



# AHCCCS Fee-For-Service Program T(RBHA) Drug List (BHDL) INTRODUCTION

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AHCCCS is pleased to provide the AHCCCS FFS Program T(RBHA)Drug List (BHDL) to be used when prescribing behavioral health medications for AHCCCS FFS members. For clarification, this BHDL is only for the AHCCCS FFS members and it 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 BHDL are intended to provide clinically appropriate, cost-effective options for AHCCCS FFS members who require medically necessary behavioral health treatment. The drugs listed on the BHDL have been reviewed and approved by the Pharmacy and Therapeutics (P&T) Committee. However, the BHDL is not intended as a comprehensive listing of all drugs that may be reimbursed by AHCCCS. If a drug is not listed on the BHDL 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

**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:**

**Optum Rx Prior Authorization Department  
P.O. Box 5252  
Lisle, IL 60532- 5252**

With regard to federal legend drugs, medically necessary federally reimbursable outpatient prescription drugs are covered for eligible AHCCCS FFS members when prescribed by an AHCCCS registered clinician who is licensed to prescribe federal legend drugs in the State of Arizona. Some medications may require prior authorization approval prior to dispensing the medication to the member.

**Pharmacy and Therapeutics (P&T) Committee**

The P&T Committee, comprised of physicians and pharmacists, meets quarterly to discuss a variety of clinical issues, which pertain to drug selections, including formulary additions, deletions and changes as well as pharmacy program management.

The P&T Committee evaluates clinical information for newly marketed drugs within 180 days of market launch and current medications on an annual basis. The evaluation may include, but is not limited to the following review categories:

- Safety
- Efficacy
- Comparative data and studies
- FDA approved indications
- Treatment and consensus guidelines
- Adverse events
- Contraindications/Warnings/Precautions
- Pharmacokinetics
- Dosage frequency and formulations
- Patient administration/compliance considerations
- Medical outcome and pharmacoeconomic studies

When a new drug is considered for inclusion on the ADL, it will be reviewed relative to similar drugs currently included on the ADL. The review process of a therapeutic class continually promotes the most clinically appropriate, useful, and cost-effective agents. All of the information in the ADL is provided as a reference for drug therapy selection. Specific drug selection for an individual member rests solely with the prescribing clinician.

**Generic Drugs**

Generic substitution is a pharmacy action whereby a generic equivalent of a drug is dispensed rather than the brand name drug product. The AHCCCS pharmacy benefit requires mandatory generic substitution. This means that if a generic drug is equivalent to the brand reference drug and is available, the generic drug will be required for the filling and dispensing of the prescription for payment through the point-of-sale claims adjudication system. Generically available drugs are indicated on the ADL and are printed in lower case, for example, amoxicillin.

The ADL is organized by sections. Each section includes therapeutic groups identified by either a drug class or disease state. Products are listed with the generic name and the brand name is included as a reference to assist the prescribing clinicians in product recognition. Generics drugs are to be considered as the first line of prescribing. AHCCCS and its Contractors are required to use the most cost effective (least costly) clinically appropriate pharmaceutical treatment. The ADL also covers selected over-the-counter (OTC) products. Prescribing clinicians are encouraged to prescribe OTC medications when clinically appropriate.

### **Prior Authorization Procedures For Drugs Not Listed On The ADL**

The drugs on the ADL have been selected to provide the most clinically appropriate and cost-effective medications for AHCCCS FFS members. When a drug not listed on the ADL is determined to be medically necessary for the appropriate medical management of a specific member, the prescriber must submit a prior authorization request specifying the reasons supporting the medical necessity of the particular drug for the AHCCCS member. Requests for these exceptions must be submitted in writing by the prescribing clinician on the OptumRx-AHCCCS Prior Authorization Form and faxed to:

#### **OptumRx - Prior Authorization Department**

**Fax Number: 1 (866) 463-4830**

**Telephone Number: 1 (855) 577-6310**

The OptumRx-AHCCCS Prior Authorization Request Form is available on the AHCCCS website at [www.azahcccs.gov](http://www.azahcccs.gov) under the Pharmacy Information section on the right side of the website. Appropriate clinical documentation must be provided to support the medical necessity for the drug being requested. Responses to requests will be provided within 2 business days of receipt unless the request is identified as urgent. If a request is identified as urgent, a response will be provided within 1 business day.

Prescribing clinicians are requested to adhere to the ADL when prescribing for AHCCCS FFS members. If a pharmacist receives a prescription for a drug not listed on the ADL, the pharmacist is expected to contact the prescribing clinician and request that the prescription be changed to a medication included on the ADL. If a medication on the ADL is not appropriate, the prescribing clinician is to be instructed to submit a prior authorization request form to OptumRx. Please contact the OptumRx Prior Authorization Department at 1 (855) 577-6310 with questions concerning the prior authorization process.

### **Dose Optimization Program – Quantity Limits (QL)**

The ADL utilizes Quantity Limits for several drugs listed on the ADL. The intent of the quantity limits is to promote dose optimization and efficient medication dosing. Prescriptions for monthly quantities greater than the indicated limit require a prior authorization approval. For quantities greater than those listed on the ADL, the prescribing clinician must submit a prior authorization request with supporting documentation for the increased quantity of medication. The Dose Optimization Program is designed to consolidate medication dosage to the most efficient daily quantity to increase member adherence to therapy and also promote the efficient use of health care dollars. The limits for the program are established based on FDA approval for dosing and the availability of the total daily dose in the least amount of tablets or capsules daily.

Quantity limits are loaded in the prescription claims processing system to promote minimized dosing. The pharmacy claims processing system will prompt the pharmacist to request a new prescription order from the prescribing clinician for more efficient dosing.

Additions to the Dose Optimization Program are made from time to time and providers notified accordingly. As always, we recognize that a number of member-specific variables must be taken into consideration when drug therapy is prescribed and therefore overrides will be available through the prior authorization process. For any questions, please contact the OptumRx Customer Service Center at 1 (855) 577-6310.

### **Prescription Utilization Parameters**

AHCCCS members may reorder or refill a non-narcotic prescription when seventy-five percent (75%) of the medication has been used. Members may reorder or refill a narcotic prescription when eighty-five percent (85%) of the medication has been used.

If a point-of-sale claim is submitted before 75% of the non-narcotic medication has been used, based on the original days supply submitted on the claim, the claim will reject with a "refill too soon" message. The same will happen with for narcotic prescription refills not meeting the 85% utilization. Please call the OptumRx

Customer Service Department at 1 (855) 577-6310 with questions or for help with dosage change authorization override.

### **Drug Efficacy Study Implementation (DESI) Drugs**

Drugs that were initially marketed between the years of 1938 and 1962 were approved as safe but were not required to provide the effectiveness for FDA approval. Beginning in 1962 legislation required all new drugs to be both safe and effective before they could be approved to be available and marketed. This requirement also applied retroactively to all drugs approved as safe from the years 1938-1962. As a result, the FDA established the DESI program to review the labeled indications and the effectiveness of the pre-1962 drugs and to provide a determination of effectiveness. The “fully effective” determination was given for most of these products and they remain in the marketplace today. A few DESI products remain classified as “less than fully effective” and are awaiting final administrative disposition from the FDA. In addition, if a drug is classified as DESI, there are many products listed as identical, similar, or related to actual DESI products. The AHCCCS FFS ADL does not pay for claims for DESI drugs that are considered “less than fully effective” drug products.

### **AHCCCS FFS Plan Exclusions**

The following drug categories are excluded from coverage under the outpatient pharmacy benefit and are not part of the ADL:

- DESI Drugs that are determined to be “less than fully effective”
- Anti obesity agents
- Experimental / research drugs
- Cosmetic drugs
- Cosmetic drugs for hair growth
- Immunizations
- Nutritional / diet supplements
- Blood and blood plasma products
- Products to promote fertility
- Erectile dysfunction drugs
- Drugs from manufacturers that do not participate in the FFS Medicaid Drug Rebate Program
- Diagnostic products
- Medical supplies except:
  - Syringes
  - Needles
  - Lancets
  - Alcohol Swabs
  - Spacers
  - Blood glucose meters and test strips
- Intrauterine Devices

### **Notice**

AHCCCS and OptumRx provide the information contained in the ADL, solely for the convenience of prescribing clinicians. AHCCCS does not warrant or assure accuracy of such information nor is the ADL intended to be an all inclusive medication list. This ADL is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in their choice of prescription drugs.

AHCCCS assumes no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider must consult the drug manufacturer’s product literature or standard references for more detailed information.

# AHCCCS Fee-For-Service TRBHA Members Behavioral Health Drug List

- Generic Preferred Over Brand, Unless Specified as Brand Only

Drug Class/Drug Name	Brand Only	PA Type	Quantity Limit	QL Days
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREX</b>				
<b>AMPHETAMINES**</b>				
AMPHETAMINE SULFATE TABS		PA Required for < 6 years of age	60	30
AMPHETAMINE-DEXTROAMPHETAMINE CP24		PA Required for < 6 years of age	30	30
AMPHETAMINE-DEXTROAMPHETAMINE TABS		PA Required for < 6 years of age	60	30
DEXTROAMPHETAMINE SULFATE CP24		PA Required for < 6 years of age	60	30
DEXTROAMPHETAMINE SULFATE SOLN		PA Required for < 6 years of age	600	30
DEXTROAMPHETAMINE SULFATE TABS		PA Required for < 6 years of age	60	30
LISDEXAMFETAMINE DIMESYLATE CAPS		PA Required for < 6 years of age	30	30
<b>ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AG</b>				
ATOMOXETINE HCL CAPS		PA Required	60	30
CLONIDINE HCL (ADHD) MISC		PA Required		
CLONIDINE HCL (ADHD) TB12		PA Required for < 6 years of age		
GUANFACINE HCL (ADHD) TB24		PA Required for < 6 years of age	30	30
<b>STIMULANTS - MISC.**</b>				
DEXMETHYLPHENIDATE HCL CP24		PA Required for < 6 years of age	30	30
DEXMETHYLPHENIDATE HCL TABS		PA Required for < 6 years of age		
METHYLPHENIDATE HCL CHEW		PA Required for < 6 years of age	60	30
METHYLPHENIDATE HCL CP24		PA Required for < 6 years of age	30	30
METHYLPHENIDATE HCL CPR		PA Required for < 6 years of age	30	30
METHYLPHENIDATE HCL SOLN		PA Required for < 6 years of age	600	30
METHYLPHENIDATE HCL SUSR		PA Required for < 6 years of age	180	30
METHYLPHENIDATE HCL TABS		PA Required for < 6 years of age	90	30
METHYLPHENIDATE HCL TBCR		PA Required for < 6 years of age	60	30
METHYLPHENIDATE PTCH		PA Required	30	30
<b>ANTI-ANXIETY AGENTS*</b>				
<b>ANTI-ANXIETY AGENTS - MISC.**</b>				
BUSPIRONE HCL TABS			120	30

# AHCCCS Fee-For-Service TRBHA Members Behavioral Health Drug List

- Generic Preferred Over Brand, Unless Specified as Brand Only

Drug Class/Drug Name	Brand Only	PA Type	Quantity Limit	QL Days
HYDROXYZINE HCL SYRP				
HYDROXYZINE HCL TABS				
HYDROXYZINE PAMOATE CAPS				
MEPROBAMATE TABS				
<b>BENZODIAZEPINES**</b>				
ALPRAZOLAM CONC			120	30
ALPRAZOLAM TABS			120	30
ALPRAZOLAM TB24			120	30
ALPRAZOLAM TBDP			120	30
CHLORDIAZEPOXIDE HCL CAPS			120	30
CLORAZEPATE DIPOTASSIUM TABS			120	30
CLORAZEPATE DIPOTASSIUM TB24			60	30
DIAZEPAM CONC			120	30
DIAZEPAM SOLN			120	30
DIAZEPAM TABS			120	30
LORAZEPAM CONC			120	30
LORAZEPAM TABS			120	30
OXAZEPAM CAPS			120	30
<b>ANTICONVULSANTS*</b>				
<b>ANTICONVULSANTS - BENZODIAZEPINES**</b>				
CLONAZEPAM TABS			120	30
CLONAZEPAM TBDP			120	30
<b>ANTICONVULSANTS - MISC.**</b>				
CARBAMAZEPINE CHEW				
CARBAMAZEPINE CP12				
CARBAMAZEPINE POWD				
CARBAMAZEPINE SUSP				
CARBAMAZEPINE TABS				

# AHCCCS Fee-For-Service TRBHA Members Behavioral Health Drug List

- Generic Preferred Over Brand, Unless Specified as Brand Only

Drug Class/Drug Name	Brand Only	PA Type	Quantity Limit	QL Days
CARBAMAZEPINE TB12				
GABAPENTIN CAPS				
GABAPENTIN SOLN				
GABAPENTIN TABS				
LAMOTRIGINE CHEW				
LAMOTRIGINE KIT				
LAMOTRIGINE TABS				
LAMOTRIGINE TB24				
LAMOTRIGINE TBDP				
OXCARBAZEPINE SUSP				
OXCARBAZEPINE TABS				
TOPIRAMATE TABS				
<b>VALPROIC ACID**</b>				
DIVALPROEX SODIUM CPSP				
DIVALPROEX SODIUM TB24				
DIVALPROEX SODIUM TBEC				
VALPROATE SODIUM SYRP				
VALPROIC ACID CAPS				
<b>ANTIDEPRESSANTS*</b>				
<b>ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)**</b>				
MIRTAZAPINE TABS		PA Required for < 6 years of age	45	30
MIRTAZAPINE TBDP		PA Required for < 6 years of age	45	30
<b>ANTIDEPRESSANTS - MISC.**</b>				
BUPROPION HCL TABS		PA Required for < 6 years of age	60	30
BUPROPION HCL TB12		PA Required for < 6 years of age	60	30
BUPROPION HCL TB24		PA Required for < 6 years of age	60	30
BUPROPION HYDROBROMIDE TB24		PA Required		
<b>MONOAMINE OXIDASE INHIBITORS (MAOIS)**</b>				

# AHCCCS Fee-For-Service TRBHA Members Behavioral Health Drug List

- Generic Preferred Over Brand, Unless Specified as Brand Only

Drug Class/Drug Name	Brand Only	PA Type	Quantity Limit	QL Days
ISOCARBOXAZID TABS		PA Required for < 6 years of age		
PHENELZINE SULFATE TABS		PA Required for < 6 years of age		
SELEGILINE PT24		PA Required		
TRANLYCYPROMINE SULFATE TABS		PA Required for < 6 years of age		
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)**</b>				
CITALOPRAM HYDROBROMIDE SOLN		PA Required for < 6 years of age	600	30
CITALOPRAM HYDROBROMIDE TABS		PA Required for < 6 years of age	60	30
ESCITALOPRAM OXALATE SOLN		PA Required for < 6 years of age	300	30
ESCITALOPRAM OXALATE TABS		PA Required for < 6 years of age	60	30
FLUOXETINE HCL CAPS		PA Required for < 6 years of age	120	30
FLUOXETINE HCL CPDR		PA Required for < 6 years of age	120	30
FLUOXETINE HCL LIQD		PA Required for < 6 years of age	120	30
FLUOXETINE HCL SOLN		PA Required for < 6 years of age	120	30
FLUOXETINE HCL TABS		PA Required for < 6 years of age	120	30
FLUVOXAMINE MALEATE CP24		PA Required for < 6 years of age	90	30
FLUVOXAMINE MALEATE TABS		PA Required for < 6 years of age	120	30
PAROXETINE HCL SUSP		PA Required for < 6 years of age	300	30
PAROXETINE HCL TABS		PA Required for < 6 years of age	30	30
PAROXETINE HCL TB24		PA Required for < 6 years of age	30	30
PAROXETINE MESYLATE TABS		PA Required		
SERTRALINE HCL CONC		PA Required for < 6 years of age		
SERTRALINE HCL TABS		PA Required for < 6 years of age	60	30
<b>SEROTONIN MODULATORS**</b>				
NEFAZODONE HCL TABS		PA Required for < 6 years of age		
TRAZODONE HCL POWD		PA Required for < 6 years of age		
TRAZODONE HCL TABS		PA Required for < 6 years of age		
VILAZODONE HCL KIT		PA Required		
VILAZODONE HCL TABS		PA Required		



# AHCCCS Fee-For-Service TRBHA Members Behavioral Health Drug List

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Drug Class/Drug Name	Brand Only	PA Type	Quantity Limit	QL Days
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRI)</b>				
DESVENLAFAXINE FUMARATE TB24		PA Required for < 6 years of age	30	30
DESVENLAFAXINE SUCCINATE TB24		PA Required for < 6 years of age	30	30
DESVENLAFAXINE TB24		PA Required for < 6 years of age	30	30
DULOXETINE HCL CPEP		PA Required for < 6 years of age	60	30
VENLAFAXINE HCL CP24		PA Required for < 6 years of age	60	30
VENLAFAXINE HCL TABS		PA Required for < 6 years of age	120	30
VENLAFAXINE HCL TB24		PA Required for < 6 years of age	60	30
<b>TRICYCLIC AGENTS**</b>				
AMITRIPTYLINE HCL POWD		PA Required for < 6 years of age		
AMITRIPTYLINE HCL SOLN		PA Required for < 6 years of age		
AMITRIPTYLINE HCL TABS		PA Required for < 6 years of age		
AMOXAPINE TABS		PA Required for < 6 years of age		
CLOMIPRAMINE HCL CAPS		PA Required for < 6 years of age		
DESIPRAMINE HCL POWD		PA Required for < 6 years of age		
DESIPRAMINE HCL TABS		PA Required for < 6 years of age		
DOXEPIN HCL CAPS		PA Required for < 6 years of age	90	30
DOXEPIN HCL CONC		PA Required for < 6 years of age	180	30
IMIPRAMINE HCL POWD		PA Required for < 6 years of age		
IMIPRAMINE HCL TABS		PA Required for < 6 years of age		
IMIPRAMINE PAMOATE CAPS		PA Required for < 6 years of age		
NORTRIPTYLINE HCL CAPS		PA Required for < 6 years of age		
NORTRIPTYLINE HCL POWD		PA Required for < 6 years of age		
NORTRIPTYLINE HCL SOLN		PA Required for < 6 years of age		
PROTRIPTYLINE HCL TABS		PA Required for < 6 years of age		
TRIMIPRAMINE MALEATE CAPS		PA Required for < 6 years of age		
TRIMIPRAMINE MALEATE POWD		PA Required for < 6 years of age		
<b>ANTIHISTAMINES*</b>				

# AHCCCS Fee-For-Service TRBHA Members Behavioral Health Drug List

- Generic Preferred Over Brand, Unless Specified as Brand Only

Drug Class/Drug Name	Brand Only	PA Type	Quantity Limit	QL Days
<b>ANTIHISTAMINES - ETHANOLAMINES**</b>				
DIPHENHYDRAMINE CITRATE TBDP				
DIPHENHYDRAMINE HCL CAPS				
DIPHENHYDRAMINE HCL CHEW				
DIPHENHYDRAMINE HCL ELIX				
DIPHENHYDRAMINE HCL LIQD				
DIPHENHYDRAMINE HCL STRP				
DIPHENHYDRAMINE HCL SUSR				
DIPHENHYDRAMINE HCL SYRP				
DIPHENHYDRAMINE HCL TABS				
DIPHENHYDRAMINE HCL TBDP				
<b>ANTIHISTAMINES - PIPERIDINES**</b>				
CYPROHEPTADINE HCL SYRP				
CYPROHEPTADINE HCL TABS				
<b>ANTIHYPERTENSIVES*</b>				
<b>ANTIADRENERGIC ANTIHYPERTENSIVES**</b>				
CLONIDINE HCL PTWK				
CLONIDINE HCL TABS				
GUANFACINE HCL TABS			60	30
PRAZOSIN HCL CAPS				
PRAZOSIN HCL POWD				
<b>ANTIPARKINSON AGENTS*</b>				
<b>ANTIPARKINSON ANTICHOLINERGICS**</b>				
BENZTROPINE MESYLATE SOLN				
BENZTROPINE MESYLATE TABS				
TRIHEXYPHENIDYL HCL ELIX				
TRIHEXYPHENIDYL HCL TABS				
<b>ANTIPARKINSON DOPAMINERGICS**</b>				

# AHCCCS Fee-For-Service TRBHA Members Behavioral Health Drug List

- Generic Preferred Over Brand, Unless Specified as Brand Only

Drug Class/Drug Name	Brand Only	PA Type	Quantity Limit	QL Days
AMANTADINE HCL CAPS				
AMANTADINE HCL SYRP				
AMANTADINE HCL TABS				
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS*</b>				
<b>ANTIMANIC AGENTS**</b>				
LITHIUM CARBONATE CAPS				
LITHIUM CARBONATE POWD				
LITHIUM CARBONATE TABS				
LITHIUM CARBONATE TBCR				
LITHIUM CITRATE SYRP				
LITHIUM SOLN				
<b>ANTIPSYCHOTICS - MISC.**</b>				
CARBAMAZEPINE (ANTIPSYCHOTIC) CP12				
LURASIDONE HCL TABS		PA Required		
ZIPRASIDONE HCL CAPS		PA Required for < 6 years of age	60	30
<b>BENZISOXAZOLES**</b>				
ILOPERIDONE TABS		PA Required		
PALIPERIDONE PALMITATE SUSP		PA Required		
PALIPERIDONE TB24		PA Required		
RISPERIDONE MICROSPHERES SUSR		PA Required for < 6 years of age		
RISPERIDONE SOLN		PA Required for < 6 years of age	240	30
RISPERIDONE TABS		PA Required for < 6 years of age	60	30
RISPERIDONE TBDP		PA Required for < 6 years of age	60	30
<b>BUTYROPHENONES**</b>				
HALOPERIDOL DECANOATE SOLN		PA Required for < 6 years of age		
HALOPERIDOL LACTATE CONC		PA Required for < 6 years of age		
HALOPERIDOL LACTATE SOLN		PA Required for < 6 years of age		
HALOPERIDOL POWD		PA Required for < 6 years of age		

# AHCCCS Fee-For-Service TRBHA Members Behavioral Health Drug List

- Generic Preferred Over Brand, Unless Specified as Brand Only

Drug Class/Drug Name	Brand Only	PA Type	Quantity Limit	QL Days
HALOPERIDOL TABS		PA Required for < 6 years of age		
<b>DIBENZAPINES**</b>				
ASENAPINE MALEATE SUBL		PA Required		
CLOZAPINE SUSP		PA Required for < 6 years of age		
CLOZAPINE TABS		PA Required for < 6 years of age	150	30
CLOZAPINE TBDP		PA Required for < 6 years of age	150	30
LOXAPINE HCL CONC		PA Required for < 6 years of age		
LOXAPINE HCL SOLN		PA Required for < 6 years of age		
LOXAPINE SUCCINATE CAPS		PA Required for < 6 years of age		
OLANZAPINE PAMOATE SUSR		PA Required		
OLANZAPINE TABS		PA Required for < 6 years of age	30	30
OLANZAPINE TBDP		PA Required for < 6 years of age	30	30
QUETIAPINE FUMARATE TABS		PA Required for < 6 years of age	60	30
QUETIAPINE FUMARATE TB24		PA Required		
<b>PHENOTHIAZINES**</b>				
CHLORPROMAZINE HCL CONC		PA Required for < 6 years of age		
CHLORPROMAZINE HCL CPCR		PA Required for < 6 years of age		
CHLORPROMAZINE HCL SOLN		PA Required for < 6 years of age		
CHLORPROMAZINE HCL SYRP		PA Required for < 6 years of age		
CHLORPROMAZINE HCL TABS		PA Required for < 6 years of age		
CHLORPROMAZINE SUPP		PA Required for < 6 years of age		
FLUPHENAZINE DECANOATE SOLN		PA Required for < 6 years of age		
FLUPHENAZINE ENANTHATE SOLN		PA Required for < 6 years of age		
FLUPHENAZINE HCL CONC		PA Required for < 6 years of age		
FLUPHENAZINE HCL ELIX		PA Required for < 6 years of age		
FLUPHENAZINE HCL SOLN		PA Required for < 6 years of age		
FLUPHENAZINE HCL TABS		PA Required for < 6 years of age		
MESORIDAZINE BESYLATE CONC		PA Required for < 6 years of age		

# AHCCCS Fee-For-Service TRBHA Members Behavioral Health Drug List

- Generic Preferred Over Brand, Unless Specified as Brand Only

Drug Class/Drug Name	Brand Only	PA Type	Quantity Limit	QL Days
MESORIDAZINE BESYLATE SOLN		PA Required for < 6 years of age		
MESORIDAZINE BESYLATE TABS		PA Required for < 6 years of age		
PERPHENAZINE CONC		PA Required for < 6 years of age		
PERPHENAZINE TABS		PA Required for < 6 years of age		
THIORIDAZINE HCL CONC		PA Required for < 6 years of age		
THIORIDAZINE HCL SUSP		PA Required for < 6 years of age		
THIORIDAZINE HCL TABS		PA Required for < 6 years of age		
TRIFLUOPERAZINE HCL CONC		PA Required for < 6 years of age		
TRIFLUOPERAZINE HCL POWD		PA Required for < 6 years of age		
TRIFLUOPERAZINE HCL SOLN		PA Required for < 6 years of age		
TRIFLUOPERAZINE HCL TABS		PA Required for < 6 years of age		
<b>QUINOLINONE DERIVATIVES**</b>				
ARIPIRAZOLE SOLN	Brand Only	PA Required	150	30
ARIPIRAZOLE SUSR	Brand Only	PA Required		
ARIPIRAZOLE TABS	Brand Only	PA Required for < 6 years of age	30	30
ARIPIRAZOLE TBDP	Brand Only	PA Required for < 6 years of age	30	30
<b>THIOXANTHENES**</b>				
THIOTHIXENE CAPS		PA Required for < 6 years of age		
THIOTHIXENE HCL CONC		PA Required for < 6 years of age		
<b>BETA BLOCKERS*</b>				
<b>BETA BLOCKERS NON-SELECTIVE**</b>				
NADOLOL TABS				
PROPRANOLOL HCL CONC				
PROPRANOLOL HCL CP24			30	30
PROPRANOLOL HCL CPCR				
PROPRANOLOL HCL POWD				
PROPRANOLOL HCL SOLN				
PROPRANOLOL HCL SUSTAINED-RELEASE BEADS CP24			30	30

# AHCCCS Fee-For-Service TRBHA Members Behavioral Health Drug List

- Generic Preferred Over Brand, Unless Specified as Brand Only

Drug Class/Drug Name	Brand Only	PA Type	Quantity Limit	QL Days
PROPRANOLOL HCL TABS				
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENT</b>				
<b>ANTIHISTAMINE HYPNOTICS**</b>				
DIPHENHYDRAMINE HCL (SLEEP) CAPS				
DIPHENHYDRAMINE HCL (SLEEP) LIQD				
DIPHENHYDRAMINE HCL (SLEEP) TABS				
DIPHENHYDRAMINE HCL (SLEEP) TBDP				
<b>HYPNOTICS - TRICYCLIC AGENTS**</b>				
DOXEPIN HCL (SLEEP) TABS		PA Required		
<b>NON-BARBITURATE HYPNOTICS**</b>				
CHLORAL HYDRATE CAPS			60	30
CHLORAL HYDRATE SUPP			30	30
CHLORAL HYDRATE SYRP			150	30
ESTAZOLAM TABS			30	30
ESZOPICLONE TABS			30	30
FLURAZEPAM HCL CAPS			30	30
TEMAZEPAM CAPS			30	30
TRIAZOLAM TABS			30	30
ZALEPLON CAPS			30	30
ZOLPIDEM TARTRATE SOLN		PA Required		
ZOLPIDEM TARTRATE SUBL		PA Required		
ZOLPIDEM TARTRATE TABS			60	30
ZOLPIDEM TARTRATE TBCR			30	30
<b>SELECTIVE MELATONIN RECEPTOR AGONISTS**</b>				
RAMELTEON TABS				
<b>LAXATIVES*</b>				
<b>BULK LAXATIVES**</b>				
FIBER CAPS				

# AHCCCS Fee-For-Service TRBHA Members Behavioral Health Drug List

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Drug Class/Drug Name	Brand Only	PA Type	Quantity Limit	QL Days
FIBER CHEW				
FIBER LIQD				
FIBER POWD				
FIBER TABS				
METHYLCELLULOSE (LAXATIVE) PACK				
METHYLCELLULOSE (LAXATIVE) POWD				
METHYLCELLULOSE (LAXATIVE) TABS				
PSYLLIUM CAPS				
PSYLLIUM GRAN				
PSYLLIUM PACK				
PSYLLIUM POWD				
PSYLLIUM WAFR				
<b>LAXATIVES - MISCELLANEOUS**</b>				
LACTULOSE PACK				
LACTULOSE SOLN				
LACTULOSE SYRP				
<b>SALINE LAXATIVES**</b>				
MAGNESIUM CITRATE SOLN				
MAGNESIUM OXIDE (LAXATIVE) TABS				
MAGNESIUM SULFATE (LAXATIVE) LIQD				
<b>STIMULANT LAXATIVES**</b>				
BISACODYL ENEM				
BISACODYL KIT				
BISACODYL POWD				
BISACODYL SUPP				
BISACODYL TBEC				
CASCARA SAGRADA CAPS				
CASCARA SAGRADA EXTR				

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Drug Class/Drug Name	Brand Only	PA Type	Quantity Limit	QL Days
CASCARA SAGRADA LIQD				
CASCARA SAGRADA TABS				
SENNA KIT				
SENNA LEAV				
SENNA LIQD				
SENNA MISC				
SENNA POWD				
SENNA SYRP				
SENNA TABS				
SENNOSIDES CAPS				
SENNOSIDES CHEW				
SENNOSIDES GRAN				
SENNOSIDES LIQD				
SENNOSIDES STRP				
SENNOSIDES TABS				
<b>SURFACTANT LAXATIVES**</b>				
DOCUSATE SODIUM CAPS				
DOCUSATE SODIUM ENEM				
DOCUSATE SODIUM LIQD				
DOCUSATE SODIUM POWD				
DOCUSATE SODIUM SYRP				
DOCUSATE SODIUM TABS				
<b>MOUTH/THROAT/DENTAL AGENTS*</b>				
<b>THROAT PRODUCTS - MISC.**</b>				
ARTIFICIAL SALIVA AERS				
ARTIFICIAL SALIVA GEL				
ARTIFICIAL SALIVA GUM				
ARTIFICIAL SALIVA KIT				



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Drug Class/Drug Name	Brand Only	PA Type	Quantity Limit	QL Days
ARTIFICIAL SALIVA LOZG				
ARTIFICIAL SALIVA PACK				
ARTIFICIAL SALIVA SOLN				
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENT</b>				
<b>AGENTS FOR CHEMICAL DEPENDENCY**</b>				
ACAMPROSATE CALCIUM TBEC			180	30
DISULFIRAM TABS				
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.*</b>				
PIMOZIDE TABS				
<b>THYROID AGENTS*</b>				
<b>THYROID HORMONES**</b>				
LEVOTHYROXINE SODIUM TABS			30	30
LIOTHYRONINE SODIUM TABS			30	30
<b>URINARY ANTISPASMODICS*</b>				
<b>URINARY ANTISPASMODICS**</b>				
BETHANECHOL CHLORIDE TABS				
<b>VITAMINS*</b>				
<b>OIL SOLUBLE VITAMINS**</b>				
VITAMIN E CAPS				
VITAMIN E CHEW				
VITAMIN E LIQD				
VITAMIN E TABS				
<b>WATER SOLUBLE VITAMINS**</b>				
NIACIN CPCR				
NIACIN ELIX				
NIACIN POWD				
NIACIN TABS				
NIACIN TBCR				

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Drug Class/Drug Name	Brand Only	PA Type	Quantity Limit	QL Days
NIACINAMIDE POWD				
NIACINAMIDE TABS				
NIACINAMIDE TBCR				
PYRIDOXINE HCL CAPS				
PYRIDOXINE HCL CPCR				
PYRIDOXINE HCL LOZG				
PYRIDOXINE HCL LPOP				
PYRIDOXINE HCL POWD				
PYRIDOXINE HCL SOLN				
PYRIDOXINE HCL TABS				
PYRIDOXINE HCL TBCR				
RIBOFLAVIN CAPS				
RIBOFLAVIN POWD				
RIBOFLAVIN TABS				
THIAMINE HCL CAPS				
THIAMINE HCL POWD				
THIAMINE HCL SOLN				
THIAMINE HCL TABS				
THIAMINE MONONITRATE POWD				
THIAMINE MONONITRATE TABS				