



Colorado Medicaid Pharmacy Benefits

What is a Preferred Drug List (PDL)?

A listing of clinically effective medications, called Preferred Drugs for which the Medicaid Fee for Service Program allows coverage without prior authorization (PA).

Non-preferred Drugs are still available after the doctor obtains prior authorization.

Coverage for medications not listed on the PDL is determined by the Medicaid Program and is primarily unrestricted. Non-PDL prior authorization criteria can be found in Appendix P.

What is a Prior Authorization (PA) and how do I get one?

A PA is a request from a doctor for a Medicaid client to receive a medication listed as a Non-preferred Drug on the PDL or otherwise listed on Appendix P.

The doctor can submit the request either by phone or by fax to Medicaid’s Prior Authorization Helpdesk. The Helpdesk is open 24 hours-a-day, seven days-a-week. If the request meets the PA criteria, the medication coverage will be allowed.

If the criteria are not met, the doctor can re-submit with updated information, or appeal the decision to Medicaid’s Pharmacy Benefits section for further review.

Each request is processed within 24 hours, and most phone requests are given the approval/denial decision immediately upon submission.

Both the client and the prescriber are notified by mail or fax of the decision to approve or deny.

In emergencies, the client’s pharmacy can get approval to provide an emergency 72-hour supply of medication if the doctor is not available.

In some drug classes, clients stable on a Non-preferred Drug are authorized to continue taking that medication after its class is added to the PDL. This is referred to as “grandfathering”.

Drug classes/specific drugs subject to the PDL

To see the most current version of the PDL, [click here](#)

On the left of the list is the Therapeutic Drug Class, this is the type/sub-classification of medication. Next to that are the lists of the Preferred and Non-preferred medications. Those in the Preferred column do not require a PA. Those under the Non-preferred column do. The explanation of how to get a Non-preferred medication is listed in the PA criteria column.

Are some drugs not covered at all?

These categories of medications are not covered for any reason. These drugs are not covered:

Non-Rebatable Drugs	Fertility Drugs	DESI Drugs	Cosmetic Drugs	Weight-Loss Drugs
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Are there quantity limits to some drugs?

Some of the drugs are subject to quantity limits. These brand name medications and their generic equivalents have quantity limits:

ANTIEMETICS						
Emend						
ATYPICAL ANTIPSYCHOTICS						
Abilify	Clozapine	Clozaril	Fazacllo	Fanapt	Geodon	Invega
Latuda	Risperdal	Saphris	Seroquel	Seroquel XR	Zyprexa	
MULTIPLE SCLEROSIS AGENTS						
Ampyra						
OPIOIDS Long Acting – Oral Opioids						
Oxycontin	Opana ER	Nucynta ER				
PROTON PUMP INHIBITORS						
Aciphex	Dexilant	Helidac	Kapidex	Nexium	Prevacid	Prevacid 24hr
Prevacid Solutab	Prevpac	Prilosec OTC	Protonix	Zegerid		
SKELETAL MUSCLE RELAXANTS						
carisoprodol						
STIMULANTS and ADHD						
Intuniv	Nuvigil	Provigil				
TRIPTANS						
Amerge	Axert	Frova	Imitrex injection	Imitrex Nasal Spray	Imitrex	Maxalt
Relpax	Treximet	Zomig nasal spray	Zomig			

How much are copay amounts?

Brand Name Medications	\$3
Generic Medications	\$1
Clients 18 and under, pregnant women (including 60 days after delivery) and clients residing in a nursing home	\$0

For more information about the Colorado Medicaid Pharmacy Benefits:

Customer Service
 Denver Metro Area: 303-866-3513
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customer.service@hcpf.state.co.us



