

# interChange Provider Important Message

**To: Pharmacies, Physicians, Nurse Practitioners, Nurse Midwives, Physician Assistants, Long Term Care Providers, Clinics, and Hospitals**

**Reminder: New Pharmacy Clinical Prior Authorization Criteria and Prior Authorization Forms for Non-Preferred Drugs in 11 Targeted Classes**

The Department of Social Services would like to remind providers that effective January 1, 2026 a new clinical prior authorization for 11 Preferred Drug List classes has been implemented. The 11 classes include drugs such as anticonvulsants and GLP1 agonists.

Please visit the pharmacy page on the [www.ctdssmap.com](http://www.ctdssmap.com) Web site to locate the clinical criteria and appropriate prior authorization forms. Please review the criteria and prescribe a preferred agent if the criteria is not met. All prior authorization requests submitted on the incorrect prior authorization forms will be denied.

For more details, please see [Provider Bulletin 2025-59](#), titled “New Pharmacy Clinical Prior Authorization Criteria and Prior Authorization Forms for Non-Preferred Drugs in 11 Targeted Classes”.