

AHCCCS Fee-For-Service Acute/Long Term Care Program Drug List

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

Effective Date: 7/1/2026

Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	PREFERRED DRUG Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days	Maintenace Indicator (Maintenace Drugs are allowed 90 Days Supply)
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS*								
AMPHETAMINES**								
AMPHETAMINE-DEXTROAMPHETAMINE CAPSULE ER 24 HR	ADDERALL XR		PREFERRED DRUG	PA REQUIRED for Ages < 6 years		90	90	X
AMPHETAMINE-DEXTROAMPHETAMINE TABLET	ADDERALL	Brand and Generic	PREFERRED DRUG	PA REQUIRED for Ages < 6 years		180	90	X
DEXTROAMPHETAMINE SULFATE TABLET	ZENZEDI		PREFERRED DRUG	PA REQUIRED for Ages < 6 years		180	90	X
LISDEXAMFETAMINE DIMESYLATE CAPSULE	VYVANSE	BRAND ONLY	PREFERRED DRUG	PA REQUIRED for Ages < 6 years		90	90	X
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS**								
ATOMOXETINE HCL CAPSULE	STRATTERA		PREFERRED DRUG	PA REQUIRED for Ages < 6 years		90	90	X
CLONIDINE HCL TABLET	CLONIDINE HYDROCHLORIDE			PA REQUIRED for Ages < 6 years				X
CLONIDINE PATCH WEEKLY	CATAPRES-TTS-1			PA REQUIRED for Ages < 6 years		12	90	X
CLONIDINE HCL (ADHD) TABLET ER 12HR	KAPVAY			PA REQUIRED for Ages < 6 years		360	90	X
GUANFACINE HCL TABLET	GUANFACINE HCL			PA REQUIRED for Ages < 6 years				X
GUANFACINE HCL (ADHD) TABLET ER 24HR	INTUNIV		PREFERRED DRUG	PA REQUIRED for Ages < 6 years		90	90	X
STIMULANTS - MISC.**								
ARMODAFINIL TABLET (50MG)	NUVIGIL	Authorized Generic Only	PREFERRED DRUG	PA REQUIRED for Ages < 18 years		180	90	X
ARMODAFINIL TABLET (150MG, 200MG, 250MG)	NUVIGIL	Authorized Generic Only	PREFERRED DRUG	PA REQUIRED for Ages < 18 years		90	90	X
DEXMETHYLPHENIDATE HCL CAPSULE ER 24 HR	FOCALIN XR		PREFERRED DRUG	PA REQUIRED for Ages < 6 years		180	90	X
DEXMETHYLPHENIDATE HCL TABLET	FOCALIN		PREFERRED DRUG	PA REQUIRED for Ages < 6 years		180	90	X
METHYLPHENIDATE HCL CAPSULE ER 24 HR	VARIOUS		PREFERRED DRUG	PA REQUIRED for Ages < 6 years		90	90	X
METHYLPHENIDATE HCL CAPSULE ER	METHYLPHENIDATE HYDROCHLORIDE CD		PREFERRED DRUG	PA REQUIRED for Ages < 6 years		90	90	X
METHYLPHENIDATE HCL SOLUTION	METHYLIN		PREFERRED DRUG	PA REQUIRED for Ages < 6 years		900	90	X
METHYLPHENIDATE HCL TABLET	RITALIN		PREFERRED DRUG	PA REQUIRED for Ages < 6 years		270	90	X
METHYLPHENIDATE HCL TABLET ER	CONCERTA		PREFERRED DRUG	PA REQUIRED for Ages < 6 years		180	90	X
METHYLPHENIDATE HCL TABLET ER 24HR	METHYLPHENIDATE ER		PREFERRED DRUG	PA REQUIRED for Ages < 6 years		90	90	X
METHYLPHENIDATE PATCH	METHYLPHENIDATE PATCH		PREFERRED DRUG	PA REQUIRED for Ages < 6 years		90	90	X
MODAFINIL TABLET	PROVIGIL		PREFERRED DRUG	PA REQUIRED for Ages < 18 years		90	90	X
ALTERNATIVE MEDICINES*								
ALTERNATIVE MEDICINE COMBINATIONS**								
OMEGA 3 FATTY ACIDS-OMEGA 6 FATTY ACIDS-OMEGA 9 FATTY ACIDS CAPSULE	SUPER OMEGA-3							
ALTERNATIVE MEDICINE - T'S**								
TEA TREE OIL OIL	TEA TREE OIL							
AMINOGLYCOSIDES*								
AMINOGLYCOSIDES**								
AMIKACIN SULFATE SOLUTION	AMIKACIN SULFATE							
GENTAMICIN IN SALINE SOLUTION	ISOTONIC GENTAMICIN							
GENTAMICIN SULFATE SOLUTION	GENTAMICIN SULFATE PEDIATRIC							
NEOMYCIN SULFATE TABLET	NEOMYCIN SULFATE							
TOBRAMYCIN NEBULIZATION SOLUTION	KITABIS AND BETHKIS	BRAND ONLY	PREFERRED DRUG	PA REQUIRED				X
TOBRAMYCIN SULFATE SOLUTION	TOBRAMYCIN SULFATE							
TOBRAMYCIN SULFATE SOLUTION RECONSTITUTED	NEBCIN ADD-VANTAGE							
ANALGESICS - ANTI-INFLAMMATORY*								
ANTIRHEUMATIC - ENZYME INHIBITORS**								
TOFACITINIB CITRATE TABLET	XELJANZ	BRAND ONLY	PREFERRED DRUG	PA REQUIRED				X
TOFACITINIB CITRATE TABLET ER 24HR	XELJANZ XR	BRAND ONLY	PREFERRED DRUG	PA REQUIRED				X
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES**								
ADALIMUMAB-ADBIM PREFILLED SYRINGE KIT (10MG)	ADALIMUMAB-ADBIM	Authorized Unbranded Biosimilar Only	PREFERRED DRUG	PA REQUIRED				X
ADALIMUMAB-BWWD SOLN AUTO-INJ	HADLIMA PUSH	BIOSIMILAR BRAND ONLY	PREFERRED DRUG	PA REQUIRED				X
ADALIMUMAB-BWWD SOLN PREF SYR	HADLIMA	BIOSIMILAR BRAND ONLY	PREFERRED DRUG	PA REQUIRED				X
ADALIMUMAB-FKJP AUTO-INJECTOR KIT	HULIO	BIOSIMILAR BRAND ONLY	PREFERRED DRUG	PA REQUIRED				X
ADALIMUMAB-FKJP PREFILLED SYRINGE KIT	HULIO	BIOSIMILAR BRAND ONLY	PREFERRED DRUG	PA REQUIRED				X
INTERLEUKIN-6 RECEPTOR INHIBITORS**								
TOCILIZUMAB-AAZG SOLUTION	TYENNE	BIOSIMILAR BRAND ONLY	PREFERRED DRUG	PA REQUIRED				

AHCCCS Fee-For-Service Acute/Long Term Care Program Drug List

Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	PREFERRED DRUG Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days	Maintenace Indicator (Maintenance Drugs are allowed 90 Days Supply)
TOCILIZUMAB-AAZG SOLN AUTO-INJ	TYENNE	BIOSIMILAR BRAND ONLY	PREFERRED DRUG	PA REQUIRED				X
TOCILIZUMAB-AAZG SOLN PREF SYR	TYENNE	BIOSIMILAR BRAND ONLY	PREFERRED DRUG	PA REQUIRED				X
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)**								
CELECOXIB CAPSULE	CELEBREX					180	90	X
CELECOXIB SUSPENSION	VYSCOXA			PA Required < 2 and > 10 Years of Age				X
DICLOFENAC SODIUM TABLET ENTERIC COATED	DICLOFENAC SODIUM DR							X
DICLOFENAC TABLET ENTERIC COATED	DICLOFENAC SODIUM EC							X
ETODOLAC CAPSULE	ETODOLAC							X
ETODOLAC TABLET	LODINE							X
FLURBIPROFEN TABLET	FLURBIPROFEN							X
IBUPROFEN CAPSULE	MOTRIN IB							X
IBUPROFEN SUSPENSION (RX ONLY)	MEDI-PROFEN							X
IBUPROFEN TABLET (Excluding 300mg)	ADVIL							X
INDOMETHACIN CAPSULE	TIVORBEX							X
KETOPROFEN CAPSULE	KETOPROFEN							X
KETOROLAC TROMETHAMINE TABLET	KETOROLAC TROMETHAMINE					20	30	
MELOXICAM TABLET	MOBIC							X
NABUMETONE TABLET (Excluding 1000mg)	NABUMETONE							X
NAPROXEN SODIUM TABLET	PAMPRIN ALL DAY MAXIMUM STRENGTH							X
NAPROXEN TABLET	NAPROSYN							X
PIROXICAM CAPSULE	FELDENE							X
SULINDAC TABLET	SULINDAC							X
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS**								
APREMILAST TABLET	OTEZLA	BRAND ONLY	PREFERRED DRUG	PA REQUIRED				X
APREMILAST TABLET ER 24HR	OTEZLA	BRAND ONLY	PREFERRED DRUG	PA REQUIRED				X
APREMILAST TAB THER PACK	OTEZLA	BRAND ONLY	PREFERRED DRUG	PA REQUIRED				X
PYRIMIDINE SYNTHESIS INHIBITORS**								
LEFLUNOMIDE TABLET	ARAVA							X
SELECTIVE COSTIMULATION MODULATORS**								
ABATACEPT SOLN AUTO-INJ	ORENCIA CLICKJECT			PA REQUIRED				X
ABATACEPT SOLN PREF SYR	ORENCIA			PA REQUIRED				X
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS**								
ETANERCEPT SOLN AUTO-INJ	ENBREL SURECLICK		PREFERRED DRUG	PA REQUIRED				X
ETANERCEPT SOLN CARTRIDGE	ENBREL MINI		PREFERRED DRUG	PA REQUIRED				X
ETANERCEPT SOLUTION	ENBREL		PREFERRED DRUG	PA REQUIRED				X
ETANERCEPT SOLN PREF SYR	ENBREL		PREFERRED DRUG	PA REQUIRED				X
ANALGESICS - NONNARCOTIC*								
ANALGESIC COMBINATIONS**								
BUTALBITAL-ACETAMINOPHEN-CAFFEINE TABLET	BAC					120	30	
ANALGESICS OTHER**								
ACETAMINOPHEN CAPSULE	TYLENOL							
ACETAMINOPHEN TABLET CHEWABLE	MAPAP CHILDRENS							
ACETAMINOPHEN ELIXIR	MEDI-TABS CHILDRENS							
ACETAMINOPHEN LIQUID	LITTLE REMEDIES FOR FEVERS FEVER/PAIN RELIEVER CHILDRENS							
ACETAMINOPHEN SOLUTION	OFIRMEV							
ACETAMINOPHEN SUPPOSITORY	FEVERALL INFANTS							
ACETAMINOPHEN SUSPENSION	PANADOL CHILDRENS							
ACETAMINOPHEN TABLET	PHARBETOL							
ACETAMINOPHEN TABLET ER	MIDOL							
ACETAMINOPHEN TABLET DISINTEGRATING	CHILDRENS ACETAMINOPHEN							
SALICYLATES**								
ASPIRIN TABLET CHEWABLE	BAYER CHEWABLE LOW DOSE							
ASPIRIN SUPPOSITORY	ASPIRIN							
ASPIRIN TABLET	BAYER ASPIRIN							
ASPIRIN TABLET ENTERIC COATED	BAYER ASPIRIN EC LOW DOSE							

AHCCCS Fee-For-Service Acute/Long Term Care Program Drug List

Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	PREFERRED DRUG Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days	Maintenace Indicator (Maintenance Drugs are allowed 90 Days Supply)
BUPRENORPHINE VARIOUS	VARIOUS			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 HCL TAB SUBLINGUAL	BUPRENORPHINE HCL			PA REQUIRED				
BUPRENORPHINE PATCH WEEKLY	BUTRANS	BRAND ONLY	PREFERRED DRUG	PA REQUIRED				
BUPRENORPHINE SOLN PREF SYR	SUBLOCADE		PREFERRED DRUG	PA REQUIRED				
BUPRENORPHINE SOLN PREF SYR	BRIXADI		PREFERRED DRUG	PA REQUIRED - if approved the prescriber must buy and bill a medical claim for the drug				
BUPRENORPHINE HCL-NALOXONE HCL DIHYDRATE FILM	SUBOXONE	BRAND ONLY	PREFERRED DRUG					
BUPRENORPHINE HCL-NALOXONE HCL DIHYDRATE TAB SUBLINGUAL	VARIOUS	GENERIC FORMULATIONS ONLY	PREFERRED DRUG					
METHADONE	VARIOUS			Only available at an Opioid Treatment Program (OTP) provider.				
ANDROGENS-ANABOLIC*								
ANDROGENS**								
DANAZOL CAPSULE	DANAZOL							
TESTOSTERONE CYPIONATE KIT	TESTONE CIK			PA REQUIRED				X
TESTOSTERONE CYPIONATE SOLUTION	DEPO-TESTOSTERONE			PA REQUIRED				X
TESTOSTERONE ENANTHATE SOLUTION	TESTOSTERONE ENANTHATE			PA REQUIRED				X
TESTOSTERONE GEL (1.62% - PUMP BOTTLE)	ANDROGEL/TESTOSTERONE (AG)	AUTHORIZED GENERIC ONLY		PA REQUIRED				X
ANORECTAL AND RELATED PRODUCTS*								
INTRARECTAL STEROIDS**								
HYDROCORTISONE (INTRARECTAL) ENEMA	CORTENEMA							
HYDROCORTISONE ACETATE (INTRARECTAL) FOAM	CORTIFOAM							
RECTAL STEROIDS**								
HYDROCORTISONE (RECTAL) CREAM	PROCTO-PAK							
ANTACIDS*								
ANTACID COMBINATIONS**								
ALUM & MAG HYDROX-SIMETHICONE LIQUID	MAG-AL PLUS							
ALUM & MAG HYDROX-SIMETHICONE SUSPENSION	GNP MASANTI REGULAR STRENGTH							
ANTACIDS - BICARBONATE**								
SODIUM BICARBONATE (ANTACID) POWDER	SODIUM BICARBONATE							
SODIUM BICARBONATE (ANTACID) TABLET	SODIUM BICARBONATE							
ANTACIDS - CALCIUM SALTS**								
CALCIUM CARBONATE (ANTACID) TABLET CHEWABLE	MAALOX CHILDRENS							
CALCIUM CARBONATE (ANTACID) LIQUID	CVS ANTACID CHILDRENS							
CALCIUM CARBONATE (ANTACID) TABLET	CALCIUM CARBONATE							
ANTACIDS - MAGNESIUM SALTS**								
MAGNESIUM OXIDE TABLET (250MG, 400MG, 420MG)	MAOX							
ANTHELMINTICS*								
ANTHELMINTICS**								
ALBENDAZOLE TABLET	ALBENZA			PA REQUIRED				
IVERMECTIN TABLET (3MG)	STROMECTOL			PA REQUIRED				

AHCCCS Fee-For-Service Acute/Long Term Care Program Drug List

Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	PREFERRED DRUG Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days	Maintenace Indicator (Maintenace Drugs are allowed 90 Days Supply)
DISOPYRAMIDE PHOSPHATE CAPSULE	NORPACE							X
DISOPYRAMIDE PHOSPHATE CAPSULE ER 12 HR	NORPACE CR							X
QUINIDINE GLUCONATE TABLET ER	QUINIDINE GLUCONATE CR							X
QUINIDINE SULFATE TABLET	QUINIDINE SULFATE							X
ANTIARRHYTHMICS TYPE I-B**								
MEXILETINE HCL CAPSULE	MEXILETINE HCL							X
ANTIARRHYTHMICS TYPE I-C**								
FLECAINIDE ACETATE TABLET	FLECAINIDE ACETATE							X
PROPafenone HCL CAPSULE ER 12 HR	RYTHMOL SR							X
PROPafenone HCL TABLET	PROPafenone HCL							X
ANTIARRHYTHMICS TYPE III**								
AMIODARONE HCL TABLET (100MG & 200MG)	PACERONE							X
DOFETILIDE CAPSULE	TIKOSYN			PA REQUIRED				X
DRONEDARONE HCL TABLET	MULTAQ			PA REQUIRED				X
ANTIASTHMATIC AND BRONCHODILATOR AGENTS*								
ANTIASTHMATIC - MONOCLONAL ANTIBODIES**								
BENRALIZUMAB SOLN AUTO-INJ	FASENRA		PREFERRED DRUG	PA REQUIRED				X
BENRALIZUMAB SOLN PREF SYR	FASENRA		PREFERRED DRUG	PA REQUIRED				X
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 NEBULIZATION SOLUTION	CROMOLYN SODIUM							X
BRONCHODILATORS - ANTICHOLINERGICS**								
ACLIDINIUM BROMIDE ARSL PWDR-BREATH ACTIVATE	TUDORZA PRESSAIR		PREFERRED DRUG					X
IPRATROPIUM BROMIDE HFA AEROSOL SOLUTION	ATROVENT HFA	BRAND ONLY	PREFERRED DRUG					X
IPRATROPIUM BROMIDE SOLUTION	IPRATROPIUM BROMIDE		PREFERRED DRUG					X
TIOTROPIUM BROMIDE AEROSOL SOLUTION	SPIRIVA AEROSOL		PREFERRED DRUG					X
TIOTROPIUM BROMIDE CAPSULE	SPIRIVA HANDHALER		PREFERRED DRUG					X
LEUKOTRIENE MODULATORS**								
MONTELUKAST SODIUM TABLET CHEWABLE	SINGULAIR					90	90	X
MONTELUKAST SODIUM PACKET	SINGULAIR			PA REQUIRED for > 4 Years of Age				X
MONTELUKAST SODIUM TABLET	SINGULAIR					90	90	X
STEROID INHALANTS**								
BECLOMETHASONE DIPROPIONATE HFA AEROSOL BREATH ACTIVATED	QVAR							X
BUDESONIDE (INHALATION) ARSL PWDR-BREATH ACTIVATE	PULMICORT FLEXHALER	BRAND ONLY	PREFERRED DRUG					X
BUDESONIDE (INHALATION) SUSPENSION	PULMICORT		PREFERRED DRUG					X
FLUTICASONE FUROATE (INHALATION) ARSL PWDR-BREATH ACTIVATE	ARNUITY	BRAND ONLY						X
FLUTICASONE PROPIONATE (INHALATION) ARSL PWDR-BREATH ACTIVATE	FLOVENT DISKUS							X
FLUTICASONE PROPIONATE HFA AEROSOL	FLOVENT HFA		PREFERRED DRUG					X
MOMETASONE FUROATE (INHALATION) AEROSOL	ASMANEX HFA							X
MOMETASONE FUROATE (INHALATION) ARSL PWDR-BREATH ACTIVATE	ASMANEX TWISTHALER		PREFERRED DRUG					X
SYMPATHOMIMETICS**								
ALBUTEROL SULFATE AEROSOL SOLUTION	ALBUTEROL HFA (PROVENTIL) (INHALATION)		Preferred Albuterol NDCs					X
ALBUTEROL SULFATE NEBULIZATION SOLUTION	ALBUTEROL SULFATE							X
ALBUTEROL SULFATE SYRUP	ALBUTEROL SULFATE							X
BUDESONIDE-FORMOTEROL FUMARATE DIHYDRATE AEROSOL	SYMBICORT	AUTHORIZED GENERIC ONLY	PREFERRED DRUG			3	90	X
FLUTICASONE-SALMETEROL ARSL PWDR-BREATH ACTIVATE	AIRDUO		PREFERRED DRUG			6	90	X
FLUTICASONE-SALMETEROL ARSL PWDR-BREATH ACTIVATE	ADVAIR DISKUS	AUTHORIZED GENERIC ONLY	PREFERRED DRUG					X
FLUTICASONE-SALMETEROL AEROSOL	ADVAIR HFA	BRAND ONLY	PREFERRED DRUG			3	90	X
IPRATROPIUM-ALBUTEROL AEROSOL SOLUTION	COMBIVENT RESPIMAT		PREFERRED DRUG					X
IPRATROPIUM-ALBUTEROL SOLUTION	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE		PREFERRED DRUG					X
MOMETASONE FUROATE-FORMOTEROL FUMARATE DIHYDRATE AEROSOL	DULERA	BRAND ONLY	PREFERRED DRUG			3	90	X
SALMETEROL XINAFOATE ARSL PWDR-BREATH ACTIVATE	SEREVENT DISKUS		PREFERRED DRUG	PA REQUIRED				X
TIOTROPIUM BROMIDE-OLODATEROL HCL AEROSOL SOLUTION	STIOLTO RESPIMAT		PREFERRED DRUG	PA REQUIRED		3	90	X

AHCCCS Fee-For-Service Acute/Long Term Care Program Drug List

Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	PREFERRED DRUG Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days	Maintenace Indicator (Maintenace Drugs are allowed 90 Days Supply)
UMECRIDINIUM-VILANTEROL ARSL PWDR-BREATH ACTIVATE	ANORO ELLIPTA	BRAND ONLY	PREFERRED DRUG	PA REQUIRED		3	90	X
XANTHINES**								
THEOPHYLLINE CAPSULE ER 24 HR	THEO-24							X
THEOPHYLLINE ELIXIR	ELIXOPHYLLIN							X
THEOPHYLLINE SOLUTION	THEOPHYLLINE							X
THEOPHYLLINE TABLET ER 12HR	THEOPHYLLINE CR							X
THEOPHYLLINE TABLET ER 24HR	THEOPHYLLINE ER							X
ANTICOAGULANTS*								
COUMARIN ANTICOAGULANTS**								
WARFARIN SODIUM TABLET	JANTOVEN							X
DIRECT FACTOR XA INHIBITORS**								
APIXABAN CAPSULE SPRINKLE	ELIQUIS	BRAND ONLY	PREFERRED DRUG			222	90	X
APIXABAN TABLET	ELIQUIS	BRAND ONLY	PREFERRED DRUG			180	90	X
APIXABAN TAB THER PACK	ELIQUIS STARTER PACK	BRAND ONLY	PREFERRED DRUG			74	365	
APIXABAN TABLET SOLUBLE	ELIQUIS	BRAND ONLY	PREFERRED DRUG			222	90	X
RIVAROXABAN TABLET	XARELTO	BRAND ONLY	PREFERRED DRUG			180	90	X
RIVAROXABAN TAB THER PACK	XARELTO STARTER PACK	BRAND ONLY	PREFERRED DRUG			51	30	
HEPARINS AND HEPARINOID-LIKE AGENTS**								
ENOXAPARIN SODIUM SOLUTION	LOVENOX		PREFERRED DRUG			60	30	
ENOXAPARIN SODIUM SOLN PREF SYR	LOVENOX		PREFERRED DRUG			60	30	
HEPARIN (PORCINE) IN SODIUM CHLORIDE SOLUTION	HEPARIN SODIUM/SODIUM CHLORIDE 0.9% PREMIX							
HEPARIN SOD (PORCINE) IN D5W SOLUTION	HEPARIN SODIUM/D5W							
HEPARIN SODIUM (PORCINE) SOLUTION	HEPARIN SODIUM							
THROMBIN INHIBITORS**								
DABIGATRAN ETEXILATE MESYLATE CAPSULE	PRADAXA	BRAND ONLY	PREFERRED DRUG			180	90	X
ANTICONVULSANTS*								
AMPA GLUTAMATE RECEPTOR ANTAGONISTS**								
PERAMPANEL TABLET	FYCOMPA	BRAND ONLY		PA REQUIRED				X
PERAMPANEL SUSPENSION	FYCOMPA	BRAND ONLY		PA REQUIRED				X
ANTICONVULSANTS - BENZODIAZEPINES**								
CLOBAZAM SUSPENSION	ONFI			PA REQUIRED				X
CLOBAZAM TABLET	ONFI			PA REQUIRED				X
CLONAZEPAM TABLET (0.5MG, 1.0MG)	KLONOPIN			PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	30	
CLONAZEPAM TABLET (2MG)	KLONOPIN			PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		60	30	
CLONAZEPAM TABLET DISINTEGRATING (0.125MG, 0.25MG, 0.5MG, 1MG)	CLONAZEPAM ODT			PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	30	
CLONAZEPAM TABLET DISINTEGRATING (2MG)	CLONAZEPAM ODT			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					5	30	
DIAZEPAM (ANTICONVULSANT) LIQD THER PACK	VALTOCO					5	30	
MIDAZOLAM (ANTICONVULSANT) SOLUTION	NAYZILAM					4	30	
ANTICONVULSANTS - MISC.**								
BRIVARACETAM TABLET	BRIVIACT	BRAND ONLY		PA REQUIRED				X
BRIVARACETAM SOLUTION	BRIVIACT	BRAND ONLY		PA REQUIRED				X
CANNABIDIOL SOLUTION	EPIDIOLEX			PA REQUIRED				X
CARBAMAZEPINE TABLET CHEWABLE	CARBAMAZEPINE							X
CARBAMAZEPINE CAPSULE ER 12 HR	CARBATROL							X
CARBAMAZEPINE SUSPENSION	TEGRETOL							X
CARBAMAZEPINE TABLET	EPITOL							X
CARBAMAZEPINE TABLET ER 12HR	TEGRETOL-XR							X
GABAPENTIN CAPSULE	NEURONTIN							X
GABAPENTIN SOLUTION	NEURONTIN							X
GABAPENTIN TABLET (25MG, 50MG, 600MG, 800MG)	NEURONTIN							X

AHCCCS Fee-For-Service Acute/Long Term Care Program Drug List

Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	PREFERRED DRUG Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days	Maintenace Indicator (Maintenace Drugs are allowed 90 Days Supply)
LACOSAMIDE SOLUTION	VIMPAT			PA REQUIRED				X
LACOSAMIDE TABLET	VIMPAT			PA REQUIRED				X
LAMOTRIGINE TABLET CHEWABLE	LAMICTAL CHEWABLE DISPERSIBLE							X
LAMOTRIGINE TABLET	SUBVENITE							X
LAMOTRIGINE TABLET ER 24HR	LAMICTAL XR							X
LAMOTRIGINE TABLET DISINTEGRATING	LAMICTAL ODT							X
LAMOTRIGINE SUSPENSION	SUBVENITE			PA Required > 10 Years of Age				X
LEVETIRACETAM SOLUTION	KEPPRA							X
LEVETIRACETAM TABLET	ROWEEPRA							X
LEVETIRACETAM TABLET ER 24HR	KEPPRA XR							X
OXCARBAZEPINE SUSPENSION	TRILEPTAL							X
OXCARBAZEPINE TABLET	TRILEPTAL							X
PREGABALIN CAPSULE (25MG, 50MG, 75MG, 100MG, 150MG, 200MG)	LYRICA					270	90	X
PREGABALIN CAPSULE (225MG, 300MG)	LYRICA					180	90	X
PREGABALIN SOLUTION	LYRICA					2700	90	X
PRIMIDONE TABLET	MYSOLINE							X
RUFINAMIDE SUSPENSION	BANZEL			PA REQUIRED				X
RUFINAMIDE TABLET	BANZEL			PA REQUIRED				X
TOPIRAMATE CAPSULE ER 24 HR	TROKENDI XR	BRAND ONLY		PA REQUIRED				X
TOPIRAMATE CAPSULE SPRINKLE (15MG, 25MG)	TOPAMAX SPRINKLE							X
TOPIRAMATE CP24 SPRINKLE	QUDEXY XR			PA REQUIRED				X
TOPIRAMATE TABLET	TOPAMAX							X
ZONISAMIDE CAPSULE	ZONEGRAN							X
ZONISAMIDE SUSPENSION	ZONISADE					240	90	X
CARBAMATES**								
CENOBAMATE TABLET	XCOPRI			PA REQUIRED				X
CENOBAMATE TAB THER PACK	XCOPRI			PA REQUIRED				X
FELBAMATE SUSPENSION	FELBATOL							X
FELBAMATE TABLET	FELBATOL							X
GABA MODULATORS**								
TIAGABINE HCL TABLET	GABITRIL			PA REQUIRED				X
HYDANTOINS**								
PHENYTOIN TABLET CHEWABLE	DILANTIN CHEWABLES							X
PHENYTOIN SODIUM EXTENDED CAPSULE	DILANTIN/PHENYTEK ER							X
PHENYTOIN SUSPENSION	DILANTIN-125							X
SUCCINIMIDES**								
ETHOSUXIMIDE CAPSULE	ZARONTIN							X
ETHOSUXIMIDE SOLUTION	ZARONTIN							X
METHSUXIMIDE CAPSULE	CELONTIN							X
VALPROIC ACID**								
DIVALPROEX SODIUM CAP DR SPRINKLE	DEPAKOTE SPRINKLES							X
DIVALPROEX SODIUM TABLET ER 24HR	DEPAKOTE ER							X
DIVALPROEX SODIUM TABLET ENTERIC COATED	DEPAKOTE							X
VALPROATE SODIUM SOLUTION	VALPROATE SODIUM							X
VALPROIC ACID CAPSULE	VALPROIC ACID							X
ANTIDEPRESSANTS*								
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)**								
MIRTAZAPINE TABLET	REMERON			PA REQUIRED for Ages < 6 years		90	90	X
MIRTAZAPINE TABLET DISINTEGRATING	REMERON SOLTAB			PA REQUIRED for Ages < 6 years		90	90	X
ANTIDEPRESSANTS - MISC.**								
BUPROPION HCL TABLET	BUPROPION HCL			PA REQUIRED for Ages < 6 years		360	90	X
BUPROPION HCL TABLET ER 12HR	WELLBUTRIN SR			PA REQUIRED for Ages < 6 years		180	90	X
BUPROPION HCL TABLET ER 24HR	WELLBUTRIN XL			PA REQUIRED for Ages < 6 years		90	90	X
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID**								
ZURANOLONE CAPSULE	ZURZUVAE			PA REQUIRED				
N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS**								
ESKETAMINE HCL SOLN THER PACK	SPRAVATO			PA REQUIRED				X

AHCCCS Fee-For-Service Acute/Long Term Care Program Drug List

Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	PREFERRED DRUG Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days	Maintenace Indicator (Maintenace Drugs are allowed 90 Days Supply)
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)**								
CITALOPRAM HYDROBROMIDE SOLUTION	CITALOPRAM HYDROBROMIDE			PA REQUIRED for Ages < 6 years and for > the age of 12 years of age		1800	90	X
CITALOPRAM HYDROBROMIDE TABLET (10MG)	CELEXA			PA REQUIRED for Ages < 6 years		180	90	X
CITALOPRAM HYDROBROMIDE TABLET (20MG, 40MG)	CELEXA			PA REQUIRED for Ages < 6 years		90	90	X
ESCITALOPRAM OXALATE TABLET (5MG)	LEXAPRO			PA REQUIRED for Ages < 6 years		180	90	X
ESCITALOPRAM OXALATE TABLET (10MG, 20MG)	LEXAPRO			PA REQUIRED for Ages < 6 years		90	90	X
FLUOXETINE HCL CAPSULE (10MG, 40MG)	PROZAC			PA REQUIRED for Ages < 6 years		180	90	X
FLUOXETINE HCL CAPSULE (20MG)	PROZAC			PA REQUIRED for Ages < 6 years		360	90	X
FLUOXETINE HCL SOLUTION	FLUOXETINE HCL			PA REQUIRED for Ages < 6 years and for > the age of 12 years of age		1800	90	X
FLUVOXAMINE MALEATE TABLET (25MG)	LUVOX			PA REQUIRED for Ages < 6 years		180	90	X
FLUVOXAMINE MALEATE TABLET (50MG)	LUVOX			PA REQUIRED for Ages < 6 years		540	90	X
FLUVOXAMINE MALEATE TABLET (100MG)	LUVOX			PA REQUIRED for Ages < 6 years		270	90	X
PAROXETINE HCL TABLET (10MG, 20MG, 30MG)	PAXIL			PA REQUIRED for Ages < 6 years		90	90	X
PAROXETINE HCL TABLET (40MG)	PAXIL			PA REQUIRED for Ages < 6 years		135	90	X
SERTRALINE HCL CONCENTRATE	ZOLOFT			PA REQUIRED for Ages < 6 years and for > the age of 12 years of age		900	90	X
SERTRALINE HCL TABLET (25MG)	ZOLOFT			PA REQUIRED for Ages < 6 years		270	90	X
SERTRALINE HCL TABLET (50MG)	ZOLOFT			PA REQUIRED for Ages < 6 years		360	90	X
SERTRALINE HCL TABLET (100MG)	ZOLOFT			PA REQUIRED for Ages < 6 years		180	90	X
SEROTONIN MODULATORS**								
TRAZODONE HCL TABLET (50MG)	TRAZODONE HYDROCHLORIDE			PA REQUIRED for Ages < 6 years		270	90	X
TRAZODONE HCL TABLET (100MG)	TRAZODONE HYDROCHLORIDE			PA REQUIRED for Ages < 6 years		360	90	X
TRAZODONE HCL TABLET (150MG)	TRAZODONE HYDROCHLORIDE			PA REQUIRED for Ages < 6 years		180	90	X
TRAZODONE HCL TABLET (300MG)	TRAZODONE HYDROCHLORIDE			PA REQUIRED for Ages < 6 years		90	90	X
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)**								
DESVENLAFAXINE SUCCINATE TABLET ER 24HR	PRISTIQ			PA REQUIRED for Ages < 6 years		90	90	X
DULOXETINE HCL CAPSULE DR PART (20MG, 30MG)	CYMBALTA			PA REQUIRED for Ages < 6 years		360	90	X
DULOXETINE HCL CAPSULE DR PART(60MG)	CYMBALTA			PA REQUIRED for Ages < 6 years		180	90	X
VENLAFAXINE HCL CAPSULE ER 24 HR - CAPSULE ONLY (37.5MG, 75MG)	EFFEXOR XR			PA REQUIRED for Ages < 6 years		270	90	X
VENLAFAXINE HCL CAPSULE ER 24 HR - CAPSULE ONLY (150MG)	EFFEXOR XR			PA REQUIRED for Ages < 6 years		90	90	X
VENLAFAXINE HCL TABLET - IMMEDIATE RELEASE ONLY - TABLET ONLY (25MG)	VENLAFAXINE HYDROCHLORIDE			PA REQUIRED for Ages < 6 years		360	90	X
VENLAFAXINE HCL TABLET - IMMEDIATE RELEASE ONLY - TABLET ONLY (37.5MG, 50MG)	VENLAFAXINE HYDROCHLORIDE			PA REQUIRED for Ages < 6 years		270	90	X
VENLAFAXINE HCL TABLET - IMMEDIATE RELEASE ONLY - TABLET ONLY (75MG)	VENLAFAXINE HYDROCHLORIDE			PA REQUIRED for Ages < 6 years		450	90	X
VENLAFAXINE HCL TABLET - IMMEDIATE RELEASE ONLY - TABLET ONLY (100MG)	VENLAFAXINE HYDROCHLORIDE			PA REQUIRED for Ages < 6 years		270	90	X
TRICYCLIC AGENTS**								
AMITRIPTYLINE HCL TABLET	AMITRIPTYLINE HYDROCHLORIDE			PA REQUIRED for Ages < 6 years				X
AMOXAPINE TABLET	AMOXAPINE			PA REQUIRED for ages < 6 years				X
CLOMIPRAMINE HCL CAPSULE	ANAFRANIL			PA REQUIRED for Ages < 6 years				X
DESIPRAMINE HCL TABLET	NORPRAMIN			PA REQUIRED for Ages < 6 years				X
DOXEPIN HCL CAPSULE	DOXEPIN HCL			PA REQUIRED for Ages < 6 years		270	90	X
DOXEPIN HCL CONCENTRATE	DOXEPIN HCL			PA REQUIRED for Ages < 6 years		540	90	X
IMIPRAMINE HCL TABLET	IMIPRAMINE HCL			PA REQUIRED for Ages < 6 years				X
IMIPRAMINE PAMOATE CAPSULE	IMIPRAMINE PAMOATE			PA REQUIRED for Ages < 6 years		90	90	X
NORTRIPTYLINE HCL CAPSULE	PAMELOR			PA REQUIRED for Ages < 6 years				X
NORTRIPTYLINE HCL SOLUTION	NORTRIPTYLINE HCL			PA REQUIRED for Ages < 6 years				X
PROTRIPTYLINE HCL TABLET	PROTRIPTYLINE HCL			PA REQUIRED for Ages < 6 years				X
TRIMIPRAMINE MALEATE CAPSULE	TRIMIPRAMINE MALEATE			PA REQUIRED for Ages < 6 years				X
TRIMIPRAMINE MALEATE POWDER	TRIMIPRAMINE MALEATE			PA REQUIRED for < 6 years of age				X
ANTIDIABETICS*								
ALPHA-GLUCOSIDASE INHIBITORS**								
ACARBOSE TABLET	PRECOSE							X

AHCCCS Fee-For-Service Acute/Long Term Care Program Drug List

Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	PREFERRED DRUG Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days	Maintenace Indicator (Maintenace Drugs are allowed 90 Days Supply)
ANTIDIABETIC - AMYLIN ANALOGS**								
PRAMLINTIDE ACETATE SOLN PEN-INJ	SYMLINPEN 60		PREFERRED DRUG	PA REQUIRED				X
ANTIDIABETIC COMBINATIONS**								
ALOGLIPTIN-METFORMIN HCL TABLET	ALOGLIPTIN-METFORMIN		PREFERRED DRUG		Step Through Metformin			X
ALOGLIPTIN-PIOGLITAZONE TABLET	ALOGLIPTIN-PIOGLITAZONE		PREFERRED DRUG		Step Through Metformin			X
DAPAGLIFLOZIN FREE BASE-METFORMIN HCL TABLET ER 24HR	XIGDUO XR	BRAND ONLY	PREFERRED DRUG		Step Through Metformin			X
EMPAGLIFLOZIN-LINAGLIPTIN-METFORMIN TABLET ER 24HR	TRIJARDY XR	BRAND ONLY	PREFERRED DRUG		Step Through Metformin			X
EMPAGLIFLOZIN-METFORMIN HCL TABLET	SYNJARDY	BRAND ONLY	PREFERRED DRUG		Step Through Metformin			X
LINAGLIPTIN-METFORMIN HCL TABLET	JENTADUETO	BRAND ONLY	PREFERRED DRUG		Step Through Metformin			X
PIOGLITAZONE HCL-METFORMIN HCL TABLET	ACTOPLUS MET		PREFERRED DRUG					X
SITAGLIPTIN PHOSPHATE-METFORMIN HCL TABLET	JANUMET	BRAND ONLY	PREFERRED DRUG		Step Through Metformin			X
SITAGLIPTIN PHOSPHATE-METFORMIN HCL TABLET ER 24HR	JANUMET XR	BRAND ONLY	PREFERRED DRUG		Step Through Metformin			X
BIGUANIDES**								
METFORMIN HCL TABLET (500MG, 850MG, 1000MG)	METFORMIN HYDROCHLORIDE							X
METFORMIN HCL TABLET ER 24HR (GENERIC OF GLUCOPHAGE XR ONLY-500MG, 750MG)	Various GENERIC OF GLUCOPHAGE XR ONLY-500MG & 750MG			PA REQUIRED for Osmotic and Modified Release Products				X
DIABETIC OTHER**								
DASIGLUCAGON HCL SOLN AUTO-INJ	ZEGALOGUE	BRAND ONLY	PREFERRED DRUG			2	30	
DASIGLUCAGON HCL SOLN PREF SYR	ZEGALOGUE	BRAND ONLY	PREFERRED DRUG			2	30	
DIAZOXIDE SUSPENSION	PROGLYCEM	BRAND ONLY	PREFERRED DRUG					X
GLUCAGON POWDER	BAQSIMI	BRAND ONLY	PREFERRED DRUG			2	30	
GLUCAGON SOLUTION RECONSTITUTED	GLUCAGON EMERGENCY KIT (BY AMPHASTAR & CIPLA USA)	BRAND ONLY	PREFERRED DRUG			2	30	
MIFEPRISTONE (HYPERGLYCEMIA) TABLET	KORLYM			PA REQUIRED				X
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS**								
ALOGLIPTIN BENZOATE TABLET	VARIOUS		PREFERRED DRUG		Step Through Metformin			X
LINAGLIPTIN TABLET	TRADJENTA	BRAND ONLY	PREFERRED DRUG		Step Through Metformin			X
SITAGLIPTIN PHOSPHATE TABLET	JANUVIA	BRAND ONLY	PREFERRED DRUG		Step Through Metformin			X
INCRETIN MIMETIC AGENTS**								
DULAGLUTIDE SOLN AUTO-INJ	TRULICITY		PREFERRED DRUG	PA REQUIRED				X
EXENATIDE SOLN PEN-INJ	BYETTA		PREFERRED DRUG	PA REQUIRED				X
LIRAGLUTIDE SOLN PEN-INJ	VICTOZA	Brand & Generic	PREFERRED DRUG	PA REQUIRED				X
INSULIN SENSITIZING AGENTS**								
INSULIN DEGLUDEC SOLUTION	TRESIBA	BRAND ONLY						X
INSULIN DEGLUDEC SOLN PEN-INJ	TRESIBA	BRAND ONLY						X
PIOGLITAZONE HCL TABLET	ACTOS							X
INSULIN**								
INSULIN ASPART PROTAMINE & ASPART (HUMAN) SUSP PEN-INJ (70/30)	NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION		PREFERRED DRUG					X
INSULIN ASPART PROTAMINE & ASPART (HUMAN) SUSPENSION	NOVOLOG MIX 70/30		PREFERRED DRUG					X
INSULIN ASPART SOLN CARTRIDGE	NOVOLOG PENFILL		PREFERRED DRUG					X
INSULIN ASPART SOLUTION	NOVOLOG		PREFERRED DRUG					X
INSULIN ASPART SOLN PEN-INJ	NOVOLOG FLEXPEN		PREFERRED DRUG					X
INSULIN GLARGINE SOLUTION	LANTUS	BRAND ONLY	PREFERRED DRUG					X
INSULIN GLARGINE SOLN PEN-INJ	LANTUS SOLOSTAR	BRAND ONLY	PREFERRED DRUG					X
INSULIN LISPRO PROTAMINE & LISPRO SUSP PEN-INJ	HUMALOG MIX 50/50 KWIKPEN, HUMALOG MIX 75/25 KWIKPEN	AUTHORIZED GENERIC ONLY	PREFERRED DRUG					X
INSULIN LISPRO SOLUTION	HUMALOG	AUTHORIZED GENERIC ONLY	PREFERRED DRUG					X
INSULIN LISPRO SOLN PEN-INJ (100/ML)	HUMALOG JUNIOR KWIKPEN, HUMALOG KWIKPEN INJ 100/ML	AUTHORIZED GENERIC ONLY	PREFERRED DRUG					X
INSULIN NPH (HUMAN) (ISOPHANE) SUSPENSION	NOVOLIN N	BRAND ONLY	PREFERRED DRUG					X
INSULIN NPH ISOPHANE & REG (HUMAN) SUSP PEN-INJ	HUMULIN 70/30 KWIKPEN							X
INSULIN NPH ISOPHANE & REG (HUMAN) SUSPENSION	HUMULIN 70/30, NOVOLIN 70/30, HUMULIN 70/30 KWIKPEN	BRAND ONLY	PREFERRED DRUG					X
INSULIN REGULAR (HUMAN) SOLUTION	NOVOLIN/HUMULIN R U-100	BRAND ONLY	PREFERRED DRUG					X
INSULIN REGULAR (HUMAN) SOLUTION	HUMULIN R U-500	BRAND ONLY	PREFERRED DRUG	PA REQUIRED				X

AHCCCS Fee-For-Service Acute/Long Term Care Program Drug List

Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	PREFERRED DRUG Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days	Maintenace Indicator (Maintenance Drugs are allowed 90 Days Supply)
INSULIN REGULAR (HUMAN) SOLN PEN-INJ	HUMULIN R U-500 KWIKPEN	BRAND ONLY	PREFERRED DRUG	PA REQUIRED				X
MEGLITINIDE ANALOGUES**								
NATEGLINIDE TABLET	STARLIX							X
REPAGLINIDE TABLET	REPAGLINIDE							X
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS**								
DAPAGLIFLOZIN TABLET	FARXIGA	BRAND ONLY	PREFERRED DRUG		Step Through Metformin			X
EMPAGLIFLOZIN TABLET	JARDIANCE	BRAND ONLY	PREFERRED DRUG		Step Through Metformin			X
SULFONYLUREAS**								
GLIMEPIRIDE TABLET (EXCLUDING 3MG)	AMARYL							X
GLIPIZIDE TABLET (EXCLUDING 15MG)	GLUCOTROL							X
GLIPIZIDE TABLET ER 24HR	GLUCOTROL XL							X
GLYBURIDE MICRONIZED TABLET	GLYNASE							X
GLYBURIDE TABLET	GLYBURIDE							X
ANTIDIARRHEAL/PROBIOTIC AGENTS*								
ANTIPERISTALTIC AGENTS**								
DIPHENOXYLATE W/ ATROPINE LIQUID	DIPHENOXYLATE/ATROPINE							
DIPHENOXYLATE W/ ATROPINE TABLET	LOMOTIL							
LOPERAMIDE HCL CAPSULE	IMODIUM A-D							
LOPERAMIDE HCL LIQUID	IMODIUM A-D							
LOPERAMIDE HCL SOLUTION	IMODIUM A-D							
LOPERAMIDE HCL SUSPENSION	LOPERAMIDE HCL							
LOPERAMIDE HCL TABLET	IMODIUM A-D							
ANTIDOTES AND SPECIFIC ANTAGONISTS*								
OPIOID ANTAGONISTS**								
NALOXONE HCL LIQUID (4mg, 8mg)	NARCAN/KLOXXADO/REXTOVY NASAL SPRAY		PREFERRED DRUG			2	1	
NALOXONE HCL SOLN CARTRIDGE	NALOXONE HYDROCHLORIDE		PREFERRED DRUG					
NALOXONE HCL SOLUTION	NALOXONE HYDROCHLORIDE		PREFERRED DRUG					
NALOXONE HCL SOLN PREF SYR	NALOXONE HYDROCHLORIDE		PREFERRED DRUG					
NALTREXONE HCL TABLET	NALTREXONE HCL		PREFERRED DRUG					
NALTREXONE SUSPENSION RECONSTITUTED	VIVITROL		PREFERRED DRUG					
ANTIEMETICS*								
5-HT3 RECEPTOR ANTAGONISTS**								
DOLASETRON MESYLATE TABLET	ANZEMET			PA REQUIRED				
GRANISETRON HCL SOLUTION	GRANISETRON HCL			PA REQUIRED				
GRANISETRON HCL TABLET	GRANISETRON HYDROCHLORIDE			PA REQUIRED				
ONDANSETRON HCL SOLUTION	ONDANSETRON HYDROCHLORIDE					300	30	
ONDANSETRON HCL SOLN PREF SYR	ONDANSETRON HYDROCHLORIDE							
ONDANSETRON HCL TABLET	ZOFRAN					60	30	
ONDANSETRON TABLET DISINTEGRATING	ONDANSETRON ODT					60	30	
ANTIEMETICS - ANTICHOLINERGIC**								
MECLIZINE HCL TABLET CHEWABLE	DRAMAMINE MOTION SICKNESS LESS DROWSY							
MECLIZINE HCL TABLET	WAL-DRAM II							
TRIMETHOBENZAMIDE HCL CAPSULE	TIGAN							
TRIMETHOBENZAMIDE HCL SOLUTION	TIGAN							
ANTIEMETICS - MISCELLANEOUS**								
DOXYLAMINE-PYRIDOXINE TABLET ENTERIC COATED	DICLEGIS							
DRONABINOL CAPSULE	MARINOL			PA REQUIRED				
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS**								
APREPITANT CAPSULE	EMEND					6	21	
APREPITANT CAPSULE	APREPITANT					6	21	
ANTIFUNGALS*								
ANTIFUNGALS**								
GRISEOFULVIN MICROSIZED SUSPENSION	GRISEOFULVIN MICROSIZED							
GRISEOFULVIN MICROSIZED TABLET	GRISEOFULVIN MICROSIZED							
NYSTATIN TABLET	NYSTATIN							

AHCCCS Fee-For-Service Acute/Long Term Care Program Drug List

Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	PREFERRED DRUG Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days	Maintenace Indicator (Maintenace Drugs are allowed 90 Days Supply)
TERBINAFINE HCL TABLET	TERBINAFINE HCL					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				X
VORICONAZOLE TABLET	VFEND			PA REQUIRED				
VORICONAZOLE SUSPENSION RECONSTITUTED	VFEND	BRAND ONLY		PA REQUIRED				
ANTI-HISTAMINES*								
ANTI-HISTAMINES - ALKYLAMINES**								
BROMPHENIRAMINE MALEATE LIQUID	DIMETAPP							
CHLORPHENIRAMINE MALEATE TABLET	WAL-FINATE							
DEXCHLORPHENIRAMINE MALEATE SOLUTION	RYCLORA							
ANTI-HISTAMINES - ETHANOLAMINES**								
CLEMASTINE FUMARATE TABLET	DAYHIST ALLERGY 12 HOUR RELIEF							
DIPHENHYDRAMINE HCL CAPSULE	WAL-DRYL ALLERGY							
DIPHENHYDRAMINE HCL TABLET CHEWABLE	BENADRYL ALLERGY CHILDRENS							
DIPHENHYDRAMINE HCL ELIXIR	DIPHENHYDRAMINE HCL							
DIPHENHYDRAMINE HCL LIQUID	WAL-DRYL ALLERGY CHILDRENS							
DIPHENHYDRAMINE HCL SOLUTION	DIPHENHYDRAMINE HCL							
DIPHENHYDRAMINE HCL SUSPENSION RECONSTITUTED	DICOPANOL FUSEPAQ							
DIPHENHYDRAMINE HCL TABLET	WAL-DRYL ALLERGY							
DIPHENHYDRAMINE HCL TABLET DISINTEGRATING	WAL-DRYL ALLERGY RELIEF CHILDRENS							
ANTI-HISTAMINES - NON-SEDATING**								
CETIRIZINE HCL SOLUTION	WAL-ZYR CHILDRENS					150	30	
CETIRIZINE HCL TABLET	KLS ALLER-TEC					30	30	
CETIRIZINE HCL TABLET DISINTEGRATING	ZYRTEC ALLERGY CHILDRENS					30	30	
FEXOFENADINE HCL TABLET (60 MG)	ALLEGRA ALLERGY					60	30	
FEXOFENADINE HCL TABLET (180 MG)	ALLEGRA ALLERGY					30	30	
FEXOFENADINE HCL TABLET DISINTEGRATING	ALLEGRA ALLERGY CHILDRENS					30	30	
LEVOCETIRIZINE DIHYDROCHLORIDE TABLET	LEVOCETIRIZINE					30	30	
LORATADINE TABLET CHEWABLE	WAL-ITIN ALLERGY CHILDRENS					30	30	
LORATADINE SOLUTION	WAL-ITIN					150	30	
LORATADINE SYRUP	CHILDRENS LORATADINE					150	30	
LORATADINE TABLET	WAL-ITIN					30	30	
LORATADINE TABLET DISINTEGRATING (5MG)	CLARITIN REDITABS					30	30	
ANTI-HISTAMINES - PHENOTHIAZINES**								
PROMETHAZINE HCL SOLUTION	PHENERGAN							
PROMETHAZINE HCL SUPPOSITORY	PROMETHEGAN							
PROMETHAZINE HCL TABLET	PROMETHAZINE HYDROCHLORIDE							
ANTI-HISTAMINES - PIPERIDINES**								
CYPROHEPTADINE HCL SYRUP	CYPROHEPTADINE HCL							
CYPROHEPTADINE HCL TABLET	CYPROHEPTADINE HYDROCHLORIDE							
ANTIHYPERLIPIDEMICS*								
BILE ACID SEQUESTRANTS**								
CHOLESTYRAMINE LIGHT PACKET	PREVALITE							X
CHOLESTYRAMINE LIGHT POWDER	PREVALITE							X
CHOLESTYRAMINE PACKET	QUESTRAN							X
CHOLESTYRAMINE POWDER	QUESTRAN							X
COLESTIPOL HCL TABLET	COLESTID							X
FIBRIC ACID DERIVATIVES**								
FENOFIBRATE MICRONIZED CAPSULE (67MG, 134MG, 200MG)	ANTARA							X
FENOFIBRATE TABLET (48MG, 54MG, 145MG, 160MG)	FENOGLIDE							X
GEMFIBROZIL TABLET	LOPID							X

AHCCCS Fee-For-Service Acute/Long Term Care Program Drug List

Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	PREFERRED DRUG Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days	Maintenace Indicator (Maintenace Drugs are allowed 90 Days Supply)
HMG COA REDUCTASE INHIBITORS**								
ATORVASTATIN CALCIUM TABLET	LIPITOR					90	90	X
LOVASTATIN TABLET	LOVASTATIN					90	90	X
PRAVASTATIN SODIUM TABLET	PRAVASTATIN SODIUM					90	90	X
ROSUVASTATIN CALCIUM TABLET	CRESTOR					90	90	X
SIMVASTATIN TABLET	ZOCOR					90	90	X
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS**								
EZETIMIBE TABLET	ZETIA							X
NICOTINIC ACID DERIVATIVES**								
NIACIN (ANTIHYPERLIPIDEMIC) TABLET	NIACOR							
ANTIHYPERTENSIVES*								
ACE INHIBITORS**								
BENAZEPRIL HCL TABLET	LOTENSIN							X
ENALAPRIL MALEATE SOLUTION	EPANED							X
ENALAPRIL MALEATE TABLET	VASOTEC							X
LISINOPRIL TABLET	ZESTRIL							X
RAMIPRIL CAPSULE	ALTACE							X
ANGIOTENSIN II RECEPTOR ANTAGONISTS**								
IRBESARTAN TABLET	AVAPRO							X
LOSARTAN POTASSIUM TABLET	COZAAR							X
TELMISARTAN TABLET	MICARDIS							X
VALSARTAN TABLET	DIOVAN							X
ANTIADRENERGIC ANTIHYPERTENSIVES**								
CLONIDINE HCL TABLET (EXCLUDING 0.05MG)	CLONIDINE HYDROCHLORIDE				PA REQUIRED for Ages < 6 years			X
CLONIDINE PATCH WEEKLY	CATAPRES-TTS-1				PA REQUIRED for < 6 years of age	12	90	X
DOXAZOSIN MESYLATE TABLET	CARDURA							X
GUANFACINE HCL TABLET	GUANFACINE HCL				PA REQUIRED for Ages < 6 years			X
METHYLDOPA TABLET	METHYLDOPA							X
PRAZOSIN HCL CAPSULE	MINIPRESS							X
TERAZOSIN HCL CAPSULE	TERAZOSIN HCL							X
ANTIHYPERTENSIVE COMBINATIONS**								
AMLODIPINE BESYLATE-BENAZEPRIL HCL CAPSULE	LOTREL							X
AMLODIPINE BESYLATE-VALSARTAN TABLET	EXFORGE							X
ATENOLOL & CHLORTHALIDONE TABLET	TENORETIC 50							X
BENAZEPRIL & HYDROCHLOROTHIAZIDE TABLET	LOTENSIN HCT							X
BISOPROLOL & HYDROCHLOROTHIAZIDE TABLET	ZIAC							X
CAPTOPRIL & HYDROCHLOROTHIAZIDE TABLET (25-15MG, 50-15MG)	CAPTOPRIL/HYDROCHLOROTHIAZIDE							X
ENALAPRIL MALEATE & HYDROCHLOROTHIAZIDE TABLET	VASERETIC							X
IRBESARTAN-HYDROCHLOROTHIAZIDE TABLET	AVALIDE							X
LISINOPRIL & HYDROCHLOROTHIAZIDE TABLET	ZESTORETIC							X
LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE TABLET	HYZAAR							X
METOPROLOL & HYDROCHLOROTHIAZIDE TABLET	METOPROLOL/HYDROCHLOROTHIAZIDE							X
QUINAPRIL-HYDROCHLOROTHIAZIDE TABLET	ACCURETIC							X
VALSARTAN-HYDROCHLOROTHIAZIDE TABLET	DIOVAN HCT							X
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)**								
EPLERENONE TABLET	INSPRA				PA REQUIRED			X
VASODILATORS**								
HYDRALAZINE HCL TABLET	HYDRALAZINE HCL							X
MINOXIDIL TABLET	MINOXIDIL							X
ANTI-INFECTIVE AGENTS - MISC.*								
ANTI-INFECTIVE AGENTS - MISC.**								
METRONIDAZOLE SOLUTION	METRONIDAZOLE							
METRONIDAZOLE SUSPENSION	LIKMEZ				PA REQUIRED			
METRONIDAZOLE TABLET (250MG, 500MG)	FLAGYL							
PENTAMIDINE ISETHIONATE SOLUTION RECONSTITUTED	PENTAM 300							

AHCCCS Fee-For-Service Acute/Long Term Care Program Drug List

Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	PREFERRED DRUG Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days	Maintenace Indicator (Maintenance Drugs are allowed 90 Days Supply)
RIFAXIMIN TABLET	XIFAXAN							X
TINIDAZOLE TABLET	TINIDAZOLE							
TRIMETHOPRIM TABLET	TRIMETHOPRIM							
ANTI-INFECTIVE MISC. - COMBINATIONS**								
SULFAMETHOXAZOLE-TRIMETHOPRIM SOLUTION	SULFAMETHOXAZOLE/TRIMETHOPRIM							
SULFAMETHOXAZOLE-TRIMETHOPRIM SUSPENSION	SULFATRIM PEDIATRIC							
SULFAMETHOXAZOLE-TRIMETHOPRIM TABLET	BACTRIM							
CARBAPENEMS**								
ERTAPENEM SODIUM SOLUTION RECONSTITUTED	INVANZ							
IMIPENEM-CILASTATIN SOLUTION RECONSTITUTED	PRIMAXIN IV							
MEROPENEM & SODIUM CHLORIDE SOLUTION RECONSTITUTED	MEROPENEM/SODIUM CHLORIDE							
MEROPENEM SOLUTION RECONSTITUTED	MEROPENEM							
MEROPENEM-VABORBACTAM SOLUTION RECONSTITUTED	VABOMERE							
CHLORAMPHENICOLS**								
CHLORAMPHENICOL SODIUM SUCCINATE SOLUTION RECONSTITUTED	CHLORAMPHENICOL SODIUM SUCCINATE							
CYCLIC LIPOPEPTIDES**								
DAPTOMYCIN SOLUTION RECONSTITUTED	CUBICIN							
GLYCOPEPTIDES**								
DALBAVANCIN HCL SOLUTION RECONSTITUTED	DALVANCE							
ORITAVANCIN DIPHOSPHATE SOLUTION RECONSTITUTED	ORBACTIV							
TELAVANCIN HCL SOLUTION RECONSTITUTED	VIBATIV							
VANCOMYCIN HCL CAPSULE	VANCOCIN			PA REQUIRED				
VANCOMYCIN HCL SOLUTION	VANCOMYCIN HCL (IV)							
VANCOMYCIN HCL SOLUTION RECONSTITUTED	VANCOCIN HCL (IV)							
VANCOMYCIN HCL SOLUTION RECONSTITUTED	FIRVANQ (ORAL)							
VANCOMYCIN HCL-DEXTROSE SOLUTION	VANCOMYCIN HYDROCHLORIDE/DEXTROSE							
VANCOMYCIN HCL-SODIUM CHLORIDE SOLUTION	VANCOMYCIN							
LEPROSTATICS**								
DAPSONE TABLET	DAPSONE							X
LINCOSAMIDES**								
CLINDAMYCIN HCL CAPSULE	CLEOCIN							
CLINDAMYCIN PALMITATE HYDROCHLORIDE SOLUTION RECONSTITUTED	CLEOCIN PEDIATRIC GRANULES							
CLINDAMYCIN PHOSPHATE IN D5W SOLUTION	CLINDAMYCIN PHOSPHATE IN D5W							
CLINDAMYCIN PHOSPHATE IN NACL SOLUTION	CLINDAMYCIN/SODIUM CHLORIDE							
CLINDAMYCIN PHOSPHATE SOLUTION	CLEOCIN PHOSPHATE							
LINCOMYCIN HCL SOLUTION	LINCOCIN							
MONOBACTAMS**								
AZTREONAM SOLUTION RECONSTITUTED	AZACTAM							
OXAZOLIDINONES**								
LINEZOLID IN SODIUM CHLORIDE SOLUTION	LINEZOLID							
LINEZOLID SOLUTION	ZYVOX							
LINEZOLID SUSPENSION RECONSTITUTED	ZYVOX				PA REQUIRED			
LINEZOLID TABLET	ZYVOX				PA REQUIRED			
TEDIZOLID PHOSPHATE SOLUTION RECONSTITUTED	SIVEXTRO							
POLYMYXINS**								
COLISTIMETHATE SODIUM SOLUTION RECONSTITUTED	COLY-MYCIN M							
POLYMYXIN B SULFATE SOLUTION RECONSTITUTED	POLYMYXIN B SULFATE							
STREPTOGRAMINS**								
URINARY ANTI-INFECTIVES**								
NITROFURANTOIN MACROCRYSTAL CAPSULE	MACRODANTIN							
NITROFURANTOIN MONOHYD MACRO CAPSULE	MACROBID							
NITROFURANTOIN SUSPENSION	NITROFURANTOIN							
ANTIMALARIALS*								
ANTIMALARIAL COMBINATIONS**								

AHCCCS Fee-For-Service Acute/Long Term Care Program Drug List

Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	PREFERRED DRUG Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days	Maintenace Indicator (Maintenace Drugs are allowed 90 Days Supply)
ARTEMETHER-LUMEFANTRINE TABLET	COARTEM							
ATOVAQUONE-PROGUANIL HCL TABLET	MALARONE							
ANTIMALARIALS**								
CHLOROQUINE PHOSPHATE TABLET	CHLOROQUINE PHOSPHATE							X
HYDROXYCHLOROQUINE SULFATE TABLET	PLAQUENIL							X
PRIMAQUINE PHOSPHATE TABLET	PRIMAQUINE PHOSPHATE							
PYRIMETHAMINE TABLET	DARAPRIM							
QUININE SULFATE CAPSULE	QUALAQUIN							
ANTIMYASTHENIC/CHOLINERGIC AGENTS*								
ANTIMYASTHENIC/CHOLINERGIC AGENTS**								
PYRIDOSTIGMINE BROMIDE SOLUTION	MESTINON							
PYRIDOSTIGMINE BROMIDE TABLET	MESTINON							
PYRIDOSTIGMINE BROMIDE TABLET ER	MESTINON TIMESPAN							
ANTIMYCOBACTERIAL AGENTS*								
ANTIMYCOBACTERIAL AGENTS**								
ETHAMBUTOL HCL TABLET	MYAMBUTOL							
ISONIAZID SOLUTION	ISONIAZID							
ISONIAZID SYRUP	ISONIAZID							X
ISONIAZID TABLET	ISONIAZID							X
PYRAZINAMIDE TABLET	PYRAZINAMIDE							
RIFAMPIN CAPSULE	RIFAMPIN							
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES*								
ALKYLATING AGENTS**								
CYCLOPHOSPHAMIDE CAPSULE	CYCLOPHOSPHAMIDE							
CYCLOPHOSPHAMIDE TABLET	CYCLOPHOSPHAMIDE							
MELPHALAN TABLET	MELPHALAN			PA REQUIRED				
TEMOZOLOMIDE CAPSULE	TEMODAR			PA REQUIRED				
ANTIMETABOLITES**								
MERCAPTOPYRINE TABLET	MERCAPTOPYRINE							
METHOTREXATE SODIUM TABLET	TREXALL							
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS**								
AXITINIB TABLET	INLYTA			PA REQUIRED				
BEVACIZUMAB-AWWB SOLUTION	MVASI			PA REQUIRED				
BEVACIZUMAB-BVZR SOLUTION	ZIRABEV			PA REQUIRED				
ANTINEOPLASTIC - ANTIBODIES**								
PEMBROLIZUMAB SOLUTION	KEYTRUDA			PA REQUIRED				
RITUXIMAB-ARRX SOLUTION	RIABNI			PA REQUIRED				
RITUXIMAB-PVVR SOLUTION	RUXIENCE			PA REQUIRED				
ANTINEOPLASTIC - ANTI-HER2 AGENTS**								
TRASTUZUMAB-DKST SOLUTION RECONSTITUTED	OGIVRI			PA REQUIRED				
ANTINEOPLASTIC - EGFR INHIBITORS**								
ERLOTINIB HCL TABLET	TARCEVA			PA REQUIRED				
GEFITINIB TABLET	IRESSA			PA REQUIRED				
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS**								
VISMODEGIB CAPSULE	ERIVEDGE			PA REQUIRED				
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS**								
ABIRATERONE ACETATE MICRONIZED TABLET	YONSA			PA REQUIRED				
ABIRATERONE ACETATE TABLET	ZYTIGA			PA REQUIRED				
ANASTROZOLE TABLET	ARIMIDEX			PA REQUIRED				X
BICALUTAMIDE TABLET	CASODEX							
DEGARELIX ACETATE SOLUTION RECONSTITUTED	FIRMAGON			PA REQUIRED				
ESTRAMUSTINE PHOSPHATE SODIUM CAPSULE	EMCYT			PA REQUIRED				
EXEMESTANE TABLET	AROMASIN			PA REQUIRED				X
LETROZOLE TABLET	FEMARA			PA REQUIRED				X
LEUPROLIDE ACETATE KIT	LUPRON DEPOT (1-MONTH)		PREFERRED DRUG	PA REQUIRED				
LEUPROLIDE ACETATE (3 MONTH) INJECTABLE	ELIGARD			PA REQUIRED				
LEUPROLIDE ACETATE (3 MONTH) KIT	LEUPROLIDE			PA REQUIRED				

AHCCCS Fee-For-Service Acute/Long Term Care Program Drug List

Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	PREFERRED DRUG Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days	Maintenace Indicator (Maintenace Drugs are allowed 90 Days Supply)
LEUPROLIDE ACETATE (4 MONTH) KIT	ELIGARD			PA REQUIRED				
LEUPROLIDE ACETATE (6 MONTH) KIT	ELIGARD			PA REQUIRED				
MEGESTROL ACETATE SUSPENSION	MEGESTROL ACETATE							
MEGESTROL ACETATE TABLET	MEGESTROL ACETATE							
MITOTANE TABLET	LYSODREN							
NILUTAMIDE TABLET	NILANDRON					60	30	
TAMOXIFEN CITRATE SOLUTION	SOLTAMOX							X
TAMOXIFEN CITRATE TABLET	TAMOXIFEN CITRATE							X
TOREMIFENE CITRATE TABLET	FARESTON			PA REQUIRED				X
ANTINEOPLASTIC ENZYME INHIBITORS**								
ALECTINIB HCL CAPSULE	ALECENSA			PA REQUIRED				
COBIMETINIB FUMARATE TABLET	COTELLIC			PA REQUIRED				
CRIZOTINIB CAPSULE	XALKORI			PA REQUIRED				
CRIZOTINIB CAPSULE SPRINKLE	XALKORI			PA REQUIRED				
DASATINIB TABLET	SPRYCEL	BRAND ONLY		PA REQUIRED				
EVEROLIMUS TABLET SOLUBLE	AFINITOR DISPERZ			PA REQUIRED				
IBRUTINIB CAPSULE	IMBRUVICA			PA REQUIRED				
IBRUTINIB SUSPENSION	IMBRUVICA			PA REQUIRED				
IMATINIB MESYLATE TABLET	GLEEVEC			PA REQUIRED				
LAPATINIB DITOSYLATE TABLET	TYKERB			PA REQUIRED				
NILOTINIB HCL CAPSULE	TASIGNA	BRAND ONLY		PA REQUIRED				
RUXOLITINIB PHOSPHATE TABLET	JAKAFI			PA REQUIRED				
RUXOLITINIB PHOSPHATE TABLET ER 24HR	JAKAFI XR			PA REQUIRED				
SORAFENIB TOSYLATE TABLET	NEXAVAR			PA REQUIRED				
SUNITINIB MALATE CAPSULE	SUTENT			PA REQUIRED				
VANDETANIB TABLET	CAPRELSA			PA REQUIRED				
VEMURAFENIB TABLET	ZELBORAF			PA REQUIRED				
VORINOSTAT CAPSULE	ZOLINZA			PA REQUIRED				
ANTINEOPLASTICS MISC.**								
BEXAROTENE CAPSULE	TARGRETIN			PA REQUIRED				
HYDROXYUREA CAPSULE	HYDREA							
INTERFERON ALFA-N3 SOLUTION	ALFERON N			PA REQUIRED				
INTERFERON GAMMA-1B SOLUTION	ACTIMMUNE			PA REQUIRED				X
PROCARBAZINE HCL CAPSULE	MATULANE							
TRETINOIN (CHEMOTHERAPY) CAPSULE	TRETINOIN				PA REQUIRED For > 26 Years of Age			
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS**								
LEUCOVORIN CALCIUM TABLET	LEUCOVORIN CALCIUM			PA REQUIRED				
MITOTIC INHIBITORS**								
ETOPOSIDE CAPSULE	ETOPOSIDE							
ANTIPARKINSON AND RELATED THERAPY AGENTS*								
ANTIPARKINSON ANTICHOLINERGICS**								
BENZTROPINE MESYLATE TABLET	BENZTROPINE MESYLATE							X
TRIHEXYPHENIDYL HCL SOLUTION	TRIHEXYPHENIDYL HCL							X
TRIHEXYPHENIDYL HCL TABLET	TRIHEXYPHENIDYL HYDROCHLORIDE							X
ANTIPARKINSON COMT INHIBITORS**								
ENTACAPONE TABLET	COMTAN							X
ANTIPARKINSON DOPAMINERGICS**								
AMANTADINE HCL CAPSULE	AMANTADINE HCL							X
AMANTADINE HCL SOLUTION	AMANTADINE HCL							X
BROMOCRIPTINE MESYLATE CAPSULE	PARLODEL							X
BROMOCRIPTINE MESYLATE TABLET	PARLODEL							X
CARBIDOPA-LEVODOPA TABLET	SINEMET							X
CARBIDOPA-LEVODOPA TABLET ER	CARBIDOPA/LEVODOPA ER							X
PRAMIPEXOLE DIHYDROCHLORIDE TABLET	MIRAPEX							X
ROPINIROLE HYDROCHLORIDE TABLET	ROPINIROLE HYDROCHLORIDE							X
ANTIPSYCHOTICS/ANTIMANIC AGENTS*								
ANTIMANIC AGENTS**								

AHCCCS Fee-For-Service Acute/Long Term Care Program Drug List

Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	PREFERRED DRUG Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days	Maintenace Indicator (Maintenace Drugs are allowed 90 Days Supply)
LITHIUM CARBONATE CAPSULE	LITHIUM CARBONATE			Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration				X
LITHIUM CARBONATE POWDER	LITHIUM CARBONATE			Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration				
LITHIUM CARBONATE TABLET	LITHIUM CARBONATE			Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration				X
LITHIUM CARBONATE TABLET ER	LITHOBID			Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration				X
LITHIUM SOLUTION	LITHIUM			Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration				X
ANTIPSYCHOTICS - MISC.**								
LURASIDONE HCL TABLET	LATUDA		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	X
ZIPRASIDONE HCL CAPSULE	GEODON		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.		180	90	X
BENZISOXAZOLES**								
PALIPERIDONE PALMITATE SUSP PREF SYR	INVEGA HAFYE		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	180	
PALIPERIDONE PALMITATE SUSP PREF SYR	INVEGA SUSTENNA		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	
PALIPERIDONE PALMITATE SUSP PREF SYR	INVEGA TRINZA		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	90	

AHCCCS Fee-For-Service Acute/Long Term Care Program Drug List

Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	PREFERRED DRUG Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days	Maintenance Indicator (Maintenance Drugs are allowed 90 Days Supply)
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	X
RISPERIDONE SOLUTION	RISPERDAL		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.		720	90	X
RISPERIDONE SUSP PREF SYR (50MG, 75MG, 100MG, 125MG)	UZEDY		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.		1	30	
RISPERIDONE SUSP PREF SYR (150MG, 200MG, 250MG)	UZEDY		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.		1	60	
RISPERIDONE TABLET	RISPERDAL		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.		180	90	X
RISPERIDONE TABLET DISINTEGRATING	RISPERIDONE ODT		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.		180	90	X
BUTYROPHENONES**								
HALOPERIDOL DECANOATE SOLUTION	HALDOL DECANOATE 50			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.				
HALOPERIDOL LACTATE CONCENTRATE	HALOPERIDOL			PA REQUIRED for < 12 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.				X

AHCCCS Fee-For-Service Acute/Long Term Care Program Drug List

Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	PREFERRED DRUG Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days	Maintenace Indicator (Maintenace Drugs are allowed 90 Days Supply)
HALOPERIDOL TABLET	HALOPERIDOL			PA REQUIRED for < 12 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.				X
DIBENZAPINES**								
CLOZAPINE TABLET	CLOZARIL		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.		150	30	
CLOZAPINE TABLET DISINTEGRATING	CLOZAPINE ODT		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.		150	30	
LOXAPINE SUCCINATE CAPSULE	LOXAPINE SUCCINATE			PA REQUIRED for < 12 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.				X
OLANZAPINE TABLET	ZYPREXA		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	X
OLANZAPINE TABLET DISINTEGRATING (5MG, 10MG)	ZYPREXA ZYDIS		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.		180	90	X
OLANZAPINE TABLET DISINTEGRATING (15MG, 20MG)	ZYPREXA ZYDIS		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	X
QUETIAPINE FUMARATE TABLET	SEROQUEL		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.		180	90	X
DIHYDROINDOLONES**								
MOLINDONE HCL TABLET	MOLINDONE HYDROCHLORIDE			PA REQUIRED for < 12 years of age				X
PHENOTHIAZINES**								
CHLORPROMAZINE HCL CONCENTRATE	CHLORPROMAZINE HYDROCHLORIDE			PA REQUIRED				X

AHCCCS Fee-For-Service Acute/Long Term Care Program Drug List

Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	PREFERRED DRUG Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days	Maintenance Indicator (Maintenance Drugs are allowed 90 Days Supply)
ARIPIPRAZOLE 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	
ARIPIPRAZOLE 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	
ARIPIPRAZOLE 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	X
ARIPIPRAZOLE 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	X
ARIPIPRAZOLE 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	X
ARIPIPRAZOLE PREFILLED SYR	ABILIFY ASIMTUFII		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	
ARIPIPRAZOLE 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	X
ARIPIPRAZOLE 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	X
ARIPIPRAZOLE 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	X

AHCCCS Fee-For-Service Acute/Long Term Care Program Drug List

Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	PREFERRED DRUG Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days	Maintenace Indicator (Maintenace Drugs are allowed 90 Days Supply)
ARIPIRAZOLE 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	X
THIOXANTHENES**								
THIOTHIXENE CAPSULE	THIOTHIXENE			PA REQUIRED for < 12 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.				X
ANTIVIRALS*								
ANTIRETROVIRALS**								
ABACAVIR SULFATE SOLUTION	ZIAGEN							X
ABACAVIR SULFATE TABLET	ZIAGEN							X
ABACAVIR SULFATE-LAMIVUDINE TABLET	EPZICOM							X
ABACAVIR-DOLUTEGRAVIR-LAMIVUDINE TABLET	TRIUMEQ					90	90	X
ABACAVIR-DOLUTEGRAVIR-LAMIVUDINE TABLET SOLUBLE	TRIUMEQ PD					540	90	X
ATAZANAVIR SULFATE CAPSULE	REYATAZ							X
ATAZANAVIR SULFATE PACKET	REYATAZ							X
ATAZANAVIR SULFATE-COBICISTAT TABLET	EVOTAZ							X
BICTEGRAVIR-EMTRICITABINE-TENOFOVIR ALAFENAMIDE FUMARATE TABLET	BIKTARVY					90	90	X
COBICISTAT TABLET	TYBOST					90	90	X
DARUNAVIR SUSPENSION	PREZISTA	BRAND ONLY						X
DARUNAVIR TABLET	PREZISTA	BRAND ONLY						X
DARUNAVIR-COBICISTAT TABLET	PREZCOBIX							X
DARUNAVIR-COBICISTAT-EMTRICITABINE-TENOFOVIR ALAFENAMIDE TABLET	SYM TUZA							X
DOLUTEGRAVIR SODIUM TABLET	TIVICAY							X
DOLUTEGRAVIR SODIUM TABLET SOLUBLE	TIVICAY PD							X
DOLUTEGRAVIR SODIUM-LAMIVUDINE TABLET	DOVATO							X
DOLUTEGRAVIR SODIUM-RILPIVIRINE HCL TABLET	JULUCA							X
DORAVIRINE TABLET	PIFELTRO							X
DORAVIRINE-LAMIVUDINE-TENOFOVIR DISOPROXIL FUMARATE TABLET	DELSTRIGO							X
EFAVIRENZ CAPSULE	SUSTIVA							X
EFAVIRENZ TABLET	SUSTIVA							X
EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TABLET	EFAVIRENZ/EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE							X
EFAVIRENZ-LAMIVUDINE-TENOFOVIR DISOPROXIL FUMARATE TABLET	SYMFI LO					90	90	X
ELVITEGRAVIR-COBICISTAT-EMTRICITABINE-TENOFOVIR ALAFENAMIDE TABLET	GENVOYA					90	90	X
ELVITEGRAVIR-COBICISTAT-EMTRICITABINE-TENOFOVIR DF TABLET	STRIBILD							X
EMTRICITABINE CAPSULE	EMTRIVA							X
EMTRICITABINE SOLUTION	EMTRIVA							X
EMTRICITABINE-RILPIVIRINE-TENOFOVIR ALAFENAMIDE FUMARATE TABLET	ODEFSEY					90	90	X
EMTRICITABINE-RILPIVIRINE-TENOFOVIR DISOPROXIL FUMARATE TABLET	COMPLERA	BRAND ONLY						X
EMTRICITABINE-TENOFOVIR ALAFENAMIDE FUMARATE TABLET	DESCOVY					90	90	X
EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TABLET	TRUVADA							X
ENFUVRTIDE SOLUTION RECONSTITUTED	FUZEON			PA REQUIRED		3	90	X
ETRAVIRINE TABLET	INTELENCE							X
FOSAMPRENAVIR CALCIUM SUSPENSION	LEXIVA							X
FOSAMPRENAVIR CALCIUM TABLET	LEXIVA							X
LAMIVUDINE SOLUTION	EPIVIR							X

AHCCCS Fee-For-Service Acute/Long Term Care Program Drug List

Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	PREFERRED DRUG Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days	Maintenace Indicator (Maintenace Drugs are allowed 90 Days Supply)
LAMIVUDINE TABLET	EPIVIR							X
LAMIVUDINE-ZIDOVUDINE TABLET	COMBIVIR							X
LOPINAVIR-RITONAVIR TABLET	KALETRA							X
LOPINAVIR-RITONAVIR SOLUTION	KALETRA							X
MARAVIROC TABLET	SELZENTRY			PA REQUIRED				X
NEVIRAPINE SUSPENSION	VIRAMUNE							X
NEVIRAPINE TABLET	NEVIRAPINE							X
NEVIRAPINE TABLET ER 24HR	VIRAMUNE XR							X
RALTEGRAVIR POTASSIUM TABLET CHEWABLE	ISENTRESS							X
RALTEGRAVIR POTASSIUM PACKET	ISENTRESS							X
RALTEGRAVIR POTASSIUM TABLET	ISENTRESS							X
RILPIVIRINE HCL TABLET	EDURANT	BRAND ONLY						X
RILPIVIRINE HCL TABLET SOLUBLE	EDURANT PED							X
RITONAVIR CAPSULE	NORVIR							X
RITONAVIR PACKET	NORVIR							X
RITONAVIR TABLET	NORVIR							X
TENOFOVIR DISOPROXIL FUMARATE TABLET	VIREAD							X
ZIDOVUDINE CAPSULE	RETROVIR							X
ZIDOVUDINE SYRUP	RETROVIR							X
ZIDOVUDINE TABLET	ZIDOVUDINE							X
ANTIVIRAL COMBINATIONS**								
NIRMATRELVIR-RITONAVIR TAB THER PACK	PAXLOVID			Minimum Patient Age of 12 Years		60	365	
CMV AGENTS**								
MARIBAVIR TABLET	LIVTENCITY			PA REQUIRED				X
VALGANCICLOVIR HCL SOLUTION RECONSTITUTED	VALCYTE			PA REQUIRED				X
VALGANCICLOVIR HCL TABLET	VALCYTE			PA REQUIRED				X
HEPATITIS AGENTS**								
ADEFOVIR DIPIVOXIL TABLET	HEPSERA			PA REQUIRED				X
ENTECAVIR SOLUTION	BARACLUDE			PA REQUIRED				X
ENTECAVIR TABLET	BARACLUDE			PA REQUIRED				X
GLECAPREVIR-PIBRENTASVIR PACKET	MAVYRET		PREFERRED DRUG	PA REQUIRED if member has been treated with Direct-Acting Antiviral (DAA) Hep C Regimens in the past.		280	Lifetime	
GLECAPREVIR-PIBRENTASVIR TABLET	MAVYRET		PREFERRED DRUG	PA REQUIRED if member has been treated with Direct-Acting Antiviral (DAA) Hep C Regimens in the past.		168	Lifetime	
LAMIVUDINE (HBV) TABLET	EPIVIR HBV							X
PEGINTERFERON ALFA-2A SOLUTION	PEGASYS		PREFERRED DRUG	PA REQUIRED				
PEGINTERFERON ALFA-2A SOLN PREF SYR	PEGASYS	BRAND ONLY		PA REQUIRED				
RIBAVIRIN (HEPATITIS C) CAPSULE	RIBAVIRIN		PREFERRED DRUG	PA REQUIRED				
RIBAVIRIN (HEPATITIS C) TABLET	RIBAVIRIN		PREFERRED DRUG	PA REQUIRED				
SOFOSBUVIR-VELPATASVIR TABLET	EPCLUSA	AUTHORIZED GENERIC ONLY	PREFERRED DRUG	PA REQUIRED if member has been treated with Direct-Acting Antiviral (DAA) Hep C Regimens in the past.		168	Lifetime	
HERPES AGENTS**								
ACYCLOVIR SUSPENSION	ZOVIRAX							
ACYCLOVIR TABLET	SITAVIG							
FAMCICLOVIR TABLET	FAMCICLOVIR							
VALACYCLOVIR HCL TABLET	VALTREX					30	30	
INFLUENZA AGENTS**								
BALOXAVIR MARBOXIL TAB THER PACK	XOFLUZA							
OSELTAMIVIR PHOSPHATE CAPSULE	TAMIFLU					20	270	
OSELTAMIVIR PHOSPHATE SUSPENSION RECONSTITUTED	TAMIFLU							
RIMANTADINE HYDROCHLORIDE TABLET	RIMANTADINE HYDROCHLORIDE							
ZANAMIVIR ARSL PWDR-BREATH ACTIVATE	RELENZA DISKHALER					40	270	
MISC. ANTIVIRALS**								
MOLNUPIRAVIR CAPSULE	LAGEVRIO			Minimum Patient Age of 18 Years		80	365	

AHCCCS Fee-For-Service Acute/Long Term Care Program Drug List

Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	PREFERRED DRUG Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days	Maintenace Indicator (Maintenace Drugs are allowed 90 Days Supply)
CEFTAZIDIME-AVIBACTAM SODIUM SOLUTION RECONSTITUTED	AVYCAZ							
CEFTOLOZANE SULFATE-TAZOBACTAM SODIUM SOLUTION RECONSTITUTED	ZERBAXA							
CEPHALOSPORINS - 1ST GENERATION**								
CEFADROXIL CAPSULE	CEFADROXIL							
CEFADROXIL SUSPENSION RECONSTITUTED	CEFADROXIL							
CEFADROXIL TABLET	CEFADROXIL							
CEFAZOLIN SODIUM IN SODIUM CHLORIDE SOLUTION	CEFAZOLIN/SODIUM CHLORIDE							
CEFAZOLIN SODIUM SOLUTION RECONSTITUTED	CEFAZOLIN SODIUM							
CEFAZOLIN SODIUM SOLN PREF SYR	CEFAZOLIN SODIUM							
CEFAZOLIN SODIUM-DEXTROSE SOLUTION	CEFAZOLIN SODIUM							
CEFAZOLIN SODIUM-DEXTROSE SOLUTION RECONSTITUTED	CEFAZOLIN SODIUM/DEXTROSE							
CEPHALEXIN CAPSULE	KEFLEX							
CEPHALEXIN SUSPENSION RECONSTITUTED	CEPHALEXIN							
CEPHALEXIN TABLET	CEPHALEXIN							
CEPHALOSPORINS - 2ND GENERATION**								
CEFACLOR CAPSULE	CEFACLOR							
CEFACLOR SUSPENSION RECONSTITUTED	CEFACLOR							
CEFOTETAN DISODIUM SOLUTION RECONSTITUTED	CEFOTAN							
CEFOXITIN SODIUM AND DEXTROSE SOLUTION RECONSTITUTED	CEFOXITIN SODIUM							
CEFOXITIN SODIUM SOLUTION RECONSTITUTED	CEFOXITIN SODIUM							
CEFPROZIL SUSPENSION RECONSTITUTED	CEFPROZIL							
CEFPROZIL TABLET	CEFPROZIL							
CEFUROXIME AXETIL TABLET	CEFUROXIME AXETIL							
CEFUROXIME SODIUM SOLUTION RECONSTITUTED	CEFUROXIME SODIUM							
CEPHALOSPORINS - 3RD GENERATION**								
CEFDINIR CAPSULE	CEFDINIR							
CEFDINIR SUSPENSION RECONSTITUTED	CEFDINIR							
CEFIXIME CAPSULE	SUPRAX							
CEFIXIME SUSPENSION RECONSTITUTED	SUPRAX							
CEFOTAXIME SODIUM SOLUTION RECONSTITUTED	CEFOTAXIME SODIUM							
CEFPODOXIME PROXETIL SUSPENSION RECONSTITUTED	CEFPODOXIME PROXETIL							
CEFPODOXIME PROXETIL TABLET	CEFPODOXIME PROXETIL							
CEFTAZIDIME SODIUM IN DEXTROSE SOLUTION	TAZICEF							
CEFTAZIDIME SOLUTION RECONSTITUTED	FORTAZ							
CEFTRIAXONE SODIUM AND DEXTROSE SOLUTION RECONSTITUTED	CEFTRIAXONE/DEXTROSE							
CEFTRIAXONE SODIUM IN DEXTROSE SOLUTION	CEFTRIAXONE IN ISO-OSMOTIC DEXTROSE							
CEFTRIAXONE SODIUM SOLUTION RECONSTITUTED	CEFTRIAXONE SODIUM							
CEPHALOSPORINS - 4TH GENERATION**								
CEFEPIME HCL SOLUTION	CEFEPIME							
CEFEPIME HCL SOLUTION RECONSTITUTED	CEFEPIME HYDROCHLORIDE							
CEFEPIME HCL-DEXTROSE SOLUTION RECONSTITUTED	CEFEPIME/DEXTROSE							
CEPHALOSPORINS - 5TH GENERATION**								
CEFTAROLINE FOSAMIL SOLUTION RECONSTITUTED	TEFLARO							
CEFTOBIPROLE MEDOCARIL SOLUTION RECONSTITUTED	ZEVTERA							
CONTRACEPTIVES*								
COMBINATION CONTRACEPTIVES - ORAL**								
DESOGESTREL & ETHINYL ESTRADIOL TABLET	RECLIPSEN							X
DESOGESTREL-ETHINYL ESTRADIOL (BIPHASIC) TABLET	KARIVA							X
DESOGESTREL-ETHINYL ESTRADIOL (TRIPHASIC) TABLET	VELIVET							X
DROSPIRENONE-ETHINYL ESTRADIOL TABLET	VESTURA							X
DROSPIRENONE-ETHINYL ESTRADIOL-LEVOMEFOLATE CALCIUM TABLET	BEYAZ/SAFYRAL							X
ETHYNODIOL DIACET & ETH ESTRAD TABLET (1/35)	KELNOR 1/35							X
LEVONORGESTREL & ETH ESTRADIOL TABLET CHEWABLE	TYBLUME							X
LEVONORGESTREL & ETH ESTRADIOL TABLET	ORSYTHIA							X
LEVONORGESTREL-ETH ESTRADIOL (TRIPHASIC) TABLET	ENPRESSE-28							X

AHCCCS Fee-For-Service Acute/Long Term Care Program Drug List

Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	PREFERRED DRUG Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days	Maintenace Indicator (Maintenace Drugs are allowed 90 Days Supply)
LEVONORGESTREL-ETHINYL ESTRADIOL (91-DAY) TABLET	CAMRESE LO							X
NORETHIN ACET & ESTRAD-FE TABLET	JUNEL FE							X
NORETHINDRONE & ETH ESTRADIOL TABLET	BALZIVA							X
NORETHINDRONE & ETHINYL ESTRADIOL-FE TABLET CHEWABLE	KAITLIB FE							X
NORETHINDRONE ACET & ETH ESTRA TABLET	JUNEL							X
NORETHINDRONE-ETH ESTRADIOL (TRIPHASIC) TABLET (7/7/7)	NORTREL 7/7/7							X
NORGESTIMATE-ETHINYL ESTRADIOL (TRIPHASIC) TABLET	TRI-LO-SPRINTEC							X
NORGESTIMATE-ETHINYL ESTRADIOL TABLET	SPRINTEC 28							X
NORGESTREL & ETHINYL ESTRADIOL TABLET	CRYSELLE-28							X
COMBINATION CONTRACEPTIVES - TRANSDERMAL**								
NORELGESTROMIN-ETHINYL ESTRADIOL PATCH WEEKLY	ZAFEMY							X
COMBINATION CONTRACEPTIVES - VAGINAL**								
ETONOGESTREL-ETHINYL ESTRADIOL RING	VARIOUS	GENERIC ONLY BRAND IS EXCLUDED FROM COVERAGE						X
COPPER CONTRACEPTIVES - IUD**								
COPPER (IUD) INTRAUTERINE DEVICE	PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A							
EMERGENCY CONTRACEPTIVES**								
LEVONORGESTREL (EMERGENCY OC) TABLET	OPTION 2							
ULIPRISTAL ACETATE TABLET	ELLA					1	5	
PROGESTIN CONTRACEPTIVES - IMPLANTS**								
ETONOGESTREL IMPLANT	NEXPLANON					1	2 Years	
PROGESTIN CONTRACEPTIVES - INJECTABLE**								
MEDROXYPROGESTERONE ACETATE (CONTRACEPTIVE) SUSPENSION	DEPO-PROVERA CONTRACEPTIVE							
MEDROXYPROGESTERONE ACETATE (CONTRACEPTIVE) SUSP PREF SYR	DEPO-PROVERA CONTRACEPTIVE							
PROGESTIN CONTRACEPTIVES - IUD**								
LEVONORGESTREL (IUD) INTRAUTERINE DEVICE	SKYLA							
PROGESTIN CONTRACEPTIVES - ORAL**								
NORETHINDRONE (CONTRACEPTIVE) TABLET	DEBLITANE							X
NORGESTREL TABLET	OPILL					84	90	X
CORTICOSTEROIDS*								
GLUCOCORTICOSTEROIDS**								
DEXAMETHASONE CONCENTRATE	DEXAMETHASONE INTENSOL							
DEXAMETHASONE ELIXIR	DEXAMETHASONE							
DEXAMETHASONE SOLUTION	DEXAMETHASONE							
DEXAMETHASONE TABLET (ALL STRENGTHS EXCEPT 0.25MG & 20MG)	DECADRON							
HYDROCORTISONE SOD SUCCINATE SOLUTION RECONSTITUTED	SOLU-CORTEF				PA REQUIRED			
HYDROCORTISONE TABLET	CORTEF							
METHYLPREDNISOLONE ACETATE SUSPENSION	DEPO-MEDROL				PA REQUIRED			
METHYLPREDNISOLONE SOD SUCC SOLUTION RECONSTITUTED	SOLU-MEDROL				PA REQUIRED			
METHYLPREDNISOLONE TABLET	MEDROL							
METHYLPREDNISOLONE TAB THER PACK	MEDROL DOSEPAK							
PREDNISOLONE SODIUM PHOSPHATE SOLUTION	PEDIAPRED							
PREDNISOLONE SODIUM PHOSPHATE TABLET DISINTEGRATING	ORAPRED ODT							
PREDNISOLONE SOLUTION	PREDNISOLONE							
PREDNISOLONE TABLET	MILLIPRED							
PREDNISON CONCENTRATE	PREDNISON INTENSOL							
PREDNISON SOLUTION	PREDNISON							
PREDNISON TABLET	PREDNISON							
PREDNISON TABLET ENTERIC COATED	RAYOS							
PREDNISON TAB THER PACK	PREDNISON							
TRIAMCINOLONE ACETONIDE SUSPENSION	KENALOG-10				PA REQUIRED			
TRIAMCINOLONE DIACETATE SUSPENSION	TRIAMCINOLONE				PA REQUIRED			
TRIAMCINOLONE HEXACETONIDE SUSPENSION	HEXATRIONE							
MINERALOCORTICOID**								
FLUDROCORTISONE ACETATE TABLET	FLUDROCORTISONE ACETATE							X

AHCCCS Fee-For-Service Acute/Long Term Care Program Drug List

Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	PREFERRED DRUG Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days	Maintenace Indicator (Maintenace Drugs are allowed 90 Days Supply)
ADAPALENE PAD	ADAPALENE							
BENZOYL PEROXIDE GEL	MEDPURA BENZOYL PEROXIDE							
BENZOYL PEROXIDE LIQUID	VARIOUS							
BENZOYL PEROXIDE LOTION	ACNE MEDICATION 5							
CLINDAMYCIN PHOSPHATE (TOPICAL) GEL	CLINDAGEL							
CLINDAMYCIN PHOSPHATE (TOPICAL) LOTION	CLEOCIN-T							
CLINDAMYCIN PHOSPHATE (TOPICAL) SOLUTION	CLINDAMYCIN PHOSPHATE							
CLINDAMYCIN PHOSPHATE (TOPICAL) SWAB	CLINDACIN-P							
CLINDAMYCIN PHOSPHATE-BENZOYL PEROXIDE (REFRIGERATE) GEL	NEUAC							
ERYTHROMYCIN (ACNE AID) GEL	ERYTHROMYCIN							
ERYTHROMYCIN (ACNE AID) SOLUTION	ERYTHROMYCIN							
ISOTRETINOIN CAPSULE	AMNESTEEM				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 (TOPICAL) OINTMENT	BACITRAYCIN PLUS							
BACITRACIN ZINC OINTMENT	BACITRACIN ZINC							
BACITRACIN-POLYMYXIN B OINTMENT	NEOSPORIN							
GENTAMICIN SULFATE (TOPICAL) CREAM	GENTAMICIN SULFATE							
GENTAMICIN SULFATE (TOPICAL) OINTMENT	GENTAMICIN SULFATE							
MUPIROCIIN CALCIUM (TOPICAL) CREAM	MUPIROCIIN							
MUPIROCIIN OINTMENT	CENTANY							
NEOMYCIN-BACITRACIN-POLYMYXIN OINTMENT	LANABIOTIC							
ANTIFUNGALS - TOPICAL**								
BUTENAFINE HCL CREAM	MENTAX							
CICLOPIROX OLAMINE CREAM	LOPROX							
CICLOPIROX SOLUTION	CICLODAN							
CLOTRIMAZOLE (TOPICAL) CREAM	DESENEX							
CLOTRIMAZOLE W/ BETAMETHASONE CREAM	CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE							
KETOCONAZOLE (TOPICAL) CREAM	KETOCONAZOLE							
KETOCONAZOLE (TOPICAL) SHAMPOO	NIZORAL A-D							
MICONAZOLE NITRATE (TOPICAL) CREAM	CAVILON							
MICONAZOLE NITRATE (TOPICAL) POWDER	DESENEX				PA REQUIRED (Bulk Powder Only)			
NYSTATIN (TOPICAL) CREAM	NYSTATIN							
NYSTATIN (TOPICAL) OINTMENT	NYSTATIN							
NYSTATIN (TOPICAL) POWDER	NYSTOP							
TERBINAFINE HCL (TOPICAL) CREAM	LAMISIL AT							
TOLNAFTATE AEROSOL POWDER	ODOR EATERS FOOT & SNEAKER SPRAY							
TOLNAFTATE CREAM	TING							
TOLNAFTATE POWDER	ODOR EATERS ANTIFUNGAL							
ANTIHISTAMINES-TOPICAL**								
DIPHENHYDRAMINE HCL (TOPICAL) CREAM	SM ALLERGY MAXIMUM STRENGTH							
DIPHENHYDRAMINE HCL (TOPICAL) GEL	BENADRYL ITCH STOPPING							
DIPHENHYDRAMINE HCL (TOPICAL) SOLUTION	THE ITCH ERASER							
ANTI-INFLAMMATORY AGENTS - TOPICAL**								
DICLOFENAC SODIUM (TOPICAL) SOLUTION (1.5%)	DICLOFENAC SODIUM							
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL**								
BEXAROTENE (TOPICAL) GEL	TARGRETIN							
DICLOFENAC SODIUM (ACTINIC KERATOSES) GEL	DICLOFENAC							
FLUOROURACIL (TOPICAL) CREAM	CARAC							
FLUOROURACIL (TOPICAL) SOLUTION	FLUOROURACIL							
ANTIPSORIATICS**								
ACITRETIN CAPSULE	SORIATANE							
CALCIPOTRIENE CREAM	DOVONEX							
CALCIPOTRIENE FOAM	SORILUX							

AHCCCS Fee-For-Service Acute/Long Term Care Program Drug List

Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	PREFERRED DRUG Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days	Maintenace Indicator (Maintenance Drugs are allowed 90 Days Supply)
CALCIPOTRIENE OINTMENT	CALCITRENE							
CALCIPOTRIENE SOLUTION	CALCIPOTRIENE							
METHOXSALEN RAPID CAPSULE	OXSORALEN ULTRA							
TAPINAROF CREAM	VTAMA	BRAND ONLY		PA REQUIRED		60 GM	30	
USTEKINUMAB-KFCE SOLUTION	YESINTEK	BIOSIMILAR BRAND ONLY	PREFERRED DRUG	PA REQUIRED				X
USTEKINUMAB-KFCE SOLN PREF SYR	YESINTEK	BIOSIMILAR BRAND ONLY	PREFERRED DRUG	PA REQUIRED				X
ANTISEBORRHEIC PRODUCTS**								
SELENIUM SULFIDE LOTION	SELSUN BLUE							
SELENIUM SULFIDE SHAMPOO	SELRX							
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	SSD							
CORTICOSTEROIDS - TOPICAL**								
BETAMETHASONE DIPROPIONATE (TOPICAL) CREAM	BETAMETHASONE DIPROPIONATE							
BETAMETHASONE DIPROPIONATE (TOPICAL) LOTION	BETAMETHASONE DIPROPIONATE							
BETAMETHASONE DIPROPIONATE (TOPICAL) OINTMENT	BETAMETHASONE DIPROPIONATE							
BETAMETHASONE DIPROPIONATE AUGMENTED CREAM	DIPROLENE AF							
BETAMETHASONE VALERATE CREAM	BETAMETHASONE VALERATE							
BETAMETHASONE VALERATE LOTION	BETAMETHASONE VALERATE							
BETAMETHASONE VALERATE OINTMENT	BETAMETHASONE VALERATE							
CLOBETASOL PROPIONATE CREAM	IMPOYZ					100	30	
CLOBETASOL PROPIONATE EMOLLIENT BASE CREAM	CLOBETASOL PROPIONATE EMOLLIENT					100	30	
CLOBETASOL PROPIONATE GEL	CLOBETASOL PROPIONATE					118	30	
CLOBETASOL PROPIONATE OINTMENT	TEMOVATE					100	30	
CLOBETASOL PROPIONATE SHAMPOO	CLODAN					118	30	
CLOBETASOL PROPIONATE SOLUTION	CLOBETASOL PROPIONATE					100	30	
FLUOCINOLONE ACETONIDE OIL	DERMA-SMOOTH/FS BODY	BRAND ONLY						
FLUOCINOLONE ACETONIDE SOLUTION	SYNALAR							
FLUOCINONIDE CREAM	VANOS							
FLUOCINONIDE OINTMENT	FLUOCINONIDE					60 GM	30	
FLUOCINONIDE SOLUTION	FLUOCINONIDE							
FLUTICASONE PROPIONATE CREAM	FLUTICASONE PROPIONATE							
FLUTICASONE PROPIONATE OINTMENT	FLUTICASONE PROPIONATE							
HALOBETASOL PROPIONATE CREAM	HALOBETASOL PROPIONATE					100	30	
HALOBETASOL PROPIONATE OINTMENT	HALOBETASOL PROPIONATE					100	30	
HYDROCORTISONE (TOPICAL) CREAM	CORTAID MAXIMUM STRENGTH							
HYDROCORTISONE (TOPICAL) GEL	MG217 PSORIASIS ANTI-ITCH							
HYDROCORTISONE (TOPICAL) KIT	ADVANCED ALLERGY COLLECTION KIT							
HYDROCORTISONE (TOPICAL) LOTION	AQUANIL HC							
HYDROCORTISONE (TOPICAL) OINTMENT	CORTIZONE-10							
HYDROCORTISONE ACETATE (TOPICAL) CREAM	LANACORT 10							
HYDROCORTISONE ACETATE (TOPICAL) OINTMENT	HYDROCORTISONE							
HYDROCORTISONE-ALOE VERA CREAM	HYDROCORTISONE/ALOE							
MOMETASONE FUROATE CREAM	MOMETASONE FUROATE							
MOMETASONE FUROATE OINTMENT	MOMETASONE FUROATE							
MOMETASONE FUROATE SOLUTION	MOMETASONE FUROATE							
TRIAMCINOLONE ACETONIDE (TOPICAL) CREAM	TRIDERM							
TRIAMCINOLONE ACETONIDE (TOPICAL) LOTION	TRIAMCINOLONE ACETONIDE							
TRIAMCINOLONE ACETONIDE (TOPICAL) OINTMENT	TRITOCIN							
ECZEMA AGENTS**								
RUXOLITINIB PHOSPHATE (TOPICAL) CREAM	OPZELURA			PA REQUIRED		60 GM	30	
TRALOKINUMAB-LDRM SOLN AUTO-INJ	ADBRY			PA REQUIRED				X

AHCCCS Fee-For-Service Acute/Long Term Care Program Drug List

Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	PREFERRED DRUG Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days	Maintenace Indicator (Maintenace Drugs are allowed 90 Days Supply)
TRALOKINUMAB-LDRM SOLN PREF SYR	ADBRY			PA REQUIRED				X
EMOLLIENTS**								
EMOLLIENT OINTMENT	HYDROLATUM							
LACTIC ACID (AMMONIUM LACTATE) CREAM	AMMONIUM LACTATE							
LACTIC ACID (AMMONIUM LACTATE) LOTION	LAC-HYDRIN FIVE							
VITAMINS A & D (TOPICAL) OINTMENT	A+D PREVENT							
IMMUNOSUPPRESSIVE AGENTS - TOPICAL**								
PIMECROLIMUS CREAM	ELIDEL			PA REQUIRED		60 GM	30	
TACROLIMUS (TOPICAL) OINTMENT	PROTOPIC			PA REQUIRED				
KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS**								
SALICYLIC ACID CREAM	CERAVE PSORIASIS							
SALICYLIC ACID FOAM	SALVAX							
SALICYLIC ACID GEL	CLEAN & CLEAR ADVANTAGE ACNE SPOT TREATMENT							
SALICYLIC ACID KIT	KERALYT SCALP							
SALICYLIC ACID LIQUID	AMBI EVEN & CLEAR FOAMINGCLEANSER							
SALICYLIC ACID LOTION	CLEAN & CLEAR ADVANTAGE ACNE CONTROL MOISTURIZER							
SALICYLIC ACID SHAMPOO	P & S							
SALICYLIC ACID SOLUTION	DUOFILM							
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	
MISC. TOPICAL**								
ALUMINUM CHLORIDE SOLUTION	DRYSOL							
EYELID CLEANSERS FOAM	OCUSOFT							
EYELID CLEANSERS PAD	OCUSOFT							
ZINC OXIDE (TOPICAL) OINTMENT	BOUDREAUXS							
ZINC OXIDE (TOPICAL) PASTE	AQUAPHOR BABY DIAPER RASH PASTE							
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL**								
CRISABOROLE OINTMENT	EUCRISA			PA REQUIRED				
ROFLUMILAST (TOPICAL) CREAM	ZORYVE			PA REQUIRED		60 GM	30	
ROSACEA AGENTS**								
METRONIDAZOLE (TOPICAL) CREAM	ROSADAN							
METRONIDAZOLE (TOPICAL) GEL	ROSADAN							
METRONIDAZOLE (TOPICAL) LOTION	METROLOTION							
SCABICIDES & PEDICULICIDES**								
CROTAMITON LOTION	CROTAN							
IVERMECTIN (PEDICULICIDE) LOTION	IVERMECTIN			PA REQUIRED				
MALATHION LOTION	OVIDE							
PERMETHRIN CREAM	ELIMITE							
PERMETHRIN LIQUID	NIX LICE KILLING SPRAY							
PERMETHRIN LOTION	SM LICE TREATMENT							
PYRETHRINS-PIPERONYL BUTOXIDE KIT	LICEMD COMPLETE KIT							
PYRETHRINS-PIPERONYL BUTOXIDE LIQUID	RID							
PYRETHRINS-PIPERONYL BUTOXIDE SHAMPOO	RID LICE KILLING SHAMPOO							
SPINOSAD SUSPENSION	NATROBA			PA REQUIRED				
WOUND CARE PRODUCTS**								

AHCCCS Fee-For-Service Acute/Long Term Care Program Drug List

Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	PREFERRED DRUG Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days	Maintenace Indicator (Maintenance Drugs are allowed 90 Days Supply)
BECAPLERMIN GEL	REGRANEX			PA REQUIRED				
DIAGNOSTIC PRODUCTS*								
DIAGNOSTIC TESTS**								
COVID-19 ANTIGEN TEST KIT	BINAXNOW					2	30	
COVID-19 AT HOME TEST KIT	BINAXNOW COV KIT HOME TES					2	30	
COVID-19 TEST SPECIMEN COLLECTION KIT	COVID-19 TES KIT SPECIMEN					2	30	
GLUCOSE BLOOD STRIP	ACCU-CHEK AVIVA, ACCU-CHEK GUIDE, TRUE METRIX, TRUETRACK					200	30	
DIGESTIVE AIDS*								
DIGESTIVE ENZYMES**								
PANCRELIPASE (LIPASE-PROTEASE-AMYLASE) CAPSULE DR PART	CREON/ZENPEP	BRAND ONLY	PREFERRED DRUG			900	90	X
DIURETICS*								
CARBONIC ANHYDRASE INHIBITORS**								
ACETAZOLAMIDE CAPSULE ER 12 HR	ACETAZOLAMIDE ER							X
ACETAZOLAMIDE TABLET	ACETAZOLAMIDE							X
METHAZOLAMIDE TABLET	METHAZOLAMIDE							X
DIURETIC COMBINATIONS**								
SPIRONOLACTONE & HYDROCHLOROTHIAZIDE TABLET	ALDACTAZIDE							X
TRIAMTERENE & HYDROCHLOROTHIAZIDE CAPSULE	TRIAMTERENE/HYDROCHLOROTHIAZI DE							X
TRIAMTERENE & HYDROCHLOROTHIAZIDE TABLET	MAXZIDE-25							X
LOOP DIURETICS**								
BUMETANIDE TABLET	BUMEX							X
FUROSEMIDE SOLUTION	FUROSEMIDE							X
FUROSEMIDE TABLET	LASIX							X
TORSEMIDE TABLET	SOAANZ							X
POTASSIUM SPARING DIURETICS**								
AMILORIDE HCL TABLET	AMILORIDE HCL							X
SPIRONOLACTONE TABLET	ALDACTONE							X
TRIAMTERENE CAPSULE	DYRENIUM							X
THIAZIDES AND THIAZIDE-LIKE DIURETICS**								
CHLOROTHIAZIDE SUSPENSION	DIURIL							X
CHLORTHALIDONE TABLET (15MG, 25MG, 50MG)	THALITONE							X
HYDROCHLOROTHIAZIDE CAPSULE (12.5MG)	HYDROCHLOROTHIAZIDE							X
HYDROCHLOROTHIAZIDE TABLET (25MG, 50MG)	HYDROCHLOROTHIAZIDE							X
HYDROCHLOROTHIAZIDE SUSPENSION RECONSTITUTED	INZIRQO			PA REQUIRED > 10 Years of Age				X
INDAPAMIDE TABLET	INDAPAMIDE							X
METOLAZONE TABLET	METOLAZONE							X
ENDOCRINE AND METABOLIC AGENTS - MISC.*								
BONE DENSITY REGULATORS**								
ALENDRONATE SODIUM SOLUTION	ALENDRONATE SODIUM			PA REQUIRED				X
ALENDRONATE SODIUM TABLET (10MG)	FOSAMAX					90	90	X
ALENDRONATE SODIUM TABLET (35MG, 70MG)	FOSAMAX					12	90	X
CALCITONIN (SALMON) SOLUTION	MIACALCIN							X
DENOSUMAB-NXXP SOLN PREF SYR	BILDYOS	BIOSIMILAR BRAND ONLY		PA REQUIRED				X
IBANDRONATE SODIUM TABLET	BONIVA							X
TERIPARATIDE SOLN PEN-INJ	FORTEO	BRAND ONLY		PA REQUIRED				X
GROWTH HORMONE RECEPTOR ANTAGONISTS**								
PEGVISOMANT SOLUTION RECONSTITUTED	SOMAVERT			PA REQUIRED				X
GROWTH HORMONES**								
SOMATROPIN CARTRIDGE	GENOTROPIN	BRAND ONLY		PA REQUIRED				X
SOMATROPIN PREFILLED SYR	GENOTROPIN MINIUICK	BRAND ONLY		PA REQUIRED				X
SOMATROPIN SOLN PEN-INJ	NORDITROPIN FLEXPRO			PA REQUIRED				X
HORMONE RECEPTOR MODULATORS**								
RALOXIFENE HCL TABLET	EVISTA					90	90	X
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)**								
MECASERMIN SOLUTION	INCRELEX			PA REQUIRED				X

AHCCCS Fee-For-Service Acute/Long Term Care Program Drug List

Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	PREFERRED DRUG Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days	Maintenace Indicator (Maintenace Drugs are allowed 90 Days Supply)
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS**								
LEUPROLIDE ACETATE (CPP) (6 MONTH) KIT	FENSOLVI		PREFERRED DRUG	PA REQUIRED				
LEUPROLIDE ACETATE (CPP) KIT	LUPRON DEPOT-PED (1-MONTH)		PREFERRED DRUG	PA REQUIRED				
METABOLIC MODIFIERS**								
TIVIDENOFUSP ALFA-EKNM SOLUTION RECONSTITUTED	AVLAYAH			PA REQUIRED				
CALCITRIOL CAPSULE	ROCALTROL							X
CALCITRIOL SOLUTION	ROCALTROL							X
CINACALCET HCL TABLET	SENSIPAR							X
GLYCEROL PHENYL BUTYRATE LIQUID	RAVICTI	BRAND ONLY		PA REQUIRED				X
IDURSULFASE SOLUTION	ELAPRASE			PA REQUIRED				
LEVOCARNITINE (METABOLIC MODIFIERS) SOLUTION	CARNITOR							X
LEVOCARNITINE (METABOLIC MODIFIERS) TABLET	CARNITOR							X
SODIUM PHENYL BUTYRATE TABLET	BUPHENYL			PA REQUIRED				X
SODIUM PHENYL BUTYRATE POWDER	BUPHENYL			PA REQUIRED				X
MINERALOCORTICOID RECEPTOR ANTAGONISTS**								
FINERENONE TABLET	KERENDIA			PA REQUIRED				X
POSTERIOR PITUITARY HORMONES**								
DESMOPRESSIN ACETATE SPRAY REFRIGERATED SOLUTION	DESMOPRESSIN ACETATE							X
DESMOPRESSIN ACETATE SOLUTION	DDAVP							X
DESMOPRESSIN ACETATE SPRAY REFRIGERATED SOLUTION	DESMOPRESSIN ACETATE							X
DESMOPRESSIN ACETATE SPRAY SOLUTION	DESMOPRESSIN ACETATE							X
DESMOPRESSIN ACETATE TABLET	DDAVP							X
PROLACTIN INHIBITORS**								
CABERGOLINE TABLET	CABERGOLINE			PA REQUIRED				
SOMATOSTATIC AGENTS**								
LANREOTIDE ACETATE SOLUTION	SOMATULINE DEPOT			PA REQUIRED				
OCTREOTIDE ACETATE KIT	SANDOSTATIN LAR DEPOT			PA REQUIRED				
OCTREOTIDE ACETATE SOLUTION	SANDOSTATIN			PA REQUIRED				X
OCTREOTIDE ACETATE SOLN PREF SYR	OCTREOTIDE ACETATE			PA REQUIRED				X
VASOPRESSIN RECEPTOR ANTAGONISTS**								
TOLVAPTAN TABLET	JYNARQUE/SAMSCA	BRAND ONLY		PA REQUIRED				
TOLVAPTAN TAB THER PACK	JYNARQUE	BRAND ONLY		PA REQUIRED				
ESTROGENS*								
ESTROGEN COMBINATIONS**								
CONJUGATED ESTROGENS-MEDROXYPROGESTERONE ACETATE TABLET	PREMPRO							X
ESTERIFIED ESTROGENS & METHYLTESTOSTERONE TABLET	COVARYX HS							X
ESTRADIOL & NORETHINDRONE ACETATE PATCH TWICE WEEKLY	COMBIPATCH							X
ESTRADIOL & NORETHINDRONE ACETATE TABLET	AMABELZ							X
ESTRADIOL-LEVONORGESTREL PATCH WEEKLY	CLIMARA PRO							X
NORETHINDRONE ACETATE-ETHINYL ESTRADIOL TABLET	FYAVOLV							X
ESTROGENS**								
ESTERIFIED ESTROGENS TABLET	MENEST							X
ESTRADIOL PATCH TWICE WEEKLY	ALORA							X
ESTRADIOL PATCH WEEKLY	MENOSTAR							X
ESTRADIOL TABLET	ESTRACE							X
ESTROGENS, CONJUGATED TABLET	PREMARIN	BRAND ONLY						X
FLUOROQUINOLONES*								
FLUOROQUINOLONES**								
CIPROFLOXACIN HCL TABLET	CIPRO							
CIPROFLOXACIN IN D5W SOLUTION	CIPROFLOXACIN I.V.-IN D5W							
DELAFLOXACIN MEGLUMINE SOLUTION RECONSTITUTED	BAXDELA							
LEVOFLOXACIN IN D5W SOLUTION	LEVOFLOXACIN IN D5W							
LEVOFLOXACIN SOLUTION	LEVOFLOXACIN							
LEVOFLOXACIN TABLET	LEVOFLOXACIN							
	MOXIFLOXACIN							
MOXIFLOXACIN HCL IN SODIUM CHLORIDE SOLUTION	HYDROCHLORIDE/SODIUM HYDROCHLORIDE							

AHCCCS Fee-For-Service Acute/Long Term Care Program Drug List

Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	PREFERRED DRUG Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days	Maintenace Indicator (Maintenance Drugs are allowed 90 Days Supply)
MOXIFLOXACIN HCL SOLUTION	MOXIFLOXACIN HYDROCHLORIDE							
OFLOXACIN TABLET	OFLOXACIN							
GASTROINTESTINAL AGENTS - MISC.*								
ANTIFLATULENTS**								
SIMETHICONE SUSPENSION	LITTLE REMEDIES GAS RELIEF							
GALLSTONE SOLUBILIZING AGENTS**								
URSODIOL CAPSULE	RELTONE							X
URSODIOL TABLET	URSO 250							X
GASTROINTESTINAL ANTIALLERGY AGENTS**								
CROMOLYN SODIUM (MASTOCYTOSIS) CONCENTRATE	GASTROCROM							X
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS**								
LUBIPROSTONE CAPSULE	AMITIZA			PA REQUIRED				X
GASTROINTESTINAL STIMULANTS**								
METOCLOPRAMIDE HCL SOLUTION	GIMOTI							
METOCLOPRAMIDE HCL TABLET	REGLAN							
METOCLOPRAMIDE HCL TABLET DISINTEGRATING	METOCLOPRAMIDE ODT							
INFLAMMATORY BOWEL AGENTS**								
INFLIXIMAB SOLUTION RECONSTITUTED	REMICADE (AG)			PA REQUIRED				
MESALAMINE CAPSULE ER 24 HR	VARIOUS					360	90	X
MESALAMINE CAPSULE ER	PENTASA	BRAND ONLY				810	90	X
MESALAMINE CAPSULE DELAYED RELEASE	DELZICOL					540	90	X
MESALAMINE ENEMA	SFROWASA	BRAND ONLY				30	30	
MESALAMINE SUPPOSITORY	CANASA					30	30	
MESALAMINE TABLET ENTERIC COATED (1.2 GM)	LIALDA					360	90	X
SULFASALAZINE TABLET	AZULFIDINE					720	90	X
SULFASALAZINE TABLET ENTERIC COATED	AZULFIDINE EN-TABS					720	90	X
USTEKINUMAB-KFCE (IV) SOLUTION	YESINTEK	Biosimilar Brand Preferred		PA Required				
INTESTINAL ACIDIFIERS**								
LACTULOSE (ENCEPHALOPATHY) SOLUTION	LACTULOSE							X
IRRITABLE BOWEL SYNDROME (IBS) AGENTS**								
ALOSETRON HCL TABLET	LOTRONEX			PA REQUIRED				X
LINACLOTIDE CAPSULE	LINZESS			PA REQUIRED				X
PHOSPHATE BINDER AGENTS**								
CALCIUM ACETATE (PHOSPHATE BINDER) CAPSULE	CALCIUM ACETATE		PREFERRED DRUG					X
CALCIUM ACETATE (PHOSPHATE BINDER) TABLET	CALPHRON		PREFERRED DRUG					X
FERRIC CITRATE TABLET	AURYXIA		PREFERRED DRUG					X
LANTHANUM CARBONATE TABLET CHEWABLE	FOSRENOL		PREFERRED DRUG					X
SEVELAMER CARBONATE TABLET	REVELA	VARIOUS	PREFERRED DRUG					X
GENITOURINARY AGENTS - MISCELLANEOUS*								
ACIDIFIERS**								
POTASSIUM & SODIUM ACID PHOSPHATES TABLET	K-PHOS NO 2							
ALKALINIZERS**								
POT & SOD CITRATES W/CITRIC AC SOLUTION	TRICITRATES							
POTASSIUM CITRATE (ALKALINIZER) TABLET ER	UROCIT-K 5							
POTASSIUM CITRATE-CITRIC ACID PACKET	CYTRA K CRYSTALS							
POTASSIUM CITRATE-CITRIC ACID SOLUTION	POTASSIUM CITRATE/CITRIC ACID							
SODIUM CITRATE & CITRIC ACID SOLUTION	ORACIT							
INTERSTITIAL CYSTITIS AGENTS**								
PENTOSAN POLYSULFATE SODIUM CAPSULE	ELMIRON			PA REQUIRED				
PROSTATIC HYPERTROPHY AGENTS**								
ALFUZOSIN HCL TABLET ER 24HR	UROXATRAL							X
DUTASTERIDE CAPSULE	AVODART							X
FINASTERIDE TABLET	PROSCAR							X
TAMSULOSIN HCL CAPSULE	FLOMAX							X
URINARY ANALGESICS**								
PHENAZOPYRIDINE HCL TABLET	PHENAZO							
GOUT AGENTS*								

AHCCCS Fee-For-Service Acute/Long Term Care Program Drug List

Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	PREFERRED DRUG Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days	Maintenace Indicator (Maintenace Drugs are allowed 90 Days Supply)
GOUT AGENT COMBINATIONS**								
COLCHICINE W/ PROBENECID TABLET	PROBENECID/COLCHICINE							X
GOUT AGENTS**								
ALLOPURINOL TABLET (100MG, 300MG)	ZYLOPRIM							X
COLCHICINE TABLET	COLCRYS							
FEBUXOSTAT TABLET	ULORIC					90	90	X
URICOSURICS**								
PROBENECID TABLET	PROBENECID							X
HEMATOLOGICAL AGENTS - MISC.*								
BRADYKININ B2 RECEPTOR ANTAGONISTS**								
ICATIBANT ACETATE SOLN PREF SYR	FIRAZYR			PA REQUIRED				
COMPLEMENT INHIBITORS**								
C1 ESTERASE INHIBITOR (HUMAN) KIT	BERINERT	BRAND ONLY		PA REQUIRED				
C1 ESTERASE INHIBITOR (HUMAN) SOLUTION RECONSTITUTED	CINRYZE/HAEGARDA	BRAND ONLY		PA REQUIRED				
ECULIZUMAB-AAGH SOLUTION	EPYSQLI			PA REQUIRED				
HEMATORHEOLOGIC AGENTS**								
PENTOXIFYLLINE TABLET ER	PENTOXIFYLLINE ER							X
PLASMA KALLIKREIN INHIBITORS**								
ECALLANTIDE SOLUTION	KALBITOR			PA REQUIRED				
PLATELET AGGREGATION INHIBITORS**								
ANAGRELIDE HCL CAPSULE	AGRYLIN							X
CILOSTAZOL TABLET	CILOSTAZOL							X
CLOPIDOGREL BISULFATE TABLET	PLAVIX							X
DIPYRIDAMOLE TABLET	DIPYRIDAMOLE							X
TICAGRELOR TABLET	BRILINTA	BRAND ONLY						X
THROMBOLYTIC ENZYMES**								
ALTEPLASE SOLUTION RECONSTITUTED	CATHFLO ACTIVASE					1	30	
HEMATOPOIETIC AGENTS*								
AGENTS FOR GAUCHER DISEASE**								
MIGLUSTAT CAPSULE	MIGLUSTAT (ORAL)	AUTHORIZED GENERIC ONLY		PA REQUIRED				X
TALIGLUCERASE ALFA SOLUTION RECONSTITUTED	ELELYSO			PA REQUIRED				
AGENTS FOR SICKLE CELL DISEASE**								
HYDROXYUREA (SICKLE CELL DISEASE) SOLUTION	XROMI			PA REQUIRED > 10 Years of Age				X
FOLIC ACID/FOLATES**								
FOLIC ACID CAPSULE	FA-8							X
FOLIC ACID TABLET	FOLIC ACID							X
HEMATOPOIETIC GROWTH FACTORS**								
ELTROMBOPAG OLAMINE TABLET	VARIOUS		PREFERRED DRUG	PA REQUIRED				X
ELTROMBOPAG OLAMINE PACKET	PROMACTA	BRAND ONLY	PREFERRED DRUG	PA REQUIRED				X
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 SOLUTION	RELEUKO	BRAND ONLY	PREFERRED DRUG	PA REQUIRED				
FILGRASTIM-AYOW SOLN PREF SYR	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				
HEMATOPOIETIC MIXTURES**								
FE FUMARATE-VITAMIN C-VITAMIN B12-FOLIC ACID CAPSULE	HEMATOGEN FA							
FERROUS FUMARATE W/ B12-VIT C-FA-IFC CAPSULE	TRICON							
FERROUS FUMARATE W/ FA-DSS-B COMPLEX-VIT C TABLET	NEPHRON FA							
FOLATE-VITAMIN B12-INTRINSIC FACTOR TABLET	INTRINSI B12/FOLATE							
IRON COMBINATIONS CAPSULE	HEMATOGEN							
IRON COMBINATIONS TABLET	NUFERA							
IRON**								
FERROUS FUMARATE CAPSULE	HIGH POTENCY IRON							
FERROUS FUMARATE TABLET	FERROCITE							

AHCCCS Fee-For-Service Acute/Long Term Care Program Drug List

Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	PREFERRED DRUG Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days	Maintenace Indicator (Maintenace Drugs are allowed 90 Days Supply)
FERROUS GLUCONATE TABLET	FERATE							
FERROUS SULFATE DRIED TABLET	FEOSOL							
FERROUS SULFATE DRIED TABLET ER	SM SLOW RELEASE IRON							
FERROUS SULFATE SOLUTION	BPROTECTED PEDIA IRON							
FERROUS SULFATE TABLET	FEROSUL							
FERROUS SULFATE TABLET ER	SLOW FE							
FERROUS SULFATE TABLET ENTERIC COATED	FERROUS SULFATE							
HEMOSTATICS*								
HEMOSTATICS - SYSTEMIC**								
AMINOCAPROIC ACID SOLUTION	AMICAR							
AMINOCAPROIC ACID TABLET	AMICAR							
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS*								
ANTIHISTAMINE HYPNOTICS**								
DIPHENHYDRAMINE HCL (SLEEP) CAPSULE	WAL-SLEEP Z							
DIPHENHYDRAMINE HCL (SLEEP) LIQUID	WAL-SLEEP Z LIQUID SHOTS							
DIPHENHYDRAMINE HCL (SLEEP) TABLET	SIMPLY SLEEP							
DIPHENHYDRAMINE HCL (SLEEP) TABLET DISINTEGRATING	WAL-SLEEP Z							
DOXYLAMINE SUCCINATE (SLEEP) TABLET	UNISOM SLEPTABS							
BARBITURATE HYPNOTICS**								
PHENOBARBITAL ELIXIR	PHENOBARBITAL							X
PHENOBARBITAL TABLET	PHENOBARBITAL							X
NON-BARBITURATE HYPNOTICS**								
ESZOPICLONE TABLET	LUNESTA		PREFERRED DRUG	PA REQUIRED for Ages <6 years PA REQUIRED for > 1 Hypnotic Drug		30	30	
TEMAZEPAM CAPSULE (15MG, 30MG)	RESTORIL		PREFERRED DRUG	PA REQUIRED for Ages <6 years PA REQUIRED for > 1 Hypnotic Drug		30	30	
ZOLPIDEM TARTRATE TABLET (5MG)	AMBIEN		PREFERRED DRUG	PA REQUIRED for Ages <6 years PA REQUIRED for > 1 Hypnotic Drug		60	30	
ZOLPIDEM TARTRATE TABLET (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*								
BULK LAXATIVES**								
FIBER CAPSULE	OPTIFIBER LEAN							
FIBER TABLET CHEWABLE	PEDIA-LAX FIBER GUMMIES							
FIBER POWDER	SOLFIBER							
FIBER TABLET	FIBER COMPLETE							
METHYLCELLULOSE (LAXATIVE) POWDER	SOLUBLE FIBER							
METHYLCELLULOSE (LAXATIVE) TABLET	CITRUCEL							
PSYLLIUM CAPSULE	METAMUCIL							
PSYLLIUM PACKET	METAMUCIL							
PSYLLIUM WAFER	METAMUCIL							
LAXATIVE COMBINATIONS**								
PEG 3350-KCL-SOD BICARB-SOD CHLORIDE-SOD SULFATE SOLUTION RECONSTITUTED	GAVILYTE-G							
PEG 3350-POTASSIUM CHLORIDE-SOD BICARBONATE-SOD CHLORIDE SOLUTION RECONSTITUTED	GAVILYTE-N/FLAVOR PACK							
SENNOSIDES-DOCUSATE SODIUM TABLET	COLACE 2-IN-1							
LAXATIVES - MISCELLANEOUS**								
GLYCERIN (LAXATIVE) SUPPOSITORY	PEDIA-LAX							
LACTULOSE SOLUTION	LACTULOSE							X

AHCCCS Fee-For-Service Acute/Long Term Care Program Drug List

Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	PREFERRED DRUG Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days	Maintenace Indicator (Maintenace Drugs are allowed 90 Days Supply)
POLYETHYLENE GLYCOL 3350 PACKET	SMOOTH LAX							
POLYETHYLENE GLYCOL 3350 POWDER	GOODSENSE CLEARLAX							
SALINE LAXATIVES**								
MAGNESIUM CITRATE SOLUTION	CITROMA							
MAGNESIUM OXIDE (LAXATIVE) TABLET	PHILLIPS							
SODIUM PHOSPHATES ENEMA	PURE & GENTLE ENEMA							
STIMULANT LAXATIVES**								
BISACODYL ENEMA	FLEET BISACODYL							
BISACODYL POWDER	BISACODYL			PA REQUIRED (Bulk Power Only)				
BISACODYL SUPPOSITORY	THE MAGIC BULLET							
BISACODYL TABLET ENTERIC COATED	EX-LAX ULTRA							
CASCARA SAGRADA CAPSULE	CASCARA SAGRADA							
CASCARA SAGRADA TABLET	CASCARA SAGRADA							
SENNA SYRUP	SENNA							
SENNOSIDES CAPSULE	SENNA							
SENNOSIDES LIQUID	LITTLE TUMMYS LAXATIVE							
SENNOSIDES SYRUP	ONELAX SENNA							
SENNOSIDES TABLET	EVAC-U-GEN							
SURFACTANT LAXATIVES**								
DOCUSATE SODIUM CAPSULE	DULCOLAX STOOL SOFTENER							
DOCUSATE SODIUM ENEMA	ENEMEEZ			PA REQUIRED				
DOCUSATE SODIUM LIQUID	PEDIA-LAX							
DOCUSATE SODIUM TABLET	DOK							
MACROLIDES*								
AZITHROMYCIN**								
AZITHROMYCIN PACKET	ZITHROMAX							
AZITHROMYCIN SOLUTION RECONSTITUTED	ZITHROMAX							
AZITHROMYCIN SUSPENSION RECONSTITUTED	ZITHROMAX							
AZITHROMYCIN TABLET	ZITHROMAX							
CLARITHROMYCIN**								
CLARITHROMYCIN SUSPENSION RECONSTITUTED	CLARITHROMYCIN							
CLARITHROMYCIN TABLET	CLARITHROMYCIN							
CLARITHROMYCIN TABLET ER 24HR	CLARITHROMYCIN ER							
ERYTHROMYCINS**								
ERYTHROMYCIN LACTOBIONATE SOLUTION RECONSTITUTED	ERYTHROCIN LACTOBIONATE							
FIDAXOMICIN**								
FIDAXOMICIN TABLET	DIFICID	BRAND ONLY		PA REQUIRED				
MEDICAL DEVICES AND SUPPLIES*								
CONTRACEPTIVES**								
CONDOMS - FEMALE MISCELLANEOUS	FC2 FEMALE CONDOM					30	30	
CONDOMS - MALE MISCELLANEOUS	CONDOMS					30	30	
CONDOMS LATEX LUBRICATED - MALE DEVICE	DUREX EXTRA SENSITIVE					30	30	
CONDOMS LATEX LUBRICATED - MALE MISCELLANEOUS	TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDED					30	30	
CONDOMS LATEX NON-LUBRICATED - MALE MISCELLANEOUS	TRUSTEX/RIA NON-LUBRICATED					30	30	
DIAPHRAGM ARC-SPRING DIAPHRAGM	CAYA					1	365	
DIAPHRAGM WIDE SEAL DIAPHRAGM	WIDE-SEAL SILICONE DIAPHRAGM KIT 60					1	365	
DIAPHRAGMS DIAPHRAGM	OMNIFLEX DIAPHRAGM					1	365	
DIABETIC SUPPLIES**								
BLOOD GLUCOSE CALIBRATION LIQUID	ASSURE II CONTROL LEVEL 1							
BLOOD GLUCOSE CALIBRATION SOLUTION	ASSURE DOSE NORMAL/HIGH CONTROL							
BLOOD GLUCOSE MONITORING SUPPLIES DEVICE	TRUE METRIX							
BLOOD GLUCOSE MONITORING SUPPLIES KIT	TRUETRACK SMART SYSTEM							
CONTINUOUS GLUCOSE SYSTEM RECEIVER DEVICE	FREESTYLE READER			PA REQUIRED		1	365	
CONTINUOUS GLUCOSE SYSTEM SENSOR MISCELLANEOUS	FREESTYLE SENSOR			PA REQUIRED				

AHCCCS Fee-For-Service Acute/Long Term Care Program Drug List

Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	PREFERRED DRUG Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days	Maintenace Indicator (Maintenace Drugs are allowed 90 Days Supply)
LANCET DEVICES MISCELLANEOUS	MICROLET NEXT							
LANCETS MISCELLANEOUS	FINGERSTIX LANCETS							
LANCETS MISC. KIT	AUTOLET LITE STARTER PACK							
LANCETS MISC. MISCELLANEOUS	AUTOLET PLATFORMS							
MISC. DEVICES**								
ALCOHOL SHEETS SHEET	ESSENTA WIPES 9X9" CLEANROOM SUPPLIES/PRESATURATED							
ALCOHOL SWABS PAD	WEBCOL ALCOHOL PREP LARGE 1 PLY							
PARENTERAL THERAPY SUPPLIES**								
INSULIN PEN NEEDLE MISCELLANEOUS	BD AUTOSHIELD 29G X 3/16"							
INSULIN SYRINGE/NEEDLE U-100 MISCELLANEOUS	BD INSULIN SYRINGE MICROFINE/U- 100/0.3ML/28G X 1/2"							
INSULIN SYRINGES (DISPOSABLE) MISCELLANEOUS	MONOJECT INSULIN SYRINGE/1ML							
SYRINGE/NEEDLE (DISP) 1 ML MISCELLANEOUS	BD LUER LOCK SYRINGE/1ML/20G X 1"							
RESPIRATORY THERAPY SUPPLIES**								
NEBULIZERS MISCELLANEOUS	AERIVA							
PEAK FLOW METER DEVICE	TRUZONE PEAK FLOW METER							
PEAK FLOW METER W/INHALER ASSIST DEVICE KIT	AEROGear ASTHMA ACTION					2	365	
RESPIRATORY THERAPY SUPPLIES DEVICE	AEROBIKA					2	365	
RESPIRATORY THERAPY SUPPLIES KIT	SIDESTREAM REUSABLE NEBULIZER/PEDIATRIC MASK/TUBING							
RESPIRATORY THERAPY SUPPLIES MISCELLANEOUS	AEROTRACH PLUS					2	365	
SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES - MASKS MISCELLANEOUS	FLEXICHAMBER MIS MASK					2	365	
SPACER/AEROSOL-HOLDING CHAMBERS DEVICE	AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE					2	365	
SPACER/AEROSOL-HOLDING CHAMBERS MISCELLANEOUS	INSPIREASE DRUG DELIVERY SYSTEM					2	365	
MIGRAINE PRODUCTS*								
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG**								
DIHYDROERGOTAMINE MESYLATE SOLUTION	MIGRANAL							
ERENUMAB-AOOE SOLN AUTO-INJ	AMOVIG		PREFERRED DRUG	PA REQUIRED		3	90	X
GALCANEZUMAB-GNLM SOLN AUTO-INJ	EMGALITY		PREFERRED DRUG	PA REQUIRED				X
GALCANEZUMAB-GNLM SOLN PREF SYR	EMGALITY		PREFERRED DRUG	PA REQUIRED				X
UBROGEPANT TABLET	UBRELVY		PREFERRED DRUG	PA REQUIRED		10	30	
MIGRAINE COMBINATIONS**								
ERGOTAMINE W/ CAFFEINE TABLET	CAFERGOT					40	30	
SEROTONIN AGONISTS**								
ELETRIPTAN HYDROBROMIDE TABLET	RELPAK					9	30	
NARATRIPTAN HCL TABLET	AMERGE		PREFERRED DRUG			9	30	
RIZATRIPTAN BENZOATE TABLET	MAXALT		PREFERRED DRUG			9	30	
RIZATRIPTAN BENZOATE TABLET DISINTEGRATING	MAXALT-MLT		PREFERRED DRUG			9	30	
SUMATRIPTAN SOLUTION	IMITREX NASAL SPRAY		PREFERRED DRUG			6	30	
SUMATRIPTAN SUCCINATE SOLN AUTO-INJ	ZEMBRACE SYMTOUCH		PREFERRED DRUG			2	30	
SUMATRIPTAN SUCCINATE SOLN CARTRIDGE	IMITREX STATDOSE REFILL		PREFERRED DRUG			2	30	
SUMATRIPTAN SUCCINATE SOLUTION	IMITREX		PREFERRED DRUG			2	30	
SUMATRIPTAN SUCCINATE TABLET	IMITREX		PREFERRED DRUG			9	30	
ZOLMITRIPTAN TABLET	ZOMIG		PREFERRED DRUG			9	30	
ZOLMITRIPTAN TABLET DISINTEGRATING	ZOMIG ZMT		PREFERRED DRUG			9	30	
MINERALS & ELECTROLYTES*								
BICARBONATES**								
SODIUM BICARBONATE SOLUTION	SODIUM BICARBONATE							
CALCIUM**								
CALCIUM CARBONATE TABLET CHEWABLE	CALCIUM CARBONATE							
CALCIUM LACTATE TABLET	CALCIUM LACTATE							

AHCCCS Fee-For-Service Acute/Long Term Care Program Drug List

Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	PREFERRED DRUG Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days	Maintenace Indicator (Maintenace Drugs are allowed 90 Days Supply)
FLUORIDE**								
SODIUM FLUORIDE TABLET CHEWABLE	NAFRINSE							X
SODIUM FLUORIDE SOLUTION	NAFRINSE DROPS							X
SODIUM FLUORIDE TABLET	SODIUM FLUORIDE							X
MAGNESIUM**								
MAGNESIUM OXIDE (MG SUPPLEMENT) CAPSULE	MAGNESIUM							
MAGNESIUM OXIDE (MG SUPPLEMENT) TABLET	MAG-OXIDE							
MAGNESIUM OXIDE (MG SUPPLEMENT) TABLET CHEWABLE	MAGNESIUM							
POTASSIUM**								
POTASSIUM BICARBONATE TABLET EFFERVESCENT	KLOR-CON/EF							X
POTASSIUM BICARBONATE-CITRIC ACID TABLET EFFERVESCENT	EFFER-K							
POTASSIUM CHLORIDE CAPSULE ER	POTASSIUM CHLORIDE ER							X
POTASSIUM CHLORIDE MICROENCAPSULATED CRYSTALS ER TABLET ER	KLOR-CON M10							X
POTASSIUM CHLORIDE PACKET (EXCLUDING 10MEQ)	KLOR-CON							X
POTASSIUM CHLORIDE SOLUTION	POTASSIUM CHLORIDE							X
POTASSIUM CHLORIDE TABLET ER	K-TAB							X
MISCELLANEOUS THERAPEUTIC CLASSES*								
CHELATING AGENTS**								
PENICILLAMINE CAPSULE	CUPRIMINE							
IMMUNOMODULATORS**								
BELUMOSUDIL MESYLATE TABLET	REZUROCK				PA REQUIRED			X
LENALIDOMIDE CAPSULE	REVLIMID	BRAND ONLY			PA REQUIRED			
IMMUNOSUPPRESSIVE AGENTS**								
AZATHIOPRINE TABLET	AZASAN							X
CYCLOSPORINE CAPSULE	SANDIMMUNE							X
CYCLOSPORINE MODIFIED (FOR MICROEMULSION) CAPSULE	GENGRAF							X
CYCLOSPORINE MODIFIED (FOR MICROEMULSION) SOLUTION	GENGRAF							X
CYCLOSPORINE SOLUTION	SANDIMMUNE							X
EVEROLIMUS (IMMUNOSUPPRESSANT) TABLET	ZORTRESS				PA REQUIRED			X
MYCOPHENOLATE MOFETIL CAPSULE	CELLCEPT							X
MYCOPHENOLATE MOFETIL SUSPENSION RECONSTITUTED	CELLCEPT							X
MYCOPHENOLATE MOFETIL TABLET	CELLCEPT							X
SIROLIMUS SOLUTION	RAPAMUNE							X
SIROLIMUS TABLET	RAPAMUNE							X
TACROLIMUS CAPSULE	PROGRAF							X
TACROLIMUS CAPSULE ER 24 HR	ASTAGRAF XL							X
IRRIGATION SOLUTIONS**								
WATER FOR IRRIGATION, STERILE SOLUTION	ARGYLE STERILE WATER 100ML							
POTASSIUM REMOVING AGENTS**								
SODIUM POLYSTYRENE SULFONATE POWDER	SODIUM POLYSTYRENE SULFONATE							
SODIUM POLYSTYRENE SULFONATE SUSPENSION	SPS							
SODIUM ZIRCONIUM CYCLOSILICATE PACKET	LOKELMA					90	90	X
MOUTH/THROAT/DENTAL AGENTS*								
ANESTHETICS TOPICAL ORAL**								
LIDOCAINE HCL (MOUTH-THROAT) SOLUTION	LIDOCAINE VISCOUS					100	30	
ANTI-INFECTIVES - THROAT**								
CLOTRIMAZOLE TROCHE	CLOTRIMAZOLE							
NYSTATIN (MOUTH-THROAT) SUSPENSION	NYSTATIN							
ANTISEPTICS - MOUTH/THROAT**								
CHLORHEXIDINE GLUCONATE (MOUTH-THROAT) SOLUTION	PERIOGARD					100	30	
STEROIDS - MOUTH/THROAT/DENTAL**								
TRIAMCINOLONE ACETONIDE (MOUTH) PASTE	ORALONE DENTAL PASTE					10	30	
THROAT PRODUCTS - MISC.**								
ARTIFICIAL SALIVA KIT	ORAL RELIEF FOR DRY MOUTH& DISCOMFORT							
ARTIFICIAL SALIVA LIQUID	NUMOISYN							
ARTIFICIAL SALIVA LOZENGE	ACT DRY MOUTH							

AHCCCS Fee-For-Service Acute/Long Term Care Program Drug List

Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	PREFERRED DRUG Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days	Maintenace Indicator (Maintenance Drugs are allowed 90 Days Supply)
ARTIFICIAL SALIVA SOLUTION	AQUORAL							
MULTIVITAMINS*								
B-COMPLEX VITAMINS**								
B-COMPLEX VITAMINS ELIXIR	APETEX							
B-COMPLEX VITAMINS LIQUID	B-COMPLEX/B-12							
B-COMPLEX VITAMINS TABLET	B-COMPLEX WITH B-12							
B-COMPLEX VITAMINS SOLUTION	B-COMPLEX							
B-COMPLEX W/ C**								
B COMPLEX W/ C CAPSULE	B-COMPLEX W/C							
B COMPLEX W/ C TABLET	ALLBEE PLUS VITAMIN C							
B COMPLEX W/ C TABLET ER	RA B-COMPLEX/VITAMIN C TR							
B-COMPLEX W/ FOLIC ACID**								
B COMPLEX W/ C-BIOTIN-E-FOLIC ACID & IRON CARBONYL MISCELLANEOUS	RENATABS WITH IRON							
B-COMPLEX W/ C & FOLIC ACID CAPSULE	MYNEPHRON							
B-COMPLEX W/ C & FOLIC ACID TABLET	DIALYVITE 800							
B-COMPLEX W/ C-BIOTIN-D-ZINC & FOLIC ACID TABLET	VITAL-D RX							
B-COMPLEX W/ LYSINE-MIN-FE & FOLIC ACID LIQUID	NUTRIVIT							
B-COMPLEX W/ LYSINE-ZN & FOLIC ACID LIQUID	SUPERVITE							
B-COMPLEX W/ MINERALS**								
B-COMPLEX W/ MINERALS LIQUID	ELDERTONIC					30	30	
IRON W/ VITAMINS**								
IRON W/ VITAMINS TABLET	VITAFOL					30	30	
MULTIPLE VITAMINS W/ IRON**								
MULTIPLE VITAMINS W/ IRON TABLET	TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE					30	30	
MULTIPLE VITAMINS W/ MINERALS**								
MULTIPLE VITAMINS W/ MINERALS CAPSULE	ICAPS					30	30	
MULTIPLE VITAMINS W/ MINERALS TABLET CHEWABLE	CENTRUM VITAMINTS					30	30	
MULTIPLE VITAMINS W/ MINERALS LIQUID	BURIED TREASURE ACTIVE 55PLUS SENIOR COMPLEX					30	30	
MULTIPLE VITAMINS W/ MINERALS TABLET	CENTRUM CARDIO					30	30	
PED MULTI VITAMINS W/FL & FE**								
PED MULTIVITAMINS W/FL & IRON SOLUTION	FLORVITE/IRON							
PED MULTIPLE VITAMINS W/ MINERALS**								
PEDIATRIC MULTIPLE VITAMIN W/ MINERALS TABLET CHEWABLE	CENTRUM KIDS					30	30	
PED MV W/ FLUORIDE**								
PEDIATRIC MULTIVITAMINS W/FL TABLET CHEWABLE	QUFLORA GUMMIES					30	30	
PEDIATRIC MULTIVITAMINS W/FL SOLUTION	QUFLORA PEDIATRIC							
PEDIATRIC MULTIVITAMINS W/FL SUSPENSION	POLY-VI-FLOR							
PEDIATRIC VITAMINS ACD W/ FLUORIDE SOLUTION	ADC/FLUORIDE							
PED MV W/ IRON**								
PEDIATRIC MULTIPLE VITAMINS W/ IRON TABLET CHEWABLE	CEROVITE JR							
PEDIATRIC MULTIPLE VITAMINS W/ IRON SOLUTION	BPROTECTED PEDIA POLY-VITE/IRON							
PEDIATRIC MULTIPLE VITAMINS**								
PEDIATRIC MULTIPLE VITAMINS SOLUTION	POLY-VI-SOL							
PRENATAL VITAMINS**								
PRENATAL MV & MIN W/FE FUMARATE-FA-DHA MISCELLANEOUS	VITAFOL-OB+DHA					30	30	
PRENATAL MV & MIN W/FE POLYSACCHARIDE COMPLEX-FA-DHA CAPSULE	VITAFOL-ONE					30	30	
PRENATAL MV & MIN W/FE POLYSACCHARIDE COMPLEX-FA-DHA MISCELLANEOUS	SELECT-OB+DHA					30	30	
PRENATAL VIT W/ DOCUSATE-FE FUMARATE-FOLIC ACID TABLET	SE-NATAL 19					30	30	
PRENATAL VIT W/ FE BISGLYCINATE CHELATE-FOLIC ACID TABLET	VINATE II					30	30	
PRENATAL VIT W/ FE FUM-IRON POLYSACCH COMPLEX -FA-OMEGA 3 CAPSULE	CONCEPT DHA					30	30	

AHCCCS Fee-For-Service Acute/Long Term Care Program Drug List

Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	PREFERRED DRUG Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days	Maintenace Indicator (Maintenace Drugs are allowed 90 Days Supply)
PRENATAL VIT W/ FERROUS FUMARATE-FA-OMEGA 3 FATTY ACIDS CAPSULE	VIVA DHA					30	30	
PRENATAL VIT W/ FERROUS FUMARATE-FOLIC ACID TABLET CHEWABLE	COMPLETENATE					30	30	
PRENATAL VIT W/ FERROUS FUMARATE-FOLIC ACID TABLET	VITATHELY/GINGER					30	30	
PRENATAL VIT W/ IRON CARBONYL-FOLIC ACID TABLET	ELITE-OB					30	30	
PRENATAL WITHOUT A VIT W/ FE FUM-IRON POLYSACCH COMPLEX -FA CAPSULE	CONCEPT OB					30	30	
MUSCULOSKELETAL THERAPY AGENTS*								
CENTRAL MUSCLE RELAXANTS**								
BACLOFEN TABLET (5MG, 10MG, 20MG)	BACLOFEN							
CYCLOBENZAPRINE HCL TABLET (5MG, 10MG)	FEXMID							
METAXALONE TABLET (400MG, 800MG, 500MG, 750MG)	SKELAXIN							
METHOCARBAMOL TABLET	METHOCARBAMOL							
ORPHENADRINE CITRATE TABLET ER 12HR	ORPHENADRINE CITRATE ER							
TIZANIDINE HCL TABLET	ZANAFLEX							
DIRECT MUSCLE RELAXANTS**								
DANTROLENE SODIUM CAPSULE	DANTRIUM							
NASAL AGENTS - SYSTEMIC AND TOPICAL*								
NASAL AGENTS - MISC.**								
ALCOHOL (NASAL) KIT	NOZIN NASAL SANITIZER							
ALCOHOL (NASAL) SWAB	NOZIN NASAL SANITIZER							
SALINE SOLUTION	AFRIN SALINE NASAL MIST							
NASAL ANTIALLERGY**								
AZELASTINE HCL SOLUTION (0.1%)	ASTEPRO							
NASAL ANTICHOLINERGICS**								
IPRATROPIUM BROMIDE (NASAL) SOLUTION	IPRATROPIUM BROMIDE							X
NASAL STEROIDS**								
FLUTICASONE PROPIONATE (NASAL) SUSPENSION	CLARISPRAY							
SYMPATHOMIMETIC DECONGESTANTS**								
PSEUDOEPHEDRINE HCL CAPSULE	CVS NASAL DECONGESTANT							
PSEUDOEPHEDRINE HCL LIQUID	SUDAFED CHILDRENS							
PSEUDOEPHEDRINE HCL TABLET	WAL-PHED							
PSEUDOEPHEDRINE HCL TABLET ER 12HR	SUDAFED SINUS CONGESTION 12 HOUR							
PSEUDOEPHEDRINE HCL TABLET ER 24HR	SUDAFED SINUS CONGESTION 24 HOUR							
NEUROMUSCULAR AGENTS*								
FRIEDRICH'S ATAXIA AGENTS**								
OMAVELOXOLONE CAPSULE	SKYCLARYS			PA REQUIRED				X
NUTRIENTS*								
MISC. NUTRITIONAL SUBSTANCES**								
OMEGA-3 FATTY ACIDS CAPSULE	SUPER OMEGA 3							
OMEGA-3 FATTY ACIDS CAPSULE DELAYED RELEASE	OMEGAPURE 600 EC							
OPHTHALMIC AGENTS*								
ARTIFICIAL TEARS AND LUBRICANTS**								
ARTIFICIAL TEAR OINTMENT OINTMENT	EYE LUBRICANT							
ARTIFICIAL TEAR SOLUTION SOLUTION	SYSTANE CONTACTS SOOTHING DROPS							
CARBOXYMETHYLCELLULOSE SODIUM (OPHTH) GEL	REFRESH LIQUIGEL							
CARBOXYMETHYLCELLULOSE SODIUM (OPHTH) SOLUTION	ULTRA FRESH							
CARBOXYMETHYLCELLULOSE-GLYCERIN SOLUTION	REFRESH OPTIVE PRESERVATIVE FREE							
CARBOXYMETHYLCELLULOSE-HYPROMELLOSE GEL	CVS LUBRICANT GEL DROPS							
DEXTRAN 70-HYPROMELLOSE SOLUTION	GENTEAL TEARS MILD							
HYPROMELLOSE (GONIOSCOPIC) SOLUTION	GONIOTAIRE							
POLYETHYLENE GLYCOL 400 (OPHTH) GEL	BLINK TEARS LUBRICATING EYE DROPS							

AHCCCS Fee-For-Service Acute/Long Term Care Program Drug List

Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	PREFERRED DRUG Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days	Maintenace Indicator (Maintenance Drugs are allowed 90 Days Supply)
POLYETHYLENE GLYCOL 400 (OPHTH) SOLUTION	BLINK TEARS LUBRICATING EYE DROPS							
POLYETHYLENE GLYCOL-PROPYLENE GLYCOL (OPHTH) SOLUTION	VISTA TEARS							
POLYVINYL ALCOHOL SOLUTION	POLYVINYL ALCOHOL 1.4% LUBRICATING EYE DROPS							
WHITE PETROLATUM-MINERAL OIL OINTMENT	REFRESH P.M.							
BETA-BLOCKERS - OPTHALMIC**								
DORZOLAMIDE HCL-TIMOLOL MALEATE SOLUTION (EXCLUDES PRESERVATIVE FREE)	COSOPT							X
TIMOLOL MALEATE (OPHTH) GEL FORMING SOLUTION	TIMOPTIC-XE							X
TIMOLOL MALEATE (OPHTH) SOLUTION (EXCLUDES PRESERVATIVE FREE AND ONCE-DAILY)	TIMOPTIC							X
CYCLOPLEGIC MYDRIATICS**								
ATROPINE SULFATE (OPHTHALMIC) OINTMENT	ATROPINE SULFATE							X
ATROPINE SULFATE (OPHTHALMIC) SOLUTION	ISOPTO ATROPINE							X
CYCLOPENTOLATE HCL SOLUTION	CYCLOGYL							X
HOMATROPINE HBR SOLUTION	HOMATROPAIRE							X
PHENYLEPHRINE HCL (MYDRIATIC) SOLUTION	ALTAFRIN							
OPHTHALMIC ADRENERGIC AGENTS**								
BRIMONIDINE TARTRATE SOLUTION (0.025%, 0.2%)	LUMIFY							X
OPHTHALMIC ANTI-INFECTIVES**								
BACITRACIN (OPHTHALMIC) OINTMENT	BACITRACIN					4	7	
BACITRACIN-POLYMYXIN B (OPHTH) OINTMENT	POLYCIN							
CIPROFLOXACIN HCL (OPHTH) OINTMENT	CILOXAN							
CIPROFLOXACIN HCL (OPHTH) SOLUTION	CILOXAN							
ERYTHROMYCIN (OPHTH) OINTMENT	ERYTHROMYCIN							
GENTAMICIN SULFATE (OPHTH) OINTMENT	GENTAK							
GENTAMICIN SULFATE (OPHTH) SOLUTION	GENTAMICIN SULFATE							
MOXIFLOXACIN HCL (OPHTH) SOLUTION	VIGAMOX							
NATAMYCIN SUSPENSION	NATACYN							
NEOMYCIN-BACITRACIN ZN-POLYMYXIN OINTMENT	NEO-POLYCIN							
NEOMYCIN-POLYMYXIN-GRAMICIDIN SOLUTION	NEOMYCIN/POLYMYXIN/GRAMICIDIN							
OFLOXACIN (OPHTH) SOLUTION	OCUFLOX							
POLYMYXIN B-TRIMETHOPRIM SOLUTION	POLYTRIM							
SULFACETAMIDE SODIUM (OPHTH) OINTMENT	SULFACETAMIDE SODIUM							
SULFACETAMIDE SODIUM (OPHTH) SOLUTION	BLEPH-10							
TOBRAMYCIN (OPHTH) OINTMENT	TOBREX					4	7	
TOBRAMYCIN (OPHTH) SOLUTION	TOBREX							
TRIFLURIDINE SOLUTION	TRIFLURIDINE							
OPHTHALMIC DECONGESTANTS**								
HYPROMELLOSE-NAPHAZOLINE-POLYSORBATE 80-ZINC SULFATE SOLUTION	CLEAR EYES COMPLETE 7 SYMPTOM RELIEF							
NAPHAZOLINE W/ PHENIRAMINE SOLUTION	NAPHCON-A							
NAPHAZOLINE W/ ZINC SULFATE SOLUTION	VASOCLEAR A							
NAPHAZOLINE-GLYCERIN SOLUTION	REDNESS RELIEF							
NAPHAZOLINE-GLYCERIN-ZINC SULFATE SOLUTION	CLEAR EYES COOLING COMFORT ITCHY EYE RELIEF							
NAPHAZOLINE-HYPROMELLOSE SOLUTION	TGT LUBRICANT REDNESS RELIEVER EYE DROPS							
NAPHAZOLINE-POLYETHYLENE GLYCOL 300 SOLUTION	RA STERILE EYE DROPS							
TETRAHYDROZOLINE HCL (OPHTH) SOLUTION	VISINE RED EYE COMFORT							
TETRAHYDROZOLINE W/ POLYETHYLENE GLYCOL SOLUTION	VISINE RED EYE HYDRATING COMFORT							
TETRAHYDROZOLINE W/ ZINC SULFATE SOLUTION	VISINE-AC							
TETRAHYDROZOLINE-DEXTRAN-POLYETHYLENE GLYCOL-POVIDONE SOLUTION	SM EYE DROPS							

AHCCCS Fee-For-Service Acute/Long Term Care Program Drug List

Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	PREFERRED DRUG Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days	Maintenace Indicator (Maintenance Drugs are allowed 90 Days Supply)
TETRAHYDROZOLINE-POLYVINYL ALCOHOL-POVIDONE SOLUTION	CLEAR EYES TRAVELERS EYE RELIEF							
OPHTHALMIC IMMUNOMODULATORS**								
CYCLOSPORINE (OPHTH) EMULSION (SINGLE DOSE)	RESTASIS							X
OPHTHALMIC INTEGRIN ANTAGONISTS**								
LIFITEGRAST SOLUTION	XIIDRA			PA REQUIRED				X
OPHTHALMIC STEROIDS**								
BACITRACIN-POLY-NEOMYCIN-HC OINTMENT	NEO-POLYCIN HC							
DEXAMETHASONE (OPHTH) SUSPENSION	MAXIDEX							
DEXAMETHASONE SODIUM PHOSPHATE (OPHTH) SOLUTION	DEXAMETHASONE SODIUM PHOSPHATE							
FLUOROMETHOLONE (OPHTH) SUSPENSION	FML FORTE							
LOTEPREDNOL ETABONATE SUSPENSION (0.2% & 0.5%)	ALREX / LOTEMAX	BRAND ONLY						
LOTEPREDNOL ETABONATE GEL (0.5%)	LOTEMAX	BRAND ONLY						
LOTEPREDNOL ETABONATE OINTMENT (0.5%)	LOTEMAX	BRAND ONLY						
NEOMYCIN-POLYMY-DEXAMETH OINTMENT	MAXITROL							
NEOMYCIN-POLYMY-DEXAMETH SUSPENSION	MAXITROL							
NEOMYCIN-POLYMYXIN-HC (OPHTH) SUSPENSION	NEOMYCIN/POLYMYXIN/HYDROCORT ISONE							
PREDNISOLONE ACETATE (OPHTH) SUSPENSION	PRED MILD							
PREDNISOLONE SODIUM PHOSPHATE (OPHTH) SOLUTION	PREDNISOLONE SODIUM PHOSPHATE							
SULFACETAMIDE SOD-PREDNISOLONE SOLUTION	SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE							
TOBRAMYCIN-DEXAMETHASONE OINTMENT	TOBRADEX					4	7	
TOBRAMYCIN-DEXAMETHASONE SUSPENSION	TOBRADEX ST							
MIOTICS								
PILOCARPINE HCL SOLUTION	PILOCARPINE							
OPHTHALMICS - MISC.**								
AZELASTINE HCL (OPHTH) SOLUTION	AZELASTINE HCL							
BROMFENAC SODIUM (OPHTH) SOLUTION	PROLENSA							
CROMOLYN SODIUM (OPHTH) SOLUTION	CROMOLYN SODIUM							
DICLOFENAC SODIUM (OPHTH) SOLUTION	DICLOFENAC SODIUM							
DORZOLAMIDE HCL SOLUTION	TRUSOPT							X
EPINASTINE HCL (OPHTH) SOLUTION	EPINASTINE HCL							
FLURBIPROFEN SODIUM SOLUTION	FLURBIPROFEN SODIUM							
KETOROLAC TROMETHAMINE (OPHTH) SOLUTION	ACUVAIL							
KETOTIFEN FUMARATE (OPHTH) SOLUTION	ALAWAY							
LODOXAMIDE TROMETHAMINE SOLUTION	ALOMIDE							
OLOPATADINE HCL SOLUTION	PATADAY EXTRA STRENGTH							
SODIUM CHLORIDE HYPERTONIC OINTMENT	ALTACHLORE							
SODIUM CHLORIDE HYPERTONIC SOLUTION	MURO 128							
PROSTAGLANDINS - OPHTHALMIC**								
BIMATOPROST SOLUTION (0.03%)	BIMATOPROST							
LATANOPROST SOLUTION (EXCLUDES PRESERVATIVE FREE)	XALATAN					8	90	X
TRAVOPROST SOLUTION	VARIOUS							X
OTIC AGENTS*								
OTIC AGENTS - MISCELLANEOUS**								
ACETIC ACID (OTIC) SOLUTION	ACETIC ACID							
OTIC ANTI-INFECTIVES**								
CIPROFLOXACIN HCL (OTIC) SOLUTION	CETRALAX		PREFERRED DRUG					
OFLOXACIN (OTIC) SOLUTION	OFLOXACIN							
OTIC COMBINATIONS**								
CIPROFLOXACIN-DEXAMETHASONE SUSPENSION	CIPRODEX		PREFERRED DRUG					
NEOMYCIN-POLYMYXIN-HC (OTIC) SOLUTION	NEOMYCIN/POLYMYXIN/HC		PREFERRED DRUG					
NEOMYCIN-POLYMYXIN-HC (OTIC) SUSPENSION	NEOMYCIN/POLYMYXIN/HYDROCORT ISONE		PREFERRED DRUG					

AHCCCS Fee-For-Service Acute/Long Term Care Program Drug List

Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	PREFERRED DRUG Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days	Maintenace Indicator (Maintenance Drugs are allowed 90 Days Supply)
OTIC STEROIDS**								
FLUOCINOLONE ACETONIDE (OTIC) OIL	VARIOUS							
HYDROCORTISONE W/ACETIC ACID SOLUTION	HYDROCORTISONE/ACETIC ACID							
OXYTOCICS*								
OXYTOCICS**								
METHYLERGONOVINE MALEATE TABLET	METHERGINE							
PASSIVE IMMUNIZING AND TREATMENT AGENTS*								
IMMUNE SERUMS**								
IMMUNE GLOBULIN (HUMAN)-HIPPO SOLUTION	CUTAQUIG	BRAND ONLY		PA REQUIRED				
IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS SOLUTION	GAMMAGARD/GAMMAKED/GAMUNEX-C	BRAND ONLY		PA REQUIRED				
IMMUNE GLOBULIN (HUMAN) IV SOLUTION	BIVIGAM/GAMMAPLEX/FLEBOGAM MA/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				
MONOCLONAL ANTIBODIES**								
PALIVIZUMAB SOLUTION	SYNAGIS			PA REQUIRED				
PENICILLINS*								
AMINOPENICILLINS**								
AMOXICILLIN CAPSULE	AMOXICILLIN							
AMOXICILLIN TABLET CHEWABLE	AMOXICILLIN							
AMOXICILLIN SUSPENSION RECONSTITUTED	AMOXICILLIN							
AMOXICILLIN TABLET	AMOXICILLIN							
AMPICILLIN CAPSULE	AMPICILLIN							
AMPICILLIN SODIUM SOLUTION RECONSTITUTED	AMPICILLIN SODIUM							
NATURAL PENICILLINS**								
PENICILLIN G BENZATHINE SUSP PREF SYR	BICILLIN L-A							
PENICILLIN G POT IN DEXTROSE SOLUTION	PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE							
PENICILLIN G POTASSIUM SOLUTION RECONSTITUTED	PFIZERPEN							
PENICILLIN G SODIUM SOLUTION RECONSTITUTED	PENICILLIN G SODIUM							
PENICILLIN V POTASSIUM SOLUTION RECONSTITUTED	PENICILLIN V POTASSIUM							
PENICILLIN V POTASSIUM TABLET	PENICILLIN V POTASSIUM							
PENICILLIN COMBINATIONS**								
AMOXICILLIN & POT CLAVULANATE TABLET CHEWABLE	AMOXICILLIN/CLAVULANATE POTASSIUM							
AMOXICILLIN & POT CLAVULANATE SUSPENSION RECONSTITUTED	AUGMENTIN							
AMOXICILLIN & POT CLAVULANATE TABLET	AUGMENTIN							
AMOXICILLIN & POT CLAVULANATE TABLET ER 12HR	AMOXICILLIN/CLAVULANATE POTASSIUM ER							
AMPICILLIN & SULBACTAM SODIUM SOLUTION RECONSTITUTED	UNASYN							
PIPERACILLIN SODIUM-TAZOBACTAM SODIUM IN DEXTROSE SOLUTION	ZOSYN							
PIPERACILLIN SODIUM-TAZOBACTAM SODIUM SOLUTION RECONSTITUTED	PIPERACILLIN SODIUM/TAZOBACTAM SODIUM							
PENICILLINASE-RESISTANT PENICILLINS**								
DICLOXACILLIN SODIUM CAPSULE	DICLOXACILLIN SODIUM							
NAFCILLIN SODIUM IN DEXTROSE SOLUTION	NAFCILLIN							
NAFCILLIN SODIUM SOLUTION RECONSTITUTED	NAFCILLIN SODIUM							
OXACILLIN SODIUM IN DEXTROSE SOLUTION	OXACILLIN SODIUM							
OXACILLIN SODIUM SOLUTION RECONSTITUTED	OXACILLIN SODIUM							
PHARMACEUTICAL ADJUVANTS*								
FLAVORING AGENTS**								
FLAVORING AGENT LIQUID	PCCA SWEETNESS ENHANCER							
LIQUID VEHICLES**								

AHCCCS Fee-For-Service Acute/Long Term Care Program Drug List

Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	PREFERRED DRUG Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days	Maintenace Indicator (Maintenace Drugs are allowed 90 Days Supply)
CHERRY SYRUP SYRUP	CHERRY SYRUP							
DISTILLED WATER LIQUID	NICE DISTILLED WATER							
ORAL VEHICLES LIQUID	ORA-PLUS							
ORAL VEHICLES SUSPENSION	FLAVOR BLEND							
ORAL VEHICLES SYRUP	VERSAFREE							
SIMPLE SYRUP SYRUP	SYRPALTA							
PHARMACEUTICAL EXCIPIENTS**								
METHYLCELLULOSE POWDER	METHYLCELLULOSE							
SEMI SOLID VEHICLES**								
CREAM BASE CREAM	SANARE ADVANCED SCAR THERAPY							
GEL BASE GEL	VERSAPRO							
PROGESTINS*								
PROGESTINS**								
MEDROXYPROGESTERONE ACETATE TABLET	PROVERA							X
NORETHINDRONE ACETATE TABLET	AYGESTIN							X
PROGESTERONE CAPSULE	PROMETRIUM							X
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.*								
AGENTS FOR CHEMICAL DEPENDENCY**								
ACAMPROSATE CALCIUM TABLET ENTERIC COATED	ACAMPROSATE CALCIUM DR							X
DISULFIRAM TABLET	DISULFIRAM							X
ANTIDEMENTIA AGENTS**								
DONEPEZIL HYDROCHLORIDE TABLET	ARICEPT			PA REQUIRED (23 MG Only)				X
DONEPEZIL HYDROCHLORIDE TABLET DISINTEGRATING	DONEPEZIL HCL							X
GALANTAMINE HYDROBROMIDE CAPSULE ER 24 HR	RAZADYNE ER			PA REQUIRED				X
GALANTAMINE HYDROBROMIDE SOLUTION	GALANTAMINE HYDROBROMIDE			PA REQUIRED				X
GALANTAMINE HYDROBROMIDE TABLET	GALANTAMINE HYDROBROMIDE			PA REQUIRED				X
MEMANTINE HCL CAPSULE ER 24 HR	NAMENDA XR TITRATION PACK			PA REQUIRED				X
MEMANTINE HCL SOLUTION	MEMANTINE HYDROCHLORIDE			PA REQUIRED				X
MEMANTINE HCL TABLET	NAMENDA			PA REQUIRED				X
RIVASTIGMINE PATCH 24 HR	EXELON			PA REQUIRED				X
RIVASTIGMINE TARTRATE CAPSULE	RIVASTIGMINE TARTRATE			PA REQUIRED				X
MOVEMENT DISORDER DRUG THERAPY**								
DEUTETRABENAZINE TABLET	AUSTEDO			PA REQUIRED		180	90	X
DEUTETRABENAZINE TAB THER PACK	AUSTEDO PATIENT TITRATION KIT			PA REQUIRED				
DEUTETRABENAZINE TABLET ER 24HR	AUSTEDO XR			PA REQUIRED		90	90	X
DEUTETRABENAZINE TBER THER PACK	AUSTEDO XR PATIENT TITRATION KIT			PA REQUIRED				
VALBENAZINE TOSYLATE CAPSULE	INGREZZA			PA REQUIRED		90	90	X
VALBENAZINE TOSYLATE CAPSULE SPRINKLE	INGREZZA			PA REQUIRED		90	90	X
VALBENAZINE TOSYLATE CAP THER PACK	INGREZZA			PA REQUIRED				
MULTIPLE SCLEROSIS AGENTS**								
DIMETHYL FUMARATE CAPSULE DELAYED RELEASE	TECFIDERA			PA REQUIRED				X
DALFAMPRIDINE TABLET ER 12HR	AMPYRA			PA REQUIRED				X
FINGOLIMOD HCL CAPSULE (0.5mg)	GILENYA			PA REQUIRED				X
GLATIRAMER ACETATE SOLN PREF SYR	COPAXONE		PREFERRED DRUG	PA REQUIRED				X
INTERFERON BETA-1A AUTO-INJECTOR KIT	AVONEX PEN			PA REQUIRED				X
INTERFERON BETA-1A PREFILLED SYRINGE KIT	AVONEX			PA REQUIRED				X
INTERFERON BETA-1A SOLN AUTO-INJ	REBIF REBIDOSE			PA REQUIRED				X
INTERFERON BETA-1A SOLN PREF SYR	REBIF			PA REQUIRED				X
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				X
TERIFLUNOMIDE TABLET	AUBAGIO			PA REQUIRED				X
UBLITUXIMAB-XIY SOLUTION	BRIUMVI			PA REQUIRED				X
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS**								
GABAPENTIN (ONCE-DAILY) TABLET	GRALISE	BRAND ONLY		PA REQUIRED				X

AHCCCS Fee-For-Service Acute/Long Term Care Program Drug List

Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	PREFERRED DRUG Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days	Maintenace Indicator (Maintenace Drugs are allowed 90 Days Supply)
TOXOID COMBINATIONS**								
DIPH-AC PERT-TET TOX AD-POLIO IPV-HAEMOPHIL B POLY VAC SUSPENSION RECONSTITUTED	PENTACEL				Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger			
DIPH-TETANUS TOX AD-ACELL PERTUSSIS & POLIO VIRUS, IPV VAC SUSPENSION	QUADRACEL				Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger			
DIPH-TETANUS TOX AD-ACELL PERTUSSIS & POLIO VIRUS, IPV VAC SUSP PREF SYR	QUADRACEL				Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger			
DIPH-TETANUS TOX-ACELL PERT-HEPATITIS B RECOMB-POLIO IPV VA SUSP PREF SYR	PEDIARIX				Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger			
DIPHTheria, Acellular Pertussis & Tetanus Toxoids Suspension	DAPTACEL				Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger			
DIPHTheria-Tetanus Toxoids (DT) Suspension	DIPHTheria/Tetanus Toxoids Adsorbed Pediatric				Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger			
Tetanus Toxoid-Diphtheria-Acellular Pertussis Adsorb (Tdap) Suspension	ADACEL				Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger			
Tetanus Toxoid-Diphtheria-Acellular Pertussis Adsorb (Tdap) Susp Pref Syr	BOOSTRIX				Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger			
Tetanus-Diphtheria Toxoids (Td) Injectable	TENIVAC				Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger			
Tetanus-Diphtheria Toxoids (Td) Suspension	TDVAX				Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger			
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS*								
ANTISPASMODICS**								
DICYCLOMINE HCL CAPSULE	DICYCLOMINE HYDROCHLORIDE							
DICYCLOMINE HCL SOLUTION	BENTYL							
DICYCLOMINE HCL TABLET (20MG)	DICYCLOMINE HYDROCHLORIDE							
GLYCOPYRROLATE SOLUTION	GLYRX-PF							X
GLYCOPYRROLATE TABLET	GLYCATE							
HYOSCYAMINE SULFATE SOLUTION	LEVSIN					360	90	X
HYOSCYAMINE SULFATE TAB SUBLINGUAL	LEVSIN/SL					360	90	X
HYOSCYAMINE SULFATE TABLET	LEVSIN					360	90	X
HYOSCYAMINE SULFATE TABLET ER 12HR	LEVBID					360	90	X
HYOSCYAMINE SULFATE TABLET DISINTEGRATING	NULEV					360	90	X
H-2 ANTAGONISTS**								
FAMOTIDINE SUSPENSION RECONSTITUTED	FAMOTIDINE							X
FAMOTIDINE TABLET	ZANTAC 360							X
NIZATIDINE CAPSULE	NIZATIDINE							X
RANITIDINE HCL TABLET	WAL-ZAN 150 MAXIMUM STRENGTH							X
MISC. ANTI-ULCER**								
SUCRALFATE SUSPENSION	CARAFATE							X
SUCRALFATE TABLET	CARAFATE							X
PROTON PUMP INHIBITORS**								
ESOMEPRAZOLE MAGNESIUM CAPSULE DELAYED RELEASE	VARIOUS					180	90	X
ESOMEPRAZOLE MAGNESIUM PACKET	NEXIUM				PA REQUIRED for > 18 Years of Age	90	90	X
LANSOPRAZOLE CAPSULE DELAYED RELEASE	PREVACID					180	90	X
LANSOPRAZOLE TAB DR DISINT	PREVACID SOLUTAB				PA REQUIRED for > 18 Years of Age	180	90	X

AHCCCS Fee-For-Service Acute/Long Term Care Program Drug List

Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	PREFERRED DRUG Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days	Maintenace Indicator (Maintenace Drugs are allowed 90 Days Supply)
OMEPRAZOLE CAPSULE DELAYED RELEASE	OMEPRAZOLE DR					180	90	X
PANTOPRAZOLE SODIUM PACKET	PROTONIX			PA REQUIRED for > 18 Years of Age		90	90	X
PANTOPRAZOLE SODIUM TABLET ENTERIC COATED	PROTONIX					180	90	X
ULCER DRUGS - PROSTAGLANDINS**								
MISOPROSTOL TABLET	CYTOTEC							X
URINARY ANTISPASMODICS*								
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)**								
FESOTERODINE FUMARATE TABLET ER 24HR	TOVIAZ		PREFERRED DRUG					X
OXYBUTYNIN CHLORIDE SOLUTION	OXYBUTYNIN CHLORIDE		PREFERRED DRUG					X
OXYBUTYNIN CHLORIDE TABLET (5MG)	OXYBUTYNIN CHLORIDE		PREFERRED DRUG					X
OXYBUTYNIN CHLORIDE TABLET ER 24HR	DITROPAN XL		PREFERRED DRUG					X
TOLTERODINE TARTRATE CAPSULE ER 24 HR	DETROL LA		PREFERRED DRUG					X
TOLTERODINE TARTRATE TABLET	DETROL		PREFERRED DRUG					X
SOLIFENACIN SUCCINATE TABLET	VESICARE							X
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS**								
BETHANECHOL CHLORIDE TABLET	BETHANECHOL CHLORIDE							
VACCINES*								
BACTERIAL VACCINES**								
MENING (A,C,W&Y) OLIGOSACCH CONJ-MENING B (RCMB) VACC SUSPENSION RECONSTITUTED	PENMENVY							
MENING (A,C,Y&W) POLYSACCH TETANUS CONJ-MENING B (RCMB) VAC SUSPENSION RECONSTITUTED	PENBRAYA INJ							
MENINGOCOCCAL (A,C,Y&W-135) OLIGOSACCHARIDE CONJUGATE VAC SOLUTION	MENVEO SOL							
MENINGOCOCCAL (A,C,Y&W-135) OLIGOSACCHARIDE CONJUGATE VAC SOLUTION RECONSTITUTED	MENVEO INJ							
MENINGOCOCCAL (A,C,Y&W-135) POLYSACCH DIPHTH CONJ VACCINE SOLUTION	MENACTRA INJ							
MENINGOCOCCAL (A,C,Y&W-135) POLYSACCH TETANUS CONJ VACCINE SOLUTION	MENQUADFI INJ							
MENINGOCOCCAL GROUP B VACCINE (RECOMBINANT) SUSP PREF SYR	TRUMENBA INJ							
MENINGOCOCCAL VAC GROUP B (RECOMBANT OMV ADJUVANTED) SUSP PREF SYR	BEXSERO INJ							
PNEUMOCOCCAL 13-VALENT CONJUGATE VACCINE SUSPENSION	PREVNAR 13							
PNEUMOCOCCAL 15-VALENT CONJUGATE VACCINE SUSP PREF SYR	VAXNEUVANCE							
PNEUMOCOCCAL 20-VALENT CONJUGATE VACCINE SUSP PREF SYR	PREVNAR 20							
PNEUMOCOCCAL 21-VALENT CONJUGATE VACCINE SOLN PREF SYR	CAPVAXIVE							
PNEUMOCOCCAL VAC POLYVALENT SOLN PREF SYR	PNEUMOVAX 23							
PNEUMOCOCCAL VAC POLYVALENT SOLUTION	PNEUMOVAX 23							
VIRAL VACCINES**								
COVID-19 (SARS-COV-2) MRNA VIRUS VACCINE SUSP PREF SYR	COMIRNATY				Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger			
COVID-19 (SARS-COV-2) MRNA VIRUS VACCINE SUSPENSION	COMIRNATY				Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger			
COVID-19 (SARS-COV-2) SUBUNIT (SPIKE) PROTEIN VIRUS VACCINE SUSP PREF SYR	NUVAXOVID				Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger			
COVID-19 (SARS-COV-2) SUBUNIT (SPIKE) PROTEIN VIRUS VACCINE SUSPENSION	NOVAVAX COVID-19 VACCINE				Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger			
HEPATITIS B VACCINE (RECOMB) SUSP PREF SYR	RECOMBIVAX HB				Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger			

AHCCCS Fee-For-Service Acute/Long Term Care Program Drug List

Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	PREFERRED DRUG Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days	Maintenace Indicator (Maintenance Drugs are allowed 90 Days Supply)
HEPATITIS B VACCINE (RECOMB) SUSPENSION	RECOMBIVAX HB				Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger			
HUMAN PAPILLOMAVIRUS (HPV) 9-VALENT RECOMBINANT VACCINE SUSP PREF SYR	GARDASIL 9				Covered for Members 19 - 45 Years of Age, Obtain through VFC program for ages 18 and younger			
HUMAN PAPILLOMAVIRUS (HPV) 9-VALENT RECOMBINANT VACCINE SUSPENSION	GARDASIL 9				Covered for Members 19 - 45 Years of Age, Obtain through VFC program for ages 18 and younger			
INFLUENZA A (H5N1) TISSUE-CULTURED SUBUNIT ADJUVANT VACCINE EMULSION	AUDENZ				Covered for Members 3 Years and Older			
INFLUENZA A (H5N1) TISSUE-CULTURED SUBUNIT ADJUVANT VACCINE PREFILLED SYR	AUDENZ				Covered for Members 3 Years and Older			
INFLUENZA VIRUS VACCINE LIVE LIQUID	FLUMIST				Covered for Members 3 Years and Older			
INFLUENZA VIRUS VACCINE RECOMBINANT HEMAGGLUTININ (HA) SOLN PREF SYR	FLUBLOK				Covered for Members 3 Years and Older			
INFLUENZA VIRUS VACCINE SPLIT HIGH-DOSE PRESERVATIVE FREE SUSP PREF SYR	FLUZONE HD				Covered for Members 3 Years and Older			
INFLUENZA VIRUS VACCINE SPLIT PRESERVATIVE FREE SUSP PREF SYR	FLUZONE				Covered for Members 3 Years and Older			
INFLUENZA VIRUS VACCINE SPLIT SUSPENSION	FLUZONE				Covered for Members 3 Years and Older			
INFLUENZA VIRUS VACCINE TISSUE-CULTURED SUBUNIT SUSP PREF SYR	FLUCELVAX				Covered for Members 3 Years and Older			
INFLUENZA VIRUS VACCINE TISSUE-CULTURED SUBUNIT SUSPENSION	FLUCELVAX				Covered for Members 3 Years and Older			
INFLUENZA VIRUS VACCINE TYPES A & B SURFACE ANTIGEN ADJUVAN SUSP PREF SYR	FLUAD				Covered for Members 3 Years and Older			
MEASLES, MUMPS & RUBELLA VIRUS VACCINES SOLUTION RECONSTITUTED	M-M-R II				Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger			
MEASLES, MUMPS & RUBELLA VIRUS VACCINES SUSPENSION RECONSTITUTED	PRIORIX				Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger			
MEASLES-MUMPS-RUBELLA-VARICELLA VIRUS VACCINES SUSPENSION RECONSTITUTED	PROQUAD				Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger			
RSV MRNA PRE-FUSION VIRUS VACCINE SUSP PREF SYR	MRESVIA				Covered for Members 60 Years and Older, PA REQUIRED for < 60 years of age	1	2 Years	
RSV PRE-FUSION F A&B PROTEIN VACCINE RECOMBINANT SOLUTION RECONSTITUTED	ABRYVO				Covered for Members 60 Years and Older, PA Required for < 60 years of age	1	2 Years	
RSV PRE-FUSION F3 PROTEIN (RSVPREF3) VAC RECOMB ADJUVANTED SUSPENSION RECONSTITUTED	AREXVY				Covered for Members 50 Years and Older, PA Required for < 50 years of age	1	2 Years	
SMALLPOX & MONKEYPOX VACCINE, LIVE, NON-REPLICATING SUSPENSION	JYNNEOS				Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger			
ZOSTER VACCINE RECOMBINANT ADJUVANTED SUSPENSION RECONSTITUTED	SHINGRIX				Covered for Members 50 Years and Older, PA REQUIRED for Ages 19 - 49 Years of Age, Excluded for Ages 18 and Younger			
VAGINAL AND RELATED PRODUCTS*								
SPERMICIDES**								
NONOXYNOL-9 FILM	VCF VAGINAL CONTRACEPTIVE FILM							
NONOXYNOL-9 FOAM	VCF VAGINAL CONTRACEPTIVE FOAM							
NONOXYNOL-9 GEL	SHUR-SEAL							
NONOXYNOL-9 MISCELLANEOUS	TODAY SPONGE							
NONOXYNOL-9 SUPPOSITORY	ENCARE							
VAGINAL ANTI-INFECTIVES**								
CLINDAMYCIN PHOSPHATE VAGINAL CREAM	CLEOCIN							

AHCCCS Fee-For-Service Acute/Long Term Care Program Drug List

Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	PREFERRED DRUG Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days	Maintenace Indicator (Maintenance Drugs are allowed 90 Days Supply)
CLINDAMYCIN PHOSPHATE VAGINAL SUPPOSITORY	CLEOCIN							
CLOTRIMAZOLE VAGINAL CREAM	GYNE-LOTRIMIN							
METRONIDAZOLE VAGINAL GEL	VANAZOLE							
MICONAZOLE NITRATE VAGINAL KIT	VAGISTAT-3							
MICONAZOLE NITRATE VAGINAL SUPPOSITORY	MICONAZOLE 7							
TERCONAZOLE VAGINAL CREAM	TERCONAZOLE							
TERCONAZOLE VAGINAL SUPPOSITORY	TERCONAZOLE							
TIOCONAZOLE VAGINAL OINTMENT	MONISTAT 1-DAY							
VAGINAL ESTROGENS**								
ESTRADIOL ACETATE VAGINAL RING	FEMRING			PA REQUIRED		3	90	X
ESTRADIOL VAGINAL CREAM	ESTRACE							X
ESTRADIOL VAGINAL RING	ESTRING					1	90	X
ESTRADIOL VAGINAL TABLET	YUVAFEM							X
ESTROGENS, CONJUGATED VAGINAL CREAM	PREMARIN					90 GM	90	X
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	
VASOPRESSORS**								
MIDODRINE HCL TABLET	MIDODRINE HCL							
VITAMINS*								
OIL SOLUBLE VITAMINS**								
CHOLECALCIFEROL LIQUID	BPROTECTED PEDIA D-VITE			PA REQUIRED for > 2 years of age				
ERGOCALCIFEROL CAPSULE	DRISDOL					36	90	X
VITAMIN E CAPSULE	XCELLENT E							
WATER SOLUBLE VITAMINS**								
ASCORBIC ACID TABLET CHEWABLE	SUNKIST VITAMIN C							
NIACIN CAPSULE ER	NIACIN TR							
NIACIN TABLET ER	ENDUR-ACIN							
PYRIDOXINE HCL TABLET	VITAMIN B-6							
THIAMINE HCL TABLET	VITAMIN B-1							