Risperdal Consta])	
Analgesics, Opioids Long- Acting (Excluding buprenorphine transdermal, fentanyl transdermal 37.5 mcg, 62.5 mcg, 87.5 mcg, and hydrocodone ER tablets [Gen- Hysingla ER])	Bronchodilators, Beta Agonists (Excluding albuterol HFA [Gen-Ventolin])	
Analgesics, Opioids Short- Acting (Excluding Roxybond)	COPD Agents (Excluding tiotropium [Gen-Spiriva])	
Angiotensin Modulators/CCB combo	COPD Agents—12 Years and Under	
Angiotensin Modulators, ACE Inhibitors	Epinephrine, Self- Administered	
Angiotensin Modulators, ARBs and DRIs	Glucagon Agents	
Antibiotics, Beta-Lactam	Glucagon Agents, Gvoke—6 Years and Under	
Antibiotics, GI (GI Infections) (Excluding Vowst capsule)	Glucocorticoids, Inhaled (Excluding budesonide/ formoterol [Gen-Symbicort], fluticasone/salmeterol [Gen- Advair HFA and Gen-Airduo Respiclick], fluticasone/ vilanterol [Gen-Breo Elipta], and Breyna Inhaler)	
Antibiotics, Macrolides/ Ketolides	Hypoglycemics, Insulins (Excluding Long-Acting Insulins)	
Antibiotics, Tetracyclines	Intranasal Rhinitis Agents	
Antibiotics, Topical	Ophthalmics, Allergic Conjunctivitis	
Antibiotics, Vaginal	Ophthalmics, Antibacterial	

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
Anticoagulants Agents (Excluding dabigatran capsule [Gen-Pradaxa])	Ophthalmic Antibiotic/ Steroid Combinations	
Anticonvulsants (Excluding carbamazepine ER caps, carbamazepine ER tabs, divalproex sprinkle, topiramate ER [Gen-Trokendi XR], topiramate ER [Gen- Qudexy XR], Vigadrone, Vigafyde, Vigpoder, and Ztalmy)	Ophthalmics, Anti- Inflammatories	
Antidepressants, Other	Ophthalmics, Anti- Inflammatory/ Immunomodulators (Excluding cyclosporine eye emulsion [Gen-Restasis], Cequa solution, Tyrvaya nasal spray, and Verkazia)	
Antidepressants, SSRI	Ophthalmics, Glaucoma—Beta Blockers	
Antiemetics	Ophthalmics, Glaucoma— Other (Excluding brimonidine tartrate-timolol [Gen- Combigan] and brinzolamide 1% drops [Gen-Azopt])	
Antiemetics/Antivertigo (Excluding doxylamine succinate/pyridoxine [Gen- Diclegis])	Ophthalmics, Glaucoma— Prostaglandins (Excluding bimatoprost 0.03% 7.5 ml)	
Antifungals, Oral	Otics Anti-Infectives and Anesthetics	
Antifungals, Topical (Excluding tavaborole solution [Gen-Kerydin] and Jublia)	Otics, Antibiotics	
Antihistamines, Minimally Sedating	Pulmonary Arterial Hypertension (Excluding Opsynvi tablet)	
Antihypertensives, Miscellaneous	Steroids, Topical Low (Excluding Hydroxym Gel)	
Antiparasitics, Topical	Steroids, Topical Medium	
Antiparkinson's Agents	Steroids, Topical High	
Antipsoriatics, Oral	Steroids, Topical Very High	
Antipsoriatics, Topical		
Antivirals, Influenza		<u> </u>

Drug or Class NameDrug or Class NameAntivirals, Other	Up to 14-Day Supply Authorization	Up to 34-Day Supply Authorization	Up to 100-Day Supply Authorization
Antivirals, Topical Antivirals, Topical Antivirals, Topical Antipical Antipsychotics (Excluding Abilify MyCite) Beta Blocker Bile Salts (Excluding Bylvay, Cholbam, and Livmarli Solution) Bladder Relaxant Preparations (Excluding fesoterodine ER [Gen-Toviaz ER] and (Gen-Toviaz ER] and mirabegron ER [Gen-Myrbetriq er]) Bone Resorption Suppression (Excluding teriparatide [Gen-Bonsity] and teriparatide [Gen-Forteo]) BPH Agents, Adrenergic BPH Agents, Adrenergic BPH Agents, Karba Reductase Inhibitors (Excluding Entadfi) Calcium Channel Blocking Agents Erythropoiesis Stimulating Proteins (Excluding Jesduvroq and Vafseo tablet) Fibromyalgia [Huoroquinolones GI Motility, Chronic—Coartes GI GI Motility, Chronic—Diarrhea GIuccorticoids, Oral (Excluding deflazacort tabs Igen-Emflaza tabs], Agamree suspension], deflazacort tabs Gen-Emflaza tabs], Agamree Suspension], and Emflaza) Gout Agents (Excluding cohen, and Emflaza) Gout Agents (Excluding Cohen, Mitigare])	Drug or Class Name	Drug or Class Name	Drug or Class Name
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Headache Agents, Triptans			
	Injectable (Zembrace only)		

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
Headache Agents, Triptans		
Non-Injectable		
Hepatitis B Agents		
HIV/AIDS		
Hypoglycemics, Alpha-		
Glucosidase Inhibitors		
Hypoglycemics, DPP-4		
Inhibitors		
Hypoglycemics, Meglitinides		
Hypoglycemics, Other		
(Excluding metformin ER		
OSM-tab)		
Hypoglycemics, Sulfonylureas		
Hypoglycemics,		
Thiazolidinediones		
Idiopathic Pulmonary Fibrosis		
Immunomodulators, Atopic		
Dermatitis (Opzelura and		
Zoryve 0.15% cream only)		
Immunomodulators, Topical		
Leukotriene Modifiers		
Lipotropics, Bile Acid		
Sequestrants		
Lipotropics, Fibric Acids		
Lipotropics, Other		
Methotrexate		
Neuropathic Pain		
Nonsteroidal Anti-		
Inflammatory Drugs		
(Excluding Kiprofen)		
Opioid Dependency Agents		
(Only buprenorphine tabs		
[without naloxone] for		
pregnant women)		
Pancreatic Enzymes		
Phosphate Binders (Excluding		
lanthanum carbonate)		
Platelet Aggregation Inhibitors		

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
Proton Pump Inhibitors (Excluding dexlansoprazole capsules [Gen-Dexilant DR], esomeprazole DR packet [Gen-Nexium DR packet], lansoprazole ODT solutab [Gen-Prevacid solutab], and pantoprazole suspension [Gen-Protonix suspension]) Sedative Hypnotics (Excluding		
temazepam 7.5 mg and 22.5 mg)		
Skeletal Muscle Relaxants (Excluding chlorzoxazone 375 mg and 750 mg tabs, cyclobenzaprine ER capsule, Amrix, Lorzone, and Tanlor)		
Ulcerative Colitis (Excluding budesonide ER [Gen-Uceris ER], Velsipity, and Zeposia)		