

AHCCCS ACUTE - LONG TERM CARE DRUG LIST

- Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As BRAND ONLY
- Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List May Be Available Through Prior Authorization

Effective Date: July 1, 2026

Drug Class/Drug Name	Reference Brand Name	Brand Only/Generic Notes	Preferred Drug Status	PA Status	Step Therapy Requirements	Quantity Limit (QL)	QL Days
ADHD/ANTI-NARCOLEPSY							
AMPHETAMINES**							
AMPHETAMINE-DEXTROAMPHETAMINE CAPSULE ER 24 HR	ADDERALL XR		PREFERRED DRUG	PA REQUIRED for Ages < 6 years		90	90
AMPHETAMINE-DEXTROAMPHETAMINE TABLET	ADDERALL	Brand and Generic	PREFERRED DRUG	PA REQUIRED for Ages < 6 years		180	90
DEXTROAMPHETAMINE SULFATE TABLET	ZENZEDI		PREFERRED DRUG	PA REQUIRED for Ages < 6 years		180	90
LISDEXAMFETAMINE DIMESYLATE CAPSULE	VYVANSE	BRAND ONLY	PREFERRED DRUG	PA REQUIRED for Ages < 6 years		90	90
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS**							
ATOMOXETINE HCL CAPSULES	VARIOUS		PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age		30	30
CLONIDINE HCL	CATAPRES			PA REQUIRED for Ages < 6 years of age			
CLONIDINE HCL TRANSDERMAL PATCH	CATAPRES PATCHES			PA REQUIRED for Ages < 6 years of age		4	28
CLONIDINE HCL (ADHD) TABLET 12-HOUR	CLONIDINE ER		PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age		120	30
GUANFACINE HCL (ADHD) TABLET 24-HOUR	GUANFACINE ER		PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age		30	30
GUANFACINE HCL TABLET	GUANFACINE HCL			PA REQUIRED for Ages < 6 years of age			
STIMULANTS - MISC.**							
ARMODAFINIL TABLET (50MG)	NUVIGIL	Authorized Generic Only	PREFERRED DRUG	PA REQUIRED for Ages < 18 years of age		180	90
ARMODAFINIL TABLET (150MG, 200MG, 250MG)	NUVIGIL	Authorized Generic Only	PREFERRED DRUG	PA REQUIRED for Ages < 18 years of age		90	90
DEXMETHYLPHENIDATE HCL CAPSULE 24-HOUR	FOCALIN XR		PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age		60	30
DEXMETHYLPHENIDATE HCL TABLETS	VARIOUS		PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age		60	30
METHYLPHENIDATE HCL CAPSULE 24-HOUR	VARIOUS		PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age		30	30
METHYLPHENIDATE HCL CAPSULE CONTROLLED RELEASE CD	VARIOUS		PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age		30	30
METHYLPHENIDATE PATCH	METHYLPHENIDATE PATCH		PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age		30	30
METHYLPHENIDATE HCL SOLUTION	METHYLIN		PREFERRED DRUG	PA REQUIRED for Ages < 6 years		900	90
METHYLPHENIDATE HCL TABLETS	VARIOUS		PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age		90	30
METHYLPHENIDATE HCL TABLET EXTENDED RELEASE	CONCERTA		PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age		60	30
MODAFINIL TABLET	PROVIGIL		PREFERRED DRUG	PA REQUIRED for Ages < 18 years of age		90	90
METHYLPHENIDATE HCL TABLET ER 24HR	METHYLPHENIDATE ER		PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age		90	90
AMINOGLYCOSIDES							
AMINOGLYCOSIDES							
NEOMYCIN SULFATE TABLETS	NEOMYCIN SULFATE						
INHALED ANTIBIOTICS							
PAROMOMYCIN SULFATE CAPSULE	HUMATIN			Not covered through AHCCCS. Please contact Waylis Pharmaceuticals for the patient assistance program. Toll Free Number: 1-800-689-0255			
TOBRAMYCIN NEBULIZED	BETHKIS	BRAND ONLY	PREFERRED DRUG	PA REQUIRED			
TOBRAMYCIN NEBULIZED	KITABIS	BRAND ONLY	PREFERRED DRUG	PA REQUIRED			
ANALGESICS - ANTI-INFLAMMATORY							
ANTIRHEUMATIC ANTIMETABOLITES							
METHOTREXATE SODIUM TABLETS	RHEUMATREX						
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)							
CELECOXIB CAPSULE	CELEBREX					180	90
CELECOXIB SUSPENSION	VYSCOXIA			PA Required < 2 and > 10 Years of Age			
DICLOFENAC SODIUM TABLET ENTERIC COATED	DICLOFENAC SODIUM DR						
DICLOFENAC TABLET ENTERIC COATED	DICLOFENAC SODIUM EC						
ETODOLAC CAPSULE	ETODOLAC						
ETODOLAC TABLET	LODINE						
FLURBIPROFEN TABLET	FLURBIPROFEN						
IBUPROFEN CAPSULE	MOTRIN IB						
IBUPROFEN SUSPENSION (RX ONLY)	MEDI-PROFEN						
IBUPROFEN TABLET (Excluding 300mg)	ADVIL						
INDOMETHACIN CAPSULE	TIVORBEX						
KETOPROFEN CAPSULE	KETOPROFEN						
KETOROLAC TROMETHAMINE TABLET	KETOROLAC TROMETHAMINE					20	30
MELOXICAM TABLET	MOBIC						
NABUMETONE TABLET (Excluding 1000mg)	NABUMETONE						
NAPROXEN SODIUM TABLET	PAMPRIN ALL DAY MAXIMUM STRENGTH						
NAPROXEN TABLET	NAPROSYN						
PIROXICAM CAPSULE	FELDENE						
SULINDAC TABLET	SULINDAC						
PYRIMIDINE SYNTHESIS INHIBITORS							
LEFLUNOMIDE TABLETS	ARAVA						
SELECTIVE COSTIMULATION MODULATORS							
ABATACEPT CLICKJECT OR SYRINGE	ORENCIA		PREFERRED DRUG	PA REQUIRED			
CYTOKINE & CAM ANTAGONIST AGENTS							
ADALIMUMAB-BWWD SOLN AUTO-INJ	HADLIMA PUSH	BRAND ONLY	PREFERRED DRUG	PA REQUIRED			
ADALIMUMAB-BWWD SOLN PREF SYR	HADLIMA	Authorized Unbranded Biosimilar Only	PREFERRED DRUG	PA REQUIRED			
ADALIMUMAB-FKJP AUTO-INJECTOR KIT	HULIO	BIOSIMILAR BRAND ONLY	PREFERRED DRUG	PA REQUIRED			
ADALIMUMAB-FKJP PREFILLED SYRINGE KIT	HULIO	BIOSIMILAR BRAND ONLY	PREFERRED DRUG	PA REQUIRED			
APREMILAST TABLET	OTEZLA	BRAND ONLY	PREFERRED DRUG	PA REQUIRED			
APREMILAST TABLET ER 24HR	OTEZLA	BRAND ONLY	PREFERRED DRUG	PA REQUIRED			
APREMILAST TAB THER PACK	OTEZLA	BRAND ONLY	PREFERRED DRUG	PA REQUIRED			
ETANERCEPT	ENBREL	BRAND ONLY	PREFERRED DRUG	PA REQUIRED			
TOFACITINIB CITRATE	XELJANZ IMMEDIATE RELEASE ONLY	BRAND ONLY	PREFERRED DRUG	PA REQUIRED			
TOFACITINIB CITRATE TABLET ER 24HR	XELJANZ XR	BRAND ONLY	PREFERRED DRUG	PA REQUIRED			
INTERLEUKIN - 6 RECEPTOR ANTAGONIST AGENTS							
TOCILIZUMAB-AAZG AUTOINJECTOR	TYENNE	BRAND ONLY	PREFERRED DRUG	PA REQUIRED			
TOCILIZUMAB-AAZG SYRINGE	TYENNE	BRAND ONLY	PREFERRED DRUG	PA REQUIRED			
TOCILIZUMAB-AAZG VIAL	TYENNE	BRAND ONLY	PREFERRED DRUG	PA REQUIRED			
ANALGESICS - NONNARCOTIC							
ANALGESIC COMBINATIONS							

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BUTALBITAL-ACETAMINOPHEN-CAFFEINE TABLETS	VARIOUS					120	30
BUTALBITAL-ASPIRIN-CAFFEINE TABLETS	VARIOUS					120	30
ANALGESICS OTHER							
ACETAMINOPHEN CAPSULES	VARIOUS						
ACETAMINOPHEN CHEWABLE TABLETS	VARIOUS						
ACETAMINOPHEN ELIXIR	VARIOUS						
ACETAMINOPHEN LIQUID	VARIOUS						
ACETAMINOPHEN SUPPOSITORY	FEVERALL INFANTS						
ACETAMINOPHEN SUSPENSION	TYLENOL INFANTS						
SALICYLATES							
ASPIRIN CHEWABLE TABLETS	VARIOUS						
ASPIRIN SUPPOSITORY	VARIOUS						
ASPIRIN TABLETS	VARIOUS						
SALSALATE TABLETS	DISALCID						
ANALGESICS - OPIOID							
LONG-ACTING OPIOID AGONISTS							
FENTANYL PATCH 72-HOUR 12mcg, 25mcg, 50mcg, 75mcg & 100mcg	DURAGESIC 12mcg, 25mcg, 50mcg, 75mcg & 100mcg			PREFERRED DRUG	PA REQUIRED		
MORPHINE-NALTREXONE CAPSULE CONTROLLED RELEASE	EMBEDA	BRAND ONLY		PREFERRED DRUG	PA REQUIRED		
MORPHINE SULFATE TABLET CONTROLLED RELEASE	VARIOUS			PREFERRED DRUG	PA REQUIRED		
OXYCODONE ER	OXYCOTIN	BRAND ONLY		PREFERRED DRUG	PA REQUIRED		
TRAMADOL HCL TABLETS ER	ULTRAM ER			PREFERRED DRUG	PA REQUIRED		
BUPRENORPHINE PATCH WEEKLY	BUTRANS	BRAND ONLY		PREFERRED DRUG	PA REQUIRED		
SHORT-ACTING OPIOID AGONISTS							
HYDROMORPHONE HCL TABLETS	DILAUDID				PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.		
MORPHINE SULFATE SOLUTION	MORPHINE SULFATE				PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.		
MORPHINE SULFATE TABLETS	MORPHINE SULFATE				PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.		
MORPHINE SULFATE TABLET ER	MS CONTIN			PREFERRED DRUG	PA REQUIRED		
OXYCODONE HCL SOLUTION	OXYCODONE HCL				PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.		
OXYCODONE HCL TABLETS	ROXICODONE				PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.		
OXYCODONE HCL TAB 12HR DETER	OXYCONTIN	BRAND ONLY			PA REQUIRED		
TRAMADOL HCL TABLETS 50MG	ULTRAM				PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.		
OPIOID COMBINATIONS							
ACETAMINOPHEN W/ CODEINE SOLUTION	ACETAMINOPHEN/CODEINE				PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.		
ACETAMINOPHEN W/ CODEINE TABLETS	ACETAMINOPHEN/CODEINE				PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.		
HYDROCODONE-ACETAMINOPHEN CAPSULES	HYDROGESIC				PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.		
HYDROCODONE-ACETAMINOPHEN SOLUTION	HYCET				PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.		
HYDROCODONE-ACETAMINOPHEN TABLETS	VERDROCET				PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.		
OXYCODONE W/ ACETAMINOPHEN CAPSULES	OXYCODONE/ACETAMINOPHEN				PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.		
OXYCODONE W/ ACETAMINOPHEN TABLETS	ENDOCET				PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.		
OXYCODONE-IBUPROFEN TABLETS	OXYCODONE/IBUPROFEN				PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.		
TRAMADOL-ACETAMINOPHEN TABLET	TRAMADOL/ACETAMINOPHEN				PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.		
ANTIDOTES							
OPIOID ANTAGONISTS							
NALOXONE HCL SOLUTION + SYRINGE	NALOXONE HCL + SYRINGE			PREFERRED DRUG			
NALOXONE HCL NASAL SPRAY	NARCAN NASAL SPRAY	OVER-THE-COUNTER & PRESCRIPTION ONLY		PREFERRED DRUG		2	1
NALOXONE HCL NASAL SPRAY 8mg	KLOXXADO NASAL SPRAY			PREFERRED DRUG		2	1
NALTREXONE HCL TABLETS	NALTREXONE HCL			PREFERRED DRUG			
NALTREXONE SUSPENSION	VIVITROL			PREFERRED DRUG			
OPIOID AGONISTS							
					PA REQUIRED unless the member is pregnant or nursing. The prescriber must note the following ICD-10 codes on the prescription: 1. O09.91- Supervision of high risk pregnancy, 1st Trimester. 2. O09.92- Supervision of high risk pregnancy, 2nd Trimester. 3. O09.93- Supervision of high risk pregnancy, 3rd Trimester. 4. O09.91- Supervision of high risk pregnancy- use for Postpartum Nursing Mothers. The first digit of the diagnosis code is the Letter - O and the second is a Zero - 0		
BUPRENORPHINE	VARIOUS						
BUPRENORPHINE HCL-NALOXONE HCL DIHYDRATE FILM	SUBOXONE FILM	BRAND ONLY		PREFERRED DRUG			
BUPRENORPHINE HCL-NALOXONE HCL DIHYDRATE ORALLY DISINTEGRATING TABLETS	VARIOUS	GENERIC FORMULATIONS ONLY		PREFERRED DRUG			
BUPRENORPHINE EXTENDED RELEASE INJECTION	SUBLOCADE			PREFERRED DRUG	PA REQUIRED		
BUPRENORPHINE SOLN PREF SYR	BRIXADI			PREFERRED DRUG	PA REQUIRED		
METHADONE HCL TABLET	METHADONE				PA REQUIRED		
METHADONE HCL CONCENTRATE	METHADONE				PA REQUIRED		
METHADONE HCL SOLUTION	METHADONE				PA REQUIRED		
METHADONE HCL TABLET SOLUBLE	METHADONE				PA REQUIRED		
MISCELLANEOUS AGENTS							
ACAMPROSATE	VARIOUS						
DISULFIRAM	ANTABUSE						
ANDROGENS-ANABOLIC							
ANDROGENS							
DANAZOL CAPSULES	DANAZOL						
TESTOSTERONE CYPIONATE SOLUTION	DEPO-TESTOSTERONE				PA REQUIRED		
TESTOSTERONE ENANTHATE SOLUTION	TESTOSTERONE ENANTHATE				PA REQUIRED		
TESTOSTERONE GEL (1.62% - PUMP BOTTLE)	ANDROGEL/TESTOSTERONE (AG)	AUTHORIZED GENERIC ONLY		PREFERRED DRUG	PA REQUIRED		
TESTOSTERONE PATCH	ANDRODERM				PA REQUIRED		
ANORECTAL AGENTS							
INTRARECTAL STEROIDS							
HYDROCORTISONE (INTRARECTAL) ENEMA	COLOCORT						
HYDROCORTISONE ACETATE (INTRARECTAL) FOAM	CORTIFOAM						
RECTAL STEROIDS							
HYDROCORTISONE (RECTAL) CREAM	VARIOUS						
ANTHELMINTICS							
ANTHELMINTICS							
ALBENDAZOLE TABLETS	ALBENZA				PA REQUIRED		

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IVERMECTIN TABLETS	STROMEKTOL			PA REQUIRED		
PRAZIQUANTEL TABLETS	BILTRICIDE					
ANTIANGINAL AGENTS						
ANTIANGINALS-OTHER						
RANOLAZINE TABLET 12-HOUR	RANEXA			PA REQUIRED		
NITRATES						
ISOSORBIDE DINITRATE CAPSULE CONTROLLED RELEASE	DILATRATE SR					
ISOSORBIDE DINITRATE SUBLINGUAL	ISOSORBIDE DINITRATE					
ISOSORBIDE DINITRATE TABLETS	ISORDIL TITRADOSE					
ISOSORBIDE DINITRATE TABLET CONTROLLED RELEASE	ISOSORBIDE DINITRATE ER					
ISOSORBIDE MONONITRATE TABLETS	ISOSORBIDE MONONITRATE					
ISOSORBIDE MONONITRATE TABLET 24-HOUR	IMDUR					
NITROGLYCERIN CAPSULE CONTROLLED RELEASE	NITRO-TIME					
NITROGLYCERIN OINTMENT	NITRO-BID					
NITROGLYCERIN PATCH 24-HOUR	NITRO-DUR					
NITROGLYCERIN SUBLINGUAL	NITROSTAT					
ANTIANGIETY AGENTS						
ANTIANGIETY AGENTS - MISC.						
BUSPIRONE HCL TAB 5 MG	BUSPIRONE HCL			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.	120	30
BUSPIRONE HCL TAB 7.5 MG	BUSPIRONE HCL			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.	120	30
BUSPIRONE HCL TAB 10 MG	BUSPIRONE HCL			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.	120	30
BUSPIRONE HCL TAB 15 MG	BUSPIRONE HCL			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.	120	30
BUSPIRONE HCL TAB 30 MG	BUSPIRONE HCL			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.	60	30
HYDROXYZINE HCL SYRUP	HYDROXYZINE SYRUP				300	30
HYDROXYZINE HCL TABLETS	HYDROXYZINE TABLETS				240	30
HYDROXYZINE PAMOATE CAPSULES	VISTARIL				120	30
BENZODIAZEPINES						
ALPRAZOLAM CONC 1 MG/ML	ALPRAZOLAM INTENSOL			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.	60	15
ALPRAZOLAM ORALLY DISINTEGRATING TAB 0.25 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.	120	30
ALPRAZOLAM ORALLY DISINTEGRATING TAB 0.5 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.	120	30
ALPRAZOLAM ORALLY DISINTEGRATING TAB 1 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.	120	30
ALPRAZOLAM ORALLY DISINTEGRATING TAB 2 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.	60	30
ALPRAZOLAM TAB 0.25 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.	120	30
ALPRAZOLAM TAB 0.5 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.	120	30
ALPRAZOLAM TAB 1 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.	120	30
ALPRAZOLAM TAB 2 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.	60	30
ALPRAZOLAM TAB SR 24HR 0.5 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.	30	30
ALPRAZOLAM TAB SR 24HR 1 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.	30	30
ALPRAZOLAM TAB SR 24HR 2 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.	30	30
ALPRAZOLAM TAB SR 24HR 3 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.	30	30
CHLORDIAZEPOXIDE HCL CAP 10 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.	60	30
CHLORDIAZEPOXIDE HCL CAP 25 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.	60	30
CHLORDIAZEPOXIDE HCL CAP 5 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.	60	30
CLONAZEPAM 0.5 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.	120	30
CLONAZEPAM 1.0 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.	120	30
CLONAZEPAM 2 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.	60	30
CLONAZEPAM ODT 0.125MG	VARIOUS			PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.	120	30
CLONAZEPAM ODT 0.25MG	VARIOUS			PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.	120	30
CLONAZEPAM ODT 0.5 MG	VARIOUS			PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.	120	30
CLONAZEPAM ODT 1MG	VARIOUS			PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.	120	30
CLONAZEPAM ODT 2MG	VARIOUS			PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.	60	30
CLORAZEPATE DIPOTASSIUM TAB 15 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.	60	30
CLORAZEPATE DIPOTASSIUM TAB 3.75 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.	120	30
CLORAZEPATE DIPOTASSIUM TAB 7.5 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.	120	30
DIAZEPAM CONC 5 MG/ML	DIAZEPAM INTENSOL			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.	60	30

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DIAZEPAM SOLN 1 MG/ML	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.	300	30
DIAZEPAM TAB 10 MG	VARIOUS			PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period. PA REQUIRED for Ages < 6 years.	120	30
DIAZEPAM TAB 2 MG	VARIOUS			PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period. PA REQUIRED for Ages < 6 years.	120	30
DIAZEPAM TAB 5 MG	VARIOUS			PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period. PA REQUIRED for Ages < 6 years.	120	30
LORAZEPAM CONC 2 MG/ML	LORAZEPAM INTENSOL			PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period. PA REQUIRED for Ages < 6 years.	60	30
LORAZEPAM TAB 0.5 MG	VARIOUS			PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period. PA REQUIRED for Ages < 6 years.	120	30
LORAZEPAM TAB 1 MG	VARIOUS			PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period. PA REQUIRED for Ages < 6 years.	120	30
LORAZEPAM TAB 2 MG	VARIOUS			PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period. PA REQUIRED for Ages < 6 years.	60	30
OXAZEPAM CAP 10 MG	VARIOUS			PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period. PA REQUIRED for Ages < 6 years.	60	30
OXAZEPAM CAP 15 MG	VARIOUS			PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period. PA REQUIRED for Ages < 6 years.	60	30
OXAZEPAM CAP 30 MG	VARIOUS			PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period. PA REQUIRED for Ages < 6 years.	60	30
ANTIARRHYTHMICS						
ANTIARRHYTHMICS TYPE I-A						
DISOPYRAMIDE PHOSPHATE CAPSULES	NORPACE					
DISOPYRAMIDE PHOSPHATE CAPSULE 12-HOUR	NORPACE CR					
QUINIDINE GLUCONATE TABLET CONTROLLED RELEASE	QUINIDINE GLUCONATE CR					
QUINIDINE SULFATE TABLETS	QUINIDINE SULFATE					
QUINIDINE SULFATE TABLET CONTROLLED RELEASE	QUINIDINE SULFATE ER					
ANTIARRHYTHMICS TYPE I-B						
MEXILETINE HCL CAPSULES	MEXILETINE HCL					
ANTIARRHYTHMICS TYPE I-C						
FLECAINIDE ACETATE TABLETS	TAMBOCOR					
PROPAFENONE HCL CAPSULE 12-HOUR	RYTHMOL SR					
PROPAFENONE HCL TABLETS	RYTHMOL					
ANTIARRHYTHMICS TYPE III						
AMIODARONE HCL TABLETS 100MG & 200MG	PACERONE					
DOFETILIDE CAPSULES	TIKOSYN			PA REQUIRED		
DRONEDARONE HCL TABLETS	MULTAQ			PA REQUIRED		
ANTIASTHMATIC AND BRONCHODILATOR AGENTS						
ANTIASTHMATIC - MONOCLONAL ANTIBODIES**						
BENRALIZUMAB SOLN AUTO-INJ	FASENRA		PREFERRED DRUG	PA REQUIRED		
BENRALIZUMAB SOLN PREF SYR	FASENRA		PREFERRED DRUG	PA REQUIRED		
OMALIZUMAB SOLUTION RECONSTITUTED	XOLAIR	BRAND ONLY	PREFERRED DRUG	PA REQUIRED		
OMALIZUMAB SOLN AUTO-INJ	XOLAIR	BRAND ONLY	PREFERRED DRUG	PA REQUIRED		
OMALIZUMAB SOLN PREF SYR	XOLAIR	BRAND ONLY	PREFERRED DRUG	PA REQUIRED		
ANTI-INFLAMMATORY AGENTS						
CROMOLYN SODIUM NEBULIZER	CROMOLYN SODIUM					
BRONCHODILATORS - ANTICHOLINERGICS						
ACLIDINIUM BROMIDE	TUDORZA PRESSAIR		PREFERRED DRUG			
IPRATROPIUM BROMIDE HFA AEROSOL	ATROVENT HFA	BRAND ONLY	PREFERRED DRUG			
IPRATROPIUM BROMIDE SOLUTION	IPRATROPIUM BROMIDE		PREFERRED DRUG			
TIOTROPIUM BROMIDE MONOHYDRATE AEROSOL SOLUTION	SPIRIVA RESPIMAT		PREFERRED DRUG			
TIOTROPIUM BROMIDE MONOHYDRATE CAPSULES	SPIRIVA HANDIHALER		PREFERRED DRUG			
LEUKOTRIENE MODULATORS						
MONTELUKAST SODIUM CHEWABLE TABLETS	SINGULAIR		PREFERRED DRUG		30	30
MONTELUKAST SODIUM GRANULES	SINGULAIR			PA IS NOT REQUIRED for < 4 Years of Age	30	30
MONTELUKAST SODIUM TABLETS	SINGULAIR		PREFERRED DRUG		30	30
STEROID INHALANTS						
BECLOMETHASONE DIPROPIONATE	QVAR REDHALER	BRAND ONLY	PREFERRED DRUG			
BUDESONIDE (INHALATION) SUSPENSION 0.25MG, 0.50MG & 1.0MG	PULMICORT	VARIOUS	PREFERRED DRUG			
BUDESONIDE INHALATION POWDER	PULMICORT FLEXHALER	BRAND ONLY	PREFERRED DRUG			
FLUTICASONE FUROATE (INHALATION) ARSL PWDR-BREATH ACTIVATE	ARNUITY	BRAND ONLY	PREFERRED DRUG			
FLUTICASONE PROPIONATE HFA AERO	VARIOUS	AUTHORIZED GENERIC ONLY	PREFERRED DRUG			
FLUTICASONE PROPIONATE ORAL INHALATION	VARIOUS	AUTHORIZED GENERIC ONLY	PREFERRED DRUG			
MOMETASONE FUROATE HFA	ASMANEX HFA	BRAND ONLY	PREFERRED DRUG			
MOMETASONE FUROATE (INHALATION) AEPB	ASMANEX TWISTHALER	BRAND ONLY	PREFERRED DRUG			
SYMPATHOMIMETICS						
ALBUTEROL SULFATE INHALER	ALBUTEROL HFA (PROVENTIL) (AG) (INHALATION)	NDC 00254100752 NDC 00781729685	Preferred Albuterol NDCs			
ALBUTEROL SULFATE INHALER	ALBUTEROL HFA (PROVENTIL) (INHALATION)	NDC 00054074287 NDC 69097014260 NDC 72572001401 NDC 76282067942	Preferred Albuterol NDCs			
ALBUTEROL SULFATE INHALER	ALBUTEROL HFA (PROAIR) (AG) (INHALATION)	NDC 00093317431	Preferred Albuterol NDCs			
ALBUTEROL SULFATE INHALER	ALBUTEROL HFA (PROAIR) (INHALATION)	NDC 45802008801 NDC 68180096301	Preferred Albuterol NDCs			
ALBUTEROL SULFATE INHALER	ALBUTEROL HFA (VENTOLIN) (AG) (INHALATION)	NDC 66993001968	Preferred Albuterol NDCs			
ALBUTEROL SULFATE NEBULIZED	ALBUTEROL SULFATE		PREFERRED DRUG			
ALBUTEROL SULFATE SYRUP	ALBUTEROL SULFATE		PREFERRED DRUG			
BUDESONIDE-FORMOTEROL FUMARATE DIHYDRATE AEROSOL	SYMBICORT	AUTHORIZED GENERIC ONLY	PREFERRED DRUG		3	90

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FLUTICASON-SALMETEROL AEROSOL	AIRDUO RESPICLIK	AUTHORIZED GENERIC ONLY	PREFERRED DRUG			6	90
FLUTICASON-SALMETEROL ARSL PWDR-BREATH ACTIVATE	AIRDUO		PREFERRED DRUG			6	90
FLUTICASON-SALMETEROL AEROSOL	ADVAIR HFA	BRAND ONLY	PREFERRED DRUG			3	90
MOMETASONE FUROATE-FORMOTEROL FUMARATE DIHYDRATE AEROSOL	DULERA	BRAND ONLY	PREFERRED DRUG			3	90
IPRATROPIUM-ALBUTEROL AEROSOL	COMBIVENT RESPIMAT		PREFERRED DRUG				
IPRATROPIUM-ALBUTEROL SOLUTION	DJONEB		PREFERRED DRUG				
SALMETEROL XINAFOATE AEROSOL POWDER BREATH ACTIVATED	SEREVENT DISKUS		PREFERRED DRUG		PA REQUIRED		
SALMETEROL XINAFOATE AEROSOL BREATH ACTIVATED	SEREVENT DISKUS		PREFERRED DRUG		PA REQUIRED		
TIOTROPIUM BROMIDE-OLODATEROL HCL AEROSOL SOLUTION	STIOLTO RESPIMAT		PREFERRED DRUG		PA REQUIRED	1	30
UMECLIDINIUM-VILANTEROL AEROSOL POWDER	ANORO ELLIPTA		PREFERRED DRUG		PA REQUIRED	1	30
ANTICOAGULANTS							
COUMARIN ANTICOAGULANTS							
WARFARIN SODIUM TABLETS	VARIOUS		PREFERRED DRUG				
DIRECT FACTOR XA INHIBITORS							
APIXABAN CAPSULE SPRINKLE	ELIQUIS	BRAND ONLY	PREFERRED DRUG			222	90
APIXABAN TABLET	ELIQUIS	BRAND ONLY	PREFERRED DRUG			180	90
APIXABAN TAB THER PACK	ELIQUIS STARTER PACK	BRAND ONLY	PREFERRED DRUG			74	365
APIXABAN TABLET SOLUBLE	ELIQUIS	BRAND ONLY	PREFERRED DRUG			222	90
RIVAROXABAN TABLET	XARELTO	BRAND ONLY	PREFERRED DRUG			180	90
RIVAROXABAN TAB THER PACK	XARELTO STARTER PACK	BRAND ONLY	PREFERRED DRUG			51	30
HEPARINS AND HEPARINOID-LIKE AGENTS							
ENOXAPARIN SODIUM INJ 100 MG/ML	VARIOUS VIAL OR SYRINGE		PREFERRED DRUG			60	30
ENOXAPARIN SODIUM INJ 120 MG/0.8ML	VARIOUS VIAL OR SYRINGE		PREFERRED DRUG			60	30
ENOXAPARIN SODIUM INJ 150 MG/ML	VARIOUS VIAL OR SYRINGE		PREFERRED DRUG			60	30
ENOXAPARIN SODIUM INJ 30 MG/0.3ML	VARIOUS VIAL OR SYRINGE		PREFERRED DRUG			60	30
ENOXAPARIN SODIUM INJ 300 MG/3ML	VARIOUS VIAL OR SYRINGE		PREFERRED DRUG			60	30
ENOXAPARIN SODIUM INJ 40 MG/0.4ML	VARIOUS VIAL OR SYRINGE		PREFERRED DRUG			60	30
ENOXAPARIN SODIUM INJ 60 MG/0.6ML	VARIOUS VIAL OR SYRINGE		PREFERRED DRUG			60	30
ENOXAPARIN SODIUM INJ 80 MG/0.8ML	VARIOUS VIAL OR SYRINGE		PREFERRED DRUG			60	30
HEPARIN (PORCINE) IN SODIUM CHLORIDE SOLUTION	HEPARIN SODIUM/NACL 0.9%						
HEPARIN SOD (PORCINE) IN D5W SOLUTION	HEPARIN SODIUM/D5W						
HEPARIN SODIUM (PORCINE) LOCK FLUSH & NACL LOCK FLUSH KIT	HEPARIN SODIUM LOCK FLUSH						
HEPARIN SODIUM (PORCINE) LOCK FLUSH SOLUTION	HEPARIN LOCK FLUSH						
THROMBIN INHIBITORS							
DABIGATRAN ETEXILATE MESYLATE CAPSULES	PRADAXA	BRAND ONLY	PREFERRED DRUG			60	30
ANTICONVULSANTS							
AMPA GLUTAMATE RECEPTOR ANTAGONISTS**							
PERAMPANEL TABLET	FYCOMPA				PA REQUIRED		
PERAMPANEL SUSPENSION	FYCOMPA				PA REQUIRED		
ANTICONVULSANTS - BENZODIAZEPINES							
CLOBAZAM SUSPENSION	ONFI				PA REQUIRED		
CLOBAZAM TABLETS	ONFI				PA REQUIRED		
CLONAZEPAM TAB 0.5 MG	KLONOPIN				PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.	120	30
CLONAZEPAM TAB 1 MG	KLONOPIN				PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.	120	30
CLONAZEPAM TAB 2 MG	KLONOPIN				PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.	60	30
CLONAZEPAM ORALLY DISINTEGRATING TAB 0.125 MG	CLONAZEPAM ODT				PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.	120	30
CLONAZEPAM ORALLY DISINTEGRATING TAB 0.25 MG	CLONAZEPAM ODT				PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.	120	30
CLONAZEPAM ORALLY DISINTEGRATING TAB 0.5 MG	CLONAZEPAM ODT				PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.	120	30
CLONAZEPAM ORALLY DISINTEGRATING TAB 1 MG	CLONAZEPAM ODT				PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.	120	30
CLONAZEPAM ORALLY DISINTEGRATING TAB 2 MG	CLONAZEPAM ODT				PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.	60	30
DIAZEPAM (ANTICONVULSANT) GEL (10MG, 20MG)	VARIOUS	GENERIC ONLY				2	30
DIAZEPAM (ANTICONVULSANT) LIQUID	VALTOCO					2	30
DIAZEPAM (ANTICONVULSANT) LIQD THER PACK	VALTOCO					2	30
MIDAZOLAM (ANTICONVULSANT) SOLUTION	NAYZILAM					4	30
ANTICONVULSANTS - MISC.							
BRIVARACETAM TABLET	BRIVIACT	BRAND ONLY			PA REQUIRED		
BRIVARACETAM SOLUTION	BRIVIACT	BRAND ONLY			PA REQUIRED		
CANNABIDIOL SOLUTION	EPIDIOLEX				PA REQUIRED		
CARBAMAZEPINE TABLET CHEWABLE	CARBAMAZEPINE						
CARBAMAZEPINE CAPSULE ER 12 HR	CARBATROL						
CARBAMAZEPINE CAPSULE ER 12 HR	CARBATROL						
CARBAMAZEPINE SUSPENSION	TEGRETOL						
CARBAMAZEPINE TABLET	EPITOL						
CARBAMAZEPINE TABLET ER 12HR	TEGRETOL-XR						
GABAPENTIN CAPSULE	NEURONTIN						
GABAPENTIN SOLUTION	NEURONTIN						
GABAPENTIN TABLET	NEURONTIN						
LACOSAMIDE SOLUTION	VIMPAT				PA REQUIRED		
LACOSAMIDE TABLET	VIMPAT				PA REQUIRED		
LAMOTRIGINE TABLET CHEWABLE	LAMICTAL CHEWABLE DISPERSIBLE						
LAMOTRIGINE SUSPENSION	SUBVENITE				PA Required > 10 Years of Age		
LAMOTRIGINE TABLET ER 24HR	LAMICTAL XR						
LAMOTRIGINE TABLET DISINTEGRATING	LAMICTAL ODT						
LEVETIRACETAM SOLUTION	KEPPRA						
LEVETIRACETAM TABLET	ROWEEPPRA						

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LEVETIRACETAM TABLET ER 24HR	KEPPRA XR						
OXCARBAZEPINE SUSPENSION	TRILEPTAL						
OXCARBAZEPINE TABLET	TRILEPTAL						
PREGABALIN CAPSULE (25MG, 50MG, 75MG, 100MG, 150MG, 200MG)	LYRICA					90.00	30.00
PREGABALIN CAPSULE (225MG, 300MG)	LYRICA					60.00	30.00
PREGABALIN SOLUTION	LYRICA					900	30
PRIMIDONE TABLET (20MG, 250MG)	MYSOLINE						
RUFINAMIDE SUSPENSION	BANZEL				PA REQUIRED		
RUFINAMIDE TABLET	BANZEL				PA REQUIRED		
TOPIRAMATE CAPSULE ER 24 HR	TROKENDI XR	BRAND ONLY			PA REQUIRED		
TOPIRAMATE CAPSULE SPRINKLE (15MG, 25MG)	TOPAMAX SPRINKLE						
TOPIRAMATE CP24 SPRINKLE	QUDEXY XR				PA REQUIRED		
TOPIRAMATE TABLET	TOPAMAX						
ZONISAMIDE CAPSULE	ZONEGRAN						
ZONISAMIDE SUSPENSION	ZONISADE					180ml	30
CARBAMATES**							
CENOBAMATE TABLET	XCOPRI				PA REQUIRED		
CENOBAMATE TAB THER PACK	XCOPRI				PA REQUIRED		
FELBAMATE SUSPENSION	FELBATOL						
FELBAMATE TABLET	FELBATOL						
GABA MODULATORS**							
TIAGABINE HCL TABLET	GABTRIL				PA REQUIRED		
HYDANTOINS**							
PHENYTOIN TABLET CHEWABLE	DILANTIN CHEWABLES						
PHENYTOIN SODIUM EXTENDED CAPSULE	DILANTIN/PHENYTEK ER						
PHENYTOIN SUSPENSION	DILANTIN-125						
SUCCINIMIDES**							
ETHOSUXIMIDE CAPSULE	ZARONTIN						
ETHOSUXIMIDE SOLUTION	ZARONTIN						
METHSUXIMIDE CAPSULE	CELONTIN	BRAND ONLY					
VALPROIC ACID**							
DIVALPROEX SODIUM CAP DR SPRINKLE	DEPAKOTE SPRINKLES						
DIVALPROEX SODIUM TABLET ER 24HR	DEPAKOTE ER						
DIVALPROEX SODIUM TABLET ENTERIC COATED	DEPAKOTE						
VALPROATE SODIUM SOLUTION	VALPROATE SODIUM						
VALPROIC ACID CAPSULE	VALPROIC ACID						
ANTIDEPRESSANTS							
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)							
MIRTAZAPINE TABLETS	MIRTAZAPINE				PA REQUIRED for Ages < 6 years of age	30	30
MIRTAZAPINE ORALLY DISINTEGRATING TABLETS	REMERON SOLTAB				PA REQUIRED for Ages < 6 years of age	30	30
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID**							
ZURANOLONE CAPSULE	ZURZUVAE				PA REQUIRED		
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST							
ESKETAMINE HYDROCHLORIDE	SPRAVATO				PA REQUIRED		
NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIBITORS (NDRIs)							
BUPROPION HCL TABLETS	VARIOUS				PA REQUIRED for Ages < 6 years of age	120	30
BUPROPION HCL TABLET 12-HOUR	BUDEPRION SR				PA REQUIRED for Ages < 6 years of age	60	30
BUPROPION HCL TABLET 24-HOUR (150MG & 300MG)	VARIOUS				PA REQUIRED for Ages < 6 years of age	30	30
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)							
CITALOPRAM HYDROBROMIDE SOLUTION	CELEXA				PA REQUIRED for Ages < 6 years of age and greater than 12 years of age	600	30
						10mg: 60	30
						20mg: 30	30
CITALOPRAM HYDROBROMIDE TABLETS	CELEXA				PA REQUIRED for Ages < 6 years of age	40mg: 30	30
						5mg: 60	30
						10mg: 30	30
						20mg: 30	30
ESCITALOPRAM OXALATE TABLETS	LEXAPRO				PA REQUIRED for Ages < 6 years of age	10mg: 60	30
						20mg: 120	30
						40mg: 60	30
FLUOXETINE HCL CAPSULES ONLY	PROZAC				PA REQUIRED for Ages < 6 years of age	600	30
FLUOXETINE HCL SOLUTION	PROZAC				PA REQUIRED for Ages < 6 years of age and greater than 12 years of age		
FLUOXETINE HCL TABLETS - WEEKLY	PROZAC WEEKLY				PA REQUIRED		
						25mg: 60	30
						50mg: 180	30
FLUVOXAMINE MALEATE TABLETS	LUVOX				PA REQUIRED for Ages < 6 years of age	100mg: 90	30
						10mg: 30	30
						20mg: 30	30
						30mg: 30	30
						40mg: 45	30
PAROXETINE HCL TABLETS	PAXIL				PA REQUIRED for Ages < 6 years of age		
SERTRALINE HCL CONCENTRATE	ZOLOFT				PA REQUIRED for Ages < 6 years of age and greater than 12 years of age	300	30
						25mg: 90	30
						50mg: 120	30
SERTRALINE HCL TABLETS	ZOLOFT				PA REQUIRED for Ages < 6 years of age	100mg: 60	30
SEROTONIN MODULATORS							
						50mg:90	
						100mg:120	30
						0	30
						150mg: 60	30
TRAZODONE HCL TABLETS	TRAZODONE HCL				PA REQUIRED for Ages < 6 years of age	300mg 30	30
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)							
DESVENLAFAXINE SUCCINATE TABLET ER 24HR	PRISTIQ				PA REQUIRED for Ages < 6 years	90	90
						20mg: 120	30
						30mg: 120	30
DULOXETINE HCL CAPSULE DELAYED RELEASE 20MG, 30MG & 60MG	CYMBALTA 20MG, 30MG & 60MG				PA REQUIRED for Ages < 6 years of age	60mg: 60	30

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VENLAFAXINE HCL CAPSULE CONTROLLED RELEASE	EFFEXOR XR			PA REQUIRED for Ages < 6 years of age		37.5mg: 90 75mg: 90 150mg: 30	30 30 30
VENLAFAXINE HCL TABLETS - IMMEDIATE RELEASE ONLY	VENLAFAXINE HCL			PA REQUIRED for Ages < 6 years of age		25mg: 120 37.5mg: 90 50mg: 90 75mg: 150 100mg: 90	30 30 30 30 30
TRICYCLIC AGENTS							
AMITRIPTYLINE HCL TABLETS	AMITRIPTYLINE HCL			PA REQUIRED for Ages < 6 years of age			
AMOXAPINE TABLETS	VARIOUS			PA REQUIRED for Ages < 6 years of age			
CLOMIPRAMINE HCL CAPSULES	ANAFRANIL			PA REQUIRED for Ages < 6 years of age			
DESIPRAMINE HCL TABLETS	NORPRAMIN			PA REQUIRED for Ages < 6 years of age			
DOXEPIN HCL CAPSULES	DOXEPIN HCL			PA REQUIRED for Ages < 6 years of age		90	30
DOXEPIN HCL CONCENTRATE	DOXEPIN HCL			PA REQUIRED for Ages < 6 years of age		180	30
IMIPRAMINE PAMOATE CAPSULES	TORFRANIL-PM			PA REQUIRED for Ages < 6 years of age		30	30
IMIPRAMINE HCL TABLETS	TOFRANIL			PA REQUIRED for Ages < 6 years of age			
MAPROTIline HCL	VARIOUS			PA REQUIRED for Ages < 6 years of age			
NORTRIPTYLINE HCL CAPSULES	PAMELOR			PA REQUIRED for Ages < 6 years of age			
NORTRIPTYLINE HCL SOLUTION	NORTRIPTYLINE HCL			PA REQUIRED for Ages < 6 years of age			
PROTRIPTYLINE HCL TABLETS	VIVACTIL			PA REQUIRED for Ages < 6 years of age			
TRIMIPRAMINE MALEATE	SURMONTIL			PA REQUIRED for Ages < 6 years of age			
ANTIDIABETICS							
ALPHA-GLUCOSIDASE INHIBITORS							
ACARBOSE TABLETS	PRECOSE						
ANTIDIABETIC - AMLYN ANALOGS							
PRAMLINTIDE ACETATE SOLUTION PEN INJECTION	SYMLINPEN 60		PREFERRED DRUG	PA REQUIRED			
ANTIDIABETIC COMBINATIONS							
ALOGLIPTIN-METFORMIN	VARIOUS		PREFERRED DRUG		STEP THROUGH METFORMIN		
ALOGLIPTIN-PIOGLITAZONE	VARIOUS		PREFERRED DRUG		STEP THROUGH METFORMIN		
DAPAGLIFLOZIN FREE BASE-METFORMIN HCL TABLET ER 24HR	XIGDUO XR	BRAND ONLY	PREFERRED DRUG		Step Through Metformin		
EMPAGLIFLOZIN-LINAGLIPTIN-METFORMIN	TRIJARDY XR	BRAND ONLY	PREFERRED DRUG		STEP THROUGH METFORMIN		
EMPAGLIFLOZIN-METFORMIN HCL	SYNJARDY	BRAND ONLY	PREFERRED DRUG		STEP THROUGH METFORMIN		
LINAGLIPTIN-METFORMIN HCL TABLETS	JENTADUETO	BRAND ONLY	PREFERRED DRUG		STEP THROUGH METFORMIN		
PIOGLITAZONE HCL-METFORMIN HCL TABLETS	ACTOPLUS MET						
SITAGLIPTIN-METFORMIN HCL TABLETS	JANUMET	BRAND ONLY	PREFERRED DRUG		STEP THROUGH METFORMIN		
SITAGLIPTIN-METFORMIN HCL TABLET 24-HOUR	JANUMET XR	BRAND ONLY	PREFERRED DRUG		STEP THROUGH METFORMIN		
BIGUANIDES							
METFORMIN HCL TABLETS	GLUCOPHAGE						
METFORMIN HCL TABLET 24-HOUR (GENERIC OF GLUCOPHAGE XR ONLY- 500MG & 750MG)	VARIOUS			PA REQUIRED for Osmotic and Modified Release Products			
DIABETIC OTHER							
DASIGLUCAGON HCL SOLN AUTO-INJ	ZEGALOGUE	BRAND ONLY	PREFERRED DRUG			1	30
DASIGLUCAGON HCL SOLN PREF SYR	ZEGALOGUE	BRAND ONLY	PREFERRED DRUG			2	30
DIAZOXIDE SUSPENSION	PROGLYCEM	BRAND ONLY					
GLUCAGON POWDER	BAQSIMI	BRAND ONLY	PREFERRED DRUG			2	30
GLUCAGON SOLUTION RECONSTITUTED	GLUCAGON EMERGENCY KIT (BY AMPHASTAR)	BRAND ONLY	PREFERRED DRUG			2	30
MIFEPRISTONE (HYPERGLYCEMIA) TABLET	KORLYM			PA REQUIRED			
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS							
ALOGLIPTIN BENZOATE TABLETS	NESINA		PREFERRED DRUG		STEP THROUGH METFORMIN		
LINAGLIPTIN TABLETS	TRADJENTA	BRAND ONLY	PREFERRED DRUG		STEP THROUGH METFORMIN		
SITAGLIPTIN PHOSPHATE TABLETS	JANUVIA	BRAND ONLY	PREFERRED DRUG		STEP THROUGH METFORMIN		
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)							
DULAGLUTIDE SOLUTION PEN-INJECTION	TRULICITY		PREFERRED DRUG	PA REQUIRED			
EXENATIDE SOLUTION PEN INJECTION	BYETTA		PREFERRED DRUG	PA REQUIRED			
LIRAGLUTIDE SOLN PEN-INJ	VICTOZA	Brand & Generic	PREFERRED DRUG	PA Required			
DIABETIC MISCELLANEOUS AGENT							
PRAMLINTIDE	SYMLIN PEN		PREFERRED DRUG	PA REQUIRED			
INSULIN SENSITIZING AGENTS							
INSULIN DEGLUDEC SOLUTION	TRESIBA	BRAND ONLY					
INSULIN DEGLUDEC SOLN PEN-INJ	TRESIBA	BRAND ONLY					
PIOGLITAZONE HCL TABLETS	ACTOS						
INSULIN							
INSULIN LISPRO (HUMAN) SOLUTION	HUMALOG	AUTHORIZED GENERIC ONLY	PREFERRED DRUG				
INSULIN LISPRO (HUMAN) SOLUTION PEN INJECTION 100/ML	HUMALOG JUNIOR KWIKPEN	AUTHORIZED GENERIC ONLY	PREFERRED DRUG				
INSULIN LISPRO (HUMAN) SOLUTION PEN INJECTION 100/ML	HUMALOG KWIKPEN	AUTHORIZED GENERIC ONLY	PREFERRED DRUG				
INSULIN NPH ISOPHANE & REG (HUMAN) SUSPENSION	HUMULIN 70/30	BRAND ONLY	PREFERRED DRUG				
INSULIN NPH ISOPHANE & REG (HUMAN) SUSPENSION	HUMULIN 70/30 KWIKPEN	BRAND ONLY	PREFERRED DRUG				
INSULIN NPH (HUMAN) (ISOPHANE) SUSPENSION	HUMULIN N	BRAND ONLY	PREFERRED DRUG				
INSULIN REGULAR (HUMAN) SOLUTION PEN INJECTION	HUMULIN N KWIKPEN	BRAND ONLY	PREFERRED DRUG				

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INSULIN REGULAR (HUMAN) SOLUTION	HUMULIN R U-100	BRAND ONLY	PREFERRED DRUG			
INSULIN REGULAR (HUMAN) SOLUTION	HUMULIN R U-500 (CONCENTRATED)	BRAND ONLY	PREFERRED DRUG	PA REQUIRED		
INSULIN REGULAR (HUMAN) SOLUTION PEN-INJECTION	HUMULIN R U-500 KWIKPEN	BRAND ONLY	PREFERRED DRUG	PA REQUIRED		
INSULIN GLARGINE SOLUTION	LANTUS	BRAND ONLY	PREFERRED DRUG			
INSULIN GLARGINE SUSPENSION	LANTUS SOLOSTAR	BRAND ONLY	PREFERRED DRUG			
INSULIN NPH ISOPHANE & REG (HUMAN) SUSPENSION	NOVOLIN 70/30	BRAND ONLY	PREFERRED DRUG			
INSULIN NPH (HUMAN) (ISOPHANE) SUSPENSION	NOVOLIN N	BRAND ONLY	PREFERRED DRUG			
INSULIN REGULAR (HUMAN) SOLUTION	NOVOLIN R	BRAND ONLY	PREFERRED DRUG			
INSULIN ASPART SOLUTION	NOVOLOG		PREFERRED DRUG			
INSULIN ASPART SOLUTION PEN-INJECTION	NOVOLOG FLEXPEN		PREFERRED DRUG			
INSULIN ASPART PROTAMINE & ASPART (HUMAN) SUSPENSION (70/30)	NOVOLOG MIX 70/30		PREFERRED DRUG			
INSULIN ASPART PROTAMINE & ASPART (HUMAN) SUSPENSION PEN INJECTION (70/30)	NOVOLOG MIX 70/30 FLEXPEN		PREFERRED DRUG			
INSULIN ASPART SOLUTION CARTRIDGE	NOVOLOG PENFILL		PREFERRED DRUG			
MEGLITINIDE ANALOGUES						
NATEGLINIDE TABLETS	STARLIX					
REPAGLINIDE TABLETS	PRANDIN					
SGLT2S						
DAPAGLIFLOZIN TABLET	FARXIGA	BRAND ONLY	PREFERRED DRUG			STEP THROUGH METFORMIN
EMPAGLIFLOZIN	JARDIANCE		PREFERRED DRUG			STEP THROUGH METFORMIN
SULFONYLUREAS						
GLIMEPIRIDE TABLETS (1MG, 2MG, 4MG)	AMARYL					
GLIPIZIDE TABLET (EXCLUDING 15MG)	GLUCOTROL					
GLIPIZIDE TABLET 24-HOUR	GLUCATROL XL					
GLYBURIDE MICRONIZED TABLETS	GLYNASE					
GLYBURIDE TABLETS	DIABETA					
ANTIDIARRHEALS						
ANTIPERISTALTIC AGENTS						
DIPHENOXYLATE W/ ATROPINE LIQUID	DIPHENOXYLATE/ATROPINE					
DIPHENOXYLATE W/ ATROPINE TABLETS	LOMOTIL					
LOPERAMIDE HCL CAPSULES	LOPERAMIDE HCL					
LOPERAMIDE HCL CHEWABLE TABLETS	IMODIUM A-D					
LOPERAMIDE HCL LIQUID	LOPERAMIDE HCL					
LOPERAMIDE HCL SUSPENSION	IMODIUM A-D					
LOPERAMIDE HCL TABLETS	IMODIUM A-D					
ANTIDOTES						
OPIOID ANTAGONISTS						
NALOXONE HCL SOLUTION + SYRINGE	NALOXONE HCL + SYRINGE		PREFERRED DRUG			
NALOXONE	KLOXXADO	BRAND ONLY	PREFERRED DRUG			
NALOXONE HCL NASAL SPRAY	NARCAN NASAL SPRAY/REXTOVY NASAL SPRAY	BRAND ONLY	PREFERRED DRUG		2	1
ANTIEMETICS						
5-HT3 RECEPTOR ANTAGONISTS						
DOLASETRON MESYLATE TABLETS	ANZEMET			PA REQUIRED		
GRANISETRON HCL SOLUTION	VARIOUS			PA REQUIRED		
GRANISETRON HCL TABLETS	VARIOUS			PA REQUIRED		
ONDANSETRON SOLUTION	VARIOUS			PA REQUIRED for tablets > 8mg Per Dose	300	30
ONDANSETRON HCL ODT TABLETS	VARIOUS			PA REQUIRED for tablets > 8mg Per Dose	60	30
ONDANSETRON HCL TABLETS	VARIOUS			PA REQUIRED for tablets > 8mg per Dose	60	30
ANTIEMETICS MISC.						
PROCHLORPERAZINE MALEATE TABLETS	COMPАЗINE					
PROCHLORPERAZINE SUPPOSITORY	COMPАЗINE					
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONIST						
APREPITANT CAPSULES	EMEND				6	21
ANTIFUNGALS						
ANTIFUNGAL ORAL AGENTS						
CLOTRIMAZOLE TROCHE	VARIOUS					
GRISEOFULVIN SUSPENSION	VARIOUS					
GRISEOFULVIN MICROSIZED TABLETS	GRIFULVIN V					
NYSTATIN SUSPENSION	NYSTATIN					
NYSTATIN TABLETS	NYSTATIN					
TERBINAFINE HCL TABLETS	LAMISIL				90	365
IMIDAZOLE-RELATED ANTIFUNGALS						
FLUCONAZOLE SUSPENSION RECONSTITUTED (10MG/ML)	DIFLUCAN				600	30
FLUCONAZOLE SUSPENSION RECONSTITUTED (40MG/ML)	DIFLUCAN				300	30
FLUCONAZOLE TABLET (50MG, 100MG, 200MG)	DIFLUCAN				60	30
FLUCONAZOLE TABLET (150MG)	DIFLUCAN				3	30
POSACONAZOLE TABLET ENTERIC COATED	NOXAFIL	AUTHORIZED GENERIC & GENERIC FORMULATIONS		PA REQUIRED		
VORICONAZOLE TABLET	VFEND			PA REQUIRED		
VORICONAZOLE SUSPENSION	VFEND	BRAND ONLY		PA REQUIRED		
ANTIHISTAMINES						
ANTIHISTAMINES - ALKYLAMINES						
BROMPHENIRAMINE MALEATE	J-TAN PD					
CHLORPHENIRAMINE MALEATE	CHLORPHENIRAMINE MALEATE					
DEXCHLORPHENIRAMINE MALEATE SYRUP	DEXCHLORPHENIRAMINE MALEATE					
ANTIHISTAMINES - ETHANOLAMINES						
CLEMASTINE FUMARATE TABLETS	CLEMASTINE FUMARATE					
DIPHENHYDRAMINE HCL CAPSULES	VARIOUS					
DIPHENHYDRAMINE HCL CHEWABLE TABLETS	VARIOUS					
DIPHENHYDRAMINE HCL ELIXIR	VARIOUS					
DIPHENHYDRAMINE HCL LIQUID	VARIOUS					
DIPHENHYDRAMINE HCL SOLUTION	VARIOUS					

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DIPHENHYDRAMINE HCL SUSPENSION	VARIOUS						
DIPHENHYDRAMINE HCL SYRUP	VARIOUS						
DIPHENHYDRAMINE HCL TABLETS	VARIOUS						
ANTIHISTAMINES - NON-SEDATING							
CETIRIZINE HCL SOLUTION	VARIOUS					150	30
CETIRIZINE HCL TABLETS	VARIOUS					30	30
CETIRIZINE HCL ORALLY DISINTEGRATING TABLETS	ZYRTEC ALLERGY					30	30
FEXOFENADINE HCL TABLET DISINTEGRATING (60mg)	WAL-FEX ALLERGY 12 HOUR					60	30
FEXOFENADINE HCL TABLET DISINTEGRATING (180mg)	WAL-FEX ALLERGY 12 HOUR					30	30
FEXOFENADINE HCL TABLETS	ALLEGRA ALLERGY CHILDRENS					30	30
FEXOFENADINE HCL ORALLY DISINTEGRATING TABLETS	ALLEGRA ALLERGY CHILDRENS					30	30
LEVOCETIRIZINE DIHYDROCHLORIDE TABLET	LEVOCETIRIZINE					30	30
LORATADINE CHEWABLE TABLETS	CLARITIN					30	30
LORATADINE SYRUP	CLARITIN					150	30
LORATADINE TABLETS	ALAVERT					30	30
LORATADINE TABLET DISINTEGRATING (5MG)	CLARITIN REDITABS					30	30
ANTIHISTAMINES - PHENOTHIAZINES							
PROMETHAZINE HCL SUPPOSITORY	PHENERGAN						
PROMETHAZINE HCL TABLETS	PROMETHAZINE HCL						
ANTIHISTAMINES - PIPERIDINES							
CYPROHEPTADINE HCL SYRUP	CYPROHEPTADINE HCL						
CYPROHEPTADINE HCL TABLETS	CYPROHEPTADINE HCL						
ANTIHYPERTENSIVES							
BILE ACID SEQUESTRANTS							
CHOLESTYRAMINE LIGHT PACKETS	PREVALITE						
CHOLESTYRAMINE LIGHT POWDER	PREVALITE						
CHOLESTYRAMINE PACKETS	QUESTRAN						
CHOLESTYRAMINE POWDER	QUESTRAN						
COLESTIPOL HCL TABLETS	COLESTID						
FIBRIC ACID DERIVATIVES							
FENOFIBRATE MICRONIZED CAPSULES 67MG, 134MG & 200MG	VARIOUS						
FENOFIBRATE TABLETS 48MG, 54MG, 145MG & 160MG	VARIOUS						
FENOFIBRIC ACID TABLETS	FIBRICOR						
GEMFIBROZIL TABLETS	LOPID						
HMG COA REDUCTASE INHIBITORS							
ATORVASTATIN CALCIUM TABLETS	LIPITOR		PREFERRED DRUG			30	30
LOVASTATIN TABLETS	MEVACOR		PREFERRED DRUG			30	30
PRAVASTATIN SODIUM TABLETS	PRAVACOL		PREFERRED DRUG			30	30
ROUVASTATIN TABLETS	CRESTOR		PREFERRED DRUG			30	30
SIMVASTATIN TABLETS	ZOCOR		PREFERRED DRUG			30	30
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS							
EZETIMIBE TABLETS	ZETIA		PREFERRED DRUG		PA REQUIRED		
NICOTINIC ACID DERIVATIVES							
NIACIN CAPSULE CONTROLLED RELEASE	VARIOUS						
NIACIN TABLET CONTROLLED RELEASE	VARIOUS						
MISC. NUTRITIONAL SUBSTANCES							
OMEGA-3 FATTY ACIDS CAPSULES	FISH OIL						
OMEGA-3 FATTY ACIDS CAPSULE DELAYED RELEASE	FISH OIL						
ANTIHYPERTENSIVES							
ACE INHIBITORS							
BENAZEPRIL HCL TABLETS	BENAZEPRIL HCL						
ENALAPRIL MALEATE SOLUTION	EPANED						
ENALAPRIL MALEATE TABLETS	VARIOUS						
LISINAPRIL TABLETS	ZESTRIL						
RAMIPRIL CAPSULES	ALTACE						
ANGIOTENSIN II RECEPTOR ANTAGONISTS							
IRBESARTAN TABLETS	AVAPRO						
LOSARTAN POTASSIUM TABLETS	COZAAR						
TELMISARTAN TABLET	MICARDIS						
VALSARTAN TABLETS	DIOVAN						
ANTIADRENERGIC ANTIHYPERTENSIVES							
CLONIDINE HCL PATCH-WEEKLY	CATAPRES-TTS-1				PA REQUIRED for Ages < 6 years of age	4	28
CLONIDINE HCL TABLET (EXCLUDING 0.05MG)	CLONIDINE HYDROCHLORIDE				PA REQUIRED for Ages < 6 years		
CLONIDINE HCL (ADHD) TABLET 12-HOUR	CLONIDINE ER				PA REQUIRED for Ages < 6 years of age	120	30
DOXAZOSIN MESYLATE TABLETS	CARDURA						
GUANFACINE HCL TABLETS	TENEX						
GUANFACINE HCL (ADHD) TABLET 24-HOUR	GUANFACINE ER		PREFERRED DRUG		PA REQUIRED for Ages < 6 years of age	30	30
METHYLDOPA TABLETS	METHYLDOPA						
PRAZOSIN HCL CAPSULES	MINIPRESS						
TERAZOSIN HCL CAPSULES	TERAZOSIN HCL						
ANTIHYPERTENSIVE COMBINATIONS							
AMLODIPINE BESYLATE-BENAZEPRIL HCL CAPSULE	LOTREL						
AMLODIPINE BESYLATE-VALSARTAN TABLET	EXFORGE						
ATENOLOL & CHLOROTHALIDONE TABLETS	VARIOUS						
BENAZEPRIL & HYDROCHLOROTHIAZIDE TABLET	LOTENSIN HCT						
BISOPROLOL & HYDROCHLOROTHIAZIDE TABLET	ZIAC						
CAPTROPRI & HYDROCHLOROTHIAZIDE TABLET (25-15MG, 50-15MG)	CAPTROPRI/HYDROCHLOROTHIAZIDE						
ENALAPRIL MALEATE & HYDROCHLOROTHIAZIDE TABLETS	ENALAPRIL MALEATE/ HYDROCHLOROTHIAZIDE						
IRBESARTAN-HYDROCHLOROTHIAZIDE TABLET	AVALIDE						
LISINAPRIL & HYDROCHLOROTHIAZIDE TABLETS	ZESTORETIC						
LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE TABLETS	HYZAAR						
MOEXIPRIL - HYDROCHLOROTHIAZIDE TABLETS	UNIRETIC						
QUINAPRIL - HYDROCHLOROTHIAZIDE TABLETS	ACCURETIC						

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VALSARTAN - HYDROCHLOROTHIAZIDE TABLETS	DIOVAN HCT				
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)					
EPLERENONE TABLETS	INSPIRA			PA REQUIRED	
VASODILATORS					
HYDRALAZINE HCL TABLETS	HYDRALAZINE HCL				
MINOXIDIL TABLETS	MINOXIDIL				
ANTI-INFECTIVE AGENTS - MISC.					
ANTI-INFECTIVE AGENTS - MISC.					
METRONIDAZOLE TABLET (250MG, 500MG)	FLAGYL				
METRONIDAZOLE SUSPENSION	LIKMEZ			PA NOT REQUIRED FOR < 10 YEARS OF AGE	
TINIDAZOLE	VARIOUS				
TRIMETHOPRIM TABLETS	TRIMETHOPRIM				
VANCOMYCIN HCL CAPSULES	VANCOCIN HCL				
VANCOMYCIN HCL SOLUTION RECONSTITUTED	VARIOUS				
ANTI-INFECTIVE MISC. - COMBINATIONS					
ERYTHROMYCIN-SULFISOXAZOLE SUSPENSION	E.S.P.				
SULFAMETHOXAZOLE-TRIMETHOPRIM SUSPENSION	SULFATRIM PEDIATRIC				
SULFAMETHOXAZOLE-TRIMETHOPRIM TABLETS	BACTRIM				
LEPROSTATICS					
DAPSONE TABLETS	DAPSONE				
OXAZOLIDINONES					
LINEZOLID SUSPENSION	ZYVOX			PA REQUIRED	
LINEZOLID TABLETS	ZYVOX			PA REQUIRED	
ANTIMALARIALS					
ANTIMALARIAL COMBINATIONS					
ARTEMETHER-LUMEFANTRINE TABLETS	COARTEM				
ATOVAQUONE-PROGUANIL HCL TABLETS	MALARONE				
ANTIMALARIALS					
CHLOROQUINE PHOSPHATE TABLETS	CHLOROQUINE PHOSPHATE				
HYDROXYCHLOROQUINE SULFATE TABLETS	PLAQUENIL				
PRIMAQUINE PHOSPHATE TABLETS	PRIMAQUINE PHOSPHATE				
QUININE SULFATE CAPSULES	QUALAQUIN				
ANTIMYCOBACTERIAL AGENTS					
ETHAMBUTOL HCL TABLETS	MYAMBUTOL				
ISONIAZID SYRUP	ISONIAZID				
ISONIAZID TABLETS	ISONIAZID				
PYRAZINAMIDE TABLETS	PYRAZINAMIDE				
RIFAMPIN CAPSULES	RIFADIN				
ONCOLOGY -FEDERALLY REIMBURSABLE ANTINEOPLASTIC AGENTS, NOT LISTED BELOW, ARE AVAILABLE THROUGH PRIOR AUTHORIZATION					
ALKYLATING AGENTS					
				Not covered through AHCCCS. Please contact Waylis Pharmaceuticals for the patient assistance program. Toll Free Number: 1-800-689-0255	
MELPHALAN TABLETS	ALKERAN				
ANTIMETABOLITES					
MERCAPTOPYRINE TABLETS	PURINETHOL				
METHOTREXATE SODIUM TABLETS	METHOTREXATE				
ANTINEOPLASTIC - ANTIBODIES					
PEMBROLIZUMAB SOLUTION	KEYTRUDA			PA REQUIRED	
RITUXIMAB-ABBS	RIABNI			PA REQUIRED	
RITUXIMAB-PVVR	RUXIENCE			PA REQUIRED	
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS					
BEVACIZUMAB-AWWB INJECTION	MVASI			PA REQUIRED	
BEVACIZUMAB-BVZR INJECTION	ZIRABEV			PA REQUIRED	
ANTINEOPLASTIC - ANTI-HER2 AGENTS					
TRASTUZUMAB-ANNS SOLUTION	KANJINTI			PA REQUIRED	
TRASTUZUMAB-ANNS INJECTION	KANJINTI			PA REQUIRED	
TRASTUZUMAB-DKST INJECTION	OGIVRI			PA REQUIRED	
TRASTUZUMAB-PKRB INJECTION	HERZUMA			PA REQUIRED	
TRASTUZUMAB-QYYP INJECTION	TRAZIMERA			PA REQUIRED	
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS					
ANASTROZOLE TABLETS	ARIMIDEX			PA REQUIRED	
EXEMESTANE TABLETS	AROMASIN			PA REQUIRED	
				Not covered through AHCCCS. Please contact Waylis Pharmaceuticals for the patient assistance program. Toll Free Number: 1-800-689-0255	
FLUTAMIDE CAPSULE	EULEXIN				
LEUPROLIDE ACETATE KIT	LUPRON DEPOT			PA REQUIRED	
TAMOXIFEN CITRATE TABLETS	TAMOXIFEN CITRATE				
TOREMIFENE CITRATE TABLETS	FARESTON			PA REQUIRED	
ANTINEOPLASTIC ENZYME INHIBITORS					
AXITINIB TABLETS	INLYTA			PA REQUIRED	
CRIZOTINIB CAPSULES	XALKORI			PA REQUIRED	
CRIZOTINIB CAPSULE SPRINKLE	XALKORI			PA REQUIRED	
DASATINIB TABLETS	SPRYCEL			PA REQUIRED	
ERLOTINIB HCL TABLETS	TARCEVA			PA REQUIRED	
EVEROLIMUS SOLUBLE TABLET	AFINITOR DISPERZ			PA REQUIRED	
GEFITINIB TABLETS	IRESSA			PA REQUIRED	
IBRUTINIB CAPSULES	IMBRUVICA			PA REQUIRED	
IBRUTINIB SUSPENSION	IMBRUVICA			PA REQUIRED	
IMATINIB MESYLATE TABLETS	GLEEVEC			PA REQUIRED	
LAPATINIB DITOSYLATE TABLETS	TYKERB			PA REQUIRED	
NILOTINIB HCL CAPSULES	TASIGNA			PA REQUIRED	
PONATINIB HCL TABLETS	ICLUSIG			PA REQUIRED	

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RUXOLITINIB PHOSPHATE TABLETS	JAKAFI			PA REQUIRED		
RUXOLITINIB PHOSPHATE TABLET ER 24HR	JAKAFI XR			PA REQUIRED		
SORAFENIB TOSYLATE TABLETS	NEXAVAR			PA REQUIRED		
SUNITINIB MALATE CAPSULES	SUTENT			PA REQUIRED		
VANDETANIB TABLETS	CAPRELSA			PA REQUIRED		
VEMURAFENIB TABLETS	ZELBORAF			PA REQUIRED		
VORINOSTAT CAPSULES	ZOLINZA			PA REQUIRED		
ANTINEOPLASTICS - MISC.						
BEXAROTENE CAPSULES	VARIOUS			PA REQUIRED		
HYDROXYUREA CAPSULES	HYDREA					
INTERFERON ALFA-2B SOLUTION	INTRON A			PA REQUIRED		
INTERFERON ALFA-2B SOLUTION	INTRON A			PA REQUIRED		
INTERFERON ALFA-N3 SOLUTION	ALFERON N			PA REQUIRED		
INTERFERON GAMMA-1B SOLUTION	ACTIMMUNE			PA REQUIRED		
PEGINTERFERON ALFA-2B (ANTINEOPLASTIC) KIT	SYLATRON			PA REQUIRED		
PROCARBAZINE HCL CAPSULES	MATULANE					
TRETINOIN (CHEMOTHERAPY) CAPSULES	TRETINOIN			PA REQUIRED For > 26 Years of Age		
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS						
LEUCOVORIN CALCIUM TABLETS	LEUCOVORIN CALCIUM			PA REQUIRED		
MITOTIC INHIBITORS						
ETOPOSIDE CAPSULES	ETOPOSIDE			PA REQUIRED		
ANTIPARKINSON AGENTS						
ANTIPARKINSON ANTICHOLINERGICS						
BENZTROPINE MESYLATE TABLETS	BENZTROPINE MESYLATE					
TRIHEXYPHENIDYL HCL ELIXIR	TRIHEXYPHENIDYL HCL					
TRIHEXYPHENIDYL HCL TABLETS	TRIHEXYPHENIDYL HCL					
ANTIPARKINSON COMT INHIBITORS						
ENTACAPONE TABLETS	COMTAN					
ANTIPARKINSON DOPAMINERGICS						
AMANTADINE HCL CAPSULES	AMANTADINE HCL					
AMANTADINE HCL SYRUP	AMANTADINE HCL					
BROMOCRIPTINE MESYLATE CAPSULES	PARLODEL					
BROMOCRIPTINE MESYLATE TABLETS	PARLODEL					
CARBIDOPA-LEVODOPA TABLETS	SINEMET					
CARBIDOPA-LEVODOPA ER TABLETS	VARIOUS					
PRAMIPEXOLE DIHYDROCHLORIDE TABLETS	MIRAPEX					
ROPINIROLE HYDROCHLORIDE TABLETS	REQUIP					
ANTIPSYCHOTICS/ANTIMANIC AGENTS						
ANTIMANIC AGENTS						
LITHIUM CARBONATE CAPSULES	LITHIUM CARBONATE			PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.		
LITHIUM CARBONATE TABLETS	LITHIUM CARBONATE			PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.		
LITHIUM CARBONATE TABLET CONTROLLED RELEASE	LITHOBID			PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.		
LITHIUM SOLUTION	LITHIUM			PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.		
ANTIPSYCHOTICS						
ANTIPSYCHOTICS - SECOND GENERATION - ATYPICAL ORAL AGENTS						
ARIPIPIRAZOLE SOLUTION	ABILIFY		PREFERRED DRUG	PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.	750	30
ARIPIPIRAZOLE TABLETS	ABILIFY		PREFERRED DRUG	PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.	30	30
CLOZAPINE ORALLY DISPERSABLE TABLET	FAZACLO		PREFERRED DRUG	PA REQUIRED for Ages < 18 years Prior Authorization is not REQUIRED for ages 18 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.	150	30
CLOZAPINE TABLETS	CLOZARIL		PREFERRED DRUG	PA REQUIRED for Ages < 18 years Prior Authorization is not REQUIRED for ages 18 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.	150	30
LURASIDONE HCL TABS	LATUDA		PREFERRED DRUG	PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.	30	30
OLANZAPINE ORALLY DISPERSABLE TABLET	ZYPREXA ZYDIS		PREFERRED DRUG	PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.	5mg: 60 10mg: 60 15MG: 30 20mg: 30	30 30 30 30

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OLANZAPINE TABLETS	ZYPREXA		PREFERRED DRUG	PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.	30	30
QUETIAPINE FUMARATE TABLETS	SEROQUEL		PREFERRED DRUG	PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.	60	30
RISPERIDONE ORALLY DISPERSABLE TABLET	RISPERIDONE ODT		PREFERRED DRUG	PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.	60	30
RISPERIDONE ORAL SOLUTION	RISPERDAL		PREFERRED DRUG	PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.	240	30
RISPERIDONE TABLETS	RISPERDAL		PREFERRED DRUG	PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.	60	30
ZIPRASIDONE HCL CAPSULES	GEODON		PREFERRED DRUG	PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.	60	30
ANTIPSYCHOTICS - SECOND GENERATION - ATYPICAL LONG ACTING INJECTABLES						
ARIPIPIRAZOLE LAUROXIL PREFILLED SYR (441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML)	ARISTADA		PREFERRED DRUG	PA REQUIRED for Ages < 18 years Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.	1	30
ARIPIPIRAZOLE LAUROXIL PREFILLED SYR (1064 MG/3.9ML)	ARISTADA		PREFERRED DRUG	PA REQUIRED for Ages < 18 years Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.	1	60
ARIPIPIRAZOLE LAUROXIL PREFILLED SYR (675 MG/2.4ML)	ARISTADA INITIO		PREFERRED DRUG	PA REQUIRED for Ages < 18 years Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.	2	365
ARIPIPIRAZOLE PREFILLED SYR (300MG)	ABILIFY MAINTENA		PREFERRED DRUG	PA REQUIRED for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.	1	30
ARIPIPIRAZOLE PREFILLED SYR (400MG)	ABILIFY MAINTENA		PREFERRED DRUG	PA REQUIRED for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.	2	30
ARIPIPIRAZOLE PREFILLED SYR	ABILIFY ASIMTUFI		PREFERRED DRUG	PA REQUIRED for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.	1	60
ARIPIPIRAZOLE SUSP RECONSTITUTED ER (300MG)	ABILIFY MAINTENA		PREFERRED DRUG	PA REQUIRED for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.	1	30
ARIPIPIRAZOLE SUSP RECONSTITUTED ER (400MG)	ABILIFY MAINTENA		PREFERRED DRUG	PA REQUIRED for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.	2	30
ARIPIPIRAZOLE TABLET	ABILIFY		PREFERRED DRUG	PA REQUIRED for < 6 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.	90	90
ARIPIPIRAZOLE SOLUTION	ABILIFY		PREFERRED DRUG	PA REQUIRED for < 6 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.	2250	90
PALIPERIDONE PALMITATE SUSPENSION	INVEGA HAFYERA		PREFERRED DRUG	PA REQUIRED for Ages < 18 years Prior Authorization is not REQUIRED for ages 18 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.	1	180
PALIPERIDONE PALMITATE SUSPENSION	INVEGA SUSTENNA		PREFERRED DRUG	PA REQUIRED for Ages < 18 years Prior Authorization is not REQUIRED for ages 18 years and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.	1	30
PALIPERIDONE PALMITATE SUSPENSION	INVEGA TRINZA		PREFERRED DRUG	PA REQUIRED for Ages < 18 years Prior Authorization is not REQUIRED for ages 18 years and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.	1	90
RISPERIDONE INJECTABLE SUSPENSION	UZEDY		PREFERRED DRUG	PA REQUIRED for Ages < 18 years Prior Authorization is not REQUIRED for ages 18 years and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.	50MG: 1 75MG: 1 100MG: 1 125MG: 1 150MG: 1 200MG: 1 250MG: 1	30 30 30 30 60 60 60
RISPERIDONE MICROSPHERES SUSP RECONSTITUTED ER	RISPERDAL CONSTA	BRAND ONLY	PREFERRED DRUG	PA REQUIRED for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.	2	28
RISPERIDONE PREFILLED SYR	PERSERIS		PREFERRED DRUG	PA REQUIRED for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.	1	30
ANTIPSYCHOTICS - FIRST GENERATION - TYPICAL ORAL AGENTS						

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CHLORPROMAZINE HCL SOLUTION	VARIOUS			PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			
CHLORPROMAZINE HCL TABLETS	VARIOUS			PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			
FLUPHENAZINE HCL CONCENTRATE	VARIOUS			PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			
FLUPHENAZINE HCL ELIXIR	VARIOUS			PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			
FLUPHENAZINE HCL TABLETS	VARIOUS			PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			
HALOPERIDOL LACTATE CONCENTRATE	VARIOUS			PA REQUIRED for Ages < 12 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			
HALOPERIDOL TABLETS	VARIOUS			PA REQUIRED for Ages < 12 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			
LOXAPINE SUCCINATE CAPSULES	LOXITANE			PA REQUIRED for Ages < 12 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			
MOLINDONE	VARIOUS			PA REQUIRED for Ages < 12 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			
PERPHENAZINE TABLETS	VARIOUS			PA REQUIRED for Ages < 12 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			
PIMOZIDE	ORAP			PA REQUIRED for Ages < 12 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			
THIORIDAZINE HCL TABLETS	VARIOUS			PA REQUIRED for Ages < 12 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			
THIOTHIXENE CAPSULES	VARIOUS			PA REQUIRED for Ages < 12 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			
TRIFLUOPERAZINE HCL TABLETS	VARIOUS			PA REQUIRED for Ages < 12 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			
ANTIPSYCHOTICS - FIRST GENERATION -TYPICAL -LONG ACTING INJECTIONS							
FLUPHENAZINE DECANOATE SOLUTION	FLUPHENAZINE DECANOATE			PA REQUIRED for Ages < 18 years Prior Authorization is not REQUIRED for ages 18 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			
HALOPERIDOL DECANOATE SOLUTION	HALDOL DECANOATE 50			PA REQUIRED for Ages < 18 years Prior Authorization is not REQUIRED for ages 18 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			
ANTIVIRALS							
ANTIRETROVIRALS							
ABACAVIR SULFATE SOLUTION	ZIAGEN		PREFERRED DRUG				
ABACAVIR SULFATE TABLETS	ZIAGEN		PREFERRED DRUG				
ABACAVIR SULFATE-LAMIVUDINE TABLETS	EPZICOM		PREFERRED DRUG				
ABACAVIR SULFATE-LAMIVUDINE-ZIDOVUDINE TABLETS	TRIZIVIR		PREFERRED DRUG				
ABACAVIR-DOLUTEGRAVIR-LAMIVUDINE TABLETS	TRIUMEQ		PREFERRED DRUG			30	30
ABACAVIR-DOLUTEGRAVIR-LAMIVUDINE SUSPENSION	TRIUMEQ PD		PREFERRED DRUG			180	30
ABACAVIR-DOLUTEGRAVIR-LAMIVUDINE TABLETS	TRIUMEQ		PREFERRED DRUG				
ATAZANAVIR SULFATE CAPSULES	REYATAZ		PREFERRED DRUG				
ATAZANAVIR SULFATE POWDER PACK	REYATAZ		PREFERRED DRUG				
ATAZANAVIR SULFATE-COBICISTAT TABLETS	EVOTAZ		PREFERRED DRUG				
BICTEGRAVIR-EMTRICITABINE-TENOFOVIR ALAFENAMIDE FUMARATE TABLETS	BIKTARVY		PREFERRED DRUG			30	30
COBICISTAT TABLETS	TYBOST		PREFERRED DRUG			30	30
DARUNAVIR ETHANOLATE SUSPENSION	PREZISTA	BRAND ONLY	PREFERRED DRUG				
DARUNAVIR ETHANOLATE TABLETS	PREZISTA	BRAND ONLY	PREFERRED DRUG				
DARUNAVIR-COBICISTAT TABLETS	PREZCOBIX		PREFERRED DRUG				
DARUNAVIR-COBICISTAT-EMTRICITABINE-TENOFOVIR ALAFENAMIDE TABLETS	SYM TUZA		PREFERRED DRUG				

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DOLUTEGRAVIR SODIUM TABLETS	TIVICAY		PREFERRED DRUG				
DOLUTEGRAVIR SODIUM SOLUBLE TABLETS	TIVICAY PD		PREFERRED DRUG				
DOLUTEGRAVIR SODIUM-LAMIVUDINE TABLETS	DOVATO		PREFERRED DRUG				
DOLUTEGRAVIR SODIUM-RILPIVIRINE HCL TABLETS	JULUCA		PREFERRED DRUG				
DORAVIRINE-LAMIVUDINE-TENOFOVIR DISOPROXIL FUMARATE TABLETS	DELSTRIGO		PREFERRED DRUG				
DORAVIRINE TABLETS	PIFELTRO		PREFERRED DRUG				
EFAVIRENZ CAPSULES	SUSTIVA		PREFERRED DRUG				
EFAVIRENZ TABLETS	SUSTIVA		PREFERRED DRUG				
EFAVIRENZ-LAMIVUDINE-TENOFOVIR DISOPROXIL FUMARATE TABLET	SYMFI LO					90	90
ELVITEGRAVIR-COBICISTAT-EMTRICITABINE-TENOFOVIR TABLETS	STRIBILD		PREFERRED DRUG				
ELVITEGRAVIR-COBICISTAT-EMTRICITABINE-TENOFOVIR ALAFENAMIDE TABLETS	GENVOYA		PREFERRED DRUG			30	30
EMTRICITABINE CAPSULES	EMTRIVA		PREFERRED DRUG				
EMTRICITABINE SOLUTION	EMTRIVA		PREFERRED DRUG				
EMTRICITABINE-RILPIVIRINE-TENOFOVIR ALAFENAMIDE FUMARATE TABLETS	ODEFSEY		PREFERRED DRUG			30	30
EMTRICITABINE-RILPIVIRINE-TENOFOVIR DISOPROXIL FUMARATE TABLETS	COMPLERA	BRAND ONLY	PREFERRED DRUG				
EMTRICITABINE-TENOFOVIR ALAFENAMIDE FUMARATE TABLETS	DESCOYV		PREFERRED DRUG			30	30
EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TABLETS	TRUVADA		PREFERRED DRUG				
ENFUVIRTIDE SOLUTION	FUZEON		PREFERRED DRUG	PA REQUIRED		1	30
FOSAMPRENAVIR CALCIUM SUSPENSION	LEXIVA		PREFERRED DRUG				
FOSAMPRENAVIR CALCIUM TABLETS	LEXIVA		PREFERRED DRUG				
LAMIVUDINE SOLUTION	EPIVIR		PREFERRED DRUG				
LAMIVUDINE TABLETS	EPIVIR		PREFERRED DRUG				
LAMIVUDINE-ZIDOVUDINE TABLETS	COMBIVIR		PREFERRED DRUG				
LOPINAVIR-RITONAVIR SOLUTION	KALETRA		PREFERRED DRUG				
LOPINAVIR-RITONAVIR TABLETS	KALETRA		PREFERRED DRUG				
MARAVIROC TABLETS	SELZENTRY		PREFERRED DRUG	PA REQUIRED			
NEVIRAPINE SUSPENSION	VIRAMUNE		PREFERRED DRUG				
NEVIRAPINE TABLETS	VIRAMUNE		PREFERRED DRUG				
NEVIRAPINE TABLET 24-HOUR	VIRAMUNE XR		PREFERRED DRUG				
RALTEGRAVIR POTASSIUM CHEWABLE TABLETS	ISENTRESS		PREFERRED DRUG				
RALTEGRAVIR POTASSIUM PACK	ISENTRESS		PREFERRED DRUG				
RALTEGRAVIR POTASSIUM TABLETS	ISENTRESS		PREFERRED DRUG				
RILPIVIRINE HCL TABLET	EDURANT	BRAND ONLY					
RILPIVIRINE HCL TABLET SOLUBLE	EDURANT PED						
RITONAVIR CAPSULES	NORVIR		PREFERRED DRUG				
RITONAVIR TABLETS	NORVIR		PREFERRED DRUG				
RITONAVIR PACKET	NORVIR		PREFERRED DRUG				
TENOFOVIR DISOPROXIL FUMARATE POWDER	VIREAD		PREFERRED DRUG				
ZIDOVUDINE CAPSULES	RETROVIR		PREFERRED DRUG				
ZIDOVUDINE SYRUP	RETROVIR		PREFERRED DRUG				
ZIDOVUDINE TABLETS	ZIDOVUDINE		PREFERRED DRUG				
CMV AGENTS							
CIDOFOVIR IV	VISTIDE			PA REQUIRED			
FOSCARENT SODIUM	FOSCAVIR			PA REQUIRED			
GANCICLOVIR SODIUM	CYTOVENE			PA REQUIRED			
MARIBAVIR TABLETS	LIVTENCITY			PA REQUIRED			
VALGANCICLOVIR HCL SOLUTION	VALCYTE			PA REQUIRED			
VALGANCICLOVIR HCL TABLETS	VALCYTE			PA REQUIRED			
HEPATITIS B AGENTS							
ADEFOVIR DIPVOXIL TABLETS	HEPSERA			PA REQUIRED			
ENTECAVIR SOLUTION	BARACLUDE			PA REQUIRED			
ENTECAVIR TABLETS	BARACLUDE			PA REQUIRED			
LAMIVUDINE (HBV) SOLUTION	EPIVIR HBV						
LAMIVUDINE (HBV) TABLETS	EPIVIR HBV						
HEPATITIS C AGENTS							
GLECAPREVIR-PIBRENTASVIR TABLETS	MAVYRET		PREFERRED DRUG	PA Required if member has been treated previously with Direct-Acting Antiviral (DAA) Hep C Regimens in the past.		168	Lifetime
GLECAPREVIR-PIBRENTASVIR PACKETS	MAVYRET		PREFERRED DRUG	PA Required if member has been treated previously with Direct-Acting Antiviral (DAA) Hep C Regimens in the past.		280	Lifetime
PEGINTERFERON ALFA-2A SOLUTION	PEGASYS		PREFERRED DRUG				
PEGINTERFERON ALFA-2B KIT	PEGINTRON		PREFERRED DRUG				
RIBAVIRIN (HEPATITIS C) CAPSULES	VARIOUS		PREFERRED DRUG				
RIBAVIRIN (HEPATITIS C) TABLETS	VARIOUS		PREFERRED DRUG				
SOFOSBUVIR-VELPATASVIR TABLETS	EPCLUSA	AUTHORIZED GENERIC ONLY	PREFERRED DRUG	PA Required if member has been treated previously with Direct-Acting Antiviral (DAA) Hep C Regimens in the past.		168	Lifetime
HERPES AGENTS							
ACYCLOVIR SUSPENSION	VARIOUS						
ACYCLOVIR TABLETS	VARIOUS						
FAMCICLOVIR TABLETS	FAMVIR			PA REQUIRED			
VALACYCLOVIR HCL TABLETS	VALTREX			PA REQUIRED			
INFLUENZA AGENTS							
OSELTAMIVIR PHOSPHATE CAPSULES	TAMIFLU					20	270
OSELTAMIVIR PHOSPHATE SUSPENSION	TAMIFLU						
RIMANTADINE HYDROCHLORIDE TABLETS	FLUMADINE						
ZANAMIVIR AEROSOL POWDER BREATH ACTIVATED	RELENZA DISKHALER					40	270
MISC. ANTIVIRALS							
MOLNUPIRAVIR CAPSULES	LAGEVIRIO			Minimum Patient Age of 18 Years		80	365
NIRMATRELVIR-RITONAVIR	PAXLOVID			Minimum Patient Age of 12 Years		60	365
REMDESIVIR SOLUTION	VEKLURY						
REMDESIVIR FOR SOLUTION	VEKLURY						
ASSORTED CLASSES							
BLOOD PRODUCTS - IMMUNE GLOBULINS							
IMMUNE GLOBULIN (HUMAN)-HIPPO SOLUTION	CUTAQUIG	BRAND ONLY		PA REQUIRED			

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IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS SOLUTION	GAMMAGARD/GAMMAKED/GAMUNEX-C	BRAND ONLY		PA REQUIRED		
IMMUNE GLOBULIN (HUMAN) IV SOLUTION	BIVIGAM/GAMMAPLEX/FLEBOGAMMA/OCTAGAM /PRIVIGEN	BRAND ONLY	PREFERRED DRUG	PA REQUIRED		
IMMUNE GLOBULIN (HUMAN) IV SOLUTION RECONSTITUTED	GAMMAGARD S/D IGA LESS THAN 1MCG/ML	BRAND ONLY	PREFERRED DRUG	PA REQUIRED		
IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS SOLUTION	HIZENTRA	BRAND ONLY	PREFERRED DRUG	PA REQUIRED		
IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS SOLN PREF SYR	HIZENTRA	BRAND ONLY	PREFERRED DRUG	PA REQUIRED		
IMMUNE GLOBULIN (HUMAN)-KLHW SOLUTION	XEMBIFY	BRAND ONLY	PREFERRED DRUG	PA REQUIRED		
CHELATING AGENTS						
PENICILLAMINE CAPSULES	CUPRIMINE					
IMMUNOMODULATORS						
LENALIDOMIDE CAPSULE	REVLIMID	BRAND ONLY		PA REQUIRED		
IMMUNOSUPPRESSIVE AGENTS						
AZATHIOPRINE TABLETS	IMURAN					
CYCLOSPORINE CAPSULES	SANDIMMUNE					
CYCLOSPORINE MODIFIED (FOR MICROEMULSION) CAPSULES	GENGRAF					
CYCLOSPORINE MODIFIED (FOR MICROEMULSION) SOLUTION	GENGRAF					
CYCLOSPORINE SOLUTION	SANDIMMUNE					
EVEROLIMUS (IMMUNOSUPPRESSANT) TABLETS	ZORTRESS			PA REQUIRED		
MYCOPHENOLATE MOFETIL CAPSULES	CELLCEPT					
MYCOPHENOLATE MOFETIL SUSPENSION	CELLCEPT					
MYCOPHENOLATE MOFETIL TABLETS	CELLCEPT					
SIROLIMUS SOLUTION	RAPAMUNE					
SIROLIMUS TABLETS	RAPAMUNE					
TACROLIMUS CAPSULES	HECORIA					
TACROLIMUS CAPSULE CONTROLLED RELEASE	ASTAGRAF XL					
ROCK2 INHIBITORS						
BELUMOSUDIL MESYLATE	REZUROCK			PA REQUIRED		
POTASSIUM REMOVING RESINS						
SODIUM POLYSTYRENE SULFONATE POWDER	KAYEXALATE					
SODIUM POLYSTYRENE SULFONATE SUSPENSION	KIONEX					
BETA BLOCKERS						
ALPHA-BETA BLOCKERS						
CARVEDILOL TABLETS	COREG		PREFERRED DRUG			
LABETALOL HCL TABLETS	TRANDATE		PREFERRED DRUG			
BETA BLOCKERS CARDIO-SELECTIVE						
ATENOLOL TABLETS	TENORMIN		PREFERRED DRUG			
ATENOLOL/CHLOROTHALIDONE	VARIOUS		PREFERRED DRUG			
BISOPROLOL	VARIOUS		PREFERRED DRUG			
BISOPROLOL/HCTZ	VARIOUS		PREFERRED DRUG			
METOPROLOL TARTRATE TABLETS	VARIOUS		PREFERRED DRUG			
METOPROLOL SUCCINATE TABLET XL 24-HOUR	VARIOUS		PREFERRED DRUG			
METOPROLOL TARTRATE/HCTZ	VARIOUS		PREFERRED DRUG			
METOPROLOL TARTRATE SOLUTION	LOPRESSOR			PA Required > 10 Years of Age		
NEBIVOLOL HCL TABLET	BYSTOLIC					
BETA BLOCKERS NON-SELECTIVE						
NADOLOL	VARIOUS		PREFERRED DRUG	PA NOT REQUIRED FOR CHILDREN AND ADOLESCENTS UNDER 19 YEARS OF AGE		
PROPRANOLOL HCL CAPSULE ER CONTROLLED RELEASE	VARIOUS		PREFERRED DRUG			
PROPRANOLOL HCL SOLUTION	HEMANGEOL			PA Required > 10 Years of Age		
PROPRANOLOL HCL TABLETS	VARIOUS		PREFERRED DRUG			
PROPRANOLOL / HCTZ	VARIOUS		PREFERRED DRUG			
SOTALOL HCL TABLETS	BETAPACE		PREFERRED DRUG			
CALCIUM CHANNEL BLOCKERS						
CALCIUM CHANNEL BLOCKERS						
AMLODIPINE BESYLATE	VARIOUS		PREFERRED DRUG		30	30
AMLODIPINE BENZOATE SUSPENSION	KATERZIA		PREFERRED DRUG	PA Required for > 7 Years Old	300	30
DILTIAZEM CAPSULE ER	VARIOUS		PREFERRED DRUG			
DILTIAZEM TABLETS	VARIOUS		PREFERRED DRUG			
FELODIPINE TABLET ER 24-HOUR	VARIOUS		PREFERRED DRUG		30	30
NIFEDIPINE IR CAPSULES	VARIOUS		PREFERRED DRUG			
NIFEDIPINE TABLET ER 24-HOUR	VARIOUS		PREFERRED DRUG		30	30
VERAPAMIL HCL CAPSULE SR	VARIOUS		PREFERRED DRUG		30	30
VERAPAMIL HCL TABLETS	VARIOUS		PREFERRED DRUG			
VERAPAMIL HCL TABLET CONTROLLED RELEASE	VARIOUS		PREFERRED DRUG		30	30
CARDIOTONICS						
CARDIAC GLYCOSIDES						
DIGOXIN SOLUTION	DIGOXIN					
DIGOXIN TABLETS	LANOXIN					
CARDIOVASCULAR AGENTS - MISC.						
ANGIOTENSTIN RECEPTOR NEPRILYSIN INHIBITOR						
SACUBITRIL-VALSARTAN TABLET	ENTRESTO	GENERIC ONLY				
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAG						
AMBRISANTAN TABLETS	LETAIRIS		PREFERRED DRUG	PA REQUIRED		
BOSENTAN TABLETS SOLUBLE	TRACLEER		PREFERRED DRUG	PA REQUIRED		
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBIT						
SILDENAFIL CITRATE (PULMONARY HYPERTENSION) SUSPENSION RECONSTITUTED	REVATIO		Preferred for Under the Age of 12	PA Required For > 12 Year of Age		
SILDENAFIL CITRATE (PULMONARY HYPERTENSION) TABLETS	VARIOUS			PA REQUIRED		
TADALAFIL (PULMONARY HYPERTENSION) TABLETS	VARIOUS			PA REQUIRED		
PROSTAGLANDIN VASODILATORS**						
TREPROSTINIL DIOLAMINE TABLET ER	ORENITRAM	BRAND ONLY		PA REQUIRED		
TREPROSTINIL DIOLAMINE TBER THER PACK	ORENITRAM	BRAND ONLY		PA REQUIRED		
TREPROSTINIL SODIUM CAPSULE	YUTREPIA	BRAND ONLY		PA REQUIRED		
CEPHALOSPORINS						

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CEPHALOSPORINS - 1ST GENERATION							
CEFADROXIL CAPSULES	CEFADROXIL						
CEFADROXIL SUSPENSION	CEFADROXIL						
CEFADROXIL TABLETS	CEFADROXIL						
CEPHALEXIN CAPSULES	KEFLEX						
CEPHALEXIN SUSPENSION	CEPHALEXIN						
CEPHALEXIN TABLETS	CEPHALEXIN						
CEPHALOSPORINS - 2ND GENERATION							
CEFACTOR CAPSULES	CEFACTOR						
CEFACTOR SUSPENSION	CEFACTOR						
CEFPROZIL SUSPENSION	CEFPROZIL						
CEFPROZIL TABLETS	CEFPROZIL						
CEFUROXIME AXETIL SUSPENSION	CEFTIN						
CEFUROXIME AXETIL TABLETS	CEFTIN						
CEPHALOSPORINS - 3RD GENERATION							
CEFDINIR CAPSULES	CEFDINIR						
CEFDINIR SUSPENSION	CEFDINIR						
CEFIXIME CAPSULES	SUPRAX					1	30
CEFIXIME CHEWABLE TABLETS	SUPRAX					1	30
CEFIXIME SUSPENSION	SUPRAX					1	30
CEFIXIME TABLETS	SUPRAX					1	30
CEFPODOXIME PROXETIL SUSPENSION	CEFPODOXIME PROXETIL						
CEFPODOXIME PROXETIL TABLETS	CEFPODOXIME PROXETIL						
CONTRACEPTION							
COMBINATION CONTRACEPTIVES - ORAL							
DESOGESTREL & ETHINYL ESTRADIOL TABLET	APRI						
DESOGESTREL-ETHINYL ESTRADIOL (BIPHASIC) TABLETS	AZURETTE						
DESOGESTREL-ETHINYL ESTRADIOL (TRIPHASIC) TABLETS	CAZIANIT						
DROSPIRENONE-ETHINYL ESTRADIOL TABLETS	OCELLA						
DROSPIRENONE-ETHINYL ESTRADIOL-LEVOMEFOLATE CALCIUM TABLET	BEYAZ/SAFYRAL						
ETHYNODIOL DIACET & ETH ESTRADIOL TABLET (1/35)	KELNOR 1/35						
LEVONORGESTREL & ETH ESTRADIOL TABLET CHEWABLE	TYBLUME						
LEVONORGESTREL & ETHINYL ESTRADIOL TABLETS	AUBRA						
LEVONORGESTREL-ETHINYL ESTRADIOL (TRIPHASIC) TABLETS	ENPRESSE-28						
LEVONORGESTREL-ETHINYL ESTRADIOL (91-DAY) TABLETS	AMETHIA LO						
NORETHINDRONE ACET & ETH ESTRA TABLET DISINTEGRATING	JUNEL						
NORETHINDRONE & ETHINYL ESTRADIOL-FE TABLET CHEWABLE	KAITLIB FE						
NORETHINDRONE & ETH ESTRADIOL TABLETS	BALZIVA						
NORETHINDRONE & MESTRANOL TABLETS	NECON 1/50-28						
NORETHIN ACET & ESTRAD-FE TABLETS	LOESTRIN FE TAB 1/20						
NORETHINDRONE-ETH ESTRADIOL (BIPHASIC) TABLETS	NECON 10/11-28						
NORETHINDRONE-ETH ESTRADIOL (TRIPHASIC) TABLET (7/7/7)	NORTREL 7/7/7						
NORGESTIMATE-ETHINYL ESTRADIOL (TRIPHASIC) TABLETS	ORTHO TRI-CYCLEN						
NORGESTIMATE-ETHINYL ESTRADIOL TABLETS	ESTARYLLA						
NORGESTREL & ETHINYL ESTRADIOL TABLETS	CRYSSELLE-28						
COMBINATION CONTRACEPTIVES - VAGINAL							
ETONOGESTREL-ETHINYL ESTRADIOL RING	Generic Only						
COPPER CONTRACEPTIVES - IUD							
COPPER IUD	PARAGARD					1	999+
EMERGENCY CONTRACEPTIVES							
LEVONORGESTREL (EMERGENCY OC) TABLET	OPTION 2		PREFERRED DRUG				
ULIPRISTAL ACETATE TABLET	ELLA		PREFERRED DRUG			1	5
PROGESTINS							
MEDROXYPROGESTERONE ACETATE TABLETS	PROVERA		PREFERRED DRUG				
NORETHINDRONE ACETATE	AYGESTIN		PREFERRED DRUG				
PROGESTERONE MICRONIZED CAPSULES	PROMETRIUM		PREFERRED DRUG				
PROGESTIN CONTRACEPTIVES - IMPLANTS							
ETONOGESTREL IMPLANT	NEXPLANON					1	999+
PROGESTIN CONTRACEPTIVES - INJECTABLE							
MEDROXYPROGESTERONE ACETATE (CONTRACEPTIVE) SUSPENSION	DEPO-PROVERA CONTRACEPTIVE						
PROGESTIN CONTRACEPTIVES - IUD							
LEVONORGESTREL (IUD)	LILETTA					1	999+
LEVONORGESTREL (IUD)	SKYLA					1	730.00
LEVONORGESTREL (IUD)	MIRENA					1	999.00
LEVONORGESTREL (IUD)	KYLEENA					1	730.00
PROGESTIN CONTRACEPTIVES - ORAL							
NORETHINDRONE (CONTRACEPTIVE) TABLETS	CAMILA						
NORGESTREL TABLET	OPILL						
PROGESTIN CONTRACEPTIVES - TRANSDERMAL							
NORELGESTROMIN-ETHINYL ESTRADIOL PATCH WEEKLY	ZAFEMY		BRAND ONLY				
CORTICOSTEROIDS							
GLUCOCORTICOSTEROIDS							
DEXAMETHASONE CONCENTRATE	DEXAMETHASONE INTENSOL						
DEXAMETHASONE ELIXIR	VARIOUS						
DEXAMETHASONE SOLUTION	DEXAMETHASONE						
DEXAMETHASONE TABLET (ALL STRENGTHS EXCEPT 0.25MG & 20MG)	DECADRON						
HYDROCORTISONE SOD SUCCINATE SOLUTION (INJECTABLE)	A-HYDROCORT						PA REQUIRED
METHYLPREDNISOLONE ACETATE SUSPENSION (INJECTABLE)	DEPO-MEDROL						PA REQUIRED
METHYLPREDNISOLONE SOD SUCC SOLUTION (INJECTABLE)	A-METHAPRED						PA REQUIRED
METHYLPREDNISOLONE TABLETS	MEDROL						
PREDNISOLONE SODIUM PHOSPHATE SOLUTION	ORAPRED						
PREDNISOLONE SODIUM PHOSPHATE ORALLY DISINTEGRATING TABLETS	ORAPRED ODT						
PREDNISOLONE SYRUP	PRELONE						

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PREDNISOLONE TABLETS	VARIOUS						
PREDNISONE CONCENTRATE	PREDNISONE INTENSOL						
PREDNISONE SOLUTION	PREDNISONE						
PREDNISONE TABLETS	PREDNISONE						
TRIAMCINOLONE ACETONIDE SUSPENSION (INJECTABLE)	KENALOG-10				PA REQUIRED		
TRIAMCINOLONE DIACETATE SUSPENSION (INJECTABLE)	TRIAMCINOLONE				PA REQUIRED		
TRIAMCINOLONE HEXACETONIDE SUSPENSION (INJECTABLE)	ARISTOSPAN INTRALESIONAL & INTRA-ARTICULAR				PA REQUIRED		
MINERALOCORTICIDS							
FLUDROCORTISONE ACETATE TABLETS	FLORINEF						
NONSTEROIDAL MINERALOCORTICOID RECEPTOR ANTAGONIST							
FINERENONE TABLETS	KERENDIA				PA REQUIRED		
COUGH/COLD/ALLERGY							
ANTITUSSIVES							
BENZONATATE CAPSULES	TESSALON PERLES						
HYDROCODONE W/ HOMATROPINE SYRUP	VARIOUS				PA REQUIRED for < 18 years of age	240	12
HYDROCODONE W/ HOMATROPINE TABLETS	VARIOUS				PA REQUIRED for < 18 years of age		
COUGH/COLD/ALLERGY COMBINATIONS							
BROMPHENIRAMINE & PSEUDOEPHEDRINE LIQUID	VARIOUS						
BROMPHENIRAMINE & PSEUDOEPHEDRINE TABLET 12-HOUR	VARIOUS						
BROMPHENIRAMINE-DEXTROMETHORPHAN-PHENYLEPHRINE LIQUID/TABLETS	VARIOUS						
CHLORPHENIRAMINE & PSEUDOEPHEDRINE CHEWABLE TABLETS	VARIOUS						
CHLORPHENIRAMINE & PSEUDOEPHEDRINE LIQUID	VARIOUS					480	30
CHLORPHENIRAMINE & PSEUDOEPHEDRINE SOLUTION	VARIOUS					480	30
CHLORPHENIRAMINE & PSEUDOEPHEDRINE SYRUP	VARIOUS					480	30
CHLORPHENIRAMINE & PSEUDOEPHEDRINE TABLETS	VARIOUS						
DEXTROMETHORPHAN-GUAIFENESIN TABLET	VARIOUS						
DEXTROMETHORPHAN-GUAIFENESIN LIQUID	VARIOUS					480	30
DEXTROMETHORPHAN-GUAIFENESIN TABLET 12-HOUR	MUCINEX DM						
GUAIFENESIN-CODEINE SYRUP	ROBITUSSIN AC				PA REQUIRED for < 18 years of age	240	12
PHENYLEPHRINE W/ DEXTROMETHORPHAN-GUAIFENESIN CAPSULES	VARIOUS						
PHENYLEPHRINE W/ DEXTROMETHORPHAN-GUAIFENESIN LIQUID	ROBITUSSIN CHILDRENS COUGH & COLD CF					480	30
PHENYLEPHRINE W/ DEXTROMETHORPHAN-GUAIFENESIN SYRUP	VARIOUS					480	30
PHENYLEPHRINE W/ DEXTROMETHORPHAN-GUAIFENESIN TABLETS	VARIOUS						
PHENYLEPHRINE W/ DEXTROMETHORPHAN-GUAIFENESIN TABLET 12-HOUR	VARIOUS						
PHENYLEPHRINE-BROMPHENIRAMINE-DEXTROMETHORPHAN ELIXIR	VARIOUS					480	30
PHENYLEPHRINE-BROMPHENIRAMINE-DEXTROMETHORPHAN LIQUID	DIMETAPP DEXTROMETHORPHAN COLD & COUGH					480	30
PHENYLEPHRINE-BROMPHENIRAMINE-DEXTROMETHORPHAN SYRUP	VARIOUS					480	30
PHENYLEPHRINE-CHLORPHENIRAMINE-DEXTROMETHORPHAN LIQUID	VARIOUS					480	30
PHENYLEPHRINE-CHLORPHENIRAMINE-DEXTROMETHORPHAN DROPS	VARIOUS				PA REQUIRED for < 6 years age		
PHENYLEPHRINE-CHLORPHENIRAMINE-DEXTROMETHORPHAN SYRUP	VARIOUS					480	30
PHENYLEPHRINE-CHLORPHENIRAMINE-DEXTROMETHORPHAN TABLETS	VARIOUS						
PHENYLEPHRINE-GUAIFENESIN CAPSULES	VARIOUS						
PHENYLEPHRINE-GUAIFENESIN LIQUID	TRIAMINIC CHEST/NASAL CONGESTION					480	30
PHENYLEPHRINE-GUAIFENESIN SYRUP	TRIAMINIC CHEST & NASAL CONGESTION					480	30
PHENYLEPHRINE-GUAIFENESIN TABLETS	VARIOUS						
PROMETHAZINE & PHENYLEPHRINE SYRUP	PROMETHAZINE/ PHENYLEPHRINE					480	30
PROMETHAZINE W/CODEINE SYRUP	PROMETHAZINE/CODEINE				PA REQUIRED for < 18 years of age	240	12
PROMETHAZINE-DEXTROMETHORPHAN SYRUP	PROMETHAZINE/ DEXTROMETHORPHAN					480	30
PSEUDOEPHEDRINE W/ CODEINE-GUAIFENESIN SYRUP	VARIOUS				PA REQUIRED for < 18 years of age	240	12
EXPECTORANTS							
GUAIFENESIN LIQUID	VARIOUS					480	30
GUAIFENESIN SYRUP	VARIOUS					480	30
GUAIFENESIN TABLETS	VARIOUS						
GUAIFENESIN TABLET 12-HOUR	VARIOUS						
DERMATOLOGICALS							
ACNE PRODUCTS							
BENZOYL PEROXIDE WASH 5% & 10%	VARIOUS						
BENZOYL PEROXIDE CLEANSER 6%	NEUTROGENA ON-THE-SPOT ACNE TREATMENT						
BENZOYL PEROXIDE GEL	BENZOYL PEROXIDE						
BENZOYL PEROXIDE LIQUID	PANOXYL						
BENZOYL PEROXIDE LOTION	BP CLEANSING LOTION						
BENZOYL PEROXIDE-ERYTHROMYCIN PACK	BENZAMYCINPAK						
CLINDAMYCIN PHOSPHATE (TOPICAL) GEL	CLEOCIN-T						
CLINDAMYCIN PHOSPHATE (TOPICAL) LOTION	CLEOCIN-T						
CLINDAMYCIN PHOSPHATE (TOPICAL) SOLUTION	CLEOCIN-T						
CLINDAMYCIN PHOSPHATE (TOPICAL) SWAB	CLEOCIN-T						
CLINDAMYCIN PHOSPHATE-BENZOYL PEROXIDE (REFRIGERATE)	CLINDAMY/BEN						
		NDCs: 45802096694, 45802096696, 63739005366, 63739005368					
ERYTHROMYCIN ACNE GEL	VARIOUS						
ERYTHROMYCIN (ACNE AID) SOLUTION	ERYTHROMYCIN						
ISOTRETINOIN CAPSULES	ABSORICA				PA REQUIRED		
TRETINOIN CREAM	VARIOUS				PA REQUIRED For > 26 Years of Age		
TRETINOIN GEL	VARIOUS				PA REQUIRED For > 26 Years of Age		
ANTIBIOTICS - TOPICAL							
BACITRACIN OINTMENT	BACIGUENT						
BACITRACIN ZINC OINTMENT	BACITRACIN						
BACITRACIN-POLYMYXIN B OINTMENT	POLYSPORIN						
BACITRACIN-POLYMYXIN-NEOMYCIN HC OINTMENT	CORTISPORIN						
GENTAMICIN SULFATE CREAM	GENTAMICIN SULFATE						
GENTAMICIN SULFATE OINTMENT	GENTAMICIN SULFATE						
MUPIROCIIN CALCIUM CREAM	BACTROBAN						
MUPIROCIIN OINTMENT	BACTROBAN						

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NEOMYCIN-BACITRACIN-POLYMYXIN OINTMENT	NEOSPORIN						
ANTIFUNGALS - TOPICAL							
BUTENAFINE	LOTRIMIN ULTRA						
CICLOPROX CREAM	VARIOUS		PREFERRED DRUG				
CICLOPROX SOLUTION	VARIOUS		PREFERRED DRUG				
CLOTRIMAZOLE CREAM (RX & OTC)	LOTRIMIN		PREFERRED DRUG				
CLOTRIMAZOLE OINTMENT	LOTRIMIN						
CLOTRIMAZOLE W/ BETAMETHASONE CREAM	LOTRISONE		PREFERRED DRUG				
KETOCONAZOLE CREAM	VARIOUS		PREFERRED DRUG				
KETOCONAZOLE SHAMPOO	VARIOUS		PREFERRED DRUG				
MICONAZOLE NITRATE CREAM	VARIOUS		PREFERRED DRUG				
MICONAZOLE NITRATE POWDER	VARIOUS		PREFERRED DRUG				
NYSTATIN CREAM	VARIOUS		PREFERRED DRUG				
NYSTATIN OINTMENT	VARIOUS		PREFERRED DRUG				
NYSTATIN POWDER	VARIOUS		PREFERRED DRUG				
TOLNAFTATE AERO POWDER	VARIOUS		PREFERRED DRUG				
TOLNAFTATE CREAM	VARIOUS		PREFERRED DRUG				
TOLNAFTATE POWDER	VARIOUS		PREFERRED DRUG				
TERBINAFINE CREAM	VARIOUS		PREFERRED DRUG				
ANTIHISTAMINES-TOPICAL							
DIPHENHYDRAMINE HCL CREAM	ANTI-ITCH MAXIMUM STRENGTH						
DIPHENHYDRAMINE HCL GEL	BENADRYL ITCH STOPPING						
DIPHENHYDRAMINE HCL SOLUTION	BENADRYL MAXIMUM STRENGTH						
ANTI-INFLAMMATORY AGENTS - TOPICAL**							
DICLOFENAC SODIUM (TOPICAL) SOLUTION (1.5%)	DICLOFENAC SODIUM						
ANTISEBORRHEIC TOPICAL PRODUCTS							
SELENIUM SULFIDE LOTION	SELSUN SHAMPOO						
ANTIVIRALS - TOPICAL							
ACYCLOVIR TOPICAL CREAM (NON AG)	VARIOUS					15 GM	30
ACYCLOVIR TOPICAL OINTMENT	VARIOUS					15 GM	30
DOCOSANOL CREAM	ABREVA					2 GM	30
BURN PRODUCTS							
SILVER SULFADIAZINE CREAM	SILVADENE						
CORTICOSTEROIDS - TOPICAL LOW POTENCY							
FLUOCINOLONE ACETONIDE	DERMA-SMOOTH FS	BRAND ONLY	PREFERRED DRUG				
FLUOCINOLONE ACETONIDE SOLUTION	SYNALAR						
HYDROCORTISONE CREAM	VARIOUS		PREFERRED DRUG				
HYDROCORTISONE GEL	VARIOUS		PREFERRED DRUG				
HYDROCORTISONE LOTION	VARIOUS		PREFERRED DRUG				
HYDROCORTISONE OINTMENT	VARIOUS		PREFERRED DRUG				
FLUOCINOLONE 0.01% OIL	VARIOUS		PREFERRED DRUG				
CORTICOSTEROIDS - TOPICAL MEDIUM POTENCY							
FLUTICASON PROPIONATE CREAM	VARIOUS		PREFERRED DRUG				
FLUTICASON PROPIONATE OINTMENT	VARIOUS		PREFERRED DRUG				
MOMETASON FUROATE CREAM	VARIOUS		PREFERRED DRUG				
MOMETASON FUROATE OINTMENT	VARIOUS		PREFERRED DRUG				
MOMETASON FUROATE SOLUTION	VARIOUS		PREFERRED DRUG				
CORTICOSTEROIDS - TOPICAL HIGH POTENCY							
BETAMETHASONE DIPROPIONATE LOTION	VARIOUS		PREFERRED DRUG				
BETAMETHASONE DIPROPIONATE CREAM	VARIOUS		PREFERRED DRUG				
BETAMETHASONE DIPROPIONATE/PROPYLENE GLYC. CREAM	VARIOUS		PREFERRED DRUG				
BETAMETHASONE DIPROPIONATE (TOPICAL) OINTMENT	VARIOUS		PREFERRED DRUG				
BETAMETHASONE VALERATE CREAM	VARIOUS		PREFERRED DRUG				
BETAMETHASONE VALERATE LOTION	VARIOUS		PREFERRED DRUG				
BETAMETHASONE VALERATE SOLUTION	VARIOUS		PREFERRED DRUG				
FLUOCINONIDE CREAM	VARIOUS		PREFERRED DRUG				
FLUOCINONIDE OINTMENT	VARIOUS		PREFERRED DRUG				
FLUOCINONIDE SOLUTION	VARIOUS		PREFERRED DRUG				
TRIAMCINOLONE ACETONIDE CREAM	VARIOUS		PREFERRED DRUG				
TRIAMCINOLONE ACETONIDE LOTION	VARIOUS		PREFERRED DRUG				
TRIAMCINOLONE ACETONIDE OINTMENT	VARIOUS		PREFERRED DRUG				
CORTICOSTEROIDS - TOPICAL VERY HIGH POTENCY							
CLOBETASOL PROPIONATE CREAM	VARIOUS		PREFERRED DRUG			100	30
CLOBETASOL PROPIONATE EMOLLIENT	VARIOUS		PREFERRED DRUG			100	30
CLOBETASOL PROPIONATE GEL	VARIOUS		PREFERRED DRUG			118	30
CLOBETASOL PROPIONATE OINTMENT	VARIOUS		PREFERRED DRUG			100	30
CLOBETASOL PROPIONATE SHAMPOO	VARIOUS		PREFERRED DRUG			120	30
CLOBETASOL PROPIONATE SOLUTION	VARIOUS		PREFERRED DRUG			100	30
HALOBETASOL PROPIONATE CREAM	VARIOUS		PREFERRED DRUG			100	30
HALOBETASOL PROPIONATE OINTMENT	VARIOUS		PREFERRED DRUG			100	30
STEROIDS - MOUTH/THROAT/DENTAL**							
TRIAMCINOLONE ACETONIDE (MOUTH) PASTE	ORALONE DENTAL PASTE					10	30
ECZEMA AGENTS							
RUXOLITINIB PHOSPHATE (TOPICAL) CREAM	OPZELURA		PREFERRED DRUG		PA REQUIRED	60 GM	30
TAPINAROF CREAM	VTAMA		PREFERRED DRUG		PA REQUIRED	60 GM	30
TRALOKINUMAB-LDRM SOLN AUTO-INJ	ADBRY		PREFERRED DRUG		PA REQUIRED		
TRALOKINUMAB-LDRM SOLN PREF SYR	ADBRY		PREFERRED DRUG		PA REQUIRED		
ENZYMES - TOPICAL							
TACROLIMUS (TOPICAL) OINTMENT	PROTOPIC		PREFERRED DRUG		PA REQUIRED		
IMMUNOSUPPRESSIVE AGENTS - TOPICAL							
PIMECROLIMUS CREAM	VARIOUS				PA REQUIRED	60 GM	30
PIMECROLIMUS CREAM	VARIOUS		PREFERRED DRUG			60 GM	30
KERATOLYTIC/ANTIMITOTIC AGENTS							

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SALICYLIC ACID CREAM	SALACYN					
SALICYLIC ACID FOAM	SALVAX					
SALICYLIC ACID GEL	KERALYT					
SALICYLIC ACID LIQUID	VIRASAL					
SALICYLIC ACID LOTION	SALACYN					
SALICYLIC ACID SHAMPOO	SALEX					
SALICYLIC ACID SOLUTION	VARIOUS					
LOCAL ANESTHETICS - TOPICAL						
CAPSAICIN CREAM	ZOSTRIX NATURAL PAIN RELIEF					
LIDOCAINE HCL AEROSOL SOLUTION	BURN RELIEF					
LIDOCAINE HCL CREAM	ASPERCREME W/LIDOCAINE				267 GM	30
LIDOCAINE HCL GEL	LIDOMAX					
LIDOCAINE HCL LOTION	LIDO-SORB			PA REQUIRED (3% Only)		
LIDOCAINE HCL OINTMENT	ASPERFLEX LIDOCAINE					
LIDOCAINE HCL SOLUTION	MEDI-FIRST BURN SPRAY					
LIDOCAINE PATCH	ZTLIDO			PA REQUIRED (1.8% & 3.5% Only)	60	30
LIDOCAINE-PRILOCAINE CREAM	LIDOCAINE/PRILOCAINE				30 GM	30
TOPICAL - MISC.						
ALUMINUM CHLORIDE SOLUTION	DRYSOL					
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL						
CRISABOROLE OINTMENT	EUCRISA		PREFERRED DRUG	PA REQUIRED		
ROFLUMILAST (TOPICAL) CREAM	ZORYVE		PREFERRED DRUG	PA Required	60GM	30
ROSACEA TOPICAL AGENTS						
METRONIDAZOLE CREAM 0.75%	METROCREAM					
METRONIDAZOLE GEL 0.75%	METROGEL					
METRONIDAZOLE LOTION	METROLOTION					
SCABICIDES & PEDICULICIDES TOPICAL AGENTS+A1106						
CROTAMITON CREAM	EURAX					
CROTAMITON LOTION	EURAX					
IVERMECTIN LOTION	SKLICE			PA REQUIRED		
PERMETHRIN CREAM	ACTICIN					
PERMETHRIN 1%, 5%	NIX, ELIMITE					
PERMETHRIN LIQUID	NIX CREME RINSE					
PYRETHRINS-PIPERONYL BUTOXIDE GEL	A-200					
PYRETHRINS-PIPERONYL BUTOXIDE LIQUID	BARC					
PYRETHRINS-PIPERONYL BUTOXIDE SHAMPOO	LICIDE					
SPINOSAD SUSPENSION	NATROBA			PA REQUIRED		
DIAGNOSTIC PRODUCTS						
DIAGNOSTIC TESTS						
BLOOD GLUCOSE MONITORS & STRIPS	VARIOUS					
DIGESTIVE AIDS						
DIGESTIVE ENZYMES						
LIPASE-PROTEASE-AMYLASE CAPSULE DELAYED RELEASE	CREON	BRAND ONLY	PREFERRED DRUG		500	30
LIPASE-PROTEASE-AMYLASE CAPSULE DELAYED RELEASE	ZENPEP	BRAND ONLY	PREFERRED DRUG		500	30
DIURETICS						
CARBONIC ANHYDRASE INHIBITORS						
ACETAZOLAMIDE CAPSULE 12-HOUR	DIAMOX					
ACETAZOLAMIDE TABLETS	ACETAZOLAMIDE					
METHAZOLAMIDE TABLETS	VARIOUS					
DIURETIC COMBINATIONS						
SPIRONOLACTONE & HYDROCHLOROTHIAZIDE TABLETS	ALDACTAZIDE					
TRIAMTERENE & HYDROCHLOROTHIAZIDE CAPSULES	DYAZIDE					
TRIAMTERENE & HYDROCHLOROTHIAZIDE TABLETS	MAXZIDE-25					
LOOP DIURETICS						
BUMETANIDE TABLETS	BUMETANIDE					
FUROSEMIDE SOLUTION	FUROSEMIDE					
FUROSEMIDE TABLETS	LASIX					
TORSEMIDE TABLETS	DEMADEX					
POTASSIUM SPARING DIURETICS						
SPIRONOLACTONE TABLETS	ALDACTONE					
THIAZIDES AND THIAZIDE-LIKE DIURETICS						
CHLOROTHIAZIDE SUSPENSION	DIURIL					
CHLOROTHIAZIDE TABLETS	CHLOROTHIAZIDE					
CHLORTHALIDONE TABLETS	CHLORTHALIDONE					
HYDROCHLOROTHIAZIDE CAPSULES 12.5MG	VARIOUS					
HYDROCHLOROTHIAZIDE TABLETS 25MG & 50MG	HYDROCHLOROTHIAZIDE					
INDAPAMIDE TABLETS	INDAPAMIDE					
METOLAZONE TABLETS	ZAROXOLYN					
ENDOCRINE AND METABOLIC AGENTS - MISC.						
BONE DENSITY REGULATORS						
ALENDRONATE SODIUM SOLUTION	ALENDRONATE SODIUM					
ALENDRONATE SODIUM TABLETS	ALENDRONATE SODIUM					
CALCITONIN (SALMON) SOLUTION	FORTICAL					
DENOSUMAB-NXXP SOLN PREF SYR	BILDYOS			PA REQUIRED		
IBANDRONATE SODIUM	BONIVA					
RALOXIFENE TABLETS	VARIOUS					
TERIPARATIDE (RECOMBINANT)	FORTEO	BRAND ONLY		PA REQUIRED		
GROWTH HORMONES						
SOMATROPIN CARTRIDGE	GENOTROPIN	BRAND ONLY	PREFERRED DRUG	PA Required		
SOMATROPIN SOLN PEN-INJ	NORDITROPIN FLEXPRO		PREFERRED DRUG	PA REQUIRED		
SOMATROPIN PREFILLED SYR	GENOTROPIN MINIQUICK	BRAND ONLY	PREFERRED DRUG	PA REQUIRED		
HORMONE RECEPTOR MODULATORS						
RALOXIFENE HCL TABLETS	EVISTA					

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INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)							
MECASERMIN SOLUTION	INCRELEX				PA REQUIRED		
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS							
LEUPROLIDE ACETATE (CPP) (6 MONTH) KIT	FENSOLVI				PA REQUIRED		
LEUPROLIDE ACETATE (3 MONTH) INJECTABLE	ELIGARD				PA REQUIRED		
LEUPROLIDE ACETATE (3 MONTH) KIT	LEUPROLIDE				PA REQUIRED		
LEUPROLIDE ACETATE (4 MONTH) KIT	ELIGARD				PA REQUIRED		
LEUPROLIDE ACETATE (6 MONTH) KIT	ELIGARD				PA REQUIRED		
LEUPROLIDE ACETATE (CPP) KIT	LUPRON DEPOT-PED (1-MONTH)				PA REQUIRED		
METABOLIC MODIFIERS							
TIVIDENOFUSP ALFA-EKMN SOLUTION RECONSTITUTED	AVLAYAH				PA REQUIRED		
CALCITRIOL CAPSULE	ROCALTROL						
CALCITRIOL SOLUTION	ROCALTROL						
CINACALCET HCL TABLET	SENSIPAR						
GLYCEROL PHENYL BUTYRATE LIQUID	RAVICTI	BRAND ONLY			PA REQUIRED		
IDURSULFASE SOLUTION	ELAPRASE				PA REQUIRED		
LEVOCARNITINE (METABOLIC MODIFIERS) SOLUTION	CARNITOR						
LEVOCARNITINE (METABOLIC MODIFIERS) TABLET	CARNITOR						
SODIUM PHENYL BUTYRATE TABLET	BUPHENYL				PA REQUIRED		
SODIUM PHENYL BUTYRATE POWDER	BUPHENYL				PA REQUIRED		
POSTERIOR PITUITARY HORMONES							
DESMOPRESSIN ACETATE REFRIGERATED SOLUTION	VARIOUS						
DESMOPRESSIN ACETATE SOLUTION	VARIOUS						
DESMOPRESSIN ACETATE SPRAY REFRIGERATED SOLUTION	VARIOUS						
DESMOPRESSIN ACETATE SPRAY SOLUTION	VARIOUS						
DESMOPRESSIN ACETATE TABLETS	VARIOUS				PA REQUIRED		
ESTROGENS							
ESTROGEN COMBINATIONS							
CONJUGATED ESTROGENS-MEDROXYPROGESTERONE ACETATE TABLETS	PREMPRO						
ESTRADIOL-LEVONORGESTREL PATCH-WEEKLY	CLIMARA PATCH						
ESTROGENS							
ESTERIFIED ESTROGENS TABLETS	MENEST						
ESTRADIOL PATCH-TWICE WEEKLY	ALORA						
ESTRADIOL PATCH-WEEKLY	MENOSTAR						
ESTRADIOL TABLETS	ESTRACE						
ESTROGENS, CONJUGATED SYNTHETIC A TABLETS	CENESTIN						
ESTROGENS, CONJUGATED TABLET	PREMARIN	BRAND ONLY					
ESTROPIPATE TABLETS	ORTHO-EST						
FLUOROQUINOLONES							
FLUOROQUINOLONES							
CIPROFLOXACIN HCL TABLETS	CIPROFLOXACIN HCL						
LEVOFLOXACIN SOLUTION	LEVAQUIN						
LEVOFLOXACIN TABLETS	LEVAQUIN						
OFLOXACIN TABLETS	OFLOXACIN						
GASTROINTESTINAL AGENTS - MISC.							
GALLSTONE SOLUBILIZING AGENTS							
URSODIOL CAPSULES	ACTIGALL						
URSODIOL TABLETS	URSO 250						
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS							
LUBIPROSTONE CAPSULES	AMITIZA				PA REQUIRED		
GASTROINTESTINAL STIMULANTS							
METOCLOPRAMIDE HCL SOLUTION	VARIOUS						
METOCLOPRAMIDE HCL TABLETS	VARIOUS						
METOCLOPRAMIDE HCL ORALLY DISINTEGRATING TABLETS	VARIOUS						
INFLAMMATORY BOWEL AGENTS							
INFLIXIMAB SOLUTION RECONSTITUTED	REMICADE (AG)	JANSSEN PHARMACEUTICALS' AUTHORIZED			PA REQUIRED		
MESALAMINE CAPSULE CONTROLLED RELEASE	PENTASA	BIOSIMILAR ONLY	PREFERRED DRUG			270	30
MESALAMINE CAPSULE DELAYED RELEASE CAPSULE	DELZICOL	BRAND ONLY	PREFERRED DRUG			180	30
MESALAMINE CAPSULE 24-HOUR	VARIOUS		PREFERRED DRUG			120	30
MESALAMINE ENEMA	SFROWASA	BRAND ONLY	PREFERRED DRUG			30	30
MESALAMINE TABLET ENTERIC COATED	VARIOUS		PREFERRED DRUG			120	30
SULFASALAZINE TABLETS	VARIOUS		PREFERRED DRUG			240	30
SULFASALAZINE TABLET ENTERIC COATED DELAYED RELEASE	AZULFIDINE EN-TABLETS	AUTHORIZED GENERIC ONLY	PREFERRED DRUG			240	30
USTEKINUMAB-KFCE (IV) SOLUTION	YESINTEK	YESINTEK BRAND ONLY			PA Required		
IRRITABLE BOWEL SYNDROME (IBS) AGENTS							
LINALOTIDE CAPSULES	LINZESS				PA REQUIRED		
PHOSPHATE BINDER AGENTS							
CALCIUM ACETATE (PHOSPHATE BINDER) CAPSULE	CALCIUM ACETATE		PREFERRED DRUG				
CALCIUM ACETATE (PHOSPHATE BINDER) TABLET	CALPHRON		PREFERRED DRUG				
FERRIC CITRATE TABLET	AURYXIA	BRAND ONLY	PREFERRED DRUG				
LANTHANUM CARBONATE TABLET CHEWABLE	FOSRENOL		PREFERRED DRUG				
SEVELAMER CARBONATE TABLETS	RENVELA	VARIOUS	PREFERRED DRUG				
GENITOURINARY AGENTS - MISC.							
INTERSTITIAL CYSTITIS AGENTS							
PENTOSAN POLYSULFATE SODIUM CAPSULES	ELMIRON				PA REQUIRED		
PROSTATIC HYPERTROPHY AGENTS							
ALFUZOSIN ER	VARIOUS		PREFERRED DRUG				
DOXAZOSIN MESYLATE	VARIOUS		PREFERRED DRUG				
DUTASTERIDE	VARIOUS		PREFERRED DRUG				
FINASTERIDE	PROSCAR		PREFERRED DRUG				
TAMSULOSIN HCL	FLOMAX		PREFERRED DRUG				
TERAZOSIN	VARIOUS		PREFERRED DRUG				

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URINARY ANALGESICS							
PHENAZOPYRIDINE HCL TABLETS	PYRIDIUM						
GOUT AGENTS							
GOUT AGENTS							
ALLOPURINOL TABLETS	ZYLOPRIM						
COLCHICINE TABLETS	VARIOUS						
FEBUXOSTAT TABLETS	ULORIC				PA REQUIRED		
URICOSURICS							
PROBENECID TABLETS	PROBENECID						
HEMATOLOGICAL AGENTS - MISC.							
PLATELET AGGREGATION INHIBITORS							
CLOSTAZOL TABLETS	PLETAL						
CLOPIDOGREL BISULFATE TABLETS	PLAVIX						
DIPYRIDAMOLE TABLETS	PERSANTINE						
TICAGRELOR TABLETS	BRILINTA				PA REQUIRED		
HEMATOPOIETIC AGENTS							
AGENTS FOR GAUCHER DISEASE							
TALIGLUCERASE ALFA	ELELYSO (IV)		BRAND ONLY		PA REQUIRED		
MIGLUSTAT(AG) ORAL	MIGLUSTAT (ORAL)		AUTHORIZED GENERIC ONLY		PA REQUIRED		
HEMATOPOIETIC GROWTH FACTORS							
ELTROMBOPAG OLAMINE TABLET	VARIOUS			PREFERRED DRUG	PA REQUIRED		
ELTROMBOPAG OLAMINE TABLET	PROMACTA		BRAND ONLY	PREFERRED DRUG	PA REQUIRED		
EPOETIN ALFA SOLUTION	EPOGEN		BRAND ONLY	PREFERRED DRUG	PA REQUIRED		
EPOETIN ALFA-EPBX SOLUTION	RETACRIT		BRAND ONLY	PREFERRED DRUG	PA REQUIRED		
FILGRASTIM-AAFI SOLUTION	NIVESTYM		BRAND ONLY	PREFERRED DRUG	PA REQUIRED		
FILGRASTIM-AAFI SOLN PREF SYR	NIVESTYM		BRAND ONLY	PREFERRED DRUG	PA REQUIRED		
FILGRASTIM-AYOW	RELEUKO		BRAND ONLY	PREFERRED DRUG	PA REQUIRED		
PEGFILGRASTIM-JMDB SOLN PREF SYR	FULPHILA		BRAND ONLY	PREFERRED DRUG	PA REQUIRED		
PEGFILGRASTIM-PBBK SOLN PREF SYR	FYLNETRA		BRAND ONLY	PREFERRED DRUG	PA REQUIRED		
ROMIPLOSTIM SOLUTION RECONSTITUTED	NPLATE		BRAND ONLY	PREFERRED DRUG	PA REQUIRED		
AGENTS FOR SICKLE CELL DISEASE**							
HYDROXYUREA (SICKLE CELL DISEASE) SOLUTION	XROMI				PA Required > 10 Years of Age		
HEMOSTATICS							
HEMOSTATICS - SYSTEMIC							
AMINOCAPROIC ACID SYRUP	AMICAR						
AMINOCAPROIC ACID TABLETS	AMICAR						
HEREDITARY ANGIOEDEMA AGENTS							
ICATIBANT ACETATE SOLUTION	VARIOUS			PREFERRED DRUG	PA REQUIRED		
C1 ESTERASE INHIBITOR (HUMAN) SOLUTION	BERINERT		BRAND ONLY	PREFERRED DRUG	PA REQUIRED		
C1 ESTERASE INHIBITOR (HUMAN) SOLUTION RECONSTITUTED	CINRYZE/HAEGARDA		BRAND ONLY		PA REQUIRED		
ECALLANTIDE SOLUTION	KALBITOR			PREFERRED DRUG	PA REQUIRED		
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENT							
BARBITURATE HYPNOTICS							
PHENOBARBITAL SOLUTION	PHENOBARBITAL						
PHENOBARBITAL TABLETS	PHENOBARBITAL						
NON-BARBITURATE HYPNOTICS							
ESZOPICLONE	LUNESTA		VARIOUS	PREFERRED DRUG	PA REQUIRED for Ages <6 years PA REQUIRED for > 1 Hypnotic Drug	30	30
TEMAZEPAM CAPSULES 15MG & 30MG	RESTORIL			PREFERRED DRUG	PA REQUIRED for Ages <6 years PA REQUIRED for > 1 Hypnotic Drug	30	30
ZOLPIDEM TARTRATE TABLETS 5MG	AMBIEN			PREFERRED DRUG	PA REQUIRED for Ages <6 years PA REQUIRED for > 1 Hypnotic Drug	60	30
ZOLPIDEM TARTRATE TABLETS 10MG	AMBIEN			PREFERRED DRUG	PA REQUIRED for Ages <6 years PA REQUIRED for > 1 Hypnotic Drug	30	30
ZOLPIDEM TARTRATE TABLET ER	AMBIEN CR			PREFERRED DRUG	PA Required for Ages <6 years PA Required for > 1 Hypnotic Drug	30	30
SELECTIVE MELATONIN RECEPTOR AGONISTS							
RAMELTEON TABLET	ROZEREM				Patient must have tried two preferred agents (Temazepam, Zolpidem and Eszopiclone)	30	30
LAXATIVES							
LAXATIVE COMBINATIONS							
PEG 3350-KCL-SOD BICARB-SOD CHLORIDE-SOD SULFATE SOLUTION	COLYTE						
LAXATIVES - MISC.							
LACTULOSE SOLUTION	LACTULOSE						
MACROLIDES							
AZITHROMYCIN							
AZITHROMYCIN PACKETS	ZITHROMAX						
AZITHROMYCIN SUSPENSION	ZITHROMAX						
AZITHROMYCIN TABLETS	ZITHROMAX						
CLARITHROMYCIN							
CLARITHROMYCIN SUSPENSION	CLARITHROMYCIN						
CLARITHROMYCIN TABLETS	BIAXIN						
CLARITHROMYCIN TABLET 24-HOUR	BIAXIN XL						
FIDAXOMICIN**							
FIDAXOMICIN TABLET	DIFICID		BRAND ONLY		PA Required		
MEDICAL DEVICES							
CONTRACEPTIVES							
CONDOMS - FEMALE MISC.	FC FEMALE CONDOM						
CONDOMS - MALE MISC.	LIFESTYLES ASSORTED COLORS						
DIAPHRAGM ARC-SPRING DPRH	CAYA						
DIAPHRAGM COIL SPRING KIT	ORTHO DIAPHRAGM COIL SPRING KIT 50						

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DIAPHRAGM FLAT SPRING KIT	ORTHO DIAPHRAGM FLAT SPRING KIT 55					
DIAPHRAGM WIDE SEAL DPRH	WIDE-SEAL SILICONE DIAPHRAGM KIT 60					
DIAPHRAGMS - OTHER+A1294	OMNIFLEX DIAPHRAGM					
DIABETIC SUPPLIES						
BLOOD GLUCOSE MONITORING KIT W/ DEVICE	VARIOUS					
BLOOD GLUCOSE MONITORING DEVICES	VARIOUS					
LANCET DEVICES MISC.	VARIOUS					
LANCETS MISC.	VARIOUS					
DEVICES - MISC.						
ALCOHOL SWABS PADS	ALCOH-GLOVE CONTOURED WIPE					
RESPIRATORY THERAPY SUPPLIES						
SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES - MASKS	MASK VORTEX/BABY WHIRL DUCKLING				2	365
SPACER/AEROSOL-HOLDING CHAMBERS DEVICE	AEROCHAMBER/MINI AEROCHAMBER				2	365
MIGRAINE PRODUCTS						
MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES						
DIHYDROERGOTAMINE MESYLATE SOLUTION	VARIOUS				2	30
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONIST						
ERENUMAB-AOOE SOLN AUTO-INJ	AMOVIG		PREFERRED DRUG	PA REQUIRED	1	30
GALCANEZUMAB-GNLM SOLUTION AUTOINJECTOR / PREFILLED SYRINGE / PEN	EMGALITY		PREFERRED DRUG	PA REQUIRED	1	30
GALCANEZUMAB-GNLM SOLN PREF SYR	EMGALITY		PREFERRED DRUG	PA REQUIRED		
UBROGEPANT TABLETS	UBRELVY		PREFERRED DRUG	PA REQUIRED	10	30
MIGRAINE COMBINATIONS**						
ERGOTAMINE W/ CAFFEINE TABLET	CAFERGOT				40	30
SEROTONIN AGONISTS						
ELETRIPTAN HYDROBROMIDE TABLET						
NARATRIPTAN HCL TABLETS	RELPAK				9	30
RIZATRIPTAN BENZOATE ORALLY DISPERSABLE TABLET	AMERGE		PREFERRED DRUG		9	30
RIZATRIPTAN BENZOATE TABLETS	MAXALT-MLT		PREFERRED DRUG		9	30
SUMATRIPTAN NASAL SPRAY	MAXALT		PREFERRED DRUG		9	30
SUMATRIPTAN SUCCINATE SUBCUTANEOUS SOLUTION AUTO INJECTION	VARIOUS		PREFERRED DRUG		6	30
SUMATRIPTAN SUCCINATE SUBCUTANEOUS SOLUTION CARTRIDGE	IMITREX		PREFERRED DRUG		2	30
SUMATRIPTAN SUCCINATE TABLETS	IMITREX		PREFERRED DRUG		2	30
ZOLMITRIPTAN ORALLY DISPERSABLE TABLET	IMITREX		PREFERRED DRUG		9	30
ZOLMITRIPTAN TABLETS	ZOMIG ZMT		PREFERRED DRUG		9	30
ZOLMITRIPTAN TABLETS	ZOMIG		PREFERRED DRUG		9	30
MINERALS & ELECTROLYTES						
SODIUM FLUORIDE CHEWABLE TABLETS	LUDEXT					
SODIUM FLUORIDE LOZG	LOZI-FLUR					
SODIUM FLUORIDE SOLUTION	FLUOR-A-DAY					
SODIUM FLUORIDE TABLETS	SODIUM FLUORIDE					
MOUTH/THROAT/DENTAL AGENTS						
ANTI-INFECTIVES - THROAT						
CLOTRIMAZOLE TROC	CLOTRIMAZOLE					
STEROIDS - MOUTH/THROAT						
TRIAMCINOLONE ACETONIDE ORAL PASTE	ORALONE					
MULTIVITAMINS						
PRENATAL VITAMINS						
PRENATAL MULTIVITAMINS WITH OR WITHOUT MINERALS W/ FOLATE	VARIOUS					
PRENATAL MULTIVITAMINES WITH MINERAL W/FE-FA	VARIOUS					
MUSCULOSKELETAL THERAPY AGENTS						
CENTRAL MUSCLE RELAXANTS						
BACLOFEN TABLET (5MG, 10MG, 20MG)	BACLOFEN					
CYCLOBENZAPRINE HCL TABLETS 5MG & 10MG	FLEXERIL			PA REQUIRED for dosages other than 5mg and 10mg tablets		
METHOCARBAMOL TABLETS	ROBAXIN					
TIZANIDINE HCL TABLETS - 2MG & 4MG ONLY	TIZANIDINE HCL					
DIRECT MUSCLE RELAXANTS						
DANTROLENE SODIUM CAPSULES	DANTRIUM					
NASAL AGENTS - SYSTEMIC AND TOPICAL						
NASAL ANTIALLERGY						
AZELASTINE HCL SOLUTION 0.10%	ASTELIN					
NASAL ANTICHOLINERGICS						
IPRATROPIUM BROMIDE SOLUTION	ATROVENT					
NASAL STEROIDS						
FLUTICASON PROPIONATE SUSPENSION	FLONASE					
SYMPATHOMIMETIC DECONGESTANTS						
PSEUDOEPHEDRINE HCL LIQUID	SUDAFED CHILDRENS					
PSEUDOEPHEDRINE HCL SYRUP	PSEUDOEPHEDRINE					
PSEUDOEPHEDRINE HCL TABLETS	SUDAFED					
PSEUDOEPHEDRINE HCL TABLET 12-HOUR	NASAL DECONGESTANT					
PSEUDOEPHEDRINE HCL TABLET 24-HOUR	SUDAFED 24 HOUR					
NEUROMUSCULAR AGENTS*						
FRIEDRICH'S ATAXIA AGENTS**						
OMAVELOXOLONE CAPSULE	SKYCLARYS			PA REQUIRED		
OPHTHALMIC AGENTS						
OPHTHALMIC - BETA-BLOCKERS						
DORZOLAMIDE HCL-TIMOLOL MALEATE SOLUTION (EXCLUDES PRESERVATIVE FREE)	COSOPT					
METIPRANOLOL SOLUTION	METIPRANOLOL					
TIMOLOL MALEATE SOLUTION	TIMOPTIC-XE					
TIMOLOL MALEATE (OPHTH) SOLUTION (EXCLUDES PRESERVATIVE FREE AND ONCE-DAILY)	TIMOPTIC					
OPHTHALMIC - CYCLOPLEGIC MYDRIATICS						
ATROPINE SULFATE OINTMENT	ATROPINE SULFATE					
ATROPINE SULFATE SOLUTION	ISOPTO ATROPINE					
CYCLOPENTOLATE HCL SOLUTION	CYCLOGYL					

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HOMATROPINE HBR SOLUTION	ISOPTO HOMATROPINE					
OPHTHALMIC - MIOTICS						
PILOCARPINE HCL GEL	PILOPINE HS					
OPHTHALMIC ADRENERGIC AGENTS**						
BRIMONIDINE TARTRATE SOLUTION (0.025%, 0.2%)	LUMIFY					
OPHTHALMIC - ANTI-INFECTIVES						
BACITRACIN OINTMENT	BACITRACIN				3.5GM	7
BACITRACIN-POLYMYXIN B OINTMENT	POLYCIN					
CIPROFLOXACIN HCL OINTMENT	CILOXAN					
CIPROFLOXACIN HCL SOLUTION	CILOXAN					
ERYTHROMYCIN OINTMENT	ILOTYCIN					
GENTAMICIN SULFATE OINTMENT	GARAMYCIN					
GENTAMICIN SULFATE SOLUTION	GARAMYCIN					
MOXIFLOXACIN HCL SOLUTION	VIGAMOX					
NATAMYCIN SUSPENSION	NATACYN					
NEOMYCIN-BACITRACIN ZN-POLYMYXIN OINTMENT	NEO-POLYCIN					
NEOMYCIN-POLYMYXIN-GRAMICIDIN SOLUTION	NEOSPORIN					
OFLOXACIN SOLUTION	OCUFLOX					
POLYMYXIN B-TRIMETHOPRIM SOLUTION	POLYTRIM					
SULFACETAMIDE SODIUM OINTMENT	SULFACETAMIDE SODIUM					
SULFACETAMIDE SODIUM SOLUTION	BLEPH-10					
TOBRAMYCIN OINTMENT	TOBREX				3.5GM	7
TOBRAMYCIN SOLUTION	TOBREX					
TRIFLURIDINE SOLUTION	VIROPTIC					
OPHTHALMIC - DECONGESTANTS						
NAPHAZOLINE HCL SOLUTION	VASOCLEAR					
NAPHAZOLINE W/ PHENIRAMINE SOLUTION	NAPHCON-A					
OPHTHALMIC - IMMUNOMODULATORS						
CYCLOSPORINE EMULSION	RESTASIS					
OPHTHALMIC INTEGRIN ANTAGONISTS**						
LIFITEGRAST SOLUTION	XIIDRA				PA REQUIRED	
OPHTHALMIC - MISCELLANEOUS TOPICALS						
EYELID CLEANSERS FOAM	OCUSOFT					
EYELID CLEANSERS PAD	OCUSOFT					
TEA TREE OIL	VARIOUS					
OPHTHALMIC - STEROIDS						
BACITRACIN-POLY-NEOMYCIN-HC OINTMENT	NEO-POLYCIN HC					
DEXAMETHASONE SUSPENSION	MAXIDEX					
DEXAMETHASONE SODIUM PHOSPHATE SOLUTION	DEXAMETHASONE SODIUM PHOSPHATE					
FLUOROMETHOLONE OINTMENT	FML					
FLUOROMETHOLONE SUSPENSION	FML LIQUIFILM					
GENTAMICIN-PREDNISOLONE ACETATE OINTMENT	PRED-G S.O.P.					
GENTAMICIN-PREDNISOLONE ACETATE SUSPENSION	PRED-G					
NEOMYCIN-POLYMY-DEXAMETH OINTMENT	MAXITROL					
NEOMYCIN-POLYMY-DEXAMETH SUSPENSION	MAXITROL					
PREDNISOLONE ACETATE SUSPENSION	PRED MILD					
PREDNISOLONE SODIUM PHOSPHATE SOLUTION	PREDNISOLONE SODIUM PHOSPHATE					
SULFACETAMIDE SOD-PREDNISOLONE OINTMENT	BLEPHAMIDE S.O.P.					
SULFACETAMIDE SOD-PREDNISOLONE SOLUTION	SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE					
SULFACETAMIDE SOD-PREDNISOLONE SUSPENSION	BLEPHAMIDE					
TOBRAMYCIN-DEXAMETHASONE OINTMENT	TOBRADEX					
TOBRAMYCIN-DEXAMETHASONE SUSPENSION	TOBRADEX ST					
MIOTICS						
PILOCARPINE HCL SOLUTION	PILOCARPINE					
OPHTHALMICS - MISC.						
CROMOLYN SODIUM SOLUTION	CROMOLYN SODIUM					
DICLOFENAC SODIUM SOLUTION	DICLOFENAC SODIUM					
DORZOLAMIDE HCL SOLUTION	TRUSOPT					
FLURBIPROFEN SODIUM SOLUTION	OCUFEN					
KETOROLAC TROMETHAMINE SOLUTION	ACULAR LS					
KETOTIFEN FUMARATE SOLUTION	ALAWAY					
OPHTHALMIC - PROSTAGLANDINS						
BIMATOPROST SOLUTION (0.03%)	BIMATOPROST					
LATANOPROST SOLUTION (EXCLUDES PRESERVATIVE FREE)	XALATAN				8	90
TRAVOPROST SOLUTION	VARIOUS					
OTIC AGENTS						
OTIC AGENTS - MISCELLANEOUS						
ACETIC ACID SOLUTION	ACETIC ACID					
OTIC ANTI-INFECTIVES						
CIPROFLOXACIN HCL (OTIC) SOLUTION	CETRAXAL			PREFERRED DRUG		
OFLOXACIN (OTIC) SOLUTION	VARIOUS					
OTIC COMBINATIONS						
CIPROFLOXACIN-HYDROCORTISONE SUSPENSION	CIPRO HC	BRAND ONLY		PREFERRED DRUG		
CIPROFLOXACIN-DEXAMETHASONE	VARIOUS			PREFERRED DRUG		
NEOMYCIN-POLYMYXIN-HC SOLUTION	CORTISPORIN			PREFERRED DRUG		
NEOMYCIN-POLYMYXIN-HC SUSPENSION	NEO/POLYMYXIN/HC 5-10000-1			PREFERRED DRUG		
OTIC STEROIDS						
FLUOCINOLONE ACETONIDE (OTIC) OIL	VARIOUS					
HYDROCORTISONE W/ACETIC ACID SOLUTION	ACETASOL HC					
OXYTOCICS						
OXYTOCICS						
METHYLERGONOVINE MALEATE TABLETS	METHERGINE					

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PASSIVE IMMUNIZING AGENTS						
MONOCLONAL ANTIBODIES						
PALIVIZUMAB SOLUTION	SYNAGIS			PA is not Required for children under the age of 2 years. Note: the prescriber must buy and bill a medical claim for the drug		
PENICILLINS						
AMINOPENICILLINS						
AMOXICILLIN CAPSULES	AMOXICILLIN					
AMOXICILLIN CHEWABLE TABLETS	AMOXICILLIN					
AMOXICILLIN SUSPENSION	AMOXICILLIN					
AMOXICILLIN TABLETS	AMOXICILLIN					
AMPICILLIN CAPSULES	AMPICILLIN					
AMPICILLIN SUSPENSION	AMPICILLIN					
NATURAL PENICILLINS						
PENICILLIN V POTASSIUM SOLUTION	PENICILLIN V POTASSIUM					
PENICILLIN V POTASSIUM TABLETS	PENICILLIN V POTASSIUM					
PENICILLIN COMBINATIONS						
AMOXICILLIN & POT CLAVULANATE CHEWABLE TABLETS	AUGMENTIN					
AMOXICILLIN & POT CLAVULANATE SUSPENSION	AUGMENTIN					
AMOXICILLIN & POT CLAVULANATE TABLET 12-HOUR	AUGMENTIN XR					
PENICILLINASE-RESISTANT PENICILLINS						
DICLOXACILLIN SODIUM CAPSULES	DICLOXACILLIN SODIUM					
PROGESTINS						
PROGESTINS						
MEDROXYPROGESTERONE ACETATE TABLETS	PROVERA					
PROGESTERONE MICRONIZED CAPSULES	PROMETRIUM					
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENT						
ANTIDEMENTIA AGENTS						
DONEPEZIL HYDROCHLORIDE TABLETS	ARICEPT			PA REQUIRED		
DONEPEZIL HYDROCHLORIDE ORALLY DISINTEGRATING TABLETS	ARICEPT ODT			PA REQUIRED		
GALANTAMINE HYDROBROMIDE CAPSULE CONTROLLED RELEASE	RAZADYNE ER			PA REQUIRED		
GALANTAMINE HYDROBROMIDE SOLUTION	RAZADYNE			PA REQUIRED		
GALANTAMINE HYDROBROMIDE TABLETS	RAZADYNE			PA REQUIRED		
MEMANTINE HCL SOLUTION	NAMENDA			PA REQUIRED		
MEMANTINE HCL TABLETS	NAMENDA			PA REQUIRED		
RIVASTIGMINE PATCH	EXELON			PA REQUIRED		
RIVASTIGMINE TARTRATE CAPSULES	EXELON			PA REQUIRED		
RIVASTIGMINE TARTRATE SOLUTION	EXELON			PA REQUIRED		
MOVEMENT DISORDERS						
DEUTETRABENZAZINE TABLET	AUSTEDO			PA REQUIRED	60	30
DEUTETRABENZAZINE TAB THERAPY PACK	AUSTEDO PATIENT TITRATION KIT			PA REQUIRED	1 kit	28
DEUTETRABENZAZINE TABLET ER 24HR	AUSTEDO XR			PA REQUIRED	30	30
DEUTETRABENZAZINE TBER THERAPY PACK	AUSTEDO XR PATIENT TITRATION KIT			PA REQUIRED	1 kit	28
VALBENZAZINE TOSYLATE CAPSULE	INGREZZA			PA REQUIRED	30	30
VALBENZAZINE TOSYLATE CAPSULE SPRINKLE	INGREZZA			PA REQUIRED	30	30
VALBENZAZINE TOSYLATE CAP THER PACK	INGREZZA			PA REQUIRED	1 kit	28
MULTIPLE SCLEROSIS AGENTS						
DIMETHYL FUMARATE CAPSULE DELAYED RELEASE	TECFIDERA			PA REQUIRED		
DALFAMPRIDINE TABLET ER 12HR	AMPYRA			PA REQUIRED		
FINGOLIMOD HCL CAPSULE	GILENYA			PA REQUIRED		
GLATIRAMER ACETATE SOLN PREF SYR	COPAXONE	PREFERRED DRUG		PA REQUIRED		
INTERFERON BETA-1A AUTO-INJECTOR KIT	AVONEX PEN			PA REQUIRED		
INTERFERON BETA-1A PREFILLED SYRINGE KIT	AVONEX			PA REQUIRED		
INTERFERON BETA-1A SOLN AUTO-INJ	REBIF REBIDOSE			PA REQUIRED		
INTERFERON BETA-1A SOLN PREF SYR	REBIF			PA REQUIRED		
NATALIZUMAB CONCENTRATE	TYSABRI			PA REQUIRED		
OCRELIZUMAB SOLUTION	OCREVUS			PA REQUIRED		
OCRELIZUMAB-HYALURONIDASE-OCSQ SOLUTION	OCREVUS			PA REQUIRED		
OFATUMUMAB (MS) SOLN AUTO-INJ	KESIMPTA	PREFERRED DRUG		PA REQUIRED		
TERIFLUNOMIDE TABLET	AUBAGIO			PA REQUIRED		
UBLITUXIMAB-XIY SOLUTION	BRIUMVI			PA Required		
SMOKING DETERRENTS						
BUPROPION HCL (SMOKING DETERRENT) TABLET 12-HOUR	BUPROBAN				84-day supply	180
NICOTINE INHA	NICOTROL INHALER				84-day supply	180
NICOTINE POLACRILEX GUM	NICORETTE GUM				84-day supply	180
NICOTINE POLACRILEX LOZENGE	COMMIT				84-day supply	180
NICOTINE PATCH	NICODERM CQ				84-day supply	180
NICOTINE SOLUTION	NICOTROL NS				84-day supply	180
VARENICLINE TARTRATE TABLETS	CHANTIX				84-day supply	180
RESPIRATORY AGENTS - MISC.						
ALPHA-PROTEINASE INHIBITOR (HUMAN)						
ALPHA1-PROTEINASE INHIBITOR (HUMAN) SOLUTION	ARALAST NP			PA REQUIRED		
ALPHA1-PROTEINASE INHIBITOR (HUMAN) SOLUTION	PROLASTIN-C			PA REQUIRED		
CYSTIC FIBROSIS AGENTS						
DORNASE ALFA SOLUTION	PULMOZYME			PA REQUIRED		
PULMONARY FIBROSIS AGENTS						
NINTEDANIB ESYLATE CAPSULE (Sandoz MFG Only)	OFEV			PA REQUIRED		

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DRUG NAME	GENERIC NAME	STRENGTH	FORM	REQUIREMENTS	180	90
PIRFENIDONE CAPSULE	ESBRIET			PA REQUIRED		
SULFONAMIDES						
SULFONAMIDES						
SULFADIAZINE TABLETS	SULFADIAZINE					
TETRACYCLINES						
TETRACYCLINES						
DEMECLOXYCLINE HCL TABLETS	DEMECLOXYCLINE HCL			PA REQUIRED		
DOXYCYCLINE HYCLATE CAPSULES - 50MG AND 100MG CAPSULES ONLY	VARIOUS					
DOXYCYCLINE HYCLATE TABLETS - 20MG AND 100MG TABLETS ONLY	VARIOUS					
DOXYCYCLINE MONOHYDRATE - CAPSULES 50MG & 100MG ONLY	VARIOUS					
MINOCYCLINE HCL SOLUTION RECONSTITUTED	MINOCIN					
THYROID AGENTS						
ANTITHYROID AGENTS						
METHIMAZOLE TABLETS	TAPAZOLE					
PROPYLTHIOURACIL TABLETS	PROPYLTHIOURACIL					
THYROID HORMONES						
LEVOTHYROXINE SODIUM TABLETS	LEVO-T					
LIOTHYRONINE SODIUM TABLETS	CYTOMEL					
THYROID TABLETS	ARMOUR THYROID					
ULCER DRUGS						
ANTISPASMODICS						
DICYCLOMINE HCL CAPSULES	VARIOUS					
DICYCLOMINE HCL SOLUTION	VARIOUS					
DICYCLOMINE HCL TABLET 20mg ONLY	VARIOUS	20MG ONLY				
GLYCOPYRROLATE SOLUTION	VARIOUS					
GLYCOPYRROLATE TABLETS	VARIOUS					
HYOSCYAMINE SULFATE ELIXIR	VARIOUS					
HYOSCYAMINE SULFATE SOLUTION	VARIOUS					
HYOSCYAMINE SULFATE SUBLINGUAL	VARIOUS					
HYOSCYAMINE SULFATE TABLETS	VARIOUS					
HYOSCYAMINE SULFATE TABLET 12-HOUR	VARIOUS					
HYOSCYAMINE SULFATE CONTROLLED RELEASE TABLET	VARIOUS					
HYOSCYAMINE SULFATE ORALLY DISINTEGRATING TABLETS	VARIOUS					
PROPANTHELINE BROMIDE TABLETS	VARIOUS					
H-2 ANTAGONISTS						
FAMOTIDINE CHEWABLE TABLETS	PEPCID AC					
FAMOTIDINE SUSPENSION	PEPCID					
FAMOTIDINE TABLETS	PEPCID AC					
RANITIDINE HCL CAPSULES	RANITIDINE HCL					
RANITIDINE HCL SUSPENSION	DEPRIZINE FUSEPAQ					
RANITIDINE HCL SYRUP	ZANTAC					
RANITIDINE HCL TABLETS	ZANTAC 75					
ANTI-ULCER - MISC.						
SUCRALFATE TABLETS	CARAFATE					
PROTON PUMP INHIBITORS						
ESOMEPRAZOLE MAGNESIUM CAPSULE DELAYED RELEASE	VARIOUS			PREFERRED DRUG	180	90
ESOMEPRAZOLE MAGNESIUM PACKETS	NEXIUM			PREFERRED DRUG	30	30
LANSOPRAZOLE ORALLY DISPERSABLE TABLET (ODT)	PREVACID SOLUTAB			PREFERRED DRUG	60	30
OMEPRAZOLE ORAL CAPSULES	VARIOUS			PREFERRED DRUG	60	30
PANTOPRAZOLE SODIUM PACKETS	PROTONIX			PREFERRED DRUG	30	30
PANTOPRAZOLE TABLETS	PROTONIX			PREFERRED DRUG	30	30
URINARY ANTISPASMODICS						
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)**						
FESOTERODINE FUMARATE TABLET ER 24HR	TOVIAZ			PREFERRED DRUG		
OXYBUTYNIN CHLORIDE SOLUTION	OXYBUTYNIN CHLORIDE			PREFERRED DRUG		
OXYBUTYNIN CHLORIDE TABLET (5MG)	OXYBUTYNIN CHLORIDE			PREFERRED DRUG		
OXYBUTYNIN CHLORIDE TABLET ER 24HR	DITROPAN XL			PREFERRED DRUG		
TOLTERODINE TARTRATE CAPSULE ER 24 HR	DETROL LA			PREFERRED DRUG		
TOLTERODINE TARTRATE TABLET	DETROL			PREFERRED DRUG		
SOLIFENACIN SUCCINATE TABLET	VESICARE					
VAGINAL PRODUCTS						
SPERMICIDES						
NONOXYNOL-9 FOAM	VCF VAGINAL CONTRACEPTIVE FOAM					
NONOXYNOL-9 GEL	SHUR-SEAL					
VAGINAL ANTI-INFECTIVES						
CLINDAMYCIN PHOSPHATE VAGINAL CREAM	CLEOCIN					
CLINDAMYCIN PHOSPHATE VAGINAL SUPPOSITORY	CLEOCIN					
CLOTTRIMAZOLE VAGINAL CREAM	GYNE-LOTRIMIN					
METRONIDAZOLE VAGINAL GEL	METROGEL-VAGINAL					
MICONAZOLE NITRATE VAGINAL	MONISTAT 3 COMBINATION PACKETS					
MICONAZOLE NITRATE VAGINAL SUPPOSITORY	MICONAZOLE 3					
SULFANILAMIDE VAGINAL CREAM	AVC					
VAGINAL ESTROGENS						
ESTRADIOL ACETATE VAGINAL RING	FEMRING			PA REQUIRED		
ESTRADIOL VAGINAL RING	ESTRING					
ESTRADIOL VAGINAL TABLETS	VAGIFEM					
ESTRADIOL VAGINAL CREAM 0.01%	ESTRACE CREAM					
ESTROGENS, CONJUGATED VAGINAL CREAM	PREMARIN VAGINAL CREAM			PA REQUIRED		
VASOPRESSORS						
ANAPHYLAXIS THERAPY AGENTS						
EPINEPHRINE (ANAPHYLAXIS) SOLN AUTO-INJ	EPIPEN	VIATRIS SP - AUTHORIZED GENERIC ONLY	PREFERRED DRUG	PA REQUIRED for > 2 Per Month	2	30
RANITIDINE HCL CAPSULES	RANITIDINE HCL					
RANITIDINE HCL SUSPENSION	DEPRIZINE FUSEPAQ					

AHCCCS
ACUTE - LONG TERM CARE DRUG LIST

RANITIDINE HCL SYRUP	ZANTAC						
RANITIDINE HCL TABLETS	ZANTAC 75						
ANTI-ULCER - MISC.							
SUCRALFATE TABLETS	CARAFATE						
PROTON PUMP INHIBITORS							
ESOMEPRAZOLE MAGNESIUM CAPSULE DELAYED RELEASE	VARIOUS		PREFERRED DRUG			180	90
ESOMEPRAZOLE MAGNESIUM PACKETS	NEXIUM		PREFERRED DRUG	PA REQUIRED for > 18 Years of Age		30	30
LANSOPRAZOLE ORALLY DISPERSABLE TABLET (ODT)	PREVACID SOLUTAB		PREFERRED DRUG	PA REQUIRED for > 18 Years of Age		60	30
OMEPRAZOLE ORAL CAPSULES	VARIOUS		PREFERRED DRUG			60	30
PANTOPRAZOLE SODIUM PACKETS	PROTONIX		PREFERRED DRUG	PA REQUIRED for > 18 Years of Age		30	30
PANTOPRAZOLE TABLETS	PROTONIX		PREFERRED DRUG			30	30
URINARY ANTISPASMODICS							
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLI)							
FESOTERODINE FUMARATE	TOVIAZ	BRAND ONLY	PREFERRED DRUG				
OXYBUTYNIN CHLORIDE SYRUP	VARIOUS		PREFERRED DRUG				
OXYBUTYNIN CHLORIDE SMG TABLETS	VARIOUS		PREFERRED DRUG				
OXYBUTYNIN CHLORIDE TABLET 24-HOUR	DITROPAN XL		PREFERRED DRUG				
TOLTERODINE TARTRATE CAPSULE CONTROLLED RELEASE	DETROL LA	BRAND ONLY	PREFERRED DRUG				
TOLTERODINE TARTRATE TABLETS	DETROL	BRAND ONLY	PREFERRED DRUG				
VAGINAL PRODUCTS							
SPERMICIDES							
NONOXYNOL-9 FOAM	VCF VAGINAL CONTRACEPTIVE FOAM						
NONOXYNOL-9 GEL	SHUR-SEAL						
VAGINAL ANTI-INFECTIVES							
CLINDAMYCIN PHOSPHATE VAGINAL CREAM	CLEOCIN						
CLINDAMYCIN PHOSPHATE VAGINAL SUPPOSITORY	CLEOCIN						
CLOTRIMAZOLE VAGINAL CREAM	GYNE-LOTRIMIN						
METRONIDAZOLE VAGINAL GEL	METROGEL-VAGINAL						
MICONAZOLE NITRATE VAGINAL	MONISTAT 3 COMBINATION PACKETS						
MICONAZOLE NITRATE VAGINAL SUPPOSITORY	MICONAZOLE 3						
SULFANILAMIDE VAGINAL CREAM	AVC						
VAGINAL ESTROGENS							
ESTRADIOL ACETATE VAGINAL RING	FEMRING			PA REQUIRED			
ESTRADIOL VAGINAL RING	ESTRING						
ESTRADIOL VAGINAL TABLETS	VAGIFEM						
ESTRADIOL VAGINAL CREAM 0.01%	ESTRACE CREAM						
ESTROGENS, CONJUGATED VAGINAL CREAM	PREMARIN VAGINAL CREAM			PA REQUIRED			
VASOPRESSORS							
ANAPHYLAXIS THERAPY AGENTS							
EPINEPHRINE (ANAPHYLAXIS) SOLN AUTO-INJ	EPIPEN	VIATRIS SP - AUTHORIZED GENERIC ONLY	PREFERRED DRUG	PA REQUIRED for > 2 Per Month		2	30
COVID AT-HOME TEST KITS		VARIOUS				2 TESTS	30