



AHCCCS Fee-For-Service Program Acute Care/LTC Drug List (ADL) Introduction

AHCCCS is pleased to provide the AHCCCS FFS Program Drug List (ADL) to be used when prescribing medications for AHCCCS FFS members. For clarification, this ADL is only for AHCCCS FFS members and does not apply to AHCCCS members enrolled in any of the AHCCCS Managed Care Contractors' Health Plans. This document provides general information regarding the AHCCCS pharmacy benefit for FFS members. The drugs listed on the ADL are intended to provide clinically appropriate, cost-effective options for AHCCCS FFS members who require medically necessary treatment. The drugs listed on the ADL have been reviewed and approved by the Pharmacy and Therapeutics (P&T) Committee. However, the ADL is not intended as a comprehensive listing of all drugs that may be reimbursed by AHCCCS. If a drug is not listed on the ADL and is determined to be medically necessary, it may be requested through the prior authorization process.

OptumRx is the Pharmacy Benefit Manager (PBM) for the AHCCCS FFS Program.

OptumRx will facilitate the administration of the pharmacy benefit for the following populations:

- Acute FFS – Title XIX
- Long Term Care FFS – Title XIX
- KidsCare FFS – Title XXI
- AHCCCS FFS Members who are enrolled in a TRBHA (Tribal/Regional Behavioral Health Authority)
- Members who are Dual Eligibles (AHCCCS FFS members who are also eligible for Medicare)
- Federal Emergency Services (FES) Members whose coverage is limited to emergency dialysis service
- Prior Quarter Coverage

Members may obtain additional pharmacy information on the OptumRx website at:

<https://ahcccs.rxportal.mycatamaranrx.com/rxclaim/portal/memberLogin>

Members and prescribing clinicians may also contact the OptumRx Customer Service Center at 1 (855) 577-6310, 24 hours per day, 365 days per year.

For Prior Authorization Requests and Information:

- **Prescribing Clinicians may fax the completed prior authorization form to the OptumRx Prior Authorization Unit at 1 (866) 463-4830.**
- **For telephonic requests for information, prescribing clinicians may call 1 (855) 577-6310 for assistance.**
- **Prescribers preferring to send a written request via the US Mail, may send the request to the following address:**



- Generic Drugs Are Preferred Drug 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: 7/1/2018

Drug Class/Drug Name	Reference Brand Name	Brand Only	Preferred Drug Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days
INFLUENZA VIRUS VACCINE TYPES A & B SURFACE ANTIGEN PSKT	MEDICAL PROVIDER SINGLE USE EZ FLU SHOT						
INFLUENZA VIRUS VACCINE TYPES A & B SURFACE ANTIGEN SUSPENSION	FLUVIRIN						
INFLUENZA VIRUS VACCINE TYPES A & B SURFACE ANTIGEN SUSPENSION PREFILLED SYRINGE	FLUVIRIN						
INFLUENZA VIRUS VACCINE TYPES A & B SURFACE ANTIGEN ADJUVAN SUSPENSION PREFILLED SYRINGE	FLUAD						
MEASLES, MUMPS & RUBELLA VIRUS VACCINES INJECTION	M-M-R II						
MEASLES-MUMPS-RUBELLA-VARICELLA VIRUS VACCINES INJECTION	PROQUAD						
PNEUMOCOCCAL 13-VALENT CONJUGATE VACCINE SUSPENSION	PREVNAR 13						
PNEUMOCOCCAL VAC POLYVALENT INJECTION	PNEUMOVAX 23/5 DOSE						
ZOSTER VACCINE LIVE SOLUTION RECONSTITUED	ZOSTAVAX						
VITAMINS							
OIL SOLUBLE VITAMINS							
ERGOCALCIFEROL CAPSULES	DRISDOL					12.00	30.00
VITAMIN E CAPSULES	VITAMIN E						
VITAMIN E CHEWABLE TABLETS	KEY-E						
WATER SOLUBLE VITAMINS							
NIACIN CAPSULE CONTROLLED RELEASE	NIACIN						
NIACIN TABLETS	NIACIN						
NIACIN TABLET CONTROLLED RELEASE	ENDUR-ACIN						
PYRIDOXINE HCL CAPSULES	NEURO-K-250 T.D.						
PYRIDOXINE HCL TABLETS	PYRIDOXINE HCL						
THIAMINE HCL TABLETS	VITAMIN B-1						