

**AHCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Anticoagulants	00007323601	ARIXTRA 10 MG SYRINGE	NPD				X
Anticoagulants	67457059508	ARIXTRA 10 MG/0.8 ML SYRINGE	NPD				X
Anticoagulants	67457059500	ARIXTRA 10 MG/0.8 ML SYRINGE	NPD				X
Anticoagulants	00007323611	ARIXTRA 10 MG/0.8 ML SYRINGE	NPD				X
Anticoagulants	00007323001	ARIXTRA 2.5 MG SYRINGE	NPD				X
Anticoagulants	00007323011	ARIXTRA 2.5 MG/0.5 ML SYRINGE	NPD				X
Anticoagulants	67457059200	ARIXTRA 2.5 MG/0.5 ML SYRINGE	NPD				X
Anticoagulants	67457059210	ARIXTRA 2.5 MG/0.5 ML SYRINGE	NPD				X
Anticoagulants	00007323201	ARIXTRA 5 MG SYRINGE	NPD				X
Anticoagulants	67457059300	ARIXTRA 5 MG/0.4 ML SYRINGE	NPD				X
Anticoagulants	67457059304	ARIXTRA 5 MG/0.4 ML SYRINGE	NPD				X
Anticoagulants	00007323211	ARIXTRA 5 MG/0.4 ML SYRINGE	NPD				X
Anticoagulants	00007323401	ARIXTRA 7.5 MG/0.6 ML SYRINGE	NPD				X
Anticoagulants	67457059406	ARIXTRA 7.5 MG/0.6 ML SYRINGE	NPD				X
Anticoagulants	67457059400	ARIXTRA 7.5 MG/0.6 ML SYRINGE	NPD				X
Anticoagulants	00007323411	ARIXTRA 7.5 MG/0.6 ML SYRINGE	NPD				X
Anticoagulants	00056016990	COUMADIN 1 MG TABLET	NPD				X
Anticoagulants	00056016970	COUMADIN 1 MG TABLET	NPD				X
Anticoagulants	00056016975	COUMADIN 1 MG TABLET	NPD				X
Anticoagulants	00056016901	COUMADIN 1 MG TABLET	NPD				X
Anticoagulants	00056017475	COUMADIN 10 MG TABLET	NPD				X
Anticoagulants	00056017470	COUMADIN 10 MG TABLET	NPD				X
Anticoagulants	00056017401	COUMADIN 10 MG TABLET	NPD				X
Anticoagulants	00056017090	COUMADIN 2 MG TABLET	NPD				X
Anticoagulants	00056017075	COUMADIN 2 MG TABLET	NPD				X
Anticoagulants	00056017070	COUMADIN 2 MG TABLET	NPD				X
Anticoagulants	00056017001	COUMADIN 2 MG TABLET	NPD				X
Anticoagulants	00056017690	COUMADIN 2.5 MG TABLET	NPD				X
Anticoagulants	00056017675	COUMADIN 2.5 MG TABLET	NPD				X
Anticoagulants	00056017670	COUMADIN 2.5 MG TABLET	NPD				X
Anticoagulants	00056017601	COUMADIN 2.5 MG TABLET	NPD				X
Anticoagulants	00056018870	COUMADIN 3 MG TABLET	NPD				X
Anticoagulants	00056018875	COUMADIN 3 MG TABLET	NPD				X
Anticoagulants	00056018801	COUMADIN 3 MG TABLET	NPD				X
Anticoagulants	00056016870	COUMADIN 4 MG TABLET	NPD				X
Anticoagulants	00056016875	COUMADIN 4 MG TABLET	NPD				X

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Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Anticoagulants	00056016801	COUMADIN 4 MG TABLET	NPD				X
Anticoagulants	00056017270	COUMADIN 5 MG TABLET	NPD				X
Anticoagulants	00056017290	COUMADIN 5 MG TABLET	NPD				X
Anticoagulants	00056017275	COUMADIN 5 MG TABLET	NPD				X
Anticoagulants	00056017201	COUMADIN 5 MG TABLET	NPD				X
Anticoagulants	00056018970	COUMADIN 6 MG TABLET	NPD				X
Anticoagulants	00056018975	COUMADIN 6 MG TABLET	NPD				X
Anticoagulants	00056018901	COUMADIN 6 MG TABLET	NPD				X
Anticoagulants	00056017375	COUMADIN 7.5 MG TABLET	NPD				X
Anticoagulants	00056017370	COUMADIN 7.5 MG TABLET	NPD				X
Anticoagulants	00056017301	COUMADIN 7.5 MG TABLET	NPD				X
Anticoagulants	00781350069	ENOXAPARIN 100 MG/ML SYRINGE	NPD				X
Anticoagulants	00548560500	ENOXAPARIN 100 MG/ML SYRINGE	NPD				X
Anticoagulants	00955101010	ENOXAPARIN 100 MG/ML SYRINGE	NPD				X
Anticoagulants	00781350005	ENOXAPARIN 100 MG/ML SYRINGE	NPD				X
Anticoagulants	62037086320	ENOXAPARIN 100 MG/ML SYRINGE	NPD				X
Anticoagulants	00548563500	ENOXAPARIN 100 MG/ML SYRINGE	NPD				X
Anticoagulants	00703858023	ENOXAPARIN 100 MG/ML SYRINGE	NPD				X
Anticoagulants	00703858021	ENOXAPARIN 100 MG/ML SYRINGE	NPD				X
Anticoagulants	63323056884	ENOXAPARIN 100 MG/ML SYRINGE	NPD				X
Anticoagulants	63323056895	ENOXAPARIN 100 MG/ML SYRINGE	NPD				X
Anticoagulants	00781361268	ENOXAPARIN 120 MG/0.8 ML SYR	NPD				X
Anticoagulants	00548560600	ENOXAPARIN 120 MG/0.8 ML SYR	NPD				X
Anticoagulants	00955101210	ENOXAPARIN 120 MG/0.8 ML SYR	NPD				X
Anticoagulants	00781361204	ENOXAPARIN 120 MG/0.8 ML SYR	NPD				X
Anticoagulants	62037086420	ENOXAPARIN 120 MG/0.8 ML SYR	NPD				X
Anticoagulants	00548563600	ENOXAPARIN 120 MG/0.8 ML SYR	NPD				X
Anticoagulants	00703861023	ENOXAPARIN 120 MG/0.8 ML SYR	NPD				X
Anticoagulants	00703861021	ENOXAPARIN 120 MG/0.8 ML SYR	NPD				X
Anticoagulants	63323056990	ENOXAPARIN 120 MG/0.8 ML SYR	NPD				X
Anticoagulants	63323056999	ENOXAPARIN 120 MG/0.8 ML SYR	NPD				X
Anticoagulants	00781365569	ENOXAPARIN 150 MG/ML SYRINGE	NPD				X
Anticoagulants	00548560700	ENOXAPARIN 150 MG/ML SYRINGE	NPD				X
Anticoagulants	00955101510	ENOXAPARIN 150 MG/ML SYRINGE	NPD				X
Anticoagulants	00781365505	ENOXAPARIN 150 MG/ML SYRINGE	NPD				X
Anticoagulants	62037086620	ENOXAPARIN 150 MG/ML SYRINGE	NPD				X

**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Anticoagulants	00548563700	ENOXAPARIN 150 MG/ML SYRINGE	NPD				X
Anticoagulants	00703851023	ENOXAPARIN 150 MG/ML SYRINGE	NPD				X
Anticoagulants	00703851021	ENOXAPARIN 150 MG/ML SYRINGE	NPD				X
Anticoagulants	63323056984	ENOXAPARIN 150 MG/ML SYRINGE	NPD				X
Anticoagulants	63323056995	ENOXAPARIN 150 MG/ML SYRINGE	NPD				X
Anticoagulants	00781313363	ENOXAPARIN 30 MG/0.3 ML SYR	NPD				X
Anticoagulants	00955100310	ENOXAPARIN 30 MG/0.3 ML SYR	NPD				X
Anticoagulants	00548560100	ENOXAPARIN 30 MG/0.3 ML SYR	NPD				X
Anticoagulants	00781313301	ENOXAPARIN 30 MG/0.3 ML SYR	NPD				X
Anticoagulants	62037083920	ENOXAPARIN 30 MG/0.3 ML SYR	NPD				X
Anticoagulants	00548563100	ENOXAPARIN 30 MG/0.3 ML SYR	NPD				X
Anticoagulants	00703853021	ENOXAPARIN 30 MG/0.3 ML SYR	NPD				X
Anticoagulants	00703853023	ENOXAPARIN 30 MG/0.3 ML SYR	NPD				X
Anticoagulants	63323056883	ENOXAPARIN 30 MG/0.3 ML SYR	NPD				X
Anticoagulants	63323056894	ENOXAPARIN 30 MG/0.3 ML SYR	NPD				X
Anticoagulants	00781312293	ENOXAPARIN 300 MG/3 ML VIAL	NPD				X
Anticoagulants	00955101601	ENOXAPARIN 300 MG/3 ML VIAL	NPD				X
Anticoagulants	63323056586	ENOXAPARIN 300 MG/3 ML VIAL	NPD				X
Anticoagulants	63323056593	ENOXAPARIN 300 MG/3 ML VIAL	NPD				X
Anticoagulants	00781322464	ENOXAPARIN 40 MG/0.4 ML SYR	NPD				X
Anticoagulants	00548560200	ENOXAPARIN 40 MG/0.4 ML SYR	NPD				X
Anticoagulants	00955100410	ENOXAPARIN 40 MG/0.4 ML SYR	NPD				X
Anticoagulants	00781322402	ENOXAPARIN 40 MG/0.4 ML SYR	NPD				X
Anticoagulants	62037084920	ENOXAPARIN 40 MG/0.4 ML SYR	NPD				X
Anticoagulants	00548563200	ENOXAPARIN 40 MG/0.4 ML SYR	NPD				X
Anticoagulants	00703854023	ENOXAPARIN 40 MG/0.4 ML SYR	NPD				X
Anticoagulants	00703854021	ENOXAPARIN 40 MG/0.4 ML SYR	NPD				X
Anticoagulants	63323056887	ENOXAPARIN 40 MG/0.4 ML SYR	NPD				X
Anticoagulants	63323056896	ENOXAPARIN 40 MG/0.4 ML SYR	NPD				X
Anticoagulants	00781335666	ENOXAPARIN 60 MG/0.6 ML SYR	NPD				X
Anticoagulants	00548560300	ENOXAPARIN 60 MG/0.6 ML SYR	NPD				X
Anticoagulants	00955100610	ENOXAPARIN 60 MG/0.6 ML SYR	NPD				X
Anticoagulants	00781335603	ENOXAPARIN 60 MG/0.6 ML SYR	NPD				X
Anticoagulants	62037086120	ENOXAPARIN 60 MG/0.6 ML SYR	NPD				X
Anticoagulants	00548563300	ENOXAPARIN 60 MG/0.6 ML SYR	NPD				X
Anticoagulants	00703856023	ENOXAPARIN 60 MG/0.6 ML SYR	NPD				X

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Anticoagulants	00703856021	ENOXAPARIN 60 MG/0.6 ML SYR	NPD				X
Anticoagulants	63323056888	ENOXAPARIN 60 MG/0.6 ML SYR	NPD				X
Anticoagulants	63323056898	ENOXAPARIN 60 MG/0.6 ML SYR	NPD				X
Anticoagulants	00781342868	ENOXAPARIN 80 MG/0.8 ML SYR	NPD				X
Anticoagulants	00548560400	ENOXAPARIN 80 MG/0.8 ML SYR	NPD				X
Anticoagulants	00955100810	ENOXAPARIN 80 MG/0.8 ML SYR	NPD				X
Anticoagulants	00781342804	ENOXAPARIN 80 MG/0.8 ML SYR	NPD				X
Anticoagulants	62037086220	ENOXAPARIN 80 MG/0.8 ML SYR	NPD				X
Anticoagulants	00548563400	ENOXAPARIN 80 MG/0.8 ML SYR	NPD				X
Anticoagulants	00703868023	ENOXAPARIN 80 MG/0.8 ML SYR	NPD				X
Anticoagulants	00703868021	ENOXAPARIN 80 MG/0.8 ML SYR	NPD				X
Anticoagulants	63323056890	ENOXAPARIN 80 MG/0.8 ML SYR	NPD				X
Anticoagulants	63323056899	ENOXAPARIN 80 MG/0.8 ML SYR	NPD				X
Anticoagulants	55111068102	FONDAPARINUX 10 MG/0.8 ML SYR	NPD				X
Anticoagulants	60505608104	FONDAPARINUX 10 MG/0.8 ML SYR	NPD				X
Anticoagulants	60505608100	FONDAPARINUX 10 MG/0.8 ML SYR	NPD				X
Anticoagulants	55111068110	FONDAPARINUX 10 MG/0.8 ML SYR	NPD				X
Anticoagulants	55111068111	FONDAPARINUX 10 MG/0.8 ML SYR	NPD				X
Anticoagulants	67457058500	FONDAPARINUX 10 MG/0.8 ML SYR	NPD				X
Anticoagulants	67457058508	FONDAPARINUX 10 MG/0.8 ML SYR	NPD				X
Anticoagulants	67457069600	FONDAPARINUX 10 MG/0.8 ML SYR	NPD				X
Anticoagulants	67457069610	FONDAPARINUX 10 MG/0.8 ML SYR	NPD				X
Anticoagulants	55111067802	FONDAPARINUX 2.5 MG/0.5 ML SYR	NPD				X
Anticoagulants	60505607804	FONDAPARINUX 2.5 MG/0.5 ML SYR	NPD				X
Anticoagulants	60505607800	FONDAPARINUX 2.5 MG/0.5 ML SYR	NPD				X
Anticoagulants	55111067810	FONDAPARINUX 2.5 MG/0.5 ML SYR	NPD				X
Anticoagulants	55111067811	FONDAPARINUX 2.5 MG/0.5 ML SYR	NPD				X
Anticoagulants	67457058210	FONDAPARINUX 2.5 MG/0.5 ML SYR	NPD				X
Anticoagulants	67457058200	FONDAPARINUX 2.5 MG/0.5 ML SYR	NPD				X
Anticoagulants	67457069300	FONDAPARINUX 2.5 MG/0.5 ML SYR	NPD				X
Anticoagulants	67457069310	FONDAPARINUX 2.5 MG/0.5 ML SYR	NPD				X
Anticoagulants	55111067902	FONDAPARINUX 5 MG/0.4 ML SYR	NPD				X
Anticoagulants	60505607904	FONDAPARINUX 5 MG/0.4 ML SYR	NPD				X
Anticoagulants	60505607900	FONDAPARINUX 5 MG/0.4 ML SYR	NPD				X
Anticoagulants	55111067910	FONDAPARINUX 5 MG/0.4 ML SYR	NPD				X
Anticoagulants	55111067911	FONDAPARINUX 5 MG/0.4 ML SYR	NPD				X

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Anticoagulants	67457058304	FONDAPARINUX 5 MG/0.4 ML SYR	NPD				X
Anticoagulants	67457058300	FONDAPARINUX 5 MG/0.4 ML SYR	NPD				X
Anticoagulants	67457069410	FONDAPARINUX 5 MG/0.4 ML SYR	NPD				X
Anticoagulants	67457069400	FONDAPARINUX 5 MG/0.4 ML SYR	NPD				X
Anticoagulants	55111068002	FONDAPARINUX 7.5 MG/0.6 ML SYR	NPD				X
Anticoagulants	60505608004	FONDAPARINUX 7.5 MG/0.6 ML SYR	NPD				X
Anticoagulants	60505608000	FONDAPARINUX 7.5 MG/0.6 ML SYR	NPD				X
Anticoagulants	55111068010	FONDAPARINUX 7.5 MG/0.6 ML SYR	NPD				X
Anticoagulants	55111068011	FONDAPARINUX 7.5 MG/0.6 ML SYR	NPD				X
Anticoagulants	67457058406	FONDAPARINUX 7.5 MG/0.6 ML SYR	NPD				X
Anticoagulants	67457058400	FONDAPARINUX 7.5 MG/0.6 ML SYR	NPD				X
Anticoagulants	67457069510	FONDAPARINUX 7.5 MG/0.6 ML SYR	NPD				X
Anticoagulants	67457069500	FONDAPARINUX 7.5 MG/0.6 ML SYR	NPD				X
Anticoagulants	00069021702	FRAGMIN 10,000 UNITS/ML SYRING	NPD				X
Anticoagulants	00069021701	FRAGMIN 10,000 UNITS/ML SYRING	NPD				X
Anticoagulants	62856012510	FRAGMIN 12,500 UNITS/0.5 ML	NPD				X
Anticoagulants	62856012501	FRAGMIN 12,500 UNITS/0.5 ML	NPD				X
Anticoagulants	00069022002	FRAGMIN 12,500 UNITS/0.5 ML	NPD				X
Anticoagulants	00069022001	FRAGMIN 12,500 UNITS/0.5 ML	NPD				X
Anticoagulants	62856015001	FRAGMIN 15,000 UNITS/0.6 ML	NPD				X
Anticoagulants	00069022302	FRAGMIN 15,000 UNITS/0.6 ML	NPD				X
Anticoagulants	00069022301	FRAGMIN 15,000 UNITS/0.6 ML	NPD				X
Anticoagulants	62856018010	FRAGMIN 18,000 UNITS/0.72 ML	NPD				X
Anticoagulants	62856018001	FRAGMIN 18,000 UNITS/0.72 ML	NPD				X
Anticoagulants	00069022801	FRAGMIN 18,000 UNITS/0.72 ML	NPD				X
Anticoagulants	00069022802	FRAGMIN 18,000 UNITS/0.72 ML	NPD				X
Anticoagulants	00069019501	FRAGMIN 2,500 UNITS/0.2 ML SYR	NPD				X
Anticoagulants	00069019502	FRAGMIN 2,500 UNITS/0.2 ML SYR	NPD				X
Anticoagulants	00069019601	FRAGMIN 5,000 UNITS/0.2 ML SYR	NPD				X
Anticoagulants	00069019602	FRAGMIN 5,000 UNITS/0.2 ML SYR	NPD				X
Anticoagulants	62856075010	FRAGMIN 7,500 UNITS/0.3 ML SYR	NPD				X
Anticoagulants	62856075001	FRAGMIN 7,500 UNITS/0.3 ML SYR	NPD				X
Anticoagulants	00069020602	FRAGMIN 7,500 UNITS/0.3 ML SYR	NPD				X
Anticoagulants	00069020601	FRAGMIN 7,500 UNITS/0.3 ML SYR	NPD				X
Anticoagulants	65597020130	SAVAYSA 15 MG TABLET	NPD				X
Anticoagulants	65597020205	SAVAYSA 30 MG TABLET	NPD				X

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Anticoagulants	65597020290	SAVAYSA 30 MG TABLET	NPD				X
Anticoagulants	65597020230	SAVAYSA 30 MG TABLET	NPD				X
Anticoagulants	65597020210	SAVAYSA 30 MG TABLET	NPD				X
Anticoagulants	65597020390	SAVAYSA 60 MG TABLET	NPD				X
Anticoagulants	65597020305	SAVAYSA 60 MG TABLET	NPD				X
Anticoagulants	65597020330	SAVAYSA 60 MG TABLET	NPD				X
Anticoagulants	65597020310	SAVAYSA 60 MG TABLET	NPD				X
Anticoagulants	50458058451	XARELTO STARTER PACK	NPD				X
Anticoagulants	00003089321	ELIQUIS 2.5 MG TABLET	ON	X			
Anticoagulants	00003089331	ELIQUIS 2.5 MG TABLET	ON	X			
Anticoagulants	00003089431	ELIQUIS 5 MG TABLET	ON	X			
Anticoagulants	00003089421	ELIQUIS 5 MG TABLET	ON	X			
Anticoagulants	00832121110	JANTOVEN 1 MG TABLET	ON	X			
Anticoagulants	00832121100	JANTOVEN 1 MG TABLET	ON	X			
Anticoagulants	00832121189	JANTOVEN 1 MG TABLET	ON	X			
Anticoagulants	00832121101	JANTOVEN 1 MG TABLET	ON	X			
Anticoagulants	00832121900	JANTOVEN 10 MG TABLET	ON	X			
Anticoagulants	00832121950	JANTOVEN 10 MG TABLET	ON	X			
Anticoagulants	00832121989	JANTOVEN 10 MG TABLET	ON	X			
Anticoagulants	00832121901	JANTOVEN 10 MG TABLET	ON	X			
Anticoagulants	00832121200	JANTOVEN 2 MG TABLET	ON	X			
Anticoagulants	00832121210	JANTOVEN 2 MG TABLET	ON	X			
Anticoagulants	00832121289	JANTOVEN 2 MG TABLET	ON	X			
Anticoagulants	00832121201	JANTOVEN 2 MG TABLET	ON	X			
Anticoagulants	00832121300	JANTOVEN 2.5 MG TABLET	ON	X			
Anticoagulants	00832121310	JANTOVEN 2.5 MG TABLET	ON	X			
Anticoagulants	00832121389	JANTOVEN 2.5 MG TABLET	ON	X			
Anticoagulants	00832121301	JANTOVEN 2.5 MG TABLET	ON	X			
Anticoagulants	00832121400	JANTOVEN 3 MG TABLET	ON	X			
Anticoagulants	00832121410	JANTOVEN 3 MG TABLET	ON	X			
Anticoagulants	00832121489	JANTOVEN 3 MG TABLET	ON	X			
Anticoagulants	00832121401	JANTOVEN 3 MG TABLET	ON	X			
Anticoagulants	00832121500	JANTOVEN 4 MG TABLET	ON	X			
Anticoagulants	00832121510	JANTOVEN 4 MG TABLET	ON	X			
Anticoagulants	00832121589	JANTOVEN 4 MG TABLET	ON	X			
Anticoagulants	00832121501	JANTOVEN 4 MG TABLET	ON	X			



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Anticoagulants	00832121610	JANTOVEN 5 MG TABLET	ON	X			
Anticoagulants	00832121600	JANTOVEN 5 MG TABLET	ON	X			
Anticoagulants	00832121689	JANTOVEN 5 MG TABLET	ON	X			
Anticoagulants	00832121601	JANTOVEN 5 MG TABLET	ON	X			
Anticoagulants	00832121710	JANTOVEN 6 MG TABLET	ON	X			
Anticoagulants	00832121700	JANTOVEN 6 MG TABLET	ON	X			
Anticoagulants	00832121789	JANTOVEN 6 MG TABLET	ON	X			
Anticoagulants	00832121701	JANTOVEN 6 MG TABLET	ON	X			
Anticoagulants	00832121800	JANTOVEN 7.5 MG TABLET	ON	X			
Anticoagulants	00832121850	JANTOVEN 7.5 MG TABLET	ON	X			
Anticoagulants	00832121889	JANTOVEN 7.5 MG TABLET	ON	X			
Anticoagulants	00832121801	JANTOVEN 7.5 MG TABLET	ON	X			
Anticoagulants	00075062300	LOVENOX 100 MG/ML SYRINGE	ON	X			
Anticoagulants	00075062301	LOVENOX 100 MG/ML SYRINGE	ON	X			
Anticoagulants	00075802001	LOVENOX 100 MG/ML SYRINGE	ON	X			
Anticoagulants	00075802010	LOVENOX 100 MG/ML SYRINGE	ON	X			
Anticoagulants	00075291201	LOVENOX 120 MG/0.8 ML SYRINGE	ON	X			
Anticoagulants	00075802201	LOVENOX 120 MG/0.8 ML SYRINGE	ON	X			
Anticoagulants	00075802210	LOVENOX 120 MG/0.8 ML SYRINGE	ON	X			
Anticoagulants	00075291501	LOVENOX 150 MG/ML SYRINGE	ON	X			
Anticoagulants	00075802501	LOVENOX 150 MG/ML SYRINGE	ON	X			
Anticoagulants	00075802510	LOVENOX 150 MG/ML SYRINGE	ON	X			
Anticoagulants	00075062430	LOVENOX 30 MG/0.3 ML SYRINGE	ON	X			
Anticoagulants	00075062431	LOVENOX 30 MG/0.3 ML SYRINGE	ON	X			
Anticoagulants	00075801310	LOVENOX 30 MG/0.3 ML SYRINGE	ON	X			
Anticoagulants	00075801301	LOVENOX 30 MG/0.3 ML SYRINGE	ON	X			
Anticoagulants	00075062603	LOVENOX 300 MG/3 ML VIAL	ON	X			
Anticoagulants	00075803001	LOVENOX 300 MG/3 ML VIAL	ON	X			
Anticoagulants	00075062040	LOVENOX 40 MG/0.4 ML SYRINGE	ON	X			
Anticoagulants	00075062041	LOVENOX 40 MG/0.4 ML SYRINGE	ON	X			
Anticoagulants	00075801410	LOVENOX 40 MG/0.4 ML SYRINGE	ON	X			
Anticoagulants	00075801401	LOVENOX 40 MG/0.4 ML SYRINGE	ON	X			
Anticoagulants	00075062160	LOVENOX 60 MG/0.6 ML SYRINGE	ON	X			
Anticoagulants	00075062161	LOVENOX 60 MG/0.6 ML SYRINGE	ON	X			
Anticoagulants	00075801601	LOVENOX 60 MG/0.6 ML SYRINGE	ON	X			
Anticoagulants	00075801610	LOVENOX 60 MG/0.6 ML SYRINGE	ON	X			

**AHCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Anticoagulants	00075062280	LOVENOX 80 MG/0.8 ML SYRINGE	ON	X			
Anticoagulants	00075062281	LOVENOX 80 MG/0.8 ML SYRINGE	ON	X			
Anticoagulants	00075801810	LOVENOX 80 MG/0.8 ML SYRINGE	ON	X			
Anticoagulants	00075801801	LOVENOX 80 MG/0.8 ML SYRINGE	ON	X			
Anticoagulants	00597010860	PRADAXA 110 MG CAPSULE	ON	X			
Anticoagulants	00597013560	PRADAXA 150 MG CAPSULE	ON	X			
Anticoagulants	00597013554	PRADAXA 150 MG CAPSULE	ON	X			
Anticoagulants	00597014960	PRADAXA 75 MG CAPSULE	ON	X			
Anticoagulants	00597014954	PRADAXA 75 MG CAPSULE	ON	X			
Anticoagulants	00555083102	WARFARIN SODIUM 1 MG TABLET	ON	X			
Anticoagulants	00555083105	WARFARIN SODIUM 1 MG TABLET	ON	X			
Anticoagulants	51672402701	WARFARIN SODIUM 1 MG TABLET	ON	X			
Anticoagulants	51672402703	WARFARIN SODIUM 1 MG TABLET	ON	X			
Anticoagulants	68382005210	WARFARIN SODIUM 1 MG TABLET	ON	X			
Anticoagulants	68382005201	WARFARIN SODIUM 1 MG TABLET	ON	X			
Anticoagulants	51672402707	WARFARIN SODIUM 1 MG TABLET	ON	X			
Anticoagulants	31722032710	WARFARIN SODIUM 1 MG TABLET	ON	X			
Anticoagulants	31722032701	WARFARIN SODIUM 1 MG TABLET	ON	X			
Anticoagulants	76282032701	WARFARIN SODIUM 1 MG TABLET	ON	X			
Anticoagulants	76282032710	WARFARIN SODIUM 1 MG TABLET	ON	X			
Anticoagulants	57237011901	WARFARIN SODIUM 1 MG TABLET	ON	X			
Anticoagulants	57237011999	WARFARIN SODIUM 1 MG TABLET	ON	X			
Anticoagulants	00093171201	WARFARIN SODIUM 1 MG TABLET	ON	X			
Anticoagulants	00093171210	WARFARIN SODIUM 1 MG TABLET	ON	X			
Anticoagulants	00555083502	WARFARIN SODIUM 10 MG TABLET	ON	X			
Anticoagulants	51672403501	WARFARIN SODIUM 10 MG TABLET	ON	X			
Anticoagulants	51672403503	WARFARIN SODIUM 10 MG TABLET	ON	X			
Anticoagulants	68382005901	WARFARIN SODIUM 10 MG TABLET	ON	X			
Anticoagulants	31722033501	WARFARIN SODIUM 10 MG TABLET	ON	X			
Anticoagulants	76282033501	WARFARIN SODIUM 10 MG TABLET	ON	X			
Anticoagulants	57237012701	WARFARIN SODIUM 10 MG TABLET	ON	X			
Anticoagulants	00093172001	WARFARIN SODIUM 10 MG TABLET	ON	X			
Anticoagulants	57237012799	WARFARIN SODIUM 10 MG TABLET	ON	X			
Anticoagulants	00555086902	WARFARIN SODIUM 2 MG TABLET	ON	X			
Anticoagulants	00555086905	WARFARIN SODIUM 2 MG TABLET	ON	X			
Anticoagulants	51672402803	WARFARIN SODIUM 2 MG TABLET	ON	X			



**AHCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Anticoagulants	51672402801	WARFARIN SODIUM 2 MG TABLET	ON	X			
Anticoagulants	62584098401	WARFARIN SODIUM 2 MG TABLET	ON	X			
Anticoagulants	68382005301	WARFARIN SODIUM 2 MG TABLET	ON	X			
Anticoagulants	68382005310	WARFARIN SODIUM 2 MG TABLET	ON	X			
Anticoagulants	62584098411	WARFARIN SODIUM 2 MG TABLET	ON	X			
Anticoagulants	51672402807	WARFARIN SODIUM 2 MG TABLET	ON	X			
Anticoagulants	31722032801	WARFARIN SODIUM 2 MG TABLET	ON	X			
Anticoagulants	31722032810	WARFARIN SODIUM 2 MG TABLET	ON	X			
Anticoagulants	76282032801	WARFARIN SODIUM 2 MG TABLET	ON	X			
Anticoagulants	76282032810	WARFARIN SODIUM 2 MG TABLET	ON	X			
Anticoagulants	57237012001	WARFARIN SODIUM 2 MG TABLET	ON	X			
Anticoagulants	00093171310	WARFARIN SODIUM 2 MG TABLET	ON	X			
Anticoagulants	00093171301	WARFARIN SODIUM 2 MG TABLET	ON	X			
Anticoagulants	57237012099	WARFARIN SODIUM 2 MG TABLET	ON	X			
Anticoagulants	555083202	WARFARIN SODIUM 2.5 MG TABLET	ON	X			
Anticoagulants	00555083205	WARFARIN SODIUM 2.5 MG TABLET	ON	X			
Anticoagulants	51672402901	WARFARIN SODIUM 2.5 MG TABLET	ON	X			
Anticoagulants	51672402903	WARFARIN SODIUM 2.5 MG TABLET	ON	X			
Anticoagulants	68382006401	WARFARIN SODIUM 2.5 MG TABLET	ON	X			
Anticoagulants	68382006410	WARFARIN SODIUM 2.5 MG TABLET	ON	X			
Anticoagulants	68084002711	WARFARIN SODIUM 2.5 MG TABLET	ON	X			
Anticoagulants	51672402907	WARFARIN SODIUM 2.5 MG TABLET	ON	X			
Anticoagulants	31722032910	WARFARIN SODIUM 2.5 MG TABLET	ON	X			
Anticoagulants	31722032901	WARFARIN SODIUM 2.5 MG TABLET	ON	X			
Anticoagulants	76282032901	WARFARIN SODIUM 2.5 MG TABLET	ON	X			
Anticoagulants	76282032910	WARFARIN SODIUM 2.5 MG TABLET	ON	X			
Anticoagulants	00093171410	WARFARIN SODIUM 2.5 MG TABLET	ON	X			
Anticoagulants	57237012101	WARFARIN SODIUM 2.5 MG TABLET	ON	X			
Anticoagulants	00093171401	WARFARIN SODIUM 2.5 MG TABLET	ON	X			
Anticoagulants	57237012199	WARFARIN SODIUM 2.5 MG TABLET	ON	X			
Anticoagulants	68084002701	WARFARIN SODIUM 2.5 MG TABLET	ON	X			
Anticoagulants	00555092502	WARFARIN SODIUM 3 MG TABLET	ON	X			
Anticoagulants	51672403001	WARFARIN SODIUM 3 MG TABLET	ON	X			
Anticoagulants	51672403003	WARFARIN SODIUM 3 MG TABLET	ON	X			
Anticoagulants	68382005410	WARFARIN SODIUM 3 MG TABLET	ON	X			
Anticoagulants	68382005401	WARFARIN SODIUM 3 MG TABLET	ON	X			

**AHCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Anticoagulants	51672403007	WARFARIN SODIUM 3 MG TABLET	ON	X			
Anticoagulants	31722033010	WARFARIN SODIUM 3 MG TABLET	ON	X			
Anticoagulants	31722033001	WARFARIN SODIUM 3 MG TABLET	ON	X			
Anticoagulants	76282033001	WARFARIN SODIUM 3 MG TABLET	ON	X			
Anticoagulants	76282033010	WARFARIN SODIUM 3 MG TABLET	ON	X			
Anticoagulants	57237012201	WARFARIN SODIUM 3 MG TABLET	ON	X			
Anticoagulants	00093171501	WARFARIN SODIUM 3 MG TABLET	ON	X			
Anticoagulants	57237012299	WARFARIN SODIUM 3 MG TABLET	ON	X			
Anticoagulants	00555087402	WARFARIN SODIUM 4 MG TABLET	ON	X			
Anticoagulants	00555087405	WARFARIN SODIUM 4 MG TABLET	ON	X			
Anticoagulants	51672403103	WARFARIN SODIUM 4 MG TABLET	ON	X			
Anticoagulants	51672403101	WARFARIN SODIUM 4 MG TABLET	ON	X			
Anticoagulants	68382005501	WARFARIN SODIUM 4 MG TABLET	ON	X			
Anticoagulants	68382005510	WARFARIN SODIUM 4 MG TABLET	ON	X			
Anticoagulants	51672403107	WARFARIN SODIUM 4 MG TABLET	ON	X			
Anticoagulants	31722033110	WARFARIN SODIUM 4 MG TABLET	ON	X			
Anticoagulants	31722033101	WARFARIN SODIUM 4 MG TABLET	ON	X			
Anticoagulants	76282033101	WARFARIN SODIUM 4 MG TABLET	ON	X			
Anticoagulants	76282033110	WARFARIN SODIUM 4 MG TABLET	ON	X			
Anticoagulants	57237012301	WARFARIN SODIUM 4 MG TABLET	ON	X			
Anticoagulants	00093171601	WARFARIN SODIUM 4 MG TABLET	ON	X			
Anticoagulants	57237012399	WARFARIN SODIUM 4 MG TABLET	ON	X			
Anticoagulants	00093171610	WARFARIN SODIUM 4 MG TABLET	ON	X			
Anticoagulants	00555083302	WARFARIN SODIUM 5 MG TABLET	ON	X			
Anticoagulants	00555083305	WARFARIN SODIUM 5 MG TABLET	ON	X			
Anticoagulants	51672403203	WARFARIN SODIUM 5 MG TABLET	ON	X			
Anticoagulants	51672403201	WARFARIN SODIUM 5 MG TABLET	ON	X			
Anticoagulants	68382005601	WARFARIN SODIUM 5 MG TABLET	ON	X			
Anticoagulants	68382005610	WARFARIN SODIUM 5 MG TABLET	ON	X			
Anticoagulants	62584099411	WARFARIN SODIUM 5 MG TABLET	ON	X			
Anticoagulants	51672403207	WARFARIN SODIUM 5 MG TABLET	ON	X			
Anticoagulants	31722033210	WARFARIN SODIUM 5 MG TABLET	ON	X			
Anticoagulants	31722033201	WARFARIN SODIUM 5 MG TABLET	ON	X			
Anticoagulants	68382005616	WARFARIN SODIUM 5 MG TABLET	ON	X			
Anticoagulants	76282033201	WARFARIN SODIUM 5 MG TABLET	ON	X			
Anticoagulants	76282033210	WARFARIN SODIUM 5 MG TABLET	ON	X			

**AHCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Anticoagulants	00093172110	WARFARIN SODIUM 5 MG TABLET	ON	X			
Anticoagulants	00093172101	WARFARIN SODIUM 5 MG TABLET	ON	X			
Anticoagulants	57237012401	WARFARIN SODIUM 5 MG TABLET	ON	X			
Anticoagulants	57237012499	WARFARIN SODIUM 5 MG TABLET	ON	X			
Anticoagulants	62584099401	WARFARIN SODIUM 5 MG TABLET	ON	X			
Anticoagulants	00555092602	WARFARIN SODIUM 6 MG TABLET	ON	X			
Anticoagulants	51672403301	WARFARIN SODIUM 6 MG TABLET	ON	X			
Anticoagulants	51672403303	WARFARIN SODIUM 6 MG TABLET	ON	X			
Anticoagulants	68382005701	WARFARIN SODIUM 6 MG TABLET	ON	X			
Anticoagulants	31722033301	WARFARIN SODIUM 6 MG TABLET	ON	X			
Anticoagulants	76282033301	WARFARIN SODIUM 6 MG TABLET	ON	X			
Anticoagulants	76282033310	WARFARIN SODIUM 6 MG TABLET	ON	X			
Anticoagulants	57237012501	WARFARIN SODIUM 6 MG TABLET	ON	X			
Anticoagulants	57237012599	WARFARIN SODIUM 6 MG TABLET	ON	X			
Anticoagulants	00093171801	WARFARIN SODIUM 6 MG TABLET	ON	X			
Anticoagulants	00555083402	WARFARIN SODIUM 7.5 MG TABLET	ON	X			
Anticoagulants	51672403401	WARFARIN SODIUM 7.5 MG TABLET	ON	X			
Anticoagulants	51672403403	WARFARIN SODIUM 7.5 MG TABLET	ON	X			
Anticoagulants	68382005801	WARFARIN SODIUM 7.5 MG TABLET	ON	X			
Anticoagulants	31722033401	WARFARIN SODIUM 7.5 MG TABLET	ON	X			
Anticoagulants	76282033401	WARFARIN SODIUM 7.5 MG TABLET	ON	X			
Anticoagulants	57237012601	WARFARIN SODIUM 7.5 MG TABLET	ON	X			
Anticoagulants	00093171901	WARFARIN SODIUM 7.5 MG TABLET	ON	X			
Anticoagulants	57237012699	WARFARIN SODIUM 7.5 MG TABLET	ON	X			
Anticoagulants	50458058030	XARELTO 10 MG TABLET	ON	X			
Anticoagulants	50458058010	XARELTO 10 MG TABLET	ON	X			
Anticoagulants	50458057890	XARELTO 15 MG TABLET	ON	X			
Anticoagulants	50458057830	XARELTO 15 MG TABLET	ON	X			
Anticoagulants	50458057810	XARELTO 15 MG TABLET	ON	X			
Anticoagulants	50458057990	XARELTO 20 MG TABLET	ON	X			
Anticoagulants	50458057930	XARELTO 20 MG TABLET	ON	X			
Anticoagulants	50458057910	XARELTO 20 MG TABLET	ON	X			
Antipsychotics	59148001315	ABILIFY 1 MG/ML SOLUTION	NPD			X	X
Antipsychotics	59148064023	ABILIFY DISCMELT 10 MG TABLET	NPD			X	X
Antipsychotics	59148064123	ABILIFY DISCMELT 15 MG TABLET	NPD			X	X
Antipsychotics	65162089374	ARIPIRAZOLE 1 MG/ML SOLUTION	NPD			X	X

**AHCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Antipsychotics	54838057059	ARIPIRAZOLE 1 MG/ML SOLUTION	NPD			X	X
Antipsychotics	60505040405	ARIPIRAZOLE 1 MG/ML SOLUTION	NPD			X	X
Antipsychotics	31722082730	ARIPIRAZOLE 10 MG TABLET	NPD			X	X
Antipsychotics	00093758056	ARIPIRAZOLE 10 MG TABLET	NPD			X	X
Antipsychotics	13811068130	ARIPIRAZOLE 10 MG TABLET	NPD			X	X
Antipsychotics	13811068110	ARIPIRAZOLE 10 MG TABLET	NPD			X	X
Antipsychotics	13668021805	ARIPIRAZOLE 10 MG TABLET	NPD			X	X
Antipsychotics	13668021890	ARIPIRAZOLE 10 MG TABLET	NPD			X	X
Antipsychotics	13668021830	ARIPIRAZOLE 10 MG TABLET	NPD			X	X
Antipsychotics	60687017901	ARIPIRAZOLE 10 MG TABLET	NPD			X	X
Antipsychotics	60687017911	ARIPIRAZOLE 10 MG TABLET	NPD			X	X
Antipsychotics	60505267403	ARIPIRAZOLE 10 MG TABLET	NPD			X	X
Antipsychotics	00904651161	ARIPIRAZOLE 10 MG TABLET	NPD			X	X
Antipsychotics	65862066330	ARIPIRAZOLE 10 MG TABLET	NPD			X	X
Antipsychotics	65862066305	ARIPIRAZOLE 10 MG TABLET	NPD			X	X
Antipsychotics	65162089809	ARIPIRAZOLE 10 MG TABLET	NPD			X	X
Antipsychotics	65162089803	ARIPIRAZOLE 10 MG TABLET	NPD			X	X
Antipsychotics	00093758156	ARIPIRAZOLE 15 MG TABLET	NPD			X	X
Antipsychotics	31722082830	ARIPIRAZOLE 15 MG TABLET	NPD			X	X
Antipsychotics	13668021905	ARIPIRAZOLE 15 MG TABLET	NPD			X	X
Antipsychotics	13811068210	ARIPIRAZOLE 15 MG TABLET	NPD			X	X
Antipsychotics	13811068230	ARIPIRAZOLE 15 MG TABLET	NPD			X	X
Antipsychotics	13668021990	ARIPIRAZOLE 15 MG TABLET	NPD			X	X
Antipsychotics	13668021930	ARIPIRAZOLE 15 MG TABLET	NPD			X	X
Antipsychotics	60687019111	ARIPIRAZOLE 15 MG TABLET	NPD			X	X
Antipsychotics	60687019121	ARIPIRAZOLE 15 MG TABLET	NPD			X	X
Antipsychotics	60505267503	ARIPIRAZOLE 15 MG TABLET	NPD			X	X
Antipsychotics	00904651204	ARIPIRAZOLE 15 MG TABLET	NPD			X	X
Antipsychotics	65862066430	ARIPIRAZOLE 15 MG TABLET	NPD			X	X
Antipsychotics	65862066405	ARIPIRAZOLE 15 MG TABLET	NPD			X	X
Antipsychotics	65162089909	ARIPIRAZOLE 15 MG TABLET	NPD			X	X
Antipsychotics	65162089903	ARIPIRAZOLE 15 MG TABLET	NPD			X	X
Antipsychotics	00093761356	ARIPIRAZOLE 2 MG TABLET	NPD			X	X
Antipsychotics	31722081930	ARIPIRAZOLE 2 MG TABLET	NPD			X	X
Antipsychotics	13811067930	ARIPIRAZOLE 2 MG TABLET	NPD			X	X
Antipsychotics	13668021690	ARIPIRAZOLE 2 MG TABLET	NPD			X	X

**AHCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Antipsychotics	13668021630	ARIPIRAZOLE 2 MG TABLET	NPD			X	X
Antipsychotics	60687015711	ARIPIRAZOLE 2 MG TABLET	NPD			X	X
Antipsychotics	60687015721	ARIPIRAZOLE 2 MG TABLET	NPD			X	X
Antipsychotics	60505307503	ARIPIRAZOLE 2 MG TABLET	NPD			X	X
Antipsychotics	00904650904	ARIPIRAZOLE 2 MG TABLET	NPD			X	X
Antipsychotics	65862066130	ARIPIRAZOLE 2 MG TABLET	NPD			X	X
Antipsychotics	13811067910	ARIPIRAZOLE 2 MG TABLET	NPD			X	X
Antipsychotics	65862066105	ARIPIRAZOLE 2 MG TABLET	NPD			X	X
Antipsychotics	65162089609	ARIPIRAZOLE 2 MG TABLET	NPD			X	X
Antipsychotics	65162089603	ARIPIRAZOLE 2 MG TABLET	NPD			X	X
Antipsychotics	00093758256	ARIPIRAZOLE 20 MG TABLET	NPD			X	X
Antipsychotics	31722082930	ARIPIRAZOLE 20 MG TABLET	NPD			X	X
Antipsychotics	13811068330	ARIPIRAZOLE 20 MG TABLET	NPD			X	X
Antipsychotics	13811068310	ARIPIRAZOLE 20 MG TABLET	NPD			X	X
Antipsychotics	13668022005	ARIPIRAZOLE 20 MG TABLET	NPD			X	X
Antipsychotics	13668022030	ARIPIRAZOLE 20 MG TABLET	NPD			X	X
Antipsychotics	13668022090	ARIPIRAZOLE 20 MG TABLET	NPD			X	X
Antipsychotics	60687020221	ARIPIRAZOLE 20 MG TABLET	NPD			X	X
Antipsychotics	60687020211	ARIPIRAZOLE 20 MG TABLET	NPD			X	X
Antipsychotics	60505267603	ARIPIRAZOLE 20 MG TABLET	NPD			X	X
Antipsychotics	00904651304	ARIPIRAZOLE 20 MG TABLET	NPD			X	X
Antipsychotics	65862066530	ARIPIRAZOLE 20 MG TABLET	NPD			X	X
Antipsychotics	65862066505	ARIPIRAZOLE 20 MG TABLET	NPD			X	X
Antipsychotics	65162090103	ARIPIRAZOLE 20 MG TABLET	NPD			X	X
Antipsychotics	65162090109	ARIPIRAZOLE 20 MG TABLET	NPD			X	X
Antipsychotics	00093758356	ARIPIRAZOLE 30 MG TABLET	NPD			X	X
Antipsychotics	31722083030	ARIPIRAZOLE 30 MG TABLET	NPD			X	X
Antipsychotics	13811068430	ARIPIRAZOLE 30 MG TABLET	NPD			X	X
Antipsychotics	13811068410	ARIPIRAZOLE 30 MG TABLET	NPD			X	X
Antipsychotics	13668022190	ARIPIRAZOLE 30 MG TABLET	NPD			X	X
Antipsychotics	13668022105	ARIPIRAZOLE 30 MG TABLET	NPD			X	X
Antipsychotics	13668022130	ARIPIRAZOLE 30 MG TABLET	NPD			X	X
Antipsychotics	60687021321	ARIPIRAZOLE 30 MG TABLET	NPD			X	X
Antipsychotics	60687021311	ARIPIRAZOLE 30 MG TABLET	NPD			X	X
Antipsychotics	60505267703	ARIPIRAZOLE 30 MG TABLET	NPD			X	X
Antipsychotics	00904651404	ARIPIRAZOLE 30 MG TABLET	NPD			X	X

**AHCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Antipsychotics	65862066630	ARIPIRAZOLE 30 MG TABLET	NPD			X	X
Antipsychotics	65862066605	ARIPIRAZOLE 30 MG TABLET	NPD			X	X
Antipsychotics	65162090203	ARIPIRAZOLE 30 MG TABLET	NPD			X	X
Antipsychotics	65162090209	ARIPIRAZOLE 30 MG TABLET	NPD			X	X
Antipsychotics	13668021730	ARIPIRAZOLE 5 MG TABLET	NPD			X	X
Antipsychotics	31722082030	ARIPIRAZOLE 5 MG TABLET	NPD			X	X
Antipsychotics	00093756956	ARIPIRAZOLE 5 MG TABLET	NPD			X	X
Antipsychotics	13811068010	ARIPIRAZOLE 5 MG TABLET	NPD			X	X
Antipsychotics	13811068030	ARIPIRAZOLE 5 MG TABLET	NPD			X	X
Antipsychotics	13668021790	ARIPIRAZOLE 5 MG TABLET	NPD			X	X
Antipsychotics	13668021705	ARIPIRAZOLE 5 MG TABLET	NPD			X	X
Antipsychotics	60687016801	ARIPIRAZOLE 5 MG TABLET	NPD			X	X
Antipsychotics	60687016811	ARIPIRAZOLE 5 MG TABLET	NPD			X	X
Antipsychotics	60505267303	ARIPIRAZOLE 5 MG TABLET	NPD			X	X
Antipsychotics	00904651061	ARIPIRAZOLE 5 MG TABLET	NPD			X	X
Antipsychotics	65862066230	ARIPIRAZOLE 5 MG TABLET	NPD			X	X
Antipsychotics	65862066205	ARIPIRAZOLE 5 MG TABLET	NPD			X	X
Antipsychotics	65162089709	ARIPIRAZOLE 5 MG TABLET	NPD			X	X
Antipsychotics	65162089703	ARIPIRAZOLE 5 MG TABLET	NPD			X	X
Antipsychotics	13811069230	ARIPIRAZOLE ODT 10 MG TABLET	NPD			X	X
Antipsychotics	62332010330	ARIPIRAZOLE ODT 10 MG TABLET	NPD			X	X
Antipsychotics	13811069330	ARIPIRAZOLE ODT 15 MG TABLET	NPD			X	X
Antipsychotics	62332010430	ARIPIRAZOLE ODT 15 MG TABLET	NPD			X	X
Antipsychotics	00078012705	CLOZARIL 100 MG TABLET	NPD			X	X
Antipsychotics	00078012606	CLOZARIL 25 MG TABLET	NPD			X	X
Antipsychotics	00078012605	CLOZARIL 25 MG TABLET	NPD			X	X
Antipsychotics	00078012661	CLOZARIL 25 MG TABLET	NPD			X	X
Antipsychotics	00078059520	FANAPT 1 MG TABLET	NPD			X	X
Antipsychotics	00078060020	FANAPT 10 MG TABLET	NPD			X	X
Antipsychotics	00078060120	FANAPT 12 MG TABLET	NPD			X	X
Antipsychotics	00078059620	FANAPT 2 MG TABLET	NPD			X	X
Antipsychotics	00078059720	FANAPT 4 MG TABLET	NPD			X	X
Antipsychotics	00078059820	FANAPT 6 MG TABLET	NPD			X	X
Antipsychotics	00078059920	FANAPT 8 MG TABLET	NPD			X	X
Antipsychotics	00078060208	FANAPT TITRATION PACK	NPD			X	X
Antipsychotics	18860010401	FAZACLO 100 MG ODT	NPD			X	X



**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Antipsychotics	18860010410	FAZACLO 100 MG ODT	NPD			X	X
Antipsychotics	18860010110	FAZACLO 12.5 MG ODT	NPD			X	X
Antipsychotics	18860010510	FAZACLO 150 MG ODT	NPD			X	X
Antipsychotics	18860010501	FAZACLO 150 MG ODT	NPD			X	X
Antipsychotics	18860010610	FAZACLO 200 MG ODT	NPD			X	X
Antipsychotics	18860010601	FAZACLO 200 MG ODT	NPD			X	X
Antipsychotics	18860010201	FAZACLO 25 MG ODT	NPD			X	X
Antipsychotics	18860010210	FAZACLO 25 MG ODT	NPD			X	X
Antipsychotics	00049396060	GEODON 20 MG CAPSULE	NPD			X	X
Antipsychotics	00049396041	GEODON 20 MG CAPSULE	NPD			X	X
Antipsychotics	00049397060	GEODON 40 MG CAPSULE	NPD			X	X
Antipsychotics	00049398060	GEODON 60 MG CAPSULE	NPD			X	X
Antipsychotics	00049399060	GEODON 80 MG CAPSULE	NPD			X	X
Antipsychotics	50458055401	INVEGA ER 1.5 MG TABLET	NPD			X	X
Antipsychotics	50458055001	INVEGA ER 3 MG TABLET	NPD			X	X
Antipsychotics	50458055010	INVEGA ER 3 MG TABLET	NPD			X	X
Antipsychotics	50458055101	INVEGA ER 6 MG TABLET	NPD			X	X
Antipsychotics	50458055110	INVEGA ER 6 MG TABLET	NPD			X	X
Antipsychotics	50458055201	INVEGA ER 9 MG TABLET	NPD			X	X
Antipsychotics	50458055210	INVEGA ER 9 MG TABLET	NPD			X	X
Antipsychotics	63090017060	NUPLAZID 17 MG TABLET	NPD			X	X
Antipsychotics	00093550656	OLANZAPINE-FLUOXETINE 12-25 MG	NPD			X	X
Antipsychotics	00781219231	OLANZAPINE-FLUOXETINE 12-25 MG	NPD			X	X
Antipsychotics	49884025211	OLANZAPINE-FLUOXETINE 12-25 MG	NPD			X	X
Antipsychotics	00093550756	OLANZAPINE-FLUOXETINE 12-50 MG	NPD			X	X
Antipsychotics	00781219431	OLANZAPINE-FLUOXETINE 12-50 MG	NPD			X	X
Antipsychotics	49884025311	OLANZAPINE-FLUOXETINE 12-50 MG	NPD			X	X
Antipsychotics	00781219531	OLANZAPINE-FLUOXETINE 3-25 MG	NPD			X	X
Antipsychotics	49884027711	OLANZAPINE-FLUOXETINE 3-25 MG	NPD			X	X
Antipsychotics	00093550356	OLANZAPINE-FLUOXETINE 3-25 MG	NPD			X	X
Antipsychotics	00093550456	OLANZAPINE-FLUOXETINE 6-25 MG	NPD			X	X
Antipsychotics	00781219131	OLANZAPINE-FLUOXETINE 6-25 MG	NPD			X	X
Antipsychotics	49884025011	OLANZAPINE-FLUOXETINE 6-25 MG	NPD			X	X
Antipsychotics	00093550556	OLANZAPINE-FLUOXETINE 6-50 MG	NPD			X	X
Antipsychotics	00781219331	OLANZAPINE-FLUOXETINE 6-50 MG	NPD			X	X
Antipsychotics	49884025111	OLANZAPINE-FLUOXETINE 6-50 MG	NPD			X	X

**AHCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Antipsychotics	00591369230	PALIPERIDONE ER 1.5 MG TABLET	NPD			X	X
Antipsychotics	00378397893	PALIPERIDONE ER 1.5 MG TABLET	NPD			X	X
Antipsychotics	10147095103	PALIPERIDONE ER 1.5 MG TABLET	NPD			X	X
Antipsychotics	00591369330	PALIPERIDONE ER 3 MG TABLET	NPD			X	X
Antipsychotics	00591369319	PALIPERIDONE ER 3 MG TABLET	NPD			X	X
Antipsychotics	00378397993	PALIPERIDONE ER 3 MG TABLET	NPD			X	X
Antipsychotics	10147095203	PALIPERIDONE ER 3 MG TABLET	NPD			X	X
Antipsychotics	10147095201	PALIPERIDONE ER 3 MG TABLET	NPD			X	X
Antipsychotics	00591369430	PALIPERIDONE ER 6 MG TABLET	NPD			X	X
Antipsychotics	00591369419	PALIPERIDONE ER 6 MG TABLET	NPD			X	X
Antipsychotics	10147095303	PALIPERIDONE ER 6 MG TABLET	NPD			X	X
Antipsychotics	10147095301	PALIPERIDONE ER 6 MG TABLET	NPD			X	X
Antipsychotics	00378398093	PALIPERIDONE ER 6 MG TABLET	NPD			X	X
Antipsychotics	00591369530	PALIPERIDONE ER 9 MG TABLET	NPD			X	X
Antipsychotics	00591369519	PALIPERIDONE ER 9 MG TABLET	NPD			X	X
Antipsychotics	10147095401	PALIPERIDONE ER 9 MG TABLET	NPD			X	X
Antipsychotics	00378398193	PALIPERIDONE ER 9 MG TABLET	NPD			X	X
Antipsychotics	10147095403	PALIPERIDONE ER 9 MG TABLET	NPD			X	X
Antipsychotics	59148003513	REXULTI 0.25 MG TABLET	NPD			X	X
Antipsychotics	59148003613	REXULTI 0.5 MG TABLET	NPD			X	X
Antipsychotics	59148003713	REXULTI 1 MG TABLET	NPD			X	X
Antipsychotics	59148003813	REXULTI 2 MG TABLET	NPD			X	X
Antipsychotics	59148003913	REXULTI 3 MG TABLET	NPD			X	X
Antipsychotics	59148004013	REXULTI 4 MG TABLET	NPD			X	X
Antipsychotics	50458030104	RISPERDAL 0.25 MG TABLET	NPD			X	X
Antipsychotics	50458030150	RISPERDAL 0.25 MG TABLET	NPD			X	X
Antipsychotics	50458030101	RISPERDAL 0.25 MG TABLET	NPD			X	X
Antipsychotics	50458030206	RISPERDAL 0.5 MG TABLET	NPD			X	X
Antipsychotics	50458030250	RISPERDAL 0.5 MG TABLET	NPD			X	X
Antipsychotics	50458030201	RISPERDAL 0.5 MG TABLET	NPD			X	X
Antipsychotics	50458030006	RISPERDAL 1 MG TABLET	NPD			X	X
Antipsychotics	50458030001	RISPERDAL 1 MG TABLET	NPD			X	X
Antipsychotics	50458030050	RISPERDAL 1 MG TABLET	NPD			X	X
Antipsychotics	50458030503	RISPERDAL 1 MG/ML SOLUTION	NPD			X	X
Antipsychotics	50458032001	RISPERDAL 2 MG TABLET	NPD			X	X
Antipsychotics	50458032006	RISPERDAL 2 MG TABLET	NPD			X	X

**AHCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Antipsychotics	50458032050	RISPERDAL 2 MG TABLET	NPD			X	X
Antipsychotics	50458033001	RISPERDAL 3 MG TABLET	NPD			X	X
Antipsychotics	50458033006	RISPERDAL 3 MG TABLET	NPD			X	X
Antipsychotics	50458033050	RISPERDAL 3 MG TABLET	NPD			X	X
Antipsychotics	50458035001	RISPERDAL 4 MG TABLET	NPD			X	X
Antipsychotics	50458035006	RISPERDAL 4 MG TABLET	NPD			X	X
Antipsychotics	50458039528	RISPERDAL M-TAB 0.5 MG ODT	NPD			X	X
Antipsychotics	50458039530	RISPERDAL M-TAB 0.5 MG ODT	NPD			X	X
Antipsychotics	50458031528	RISPERDAL M-TAB 1 MG ODT	NPD			X	X
Antipsychotics	50458031530	RISPERDAL M-TAB 1 MG ODT	NPD			X	X
Antipsychotics	50458032528	RISPERDAL M-TAB 2 MG ODT	NPD			X	X
Antipsychotics	50458033528	RISPERDAL M-TAB 3 MG ODT	NPD			X	X
Antipsychotics	50458035528	RISPERDAL M-TAB 4 MG ODT	NPD			X	X
Antipsychotics	00310027110	SEROQUEL 100 MG TABLET	NPD			X	X
Antipsychotics	00310027210	SEROQUEL 200 MG TABLET	NPD			X	X
Antipsychotics	00310027510	SEROQUEL 25 MG TABLET	NPD			X	X
Antipsychotics	00310027460	SEROQUEL 300 MG TABLET	NPD			X	X
Antipsychotics	00310027910	SEROQUEL 400 MG TABLET	NPD			X	X
Antipsychotics	00310027810	SEROQUEL 50 MG TABLET	NPD			X	X
Antipsychotics	00310028139	SEROQUEL XR 150 MG TABLET	NPD			X	X
Antipsychotics	00310028160	SEROQUEL XR 150 MG TABLET	NPD			X	X
Antipsychotics	00310028260	SEROQUEL XR 200 MG TABLET	NPD			X	X
Antipsychotics	00310028239	SEROQUEL XR 200 MG TABLET	NPD			X	X
Antipsychotics	00310028360	SEROQUEL XR 300 MG TABLET	NPD			X	X
Antipsychotics	00310028339	SEROQUEL XR 300 MG TABLET	NPD			X	X
Antipsychotics	00310028460	SEROQUEL XR 400 MG TABLET	NPD			X	X
Antipsychotics	00310028439	SEROQUEL XR 400 MG TABLET	NPD			X	X
Antipsychotics	00310028039	SEROQUEL XR 50 MG TABLET	NPD			X	X
Antipsychotics	00310028060	SEROQUEL XR 50 MG TABLET	NPD			X	X
Antipsychotics	00002323230	SYMBYAX 12-25 MG CAPSULE	NPD			X	X
Antipsychotics	00002323430	SYMBYAX 12-50 MG CAPSULE	NPD			X	X
Antipsychotics	00002323030	SYMBYAX 3-25 MG CAPSULE	NPD			X	X
Antipsychotics	00002323130	SYMBYAX 6-25 MG CAPSULE	NPD			X	X
Antipsychotics	00002323330	SYMBYAX 6-50 MG CAPSULE	NPD			X	X
Antipsychotics	58914000510	ULTRESA DR 23,000 UNIT CAPSULE	NPD			X	X
Antipsychotics	18860012101	VERSACLOZ 50 MG/ML SUSPENSION	NPD			X	X

**AHCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Antipsychotics	61874011530	VRAYLAR 1.5 MG CAPSULE	NPD			X	X
Antipsychotics	61874017008	VRAYLAR 1.5 MG-3 MG PACK	NPD			X	X
Antipsychotics	61874013030	VRAYLAR 3 MG CAPSULE	NPD			X	X
Antipsychotics	61874014530	VRAYLAR 4.5 MG CAPSULE	NPD			X	X
Antipsychotics	61874016030	VRAYLAR 6 MG CAPSULE	NPD			X	X
Antipsychotics	00002411730	ZYPREXA 10 MG TABLET	NPD			X	X
Antipsychotics	00002441530	ZYPREXA 15 MG TABLET	NPD			X	X
Antipsychotics	00002411230	ZYPREXA 2.5 MG TABLET	NPD			X	X
Antipsychotics	00002442030	ZYPREXA 20 MG TABLET	NPD			X	X
Antipsychotics	00002411530	ZYPREXA 5 MG TABLET	NPD			X	X
Antipsychotics	00002411630	ZYPREXA 7.5 MG TABLET	NPD			X	X
Antipsychotics	00002763511	ZYPREXA RELPREVV 210 MG VL KIT	NPD			X	X
Antipsychotics	00002763611	ZYPREXA RELPREVV 300 MG VL KIT	NPD			X	X
Antipsychotics	00002763711	ZYPREXA RELPREVV 405 MG VL KIT	NPD			X	X
Antipsychotics	00002445485	ZYPREXA ZYDIS 10 MG TABLET	NPD			X	X
Antipsychotics	00002445401	ZYPREXA ZYDIS 10 MG TABLET	NPD			X	X
Antipsychotics	00002445585	ZYPREXA ZYDIS 15 MG TABLET	NPD			X	X
Antipsychotics	00002445501	ZYPREXA ZYDIS 15 MG TABLET	NPD			X	X
Antipsychotics	00002445685	ZYPREXA ZYDIS 20 MG TABLET	NPD			X	X
Antipsychotics	00002445601	ZYPREXA ZYDIS 20 MG TABLET	NPD			X	X
Antipsychotics	00002445385	ZYPREXA ZYDIS 5 MG TABLET	NPD			X	X
Antipsychotics	00002445301	ZYPREXA ZYDIS 5 MG TABLET	NPD			X	X
Antipsychotics	59148000835	ABILIFY 10 MG TABLET	ON		X		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	59148000813	ABILIFY 10 MG TABLET	ON		X		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	59148000913	ABILIFY 15 MG TABLET	ON		X		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	59148000935	ABILIFY 15 MG TABLET	ON		X		Prior Authorization Is Required For Children < 6 years of age.

**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Antipsychotics	59148000613	ABILIFY 2 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	59148001013	ABILIFY 20 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	59148001035	ABILIFY 20 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	59148001113	ABILIFY 30 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	59148001135	ABILIFY 30 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	59148000713	ABILIFY 5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	59148000735	ABILIFY 5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	59148004580	ABILIFY MAINTENA ER 300 MG SYR	ON		x		Prior Authorization Is Required For Children < 18 years of age.
Antipsychotics	59148001871	ABILIFY MAINTENA ER 300 MG VL	ON		x		Prior Authorization Is Required For Children < 18 years of age.
Antipsychotics	59148001870	ABILIFY MAINTENA ER 300 MG VL	ON		x		Prior Authorization Is Required For Children < 18 years of age.
Antipsychotics	59148007280	ABILIFY MAINTENA ER 400 MG SYR	ON		x		Prior Authorization Is Required For Children < 18 years of age.
Antipsychotics	59148007292	ABILIFY MAINTENA ER 400 MG SYR	ON		x		Prior Authorization Is Required For Children < 18 years of age.

**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Antipsychotics	59148001971	ABILIFY MAINTENA ER 400 MG VL	ON		x		Prior Authorization Is Required For Children < 18 years of age.
Antipsychotics	59148001970	ABILIFY MAINTENA ER 400 MG VL	ON		x		Prior Authorization Is Required For Children < 18 years of age.
Antipsychotics	65757040101	ARISTADA ER 441 MG/1.6 ML SYRN	ON		x		Prior Authorization Is Required For Children < 18 years of age.
Antipsychotics	65757040103	ARISTADA ER 441 MG/1.6 ML SYRN	ON		x		Prior Authorization Is Required For Children < 18 years of age.
Antipsychotics	65757040201	ARISTADA ER 662 MG/2.4 ML SYRN	ON		x		Prior Authorization Is Required For Children < 18 years of age.
Antipsychotics	65757040203	ARISTADA ER 662 MG/2.4 ML SYRN	ON		x		Prior Authorization Is Required For Children < 18 years of age.
Antipsychotics	65757040301	ARISTADA ER 882 MG/3.2 ML SYRN	ON		x		Prior Authorization Is Required For Children < 18 years of age.
Antipsychotics	65757040303	ARISTADA ER 882 MG/3.2 ML SYRN	ON		x		Prior Authorization Is Required For Children < 18 years of age.
Antipsychotics	00378086001	CLOZAPINE 100 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	51079092220	CLOZAPINE 100 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00378086005	CLOZAPINE 100 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	51079092201	CLOZAPINE 100 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.



**AHCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Antipsychotics	57664034788	CLOZAPINE 100 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	57664034713	CLOZAPINE 100 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00093777201	CLOZAPINE 100 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00093777205	CLOZAPINE 100 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00093777293	CLOZAPINE 100 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00093777219	CLOZAPINE 100 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00591252905	CLOZAPINE 100 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00591252901	CLOZAPINE 100 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00093440505	CLOZAPINE 200 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00093440501	CLOZAPINE 200 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00093440593	CLOZAPINE 200 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00093440519	CLOZAPINE 200 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.

**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Antipsychotics	00378097301	CLOZAPINE 200 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	51079074920	CLOZAPINE 200 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	51079074901	CLOZAPINE 200 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00378082501	CLOZAPINE 25 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	51079092120	CLOZAPINE 25 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	51079092101	CLOZAPINE 25 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	57664034588	CLOZAPINE 25 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00093435901	CLOZAPINE 25 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00093435905	CLOZAPINE 25 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00093435993	CLOZAPINE 25 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00093435919	CLOZAPINE 25 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00591252801	CLOZAPINE 25 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.

**AHCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Antipsychotics	00591252805	CLOZAPINE 25 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	57664024188	CLOZAPINE 50 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00093440405	CLOZAPINE 50 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00093440401	CLOZAPINE 50 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00093440493	CLOZAPINE 50 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00093440419	CLOZAPINE 50 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00378097201	CLOZAPINE 50 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00093301084	CLOZAPINE ODT 100 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00093301019	CLOZAPINE ODT 100 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00093301001	CLOZAPINE ODT 100 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00378381501	CLOZAPINE ODT 100 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00093301101	CLOZAPINE ODT 12.5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.

**AHCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Antipsychotics	00093308684	CLOZAPINE ODT 150 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00093308601	CLOZAPINE ODT 150 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00093308619	CLOZAPINE ODT 150 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00093308784	CLOZAPINE ODT 200 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00093308701	CLOZAPINE ODT 200 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00093308719	CLOZAPINE ODT 200 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00093301284	CLOZAPINE ODT 25 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00093301201	CLOZAPINE ODT 25 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00093301219	CLOZAPINE ODT 25 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00378381301	CLOZAPINE ODT 25 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	50458056201	INVEGA SUSTENNA 117 MG/0.75 ML	ON		x		Prior Authorization Is Required For Children < 18 years of age.
Antipsychotics	50458056301	INVEGA SUSTENNA 156 MG/ML SYRG	ON		x		Prior Authorization Is Required For Children < 18 years of age.

**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Antipsychotics	50458056303	INVEGA SUSTENNA 156 MG/ML SYRG	ON		x		Prior Authorization Is Required For Children < 18 years of age.
Antipsychotics	50458056401	INVEGA SUSTENNA 234 MG/1.5 ML	ON		x		Prior Authorization Is Required For Children < 18 years of age.
Antipsychotics	50458056001	INVEGA SUSTENNA 39 MG/0.25 ML	ON		x		Prior Authorization Is Required For Children < 18 years of age.
Antipsychotics	50458056101	INVEGA SUSTENNA 78 MG/0.5 ML	ON		x		Prior Authorization Is Required For Children < 18 years of age.
Antipsychotics	50458060601	INVEGA TRINZA 273 MG/0.875 ML	ON		x		Prior Authorization Is Required For Children < 18 years of age.
Antipsychotics	50458060701	INVEGA TRINZA 410 MG/1.315 ML	ON		x		Prior Authorization Is Required For Children < 18 years of age.
Antipsychotics	50458060801	INVEGA TRINZA 546 MG/1.75 ML	ON		x		Prior Authorization Is Required For Children < 18 years of age.
Antipsychotics	50458060901	INVEGA TRINZA 819 MG/2.625 ML	ON		x		Prior Authorization Is Required For Children < 18 years of age.
Antipsychotics	63402031230	LATUDA 120 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	63402030230	LATUDA 20 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	63402030410	LATUDA 40 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	63402030430	LATUDA 40 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.

**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Antipsychotics	63402030401	LATUDA 40 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	63402030630	LATUDA 60 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	63402030610	LATUDA 60 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	63402030601	LATUDA 60 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	63402030830	LATUDA 80 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	63402030810	LATUDA 80 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	63402030801	LATUDA 80 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00093577056	OLANZAPINE 10 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00093577001	OLANZAPINE 10 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	62756055483	OLANZAPINE 10 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	60505311300	OLANZAPINE 10 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	62756055418	OLANZAPINE 10 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.



**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Antipsychotics	65862056499	OLANZAPINE 10 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	13668016930	OLANZAPINE 10 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	62756055488	OLANZAPINE 10 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	60505311303	OLANZAPINE 10 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	65862056430	OLANZAPINE 10 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	51079015401	OLANZAPINE 10 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	51079015420	OLANZAPINE 10 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	66993046330	OLANZAPINE 10 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	60505311308	OLANZAPINE 10 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	66993046305	OLANZAPINE 10 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	43598016630	OLANZAPINE 10 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	43598016605	OLANZAPINE 10 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.

**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Antipsychotics	68084074001	OLANZAPINE 10 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68084074011	OLANZAPINE 10 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00904637661	OLANZAPINE 10 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	33342007007	OLANZAPINE 10 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	33342007015	OLANZAPINE 10 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	66993068330	OLANZAPINE 10 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	42292001420	OLANZAPINE 10 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	42292001401	OLANZAPINE 10 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00093577156	OLANZAPINE 15 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00093577101	OLANZAPINE 15 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00093577110	OLANZAPINE 15 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	55111016730	OLANZAPINE 15 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.

**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Antipsychotics	60505311403	OLANZAPINE 15 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	65862056530	OLANZAPINE 15 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	62756055588	OLANZAPINE 15 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	62756055518	OLANZAPINE 15 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68084052811	OLANZAPINE 15 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68084052801	OLANZAPINE 15 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	13668017030	OLANZAPINE 15 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	60505311400	OLANZAPINE 15 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	55111016705	OLANZAPINE 15 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	65862056599	OLANZAPINE 15 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	62756055583	OLANZAPINE 15 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00904628606	OLANZAPINE 15 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.

**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Antipsychotics	51079015520	OLANZAPINE 15 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	51079015501	OLANZAPINE 15 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	66993046430	OLANZAPINE 15 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	60505311408	OLANZAPINE 15 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	33342007107	OLANZAPINE 15 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	33342007115	OLANZAPINE 15 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	66993068430	OLANZAPINE 15 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	42292001501	OLANZAPINE 15 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	42292001520	OLANZAPINE 15 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00093576756	OLANZAPINE 2.5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00093576701	OLANZAPINE 2.5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00093576710	OLANZAPINE 2.5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.

**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Antipsychotics	60505311000	OLANZAPINE 2.5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	65862056199	OLANZAPINE 2.5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	62756055188	OLANZAPINE 2.5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00904628361	OLANZAPINE 2.5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	55111016305	OLANZAPINE 2.5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	65862056130	OLANZAPINE 2.5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	55111016330	OLANZAPINE 2.5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	13668016630	OLANZAPINE 2.5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	62756055118	OLANZAPINE 2.5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68084052501	OLANZAPINE 2.5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	62756055183	OLANZAPINE 2.5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68084052511	OLANZAPINE 2.5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.

**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Antipsychotics	60505311003	OLANZAPINE 2.5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	51079015220	OLANZAPINE 2.5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	51079015201	OLANZAPINE 2.5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	66993046030	OLANZAPINE 2.5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	60505311008	OLANZAPINE 2.5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	33342006707	OLANZAPINE 2.5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	33342006744	OLANZAPINE 2.5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	66993068030	OLANZAPINE 2.5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	42292001201	OLANZAPINE 2.5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	42292001220	OLANZAPINE 2.5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00093510501	OLANZAPINE 20 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00093510505	OLANZAPINE 20 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.

**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Antipsychotics	00093510556	OLANZAPINE 20 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	62756055683	OLANZAPINE 20 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	55111016830	OLANZAPINE 20 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	62756055688	OLANZAPINE 20 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68084052901	OLANZAPINE 20 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00904628706	OLANZAPINE 20 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68084052911	OLANZAPINE 20 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	60505314000	OLANZAPINE 20 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	55111016805	OLANZAPINE 20 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	13668017130	OLANZAPINE 20 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	65862056699	OLANZAPINE 20 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	60505314003	OLANZAPINE 20 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.



**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Antipsychotics	62756055618	OLANZAPINE 20 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	65862056630	OLANZAPINE 20 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	51079015620	OLANZAPINE 20 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	51079015601	OLANZAPINE 20 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	66993046530	OLANZAPINE 20 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	60505314008	OLANZAPINE 20 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	66993046505	OLANZAPINE 20 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	33342007215	OLANZAPINE 20 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	33342007207	OLANZAPINE 20 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	66993068530	OLANZAPINE 20 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	42292001601	OLANZAPINE 20 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	42292001620	OLANZAPINE 20 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.

**AHCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Antipsychotics	00093576856	OLANZAPINE 5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00093576801	OLANZAPINE 5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00093576810	OLANZAPINE 5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	62756055283	OLANZAPINE 5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	62756055288	OLANZAPINE 5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	60505311103	OLANZAPINE 5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	60505311100	OLANZAPINE 5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	62756055218	OLANZAPINE 5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	65862056230	OLANZAPINE 5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	13668016730	OLANZAPINE 5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	65862056299	OLANZAPINE 5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	51079015301	OLANZAPINE 5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.

**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Antipsychotics	51079015320	OLANZAPINE 5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	66993046130	OLANZAPINE 5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	60505311108	OLANZAPINE 5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	66993046105	OLANZAPINE 5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	43598016430	OLANZAPINE 5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	43598016405	OLANZAPINE 5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68084072301	OLANZAPINE 5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68084072311	OLANZAPINE 5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00904637761	OLANZAPINE 5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	33342006844	OLANZAPINE 5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	33342006807	OLANZAPINE 5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	66993068130	OLANZAPINE 5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.

**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Antipsychotics	42292001320	OLANZAPINE 5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	42292001301	OLANZAPINE 5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00093576956	OLANZAPINE 7.5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00093576901	OLANZAPINE 7.5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	62756055318	OLANZAPINE 7.5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	60505311203	OLANZAPINE 7.5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	62756055388	OLANZAPINE 7.5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	60505311200	OLANZAPINE 7.5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	62756055383	OLANZAPINE 7.5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	13668016830	OLANZAPINE 7.5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	65862056399	OLANZAPINE 7.5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	65862056330	OLANZAPINE 7.5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.

**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Antipsychotics	66993046230	OLANZAPINE 7.5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	60505311208	OLANZAPINE 7.5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	43598016505	OLANZAPINE 7.5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	43598016530	OLANZAPINE 7.5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	33342006944	OLANZAPINE 7.5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	33342006907	OLANZAPINE 7.5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	66993068230	OLANZAPINE 7.5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	60505327603	OLANZAPINE ODT 10 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	49884032155	OLANZAPINE ODT 10 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	60505327600	OLANZAPINE ODT 10 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	55111026381	OLANZAPINE ODT 10 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	13668008830	OLANZAPINE ODT 10 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.

**AHCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Antipsychotics	49884032152	OLANZAPINE ODT 10 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00093524619	OLANZAPINE ODT 10 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00093524665	OLANZAPINE ODT 10 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	62756075464	OLANZAPINE ODT 10 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	66993046730	OLANZAPINE ODT 10 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	59746030732	OLANZAPINE ODT 10 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	55111026379	OLANZAPINE ODT 10 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00378551193	OLANZAPINE ODT 10 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	59746030712	OLANZAPINE ODT 10 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	65862065703	OLANZAPINE ODT 10 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	65862065710	OLANZAPINE ODT 10 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	66993068738	OLANZAPINE ODT 10 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.

**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Antipsychotics	66993068751	OLANZAPINE ODT 10 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	33342008407	OLANZAPINE ODT 10 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	33342008411	OLANZAPINE ODT 10 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	60505327703	OLANZAPINE ODT 15 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	49884032255	OLANZAPINE ODT 15 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	60505327700	OLANZAPINE ODT 15 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	55111026481	OLANZAPINE ODT 15 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	13668008930	OLANZAPINE ODT 15 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	49884032252	OLANZAPINE ODT 15 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00093524765	OLANZAPINE ODT 15 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00093524719	OLANZAPINE ODT 15 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	62756075564	OLANZAPINE ODT 15 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.



**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Antipsychotics	66993046830	OLANZAPINE ODT 15 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	59746030832	OLANZAPINE ODT 15 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	55111026479	OLANZAPINE ODT 15 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00378551293	OLANZAPINE ODT 15 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	65862065803	OLANZAPINE ODT 15 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	65862065810	OLANZAPINE ODT 15 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	66993068838	OLANZAPINE ODT 15 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	66993068851	OLANZAPINE ODT 15 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	33342008507	OLANZAPINE ODT 15 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	33342008511	OLANZAPINE ODT 15 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	59746030812	OLANZAPINE ODT 15 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	60505327800	OLANZAPINE ODT 20 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.

**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Antipsychotics	60505327803	OLANZAPINE ODT 20 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	49884032355	OLANZAPINE ODT 20 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	55111026581	OLANZAPINE ODT 20 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	13668009030	OLANZAPINE ODT 20 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	49884032352	OLANZAPINE ODT 20 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00093524865	OLANZAPINE ODT 20 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00093524819	OLANZAPINE ODT 20 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	62756075764	OLANZAPINE ODT 20 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	66993046930	OLANZAPINE ODT 20 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	59746030932	OLANZAPINE ODT 20 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	55111026579	OLANZAPINE ODT 20 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00378551393	OLANZAPINE ODT 20 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.

**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Antipsychotics	65862065903	OLANZAPINE ODT 20 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	65862065910	OLANZAPINE ODT 20 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	66993068938	OLANZAPINE ODT 20 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	66993068951	OLANZAPINE ODT 20 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	33342008607	OLANZAPINE ODT 20 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	59746030912	OLANZAPINE ODT 20 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	33342008611	OLANZAPINE ODT 20 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	60505327500	OLANZAPINE ODT 5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	60505327503	OLANZAPINE ODT 5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	49884032055	OLANZAPINE ODT 5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	55111026281	OLANZAPINE ODT 5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	13668008630	OLANZAPINE ODT 5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.

**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Antipsychotics	49884032052	OLANZAPINE ODT 5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00093524565	OLANZAPINE ODT 5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00093524519	OLANZAPINE ODT 5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	62756075164	OLANZAPINE ODT 5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	66993046630	OLANZAPINE ODT 5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	59746030632	OLANZAPINE ODT 5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	55111026279	OLANZAPINE ODT 5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00378551093	OLANZAPINE ODT 5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	62756075166	OLANZAPINE ODT 5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	59746030612	OLANZAPINE ODT 5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	65862065610	OLANZAPINE ODT 5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	65862065603	OLANZAPINE ODT 5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.

**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Antipsychotics	66993068651	OLANZAPINE ODT 5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	66993068638	OLANZAPINE ODT 5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	33342008307	OLANZAPINE ODT 5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	33342008311	OLANZAPINE ODT 5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	47335090488	QUETIAPINE FUMARATE 100 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	16729014701	QUETIAPINE FUMARATE 100 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	47335090418	QUETIAPINE FUMARATE 100 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	60505313308	QUETIAPINE FUMARATE 100 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68180044701	QUETIAPINE FUMARATE 100 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68180044703	QUETIAPINE FUMARATE 100 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68084053211	QUETIAPINE FUMARATE 100 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68084053201	QUETIAPINE FUMARATE 100 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.

**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Antipsychotics	60505313301	QUETIAPINE FUMARATE 100 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	16729014717	QUETIAPINE FUMARATE 100 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	55111018601	QUETIAPINE FUMARATE 100 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00054022125	QUETIAPINE FUMARATE 100 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00904627961	QUETIAPINE FUMARATE 100 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00093816201	QUETIAPINE FUMARATE 100 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00093816210	QUETIAPINE FUMARATE 100 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	65862049199	QUETIAPINE FUMARATE 100 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	16714037701	QUETIAPINE FUMARATE 100 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	16729014710	QUETIAPINE FUMARATE 100 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	67877025001	QUETIAPINE FUMARATE 100 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00781534401	QUETIAPINE FUMARATE 100 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.

**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Antipsychotics	67877025038	QUETIAPINE FUMARATE 100 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00054022120	QUETIAPINE FUMARATE 100 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68001018408	QUETIAPINE FUMARATE 100 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68001018400	QUETIAPINE FUMARATE 100 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	63739066510	QUETIAPINE FUMARATE 100 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	16714045401	QUETIAPINE FUMARATE 100 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	16714045402	QUETIAPINE FUMARATE 100 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	67877025010	QUETIAPINE FUMARATE 100 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00093816310	QUETIAPINE FUMARATE 200 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68180044801	QUETIAPINE FUMARATE 200 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00054022225	QUETIAPINE FUMARATE 200 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00093816301	QUETIAPINE FUMARATE 200 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.



**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Antipsychotics	47335090588	QUETIAPINE FUMARATE 200 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	55111018901	QUETIAPINE FUMARATE 200 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	60505313508	QUETIAPINE FUMARATE 200 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00904628061	QUETIAPINE FUMARATE 200 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68180044802	QUETIAPINE FUMARATE 200 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68084053301	QUETIAPINE FUMARATE 200 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	16729014800	QUETIAPINE FUMARATE 200 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68084053311	QUETIAPINE FUMARATE 200 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	16729014817	QUETIAPINE FUMARATE 200 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	60505313501	QUETIAPINE FUMARATE 200 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	47335090518	QUETIAPINE FUMARATE 200 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	65862049301	QUETIAPINE FUMARATE 200 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.

**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Antipsychotics	65862049399	QUETIAPINE FUMARATE 200 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	16714037801	QUETIAPINE FUMARATE 200 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	16729014810	QUETIAPINE FUMARATE 200 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	67877024601	QUETIAPINE FUMARATE 200 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00781534601	QUETIAPINE FUMARATE 200 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	67877024638	QUETIAPINE FUMARATE 200 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00054022220	QUETIAPINE FUMARATE 200 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68001018200	QUETIAPINE FUMARATE 200 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68001018203	QUETIAPINE FUMARATE 200 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	63739067710	QUETIAPINE FUMARATE 200 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	16714045501	QUETIAPINE FUMARATE 200 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	67877024610	QUETIAPINE FUMARATE 200 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.

**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Antipsychotics	16729014801	QUETIAPINE FUMARATE 200 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	67877024633	QUETIAPINE FUMARATE 200 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68084053001	QUETIAPINE FUMARATE 25 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	60505313008	QUETIAPINE FUMARATE 25 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	16729014501	QUETIAPINE FUMARATE 25 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00054022025	QUETIAPINE FUMARATE 25 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	16729014517	QUETIAPINE FUMARATE 25 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	55111024905	QUETIAPINE FUMARATE 25 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	55111024901	QUETIAPINE FUMARATE 25 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	47335090218	QUETIAPINE FUMARATE 25 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00904627761	QUETIAPINE FUMARATE 25 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68180044501	QUETIAPINE FUMARATE 25 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.

**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Antipsychotics	60505313001	QUETIAPINE FUMARATE 25 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00054022031	QUETIAPINE FUMARATE 25 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	47335090288	QUETIAPINE FUMARATE 25 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68084053011	QUETIAPINE FUMARATE 25 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68180044503	QUETIAPINE FUMARATE 25 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	65862048999	QUETIAPINE FUMARATE 25 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	65862048901	QUETIAPINE FUMARATE 25 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	16714037502	QUETIAPINE FUMARATE 25 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	16714037501	QUETIAPINE FUMARATE 25 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	16729014510	QUETIAPINE FUMARATE 25 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	67877024201	QUETIAPINE FUMARATE 25 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00781534301	QUETIAPINE FUMARATE 25 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.

**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Antipsychotics	67877024238	QUETIAPINE FUMARATE 25 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00054022020	QUETIAPINE FUMARATE 25 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00093206301	QUETIAPINE FUMARATE 25 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00093206310	QUETIAPINE FUMARATE 25 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68001018508	QUETIAPINE FUMARATE 25 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68001018500	QUETIAPINE FUMARATE 25 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	16714045201	QUETIAPINE FUMARATE 25 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	16714045202	QUETIAPINE FUMARATE 25 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	67877024233	QUETIAPINE FUMARATE 25 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68180044907	QUETIAPINE FUMARATE 300 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00093816410	QUETIAPINE FUMARATE 300 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	16729014917	QUETIAPINE FUMARATE 300 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.

**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Antipsychotics	16729014912	QUETIAPINE FUMARATE 300 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00093816401	QUETIAPINE FUMARATE 300 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68084053411	QUETIAPINE FUMARATE 300 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68084053401	QUETIAPINE FUMARATE 300 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68180044901	QUETIAPINE FUMARATE 300 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68180044902	QUETIAPINE FUMARATE 300 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	55111019060	QUETIAPINE FUMARATE 300 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	47335090686	QUETIAPINE FUMARATE 300 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00054022321	QUETIAPINE FUMARATE 300 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	47335090688	QUETIAPINE FUMARATE 300 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	47335090618	QUETIAPINE FUMARATE 300 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	60505313706	QUETIAPINE FUMARATE 300 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.

**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Antipsychotics	65862049460	QUETIAPINE FUMARATE 300 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	65862049499	QUETIAPINE FUMARATE 300 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	16729014910	QUETIAPINE FUMARATE 300 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	67877024760	QUETIAPINE FUMARATE 300 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00781534701	QUETIAPINE FUMARATE 300 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00054022320	QUETIAPINE FUMARATE 300 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	16729014900	QUETIAPINE FUMARATE 300 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68001018306	QUETIAPINE FUMARATE 300 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68001018303	QUETIAPINE FUMARATE 300 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68001018300	QUETIAPINE FUMARATE 300 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00904639861	QUETIAPINE FUMARATE 300 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	63739069010	QUETIAPINE FUMARATE 300 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.



**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Antipsychotics	16714045601	QUETIAPINE FUMARATE 300 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	67877024710	QUETIAPINE FUMARATE 300 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	16729014901	QUETIAPINE FUMARATE 300 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68180045002	QUETIAPINE FUMARATE 400 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68084053511	QUETIAPINE FUMARATE 400 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68084053501	QUETIAPINE FUMARATE 400 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68180045001	QUETIAPINE FUMARATE 400 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	47335090718	QUETIAPINE FUMARATE 400 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	55111060601	QUETIAPINE FUMARATE 400 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00054023025	QUETIAPINE FUMARATE 400 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00093816501	QUETIAPINE FUMARATE 400 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	60505313901	QUETIAPINE FUMARATE 400 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.

**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Antipsychotics	00904628161	QUETIAPINE FUMARATE 400 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	16729015000	QUETIAPINE FUMARATE 400 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	47335090788	QUETIAPINE FUMARATE 400 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	16729015016	QUETIAPINE FUMARATE 400 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00093816510	QUETIAPINE FUMARATE 400 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	65862049505	QUETIAPINE FUMARATE 400 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	65862049501	QUETIAPINE FUMARATE 400 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	16729015010	QUETIAPINE FUMARATE 400 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	67877024801	QUETIAPINE FUMARATE 400 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00781534801	QUETIAPINE FUMARATE 400 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	67877024838	QUETIAPINE FUMARATE 400 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00054023020	QUETIAPINE FUMARATE 400 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.

**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Antipsychotics	68001018100	QUETIAPINE FUMARATE 400 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68001018103	QUETIAPINE FUMARATE 400 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	16714045701	QUETIAPINE FUMARATE 400 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	67877024810	QUETIAPINE FUMARATE 400 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	16729015001	QUETIAPINE FUMARATE 400 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00093816601	QUETIAPINE FUMARATE 50 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	55111016901	QUETIAPINE FUMARATE 50 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	55111016905	QUETIAPINE FUMARATE 50 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	47335090388	QUETIAPINE FUMARATE 50 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00054022931	QUETIAPINE FUMARATE 50 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00093816610	QUETIAPINE FUMARATE 50 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	16729014601	QUETIAPINE FUMARATE 50 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.

**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Antipsychotics	68084053101	QUETIAPINE FUMARATE 50 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	47335090318	QUETIAPINE FUMARATE 50 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68180044603	QUETIAPINE FUMARATE 50 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68084053111	QUETIAPINE FUMARATE 50 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	16729014617	QUETIAPINE FUMARATE 50 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00904627861	QUETIAPINE FUMARATE 50 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00054022925	QUETIAPINE FUMARATE 50 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	60505313208	QUETIAPINE FUMARATE 50 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	60505313201	QUETIAPINE FUMARATE 50 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68180044601	QUETIAPINE FUMARATE 50 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	65862049001	QUETIAPINE FUMARATE 50 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	65862049099	QUETIAPINE FUMARATE 50 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.

**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Antipsychotics	16729014610	QUETIAPINE FUMARATE 50 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	67877024901	QUETIAPINE FUMARATE 50 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00781534201	QUETIAPINE FUMARATE 50 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	67877024938	QUETIAPINE FUMARATE 50 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00054022920	QUETIAPINE FUMARATE 50 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68001018008	QUETIAPINE FUMARATE 50 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68001018000	QUETIAPINE FUMARATE 50 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	16714045302	QUETIAPINE FUMARATE 50 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	16714045301	QUETIAPINE FUMARATE 50 MG TAB	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	50458030911	RISPERDAL CONSTA 12.5 MG SYR	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	50458030611	RISPERDAL CONSTA 25 MG SYR	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	50458030711	RISPERDAL CONSTA 37.5 MG SYR	ON		x		Prior Authorization Is Required For Children < 6 years of age.

**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Antipsychotics	50458030811	RISPERDAL CONSTA 50 MG SYR	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	49884021255	RISPERIDONE 0.25 MG ODT	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	49884021252	RISPERIDONE 0.25 MG ODT	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00378604228	RISPERIDONE 0.25 MG ODT	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	50458059050	RISPERIDONE 0.25 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	50458059060	RISPERIDONE 0.25 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	50458059010	RISPERIDONE 0.25 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00378350291	RISPERIDONE 0.25 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00378350205	RISPERIDONE 0.25 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	51079046020	RISPERIDONE 0.25 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	51079046001	RISPERIDONE 0.25 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	65862011905	RISPERIDONE 0.25 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.

**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Antipsychotics	65862011960	RISPERIDONE 0.25 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68382011214	RISPERIDONE 0.25 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68382011205	RISPERIDONE 0.25 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68084027001	RISPERIDONE 0.25 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68084027011	RISPERIDONE 0.25 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	13668003560	RISPERIDONE 0.25 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	13668003505	RISPERIDONE 0.25 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00603568320	RISPERIDONE 0.25 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00603568328	RISPERIDONE 0.25 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	13107011905	RISPERIDONE 0.25 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	13107011960	RISPERIDONE 0.25 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	51991031606	RISPERIDONE 0.25 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.

**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Antipsychotics	00904635761	RISPERIDONE 0.25 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	27241000250	RISPERIDONE 0.25 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	27241000206	RISPERIDONE 0.25 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	43547033906	RISPERIDONE 0.25 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	43547033950	RISPERIDONE 0.25 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	50458060128	RISPERIDONE 0.5 MG ODT	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68382015406	RISPERIDONE 0.5 MG ODT	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	49884031155	RISPERIDONE 0.5 MG ODT	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	49884031191	RISPERIDONE 0.5 MG ODT	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00781531008	RISPERIDONE 0.5 MG ODT	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00378604328	RISPERIDONE 0.5 MG ODT	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	49884031152	RISPERIDONE 0.5 MG ODT	ON		x		Prior Authorization Is Required For Children < 6 years of age.



**AHCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Antipsychotics	59746001032	RISPERIDONE 0.5 MG ODT	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00781531006	RISPERIDONE 0.5 MG ODT	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	50458059150	RISPERIDONE 0.5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	50458059110	RISPERIDONE 0.5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	50458059160	RISPERIDONE 0.5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00093022506	RISPERIDONE 0.5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00378350505	RISPERIDONE 0.5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00378350591	RISPERIDONE 0.5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	51079046101	RISPERIDONE 0.5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	51079046120	RISPERIDONE 0.5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	65862012060	RISPERIDONE 0.5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	65862012005	RISPERIDONE 0.5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.

**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Antipsychotics	68382011314	RISPERIDONE 0.5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68382011305	RISPERIDONE 0.5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68084027101	RISPERIDONE 0.5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68084027111	RISPERIDONE 0.5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	13668003660	RISPERIDONE 0.5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	13668003605	RISPERIDONE 0.5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00603568420	RISPERIDONE 0.5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00603568428	RISPERIDONE 0.5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00603568432	RISPERIDONE 0.5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	13107012005	RISPERIDONE 0.5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	13107012060	RISPERIDONE 0.5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	51991031706	RISPERIDONE 0.5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.

**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Antipsychotics	00904635861	RISPERIDONE 0.5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	27241000306	RISPERIDONE 0.5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	27241000350	RISPERIDONE 0.5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	43547034006	RISPERIDONE 0.5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	43547034050	RISPERIDONE 0.5 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	50458060228	RISPERIDONE 1 MG ODT	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	49884031555	RISPERIDONE 1 MG ODT	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	49884031591	RISPERIDONE 1 MG ODT	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00781531108	RISPERIDONE 1 MG ODT	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68382015506	RISPERIDONE 1 MG ODT	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00378604428	RISPERIDONE 1 MG ODT	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	51079034501	RISPERIDONE 1 MG ODT	ON		x		Prior Authorization Is Required For Children < 6 years of age.

**AHCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Antipsychotics	51079034505	RISPERIDONE 1 MG ODT	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	49884031552	RISPERIDONE 1 MG ODT	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	59746002022	RISPERIDONE 1 MG ODT	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00781531106	RISPERIDONE 1 MG ODT	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	50458059260	RISPERIDONE 1 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	50458059250	RISPERIDONE 1 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	50458059210	RISPERIDONE 1 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00093724006	RISPERIDONE 1 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00378351191	RISPERIDONE 1 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00378351105	RISPERIDONE 1 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	51079046201	RISPERIDONE 1 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	51079046220	RISPERIDONE 1 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.

**AHCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Antipsychotics	65862012160	RISPERIDONE 1 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	65862012105	RISPERIDONE 1 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68382011405	RISPERIDONE 1 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68382011414	RISPERIDONE 1 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	55111020360	RISPERIDONE 1 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68084027201	RISPERIDONE 1 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68084027211	RISPERIDONE 1 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	13668003705	RISPERIDONE 1 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	13668003760	RISPERIDONE 1 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00603568520	RISPERIDONE 1 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00603568528	RISPERIDONE 1 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00603568532	RISPERIDONE 1 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.

**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Antipsychotics	51079046256	RISPERIDONE 1 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	51079046230	RISPERIDONE 1 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	13107012160	RISPERIDONE 1 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	13107012105	RISPERIDONE 1 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	51991031806	RISPERIDONE 1 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00904635961	RISPERIDONE 1 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	27241000106	RISPERIDONE 1 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	27241000150	RISPERIDONE 1 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	43547034150	RISPERIDONE 1 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	43547034106	RISPERIDONE 1 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	50458059601	RISPERIDONE 1 MG/ML SOLUTION	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	60505038001	RISPERIDONE 1 MG/ML SOLUTION	ON		x		Prior Authorization Is Required For Children < 6 years of age.

**AHCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Antipsychotics	00054006344	RISPERIDONE 1 MG/ML SOLUTION	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	65862016730	RISPERIDONE 1 MG/ML SOLUTION	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	64679069201	RISPERIDONE 1 MG/ML SOLUTION	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	65162067384	RISPERIDONE 1 MG/ML SOLUTION	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00603942445	RISPERIDONE 1 MG/ML SOLUTION	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	23155031751	RISPERIDONE 1 MG/ML SOLUTION	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	51991071641	RISPERIDONE 1 MG/ML SOLUTION	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	50458060328	RISPERIDONE 2 MG ODT	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68382015606	RISPERIDONE 2 MG ODT	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	49884040191	RISPERIDONE 2 MG ODT	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00781531208	RISPERIDONE 2 MG ODT	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00378604528	RISPERIDONE 2 MG ODT	ON		x		Prior Authorization Is Required For Children < 6 years of age.

**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Antipsychotics	51079034605	RISPERIDONE 2 MG ODT	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	51079034601	RISPERIDONE 2 MG ODT	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	49884040152	RISPERIDONE 2 MG ODT	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	59746003022	RISPERIDONE 2 MG ODT	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00781531206	RISPERIDONE 2 MG ODT	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	50458059360	RISPERIDONE 2 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	50458059310	RISPERIDONE 2 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	50458059350	RISPERIDONE 2 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00378351205	RISPERIDONE 2 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00378351291	RISPERIDONE 2 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	51079046301	RISPERIDONE 2 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	51079046320	RISPERIDONE 2 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.



**AHCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Antipsychotics	65862012260	RISPERIDONE 2 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	65862012205	RISPERIDONE 2 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68382011505	RISPERIDONE 2 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68382011514	RISPERIDONE 2 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68084027311	RISPERIDONE 2 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68084027301	RISPERIDONE 2 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	13668003860	RISPERIDONE 2 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	13668003805	RISPERIDONE 2 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00603568628	RISPERIDONE 2 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00603568620	RISPERIDONE 2 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00603568632	RISPERIDONE 2 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	51079046356	RISPERIDONE 2 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.

**AHCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Antipsychotics	51079046330	RISPERIDONE 2 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	13107012205	RISPERIDONE 2 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	13107012260	RISPERIDONE 2 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	63739054710	RISPERIDONE 2 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	51991031906	RISPERIDONE 2 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00904636061	RISPERIDONE 2 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	27241000406	RISPERIDONE 2 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	27241000450	RISPERIDONE 2 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	43547034250	RISPERIDONE 2 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	43547034206	RISPERIDONE 2 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	50458060428	RISPERIDONE 3 MG ODT	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	49884040291	RISPERIDONE 3 MG ODT	ON		x		Prior Authorization Is Required For Children < 6 years of age.

**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Antipsychotics	00781531308	RISPERIDONE 3 MG ODT	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00378604628	RISPERIDONE 3 MG ODT	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	51079034705	RISPERIDONE 3 MG ODT	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	51079034701	RISPERIDONE 3 MG ODT	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	49884040252	RISPERIDONE 3 MG ODT	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	59746004022	RISPERIDONE 3 MG ODT	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00781531306	RISPERIDONE 3 MG ODT	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	50458059460	RISPERIDONE 3 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	50458059410	RISPERIDONE 3 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	50458059450	RISPERIDONE 3 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00378351391	RISPERIDONE 3 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00378351305	RISPERIDONE 3 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.

**AHCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Antipsychotics	51079046420	RISPERIDONE 3 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	51079046401	RISPERIDONE 3 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	65862012360	RISPERIDONE 3 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	65862012305	RISPERIDONE 3 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68382011614	RISPERIDONE 3 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68382011605	RISPERIDONE 3 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68084027401	RISPERIDONE 3 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68084027411	RISPERIDONE 3 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	13668003960	RISPERIDONE 3 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	13668003905	RISPERIDONE 3 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00603568928	RISPERIDONE 3 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00603568920	RISPERIDONE 3 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.

**AHCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Antipsychotics	51079046456	RISPERIDONE 3 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	51079046430	RISPERIDONE 3 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	13107012305	RISPERIDONE 3 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	13107012360	RISPERIDONE 3 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	51991032006	RISPERIDONE 3 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00904636161	RISPERIDONE 3 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	27241000550	RISPERIDONE 3 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	27241000506	RISPERIDONE 3 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	43547034350	RISPERIDONE 3 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	43547034306	RISPERIDONE 3 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	50458060528	RISPERIDONE 4 MG ODT	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	49884040391	RISPERIDONE 4 MG ODT	ON		x		Prior Authorization Is Required For Children < 6 years of age.

**AHCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Antipsychotics	00781531408	RISPERIDONE 4 MG ODT	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00378604728	RISPERIDONE 4 MG ODT	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	49884040352	RISPERIDONE 4 MG ODT	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	59746005022	RISPERIDONE 4 MG ODT	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00781531406	RISPERIDONE 4 MG ODT	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	50458059560	RISPERIDONE 4 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	50458059510	RISPERIDONE 4 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00093724306	RISPERIDONE 4 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00378351491	RISPERIDONE 4 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	51079046501	RISPERIDONE 4 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	51079046520	RISPERIDONE 4 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	65862012460	RISPERIDONE 4 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.

**AHCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Antipsychotics	68382011714	RISPERIDONE 4 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68382011705	RISPERIDONE 4 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	55111020660	RISPERIDONE 4 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68084027701	RISPERIDONE 4 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68084027711	RISPERIDONE 4 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	13668004060	RISPERIDONE 4 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	13668004005	RISPERIDONE 4 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00603568820	RISPERIDONE 4 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00603568828	RISPERIDONE 4 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	51079046556	RISPERIDONE 4 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	51079046530	RISPERIDONE 4 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	13107012460	RISPERIDONE 4 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.

**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Antipsychotics	51991032106	RISPERIDONE 4 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00904636261	RISPERIDONE 4 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	27241000606	RISPERIDONE 4 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	27241000650	RISPERIDONE 4 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	43547034450	RISPERIDONE 4 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	43547034406	RISPERIDONE 4 MG TABLET	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00052214203	SAPHRIS 10 MG TAB SL BLK CHERY	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00052214204	SAPHRIS 10 MG TAB SL BLK CHERY	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00456241060	SAPHRIS 10 MG TAB SL BLK CHERY	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00456241063	SAPHRIS 10 MG TAB SL BLK CHERY	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00456241011	SAPHRIS 10 MG TAB SL BLK CHERY	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00456241006	SAPHRIS 10 MG TAB SL BLK CHERY	ON		x		Prior Authorization Is Required For Children < 6 years of age.



**AHCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Antipsychotics	00456240260	SAPHRIS 2.5 MG TAB SL BLK CHRY	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00456240206	SAPHRIS 2.5 MG TAB SL BLK CHRY	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00456240211	SAPHRIS 2.5 MG TAB SL BLK CHRY	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00052213903	SAPHRIS 5 MG TAB SL BLK CHERRY	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00456240560	SAPHRIS 5 MG TAB SL BLK CHERRY	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00456240563	SAPHRIS 5 MG TAB SL BLK CHERRY	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00456240511	SAPHRIS 5 MG TAB SL BLK CHERRY	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00456240506	SAPHRIS 5 MG TAB SL BLK CHERRY	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	55111025660	ZIPRASIDONE HCL 20 MG CAPSULE	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	59762200101	ZIPRASIDONE HCL 20 MG CAPSULE	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68180033107	ZIPRASIDONE HCL 20 MG CAPSULE	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00904626908	ZIPRASIDONE HCL 20 MG CAPSULE	ON		x		Prior Authorization Is Required For Children < 6 years of age.

**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Antipsychotics	60505252806	ZIPRASIDONE HCL 20 MG CAPSULE	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00781216460	ZIPRASIDONE HCL 20 MG CAPSULE	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68001013606	ZIPRASIDONE HCL 20 MG CAPSULE	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00378735005	ZIPRASIDONE HCL 20 MG CAPSULE	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00378735091	ZIPRASIDONE HCL 20 MG CAPSULE	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	51079035116	ZIPRASIDONE HCL 20 MG CAPSULE	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	51079035101	ZIPRASIDONE HCL 20 MG CAPSULE	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68084010309	ZIPRASIDONE HCL 20 MG CAPSULE	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68084010311	ZIPRASIDONE HCL 20 MG CAPSULE	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68180033207	ZIPRASIDONE HCL 40 MG CAPSULE	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	59762200201	ZIPRASIDONE HCL 40 MG CAPSULE	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00904627008	ZIPRASIDONE HCL 40 MG CAPSULE	ON		x		Prior Authorization Is Required For Children < 6 years of age.

**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Antipsychotics	55111025760	ZIPRASIDONE HCL 40 MG CAPSULE	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	60505252906	ZIPRASIDONE HCL 40 MG CAPSULE	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00781216660	ZIPRASIDONE HCL 40 MG CAPSULE	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68001013706	ZIPRASIDONE HCL 40 MG CAPSULE	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00378735105	ZIPRASIDONE HCL 40 MG CAPSULE	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00378735191	ZIPRASIDONE HCL 40 MG CAPSULE	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	51079035216	ZIPRASIDONE HCL 40 MG CAPSULE	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	51079035201	ZIPRASIDONE HCL 40 MG CAPSULE	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68084010411	ZIPRASIDONE HCL 40 MG CAPSULE	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68084010409	ZIPRASIDONE HCL 40 MG CAPSULE	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	63739000532	ZIPRASIDONE HCL 40 MG CAPSULE	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68180033307	ZIPRASIDONE HCL 60 MG CAPSULE	ON		x		Prior Authorization Is Required For Children < 6 years of age.

**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Antipsychotics	55111025860	ZIPRASIDONE HCL 60 MG CAPSULE	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	59762200301	ZIPRASIDONE HCL 60 MG CAPSULE	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00904627108	ZIPRASIDONE HCL 60 MG CAPSULE	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	60505253006	ZIPRASIDONE HCL 60 MG CAPSULE	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00781216760	ZIPRASIDONE HCL 60 MG CAPSULE	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68001013806	ZIPRASIDONE HCL 60 MG CAPSULE	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00378735291	ZIPRASIDONE HCL 60 MG CAPSULE	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00378735205	ZIPRASIDONE HCL 60 MG CAPSULE	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	51079035301	ZIPRASIDONE HCL 60 MG CAPSULE	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	51079035316	ZIPRASIDONE HCL 60 MG CAPSULE	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68084010509	ZIPRASIDONE HCL 60 MG CAPSULE	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68084010511	ZIPRASIDONE HCL 60 MG CAPSULE	ON		x		Prior Authorization Is Required For Children < 6 years of age.

**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Antipsychotics	63739066632	ZIPRASIDONE HCL 60 MG CAPSULE	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68180033407	ZIPRASIDONE HCL 80 MG CAPSULE	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	59762200401	ZIPRASIDONE HCL 80 MG CAPSULE	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00904627208	ZIPRASIDONE HCL 80 MG CAPSULE	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	55111025960	ZIPRASIDONE HCL 80 MG CAPSULE	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	60505253106	ZIPRASIDONE HCL 80 MG CAPSULE	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00781216860	ZIPRASIDONE HCL 80 MG CAPSULE	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68001013906	ZIPRASIDONE HCL 80 MG CAPSULE	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00378735391	ZIPRASIDONE HCL 80 MG CAPSULE	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	00378735305	ZIPRASIDONE HCL 80 MG CAPSULE	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	51079035401	ZIPRASIDONE HCL 80 MG CAPSULE	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	51079035416	ZIPRASIDONE HCL 80 MG CAPSULE	ON		x		Prior Authorization Is Required For Children < 6 years of age.

**AHCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Antipsychotics	68084010611	ZIPRASIDONE HCL 80 MG CAPSULE	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	68084010609	ZIPRASIDONE HCL 80 MG CAPSULE	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Antipsychotics	63739050832	ZIPRASIDONE HCL 80 MG CAPSULE	ON		x		Prior Authorization Is Required For Children < 6 years of age.
Pancreatic Enzymes	50458034260	PANCREAZE DR 10,500 UNIT CAP	NPD			x	x
Pancreatic Enzymes	50458034360	PANCREAZE DR 16,800 UNIT CAP	NPD			x	x
Pancreatic Enzymes	50458034660	PANCREAZE DR 21,000 UNIT CAP	NPD			x	x
Pancreatic Enzymes	50458034160	PANCREAZE DR 4,200 UNIT CAP	NPD			x	x
Pancreatic Enzymes	59767001601	PERTZYE DR 16,000 UNITS CAPS	NPD			x	x
Pancreatic Enzymes	59767001602	PERTZYE DR 16,000 UNITS CAPS	NPD			x	x
Pancreatic Enzymes	59767000802	PERTZYE DR 8,000 UNITS CAPSULE	NPD			x	x
Pancreatic Enzymes	59767000801	PERTZYE DR 8,000 UNITS CAPSULE	NPD			x	x
Pancreatic Enzymes	58914000310	ULTRESA DR 13,800 UNIT CAPSULE	NPD			x	x
Pancreatic Enzymes	58914001910	ULTRESA DR 20,700 UNIT CAPSULE	NPD			x	x
Pancreatic Enzymes	58914011210	VIOKACE 10,440-39,150 UNITS TB	NPD			x	x
Pancreatic Enzymes	58914011710	VIOKACE 20,880-78,300 UNITS TB	NPD			x	x
Pancreatic Enzymes	00032121207	CREON DR 12,000 UNITS CAPSULE	ON	x			

**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Pancreatic Enzymes	00032121201	CREON DR 12,000 UNITS CAPSULE	ON	X			
Pancreatic Enzymes	00032122401	CREON DR 24,000 UNITS CAPSULE	ON	X			
Pancreatic Enzymes	00032122407	CREON DR 24,000 UNITS CAPSULE	ON	X			
Pancreatic Enzymes	00032120370	CREON DR 3,000 UNITS CAPSULE	ON	X			
Pancreatic Enzymes	00032301613	CREON DR 36,000 UNITS CAPSULE	ON	X			
Pancreatic Enzymes	00032301628	CREON DR 36,000 UNITS CAPSULE	ON	X			
Pancreatic Enzymes	00032120601	CREON DR 6,000 UNITS CAPSULE	ON	X			
Pancreatic Enzymes	00032120607	CREON DR 6,000 UNITS CAPSULE	ON	X			
Pancreatic Enzymes	39822020501	PANCRELIPASE DR 5,000 UNIT CAP	ON	X			
Pancreatic Enzymes	42865010102	ZENPEP DR 10,000 UNITS CAPSULE	ON	X			
Pancreatic Enzymes	42865030602	ZENPEP DR 10,000 UNITS CAPSULE	ON	X			
Pancreatic Enzymes	42865010202	ZENPEP DR 15,000 UNITS CAPSULE	ON	X			
Pancreatic Enzymes	42865030202	ZENPEP DR 15,000 UNITS CAPSULE	ON	X			
Pancreatic Enzymes	42865010302	ZENPEP DR 20,000 UNITS CAPSULE	ON	X			
Pancreatic Enzymes	42865030302	ZENPEP DR 20,000 UNITS CAPSULE	ON	X			
Pancreatic Enzymes	42865010502	ZENPEP DR 25,000 UNITS CAPSULE	ON	X			
Pancreatic Enzymes	42865030502	ZENPEP DR 25,000 UNITS CAPSULE	ON	X			
Pancreatic Enzymes	42865010402	ZENPEP DR 3,000 UNITS CAPSULE	ON	X			

**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Pancreatic Enzymes	42865030402	ZENPEP DR 3,000 UNITS CAPSULE	ON	X			
Pancreatic Enzymes	42865030702	ZENPEP DR 40,000 UNITS CAPSULE	ON	X			
Pancreatic Enzymes	42865010002	ZENPEP DR 5,000 UNITS CAPSULE	ON	X			
Pancreatic Enzymes	42865030002	ZENPEP DR 5,000 UNITS CAPSULE	ON	X			
Stimulants & Related Agents	70165002030	ADZENYS XR-ODT 12.5 MG TABLET	NPD				X
Stimulants & Related Agents	70165002530	ADZENYS XR-ODT 15.7 MG TABLET	NPD				X
Stimulants & Related Agents	70165003030	ADZENYS XR-ODT 18.8 MG TABLET	NPD				X
Stimulants & Related Agents	70165000530	ADZENYS XR-ODT 3.1 MG TABLET	NPD				X
Stimulants & Related Agents	70165001030	ADZENYS XR-ODT 6.3 MG TABLET	NPD				X
Stimulants & Related Agents	70165001530	ADZENYS XR-ODT 9.4 MG TABLET	NPD				X
Stimulants & Related Agents	42858040145	APTENSIO XR 10 MG CAPSULE	NPD				X
Stimulants & Related Agents	42858040245	APTENSIO XR 15 MG CAPSULE	NPD				X
Stimulants & Related Agents	42858040345	APTENSIO XR 20 MG CAPSULE	NPD				X
Stimulants & Related Agents	42858040445	APTENSIO XR 30 MG CAPSULE	NPD				X
Stimulants & Related Agents	42858040545	APTENSIO XR 40 MG CAPSULE	NPD				X
Stimulants & Related Agents	42858040645	APTENSIO XR 50 MG CAPSULE	NPD				X
Stimulants & Related Agents	42858040745	APTENSIO XR 60 MG CAPSULE	NPD				X
Stimulants & Related Agents	10370025702	CLONIDINE HCL ER 0.1 MG TABLET	NPD				X



**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Stimulants & Related Agents	59212066060	CLONIDINE HCL ER 0.1 MG TABLET	NPD				X
Stimulants & Related Agents	00228424106	CLONIDINE HCL ER 0.1 MG TABLET	NPD				X
Stimulants & Related Agents	66993077660	CLONIDINE HCL ER 0.1 MG TABLET	NPD				X
Stimulants & Related Agents	50458058501	CONCERTA ER 18 MG TABLET	NPD			X	X
Stimulants & Related Agents	50458058801	CONCERTA ER 27 MG TABLET	NPD			X	X
Stimulants & Related Agents	50458058601	CONCERTA ER 36 MG TABLET	NPD			X	X
Stimulants & Related Agents	50458058701	CONCERTA ER 54 MG TABLET	NPD			X	X
Stimulants & Related Agents	55292010201	DESOXYN 5 MG TABLET	NPD				X
Stimulants & Related Agents	52054021610	DEXEDRINE 10 MG TABLET	NPD				X
Stimulants & Related Agents	52054021510	DEXEDRINE 5 MG TABLET	NPD				X
Stimulants & Related Agents	52054051309	DEXEDRINE SPANSULE 10 MG	NPD				X
Stimulants & Related Agents	52054051409	DEXEDRINE SPANSULE 15 MG	NPD				X
Stimulants & Related Agents	52054051209	DEXEDRINE SPANSULE 5 MG	NPD				X
Stimulants & Related Agents	00093527701	DEXMETHYLPHENIDATE 10 MG TAB	NPD				X
Stimulants & Related Agents	00781569101	DEXMETHYLPHENIDATE 10 MG TAB	NPD				X
Stimulants & Related Agents	57664037988	DEXMETHYLPHENIDATE 10 MG TAB	NPD				X
Stimulants & Related Agents	10702010801	DEXMETHYLPHENIDATE 10 MG TAB	NPD				X
Stimulants & Related Agents	43386086101	DEXMETHYLPHENIDATE 10 MG TAB	NPD				X

**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Stimulants & Related Agents	00093527501	DEXMETHYLPHENIDATE 2.5 MG TAB	NPD				X
Stimulants & Related Agents	00781567601	DEXMETHYLPHENIDATE 2.5 MG TAB	NPD				X
Stimulants & Related Agents	57664037688	DEXMETHYLPHENIDATE 2.5 MG TAB	NPD				X
Stimulants & Related Agents	10702010601	DEXMETHYLPHENIDATE 2.5 MG TAB	NPD				X
Stimulants & Related Agents	43386086201	DEXMETHYLPHENIDATE 2.5 MG TAB	NPD				X
Stimulants & Related Agents	00093527601	DEXMETHYLPHENIDATE 5 MG TAB	NPD				X
Stimulants & Related Agents	00781568901	DEXMETHYLPHENIDATE 5 MG TAB	NPD				X
Stimulants & Related Agents	57664037888	DEXMETHYLPHENIDATE 5 MG TAB	NPD				X
Stimulants & Related Agents	10702010701	DEXMETHYLPHENIDATE 5 MG TAB	NPD				X
Stimulants & Related Agents	43386086001	DEXMETHYLPHENIDATE 5 MG TAB	NPD				X
Stimulants & Related Agents	00093555101	DEXMETHYLPHENIDATE ER 10 MG CP	NPD				X
Stimulants & Related Agents	00781268301	DEXMETHYLPHENIDATE ER 10 MG CP	NPD				X
Stimulants & Related Agents	45963080511	DEXMETHYLPHENIDATE ER 10 MG CP	NPD				X
Stimulants & Related Agents	00378408101	DEXMETHYLPHENIDATE ER 10 MG CP	NPD				X
Stimulants & Related Agents	00781268401	DEXMETHYLPHENIDATE ER 15 MG CP	NPD				X
Stimulants & Related Agents	49884042801	DEXMETHYLPHENIDATE ER 15 MG CP	NPD				X
Stimulants & Related Agents	00093555201	DEXMETHYLPHENIDATE ER 15 MG CP	NPD				X
Stimulants & Related Agents	45963080611	DEXMETHYLPHENIDATE ER 15 MG CP	NPD				X

**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Stimulants & Related Agents	00378408201	DEXMETHYLPHENIDATE ER 15 MG CP	NPD				X
Stimulants & Related Agents	00093555301	DEXMETHYLPHENIDATE ER 20 MG CP	NPD				X
Stimulants & Related Agents	00781268501	DEXMETHYLPHENIDATE ER 20 MG CP	NPD				X
Stimulants & Related Agents	45963080711	DEXMETHYLPHENIDATE ER 20 MG CP	NPD				X
Stimulants & Related Agents	00378408301	DEXMETHYLPHENIDATE ER 20 MG CP	NPD				X
Stimulants & Related Agents	49884043001	DEXMETHYLPHENIDATE ER 30 MG CP	NPD				X
Stimulants & Related Agents	00378408401	DEXMETHYLPHENIDATE ER 30 MG CP	NPD				X
Stimulants & Related Agents	00781268701	DEXMETHYLPHENIDATE ER 30 MG CP	NPD				X
Stimulants & Related Agents	45963083311	DEXMETHYLPHENIDATE ER 30 MG CP	NPD				X
Stimulants & Related Agents	00093555401	DEXMETHYLPHENIDATE ER 30 MG CP	NPD				X
Stimulants & Related Agents	68084093333	DEXMETHYLPHENIDATE ER 30 MG CP	NPD				X
Stimulants & Related Agents	68084093332	DEXMETHYLPHENIDATE ER 30 MG CP	NPD				X
Stimulants & Related Agents	00093556201	DEXMETHYLPHENIDATE ER 40 MG CP	NPD				X
Stimulants & Related Agents	00781268901	DEXMETHYLPHENIDATE ER 40 MG CP	NPD				X
Stimulants & Related Agents	00378408501	DEXMETHYLPHENIDATE ER 40 MG CP	NPD				X
Stimulants & Related Agents	00093555001	DEXMETHYLPHENIDATE ER 5 MG CAP	NPD				X
Stimulants & Related Agents	00781268201	DEXMETHYLPHENIDATE ER 5 MG CAP	NPD				X
Stimulants & Related Agents	45963080411	DEXMETHYLPHENIDATE ER 5 MG CAP	NPD				X

**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Stimulants & Related Agents	00378408001	DEXMETHYLPHENIDATE ER 5 MG CAP	NPD				X
Stimulants & Related Agents	00555078702	DEXTROAMP-AMPHET ER 10 MG CAP	NPD				X
Stimulants & Related Agents	00115132901	DEXTROAMP-AMPHET ER 10 MG CAP	NPD				X
Stimulants & Related Agents	00228305911	DEXTROAMP-AMPHET ER 10 MG CAP	NPD				X
Stimulants & Related Agents	68084081525	DEXTROAMP-AMPHET ER 10 MG CAP	NPD				X
Stimulants & Related Agents	68084081595	DEXTROAMP-AMPHET ER 10 MG CAP	NPD				X
Stimulants & Related Agents	00781233501	DEXTROAMP-AMPHET ER 10 MG CAP	NPD				X
Stimulants & Related Agents	00555079102	DEXTROAMP-AMPHET ER 15 MG CAP	NPD				X
Stimulants & Related Agents	115133001	DEXTROAMP-AMPHET ER 15 MG CAP	NPD				X
Stimulants & Related Agents	00228306311	DEXTROAMP-AMPHET ER 15 MG CAP	NPD				X
Stimulants & Related Agents	00781234301	DEXTROAMP-AMPHET ER 15 MG CAP	NPD				X
Stimulants & Related Agents	00555078802	DEXTROAMP-AMPHET ER 20 MG CAP	NPD				X
Stimulants & Related Agents	00115133101	DEXTROAMP-AMPHET ER 20 MG CAP	NPD				X
Stimulants & Related Agents	00228306011	DEXTROAMP-AMPHET ER 20 MG CAP	NPD				X
Stimulants & Related Agents	68084083295	DEXTROAMP-AMPHET ER 20 MG CAP	NPD				X
Stimulants & Related Agents	68084083225	DEXTROAMP-AMPHET ER 20 MG CAP	NPD				X
Stimulants & Related Agents	00781235201	DEXTROAMP-AMPHET ER 20 MG CAP	NPD				X
Stimulants & Related Agents	00555079202	DEXTROAMP-AMPHET ER 25 MG CAP	NPD				X

**AHCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Stimulants & Related Agents	00115133201	DEXTROAMP-AMPHET ER 25 MG CAP	NPD				X
Stimulants & Related Agents	00228306411	DEXTROAMP-AMPHET ER 25 MG CAP	NPD				X
Stimulants & Related Agents	00115149001	DEXTROAMP-AMPHET ER 25 MG CAP	NPD				X
Stimulants & Related Agents	00781236801	DEXTROAMP-AMPHET ER 25 MG CAP	NPD				X
Stimulants & Related Agents	00555078902	DEXTROAMP-AMPHET ER 30 MG CAP	NPD				X
Stimulants & Related Agents	00115133301	DEXTROAMP-AMPHET ER 30 MG CAP	NPD				X
Stimulants & Related Agents	00228306111	DEXTROAMP-AMPHET ER 30 MG CAP	NPD				X
Stimulants & Related Agents	68084088732	DEXTROAMP-AMPHET ER 30 MG CAP	NPD				X
Stimulants & Related Agents	68084088733	DEXTROAMP-AMPHET ER 30 MG CAP	NPD				X
Stimulants & Related Agents	68084088795	DEXTROAMP-AMPHET ER 30 MG CAP	NPD				X
Stimulants & Related Agents	00115149101	DEXTROAMP-AMPHET ER 30 MG CAP	NPD				X
Stimulants & Related Agents	00781237101	DEXTROAMP-AMPHET ER 30 MG CAP	NPD				X
Stimulants & Related Agents	00555079002	DEXTROAMP-AMPHET ER 5 MG CAP	NPD				X
Stimulants & Related Agents	00115132801	DEXTROAMP-AMPHET ER 5 MG CAP	NPD				X
Stimulants & Related Agents	00228306211	DEXTROAMP-AMPHET ER 5 MG CAP	NPD				X
Stimulants & Related Agents	00115148601	DEXTROAMP-AMPHET ER 5 MG CAP	NPD				X
Stimulants & Related Agents	00781232901	DEXTROAMP-AMPHET ER 5 MG CAP	NPD				X
Stimulants & Related Agents	27808008501	DEXTROAMPHETAMINE 5 MG/5 ML	NPD				X

**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Stimulants & Related Agents	76181000225	DEXTROAMPHETAMINE 5 MG/5 ML	NPD				X
Stimulants & Related Agents	27808010201	DYANAVEL XR 2.5 MG/ML SUSP	NPD				X
Stimulants & Related Agents	24338002110	EVEKEO 10 MG TABLET	NPD				X
Stimulants & Related Agents	24338002610	EVEKEO 10 MG TABLET	NPD				X
Stimulants & Related Agents	24338002010	EVEKEO 5 MG TABLET	NPD				X
Stimulants & Related Agents	24338002210	EVEKEO 5 MG TABLET	NPD				X
Stimulants & Related Agents	54092051302	INTUNIV ER 1 MG TABLET	NPD			X	X
Stimulants & Related Agents	54092051502	INTUNIV ER 2 MG TABLET	NPD			X	X
Stimulants & Related Agents	54092051702	INTUNIV ER 3 MG TABLET	NPD			X	X
Stimulants & Related Agents	54092051902	INTUNIV ER 4 MG TABLET	NPD			X	X
Stimulants & Related Agents	53014059407	METADATE ER 20 MG TABLET	NPD				X
Stimulants & Related Agents	65580059401	METADATE ER 20 MG TABLET	NPD				X
Stimulants & Related Agents	00378811501	METHAMPHETAMINE 5 MG TABLET	NPD				X
Stimulants & Related Agents	68308011501	METHAMPHETAMINE 5 MG TABLET	NPD				X
Stimulants & Related Agents	43386057201	METHYLPHENIDATE 10 MG CHEW TAB	NPD				X
Stimulants & Related Agents	51991071350	METHYLPHENIDATE 10 MG/5 ML SOL	NPD				X
Stimulants & Related Agents	00406301050	METHYLPHENIDATE 10 MG/5 ML SOL	NPD				X
Stimulants & Related Agents	57664036835	METHYLPHENIDATE 10 MG/5 ML SOL	NPD				X

**AHCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Stimulants & Related Agents	43386093105	METHYLPHENIDATE 10 MG/5 ML SOL	NPD				X
Stimulants & Related Agents	43386057001	METHYLPHENIDATE 2.5 MG CHEW TB	NPD				X
Stimulants & Related Agents	43386057101	METHYLPHENIDATE 5 MG CHEW TAB	NPD				X
Stimulants & Related Agents	51991071250	METHYLPHENIDATE 5 MG/5 ML SOLN	NPD				X
Stimulants & Related Agents	00406300550	METHYLPHENIDATE 5 MG/5 ML SOLN	NPD				X
Stimulants & Related Agents	57664036935	METHYLPHENIDATE 5 MG/5 ML SOLN	NPD				X
Stimulants & Related Agents	43386093005	METHYLPHENIDATE 5 MG/5 ML SOLN	NPD				X
Stimulants & Related Agents	62175015137	METHYLPHENIDATE CD 10 MG CAP	NPD				X
Stimulants & Related Agents	00093529501	METHYLPHENIDATE CD 10 MG CAP	NPD				X
Stimulants & Related Agents	62175015237	METHYLPHENIDATE CD 20 MG CAP	NPD				X
Stimulants & Related Agents	00093529601	METHYLPHENIDATE CD 20 MG CAP	NPD				X
Stimulants & Related Agents	62175015337	METHYLPHENIDATE CD 30 MG CAP	NPD				X
Stimulants & Related Agents	00093529701	METHYLPHENIDATE CD 30 MG CAP	NPD				X
Stimulants & Related Agents	60687015125	METHYLPHENIDATE CD 30 MG CAP	NPD				X
Stimulants & Related Agents	60687015195	METHYLPHENIDATE CD 30 MG CAP	NPD				X
Stimulants & Related Agents	62175015437	METHYLPHENIDATE CD 40 MG CAP	NPD				X
Stimulants & Related Agents	00093529801	METHYLPHENIDATE CD 40 MG CAP	NPD				X
Stimulants & Related Agents	62175015537	METHYLPHENIDATE CD 50 MG CAP	NPD				X

**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Stimulants & Related Agents	00093529201	METHYLPHENIDATE CD 50 MG CAP	NPD				X
Stimulants & Related Agents	62175015637	METHYLPHENIDATE CD 60 MG CAP	NPD				X
Stimulants & Related Agents	00093529301	METHYLPHENIDATE CD 60 MG CAP	NPD				X
Stimulants & Related Agents	00406144501	METHYLPHENIDATE ER 10 MG TAB	NPD				X
Stimulants & Related Agents	10702007501	METHYLPHENIDATE ER 10 MG TAB	NPD				X
Stimulants & Related Agents	10702007506	METHYLPHENIDATE ER 10 MG TAB	NPD				X
Stimulants & Related Agents	43199004101	METHYLPHENIDATE ER 10 MG TAB	NPD				X
Stimulants & Related Agents	00406147301	METHYLPHENIDATE ER 20 MG TAB	NPD				X
Stimulants & Related Agents	10702007601	METHYLPHENIDATE ER 20 MG TAB	NPD				X
Stimulants & Related Agents	10702007606	METHYLPHENIDATE ER 20 MG TAB	NPD				X
Stimulants & Related Agents	43199004201	METHYLPHENIDATE ER 20 MG TAB	NPD				X
Stimulants & Related Agents	21724070105	PROCENTRA 5 MG/5 ML SOLUTION	NPD				X
Stimulants & Related Agents	00078044005	RITALIN 10 MG TABLET	NPD				X
Stimulants & Related Agents	00078044105	RITALIN 20 MG TABLET	NPD				X
Stimulants & Related Agents	00078043905	RITALIN 5 MG TABLET	NPD				X
Stimulants & Related Agents	00078037005	RITALIN LA 20 MG CAPSULE	NPD				X
Stimulants & Related Agents	00078037105	RITALIN LA 30 MG CAPSULE	NPD				X
Stimulants & Related Agents	00078037205	RITALIN LA 40 MG CAPSULE	NPD				X



**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Stimulants & Related Agents	00078065815	RITALIN LA 60 MG CAPSULE	NPD				x
Stimulants & Related Agents	24338085310	ZENZEDI 10 MG TABLET	NPD				x
Stimulants & Related Agents	24338085410	ZENZEDI 15 MG TABLET	NPD				x
Stimulants & Related Agents	24338085010	ZENZEDI 2.5 MG TABLET	NPD				x
Stimulants & Related Agents	24338085510	ZENZEDI 20 MG TABLET	NPD				x
Stimulants & Related Agents	24338085610	ZENZEDI 30 MG TABLET	NPD				x
Stimulants & Related Agents	24338085110	ZENZEDI 5 MG TABLET	NPD				x
Stimulants & Related Agents	24338085210	ZENZEDI 7.5 MG TABLET	NPD				x
Stimulants & Related Agents	57844011001	ADDERALL 10 MG TABLET	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	57844011201	ADDERALL 12.5 MG TABLET	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	57844011501	ADDERALL 15 MG TABLET	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	57844012001	ADDERALL 20 MG TABLET	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	57844013001	ADDERALL 30 MG TABLET	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	57844010501	ADDERALL 5 MG TABLET	ON	x	x		Prior Authorization Required for Ages < 6 Years Old

**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Stimulants & Related Agents	57844011701	ADDERALL 7.5 MG TABLET	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	54092038301	ADDERALL XR 10 MG CAPSULE	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	54092038501	ADDERALL XR 15 MG CAPSULE	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	54092038701	ADDERALL XR 20 MG CAPSULE	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	54092038901	ADDERALL XR 25 MG CAPSULE	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	54092039101	ADDERALL XR 30 MG CAPSULE	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	54092038101	ADDERALL XR 5 MG CAPSULE	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00555095502	D-AMPHETAMINE ER 10 MG CAPSULE	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	54505032809	D-AMPHETAMINE ER 10 MG CAPSULE	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	45963030409	D-AMPHETAMINE ER 10 MG CAPSULE	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00378107101	D-AMPHETAMINE ER 10 MG CAPSULE	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	51862034590	D-AMPHETAMINE ER 10 MG CAPSULE	ON	x	x		Prior Authorization Required for Ages < 6 Years Old

**AHCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Stimulants & Related Agents	00555095602	D-AMPHETAMINE ER 15 MG CAPSULE	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	54505032909	D-AMPHETAMINE ER 15 MG CAPSULE	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	45963030509	D-AMPHETAMINE ER 15 MG CAPSULE	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	60687015011	D-AMPHETAMINE ER 15 MG CAPSULE	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	60687015021	D-AMPHETAMINE ER 15 MG CAPSULE	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00378107201	D-AMPHETAMINE ER 15 MG CAPSULE	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	51862034690	D-AMPHETAMINE ER 15 MG CAPSULE	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00555095402	D-AMPHETAMINE ER 5 MG CAPSULE	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	54505032709	D-AMPHETAMINE ER 5 MG CAPSULE	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	45963030309	D-AMPHETAMINE ER 5 MG CAPSULE	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00378107001	D-AMPHETAMINE ER 5 MG CAPSULE	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	51862034490	D-AMPHETAMINE ER 5 MG CAPSULE	ON	x	x		Prior Authorization Required for Ages < 6 Years Old

**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Stimulants & Related Agents	6896855203	DAYTRANA 10 MG/9 HR PATCH	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	6896855201	DAYTRANA 10 MG/9 HR PATCH	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	6896855303	DAYTRANA 15 MG/9 HR PATCH	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	6896855403	DAYTRANA 20 MG/9 HOUR PATCH	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	6896855401	DAYTRANA 20 MG/9 HOUR PATCH	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	6896855503	DAYTRANA 30 MG/9 HOUR PATCH	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00555077602	DEXTROAMP-AMPHETAM 12.5 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	64720013310	DEXTROAMP-AMPHETAM 12.5 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00378454401	DEXTROAMP-AMPHETAM 12.5 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00228304911	DEXTROAMP-AMPHETAM 12.5 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	57664064408	DEXTROAMP-AMPHETAM 12.5 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00555077502	DEXTROAMP-AMPHETAM 7.5 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old

**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Stimulants & Related Agents	64720013110	DEXTROAMP-AMPHETAM 7.5 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00378454201	DEXTROAMP-AMPHETAM 7.5 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00228304711	DEXTROAMP-AMPHETAM 7.5 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	57664064208	DEXTROAMP-AMPHETAM 7.5 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00185011101	DEXTROAMP-AMPHETAMIN 10 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	64720013210	DEXTROAMP-AMPHETAMIN 10 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	13107007001	DEXTROAMP-AMPHETAMIN 10 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	45963074511	DEXTROAMP-AMPHETAMIN 10 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	57664064308	DEXTROAMP-AMPHETAMIN 10 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	68084093625	DEXTROAMP-AMPHETAMIN 10 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	68084093695	DEXTROAMP-AMPHETAMIN 10 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old

**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Stimulants & Related Agents	00378454301	DEXTROAMP-AMPHETAMIN 10 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00228304811	DEXTROAMP-AMPHETAMIN 10 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00555077702	DEXTROAMP-AMPHETAMIN 15 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	13107007201	DEXTROAMP-AMPHETAMIN 15 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	64720013410	DEXTROAMP-AMPHETAMIN 15 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	60687013325	DEXTROAMP-AMPHETAMIN 15 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	60687013395	DEXTROAMP-AMPHETAMIN 15 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00378454501	DEXTROAMP-AMPHETAMIN 15 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00228305011	DEXTROAMP-AMPHETAMIN 15 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	57664064508	DEXTROAMP-AMPHETAMIN 15 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old

**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Stimulants & Related Agents	00185040101	DEXTROAMP-AMPHETAMIN 20 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	64720013510	DEXTROAMP-AMPHETAMIN 20 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	57664064608	DEXTROAMP-AMPHETAMIN 20 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	13107007301	DEXTROAMP-AMPHETAMIN 20 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	45963074811	DEXTROAMP-AMPHETAMIN 20 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00378454601	DEXTROAMP-AMPHETAMIN 20 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00185085301	DEXTROAMP-AMPHETAMIN 20 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00228305111	DEXTROAMP-AMPHETAMIN 20 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00185040401	DEXTROAMP-AMPHETAMIN 30 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	64720013610	DEXTROAMP-AMPHETAMIN 30 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	13107007401	DEXTROAMP-AMPHETAMIN 30 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old

**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Stimulants & Related Agents	45963074911	DEXTROAMP-AMPHETAMIN 30 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	57664064708	DEXTROAMP-AMPHETAMIN 30 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00378454701	DEXTROAMP-AMPHETAMIN 30 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00185086401	DEXTROAMP-AMPHETAMIN 30 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00228305211	DEXTROAMP-AMPHETAMIN 30 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00555097102	DEXTROAMP-AMPHETAMINE 5 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00185008401	DEXTROAMP-AMPHETAMINE 5 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	64720013010	DEXTROAMP-AMPHETAMINE 5 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	13107006801	DEXTROAMP-AMPHETAMINE 5 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	45963074311	DEXTROAMP-AMPHETAMINE 5 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00378454101	DEXTROAMP-AMPHETAMINE 5 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00185083101	DEXTROAMP-AMPHETAMINE 5 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old



**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Stimulants & Related Agents	00228304611	DEXTROAMP-AMPHETAMINE 5 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	57664064108	DEXTROAMP-AMPHETAMINE 5 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00555095302	DEXTROAMPHETAMINE 10 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	52536051001	DEXTROAMPHETAMINE 10 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	13107003601	DEXTROAMPHETAMINE 10 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	64720021610	DEXTROAMPHETAMINE 10 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	10702006603	DEXTROAMPHETAMINE 10 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	10702006601	DEXTROAMPHETAMINE 10 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	10702006606	DEXTROAMPHETAMINE 10 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	43386087101	DEXTROAMPHETAMINE 10 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00555095202	DEXTROAMPHETAMINE 5 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	52536050001	DEXTROAMPHETAMINE 5 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old

**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Stimulants & Related Agents	13107003501	DEXTROAMPHETAMINE 5 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	64720021510	DEXTROAMPHETAMINE 5 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	10702006503	DEXTROAMPHETAMINE 5 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	10702006501	DEXTROAMPHETAMINE 5 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	10702006506	DEXTROAMPHETAMINE 5 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	43386087001	DEXTROAMPHETAMINE 5 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00078038205	FOCALIN 10 MG TABLET	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00078038005	FOCALIN 2.5 MG TABLET	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00078038105	FOCALIN 5 MG TABLET	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00078043105	FOCALIN XR 10 MG CAPSULE	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00078049305	FOCALIN XR 15 MG CAPSULE	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00078043205	FOCALIN XR 20 MG CAPSULE	ON	x	x		Prior Authorization Required for Ages < 6 Years Old

**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Stimulants & Related Agents	00078060805	FOCALIN XR 25 MG CAPSULE	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00078043305	FOCALIN XR 30 MG CAPSULE	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00078060905	FOCALIN XR 35 MG CAPSULE	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00078043405	FOCALIN XR 40 MG CAPSULE	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00078043005	FOCALIN XR 5 MG CAPSULE	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00228285011	GUANFACINE HCL ER 1 MG TABLET	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00093596001	GUANFACINE HCL ER 1 MG TABLET	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	10370053301	GUANFACINE HCL ER 1 MG TABLET	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00378106101	GUANFACINE HCL ER 1 MG TABLET	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00781545101	GUANFACINE HCL ER 1 MG TABLET	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00228285111	GUANFACINE HCL ER 2 MG TABLET	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00093596101	GUANFACINE HCL ER 2 MG TABLET	ON	x	x		Prior Authorization Required for Ages < 6 Years Old

**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Stimulants & Related Agents	10370053401	GUANFACINE HCL ER 2 MG TABLET	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00378106201	GUANFACINE HCL ER 2 MG TABLET	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00781545201	GUANFACINE HCL ER 2 MG TABLET	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00228285311	GUANFACINE HCL ER 3 MG TABLET	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00093596301	GUANFACINE HCL ER 3 MG TABLET	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	10370053601	GUANFACINE HCL ER 3 MG TABLET	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00378106301	GUANFACINE HCL ER 3 MG TABLET	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00781545601	GUANFACINE HCL ER 3 MG TABLET	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00228285511	GUANFACINE HCL ER 4 MG TABLET	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00093596401	GUANFACINE HCL ER 4 MG TABLET	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	10370053801	GUANFACINE HCL ER 4 MG TABLET	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00378106501	GUANFACINE HCL ER 4 MG TABLET	ON	x	x		Prior Authorization Required for Ages < 6 Years Old

**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Stimulants & Related Agents	00781545701	GUANFACINE HCL ER 4 MG TABLET	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	59212065860	KAPVAY ER 0.1 MG TABLET	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	53014057907	METADATE CD 10 MG CAPSULE	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	53014058007	METADATE CD 20 MG CAPSULE	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	53014058107	METADATE CD 30 MG CAPSULE	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	53014058207	METADATE CD 40 MG CAPSULE	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	53014058307	METADATE CD 50 MG CAPSULE	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	53014058407	METADATE CD 60 MG CAPSULE	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	59630076210	METHYLIN 10 MG CHEWABLE TABLET	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	59630075550	METHYLIN 10 MG/5 ML SOLUTION	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	59630076010	METHYLIN 2.5 MG CHEWABLE TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	59630076110	METHYLIN 5 MG CHEWABLE TABLET	ON	x	x		Prior Authorization Required for Ages < 6 Years Old

**AHCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Stimulants & Related Agents	59630075050	METHYLIN 5 MG/5 ML SOLUTION	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	53014053007	METHYLPHENIDATE 10 MG TABLET	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00591588301	METHYLPHENIDATE 10 MG TABLET	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00781574901	METHYLPHENIDATE 10 MG TABLET	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00406114401	METHYLPHENIDATE 10 MG TABLET	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	57664022988	METHYLPHENIDATE 10 MG TABLET	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	64720023810	METHYLPHENIDATE 10 MG TABLET	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	68084082321	METHYLPHENIDATE 10 MG TABLET	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	68084082311	METHYLPHENIDATE 10 MG TABLET	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	65580053001	METHYLPHENIDATE 10 MG TABLET	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00603457721	METHYLPHENIDATE 10 MG TABLET	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	43386057401	METHYLPHENIDATE 10 MG TABLET	ON	x	x		Prior Authorization Required for Ages < 6 Years Old

**AHCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Stimulants & Related Agents	31722017401	METHYLPHENIDATE 10 MG TABLET	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	53014053207	METHYLPHENIDATE 20 MG TABLET	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00591588401	METHYLPHENIDATE 20 MG TABLET	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00781575301	METHYLPHENIDATE 20 MG TABLET	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00406114601	METHYLPHENIDATE 20 MG TABLET	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	57664023088	METHYLPHENIDATE 20 MG TABLET	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	64720023910	METHYLPHENIDATE 20 MG TABLET	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	68084086021	METHYLPHENIDATE 20 MG TABLET	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	68084086011	METHYLPHENIDATE 20 MG TABLET	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00603457821	METHYLPHENIDATE 20 MG TABLET	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00603457832	METHYLPHENIDATE 20 MG TABLET	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	65580053201	METHYLPHENIDATE 20 MG TABLET	ON	x	x		Prior Authorization Required for Ages < 6 Years Old

**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Stimulants & Related Agents	43386057501	METHYLPHENIDATE 20 MG TABLET	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	31722017501	METHYLPHENIDATE 20 MG TABLET	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	53014053107	METHYLPHENIDATE 5 MG TABLET	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00591588201	METHYLPHENIDATE 5 MG TABLET	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00781574801	METHYLPHENIDATE 5 MG TABLET	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00406114201	METHYLPHENIDATE 5 MG TABLET	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	57664022888	METHYLPHENIDATE 5 MG TABLET	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	64720023710	METHYLPHENIDATE 5 MG TABLET	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	68084080521	METHYLPHENIDATE 5 MG TABLET	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	68084080511	METHYLPHENIDATE 5 MG TABLET	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	65580053101	METHYLPHENIDATE 5 MG TABLET	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00603457621	METHYLPHENIDATE 5 MG TABLET	ON	x	x		Prior Authorization Required for Ages < 6 Years Old



**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Stimulants & Related Agents	43386057301	METHYLPHENIDATE 5 MG TABLET	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	31722017301	METHYLPHENIDATE 5 MG TABLET	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00591271501	METHYLPHENIDATE ER 18 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	62175031037	METHYLPHENIDATE ER 18 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00093534601	METHYLPHENIDATE ER 20 MG CAP	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00781236201	METHYLPHENIDATE ER 20 MG CAP	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00591271601	METHYLPHENIDATE ER 27 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00406012701	METHYLPHENIDATE ER 27 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	62175031137	METHYLPHENIDATE ER 27 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	68084081611	METHYLPHENIDATE ER 27 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	68084081621	METHYLPHENIDATE ER 27 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00093534701	METHYLPHENIDATE ER 30 MG CAP	ON	x	x		Prior Authorization Required for Ages < 6 Years Old

**AHCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Stimulants & Related Agents	00781236301	METHYLPHENIDATE ER 30 MG CAP	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00591271701	METHYLPHENIDATE ER 36 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00406013601	METHYLPHENIDATE ER 36 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	62175031237	METHYLPHENIDATE ER 36 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00591271730	METHYLPHENIDATE ER 36 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	68084082925	METHYLPHENIDATE ER 36 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	68084082995	METHYLPHENIDATE ER 36 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00093534801	METHYLPHENIDATE ER 40 MG CAP	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00781236401	METHYLPHENIDATE ER 40 MG CAP	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00591271801	METHYLPHENIDATE ER 54 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00406015401	METHYLPHENIDATE ER 54 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	62175031337	METHYLPHENIDATE ER 54 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old

**AHCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Stimulants & Related Agents	00591271830	METHYLPHENIDATE ER 54 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	68084083395	METHYLPHENIDATE ER 54 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	68084083325	METHYLPHENIDATE ER 54 MG TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	67767020001	METHYLPHENIDATE LA 20 MG CAP	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	45963020011	METHYLPHENIDATE LA 20 MG CAP	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	67767020101	METHYLPHENIDATE LA 30 MG CAP	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	45963020111	METHYLPHENIDATE LA 30 MG CAP	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	67767020201	METHYLPHENIDATE LA 40 MG CAP	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	45963020211	METHYLPHENIDATE LA 40 MG CAP	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	24478012001	QUILLICHEW ER 20 MG CHEW TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	24478013001	QUILLICHEW ER 30 MG CHEW TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	24478014001	QUILLICHEW ER 40 MG CHEW TAB	ON	x	x		Prior Authorization Required for Ages < 6 Years Old

**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

Therapeutic Drug Class	National Drug Code	Drug Name	Preferred Drug List Status ON = Preferred Drug NPD = Non-Preferred Drug	Preferred Drug is to be listed on the AHCCCS Drug List X=Yes and Blank = No	Preferred Drug is to be listed on the Behavioral Health Drug List X= Yes and Blank = No	Grandfathering of non-preferred drug. X= Yes and Blank = No	Prior Authorization is required X= Yes, Blank = No & certain drugs are identified with the PA requirement
Stimulants & Related Agents	24478020525	QUILLIVANT XR 25 MG/5 ML SUSP	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	24478021030	QUILLIVANT XR 25 MG/5 ML SUSP	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	24478019010	QUILLIVANT XR 25 MG/5 ML SUSP	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	24478020020	QUILLIVANT XR 25 MG/5 ML SUSP	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00078042405	RITALIN LA 10 MG CAPSULE	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00002322730	STRATTERA 10 MG CAPSULE	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00002325130	STRATTERA 100 MG CAPSULE	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00002323830	STRATTERA 18 MG CAPSULE	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00002322830	STRATTERA 25 MG CAPSULE	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00002322930	STRATTERA 40 MG CAPSULE	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00002323930	STRATTERA 60 MG CAPSULE	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	00002325030	STRATTERA 80 MG CAPSULE	ON	x	x		Prior Authorization Required for Ages < 6 Years Old

**AHCCCS PREFERRED DRUG LIST CHANGES EFFECTIVE OCTOBER 1, 2016**

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Stimulants & Related Agents	59417010110	VYVANSE 10 MG CAPSULE	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	59417010210	VYVANSE 20 MG CAPSULE	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	59417010310	VYVANSE 30 MG CAPSULE	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	59417010410	VYVANSE 40 MG CAPSULE	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	59417010510	VYVANSE 50 MG CAPSULE	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	59417010610	VYVANSE 60 MG CAPSULE	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
Stimulants & Related Agents	59417010710	VYVANSE 70 MG CAPSULE	ON	x	x		Prior Authorization Required for Ages < 6 Years Old
HCV Direct Acting Antivirals	00003021301	DAKLINZA 30 MG TABLET	NPD				x
HCV Direct Acting Antivirals	00003021501	DAKLINZA 60 MG TABLET	NPD				x
HCV Direct Acting Antivirals	00003001101	DAKLINZA 90 MG TABLET	NPD				x
HCV Direct Acting Antivirals	61958220101	EPCLUSA 400 MG-100 MG TABLET	ON	x			x
HCV Direct Acting Antivirals	61958150101	SOVALDI 400 MG TABLET	NPD				x

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HCV Direct Acting Antivirals	00074006328	VIEKIRA XR TABLET	ON	X			X