



AHCCCS Fee-For-Service TRBHA Behavioral Health Drug List

- Generic Preferred Over Brand, Unless Specified as Brand Only
- Drugs Not On The List Are Message Back To The Pharmacy As PA Required

AHCCCS TRBHA Program Drug List Effective Date: 4/1/2020

Drug Class/Drug Name	Reference Brand Name	Brand Only	Preferred Drug Status	PRIOR AUTHORIZATION REQUIRED	Quantity Limit	QL Days
ADHD						
AMPHETAMINES						
AMPHETAMINE SUSPENSION EXTENDED RELEASE	DYANAVEL XR		PREFERRED DRUG	PA Required for Ages < 6 years	240.00	30.00
AMPHETAMINE-DEXTROAMPHETAMINE CAPSULE 24-HOUR	ADDERALL XR	BRAND ONLY	PREFERRED DRUG	PA Required for ages < 6 years	30.00	30.00
AMPHETAMINE-DEXTROAMPHETAMINE TABLETS	ADDERALL	BRAND AND GENERIC	PREFERRED DRUG	PA Required for ages < 6 years	60.00	30.00
DEXTROAMPHETAMINE SULFATE TABLETS	ZENZEDI		PREFERRED DRUG	PA Required for ages < 6 years	60.00	30.00
LISDEXAMFETAMINE DIMESYLATE CAPSULES	VYVANSE	BRAND ONLY	PREFERRED DRUG	PA Required for ages < 6 years	30.00	30.00
LISDEXAMFETAMINE DIMESYLATE CHEWABLE TABLETS	VYVANSE CHEWABLES	BRAND ONLY	PREFERRED DRUG	PA Required for Ages < 6 years	30.00	30.00
STIMULANTS						
DEXMETHYLPHENIDATE HCL CAPSULE 24-HOUR	FOCALIN XR	BRAND ONLY	PREFERRED DRUG	PA Required for ages < 6 years	60.00	30.00
DEXMETHYLPHENIDATE HCL TABLETS	FOCALIN		PREFERRED DRUG	PA Required for ages < 6 years	60.00	30.00
METHYLPHENIDATE HCL CHEWABLE TABLETS	METHYLIN	BRAND ONLY	PREFERRED DRUG	PA Required for ages < 6 years	90.00	30.00
METHYLPHENIDATE HCL CHEWABLE TABLETS EXTENDED RELEASE	QUILLICHEW ER	BRAND ONLY	PREFERRED DRUG	PA Required for ages < 6 years	30.00	30.00
METHYLPHENIDATE HCL CAPSULE 24-HOUR	RITALIN LA /APTENSIO XR	BRAND ONLY	PREFERRED DRUG	PA Required for ages < 6 years	30.00	30.00
METHYLPHENIDATE HCL CAPSULE 24-HOUR	VARIOUS		PREFERRED DRUG	PA Required for ages < 6 years	30.00	30.00
METHYLPHENIDATE HCL CAPSULE CONTROLLED RELEASE	METADATE CD		PREFERRED DRUG	PA Required for ages < 6 years	30.00	30.00
METHYLPHENIDATE PATCH	DAYTRANA	BRAND ONLY	PREFERRED DRUG	PA Required for Ages < 6 years	30.00	30.00
METHYLPHENIDATE HCL SOLUTION	METHYLIN	BRAND ONLY	PREFERRED DRUG	PA Required for ages < 6 years	300.00	30.00
METHYLPHENIDATE HCL SUSPENSION	QUILLIVANT XR	BRAND ONLY	PREFERRED DRUG	PA Required for ages < 6 years	150.00	30.00
METHYLPHENIDATE HCL TABLETS	VARIOUS		PREFERRED DRUG	PA Required for ages < 6 years	90.00	30.00
METHYLPHENIDATE HCL TABLET CONTROLLED RELEASE	CONCERTA ONLY	BRAND ONLY	PREFERRED DRUG	PA Required for ages < 6 years	60.00	30.00
MISCELLANEOUS AGENTS						
ATOMOXETINE HCL CAPSULES	VARIOUS		PREFERRED DRUG	PA Required for ages < 6 years	30.00	30.00
CENTRAL ALPHA AGONISTS						
CLONIDINE HCL	Catapres			PA Required for Ages < 6 years		
CLONIDINE HCL (ADHD) TABLET 12-HOUR	Clonidine ER			PA Required for Ages < 6 years	120.00	30.00
GUANFACINE HCL (ADHD) TABLET 24-HOUR	GUANFACINE ER		PREFERRED DRUG	PA Required for Ages < 6 years	30.00	30.00
CLONIDINE HCL PATCH WEEKLY	CATAPRES-TTS			PA Required for Ages < 6 years	4.00	28.00
GUANFACINE HCL TABLETS	Tenex			PA Required for Ages < 6 years		
ANALGESICS - OPIOID						
OPIOID PARTIAL AGONISTS						
BUPRENORPHINE	VARIOUS			PA Required unless the member is pregnant- 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 Post-Partum Nursing Mothers. The first digit of the diagnosis code is the Letter - O and the second is a Zero -		



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BUPRENORPHINE HCL-NALOXONE HCL DIHYDRATE FILM	SUBOXONE FILM	BRAND ONLY	PREFERRED DRUG			
BUPRENORPHINE SOLUTION PREFILLED SYRINGE	SUBLOCADE		PREFERRED DRUG	PA Required		
BUPRENORPHINE HCL-NALOXONE HCL DIHYDRATE SUBLINGUAL	BUPRENORPHINE HCL-NALOXONE HCL DIHYDRATE	GENERIC FORMULATIONS ONLY	PREFERRED DRUG			
METHADONE	VARIOUS			Only available at an Opioid Treatment Program (OTP) provider.		
ANTIANSXIETY AGENTS						
ANTIANSXIETY AGENTS - MISCELLANEOUS.						
BUSPIRONE HCL TAB 5 MG	BUSPIRONE HCL			PA Required for > 1 Anxiolytic drug in a 30-day time period.	120.00	30.00
BUSPIRONE HCL TAB 7.5 MG	BUSPIRONE HCL			PA Required for > 1 Anxiolytic drug in a 30-day time period.	120.00	30.00
BUSPIRONE HCL TAB 10 MG	BUSPIRONE HCL			PA Required for > 1 Anxiolytic drug in a 30-day time period.	120.00	30.00
BUSPIRONE HCL TAB 15 MG	BUSPIRONE HCL			PA Required for > 1 Anxiolytic drug in a 30-day time period.	120.00	30.00
BUSPIRONE HCL TAB 30 MG	BUSPIRONE HCL			PA Required for > 1 Anxiolytic drug in a 30-day time period.	60.00	30.00
HYDROXYZINE HCL SYRUP	ATARAX SYRUP				300.00	30.00
HYDROXYZINE HCL TABLETS	ATARAX TABLETS				240.00	30.00
HYDROXYZINE PAMOATE CAPSULES	VISTARIL				120.00	30.00
BENZODIAZEPINES						
ALPRAZOLAM CONC 1 MG/ML	ALPRAZOLAM INTENSOL			PA Required for > 1 Anxiolytic drug in a 30-day time period.	60.00	15.00
ALPRAZOLAM ORALLY DISINTEGRATING TAB 0.25 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	120.00	30.00
ALPRAZOLAM ORALLY DISINTEGRATING TAB 0.5 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	120.00	30.00
ALPRAZOLAM ORALLY DISINTEGRATING TAB 1 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	120.00	30.00
ALPRAZOLAM ORALLY DISINTEGRATING TAB 2 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	60.00	30.00
ALPRAZOLAM TAB 0.25 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	120.00	30.00
ALPRAZOLAM TAB 0.5 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	120.00	30.00
ALPRAZOLAM TAB 1 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	120.00	30.00
ALPRAZOLAM TAB 2 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	60.00	30.00
ALPRAZOLAM TAB SR 24HR 0.5 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	30.00	30.00



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ALPRAZOLAM TAB SR 24HR 1 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	30.00	30.00
ALPRAZOLAM TAB SR 24HR 2 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	30.00	30.00
ALPRAZOLAM TAB SR 24HR 3 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	30.00	30.00
CHLORDIAZEPOXIDE HCL CAP 10 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	60.00	30.00
CHLORDIAZEPOXIDE HCL CAP 25 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	60.00	30.00
CHLORDIAZEPOXIDE HCL CAP 5 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	60.00	30.00
CLONAZEPAM 0.5 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	120.00	30.00
CLONAZEPAM 1.0 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	120.00	30.00
CLONAZEPAM 2 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	60.00	30.00
CLONAZEPAM ORALLY DISINTEGRATING TAB 0.125 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	120.00	30.00
CLONAZEPAM ORALLY DISINTEGRATING TAB 0.25 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	120.00	30.00
CLONAZEPAM ORALLY DISINTEGRATING TAB 0.5 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	120.00	30.00
CLONAZEPAM ORALLY DISINTEGRATING TAB 1 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	120.00	30.00
CLONAZEPAM ORALLY DISINTEGRATING TAB 2 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	60.00	30.00
CLORAZEPATE DIPOTASSIUM TAB 15 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	60.00	30.00
CLORAZEPATE DIPOTASSIUM TAB 3.75 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	120.00	30.00
CLORAZEPATE DIPOTASSIUM TAB 7.5 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	120.00	30.00
DIAZEPAM CONC 5 MG/ML	DIAZEPAM INTENSOL			PA Required for > 1 Anxiolytic drug in a 30-day time period.	60.00	30.00
DIAZEPAM SOLN 1 MG/ML	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	300.00	30.00
DIAZEPAM TAB 10 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	120.00	30.00
DIAZEPAM TAB 2 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	120.00	30.00
DIAZEPAM TAB 5 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	120.00	30.00



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LORAZEPAM CONC 2 MG/ML	LORAZEPAM INTENSOL			PA Required for > 1 Anxiolytic drug in a 30-day time period.	60.00	30.00
LORAZEPAM TAB 0.5 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	120.00	30.00
LORAZEPAM TAB 1 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	120.00	30.00
LORAZEPAM TAB 2 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	60.00	30.00
OXAZEPAM CAP 10 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	60.00	30.00
OXAZEPAM CAP 15 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	60.00	30.00
OXAZEPAM CAP 30 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	60.00	30.00
ANTICONVULSANTS						
ANTICONVULSANTS - BENZODIAZEPINES						
CLONAZEPAM TAB 0.5 MG	KLONOPIN			PA Required for > 1 Anxiolytic Medication in a 30-day time period.	120.00	30.00
CLONAZEPAM TAB 1 MG	KLONOPIN			PA Required for > 1 Anxiolytic Medication in a 30-day time period.	120.00	30.00
CLONAZEPAM TAB 2 MG	KLONOPIN			PA Required for > 1 Anxiolytic Medication in a 30-day time period.	60.00	30.00
CLONAZEPAM ORALLY DISINTEGRATING TAB 0.125 MG	VARIOUS			PA Required for > 1 Anxiolytic Medication in a 30-day time period.	120.00	30.00
CLONAZEPAM ORALLY DISINTEGRATING TAB 0.25 MG	VARIOUS			PA Required for > 1 Anxiolytic Medication in a 30-day time period.	120.00	30.00
CLONAZEPAM ORALLY DISINTEGRATING TAB 0.5 MG	VARIOUS			PA Required for > 1 Anxiolytic Medication in a 30-day time period.	120.00	30.00
CLONAZEPAM ORALLY DISINTEGRATING TAB 1 MG	VARIOUS			PA Required for > 1 Anxiolytic Medication in a 30-day time period.	120.00	30.00
CLONAZEPAM ORALLY DISINTEGRATING TAB 2 MG	VARIOUS			PA Required for > 1 Anxiolytic Medication in a 30-day time period.	60.00	30.00
ANTICONVULSANTS - MISCELLANEOUS.						
CARBAMAZEPINE CHEWABLE TABLETS	CARBAMAZEPINE					
CARBAMAZEPINE CAPSULE 12-HOUR	CARBATROL					
CARBAMAZEPINE SUSPENSION	TEGRETOL					
CARBAMAZEPINE TABLETS	EPITOL					
CARBAMAZEPINE (ANTIPSYCHOTIC) CAPSULE 12-HOUR	EQUETRO					
CARBAMAZEPINE TABLET 12-HOUR	TEGRETOL-XR					
GABAPENTIN CAPSULES	NEURONTIN					
GABAPENTIN SOLUTION	NEURONTIN					
GABAPENTIN TABLETS	NEURONTIN					
LAMOTRIGINE CHEWABLE TABLETS	LAMICTAL					
LAMOTRIGINE TABLETS	LAMICTAL					
LAMOTRIGINE TABLET 24-HOUR	LAMICTAL XR					



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OXCARBAZEPINE SUSPENSION	TRILEPTAL					
OXCARBAZEPINE TABLETS	TRILEPTAL					
TOPIRAMATE TABLETS	TOPAMAX					
DIVALPROEX SODIUM CAPSULE SPRINKLE	DEPAKOTE SPRINKLES					
DIVALPROEX SODIUM TABLET 24-HOUR	DEPAKOTE ER					
DIVALPROEX SODIUM TABLET ENTERIC COATED	DEPAKOTE					
VALPROATE SODIUM SYRUP	DEPAKENE					
VALPROIC ACID CAPSULES	DEPAKENE					
ANTIDEPRESSANTS						
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)						
MIRTAZAPINE TABLETS	REMERON			PA Required for ages < 6 years	30.00	30.00
MIRTAZAPINE TABLET DISPERSIBLE	REMERON SOLTAB			PA Required for ages < 6 years	30.00	30.00
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST						
ESKETAMINE HYDROCHLORIDE	SPRAVATO			PA Required		
NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIBITORS (NDRIS)						
BUPROPION HCL TABLETS	WELLBUTRIN			PA Required for ages < 6 years	120.00	30.00
BUPROPION HCL TABLET 12-HOUR	BUDEPROPION SR			PA Required for ages < 6 years	60.00	30.00
BUPROPION HCL TABLET 24-HOUR (150MG and 300MG)	WELLBUTRIN XL			PA Required for ages < 6 years	30.00	30.00
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	600.00	30.00
CITALOPRAM HYDROBROMIDE TABLETS 10MG	CELEXA			PA Required for Ages < 6 years	60.00	30.00
CITALOPRAM HYDROBROMIDE TABLETS 20MG	CELEXA			PA Required for Ages < 6 years	30.00	30.00
CITALOPRAM HYDROBROMIDE TABLETS 40MG	CELEXA			PA Required for Ages < 6 years	30.00	30.00
ESCITALOPRAM OXALATE TABLETS 5MG	LEXAPRO			PA Required for Ages < 6 years	60.00	30.00
ESCITALOPRAM OXALATE TABLETS 10MG	LEXAPRO			PA Required for Ages < 6 years	30.00	30.00
ESCITALOPRAM OXALATE TABLETS 20MG	LEXAPRO			PA Required for Ages < 6 years	30.00	30.00
FLUOXETINE HCL CAPSULES ONLY 10MG	PROZAC			PA Required for Ages < 6 years	60.00	30.00
FLUOXETINE HCL CAPSULES ONLY 20MG	PROZAC			PA Required for Ages < 6 years	120.00	30.00
FLUOXETINE HCL CAPSULES ONLY 40MG	PROZAC			PA Required for Ages < 6 years	60.00	30.00
FLUOXETINE HCL SOLUTION						
FLUOXETINE HCL SOLUTION	FLUOXETINE HCL			PA Required for Ages < 6 years and for > the age of 12 years of age	600.00	30.00
FLUVOXAMINE MALEATE TABLETS 25MG	LUVOX			PA Required for Ages < 6 years	60.00	30.00
FLUVOXAMINE MALEATE TABLETS 50MG	LUVOX			PA Required for Ages < 6 years	180.00	30.00
FLUVOXAMINE MALEATE TABLETS 100MG	LUVOX			PA Required for Ages < 6 years	90.00	30.00
PAROXETINE HCL TABLETS						
PAROXETINE HCL TABLETS 10MG	PAXIL			PA Required for Ages < 6 years	30.00	30.00
PAROXETINE HCL TABLETS 20MG	PAXIL			PA Required for Ages < 6 years	30.00	30.00
PAROXETINE HCL TABLETS 30MG	PAXIL			PA Required for Ages < 6 years	30.00	30.00
PAROXETINE HCL TABLETS 40MG	PAXIL			PA Required for Ages < 6 years	45.00	30.00
SERTRALINE HCL CONCENTRATE						
SERTRALINE HCL CONCENTRATE	ZOLOFT			PA Required for Ages < 6 years and for > the age of 12 years of age	300.00	30.00
SERTRALINE HCL TABLETS 25MG	ZOLOFT			PA Required for Ages < 6 years	90.00	30.00
SERTRALINE HCL TABLETS 50MG	ZOLOFT			PA Required for Ages < 6 years	120.00	30.00
SERTRALINE HCL TABLETS 100MG	ZOLOFT			PA Required for Ages < 6 years	60.00	30.00
SEROTONIN MODULATORS						
TRAZODONE HCL TABLETS 50MG	TRAZODONE HCL			PA Required for Ages < 6 years	90.00	30.00



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TRAZODONE HCL TABLETS 100MG	TRAZODONE HCL			PA Required for Ages < 6 years	120.00	30.00
TRAZODONE HCL TABLETS 150MG	TRAZODONE HCL			PA Required for Ages < 6 years	60.00	30.00
TRAZODONE HCL TABLETS 300MG	TRAZODONE HCL			PA Required for Ages < 6 years	30.00	30.00
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRI)						
DULOXETINE HCL CAPSULE DELAYED RELEASE 20MG	CYMBALTA			PA Required for Ages < 6 years	120.00	30.00
DULOXETINE HCL CAPSULE DELAYED RELEASE 30MG	CYMBALTA			PA Required for Ages < 6 years	120.00	30.00
DULOXETINE HCL CAPSULE DELAYED RELEASE 60MG	CYMBALTA			PA Required for Ages < 6 years	60.00	30.00
VENLAFAXINE HCL CONTROLLED RELEASE - CAPSULES ONLY 37.5MG	EFFEXOR XR			PA Required for Ages < 6 years	90.00	30.00
VENLAFAXINE HCL CONTROLLED RELEASE - CAPSULES ONLY 75MG	EFFEXOR XR			PA Required for Ages < 6 years	90.00	30.00
VENLAFAXINE HCL CONTROLLED RELEASE - CAPSULES ONLY 150MG	EFFEXOR XR			PA Required for Ages < 6 years	30.00	30.00
VENLAFAXINE HCL TABLETS - IMMEDIATE RELEASE ONLY 25MG- TABLETS ONLY	VENLAFAXINE HCL			PA Required for Ages < 6 years	120.00	30.00
VENLAFAXINE HCL TABLETS - IMMEDIATE RELEASE ONLY 37.5MG- TABLETS ONLY	VENLAFAXINE HCL			PA Required for Ages < 6 years	90.00	30.00
VENLAFAXINE HCL TABLETS - IMMEDIATE RELEASE ONLY 50MG- TABLETS ONLY	VENLAFAXINE HCL			PA Required for Ages < 6 years	90.00	30.00
VENLAFAXINE HCL TABLETS - IMMEDIATE RELEASE ONLY 75MG- TABLETS ONLY	VENLAFAXINE HCL			PA Required for Ages < 6 years	150.00	30.00
VENLAFAXINE HCL TABLETS - IMMEDIATE RELEASE ONLY 100MG- TABLETS ONLY	VENLAFAXINE HCL			PA Required for Ages < 6 years	90.00	30.00
TRICYCLIC AGENTS						
AMITRIPTYLINE HCL TABLETS	AMITRIPTYLINE HCL			PA Required for ages < 6 years		
AMOXAPINE TABLETS	AMOXAPINE			PA Required for ages < 6 years		
CLOMIPRAMINE HCL CAPSULES	ANAFRANIL			PA Required for ages < 6 years		
DESIPRAMINE HCL TABLETS	NORPRAMIN			PA Required for ages < 6 years		
DOXEPIN HCL CAPSULES	DOXEPIN HCL			PA Required for ages < 6 years	90.00	30.00
DOXEPIN HCL CONCENTRATE	DOXEPIN HCL			PA Required for ages < 6 years	180.00	30.00
IMIPRAMINE HCL TABLETS	TOFRANIL			PA Required for ages < 6 years		
IMIPRAMINE PAMOATE CAPSULES	TOFRANIL-PM			PA Required for ages < 6 years		
NORTRIPTYLINE HCL CAPSULES	PAMELOR			PA Required for ages < 6 years		
NORTRIPTYLINE HCL SOLUTION	NORTRIPTYLINE HCL			PA Required for ages < 6 years		
PROTRIPTYLINE HCL TABLETS	VIVACTIL			PA Required for ages < 6 years		
TRIMIPRAMINE MALEATE CAPSULES	SURMONTIL			PA Required for ages < 6 years		
ANTIDOTES						
OPIOID ANTAGONISTS						
NALOXONE HCL SOLUTION + SYRINGE	NALOXONE HCL + SYRINGE		PREFERRED DRUG			
NALOXONE HCL NASAL SPRAY	NARCAN NASAL SPRAY		PREFERRED DRUG			
NALTREXONE HCL TABLETS	NALTREXONE HCL		PREFERRED DRUG			
NALTREXONE SUSPENSION	VIVITROL		PREFERRED DRUG			
ANTIHISTAMINES						
ANTIHISTAMINES - ETHANOLAMINES						
DIPHENHYDRAMINE HCL CAPSULES	VARIOUS					
DIPHENHYDRAMINE HCL CHEWABLE TABLETS	VARIOUS					
DIPHENHYDRAMINE HCL ELIXIR	VARIOUS					
DIPHENHYDRAMINE HCL LIQUID	VARIOUS					
DIPHENHYDRAMINE HCL STRIP - REMOVE	VARIOUS					
DIPHENHYDRAMINE HCL SUSPENSION	VARIOUS					
DIPHENHYDRAMINE HCL SYRUP	VARIOUS					
DIPHENHYDRAMINE HCL TABLETS	VARIOUS					
DIPHENHYDRAMINE HCL TABLET DISPERSIBLE - REMOVE	VARIOUS					
ANTIHISTAMINES - PIPERIDINES						
CYPROHEPTADINE HCL SYRUP	CYPROHEPTADINE HCL					



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CYPROHEPTADINE HCL TABLETS	CYPROHEPTADINE HCL					
ANTIHYPERTENSIVES						
ANTIADRENERGIC ANTIHYPERTENSIVES						
PRazosin HCL CAPSULES	MINIPRESS					
ANTIPARKINSON AGENTS						
ANTIPARKINSON ANTICHOLINERGICS						
BENZTROPINE MESYLATE SOLUTION	COGENTIN					
BENZTROPINE MESYLATE TABLETS	BENZTROPINE MESYLATE					
TRIHEXYPHENIDYL HCL ELIXIR	TRIHEXYPHENIDYL HCL					
TRIHEXYPHENIDYL HCL TABLETS	TRIHEXYPHENIDYL HCL					
ANTIPARKINSON DOPAMINERGICS						
AMANTADINE HCL CAPSULES	AMANTADINE HCL					
AMANTADINE HCL SYRUP	AMANTADINE HCL					
AMANTADINE HCL TABLETS	AMANTADINE HCL					
ANTIPSYCHOTICS/ANTIMANIC AGENTS						
ANTIMANIC AGENTS						
LITHIUM CARBONATE CAPSULES	LITHIUM CARBONATE					
LITHIUM CARBONATE TABLETS	LITHIUM CARBONATE					
LITHIUM CARBONATE TABLET CONTROLLED RELEASE	LITHOBID					
LITHIUM SOLUTION	LITHIUM					
ANTIPSYCHOTICS - SECOND GENERATION - ATYPICAL ORAL AGENTS						
ARIPIPRAZOLE TABLETS	ABILIFY		PREFERRED DRUG	PA Required for Ages < 6 years	30.00	30.00
CLOZAPINE ORALLY DISPERSABLE TABLET	FAZACLO		PREFERRED DRUG	PA Required for Ages < 18 years	150.00	30.00
CLOZAPINE TABLETS	CLOZARIL		PREFERRED DRUG	PA Required for Ages < 18 years	150.00	30.00
LURASIDONE HCL TABS	LATUDA	BRAND ONLY	PREFERRED DRUG	PA Required for Ages < 6 years	30.00	30.00
OLANZAPINE ORALLY DISPERSABLE TABLET 5MG	ZYPREXA ZYDIS		PREFERRED DRUG	PA Required for Ages < 6 years	60.00	30.00
OLANZAPINE ORALLY DISPERSABLE TABLET 10MG	ZYPREXA ZYDIS		PREFERRED DRUG	PA Required for Ages < 6 years	60.00	30.00
OLANZAPINE ORALLY DISPERSABLE TABLET 15MG	ZYPREXA ZYDIS		PREFERRED DRUG	PA Required for Ages < 6 years	30.00	30.00
OLANZAPINE ORALLY DISPERSABLE TABLET 20MG	ZYPREXA ZYDIS		PREFERRED DRUG	PA Required for Ages < 6 years	30.00	30.00
OLANZAPINE TABLETS	ZYPREXA		PREFERRED DRUG	PA Required for Ages < 6 years	30.00	30.00
QUETIAPINE FUMARATE TABLETS	SEROQUEL		PREFERRED DRUG	PA Required for Ages < 6 years	60.00	30.00
RISPERIDONE ORALLY DISPERSABLE TABLET	RISPERIDONE ODT		PREFERRED DRUG	PA Required for Ages < 6 years	60.00	30.00
RISPERIDONE ORAL SOLUTION	RISPERDAL		PREFERRED DRUG	PA Required for Ages < 6 years	240.00	30.00
RISPERIDONE TABLETS	RISPERDAL		PREFERRED DRUG	PA Required for Ages < 6 years	60.00	30.00
ZIPRASIDONE HCL CAPSULES	GEODON		PREFERRED DRUG	PA Required for Ages < 6 years	60.00	30.00
ANTIPSYCHOTICS - SECOND GENERATION - ATYPICAL LONG ACTING INJECTABLES						
ARIPIPRAZOLE LAUROXIL	ARISTADA	BRAND ONLY	PREFERRED DRUG	PA Required for Ages < 18 years	1.00	30.00
ARIPIPRAZOLE LAUROXIL PREFILLED SYRINGE	ARISTADA INITIO	BRAND ONLY	PREFERRED DRUG	PA Required for Ages < 18 years	2.00	365.00
ARIPIPRAZOLE SUSPENSION	ABILIFY MAINTENA	BRAND ONLY	PREFERRED DRUG	PA Required for Ages < 18 years	1.00	30.00
PALIPERIDONE PALMITATE SUSPENSION	INVEGA SUSTENNA	BRAND ONLY	PREFERRED DRUG	PA Required for Ages < 18 years	1.00	30.00
PALIPERIDONE PALMITATE SUSPENSION	INVEGA TRINZA	BRAND ONLY	PREFERRED DRUG	PA Required for Ages < 18 years	1.00	90.00
RISPERIDONE MICROSPHERES SUSPENSION	RISPERDAL CONSTA	BRAND ONLY	PREFERRED DRUG	PA Required for Ages < 18 years	2.00	30.00
ANTIPSYCHOTICS - FIRST GENERATION -TYPICAL ORAL AGENTS						
CHLORPROMAZINE HCL SOLUTION	VARIOUS			PA Required for Ages < 6 years		
CHLORPROMAZINE HCL TABLETS	VARIOUS			PA Required for Ages < 6 years		
FLUPHENAZINE HCL CONCENTRATE	VARIOUS			PA Required for Ages < 6 years		
FLUPHENAZINE HCL ELIXIR	VARIOUS			PA Required for Ages < 6 years		



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Drug Class/Drug Name	Reference Brand Name	Brand Only	Preferred Drug Status	PRIOR AUTHORIZATION REQUIRED	Quantity Limit	QL Days
FLUPHENAZINE HCL TABLETS	VARIOUS			PA Required for Ages < 6 years		
HALOPERIDOL LACTATE CONCENTRATE	VARIOUS			PA Required for Ages < 6 years		
HALOPERIDOL TABLETS	VARIOUS			PA Required for Ages < 6 years		
LOXAPINE SUCCINATE CAPSULES	LOXITANE			PA Required for Ages < 6 years		
PERPHENAZINE TABLETS	VARIOUS			PA Required for Ages < 6 years		
PIMOZIDE	ORAP			PA Required for Ages < 6 years		
THIORIDAZINE HCL TABLETS	VARIOUS			PA Required for Ages < 6 years		
THIOTHIXENE CAPSULES	VARIOUS			PA Required for Ages < 6 years		
TRIFLUOPERAZINE HCL TABLETS	VARIOUS			PA Required for Ages < 6 years		
ANTIPSYCHOTICS - FIRST GENERATION -TYPICAL -LONG ACTING INJECTIONS						
FLUPHENAZINE DECANOATE SOLUTION	FLUPHENAZINE DECANOATE			PA Required for Ages < 18 years		
HALOPERIDOL DECANOATE SOLUTION	HALDOL DECANOATE			PA Required for Ages < 18 years		
BETA BLOCKERS						
BETA BLOCKERS NON-SELECTIVE						
PROPRANOLOL HCL CAPSULE 24-HOUR	INDERAL LA				30.00	30.00
PROPRANOLOL HCL SOLUTION	PROPRANOLOL HCL					
PROPRANOLOL HCL TABLETS	PROPRANOLOL HCL					
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENT						
ANTI-HISTAMINE HYPNOTICS						
DIPHENHYDRAMINE HCL (SLEEP) CAPSULES	VARIOUS					
DIPHENHYDRAMINE HCL (SLEEP) LIQUID	VARIOUS					
DIPHENHYDRAMINE HCL (SLEEP) TABLETS	VARIOUS					
DIPHENHYDRAMINE HCL (SLEEP) TABLET DISPERSIBLE	VARIOUS					
HYPNOTICS - TRICYCLIC AGENTS						
DOXEPIN HCL (SLEEP) TABLETS	SILENOR			PA Required		
NON-BARBITURATE HYPNOTICS						
ESZOPICLONE TABLETS	LUNESTA		PREFERRED DRUG	PA Required for Ages <6 years PA Required for > 1 Hypnotic Drug	30.00	30.00
TEMAZEPAM CAPSULES 15MG & 30MG	RESTORIL		PREFERRED DRUG	PA Required for Ages <6 years PA Required for > 1 Hypnotic Drug	30.00	30.00
ZOLPIDEM TARTRATE TABLETS 5MG	AMBIEN		PREFERRED DRUG	PA Required for Ages <6 years PA Required for > 1 Hypnotic Drug	60.00	30.00
ZOLPIDEM TARTRATE TABLETS 10MG	AMBIEN		PREFERRED DRUG	PA Required for Ages <6 years PA Required for > 1 Hypnotic Drug	30.00	30.00
SELECTIVE MELATONIN RECEPTOR AGONISTS						
RAMELTEON TABLETS	ROZEREM	BRAND ONLY		Patient must have tried Temazepam and Zolpidem	30.00	30.00
LAXATIVES						
BULK LAXATIVES						
FIBER CAPSULES	ADVANCED FIBER COMPLEX/ACIDOPHILUS					
FIBER CHEWABLE TABLETS	FIBER SELECT GUMMIES					
FIBER POWDER	FIBER					
FIBER TABLETS	FIBER COMPLETE					
METHYLCELLULOSE (LAXATIVE) POWDER	CITRUCEL FIBER LAXATIVE					
METHYLCELLULOSE (LAXATIVE) TABLETS	CITRUCEL					
PSYLLIUM CAPSULES	NAT-RUL PSYLLIUM SEED HUSKS					



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PSYLLIUM PACK	METAMUCIL SMOOTH TEXTURE					
PSYLLIUM WAFER	METAMUCIL					
LAXATIVES - MISCELLANEOUS						
LACTULOSE SOLUTION	LACTULOSE					
SALINE LAXATIVES						
MAGNESIUM CITRATE SOLUTION	CITROMA					
MAGNESIUM OXIDE (LAXATIVE) TABLETS	PHILLIPS					
STIMULANT LAXATIVES						
BISACODYL ENEMA	FLEET BISACODYL					
BISACODYL SUPPOSITORY	BISAC-EVAC					
BISACODYL TABLET ENTERIC COATED	ALOPHEN					
CASCARA SAGRADA CAPSULES	CASCARA SAGRADA					
CASCARA SAGRADA TABLETS	CASCARA SAGRADA					
SENNA LEAV	SENNA LEAVES					
SENNA SYRUP	SENNA					
SENNOSIDES CAPSULES	SENNA					
SURFACTANT LAXATIVES						
DOCUSATE SODIUM CAPSULES	COLACE					
DOCUSATE SODIUM TABLETS	DOK					
DOCUSATE SODIUM LIQUID	PEDIA-LAX					
DOCUSATE SODIUM SYRUP	DIOCTO					
MOUTH/THROAT/DENTAL AGENTS						
THROAT PRODUCTS - MISCELLANEOUS.						
ARTIFICIAL SALIVA KIT	ORAL RELIEF FOR DRY MOUTH & DISCOMFORT					
ARTIFICIAL SALIVA LOZENGE	ACT DRY MOUTH					
ARTIFICIAL SALIVA SOLUTION	BIOTENE MOISTURIZING MOUTH SPRAY					
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENT						
AGENTS FOR CHEMICAL DEPENDENCY						
ACAMPROSATE CALCIUM TABLET ENTERIC COATED	VARIOUS					
DISULFIRAM TABLETS	VARIOUS					
POSTHERPETIC NEURALGIA (PHN) AGENTS						
GABAPENTIN (ONCE-DAILY) TABLETS	GRALISE			PA Required		
RESTLESS LEG SYNDROME (RLS) AGENTS						
GABAPENTIN ENACARBIL TABLETS ER	HORIZANT			PA Required		
PIMOZIDE TABLETS	ORAP			PA Required for < 12 Years of Age		
THYROID AGENTS						
THYROID HORMONES						
LEVOTHYROXINE SODIUM TABLETS	LEVO-T				30.00	30.00
LIOTHYRONINE SODIUM TABLETS	CYTOMEL				30.00	30.00
VITAMINS						
OIL SOLUBLE VITAMINS						
VITAMIN E CAPSULES	VITAMIN E					
VITAMIN E CHEWABLE TABLETS	KEY-E					
WATER SOLUBLE VITAMINS						
NIACIN CAPSULE CONTROLLED RELEASE	NIACIN					



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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					