

APRIL 2020 | ALERT NO. 010



**TO**

Community Health Centers, Dentists, Hospital Providers, Nurse Practitioners, Nursing Homes, Pharmacies, Physician Assistants, Physician Clinics, Physicians, Podiatrists, Rural Health Clinics, Tribal Federally Qualified Health Centers, HMOs and Other Managed Care Programs

**REGARDING**

ForwardHealth Has Expanded the List of Drugs Available Through Expedited Emergency Supply

In response to the COVID-19 pandemic, ForwardHealth is temporarily **expanding the list of drugs available through expedited emergency supply**. These changes are issued pursuant to section 1927(d) of the Social Security Act. ForwardHealth will publish additional guidance about the topics addressed in this Alert when the temporary policies related to COVID-19 expire.

**ForwardHealth Has Expanded the List of Drugs Available Through Expedited Emergency Supply**

Effective for dates of service on and after April 1, 2020, ForwardHealth, which has an expedited emergency supply policy dispensing option available for certain drugs, has expanded the list of drugs available through expedited emergency supply and will allow most drugs to be dispensed in up to a 100-day expedited emergency supply. A table with the expanded list of drugs available by expedited supply is included below and is also available on the [Pharmacy Resources](#) page of the ForwardHealth Portal. Pharmacy providers should continue to follow the current processes for requesting an expedited emergency supply of drugs detailed in the [Emergency Medication Dispensing](#) topic (#1399) of the ForwardHealth Online Handbook.

## 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 **in response to** 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.

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

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
		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)
		Antidepressants, Other
		Antidepressants, SSRI
		Antiemetics
		Antiemetics/Antivertigo (Excluding scopolamine patch)
		Antifungals, Oral
		Antifungals, Topical (Excluding Jublia and Kerydin)
		Antihistamines, Minimally Sedating
		Antihypertensives, Miscellaneous

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
		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

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
		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
		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

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
		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

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
		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)
		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

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
		Steroids, Topical Low
		Steroids, Topical Medium
		Steroids, Topical Very High
		Stimulants (Excluding methamphetamine)
		Ulcerative Colitis