



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:

| Drug Class/Drug Name | Reference Brand Name | Brand Only / Generic Notes | Preferred Drug Status | PA Type | Step Therapy Requirements | Quantity Limit | QL Days |
|---|-----------------------------------|-------------------------------|-----------------------|--------------------------------|---------------------------|-------------------|---------|
| ADHD/ANTI-NARCOLEPSY | | | | | | | |
| AMPHETAMINES | | | | | | | |
| 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 | VARIOUS | | 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 |
| 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 CAPSULE 24-HOUR | RITALIN LA | Brand Only | Preferred Drug | PA Required for Ages < 6 years | | 30.00 | 30.00 |
| METHYLPHENIDATE HCL CAPSULE CONTROLLED RELEASE | VARIOUS | | 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 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 TABLETS | CATAPRES | | | PA Required for Ages < 6 years | | | |
| CLONIDINE HCL TD PATCH WEEKLY | CATAPRES PATCHES | | | PA Required for Ages < 6 years | | 4 | 28 |
| 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 |
| GUANFACINE HCL TABLETS | TENEX | | | PA Required for Ages < 6 years | | | |
| AMINOGLYCOSIDES | | | | | | | |
| AMINOGLYCOSIDES | | | | | | | |
| NEOMYCIN SULFATE TABLETS | NEOMYCIN SULFATE | | | | | | |
| PAROMOMYCIN SULFATE CAPSULES | PAROMOMYCIN SULFATE | | | | | | |
| TOBRAMYCIN NEBULIZED | KITABIS AND BETHKLS | Brand Only | Preferred Drug | PA Required | | | |
| ANALGESICS - ANTI-INFLAMMATORY | | | | | | | |
| ANTIRHEUMATIC ANTIMETABOLITES | | | | | | | |
| METHOTREXATE SODIUM (ANTIRHEUMATIC) TABLETS | RHEUMATREX | | | | | | |
| ANTIRHEUMATIC - ENZYME INHIBITORS | | | | | | | |
| TOFACITINIB CITRATE | XELJANZ IMMEDIATE RELEASE ONLY | Brand Only | Preferred Drug | PA Required | | | |
| ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES | | | | | | | |
| ADALIMUMAB | HUMIRA | | Preferred Drug | PA Required | | | |
| NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) | | | | | | | |
| CELECOXIB CAPSULES | CELEBREX | | | | | | |
| DICLOFENAC SODIUM TABLET 24-HOUR | VOLTAREN-XR | | | | | 30.00 | 30.00 |
| DICLOFENAC SODIUM TABLET ENTERIC COATED | DICLOFENAC SODIUM DR | | | | | | |
| DICLOFENAC TABLET ENTERIC COATED | DICLOFENAC SODIUM EC | | | | | | |
| ETODOLAC CAPSULES | ETODOLAC | | | | | | |
| ETODOLAC TABLETS | ETODOLAC | | | | | | |
| ETODOLAC TABLET 24-HOUR | ETODOLAC ER | | | | | | |
| FENOPROFEN CALCIUM CAPSULES | NALFON | | | | | | |
| FENOPROFEN CALCIUM TABLETS | FENOPROFEN CALCIUM | | | | | | |
| FLURBIPROFEN TABLETS | FLURBIPROFEN | | | | | | |
| IBUPROFEN CAPSULES | ADVIL | | | | | | |
| IBUPROFEN CHEWABLE TABLETS | CHILDRENS MOTRIN | | | | | | |
| IBUPROFEN SUSPENSION | CHILDRENS MOTRIN | | | | | | |
| IBUPROFEN TABLETS | ADVIL JUNIOR STRENGTH | | | | | | |
| INDOMETHACIN CAPSULES | TIVORBEX | | | | | | |
| INDOMETHACIN CAPSULE CONTROLLED RELEASE | INDOMETHACIN CR | | | | | | |
| INDOMETHACIN SUPPOSITORY | INDOCIN | | | | | | |



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| INDOMETHACIN SUSPENSION | INDOCIN | | | | | | |
| KETOROLAC TROMETHAMINE TABLETS | KETOROLAC TROMETHAMINE | | | | | 20.00 | 30.00 |
| MEFENAMIC ACID CAPSULES | PONSTEL | | | | | | |
| MELOXICAM SUSPENSION | MOBIC | | | | | | |
| MELOXICAM TABLETS | MOBIC | | | | | | |
| NABUMETONE TABLETS | NABUMETONE | | | | | | |
| NAPROXEN SODIUM | ALEVE | | | | | | |
| NAPROXEN SODIUM TABLETS | ANAPROX | | | | | | |
| NAPROXEN SUSPENSION | NAPROSYN | | | | | | |
| NAPROXEN TABLETS | NAPROSYN | | | | | | |
| NAPROXEN TABLET ENTERIC COATED | EC-NAPROSYN | | | | | | |
| OXAPROZIN TABLETS | DAYPRO | | | | | | |
| PIROXICAM CAPSULES | FELDENE | | | | | | |
| SULINDAC TABLETS | SULINDAC | | | | | | |
| PHOSPHODIESTERASE 4 (PDE4) INHIBITORS | | | | | | | |
| APREMILAST | OTEZLA | Brand Only | Preferred Drug | PA Required | | | |
| PYRIMIDINE SYNTHESIS INHIBITORS | | | | | | | |
| LEFLUNOMIDE TABLETS | ARAVA | | | | | | |
| SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS | | | | | | | |
| ETANERCEPT | ENBREL | | Preferred Drug | PA Required | | | |
| ANALGESICS - NONNARCOTIC | | | | | | | |
| ANALGESIC COMBINATIONS | | | | | | | |
| BUTALBITAL-ACETAMINOPHEN-CAFFEINE TABLETS | VARIOIUS | | | | | 120.00 | 30.00 |
| BUTALBITAL-ASPIRIN-CAFFEINE TABLETS | VARIOUS | | | | | 120.00 | 30.00 |
| ANALGESICS OTHER | | | | | | | |
| ACETAMINOPHEN CAPSULES | ACETAMINOPHEN | | | | | | |
| ACETAMINOPHEN CHEWABLE TABLETS | CHILDRENS MEDI-TABLETS | | | | | | |
| ACETAMINOPHEN ELIXIR | MEDI-TABLETS CHILDRENS | | | | | | |
| ACETAMINOPHEN LIQUID | LITTLE REMEDIES FOR FEVERS FEVER/PAIN RELIEVER CHILDRENS | | | | | | |
| ACETAMINOPHEN SOLUTION | ACETAMINOPHEN | | | | | | |
| ACETAMINOPHEN SUPPOSITORY | FEVERALL INFANTS | | | | | | |
| ACETAMINOPHEN SUSPENSION | TYLENOL INFANTS | | | | | | |
| ACETAMINOPHEN SYRUP | TRIAMINIC FEVER REDUCER PAIN RELIEVER CHILDRENS | | | | | | |
| ACETAMINOPHEN TABLETS | MEDI-TABLETS | | | | | | |
| ACETAMINOPHEN TABLET CONTROLLED RELEASE | TYLENOL 8 HOUR | | | | | | |
| ACETAMINOPHEN ORALLY DISPERSABLE TABLET | MAPAP CHILDRENS | | | | | | |
| SALICYLATES | | | | | | | |
| ASPIRIN CHEWABLE TABLETS | ST JOSEPH ADULT | | | | | | |
| ASPIRIN SUPPOSITORY | ASPIRIN | | | | | | |
| ASPIRIN TABLETS | ASPIRIN | | | | | | |
| ASPIRIN ORALLY DISPERSABLE TABLET | ADULT ASPIRIN LOW STRENGTH | | | | | | |
| ASPIRIN TABLET ENTERIC COATED | 1/2HALFPRIN | | | | | | |
| ASPIRIN TABLET EFFERVESCENT | MEDI-SELTZER | | | | | | |
| DIFLUNISAL TABLETS | DIFLUNISAL | | | | | | |
| SALSALATE TABLETS | DISALCID | | | | | | |
| ANALGESICS - OPIOID | | | | | | | |
| LONG-ACTING OPIOID AGONISTS | | | | | | | |
| FENTANYL PATCH 72-HOUR 12mcg, 25mcg, 50mcg, 75mcg & 100mcg | DURAGESIC 12mcg, 25mcg, 50mcg, 75mcg & 100mcg | | Preferred Drug | PA Required | | | |
| MORPHINE-NALTREXONE CAPSULE CONTROLLED RELEASE | EMBEDA | | Preferred Drug | PA Required | | | |
| MORPHINE SULFATE TABLET CONTROLLED RELEASE | MS CONTIN | | Preferred Drug | PA Required | | | |
| OXYCODONE CAPSULE ER 12-HOUR ABUSE-DETERRENT | XTAMPZA ER | | Preferred Drug | PA Required | | | |



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| TRAMADOL HCL ER TABLET 24-HOUR | TRAMADOL HCL ER | | Preferred Drug | PA Required | | | |
| SHORT-ACTING OPIOID AGONISTS | | | | | | | |
| HYDROMORPHONE HCL LIQUID | DILAUDID | | | PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period. | | | |
| HYDROMORPHONE HCL SUPPOSITORY | HYDROMORPHONE HCL | | | PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period. | | | |
| HYDROMORPHONE HCL TABLETS | DILAUDID | | | PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period. | | | |
| MEPERIDINE HCL TABLETS | DEMEROL | | | PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period. | | | |
| MORPHINE SULFATE SOLUTION | MORPHINE SULFATE | | | PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period. | | | |
| MORPHINE SULFATE SUPPOSITORY | MORPHINE SULFATE | | | PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period. | | | |
| MORPHINE SULFATE TABLETS | MORPHINE SULFATE | | | PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period. | | | |
| OXYCODONE HCL CAPSULES | OXYCODONE HCL | | | PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period. | | | |
| OXYCODONE HCL CONCENTRATE | OXYCODONE HCL | | | PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period. | | | |
| OXYCODONE HCL SOLUTION | OXYCODONE HCL | | | PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period. | | | |
| OXYCODONE HCL TABLETS | ROXICODONE | | | PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period. | | | |
| TRAMADOL HCL TABLETS | ULTRAM | | | PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period. | | | |
| OPIOID COMBINATIONS | | | | | | | |
| ACETAMINOPHEN W/ CODEINE SOLUTION | ACETAMINOPHEN/CODEINE | | | PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period. | | | |
| ACETAMINOPHEN W/ CODEINE TABLETS | ACETAMINOPHEN/CODEINE | | | PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period. | | | |
| BUTALBITAL-ACETAMINOPHEN-CAFFEINE W/ CODEINE CAPSULES | FIORICET/CODEINE | | | PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period. | | | |
| BUTALBITAL-ASPIRIN-CAFFEINE W/COD CAPSULES | ASCOMP/CODEINE | | | PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period. | | | |
| HYDROCODONE-ACETAMINOPHEN CAPSULES | HYDROGESIC | | | PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period. | | | |



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| HYDROCODONE-ACETAMINOPHEN SOLUTION | HYCET | | | PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period. | | | |
| HYDROCODONE-ACETAMINOPHEN TABLETS | VERDROCET | | | PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period. | | | |
| HYDROCODONE-IBUPROFEN TABLETS | REPRIXAIN | | | PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period. | | | |
| OXYCODONE W/ ACETAMINOPHEN CAPSULES | OXYCODONE/ACETAMINOPHEN | | | PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period. | | | |
| OXYCODONE W/ ACETAMINOPHEN SOLUTION | ROXICET | | | PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period. | | | |
| OXYCODONE W/ ACETAMINOPHEN TABLETS | ENDOCET | | | PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period. | | | |
| OXYCODONE-IBUPROFEN TABLETS | OXYCODONE/IBUPROFEN | | | PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period. | | | |
| OPIOID PARTIAL AGONISTS | | | | | | | |
| 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 PATCH WEEKLY | BUTRANS | Brand Only | Preferred Drug | PA Required | | | |
| BUPRENORPHINE SOLUTION PREFILLED SYRINGE | SUBLOCADE | | Preferred Drug | PA Required | | | |
| BUPRENORPHINE HCL-NALOXONE HCL DIHYDRATE FILM | SUBOXONE FILM | Brand Only | Preferred Drug | | | | |
| 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. | | | |
| ANDROGENS-ANABOLIC | | | | | | | |
| ANDROGENS** | | | | | | | |
| DANAZOL CAPSULES | DANAZOL | | | | | | |
| TESTOSTERONE CYPIONATE KIT | TESTONE CIK | | | PA Required | | | |
| TESTOSTERONE CYPIONATE SOLUTION | DEPO-TESTOSTERONE | | | PA Required | | | |
| TESTOSTERONE ENANTHATE SOLUTION | TESTOSTERONE ENANTHATE | | | PA Required | | | |
| TESTOSTERONE GEL | ANDROGEL/TESTIM | Brand Only | | PA Required | | | |



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| TESTOSTERONE PATCH 24-HOUR | ANDRODERM | | | PA Required | | | |
| ANORECTAL AGENTS | | | | | | | |
| INTRARECTAL STEROIDS | | | | | | | |
| HYDROCORTISONE (INTRARECTAL) ENEMA | COLOCORT | | | | | | |
| HYDROCORTISONE ACETATE (INTRARECTAL) FOAM | CORTIFOAM | | | | | | |
| RECTAL STEROIDS | | | | | | | |
| HYDROCORTISONE (RECTAL) CREAM | PROCTOCORT | | | | | | |
| ANTACIDS | | | | | | | |
| ANTACIDS - CALCIUM SALTS | | | | | | | |
| CALCIUM CARBONATE (ANTACID) CHEWABLE TABLETS | CHILDRENS MYLANTA UPSET STOMACH RELIEF | | | | | | |
| CALCIUM CARBONATE (ANTACID) TABLETS | CALCIUM CARBONATE | | | | | | |
| ANTACIDS - BICARBONATE | | | | | | | |
| SODIUM BICARBONATE (ANTACID) TABLETS | SODIUM BICARBONATE | | | | | | |
| ANTACID COMBINATIONS | | | | | | | |
| ALUM & MAG HYDROX-SIMETHICONE SUSPENSION | ANTACID FAST ACTING | | | | | | |
| ANTACIDS - MAGNESIUM SALTS | | | | | | | |
| MAGNESIUM OXIDE TABLETS | MAGNESIUM OXIDE | | | | | | |
| ANTHELMINTICS | | | | | | | |
| ANTHELMINTICS | | | | | | | |
| ALBENDAZOLE TABLETS | ALBENZA | | | PA Required | | | |
| IVERMECTIN TABLETS | STROMECTOL | | | PA Required | | | |
| PRAZQUANTEL TABLETS | BILTRICIDE | | | | | | |
| ANTIANGINAL AGENTS | | | | | | | |
| ANTIANGINALS-OTHER | | | | | | | |
| RANOLAZINE TABLET 12-HOUR | RANEXA | | | PA Required | | | |
| NITRATES | | | | | | | |
| ISOSORBIDE DINITRATE CAPSULE CONTROLLED RELEASE | DILATRATE SR | | | | | | |
| ISOSORBIDE DINITRATE SUBLINGUAL | ISOSORBIDE DINITRATE | | | | | | |
| ISOSORBIDE DINITRATE TABLETS | ISORDIL TITRADOSE | | | | | | |
| ISOSORBIDE DINITRATE TABLET CONTROLLED RELEASE | ISOSORBIDE DINITRATE ER | | | | | | |
| ISOSORBIDE MONONITRATE TABLETS | ISOSORBIDE MONONITRATE | | | | | | |
| ISOSORBIDE MONONITRATE TABLET 24-HOUR | IMDUR | | | | | | |
| NITROGLYCERIN CAPSULE CONTROLLED RELEASE | NITRO-TIME | | | | | | |
| NITROGLYCERIN OINTMENT | NITRO-BID | | | | | | |
| NITROGLYCERIN PATCH 24-HOUR | NITRO-DUR | | | | | | |
| NITROGLYCERIN SUBLINGUAL | NITROSTAT | | | | | | |
| ANTIANSIETY AGENTS | | | | | | | |
| ANTIANSIETY AGENTS - MISC. | | | | | | | |
| 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 |
| BUSPIRONE HCL TAB 5 MG | BUSPIRONE HCL | | | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | | 120.00 | 30.00 |
| BUSPIRONE HCL TAB 7.5 MG | BUSPIRONE HCL | | | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | | 120.00 | 30.00 |
| BUSPIRONE HCL TAB 10 MG | BUSPIRONE HCL | | | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | | 120.00 | 30.00 |
| BUSPIRONE HCL TAB 15 MG | BUSPIRONE HCL | | | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | | 120.00 | 30.00 |
| BUSPIRONE HCL TAB 30 MG | BUSPIRONE HCL | | | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | | 60.00 | 30.00 |
| BENZODIAZEPINES | | | | | | | |



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| ALPRAZOLAM CONC 1 MG/ML | ALPRAZOLAM INTENSOL | | | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | | 60.00 | 15.00 |
| ALPRAZOLAM ORALLY DISINTEGRATING TAB 0.25 MG | VARIOUS | | | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | | 120.00 | 30.00 |
| ALPRAZOLAM ORALLY DISINTEGRATING TAB 0.5 MG | VARIOUS | | | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | | 120.00 | 30.00 |
| ALPRAZOLAM ORALLY DISINTEGRATING TAB 1 MG | VARIOUS | | | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | | 120.00 | 30.00 |
| ALPRAZOLAM ORALLY DISINTEGRATING TAB 2 MG | VARIOUS | | | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | | 60.00 | 30.00 |
| ALPRAZOLAM TAB 0.25 MG | VARIOUS | | | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | | 120.00 | 30.00 |
| ALPRAZOLAM TAB 0.5 MG | VARIOUS | | | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | | 120.00 | 30.00 |
| ALPRAZOLAM TAB 1 MG | VARIOUS | | | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | | 120.00 | 30.00 |
| ALPRAZOLAM TAB 2 MG | VARIOUS | | | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | | 60.00 | 30.00 |
| ALPRAZOLAM TAB SR 24HR 0.5 MG | VARIOUS | | | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | | 30.00 | 30.00 |
| ALPRAZOLAM TAB SR 24HR 1 MG | VARIOUS | | | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | | 30.00 | 30.00 |
| ALPRAZOLAM TAB SR 24HR 2 MG | VARIOUS | | | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | | 30.00 | 30.00 |
| ALPRAZOLAM TAB SR 24HR 3 MG | VARIOUS | | | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | | 30.00 | 30.00 |
| CHLORDIAZEPOXIDE HCL CAP 10 MG | VARIOUS | | | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | | 60.00 | 30.00 |
| CHLORDIAZEPOXIDE HCL CAP 25 MG | VARIOUS | | | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | | 60.00 | 30.00 |
| CHLORDIAZEPOXIDE HCL CAP 5 MG | VARIOUS | | | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | | 60.00 | 30.00 |
| CLONAZEPAM 0.5 MG | Klonopin | | | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | | 120.00 | 30.00 |
| CLONAZEPAM 1.0 MG | Klonopin | | | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | | 120.00 | 30.00 |
| CLONAZEPAM 2 MG | Klonopin | | | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | | 60.00 | 30.00 |
| CLONAZEPAM ODT 0.125MG | VARIOUS | | | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | | 120.00 | 30.00 |
| CLONAZEPAM ODT 0.25MG | VARIOUS | | | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | | 120.00 | 30.00 |
| CLONAZEPAM ODT 0.5 MG | VARIOUS | | | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | | 120.00 | 30.00 |
| CLONAZEPAM ODT 1MG | VARIOUS | | | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | | 120.00 | 30.00 |
| CLONAZEPAM ODT 2MG | VARIOUS | | | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | | 60.00 | 30.00 |
| CLORAZEPATE DIPOTASSIUM TAB 15 MG | VARIOUS | | | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | | 60.00 | 30.00 |
| CLORAZEPATE DIPOTASSIUM TAB 3.75 MG | VARIOUS | | | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | | 120.00 | 30.00 |
| CLORAZEPATE DIPOTASSIUM TAB 7.5 MG | VARIOUS | | | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | | 120.00 | 30.00 |



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Effective Date:

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|--|------------------------|-------------------------------|-----------------------|--|---------------------------|-------------------|---------|
| DIAZEPAM CONC 5 MG/ML | DIAZEPAM INTENSOL | | | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | | 60.00 | 30.00 |
| DIAZEPAM SOLN 1 MG/ML | VARIOUS | | | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | | 300.00 | 30.00 |
| DIAZEPAM TAB 10 MG | VARIOUS | | | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | | 120.00 | 30.00 |
| DIAZEPAM TAB 2 MG | VARIOUS | | | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | | 120.00 | 30.00 |
| DIAZEPAM TAB 5 MG | VARIOUS | | | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | | 120.00 | 30.00 |
| LORAZEPAM CONC 2 MG/ML | LORAZEPAM INTENSOL | | | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | | 60.00 | 30.00 |
| LORAZEPAM TAB 0.5 MG | VARIOUS | | | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | | 120.00 | 30.00 |
| LORAZEPAM TAB 1 MG | VARIOUS | | | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | | 120.00 | 30.00 |
| LORAZEPAM TAB 2 MG | VARIOUS | | | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | | 60.00 | 30.00 |
| OXAZEPAM CAP 10 MG | VARIOUS | | | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | | 60.00 | 30.00 |
| OXAZEPAM CAP 15 MG | VARIOUS | | | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | | 60.00 | 30.00 |
| OXAZEPAM CAP 30 MG | VARIOUS | | | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | | 60.00 | 30.00 |
| ANTIARRHYTHMICS | | | | | | | |
| ANTIARRHYTHMICS TYPE I-A | | | | | | | |
| DISOPYRAMIDE PHOSPHATE CAPSULES | NORPACE | | | | | | |
| DISOPYRAMIDE PHOSPHATE CAPSULE 12-HOUR | NORPACE CR | | | | | | |
| QUINIDINE GLUCONATE TABLET CONTROLLED RELEASE | QUINIDINE GLUCONATE CR | | | | | | |
| QUINIDINE SULFATE TABLETS | QUINIDINE SULFATE | | | | | | |
| QUINIDINE SULFATE TABLET CONTROLLED RELEASE | QUINIDINE SULFATE ER | | | | | | |
| ANTIARRHYTHMICS TYPE I-B | | | | | | | |
| MEXILETINE HCL CAPSULES | MEXILETINE HCL | | | | | | |
| ANTIARRHYTHMICS TYPE I-C | | | | | | | |
| FLECAINIDE ACETATE TABLETS | TAMBOCOR | | | | | | |
| PROPAPENONE HCL CAPSULE 12-HOUR | RYTHMOL SR | | | | | | |
| PROPAPENONE HCL TABLETS | RYTHMOL | | | | | | |
| ANTIARRHYTHMICS TYPE III | | | | | | | |
| AMIODARONE HCL TABLETS 100MG & 200MG | PACERONE | | | | | | |
| DOFETILIDE CAPSULES | TIKOSYN | | | PA Required | | | |
| DRONEDARONE HCL TABLETS | MULTAQ | | | PA Required | | | |
| ANTIASTHMATIC AND BRONCHODILATOR AGENTS | | | | | | | |
| ANTI-INFLAMMATORY AGENTS | | | | | | | |
| CROMOLYN SODIUM NEBULIZED | CROMOLYN SODIUM | | | | | | |
| BRONCHODILATORS - ANTICHOLINERGICS | | | | | | | |
| ACLDINIUM BROMIDE AEROSOL SOLUTION | TUDORZA PRESSAIR | | Preferred Drug | | | | |
| IPRATROPIUM BROMIDE HFA AEROSOL SOLUTION | ATROVENT HFA | | Preferred Drug | | | | |
| IPRATROPIUM BROMIDE SOLUTION | IPRATROPIUM BROMIDE | | Preferred Drug | | | | |
| TIOTROPIUM BROMIDE MONOHYDRATE CAPSULES | SPIRIVA HANDIHALER | | Preferred Drug | | | | |
| LEUKOTRIENE MODULATORS | | | | | | | |
| MONTELUKAST SODIUM CHEWABLE TABLETS | SINGULAIR | | | | | 30.00 | 30.00 |
| MONTELUKAST SODIUM GRANULES | SINGULAIR | | | PA Required for > 4 Years of Age | | | |
| MONTELUKAST SODIUM TABLETS | SINGULAIR | | | | | 30.00 | 30.00 |
| STEROID INHALANTS | | | | | | | |



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| BUDESONIDE (INHALATION) SUSPENSION 0.25MG/2ML, 0.5MG/2ML & 1MG/2ML | VARIOUS | | Preferred Drug | | | | |
| BUDESONIDE (INHALATION) AEROSOL POWDER | PULMICORT FLEXHALER | Brand Only | Preferred Drug | | | | |
| FLUTICASONE PROPIONATE HFA AERO | FLOVENT HFA | Brand Only | Preferred Drug | | | | |
| FLUTICASONE PROPIONATE ORAL INHALATION | FLOVENT DISKUS | Brand Only | Preferred Drug | | | | |
| MOMETASONE FUROATE (INHALATION) AEPB | ASMANEX TWISTHALER | | Preferred Drug | | | | |
| SYMPATHOMIMETICS | | | | | | | |
| ALBUTEROL SULFATE INHALER | ProAir | Brand Only | Preferred Drug Only ProAir | | | | |
| ALBUTEROL SULFATE NEBULIZED | ALBUTEROL SULFATE | | | | | | |
| ALBUTEROL SULFATE SYRUP | ALBUTEROL SULFATE | | | | | | |
| BUDESONIDE-FORMOTEROL FUMARATE DIHYDRATE INHALER | SYMBICORT | Brand Only | Preferred Drug | | | | |
| FLUTICASONE-SALMETEROL ORAL INHALATION | ADVAIR DISKUS | Brand Only | Preferred Drug | | | | |
| FLUTICASONE-SALMETEROL INHALER | ADVAIR HFA | Brand Only | Preferred Drug | | | | |
| IPRATROPIUM-ALBUTEROL INHALER | COMBIVENT | | Preferred Drug | | | | |
| IPRATROPIUM-ALBUTEROL AEROSOL SOLUTION | COMBIVENT RESPIMAT | | Preferred Drug | | | | |
| IPRATROPIUM-ALBUTEROL SOLUTION | DUONEB | | Preferred Drug | | | | |
| MOMETASONE FUROATE-FORMOTEROL FUMARATE DIHYDRATE INHALER | DULERA | Brand Only | Preferred Drug | | | | |
| SALMETEROL XINAFOATE INHALER BREATH ACTIVATED | SEREVENT DISKUS | | Preferred Drug | PA Required | | | |
| TIOTROPIUM BROMIDE-OLODATEROL HCL AEROSOL SOLUTION | STIOLTO RESPIMAT | | Preferred Drug | PA Required | | 1.00 | 30.00 |
| UMECLIDINIUM-VILANTEROL AEROSOL POWDER | ANORO ELLIPT | | Preferred Drug | PA Required | | 1.00 | 30.00 |
| XANTHINES | | | | | | | |
| THEOPHYLLINE CAPSULE 24-HOUR | THEO-24 | | | | | | |
| THEOPHYLLINE ELIXIR | ELIXIROPHYLLIN | | | | | | |
| THEOPHYLLINE SOLUTION | THEOPHYLLINE | | | | | | |
| THEOPHYLLINE TABLET 12-HOUR | THEOCHRON | | | | | | |
| THEOPHYLLINE TABLET 24-HOUR | THEOPHYLLINE ER | | | | | | |
| ANTICOAGULANTS | | | | | | | |
| COUMARIN ANTICOAGULANTS | | | | | | | |
| WARFARIN SODIUM TABLETS | COUMADIN | | | | | | |
| DIRECT FACTOR XA INHIBITORS | | | | | | | |
| APIXABAN TABLETS | ELIQUIS | Brand Only | Preferred Drug | | | 60.00 | 30.00 |
| APIXABAN TABLETS STARTER PACK | ELIQUIS STARTER PACK | Brand Only | Preferred Drug | | | 74.00 | 365.00 |
| RIVAROXABAN TABLETS | XARELTO | Brand Only | Preferred Drug | | | 60.00 | 30.00 |
| RIVAROXABAN TABLETS THERAPY PACK | XARELTO STARTER PACK | Brand Only | Preferred Drug | | | 51.00 | 30.00 |
| HEPARINS AND HEPARINOID-LIKE AGENTS | | | | | | | |
| ENOXAPARIN SODIUM INJ 100 MG/ML | VARIOUS | | Preferred Drug | | | 60.00 | 30.00 |
| ENOXAPARIN SODIUM INJ 120 MG/0.8ML | VARIOUS | | Preferred Drug | | | 60.00 | 30.00 |
| ENOXAPARIN SODIUM INJ 150 MG/ML | VARIOUS | | Preferred Drug | | | 60.00 | 30.00 |
| ENOXAPARIN SODIUM INJ 30 MG/0.3ML | VARIOUS | | Preferred Drug | | | 60.00 | 30.00 |
| ENOXAPARIN SODIUM INJ 300 MG/3ML | VARIOUS | | Preferred Drug | | | 60.00 | 30.00 |
| ENOXAPARIN SODIUM INJ 40 MG/0.4ML | VARIOUS | | Preferred Drug | | | 60.00 | 30.00 |
| ENOXAPARIN SODIUM INJ 60 MG/0.6ML | VARIOUS | | Preferred Drug | | | 60.00 | 30.00 |
| ENOXAPARIN SODIUM INJ 80 MG/0.8ML | VARIOUS | | Preferred Drug | | | 60.00 | 30.00 |
| HEPARIN (PORCINE) IN SODIUM CHLORIDE SOLUTION | HEPARIN SODIUM/NACL 0.9% | | | | | | |
| HEPARIN SOD (PORCINE) IN D5W SOLUTION | HEPARIN SODIUM/D5W | | | | | | |
| HEPARIN SODIUM (PORCINE) LOCK FLUSH & NACL LOCK FLUSH KIT | HEPARIN SODIUM LOCK FLUSH | | | | | | |
| HEPARIN SODIUM (PORCINE) LOCK FLUSH SOLUTION | HEPARIN LOCK FLUSH | | | | | | |
| THROMBIN INHIBITORS | | | | | | | |
| DABIGATRAN ETEXILATE MESYLATE CAPSULES | PRADAXA | Brand Only | Preferred Drug | | | 60.00 | 30.00 |



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| ANTICONVULSANTS | | | | | | | |
| ANTICONVULSANTS - BENZODIAZEPINES | | | | | | | |
| CLOBAZAM SUSPENSION | ONFI | | | PA Required | | | |
| CLOBAZAM TABLETS | ONFI | | | PA Required | | | |
| 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 |
| DIAZEPAM RECTAL GEL DELIVERY SYSTEM 10 MG | DIASTAT | | | | | 2.00 | 30.00 |
| DIAZEPAM RECTAL GEL DELIVERY SYSTEM 2.5 MG | DIASTAT | | | | | 2.00 | 30.00 |
| DIAZEPAM RECTAL GEL DELIVERY SYSTEM 20 MG | DIASTAT | | | | | 2.00 | 30.00 |
| ANTICONVULSANTS - MISC. | | | | | | | |
| CARBAMAZEPINE (ANTIPSYCHOTIC) CAPSULE 12-HOUR | EQUETRO | | | | | | |
| CARBAMAZEPINE CHEWABLE TABLETS | CARBAMAZEPINE | | | | | | |
| CARBAMAZEPINE CAPSULE 12-HOUR | CARBATROL | | | | | | |
| CARBAMAZEPINE SUSPENSION | TEGRETOL | | | | | | |
| CARBAMAZEPINE TABLETS | EPITOL | | | | | | |
| CARBAMAZEPINE TABLET 12-HOUR | TEGRETOL-XR | | | | | | |
| EZOGABINE TABLETS | POTIGA | | | PA Required | | | |
| GABAPENTIN CAPSULES | NEURONTIN | | | | | | |
| GABAPENTIN SOLUTION | NEURONTIN | | | | | | |
| GABAPENTIN TABLETS | NEURONTIN | | | | | | |
| GABAPENTIN (ONCE-DAILY) TABLETS | GRALISE | | | PA Required | | | |
| GABAPENTIN ENACARBIL TABLET CONTROLLED RELEASE | HORIZANT | | | PA Required | | | |
| LACOSAMIDE SOLUTION | VIMPAT | | | PA Required | | | |
| LACOSAMIDE TABLETS | VIMPAT | | | PA Required | | | |
| LAMOTRIGINE CHEWABLE TABLETS | LAMICTAL | | | | | | |
| LAMOTRIGINE KIT | LAMICTAL STARTER/TAKING VALPROATE | | | | | | |
| LAMOTRIGINE TABLETS | LAMICTAL | | | | | | |
| LAMOTRIGINE TABLET 24-HOUR | LAMICTAL XR | | | | | | |
| LAMOTRIGINE ORALLY DISPERSABLE TABLET | LAMICTAL ODT | | | | | | |
| LEVETIRACETAM SOLUTION | KEPPRA | | | | | | |
| LEVETIRACETAM TABLETS | KEPPRA | | | | | | |
| LEVETIRACETAM TABLET 24-HOUR | KEPPRA XR | | | | | | |
| OXCARBAZEPINE SUSPENSION | TRILEPTAL | | | | | | |
| OXCARBAZEPINE TABLETS | TRILEPTAL | | | | | | |
| OXCARBAZEPINE TABLET 24-HOUR | OXTELLAR XR | | | | | | |
| PREGABALIN CAPSULES (25MG, 50MG, 75MG, 100MG, 150MG, 200MG) | LYRICA | | | | | 90.00 | 30.00 |
| PREGABALIN CAPSULES (225MG, 300MG) | LYRICA | | | | | 60.00 | 30.00 |
| PREGABALIN SOLUTION | LYRICA | | | | | 900.00 | 30.00 |



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|--|----------------------|-------------------------------|-----------------------|---|---------------------------|-------------------|---------|
| PRIMIDONE TABLETS | MYSOLINE | | | | | | |
| RUFINAMIDE SUSPENSION | BANZEL | | | PA Required | | | |
| RUFINAMIDE TABLETS | BANZEL | | | PA Required | | | |
| TOPIRAMATE CAPSULE 24-HOUR | TROKENDI XR | | | | | | |
| TOPIRAMATE SPRINKLE CAPSULES | TOPAMAX SPRINKLE | | | | | | |
| TOPIRAMATE TABLETS | TOPAMAX | | | | | | |
| ZONISAMIDE CAPSULES | ZONEGRAN | | | | | | |
| CARBAMATES | | | | | | | |
| FELBAMATE SUSPENSION | FELBATOL | | | | | | |
| FELBAMATE TABLETS | FELBATOL | | | | | | |
| GABA MODULATORS | | | | | | | |
| TIAGABINE HCL TABLETS | GABITRIL | | | PA Required | | | |
| HYDANTOINS | | | | | | | |
| PHENYTOIN CHEWABLE TABLETS | DILANTIN INFATABLETS | | | | | | |
| PHENYTOIN SODIUM EXTENDED CAPSULES | DILANTIN | | | | | | |
| PHENYTOIN SUSPENSION | DILANTIN-125 | | | | | | |
| SUCCINIMIDES | | | | | | | |
| ETHOSUXIMIDE CAPSULES | ZARONTIN | | | | | | |
| ETHOSUXIMIDE SOLUTION | ZARONTIN | | | | | | |
| VALPROIC ACID | | | | | | | |
| DIVALPROEX SODIUM SPRINKLE CAPSULES | DEPAKOTE SPRINKLES | | | | | | |
| DIVALPROEX SODIUM TABLET 24-HOUR | DEPAKOTE ER | | | | | | |
| DIVALPROEX SODIUM TABLET ENTERIC COATED | DEPAKOTE | | | | | | |
| VALPROATE SODIUM SYRUP | DEPAKENE | | | | | | |
| VALPROIC ACID CAPSULES | DEPAKENE | | | | | | |
| VALPROIC ACID CAPSULE DELAYED RELEASE | STAVZOR | | | | | | |
| ANTIDEPRESSANTS | | | | | | | |
| ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS) | | | | | | | |
| MIRTAZAPINE TABLETS | REMERON | | | PA Required for Ages < 6 years | | 30.00 | 30.00 |
| MIRTAZAPINE ORALLY DISPERSABLE TABLET | REMERON SOLTAB | | | PA Required for Ages < 6 years | | 30.00 | 30.00 |
| N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS | | | | | | | |
| ESKETAMINE HCL SOLUTION | 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 | BUDEPRION 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 | CELEXA | | | 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 | | | 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 |



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| FLUVOXAMINE MALEATE TABLETS 100MG | LUVOX | | | PA Required for Ages < 6 years | | 90.00 | 30.00 |
| 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 | 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 |
| 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 | VARIOUS | | | 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 | | 30.00 | 30.00 |
| 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 | SURMONTIL | | | PA Required for Ages < 6 years | | | |
| ANTIDIABETICS | | | | | | | |
| ALPHA-GLUCOSIDASE INHIBITORS | | | | | | | |
| ACARBOSE TABLETS | PRECOSE | | | | | | |
| ANTIDIABETIC - AMYLIN ANALOGS | | | | | | | |
| PRAMLINTIDE ACETATE SOLUTION PEN INJECTION | SYMLINPEN 60 | | Preferred Drug | PA Required | | | |
| ANTIDIABETIC COMBINATIONS | | | | | | | |



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| ALOGLIPTIN-METFORMIN HCL TABLETS | KAZANO | Brand Only | Preferred Drug | | | | |
| ALOGLIPTIN-PIOGLITAZONE TABLETS | OSENI | Brand Only | Preferred Drug | | | | |
| CANAGLIFLOZIN-METFORMIN HCL | INVOKAMET | Brand Only | Preferred Drug | PA Required | | | |
| DAPAGLIFLOZIN - METFORMIN | XIGDUO XR | Brand Only | Preferred Drug | PA Required | | | |
| EMPAGLIFLOZIN-LINAGLIPTIN TABLETS | GLYXAMBI | Brand Only | Preferred Drug | | | | |
| EMPAGLIFLOZIN-LINAGLIPTIN-METFORMIN | TRIJARDY XR | Brand Only | Preferred Drug | PA Required | | | |
| EMPAGLIFLOZIN-METFORMIN HCL | SYNJARDY | Brand Only | Preferred Drug | PA Required | | | |
| GLYBURIDE-METFORMIN HCL TABLETS | GLYBURIDE/METFORMIN HCL | | Preferred Drug | | | | |
| LINAGLIPTIN-METFORMIN HCL TABLETS | JENTADUETO | Brand Only | Preferred Drug | | | | |
| LINAGLIPTIN-METFORMIN HCL TABLET 24-HOUR | JENTADUETO XR | Brand Only | Preferred Drug | | | | |
| PIOGLITAZONE HCL-METFORMIN HCL TABLETS | ACTOPLUS MET | | Preferred Drug | | | | |
| PIOGLITAZONE HCL-METFORMIN HCL TABLET 24-HOUR | ACTOPLUS MET XR | | Preferred Drug | | | | |
| SAXAGLIPTIN-METFORMIN HCL TABLETS | KOMBIGLYZE XR | Brand Only | Preferred Drug | | | | |
| SITAGLIPTIN-METFORMIN HCL TABLETS | JANUMET | Brand Only | Preferred Drug | | | | |
| SITAGLIPTIN-METFORMIN HCL TABLET 24-HOUR | JANUMET XR | Brand Only | Preferred Drug | | | | |
| BIGUANIDES | | | | | | | |
| METFORMIN HCL TABLETS | GLUCOPHAGE | | | | | | |
| METFORMIN HCL TABLET 24-HOUR (GENERIC OF GLUCOPHAGE XR ONLY- 500MG & 750MG) | GENERIC OF GLUCOPHAGE XR ONLY- 500MG & 750MG | Various | | PA Required for Osmotic and Modified Release Products | | | |
| DIABETIC OTHER | | | | | | | |
| DIAZOXIDE SUSPENSION | PROGLYCEM | Brand Only | Preferred Drug | | | | |
| GLUCAGON (RDNA) KIT | GLUCAGON EMERGENCY KIT | Brand by Lilly | | | | 2.00 | 30.00 |
| GLUCAGON HCL (RDNA) SOLUTION | GLUCAGEN HYPOKIT | | | | | 2.00 | 30.00 |
| MIFEPRISTONE (HYPERGLYCEMIA) TABLETS | KORLYM | | | PA Required | | | |
| DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS | | | | | | | |
| ALOGLIPTIN BENZOATE TABLETS | NESINA | Brand Only | Preferred Drug | | | | |
| LINAGLIPTIN TABLETS | TRADJENTA | Brand Only | Preferred Drug | | | | |
| SAXAGLIPTIN HCL TABLETS | ONGLYZA | Brand Only | Preferred Drug | | | | |
| SITAGLIPTIN PHOSPHATE TABLETS | JANUVIA | Brand Only | Preferred Drug | | | | |
| INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) | | | | | | | |
| DULAGLUTIDE SOLUTION PEN-INJECTION | TRULICITY | | Preferred Drug | PA Required | | | |
| EXENATIDE SOLUTION PEN INJECTION | BYETTA | | Preferred Drug | PA Required | | | |
| EXENATIDE PEN | BYDUREON | | Preferred Drug | PA Required | | | |
| LIRAGLUTIDE SOLUTION PEN INJECTION | VICTOZA | | Preferred Drug | PA Required | | | |
| INSULIN SENSITIZING AGENTS | | | | | | | |
| PIOGLITAZONE HCL TABLETS | ACTOS | | | | | | |
| INSULIN | | | | | | | |
| INSULIN ASPART SOLUTION | NOVOLOG | Authorized Generic Only | Preferred Drug | | | | |
| INSULIN ASPART SOCT | NOVOLOG PENFILL | Authorized Generic Only | Preferred Drug | | | | |
| INSULIN ASPART SOLUTION PEN INJECTION | NOVOLOG FLEXPEN | Authorized Generic Only | Preferred Drug | | | | |
| INSULIN ASPART PROTAMINE & ASPART (HUMAN) SUSPENSION (70/30) | NOVOLOG MIX 70/30 | Authorized Generic Only | Preferred Drug | | | | |
| INSULIN ASPART PROTAMINE & ASPART (HUMAN) SUSPENSION PEN INJECTION (70/30) | NOVOLOG MIX 70/30 PREFILLED FLEXPEN | Authorized Generic Only | Preferred Drug | | | | |
| INSULIN DETEMIR SOLUTION | LEVEMIR | Brand Only | Preferred Drug | | | | |
| INSULIN DETEMIR SOLUTION PEN INJECTION | LEVEMIR FLEXPEN | Brand Only | Preferred Drug | | | | |
| INSULIN GLARGINE SOLUTION | LANTUS | Brand Only | Preferred Drug | | | | |
| INSULIN GLARGINE SOLUTION PEN INJECTION | LANTUS SOLOSTAR | Brand Only | Preferred Drug | | | | |
| INSULIN LISPRO (HUMAN) SOLUTION | HUMALOG | Authorized Generic Only | Preferred Drug | | | | |



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| INSULIN LISPRO PROTAMINE & LISPRO (HUMAN) SUSPENSION (75-25) | HUMALOG MIX 75/25 | Authorized Generic Only | Preferred Drug | | | | |
| INSULIN LISPRO (HUMAN) SOLUTION PEN INJECTION 100/ML | HUMALOG JUNIOR KWIKPEN | Authorized Generic Only | Preferred Drug | | | | |
| INSULIN LISPRO (HUMAN) SOLUTION PEN INJECTION 100/ML | HUMALOG KWIKPEN | Authorized Generic Only | Preferred Drug | | | | |
| INSULIN LISPRO PROTAMINE & LISPRO (HUMAN) SUSPENSION PEN INJECTION (75-25) | HUMALOG MIX 75/25 KWIKPEN | Authorized Generic Only | Preferred Drug | | | | |
| INSULIN LISPRO PROTAMINE & LISPRO (HUMAN) SUSPENSION PEN INJECTION (50-50) | HUMALOG MIX 50/50 KWIKPEN | Brand Only | Preferred Drug | | | | |
| INSULIN NPH (HUMAN) (ISOPHANE) SUSPENSION | HUMULIN N | Brand Only | Preferred Drug | | | | |
| INSULIN NPH ISOPHANE & REG (HUMAN) SUSPENSION | HUMULIN 70/30 | Brand Only | Preferred Drug | | | | |
| INSULIN NPH ISOPHANE & REG (HUMAN) SUSPENSION | HUMULIN 70/30 KWIKPEN | Brand Only | Preferred Drug | | | | |
| INSULIN REGULAR (HUMAN) SOLUTION | HUMULIN R | Brand Only | Preferred Drug | | | | |
| INSULIN REGULAR (HUMAN) SOLUTION | HUMULIN R U-500 (CONCENTRATED) | Brand Only | Preferred Drug | PA Required | | | |
| INSULIN REGULAR (HUMAN) SOLUTION PEN INJECTION | HUMULIN R U-500 KWIKPEN | Brand Only | Preferred Drug | PA Required | | | |
| MEGLITINIDE ANALOGUES | | | | | | | |
| NATEGLINIDE TABLETS | STARLIX | | | | | | |
| REPAGLINIDE TABLETS | PRANDIN | | | | | | |
| SGLT2S | | | | | | | |
| DAPAGLIFLOZIN PROSPANEDIOL | FARXIGA | | Preferred Drug | PA Required | | | |
| CANAGLIFLOZIN | INVOKANA | | Preferred Drug | PA Required | | | |
| EMPAGLIFLOZIN | JARDIANCE | | Preferred Drug | PA Required | | | |
| SULFONYLUREAS | | | | | | | |
| CHLORPROPAMIDE TABLETS | CHLORPROPAMIDE | | | | | | |
| GLIMEPIRIDE TABLETS | AMARYL | | | | | | |
| GLIPIZIDE TABLETS | GLUCOTROL | | | | | | |
| GLIPIZIDE TABLET 24-HOUR | GLIPIZIDE XL | | | | | | |
| GLYBURIDE MICRONIZED TABLETS | GLYNASE | | | | | | |
| GLYBURIDE TABLETS | DIABETA | | | | | | |
| TOLAZAMIDE TABLETS | TOLAZAMIDE | | | | | | |
| TOLBUTAMIDE TABLETS | TOLBUTAMIDE | | | | | | |
| ANTI-DIARRHEALS | | | | | | | |
| ANTI-PEPSTIC AGENTS | | | | | | | |
| DIPHENOXYLATE W/ ATROPINE LIQUID | DIPHENOXYLATE/ATROPINE | | | | | | |
| DIPHENOXYLATE W/ ATROPINE TABLETS | LOMOTIL | | | | | | |
| LOPERAMIDE HCL CAPSULES | LOPERAMIDE HCL | | | | | | |
| LOPERAMIDE HCL CHEWABLE TABLETS | IMODIUM A-D | | | | | | |
| LOPERAMIDE HCL LIQUID | LOPERAMIDE HCL | | | | | | |
| LOPERAMIDE HCL SUSPENSION | IMODIUM A-D | | | | | | |
| LOPERAMIDE HCL TABLETS | IMODIUM A-D | | | | | | |
| ANTIDOTES | | | | | | | |
| OPIOID ANTAGONISTS | | | | | | | |
| NALOXONE HCL SOLUTION + SYRINGE | NALOXONE HCL + SYRINGE | | Preferred Drug | | | | |
| NALOXONE HCL NASAL SPRAY 4mg | NARCAN NASAL SPRAY | | Preferred Drug | | | | |
| NALOXONE HCL NASAL SPRAY 8mg | KLOXXADO NASAL SPRAY | | Preferred Drug | | | | |
| NALTREXONE HCL TABLETS | NALTREXONE HCL | | Preferred Drug | | | | |
| NALTREXONE SUSPENSION | VIVITROL | | Preferred Drug | | | | |
| ANTIEMETICS | | | | | | | |
| 5-HT3 RECEPTOR ANTAGONISTS | | | | | | | |
| DOLASETRON MESYLATE TABLETS | ANZEMET | | | PA Required | | | |
| GRANISETRON HCL SOLUTION | GRANISOL | | | PA Required | | | |
| GRANISETRON HCL TABLETS | GRANISETRON HCL | | | PA Required | | | |



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| ONDANSETRON HCL SOLUTION | ZOFRAN | | | | | 300.00 | 30.00 |
| ONDANSETRON HCL TABLETS | ZOFRAN | | | | | 60.00 | 30.00 |
| ONDANSETRON ORALLY DISPERSABLE TABLET | ZOFRAN ODT | | | | | 60.00 | 30.00 |
| ANTIEMETICS - ANTICHOLINERGIC | | | | | | | |
| MECLIZINE HCL CHEWABLE TABLETS | MECLIZINE HCL | | | | | | |
| MECLIZINE HCL TABLETS | MECLIZINE HCL | | | | | | |
| TRIMETHOBENZAMIDE HCL CAPSULES | TIGAN | | | | | | |
| TRIMETHOBENZAMIDE HCL SOLUTION | TIGAN | | | | | | |
| ANTIEMETICS - MISCELLANEOUS | | | | | | | |
| DRONABINOL CAPSULES | MARINOL | | | PA Required | | | |
| DOXYLAMINE-PYRIDOXINE CAPSULES | | | | | | | |
| PROCHLORPERAZINE MALEATE TABLETS | COMPAZINE | | | | | | |
| PROCHLORPERAZINE SUPPOSITORY | COMPAZINE | | | | | | |
| SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONIST | | | | | | | |
| APREPITANT CAPSULES | EMEND | | | | | 6.00 | 21.00 |
| ANTIFUNGALS | | | | | | | |
| ANTIFUNGAL ORAL AGENTS | | | | | | | |
| CLOTRIMAZOLE TROCHE | VARIOUS | | | | | | |
| GRISEOFULVIN SUSPENSION | VARIOUS | | | | | | |
| GRISEOFULVIN MICROSIZED TABLETS | GRIFULVIN V | | | | | | |
| NYSTATIN SUSPENSION | NYSTATIN | | | | | | |
| NYSTATIN TABLETS | NYSTATIN | | | | | | |
| TERBINAFINE HCL TABLETS | LAMISIL | | | | | 90.00 | 365.00 |
| IMIDAZOLE-RELATED ANTIFUNGALS | | | | | | | |
| FLUCONAZOLE SUSPENSION | DIFLUCAN | | | | | 600.00 | 30.00 |
| FLUCONAZOLE TABLETS | DIFLUCAN | | | | | 60.00 | 30.00 |
| ANTI-HISTAMINES | | | | | | | |
| ANTI-HISTAMINES - ALKYLAMINES | | | | | | | |
| BROMPHENIRAMINE MALEATE | J-TAN PD | | | | | | |
| CHLORPHENIRAMINE MALEATE TABLETS | CHLORPHENIRAMINE MALEATE | | | | | | |
| DEXCHLORPHENIRAMINE MALEATE SYRUP | DEXCHLORPHENIRAMINE MALEATE | | | | | | |
| ANTI-HISTAMINES - ETHANOLAMINES | | | | | | | |
| CLEMASTINE FUMARATE SYRUP | CLEMASTINE FUMARATE | | | | | | |
| CLEMASTINE FUMARATE TABLETS | CLEMASTINE FUMARATE | | | | | | |
| DIPHENHYDRAMINE HCL CAPSULES | BANOPHEN | | | | | | |
| DIPHENHYDRAMINE HCL CHEWABLE TABLETS | BENADRYL ALLERGY CHILDRENS | | | | | | |
| DIPHENHYDRAMINE HCL ELIXIR | MEDI-PHEDRYL | | | | | | |
| DIPHENHYDRAMINE HCL LIQUID | BANOPHEN | | | | | | |
| DIPHENHYDRAMINE HCL SOLUTION | DIPHENHYDRAMINE HCL | | | | | | |
| DIPHENHYDRAMINE HCL STRP | TRIAMINIC COUGH & RUNNY NOSE | | | | | | |
| DIPHENHYDRAMINE HCL SUSPENSION | DICOPANOL FUSEPAQ | | | | | | |
| DIPHENHYDRAMINE HCL SYRUP | ALTARYL | | | | | | |
| DIPHENHYDRAMINE HCL TABLETS | ALKA-SELTZER PLUS ALLERGY FAST RELIEF FORMULA | | | | | | |
| DIPHENHYDRAMINE HCL ORALLY DISPERSABLE TABLET | WAL-DRYL ALLERGY RELIEF CHILDRENS | | | | | | |
| ANTI-HISTAMINES - NON-SEDATING | | | | | | | |
| CETIRIZINE HCL CAPSULES | ZYRTEC ALLERGY | | | | | 30.00 | 30.00 |
| CETIRIZINE HCL CHEWABLE TABLETS | WAL-ZYR CHILDRENS | | | | | 30.00 | 30.00 |
| CETIRIZINE HCL SYRUP | ALL DAY ALLERGY CHILDRENS | | | | | 150.00 | 30.00 |
| CETIRIZINE HCL TABLETS | CETIRIZINE HCL | | | | | 30.00 | 30.00 |
| CETIRIZINE HCL ORALLY DISPERSABLE TABLET | ZYRTEC ALLERGY | | | | | 30.00 | 30.00 |



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| FEXOFENADINE HCL SUSPENSION | ALLEGRA ALLERGY CHILDRENS | | | | | 150.00 | 30.00 |
| FEXOFENADINE HCL TABLETS | ALLEGRA ALLERGY CHILDRENS | | | | | 30.00 | 30.00 |
| FEXOFENADINE HCL ORALLY DISPERSABLE TABLET | ALLEGRA ALLERGY CHILDRENS | | | | | 30.00 | 30.00 |
| LORATADINE CAPSULES | CLARITIN | | | | | 30.00 | 30.00 |
| LORATADINE CHEWABLE TABLETS | CLARITIN | | | | | 30.00 | 30.00 |
| LORATADINE SYRUP | CLARITIN | | | | | 150.00 | 30.00 |
| LORATADINE TABLETS | ALAVERT | | | | | 30.00 | 30.00 |
| LORATADINE ORALLY DISPERSABLE TABLET | CLARITIN REDITABLETS | | | | | 30.00 | 30.00 |
| ANTIHIISTAMINES - PHENOTHIAZINES | | | | | | | |
| PROMETHAZINE HCL SOLUTION | PROMETHAZINE HCL | | | | | | |
| PROMETHAZINE HCL SUPPOSITORY | PHENADOZ | | | | | | |
| PROMETHAZINE HCL TABLETS | PROMETHAZINE HCL | | | | | | |
| ANTIHIISTAMINES - PIPERIDINES | | | | | | | |
| CYPROHEPTADINE HCL SYRUP | CYPROHEPTADINE HCL | | | | | | |
| CYPROHEPTADINE HCL TABLETS | CYPROHEPTADINE HCL | | | | | | |
| ANTIHYPERTENSIVES | | | | | | | |
| BILE ACID SEQUESTRANTS | | | | | | | |
| CHOLESTYRAMINE LIGHT PACK | PREVALITE | | | | | | |
| CHOLESTYRAMINE LIGHT POWDER | PREVALITE | | | | | | |
| CHOLESTYRAMINE PACKETS | QUESTRAN | | | | | | |
| CHOLESTYRAMINE POWDER | QUESTRAN | | | | | | |
| COLESTIPOL HCL TABLETS | COLESTID | | | | | | |
| FIBRIC ACID DERIVATIVES | | | | | | | |
| FENOFIBRATE MICRONIZED CAPSULES 67MG, 134MG & 200MG | VARIOUS | | | | | | |
| FENOFIBRATE TABLETS 48MG, 54MG, 145MG & 160MG | VARIOUS | | | | | | |
| FENOFIBRIC ACID TABLETS | FIBRICOR | | | | | | |
| GEMFIBROZIL TABLETS | LOPID | | | | | | |
| HMG COA REDUCTASE INHIBITORS | | | | | | | |
| ATORVASTATIN CALCIUM TABLETS | LIPITOR | | | | | 30.00 | 30.00 |
| LOVASTATIN TABLETS | LOVASTATIN | | | | | 30.00 | 30.00 |
| PRAVASTATIN SODIUM TABLETS | PRAVASTATIN SODIUM | | | | | 30.00 | 30.00 |
| ROSUVASTATIN CALCIUM TABLETS | CRESTOR | | | | | 30.00 | 30.00 |
| SIMVASTATIN TABLETS | ZOCOR | | | | | 30.00 | 30.00 |
| INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS | | | | | | | |
| EZETIMIBE TABLETS | ZETIA | | | | | | |
| NICOTINIC ACID DERIVATIVES | | | | | | | |
| NIACIN CAPSULE CONTROLLED RELEASE | VARIOUS | | | | | | |
| NIACIN TABLET CONTROLLED RELEASE | VARIOUS | | | | | | |
| ANTIHYPERTENSIVES | | | | | | | |
| ACE INHIBITORS | | | | | | | |
| BENAZEPRIL HCL TABLETS | BENAZEPRIL HCL | | | | | | |
| CAPTAPRIL TABLETS | CAPTAPRIL | | | | | | |
| ENALAPRIL MALEATE SOLUTION | EPANED | | | | | | |
| ENALAPRIL MALEATE TABLETS | VASOTEC | | | | | | |
| FOSINOPRIL SODIUM TABLETS | FOSINOPRIL SODIUM | | | | | | |
| LISINOPRIL TABLETS | ZESTRIL | | | | | | |
| MOEXIPRIL HCL TABLETS | UNIVASC | | | | | | |
| PERINDOPRIL ERBUMINE TABLETS | PERINDOPRIL ERBUMINE | | | | | | |
| QUINAPRIL HCL TABLETS | ACCUPRIL | | | | | | |
| RAMIPRIL CAPSULES | ALTACE | | | | | | |
| TRANDOLAPRIL TABLETS | MAVIK | | | | | | |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS | | | | | | | |
| IRBESARTAN TABLETS | AVAPRO | | | | | | |
| LOSARTAN POTASSIUM TABLETS | COZAAR | | | | | | |



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| OLMESARTAN MEDOXOMIL TABLETS | BENICAR | | | Step Therapy | Patient must have tried Irbesartan & Losartan | | |
| VALSARTAN TABLETS | DIOVAN | | | | | | |
| ANTIADRENERGIC ANTIHYPERTENSIVES | | | | | | | |
| CLONIDINE HCL PATCH WEEKLY | CATAPRES-TTS | | | PA Required for Ages < 6 years | | 4.00 | 28.00 |
| CLONIDINE HCL TABLETS | CATAPRES | | | PA Required for Ages < 6 years | | | |
| DOXAZOSIN MESYLATE TABLETS | CARDURA | | | | | | |
| GUANFACINE HCL TABLETS | TENEX | | | PA Required for Ages < 6 years | | | |
| METHYLDOPA TABLETS | METHYLDOPA | | | | | | |
| PRAZOSIN HCL CAPSULES | MINIPRESS | | | | | | |
| TERAZOSIN HCL CAPSULES | TERAZOSIN HCL | | | | | | |
| ANTIHYPERTENSIVE COMBINATIONS | | | | | | | |
| ATENOLOL & CHLORTHALIDONE TABLETS | VARIOUS | | | | | | |
| BISOPROLOL & HYDROCHLOROTHIAZIDE TABLETS | ZIAC | | | | | | |
| CAPTAPRIL & HYDROCHLOROTHIAZIDE TABLETS | CAPTAPRIL/HYDROCHLOROTHIAZIDE | | | | | | |
| ENALAPRIL MALEATE & HYDROCHLOROTHIAZIDE TABLETS | ENALAPRIL MALEATE/HYDROCHLOROTHIAZIDE | | | | | | |
| FOSINOPRIL SODIUM & HYDROCHLOROTHIAZIDE TABLETS | FOSINOPRIL SODIUM/HYDROCHLOROTHIAZIDE | | | | | | |
| LISINAPRIL & HYDROCHLOROTHIAZIDE TABLETS | ZESTORETIC | | | | | | |
| LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE TABLETS | HYZAAR | | | | | | |
| METOPROLOL & HYDROCHLOROTHIAZIDE TABLETS | LOPRESSOR HCT | | | | | | |
| MOEXIPRIL-HYDROCHLOROTHIAZIDE TABLETS | UNIRETIC | | | | | | |
| OLMESARTAN MEDOXOMIL-HYDROCHLOROTHIAZIDE TABLETS | BENICAR HCT | | | | | | |
| PROPRANOLOL & HYDROCHLOROTHIAZIDE TABLETS | PROPRANOLOL/HYDROCHLOROTHIASIZI DE | | | | | | |
| QUINAPRIL-HYDROCHLOROTHIAZIDE TABLETS | ACCURETIC | | | | | | |
| VALSARTAN-HYDROCHLOROTHIAZIDE TABLETS | DIOVAN HCT | | | | | | |
| DIRECT RENIN INHIBITORS | | | | | | | |
| ALISKIREN FUMARATE TABLETS | TEKTURNA | | | PA Required | | | |
| SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS) | | | | | | | |
| EPLERENONE TABLETS | INSPRA | | | PA Required | | | |
| VASODILATORS | | | | | | | |
| HYDRALAZINE HCL TABLETS | HYDRALAZINE HCL | | | | | | |
| MINOXIDIL TABLETS | MINOXIDIL | | | | | | |
| ANTI-INFECTIVE AGENTS - MISC. | | | | | | | |
| ANTI-INFECTIVE AGENTS - MISC. | | | | | | | |
| METRONIDAZOLE CAPSULES | FLAGYL | | | | | | |
| METRONIDAZOLE TABLETS | FLAGYL | | | | | | |
| RIFAXIMIN TABLETS | XIFAXAN | | | | | | |
| TRIMETHOPRIM TABLETS | TRIMETHOPRIM | | | | | | |
| VANCOMYCIN HCL CAPSULES | VANCOCIN HCL | | | PA Required | | | |
| VANCOMYCIN HCL SOLUTION | FIRST-VANCOMYCIN 25 | | | PA Required | | | |
| ANTI-INFECTIVE MISC. - COMBINATIONS | | | | | | | |
| ERYTHROMYCIN-SULFISOXAZOLE SUSPENSION | E.S.P. | | | | | | |
| SULFAMETHOXAZOLE-TRIMETHOPRIM SUSPENSION | SULFATRIM PEDIATRIC | | | | | | |
| SULFAMETHOXAZOLE-TRIMETHOPRIM TABLETS | BACTRIM | | | | | | |
| LEPROSTATICS | | | | | | | |
| DAPSONE TABLETS | DAPSONE | | | | | | |
| LINCOSAMIDES | | | | | | | |
| CLINDAMYCIN HCL CAPSULES | CLEOCIN | | | | | | |
| CLINDAMYCIN PALMITATE HYDROCHLORIDE SOLUTION | CLEOCIN PEDIATRIC GRANULES | | | | | | |



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|---|-----------------------|-------------------------------|-----------------------|-------------|---------------------------|-------------------|---------|
| OXAZOLIDINONES | | | | | | | |
| LINEZOLID SUSPENSION | ZYVOX | | | PA Required | | | |
| LINEZOLID TABLETS | ZYVOX | | | PA Required | | | |
| ANTIMALARIALS | | | | | | | |
| ANTIMALARIAL COMBINATIONS | | | | | | | |
| ARTEMETHER-LUMEFANTRINE TABLETS | COARTEM | | | | | | |
| ATOVAQUONE-PROGUANIL HCL TABLETS | MALARONE | | | | | | |
| ANTIMALARIALS | | | | | | | |
| CHLOROQUINE PHOSPHATE TABLETS | CHLOROQUINE PHOSPHATE | | | | | | |
| HYDROXYCHLOROQUINE SULFATE TABLETS | PLAQUENIL | | | | | | |
| PRIMAQUINE PHOSPHATE TABLETS | PRIMAQUINE PHOSPHATE | | | | | | |
| PYRIMETHAMINE TABLETS | DARAPRIM | | | | | | |
| QUININE SULFATE CAPSULES | QUALAQUIN | | | | | | |
| ANTIMYASTHENIC/CHOLINERGIC AGENTS | | | | | | | |
| ANTIMYASTHENIC/CHOLINERGIC AGENTS | | | | | | | |
| PYRIDOSTIGMINE BROMIDE SYRUP | MESTINON | | | | | | |
| PYRIDOSTIGMINE BROMIDE TABLETS | MESTINON | | | | | | |
| PYRIDOSTIGMINE BROMIDE TABLET CONTROLLED RELEASE | MESTINON TIMESPAN | | | | | | |
| ANTIMYCOBACTERIAL AGENTS | | | | | | | |
| ANTI TB COMBINATIONS | | | | | | | |
| ISONIAZID & RIFAMPIN CAPSULES | RIFAMATE | | | | | | |
| ANTIMYCOBACTERIAL AGENTS | | | | | | | |
| ETHAMBUTOL HCL TABLETS | MYAMBUTOL | | | | | | |
| ISONIAZID SYRUP | ISONIAZID | | | | | | |
| ISONIAZID TABLETS | ISONIAZID | | | | | | |
| PYRAZINAMIDE TABLETS | PYRAZINAMIDE | | | | | | |
| RIFAMPIN CAPSULES | RIFADIN | | | | | | |
| ONCOLOGY - FEDERALLY REIMBURSABLE ANTINEOPLASTIC AGENTS, NOT LISTED BELOW, ARE AVAILABLE THROUGH PRIOR AUTHORIZATION | | | | | | | |
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES | | | | | | | |
| ALKYLATING AGENTS | | | | | | | |
| ALTRETAMINE CAPSULES | HEXALEN | | | PA Required | | | |
| CYCLOPHOSPHAMIDE CAPSULES | CYCLOPHOSPHAMIDE | | | | | | |
| CYCLOPHOSPHAMIDE TABLETS | CYCLOPHOSPHAMIDE | | | | | | |
| LOMUSTINE CAPSULES | CEENU | | | | | | |
| MELPHALAN TABLETS | ALKERAN | Brand Only | | PA Required | | | |
| TEMOZOLOMIDE CAPSULES | TEMODAR | | | PA Required | | | |
| ANTIMETABOLITES | | | | | | | |
| MERCAPTOPYRINE TABLETS | VARIOUS | | | | | | |
| METHOTREXATE SODIUM TABLETS | METHOTREXATE | | | | | | |
| ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS | | | | | | | |
| VISMODEGIB CAPSULES | ERIVEDGE | | | PA Required | | | |
| ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS | | | | | | | |
| ABIRATERONE ACETATE TABLETS | ZYTIGA | | | PA Required | | | |
| ANASTROZOLE TABLETS | ARIMIDEX | | | PA Required | | | |
| BICALUTAMIDE TABLETS | CASODEX | | | | | | |
| DEGARELIXIR ACETATE SOLUTION | FIRMAGON | | | PA Required | | | |
| ESTRAMUSTINE PHOSPHATE SODIUM CAPSULES | EMCYT | | | PA Required | | | |
| EXEMESTANE TABLETS | AROMASIN | | | PA Required | | | |
| FLUTAMIDE CAPSULES | FLUTAMIDE | | | | | | |
| LETROZOLE TABLETS | FEMARA | | | PA Required | | | |
| LEUPROLIDE ACETATE (3 MONTH) KIT | LUPRON DEPOT | | | PA Required | | | |
| LEUPROLIDE ACETATE (4 MONTH) KIT | LUPRON DEPOT | | | PA Required | | | |



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| LEUPROLIDE ACETATE (6 MONTH) KIT | ELIGARD | | | PA Required | | | |
| LEUPROLIDE ACETATE KIT | LUPRON DEPOT | | | PA Required | | | |
| MEGESTROL ACETATE SUSPENSION | MEGACE ORAL | | | | | | |
| MEGESTROL ACETATE TABLETS | MEGESTROL ACETATE | | | | | | |
| MITOTANE TABLETS | LYSODREN | | | | | | |
| NILUTAMIDE TABLETS | NILANDRON | | | | | 60.00 | 30.00 |
| TAMOXIFEN CITRATE SOLUTION | SOLTAMOX | | | | | | |
| TAMOXIFEN CITRATE TABLETS | TAMOXIFEN CITRATE | | | | | | |
| TOREMIFENE CITRATE TABLETS | FARESTON | | | PA Required | | | |
| ANTINEOPLASTIC ENZYME INHIBITORS | | | | | | | |
| ALECTINIB HCL CAPSULES | ALECENSA | | | PA Required | | | |
| AXITINIB TABLETS | INLYTA | | | PA Required | | | |
| COBIMETINIB FUMARATE TABLETS | COTELLIC | | | PA Required | | | |
| CRIZOTINIB CAPSULES | XALKORI | | | PA Required | | | |
| DASATINIB TABLETS | SPRYCEL | | | PA Required | | | |
| ERLOTINIB HCL TABLETS | TARCEVA | | | PA Required | | | |
| EVEROLIMUS TABLETS | AFINITOR | | | PA Required | | | |
| EVEROLIMUS TBSO | AFINIMUR DISPERZ | | | PA Required | | | |
| GEFITINIB TABLETS | IRESSA | | | PA Required | | | |
| IBRUTINIB CAPSULES | IMBRUVICA | | | PA Required | | | |
| IMATINIB MESYLATE TABLETS | GLEEVEC | Brand Only | | PA Required | | | |
| IBRUTINIB TABLETS | IMBRUVICA | | | PA Required | | | |
| LAPATINIB DITOSYLATE TABLETS | TYKERB | | | PA Required | | | |
| IXAZOMIB CITRATE CAPSULES | NINLARO | | | PA Required | | | |
| NILOTINIB HCL CAPSULES | TASIGNA | | | PA Required | | | |
| PAZOPANIB HCL TABLETS | VOTRIENT | | | PA Required | | | |
| PONATINIB HCL TABLETS | ICLUSIG | | | PA Required | | | |
| RUXOLITINIB PHOSPHATE TABLETS | JAKAFI | | | PA Required | | | |
| SORAFENIB TOSYLATE TABLETS | NEXAVAR | | | PA Required | | | |
| SUNITINIB MALATE CAPSULES | SUTENT | | | PA Required | | | |
| VANDETANIB TABLETS | CAPRELSA | | | PA Required | | | |
| VEMURAFENIB TABLETS | ZELBORAF | | | PA Required | | | |
| VORINOSTAT CAPSULES | ZOLINZA | | | PA Required | | | |
| ANTINEOPLASTICS MISC. | | | | | | | |
| BEXAROTENE CAPSULES | TARGRETIN | | | PA Required | | | |
| HYDROXYUREA CAPSULES | HYDREA | | | | | | |
| INTERFERON ALFA-2B SOLUTION | INTRON A | | | PA Required | | | |
| INTERFERON ALFA-2B SOLUTION | INTRON A | | | PA Required | | | |
| INTERFERON ALFA-N3 SOLUTION | ALFERON N | | | PA Required | | | |
| INTERFERON GAMMA-1B SOLUTION | ACTIMMUNE | | | PA Required | | | |
| PEGINTERFERON ALFA-2B (ANTINEOPLASTIC) KIT | SYLATRON | | | PA Required | | | |
| PROCARBAZINE HCL CAPSULES | MATULANE | | | | | | |
| TRETINOIN (CHEMOTHERAPY) CAPSULES | TRETINOIN | | | PA Required For > 26 Years of Age | | | |
| CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS | | | | | | | |
| LEUCOVORIN CALCIUM TABLETS | LEUCOVORIN CALCIUM | | | | | | |
| MITOTIC INHIBITORS | | | | | | | |
| ETOPOSIDE CAPSULES | ETOPOSIDE | | | | | | |
| ANTIPARKINSON AGENTS | | | | | | | |
| ANTIPARKINSON ANTICHOLINERGICS | | | | | | | |
| BENZTROPINE MESYLATE TABLETS | BENZTROPINE MESYLATE | | | | | | |
| TRIHEXYPHENIDYL HCL ELIXIR | TRIHEXYPHENIDYL HCL | | | | | | |
| TRIHEXYPHENIDYL HCL TABLETS | TRIHEXYPHENIDYL HCL | | | | | | |
| ANTIPARKINSON COMT INHIBITORS | | | | | | | |
| ENTACAPONE TABLETS | COMTAN | | | | | | |



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| ANTIPARKINSON DOPAMINERGICS | | | | | | | |
| AMANTADINE HCL CAPSULES | AMANTADINE HCL | | | | | | |
| AMANTADINE HCL SYRUP | AMANTADINE HCL | | | | | | |
| BROMOCRIPTINE MESYLATE CAPSULES | PARLODEL | | | | | | |
| BROMOCRIPTINE MESYLATE TABLETS | PARLODEL | | | | | | |
| CARBIDOPA-LEVODOPA TABLETS | SINEMET | | | | | | |
| CARBIDOPA-LEVODOPA TABLET CONTROLLED RELEASE | SINEMET CR | | | | | | |
| PRAMIPEXOLE DIHYDROCHLORIDE TABLETS | MIRAPEX | | | | | | |
| ROPINIROLE HYDROCHLORIDE TABLETS | REQUIP | | | | | | |
| ANTIPSYCHOTICS/ANTIMANIC AGENTS | | | | | | | |
| ANTIMANIC AGENTS | | | | | | | |
| LITHIUM CARBONATE CAPSULES | 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 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 TABLETS | 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 CONTROLLED RELEASE | LITHOBID | | | Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration | | | |
| 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 | | | |
| ANTIPSYCHOTICS - SECOND GENERATION - ATYPICAL ORAL AGENTS | | | | | | | |
| ARIPIPRAZOLE TABLETS | 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. | | 30.00 | 30.00 |
| CLOZAPINE ORALLY DISPERSABLE TABLET | FAZACLO | | 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. | | 150.00 | 30.00 |



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| CLOZAPINE TABLETS | 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. | | 150.00 | 30.00 |
| LURASIDONE HCL TABS | 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. | | 30.00 | 30.00 |
| OLANZAPINE ORALLY DISPERSABLE TABLET 5MG | 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. | | 60.00 | 30.00 |
| OLANZAPINE ORALLY DISPERSABLE TABLET 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. | | 60.00 | 30.00 |
| OLANZAPINE ORALLY DISPERSABLE TABLET 15MG | 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. | | 30.00 | 30.00 |
| OLANZAPINE ORALLY DISPERSABLE TABLET 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. | | 30.00 | 30.00 |
| OLANZAPINE TABLETS | 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. | | 30.00 | 30.00 |
| QUETIAPINE FUMARATE TABLETS | 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. | | 60.00 | 30.00 |
| RISPERIDONE ORALLY DISPERSABLE TABLET | 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. | | 60.00 | 30.00 |



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| RISPERIDONE ORAL 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. | | 240.00 | 30.00 |
| RISPERIDONE TABLETS | 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. | | 60.00 | 30.00 |
| ZIPRASIDONE HCL CAPSULES | 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. | | 60.00 | 30.00 |
| ANTIPSYCHOTICS - SECOND GENERATION - ATYPICAL LONG ACTING INJECTABLES | | | | | | | |
| ARIPIRAZOLE LAUROXIL | ARISTADA | | 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. | | 1.00 | 30.00 |
| ARIPIRAZOLE LAUROXIL PREFILLED SYRINGE | 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. | | 2.00 | 365.00 |
| ARIPIRAZOLE SUSPENSION | 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. | | 1.00 | 30.00 |
| PALIPERIDONE PALMITATE SUSPENSION | 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. | | 1.00 | 30.00 |
| PALIPERIDONE PALMITATE SUSPENSION | 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. | | 1.00 | 84.00 |



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| RISPERIDONE MICROSPHERES SUSPENSION | RISPERDAL CONSTA | | 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. | | 2.00 | 28.00 |
| RISPERIDONE PREFILLED SYRINGE | 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. | | 2.00 | 28.00 |
| ANTIPSYCHOTICS - FIRST GENERATION -TYPICAL ORAL AGENTS | | | | | | | |
| CHLORPROMAZINE HCL SOLUTION | VARIOUS | | | 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. | | | |
| CHLORPROMAZINE HCL TABLETS | VARIOUS | | | 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. | | | |
| FLUPHENAZINE HCL CONCENTRATE | VARIOUS | | | 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. | | | |
| FLUPHENAZINE HCL ELIXIR | VARIOUS | | | 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. | | | |
| FLUPHENAZINE HCL TABLETS | VARIOUS | | | 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. | | | |
| HALOPERIDOL LACTATE CONCENTRATE | VARIOUS | | | 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. | | | |



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| HALOPERIDOL TABLETS | VARIOUS | | | 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. | | | |
| LOXAPINE SUCCINATE CAPSULES | LOXITANE | | | 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. | | | |
| PERPHENAZINE TABLETS | VARIOUS | | | 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. | | | |
| PIMOZIDE | ORAP | | | 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. | | | |
| THIORIDAZINE HCL TABLETS | VARIOUS | | | 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. | | | |
| THIOTHIXENE CAPSULES | VARIOUS | | | 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. | | | |
| TRIFLUOPERAZINE HCL TABLETS | VARIOUS | | | 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. | | | |
| ANTIPSYCHOTICS - FIRST GENERATION - TYPICAL - LONG ACTING INJECTIONS | | | | | | | |
| FLUPHENAZINE DECANOATE SOLUTION | FLUPHENAZINE DECANOATE | | | 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. | | | |



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| 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. | | | |
| ANTIVIRALS | | | | | | | |
| ANTIRETROVIRALS | | | | | | | |
| ABACAVIR SULFATE SOLUTION | ZIAGEN | | | | | | |
| ABACAVIR SULFATE TABLETS | ZIAGEN | | | | | | |
| ABACAVIR SULFATE-LAMIVUDINE TABLETS | EPZICOM | | | | | | |
| ABACAVIR SULFATE-LAMIVUDINE-ZIDOVUDINE TABLETS | TRIZIVIR | | | | | | |
| ABACAVIR-DOLUTEGRAVIR-LAMIVUDINE TABLETS | TRIUMEQ | | | | | | |
| ATAZANAVIR SULFATE CAPSULES | REYATAZ | | | | | | |
| ATAZANAVIR SULFATE POWDER PACK | REYATAZ | | | | | | |
| ATAZANAVIR SULFATE-COBIICISTAT TABLETS | EVOTAZ | | | | | | |
| BICTEGRAVIR-EMTRICITABINE-TENOFOVIR ALAFENAMIDE FUMARATE TABLETS | BIKTARVY | | | | | 30.00 | 30.00 |
| COBIICISTAT TABLETS | TYBOST | | | | | 30.00 | 30.00 |
| DARUNAVIR ETHANOLATE SUSPENSION | PREZISTA | | | | | | |
| DARUNAVIR ETHANOLATE TABLETS | PREZISTA | | | | | | |
| DARUNAVIR-COBIICISTAT TABLETS | PREZCOBIX | | | | | | |
| DARUNAVIR-COBIICISTAT-EMTRICITABINE-TENOFOVIR ALAFENAMIDE TABLETS | SYM TUZA | | | | | | |
| DELAVIRDINE MESYLATE TABLETS | RESCRIPTOR | | | | | | |
| DIDANOSINE CAPSULE DELAYED RELEASE | VIDEX EC | | | | | | |
| DIDANOSINE SOLUTION | VIDEX PEDIATRIC | | | | | | |
| DOLUTEGRAVIR SODIUM TABLETS | TIVICAY | | | | | | |
| DOLUTEGRAVIR SODIUM SOLUBLE TABLETS | TIVICAY PD | | | | | | |
| DOLUTEGRAVIR SODIUM-LAMIVUDINE TABLETS | DOVATO | | | | | | |
| DOLUTEGRAVIR SODIUM-RILPIVIRINE HCL TABLETS | JULUCA | | | | | | |
| DORAVIRINE-LAMIVUDINE-TENOFOVIR DISOPROXIL FUMARATE TABLETS | DELSTRIGO | | | | | | |
| DORAVIRINE TABLETS | PIFELTRO | | | | | | |
| EFAVIRENZ CAPSULES | SUSTIVA | | | | | | |
| EFAVIRENZ TABLETS | SUSTIVA | | | | | | |
| EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TABLETS | ATRIPLA | | | | | | |
| ELVITEGRAVIR TABLETS | VITEKTA | | | | | | |
| ELVITEGRAVIR-COBIICISTAT-EMTRICITABINE-TENOFOVIR TABLETS | STRIBILD | | | | | | |
| ELVITEGRAVIR-COBIICISTAT-EMTRICITABINE-TENOFOVIR ALAFENAMIDE TABLETS | GENVOYA | | | | | 30.00 | 30.00 |
| EMTRICITABINE CAPSULES | EMTRIVA | | | | | | |
| EMTRICITABINE SOLUTION | EMTRIVA | | | | | | |
| EMTRICITABINE-RILPIVIRINE-TENOFOVIR ALAFENAMIDE FUMARATE TABLETS | ODEFSEY | | | | | 30.00 | 30.00 |
| EMTRICITABINE-RILPIVIRINE-TENOFOVIR DISOPROXIL FUMARATE TABLETS | COMPLERA | | | | | | |
| EMTRICITABINE-TENOFOVIR ALAFENAMIDE FUMARATE TABLETS | DESCOVY | | | | | 30.00 | 30.00 |
| EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TABLETS | TRUVADA | Brand Only | | | | | |
| ENFUVRTIDE SOLUTION | FUZEON | | | PA Required | | 1.00 | 30.00 |
| FOSAMPRENAVIR CALCIUM SUSPENSION | LEXIVA | | | | | | |



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| FOSAMPRENAVIR CALCIUM TABLETS | LEXIVA | | | | | | |
| INDINAVIR SULFATE CAPSULES | CRIVIVAN | | | | | | |
| LAMIVUDINE SOLUTION | EPIVIR | | | | | | |
| LAMIVUDINE TABLETS | EPIVIR | | | | | | |
| LAMIVUDINE-ZIDOVUDINE TABLETS | COMBIVIR | | | | | | |
| LOPINAVIR-RITONAVIR SOLUTION | KALETRA | | | | | | |
| LOPINAVIR-RITONAVIR TABLETS | KALETRA | | | | | | |
| MARAVIROC TABLETS | SELZENTRY | | | PA Required | | | |
| NELFINAVIR MESYLATE TABLETS | VIRACEPT | | | | | | |
| NEVIRAPINE SUSPENSION | VIRAMUNE | | | | | | |
| NEVIRAPINE TABLETS | VIRAMUNE | | | | | | |
| NEVIRAPINE TABLET 24-HOUR | VIRAMUNE XR | | | | | | |
| RALTEGRAVIR POTASSIUM CHEWABLE TABLETS | ISENTRESS | | | | | | |
| RALTEGRAVIR POTASSIUM PACK | ISENTRESS | | | | | | |
| RALTEGRAVIR POTASSIUM TABLETS | ISENTRESS | | | | | | |
| RITONAVIR CAPSULES | NORVIR | | | | | | |
| RITONAVIR SOLUTION | NORVIR | | | | | | |
| RITONAVIR TABLETS | NORVIR | | | | | | |
| RITONAVIR POWDER | NORVIR | | | | | | |
| SAQUINAVIR MESYLATE CAPSULES | INVIRASE | | | | | | |
| SAQUINAVIR MESYLATE TABLETS | INVIRASE | | | | | | |
| STAVUDINE CAPSULES | ZERIT | | | | | | |
| STAVUDINE SOLUTION | ZERIT | | | | | | |
| TENOFOVIR DISOPROXIL FUMARATE POWDER | VIREAD | | | | | | |
| TIPRANAVIR CAPSULES | APTIVUS | | | | | | |
| TIPRANAVIR SOLUTION | APTIVUS | | | | | | |
| ZIDOVUDINE CAPSULES | RETROVIR | | | | | | |
| ZIDOVUDINE SYRUP | RETROVIR | | | | | | |
| ZIDOVUDINE TABLETS | ZIDOVUDINE | | | | | | |
| CMV AGENTS | | | | | | | |
| MARIBAVIR TABLETS | LIVTENCITY | | | PA REQUIRED | | | |
| VALGANCICLOVIR HCL SOLUTION | VALCYTE | | | PA Required | | | |
| VALGANCICLOVIR HCL TABLETS | VALCYTE | | | PA Required | | | |
| COVID AGENTS | | | | | | | |
| MOLNUPIRAVIR CAPSULES | MOLNUPIRAVIR | | | Minimum Patient Age of 18 Years | | 80 | 365 |
| NIRMATRELVIR-RITONAVIR TABLETS | PAXLOVID | | | Minimum Patient Age of 12 Years | | 60 | 365 |
| HEPATITIS AGENTS | | | | | | | |
| ADEFOVIR DIPIVOXIL TABLETS | HEPSERA | | | PA Required | | | |
| ENTECAVIR SOLUTION | BARACLUDE | | | PA Required | | | |
| ENTECAVIR TABLETS | BARACLUDE | | | PA Required | | | |
| GLECAPREVIR-PIBENTASVIR TABLETS | MAVYRET | | Preferred Drug | PA Required | | | |
| LAMIVUDINE (HBV) SOLUTION | EPIVIR HBV | | | | | | |
| LAMIVUDINE (HBV) TABLETS | EPIVIR HBV | | | | | | |
| PEGINTERFERON ALFA-2A SOLUTION | PEGASYS | | Preferred Drug | PA Required | | | |
| PEGINTERFERON ALFA-2B KIT | PEGINTRON | | Preferred Drug | PA Required | | | |
| RIBAVIRIN (HEPATITIS C) CAPSULES | VARIOUS | | Preferred Drug | PA Required | | | |
| RIBAVIRIN (HEPATITIS C) TABLETS | VARIOUS | | Preferred Drug | PA Required | | | |
| SOFOSBUVIR-VELPATASVIR TABLETS | EPCLUSA | AUTHORIZED GENERIC ONLY | Preferred Drug | PA Required | | | |
| TELBIVUDINE TABLETS | TYZEKA | | | PA Required | | | |
| HERPES AGENTS | | | | | | | |
| ACYCLOVIR SUSPENSION | ZOVIRAX | | | | | | |
| ACYCLOVIR TABLETS | ZOVIRAX | | | | | | |
| FAMCICLOVIR TABLETS | FAMVIR | | | | | | |



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| VALACYCLOVIR HCL TABLETS | VALTREX | | | | | 30.00 | 30.00 |
| INFLUENZA AGENTS | | | | | | | |
| OSELTAMIVIR PHOSPHATE CAPSULES | TAMIFLU | | | | | 20.00 | 270.00 |
| OSELTAMIVIR PHOSPHATE SUSPENSION | TAMIFLU | | | | | | |
| RIMANTADINE HYDROCHLORIDE TABLETS | FLUMADINE | | | | | | |
| ZANAMIVIR AEPB | RELENZA DISKHALER | | | | | 40.00 | 270.00 |
| ASSORTED CLASSES | | | | | | | |
| BLOOD PRODUCTS - IMMUNE GLOBULINS | | | | | | | |
| IMMUNE GLOBULIN | BIVIGAM (IV) | Brand Only | Preferred Drug | PA Required | | | |
| IMMUNE GLOBULIN | FLEBOGFAMMA DIF (IV) | Brand Only | Preferred Drug | PA Required | | | |
| IMMUNE GLOBULIN | GAMMAGARD LIQUID (INJ) | Brand Only | Preferred Drug | PA Required | | | |
| IMMUNE GLOBULIN | GAMMAGARD S-D LIQUID (INJ) | Brand Only | Preferred Drug | PA Required | | | |
| IMMUNE GLOBULIN | GAMMAKED (INJ) | Brand Only | Preferred Drug | PA Required | | | |
| IMMUNE GLOBULIN | GAMUNEX-C (INJ) | Brand Only | Preferred Drug | PA Required | | | |
| IMMUNE GLOBULIN | HIZENTRA (SUBQ) | Brand Only | Preferred Drug | PA Required | | | |
| IMMUNE GLOBULIN | PRIVIGEN (IV) | Brand Only | Preferred Drug | PA Required | | | |
| CHELATING AGENTS | | | | | | | |
| PENICILLAMINE CAPSULES | CUPRIMINE | | | | | | |
| IMMUNOMODULATORS | | | | | | | |
| LENALIDOMIDE CAPSULES | REVLIMID | | | PA Required | | | |
| THALIDOMIDE CAPSULES | THALOMID | | | PA Required | | | |
| IMMUNOSUPPRESSIVE AGENTS | | | | | | | |
| AZATHIOPRINE TABLETS | IMURAN | | | | | | |
| CYCLOSPORINE CAPSULES | SANDIMMUNE | | | | | | |
| CYCLOSPORINE MODIFIED (FOR MICROEMULSION) CAPSULES | GENGRAF | | | | | | |
| CYCLOSPORINE MODIFIED (FOR MICROEMULSION) SOLUTION | GENGRAF | | | | | | |
| CYCLOSPORINE SOLUTION | SANDIMMUNE | | | | | | |
| EVEROLIMUS (IMMUNOSUPPRESSANT) TABLETS | ZORTRESS | | | PA Required | | | |
| MYCOPHENOLATE MOFETIL CAPSULES | CELLCEPT | | | | | | |
| MYCOPHENOLATE MOFETIL SUSPENSION | CELLCEPT | | | | | | |
| MYCOPHENOLATE MOFETIL TABLETS | CELLCEPT | | | | | | |
| SIROLIMUS SOLUTION | RAPAMUNE | | | | | | |
| SIROLIMUS TABLETS | RAPAMUNE | | | | | | |
| TACROLIMUS CAPSULES | HECORIA | | | | | | |
| TACROLIMUS CAPSULE 24-HOUR | ASTAGRAF XL | | | | | | |
| ROCK2 INHIBITORS | | | | | | | |
| BELUMOSUDIL MESYLATE | REZUROCK | | | PA REQUIRED | | | |
| POTASSIUM REMOVING RESINS | | | | | | | |
| SODIUM POLYSTYRENE SULFONATE POWDER | KAYEXALATE | | | | | | |
| SODIUM POLYSTYRENE SULFONATE SUSPENSION | KIONEX | | | | | | |
| SODIUM ZIRCONIUM CYCLOSILICATE PACK | LOKELMA | | | | | 30.00 | 30.00 |
| BETA BLOCKERS | | | | | | | |
| ALPHA-BETA BLOCKERS | | | | | | | |
| CARVEDILOL TABLETS | COREG | | | | | | |
| LABETALOL HCL TABLETS | TRANDATE | | | | | | |
| BETA BLOCKERS CARDIO-SELECTIVE | | | | | | | |
| ATENOLOL TABLETS | TENORMIN | | | | | | |
| ATENOLOL/CHLOROTHALIDONE | VARIOUS | | | | | | |
| BISOPROLOL FUMARATE TABLETS | ZEBETA | | | | | | |
| BISOPROLOL/HCTZ | VARIOUS | | | | | | |
| METOPROLOL SUCCINATE TABLET 24-HOUR | TOPROL XL | | | | | | |
| METOPROLOL TARTRATE TABLETS | METOPROLOL TARTRATE | | | | | | |
| METOPROLOL TARTRATE/HCTZ | VARIOUS | | | | | | |
| BETA BLOCKERS NON-SELECTIVE | | | | | | | |



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| NADOLOL | VARIOUS | | | PA NOT REQUIRED FOR CHILDREN AND ADOLESCENTS UNDER 19 YEARS OF AGE | | | |
| PROPRANOLOL HCL CAPSULE 24-HOUR | INDERAL LA | | | | | | |
| PROPRANOLOL HCL SOLUTION | PROPRANOLOL HCL | | | | | | |
| PROPRANOLOL HCL TABLETS | PROPRANOLOL HCL | | | | | | |
| SOTALOL AF TABLETS | SOTALOL HCL (AF) | | | | | | |
| SOTALOL HCL SOLUTION | SOTALOL HYDROCHLORIDE | | | | | | |
| SOTALOL HCL TABLETS | BETAPACE | | | | | | |
| CALCIUM CHANNEL BLOCKERS | | | | | | | |
| CALCIUM CHANNEL BLOCKERS | | | | | | | |
| AMLODIPINE BESYLATE TABLETS | NORVASC | | | | | 30.00 | 30.00 |
| DILTIAZEM HCL COATED BEADS CAPSULE 24-HOUR | CARDIZEM CD | | | | | | |
| DILTIAZEM HCL CAPSULE 12-HOUR | DILTIAZEM HCL ER | | | | | 60.00 | 30.00 |
| DILTIAZEM HCL CAPSULE 24-HOUR | DILTIAZEM HCL ER | | | | | 30.00 | 30.00 |
| DILTIAZEM HCL EXTENDED RELEASE BEADS CAPSULE 24-HOUR | TAZTIA XT | | | | | | |
| DILTIAZEM HCL TABLETS | CARDIZEM | | | | | | |
| FELODIPINE TABLET 24-HOUR | FELODIPINE ER | | | | | | |
| NIFEDIPINE CAPSULES | PROCARDIA | | | | | | |
| NIFEDIPINE TABLET 24-HOUR | ADALAT CC | | | | | 30.00 | 30.00 |
| NIMODIPINE CAPSULES | NIMODIPINE | | | | | | |
| VERAPAMIL HCL CAPSULE SR | VERELAN PM | | | | | | |
| VERAPAMIL HCL TABLETS | VERAPAMIL HCL | | | | | 30.00 | 30.00 |
| VERAPAMIL HCL TABLET CONTROLLED RELEASE | CALAN SR | | | | | 30.00 | 30.00 |
| CARDIOTONICS | | | | | | | |
| CARDIAC GLYCOSIDES | | | | | | | |
| DIGOXIN SOLUTION | DIGOXIN | | | | | | |
| DIGOXIN TABLETS | LANOXIN | | | | | | |
| CARDIOVASCULAR AGENTS - MISC. | | | | | | | |
| CARDIOVASCULAR AGENTS MISC. - COMBINATIONS | | | | | | | |
| SACUBITRIL-VALSARTAN TABS | ENTRESTO | | | | | | |
| PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONIST | | | | | | | |
| AMBRISENTAN TABLETS | LETAIRIS | Brand Only | Preferred Drug | PA Required | | | |
| BOSENTAN TABLETS (62.5MG AND 125MG) | TRACLEER | Brand Only | Preferred Drug | PA Required | | | |
| PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITOR | | | | | | | |
| SILDENAFIL CITRATE (PULMONARY HYPERTENSION) SUSPENSION | REVATIO SUSPENSION | Brand Only | Preferred for Under the Age of 122 | PA Required For > 12 Year of Age | | | |
| SILDENAFIL CITRATE (PULMONARY HYPERTENSION) TABLETS | VARIOIUS | | Preferred Drug | PA Required | | | |
| TADALAFIL (PULMONARY HYPERTENSION) TABLETS | ADCIRCA | Brand Only | Preferred Drug | PA Required | | | |
| CEPHALOSPORINS | | | | | | | |
| CEPHALOSPORINS - 1ST GENERATION | | | | | | | |
| CEFADROXIL CAPSULES | CEFADROXIL | | | | | | |
| CEFADROXIL SUSPENSION | CEFADROXIL | | | | | | |
| CEFADROXIL TABLETS | CEFADROXIL | | | | | | |
| CEPHALEXIN CAPSULES | KEFLEX | | | | | | |
| CEPHALEXIN SUSPENSION | CEPHALEXIN | | | | | | |
| CEPHALEXIN TABLETS | CEPHALEXIN | | | | | | |
| CEPHALOSPORINS - 2ND GENERATION | | | | | | | |
| CEFACLOR CAPSULES | CEFACLOR | | | | | | |
| CEFACLOR SUSPENSION | CEFACLOR | | | | | | |
| CEFPROZIL SUSPENSION | CEFPROZIL | | | | | | |
| CEFPROZIL TABLETS | CEFPROZIL | | | | | | |



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| CEFUROXIME AXETIL SUSPENSION | CEFTIN | | | | | | |
| CEFUROXIME AXETIL TABLETS | CEFTIN | | | | | | |
| CEPHALOSPORINS - 3RD GENERATION | | | | | | | |
| CEFDINIR CAPSULES | CEFDINIR | | | | | | |
| CEFDINIR SUSPENSION | CEFDINIR | | | | | | |
| CEFIXIME CAPSULES | SUPRAX | | | | | 1.00 | 30.00 |
| CEFIXIME CHEWABLE TABLETS | SUPRAX | | | | | 1.00 | 30.00 |
| CEFIXIME SUSPENSION | SUPRAX | | | | | 1.00 | 30.00 |
| CEFIXIME TABLETS | SUPRAX | | | | | 1.00 | 30.00 |
| CEFPODOXIME PROXETIL SUSPENSION | CEFPODOXIME PROXETIL | | | | | | |
| CEFPODOXIME PROXETIL TABLETS | CEFPODOXIME PROXETIL | | | | | | |
| CONTRACEPTIVES | | | | | | | |
| COMBINATION CONTRACEPTIVES - ORAL | | | | | | | |
| DESOGESTREL & ETHINYL ESTRADIOL TABLETS | APRI | | | | | | |
| DESOGESTREL-ETHINYL ESTRADIOL (BIPHASIC) TABLETS | AZURETTE | | | | | | |
| DESOGESTREL-ETHINYL ESTRADIOL (TRIPHASIC) TABLETS | CAZIAN | | | | | | |
| DROSPIRENONE-ETHINYL ESTRADIOL TABLETS | GIANVI | | | | | | |
| ETHYNODIOL DIACET & ETH ESTRAD TABLETS | KELNOR 1/35 | | | | | | |
| LEVONORGESTREL & ETH ESTRADIOL TABLETS | AUBRA | | | | | | |
| LEVONORGESTREL-ETH ESTRADIOL (TRIPHASIC) TABLETS | ENPRESSE-28 | | | | | | |
| LEVONORGESTREL-ETHINYL ESTRADIOL (91-DAY) TABLETS | AMETHIA LO | | | | | | |
| LEVONORGESTREL-ETHINYL ESTRADIOL (CONTINUOUS) TABLETS | AMETHYST | | | | | | |
| NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE CAPSULES | TAYTULLA | | | | | | |
| NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TABLETS | JUNEL FE | | | | | | |
| NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE CHEWABLES | MELODETTA 24 FE | | | | | | |
| NORETHINDRONE & ETH ESTRADIOL TABLETS | BALZIVA | | | | | | |
| NORETHINDRONE & MESTRANOL TABLETS | NECON 1/50-28 | | | | | | |
| NORETHINDRONE ACET & ETH ESTRA TABLETS | GILDESS 1/20 | | | | | | |
| NORETHINDRONE ACETATE-ETHINYL ESTRADIOL-FE TABLETS | ESTROSTEP FE | | | | | | |
| NORETHIN ACET & ESTRAD-FE TABLETS | LOESTRIN FE TAB 1/20 | | | | | | |
| NORETHINDRONE-ETH ESTRADIOL (BIPHASIC) TABLETS | NECON 10/11-28 | | | | | | |
| NORETHINDRONE-ETH ESTRADIOL (TRIPHASIC) TABLETS | CYCLAFEM 7/7/7 | | | | | | |
| NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEWABLES | KAITLIB FE | | | | | | |
| NORGESTIMATE-ETHINYL ESTRADIOL (TRIPHASIC) TABLETS | ORTHO TRI-CYCLLEN | | | | | | |
| NORGESTIMATE-ETHINYL ESTRADIOL TABLETS | ESTARYLLA | | | | | | |
| NORGESTREL & ETHINYL ESTRADIOL TABLETS | CRYSSELLE-28 | | | | | | |
| COMBINATION CONTRACEPTIVES - VAGINAL | | | | | | | |
| ETONOGESTREL-ETHINYL ESTRADIOL RING | NUVARING | Brand Only | | | | | |
| COPPER CONTRACEPTIVES - IUD | | | | | | | |
| COPPER (IUD) | PARAGARD | | | Buy and Bill Under Medical Benefit | | | |
| EMERGENCY CONTRACEPTIVES | | | | | | | |
| LEVONORGESTREL (EMERGENCY OC) TABLETS | PLAN B | | | | | | |
| PROGESTIN CONTRACEPTIVES - IMPLANTS | | | | | | | |
| ETONOGESTREL IMPLANT | NEXPLANON | | | | | | |
| PROGESTIN CONTRACEPTIVES - INJECTABLE | | | | | | | |
| MEDROXYPROGESTERONE ACETATE (CONTRACEPTIVE) SUSPENSION | DEPO-PROVERA CONTRACEPTIVE | | | | | | |
| PROGESTIN CONTRACEPTIVES - IUD | | | | | | | |
| LEVONORGESTREL (IUD) | LILETTA | | | Buy and Bill Under Medical Benefit | | | |
| LEVONORGESTREL (IUD) | SKYLA | | | Buy and Bill Under Medical Benefit | | | |
| LEVONORGESTREL (IUD) | MIRENA | | | Buy and Bill Under Medical Benefit | | | |
| LEVONORGESTREL (IUD) | KYLEENA | | | Buy and Bill Under Medical Benefit | | | |
| PROGESTIN CONTRACEPTIVES - ORAL | | | | | | | |



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| NORETHINDRONE (CONTRACEPTIVE) TABLETS | CAMILA | | | | | | |
| PROGESTIN CONTRACEPTIVES - TRANSDERMAL | | | | | | | |
| NORELGESTROMIN-ETHINYL ESTRADIOL PATCH WEEKLY | XULANE | | | | | | |
| CORTICOSTEROIDS | | | | | | | |
| GLUCOCORTICOSTEROIDS | | | | | | | |
| CORTISONE ACETATE TABLETS | CORTISONE ACETATE | | | | | | |
| DEXAMETHASONE CONCENTRATE | DEXAMETHASONE INTENSOL | | | | | | |
| DEXAMETHASONE ELIXIR | BAYCADRON | | | | | | |
| DEXAMETHASONE SOLUTION | DEXAMETHASONE | | | | | | |
| DEXAMETHASONE TABLETS | DEXAMETHASONE | | | | | | |
| HYDROCORTISONE SOD SUCCINATE SOLUTION | A-HYDROCORT | | | Prior Authorization Required | | | |
| METHYLPREDNISOLONE ACETATE SUSPENSION | DEPO-MEDROL | | | Prior Authorization Required | | | |
| METHYLPREDNISOLONE SOD SUCC SOLUTION | A-METHAPRED | | | Prior Authorization Required | | | |
| METHYLPREDNISOLONE TABLETS | MEDROL | | | | | | |
| PREDNISOLONE ACETATE SUSPENSION | FLO-PRED | | | | | | |
| PREDNISOLONE SODIUM PHOSPHATE SOLUTION | ORAPRED | | | | | | |
| PREDNISOLONE SODIUM PHOSPHATE ORALLY DISPERSABLE TABLET | ORAPRED ODT | | | | | | |
| PREDNISOLONE SYRUP | PRELONE | | | | | | |
| PREDNISOLONE TABLETS | MILLIPRED | | | | | | |
| PREDNISONE CONCENTRATE | PREDNISONE INTENSOL | | | | | | |
| PREDNISONE SOLUTION | PREDNISONE | | | | | | |
| PREDNISONE TABLETS | PREDNISONE | | | | | | |
| PREDNISONE TABLET ENTERIC COATED | RAYOS | | | | | | |
| TRIAMCINOLONE ACETONIDE SUSPENSION | KENALOG-10 | | | Prior Authorization Required | | | |
| TRIAMCINOLONE DIACETATE SUSPENSION | TRIAMCINOLONE | | | Prior Authorization Required | | | |
| MINERALOCORTICIDS | | | | | | | |
| FLUDROCORTISONE ACETATE TABLETS | FLUDROCORTISONE ACETATE | | | | | | |
| NONSTEROIDAL MINERALOCORTICOID RECEPTOR ANTAGONIST | | | | | | | |
| FINERENONE TABLETS | KERENDIA | | | PA REQUIRED | | | |
| COUGH/COLD/ALLERGY | | | | | | | |
| ANTITUSSIVES | | | | | | | |
| BENZONATATE CAPSULES | TESSALON PERLES | | | | | | |
| | HYDROCODONE BITARTRATE/HOMATROPINE | | | | | | |
| HYDROCODONE W/ HOMATROPINE SYRUP | METHYLBROMIDE | | | PA Required for < 18 years of age | | 240.00 | 12.00 |
| HYDROCODONE W/ HOMATROPINE TABLETS | TUSSIGON | | | PA Required for < 18 years of age | | | |
| COUGH/COLD/ALLERGY COMBINATIONS | | | | | | | |
| BROMPHENIRAMINE & PSEUDOEPH | J-TAN D PD | | | | | | |
| BROMPHENIRAMINE & PSEUDOEPH TABLET 12-HOUR | BPM PSEUDO | | | | | | |
| CETIRIZINE-PSEUDOEPHEDRINE TABLET 12-HOUR | KLS ALLER-TEC D | | | | | 30.00 | 30.00 |
| CHLORPHENIRAMINE & PSEUDOEPH CHEWABLE TABLETS | DICEL | | | | | | |
| CHLORPHENIRAMINE & PSEUDOEPH LIQUID | LOHIST-D | | | | | | |
| CHLORPHENIRAMINE & PSEUDOEPH SOLUTION | NEUTRAHIST | | | | | | |
| CHLORPHENIRAMINE & PSEUDOEPH SYRUP | EQ TRIACTING COLD/ALLERGY | | | | | | |
| CHLORPHENIRAMINE & PSEUDOEPH TABLETS | SUDOGEST SINUS & ALLERGY | | | | | | |
| CHLORPHENIRAMINE W/ CODEINE LIQUID | CODAR AR | | | PA Required for < 18 years of age | | 240.00 | 12.00 |
| DEXTROMETHORPHAN-GUAIFENESIN | BRONCOTRON | | | | | | |
| DEXTROMETHORPHAN-GUAIFENESIN LIQUID | NORTUSS-EX | | | | | | |
| DEXTROMETHORPHAN-GUAIFENESIN TABLET 12-HOUR | MUCINEX DM | | | | | | |
| DIPHENHYDRAMINE-PHENYLEPHRINE-ACETAMINOPHEN LIQUID | THERAFLU WARMING RELIEF FLU & SORE THROAT | | | | | | |
| DIPHENHYDRAMINE-PHENYLEPHRINE-ACETAMINOPHEN PACK | MUCINEX FAST-MAX NIGHT TIME COLD & FLU | | | | | | |



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| DIPHENHYDRAMINE-PHENYLEPHRINE-ACETAMINOPHEN SUSPENSION | TYLENOL CHILDRENS PLUS COLD & ALLERGY | | | | | | |
| DIPHENHYDRAMINE-PHENYLEPHRINE-ACETAMINOPHEN TABLETS | BENADRYL ALLERGY & COLD | | | | | | |
| FEXOFENADINE-PSEUDOEPHEDRINE TABLET 12-HOUR | ALLEGRA-D 12 HOUR ALLERGY & CONGESTION | | | | | 30.00 | 30.00 |
| FEXOFENADINE-PSEUDOEPHEDRINE TABLET 24-HOUR | ALLEGRA-D 24 HOUR ALLERGY & CONGESTION | | | | | 30.00 | 30.00 |
| GUAIFENESIN-CODEINE | M-CLEAR | | | PA Required for < 18 years of age | | 240.00 | 12.00 |
| GUAIFENESIN-CODEINE LIQUID | DEX-TUSS | | | PA Required for < 18 years of age | | 240.00 | 12.00 |
| LORATADINE & PSEUDOEPHEDRINE TABLET 12-HOUR | ALAVERT ALLERGY/SINUS | | | | | 30.00 | 30.00 |
| LORATADINE & PSEUDOEPHEDRINE TABLET 24-HOUR | CLARITIN-D 24 HOUR | | | | | 30.00 | 30.00 |
| PHENYLEPHRINE W/ DM-GG CAPSULES | GILTUSS TR | | | | | | |
| PHENYLEPHRINE W/ DM-GG LIQUID | ROBITUSSIN CHILDRENS COUGH & COLD CF | | | | | | |
| PHENYLEPHRINE W/ DM-GG SUSPENSION | BRONCOTRON-D | | | | | | |
| PHENYLEPHRINE W/ DM-GG SYRUP | DESPEC DM | | | | | | |
| PHENYLEPHRINE W/ DM-GG TABLETS | MUCINEX FAST-MAX SEVERE CONGESTION & COUGH | | | | | | |
| PHENYLEPHRINE W/ DM-GG TABLET 12-HOUR | GILTUSS TR | | | | | | |
| PHENYLEPHRINE-BROMPHENIRAMINE W/ CODEINE | POLY-TUSSIN AC | | | PA Required for < 18 years of age | | 240.00 | 12.00 |
| PHENYLEPHRINE-BROMPHENIRAMINE-DM ELIXIR | DIMAPHEN DM COLD & COUGH | | | | | 480.00 | 30.00 |
| PHENYLEPHRINE-BROMPHENIRAMINE-DM LIQUID | DIMETAPP DM COLD & COUGH | | | | | 480.00 | 30.00 |
| PHENYLEPHRINE-BROMPHENIRAMINE-DM SYRUP | BPM-DM-PHEN | | | | | 480.00 | 30.00 |
| PHENYLEPHRINE-CHLORPHEN-DM LIQUID | GENCONTUSS | | | PA Required | | | |
| PHENYLEPHRINE-CHLORPHEN-DM SOLUTION | FATHER JOHNS MEDICINE PLUS | | | PA Required | | | |
| PHENYLEPHRINE-CHLORPHEN-DM SYRUP | BALAMINE DM | | | | | | |
| PHENYLEPHRINE-CHLORPHEN-DM TABLETS | PHENABID DM | | | PA Required | | | |
| PHENYLEPHRINE-GUAIFENESIN CAPSULES | DECONEX | | | | | | |
| PHENYLEPHRINE-GUAIFENESIN LIQUID | TRIAMINIC CHEST/NASAL CONGESTION | | | | | | |
| PHENYLEPHRINE-GUAIFENESIN SYRUP | TRIAMINIC CHEST & NASAL CONGESTION | | | | | | |
| PHENYLEPHRINE-GUAIFENESIN TABLETS | LIQUIBID PD-R | | | | | | |
| PROMETHAZINE & PHENYLEPHRINE SYRUP | PROMETHAZINE/PHENYLEPHRINE | | | | | | |
| PROMETHAZINE W/CODEINE SYRUP | PROMETHAZINE/CODEINE | | | PA Required for < 18 years of age | | 240.00 | 12.00 |
| PROMETHAZINE-DM SYRUP | PROMETHAZINE/DEXTROMETHORPHAN | | | | | | |
| PSEUDOEPHEDRINE W/ CODEINE-GG | SUTTAR-2 | | | | | 240.00 | 12.00 |
| PSEUDOEPHEDRINE-BROMPHENIRAMINE-CODEINE LIQUID | CPB WC | | | PA Required for < 18 years of age | | 240.00 | 12.00 |
| PSEUDOEPHEDRINE-GUAIFENESIN CAPSULES | RESPIRE-30 | | | | | | |
| PSEUDOEPHEDRINE-GUAIFENESIN LIQUID | TUSNEL PEDIATRIC | | | | | | |
| PSEUDOEPHEDRINE-GUAIFENESIN SYRUP | ALTARUSSIN-PE | | | | | | |
| PSEUDOEPHEDRINE-GUAIFENESIN TABLETS | AMBI 40PSE/400GFN | | | | | | |
| PSEUDOEPHEDRINE-GUAIFENESIN TABLET 12-HOUR | MUCINEX D | | | | | | |
| EXPECTORANTS | | | | | | | |
| GUAIFENESIN LIQUID | HERBAL EXPEC | | | | | | |
| GUAIFENESIN PACK | MUCINEX FOR KIDS | | | | | | |
| GUAIFENESIN SOLUTION | TRIACTIN CHEST CONGESTION | | | | | | |
| GUAIFENESIN SYRUP | DIABETIC TUSSIN EX | | | | | | |
| GUAIFENESIN TABLETS | GUAIFENESIN | | | | | | |
| GUAIFENESIN TABLET 12-HOUR | EQ MUCUS ER | | | | | | |
| MISC. RESPIRATORY INHALANTS | | | | | | | |
| SODIUM CHLORIDE (INHALANT) NEBULIZED | SODIUM CHLORIDE | | | | | | |



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| DERMATOLOGICALS | | | | | | | |
| ACNE PRODUCTS | | | | | | | |
| BENZOYL PEROXIDE WASH 5% & 10% | VARIOUS | | | | | | |
| BENZOYL PEROXIDE CLEANSER 6% | NEUTROGENA ON-THE-SPOT ACNE TREATMENT | | | | | | |
| BENZOYL PEROXIDE GEL | BENZOYL PEROXIDE | | | | | | |
| BENZOYL PEROXIDE LIQUID | PANOXYL | | | | | | |
| BENZOYL PEROXIDE LOTION | BP CLEANSING LOTION | | | | | | |
| BENZOYL PEROXIDE-ERYTHROMYCIN PACK | BENZAMYCINPAK | | | | | | |
| CLINDAMYCIN PHOSPHATE (TOPICAL) GEL | CLEOCIN-T | | | | | | |
| CLINDAMYCIN PHOSPHATE (TOPICAL) LOTION | CLEOCIN-T | | | | | | |
| CLINDAMYCIN PHOSPHATE (TOPICAL) SOLUTION | CLEOCIN-T | | | | | | |
| CLINDAMYCIN PHOSPHATE (TOPICAL) SWAB | CLEOCIN-T | | | | | | |
| CLINDAMYCIN PHOSPHATE-BENZOYL PEROXIDE (REFRIGERATE) | CLINDAMY/BEN | | | | | | |
| ERYTHROMYCIN (ACNE AID) SOLUTION | ERYTHROMYCIN | | | | | | |
| ISOTRETINOIN CAPSULES | ABSORICA | | | PA Required | | | |
| TRETINOIN CREAM | RETIN-A | Brand Only | | PA Required For > 26 Years of Age | | | |
| TRETINOIN GEL | RETIN-A | Brand Only | | PA Required For > 26 Years of Age | | | |
| ANTIBIOTICS - TOPICAL | | | | | | | |
| BACITRACIN (TOPICAL) OINTMENT | BACIGUENT | | | | | | |
| BACITRACIN ZINC OINTMENT | BACITRACIN | | | | | | |
| BACITRACIN-POLYMYXIN B OINTMENT | POLYSPORIN | | | | | | |
| BACITRACIN-POLYMYXIN-NEOMYCIN HC OINTMENT | CORTISPORIN | | | | | | |
| GENTAMICIN SULFATE (TOPICAL) CREAM | GENTAMICIN SULFATE | | | | | | |
| GENTAMICIN SULFATE (TOPICAL) OINTMENT | GENTAMICIN SULFATE | | | | | | |
| MUPIROCIUM CALCIUM (TOPICAL) CREAM | BACTROBAN | | | | | | |
| MUPIROCIUM OINTMENT | BACTROBAN | | | | | | |
| NEOMYCIN-BACITRACIN-POLYMYXIN OINTMENT | LANABIOTIC | | | | | | |
| ANTIFUNGALS - TOPICAL | | | | | | | |
| BUTENAFINE CREAM | MENTAX | | | | | | |
| CICLOPIROX CREAM | VARIOUS | | | | | | |
| CICLOPIROX SOLUTION | VARIOUS | | | | | | |
| CLOTRIMAZOLE CREAM (RX & OTC) | LOTRIMIN | | | | | | |
| CLOTRIMAZOLE OINTMENT | LOTRIMIN | | | | | | |
| CLOTRIMAZOLE SOLUTION (OTC) | VARIOUS | | | | | | |
| CLOTRIMAZOLE W/ BETAMETHASONE CREAM | LOTRISONE | | | | | | |
| KETOCONAZOLE CREAM | VARIOUS | | | | | | |
| KETOCONAZOLE SHAMPOO | VARIOUS | | | | | | |
| MICONAZOLE NITRATE CREAM | VARIOUS | | | | | | |
| MICONAZOLE NITRATE POWDER | VARIOUS | | | | | | |
| NYSTATIN CREAM | VARIOUS | | | | | | |
| NYSTATIN OINTMENT | VARIOUS | | | | | | |
| NYSTATIN POWDER | NYAMYC | | | | | | |
| TOLNAFTATE AERO POWDER | VARIOUS | | | | | | |
| TOLNAFTATE CREAM | VARIOUS | | | | | | |
| TOLNAFTATE POWDER | VARIOUS | | | | | | |
| TERBINAFINE CREAM | VARIOUS | | | | | | |
| ANTIHISTAMINES-TOPICAL | | | | | | | |
| DIPHENHYDRAMINE HCL (TOPICAL) CREAM | ANTI-ITCH MAXIMUM STRENGTH | | | | | | |
| DIPHENHYDRAMINE HCL (TOPICAL) GEL | BENADRYL ITCH STOPPING | | | | | | |
| DIPHENHYDRAMINE HCL (TOPICAL) SOLUTION | BENADRYL MAXIMUM STRENGTH | | | | | | |
| DICLOFENAC SODIUM (TOPICAL) GEL | VOLTAREN | | | | | 100 GM | 300.00 |
| ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOP | | | | | | | |



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| BEXAROTENE (TOPICAL) GEL | TARGRETIN | | | | | | |
| FLUOROURACIL (TOPICAL) CREAM | CARAC | | | | | | |
| FLUOROURACIL (TOPICAL) SOLUTION | FLUOROURACIL | | | | | | |
| ANTIPSORIATICS | | | | | | | |
| ACITRETIN CAPSULES | SORIATANE | | | | | | |
| ANTHRALIN CREAM | DRITHO-CREME HP | | | | | | |
| CALCIPOTRIENE CREAM | DOVONEX | | | | | | |
| CALCIPOTRIENE FOAM | SORILUX | | | | | | |
| CALCIPOTRIENE OINTMENT | CALCITRENE | | | | | | |
| CALCIPOTRIENE SOLUTION | CALCIPOTRIENE | | | | | | |
| METHOXSALEN RAPID CAPSULES | OXSORALEN ULTRA | | | | | | |
| ANTISEBORRHEIC PRODUCTS | | | | | | | |
| SELENIUM SULFIDE LOTION | SELSUN SHAMPOO | | | | | | |
| ANTIVIRALS - TOPICAL | | | | | | | |
| DOCOSANOL CREAM | ABREVA | | | | | 2GM | 30.00 |
| ACYCLOVIR CREAM | ZOVIRAX | Brand Only | | | | 15GM | 30.00 |
| ACYCLOVIR OINTMENT | ZOVIRAX | Brand Only | | | | 15GM | 30.00 |
| BURN PRODUCTS | | | | | | | |
| SILVER SULFADIAZINE CREAM | SILVADENE | | | | | | |
| CORTICOSTEROIDS - TOPICAL LOW POTENCY | | | | | | | |
| HYDROCORTISONE CREAM | VARIOUS | | | | | | |
| HYDROCORTISONE GEL | VARIOUS | | | | | | |
| HYDROCORTISONE KIT | VARIOUS | | | | | | |
| HYDROCORTISONE LOTION | VARIOUS | | | | | | |
| HYDROCORTISONE OINTMENT | VARIOUS | | | | | | |
| HYDROCORTISONE ACETATE CREAM 0.5% | VARIOUS | | | | | | |
| HYDROCORTISONE ACETATE OINTMENT 1% | VARIOUS | | | | | | |
| HYDROCORTISONE-ALOE VERA CREAM | VARIOUS | | | | | | |
| FLUOCINOLONE 0.01% OIL | DERMA-SMOOTH OIL-FS | Brand Only | | | | | |
| CORTICOSTEROIDS - TOPICAL MEDIUM POTENCY | | | | | | | |
| FLUTICASON PROPIONATE CREAM | VARIOUS | | | | | | |
| FLUTICASON PROPIONATE OINTMENT | VARIOUS | | | | | | |
| MOMETASON FUROATE CREAM | VARIOUS | | | | | | |
| MOMETASON FUROATE OINTMENT | VARIOUS | | | | | | |
| MOMETASON FUROATE SOLUTION | VARIOUS | | | | | | |
| CORTICOSTEROIDS - TOPICAL HIGH POTENCY | | | | | | | |
| BETAMETHASONE DIPROPIONATE LOTION | VARIOUS | | | | | | |
| BETAMETHASONE DIPROPIONATE CREAM | VARIOUS | | | | | | |
| BETAMETHASONE DIPROPIONATE/PROPYLENE GLYC. CREAM | VARIOUS | | | | | | |
| BETAMETHASONE VALERATE CREAM | VARIOUS | | | | | | |
| BETAMETHASONE VALERATE LOTION | VARIOUS | | | | | | |
| BETAMETHASONE VALERATE OINTMENT | VARIOUS | | | | | | |
| FLUOCINONIDE CREAM | VARIOUS | | | | | | |
| FLUOCINONIDE OINTMENT | VARIOUS | | | | | | |
| FLUOCINONIDE SOLUTION | VARIOUS | | | | | | |
| TRIAMCINOLONE ACETONIDE CREAM | VARIOUS | | | | | | |
| TRIAMCINOLONE ACETONIDE LOTION | VARIOUS | | | | | | |
| TRIAMCINOLONE ACETONIDE OINTMENT | VARIOUS | | | | | | |
| CORTICOSTEROIDS - TOPICAL VERY HIGH POTENCY | | | | | | | |
| CLOBETASOL PROPIONATE CREAM | VARIOUS | | | | | 100 | 30 |
| CLOBETASOL PROPIONATE EMOLLIENT | VARIOUS | | | | | 100 | 30 |
| CLOBETASOL PROPIONATE GEL | VARIOUS | | | | | 118 | 30 |
| CLOBETASOL PROPIONATE OINTMENT | VARIOUS | | | | | 100 | 30 |
| CLOBETASOL PROPIONATE SHAMPOO | VARIOUS | | | | | 118 | 30 |



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| CLOBETASOL PROPIONATE SOLUTION | VARIOUS | | | | | 100 | 30 |
| HALOBETASOL PROPIONATE CREAM | VARIOUS | | | | | 100 | 30 |
| HALOBETASOL PROPIONATE OINTMENT | VARIOUS | | | | | 100 | 30 |
| EMOLLIENTS | | | | | | | |
| LACTIC ACID (AMMONIUM LACTATE) CREAM | NOBLE MYSTIQUE EMU-LAC | | | | | | |
| LACTIC ACID (AMMONIUM LACTATE) FOAM | PRO-12 MOUSSE AL12 | | | | | | |
| LACTIC ACID (AMMONIUM LACTATE) LOTION | GERI-HYDROLAC 5 | | | | | | |
| ENZYMES - TOPICAL | | | | | | | |
| TACROLIMUS (TOPICAL) OINTMENT | PROTOPIC | | | PA Required | | | |
| VITAMINS A & D (TOPICAL) OINTMENT | CURAD VITAMIN A & D | | | | | | |
| KERATOLYTIC/ANTIMITOTIC AGENTS | | | | | | | |
| SALICYLIC ACID CREAM | SALACYN | | | | | | |
| SALICYLIC ACID FOAM | SALVAX | | | | | | |
| SALICYLIC ACID GEL | KERALYT | | | | | | |
| SALICYLIC ACID KIT | KERALYT SCALP | | | | | | |
| SALICYLIC ACID LIQUID | VIRASAL | | | | | | |
| SALICYLIC ACID LOTION | SALACYN | | | | | | |
| SALICYLIC ACID SHAMPOO | SALEX | | | | | | |
| SALICYLIC ACID SOLUTION | SALICYLIC ACID | | | | | | |
| LOCAL ANESTHETICS - TOPICAL | | | | | | | |
| CAPSAICIN CREAM | VARIOUS | | | | | | |
| LIDOCAINE CREAM 4% | ASPERCREME W/LIDOCAINE | | | | | | |
| LIDOCAINE HCL GEL 2% | GLYDO | | | | | | |
| LIDOCAINE HCL LOTION | LIDOCAINE HCL | | | | | | |
| LIDOCAINE OINTMENT | LIDOCAINE | | | PA Required | | | |
| LIDOCAINE PATCH 4% | ASPERCREME | | | | | 60.00 | 30.00 |
| LIDOCAINE PATCH 5% | LIDODERM | | | | | 60.00 | 30.00 |
| LIDOCAINE-PRILOCAINE CREAM | EMLA | | | | | | |
| MISC. TOPICAL | | | | | | | |
| ALUMINUM CHLORIDE SOLUTION | DRYSOL | | | | | | |
| ZINC OXIDE (TOPICAL) OINTMENT | ZINC OXIDE | | | | | | |
| ZINC OXIDE (TOPICAL) PASTE | ZINC OXIDE | | | | | | |
| PIGMENTING-DEPIGMENTING AGENTS | | | | | | | |
| METHOXSALEN (TOPICAL) LOTION | OXSORALEN | | | | | | |
| ROSACEA AGENTS | | | | | | | |
| METRONIDAZOLE (TOPICAL) CREAM 0.75% | METROCREAM | | | | | | |
| METRONIDAZOLE (TOPICAL) GEL 0.75% | ROSADAN | | | | | | |
| METRONIDAZOLE (TOPICAL) LOTION | METROLOTION | | | | | | |
| SCABICIDES & PEDICULICIDES | | | | | | | |
| CROTAMITON CREAM | EURAX | | | | | | |
| CROTAMITON LOTION | EURAX | | | | | | |
| IVERMECTIN (PEDICULICIDE) LOTION | SKLICE | | | PA Required | | | |
| LINDANE LOTION | LINDANE | | | PA Required | | | |
| LINDANE SHAMPOO | LINDANE | | | PA Required | | | |
| MALATHION LOTION | OVIDE | | | | | | |
| PERMETHRIN 1%, 5% | NIX, ELIMITE | | | | | | |
| PERMETHRIN CREAM | ACTICIN | | | | | | |
| PERMETHRIN LIQUID | NIX CREME RINSE | | | | | | |
| PERMETHRIN LOTION | LICE TREATMENT | | | | | | |
| PYRETHRINS-PIPERONYL BUTOXIDE GEL | A-200 | | | | | | |
| PYRETHRINS-PIPERONYL BUTOXIDE KIT | PRONTO | | | | | | |
| PYRETHRINS-PIPERONYL BUTOXIDE LIQUID | BARC | | | | | | |
| PYRETHRINS-PIPERONYL BUTOXIDE SHAMPOO | LICIDE | | | | | | |
| SPINOSAD SUSPENSION | NATROBA | | | PA Required | | | |



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| WOUND CARE PRODUCTS | | | | | | | |
| BECAPLERMIN GEL | REGRANEX | | | PA Required | | | |
| DIAGNOSTIC PRODUCTS | | | | | | | |
| DIAGNOSTIC TESTS | | | | | | | |
| GLUCOSE BLOOD STRIPS | TRUETRACK, ACCU-CHEK AVIVA, TRUE METRIX | | | | | 200.00 | 30.00 |
| DIGESTIVE AIDS | | | | | | | |
| DIGESTIVE ENZYMES | | | | | | | |
| LIPASE-PROTEASE-AMYLASE CAPSULE DELAYED RELEASE | CREON | Brand Only | Preferred Drug | | | 300.00 | 30.00 |
| LIPASE-PROTEASE-AMYLASE CAPSULE DELAYED RELEASE | ZENPEP | Brand Only | Preferred Drug | | | 300.00 | 30.00 |
| LIPASE-PROTEASE-AMYLASE CAPSULE DELAYED RELEASE 5000 UNITS | PANCRELIPASE 5000 UNITS | | Preferred Drug | | | 300.00 | 30.00 |
| SACROSIDASE SOLUTION | SUCRAID | | | PA Required | | | |
| DIURETICS | | | | | | | |
| CARBONIC ANHYDRASE INHIBITORS | | | | | | | |
| ACETAZOLAMIDE CAPSULE 12-HOUR | DIAMOX | | | | | | |
| ACETAZOLAMIDE TABLETS | ACETAZOLAMIDE | | | | | | |
| METHAZOLAMIDE TABLETS | NEPTAZANE | | | | | | |
| DIURETIC COMBINATIONS | | | | | | | |
| SPIRONOLACTONE & HYDROCHLOROTHIAZIDE TABLETS | ALDACTAZIDE | | | | | | |
| TRIAMTERENE & HYDROCHLOROTHIAZIDE CAPSULES | DYAZIDE | | | | | | |
| TRIAMTERENE & HYDROCHLOROTHIAZIDE TABLETS | MAXZIDE-25 | | | | | | |
| LOOP DIURETICS | | | | | | | |
| BUMETANIDE TABLETS | BUMETANIDE | | | | | | |
| FUROSEMIDE SOLUTION | FUROSEMIDE | | | | | | |
| FUROSEMIDE TABLETS | LASIX | | | | | | |
| TORSEMIDE TABLETS | DEMADEX | | | | | | |
| POTASSIUM SPARING DIURETICS | | | | | | | |
| AMILORIDE HCL TABLETS | AMILORIDE HCL | | | | | | |
| SPIRONOLACTONE TABLETS | ALDACTONE | | | | | | |
| TRIAMTERENE CAPSULES | DYRENIUM | | | | | | |
| THIAZIDES AND THIAZIDE-LIKE DIURETICS | | | | | | | |
| CHLOROTHIAZIDE SUSPENSION | DIURIL | | | | | | |
| CHLOROTHIAZIDE TABLETS | CHLOROTHIAZIDE | | | | | | |
| CHLORTHALIDONE TABLETS | CHLORTHALIDONE | | | | | | |
| HYDROCHLOROTHIAZIDE 12.5MG CAPSULES | VARIOUS | | | | | | |
| HYDROCHLOROTHIAZIDE TABLETS 25MG & 50MG | HYDROCHLOROTHIAZIDE | | | | | | |
| INDAPAMIDE TABLETS | INDAPAMIDE | | | | | | |
| METHYLCLOTHIAZIDE TABLETS | METHYLCLOTHIAZIDE | | | | | | |
| METOLAZONE TABLETS | ZAROXOLYN | | | | | | |
| ENDOCRINE AND METABOLIC AGENTS - MISC. | | | | | | | |
| BONE DENSITY REGULATORS | | | | | | | |
| ALENDRONATE SODIUM SOLUTION | ALENDRONATE SODIUM | | | PA Required | | | |
| ALENDRONATE SODIUM TABLETS | ALENDRONATE SODIUM | | | | | 30.00 | 30.00 |
| CALCITONIN (SALMON) SOLUTION | FORTICAL | | | | | | |
| DENOSUMAB | PROLIA | | | PA Required | | | |
| IBANDRONATE SODIUM | BONIVA | | | | | | |
| RALOXIFENE TABLETS | VARIOUS | | | | | | |
| TERIPARATIDE (RECOMBINANT) | FORTEO | | | PA Required | | | |
| GROWTH HORMONE RECEPTOR ANTAGONISTS | | | | | | | |
| PEGVISOMANT SOLUTION | SOMAVERT | | | PA Required | | | |
| GROWTH HORMONES | | | | | | | |
| SOMATROPIN SOLUTION | NORDITROPIN | Brand Only | Preferred Drug | PA Required | | | |
| SOMATROPIN SOLUTION | GENOTROPIN | Brand Only | Preferred Drug | PA Required | | | |



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| HORMONE RECEPTOR MODULATORS | | | | | | | |
| RALOXIFENE HCL TABLETS | EVISTA | | | | | 30.00 | 30.00 |
| INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS) | | | | | | | |
| MECASERMIN SOLUTION | INCRELEX | | | PA Required | | | |
| LHRH/GNRH AGONIST ANALOG PITUITARY SUPPOSITORY/RESSANTS | | | | | | | |
| LEUPROLIDE ACETATE (CPP) (3 MONTH) KIT | LUPRON DEPOT-PED | | | PA Required | | | |
| LEUPROLIDE ACETATE (CPP) KIT | LUPRON DEPOT-PED | | | PA Required | | | |
| NAFARELIN ACETATE SOLUTION | SYNAREL | | | PA Required | | | |
| METABOLIC MODIFIERS | | | | | | | |
| CALCITRIOL CAPSULES | ROCALTROL | | | | | | |
| CALCITRIOL SOLUTION | ROCALTROL | | | | | | |
| CINACALCET HCL TABLETS | SENSIPAR | | | | | | |
| IDURSULFASE SOLUTION | ELAPRASE | | | PA Required | | | |
| LEVOCARNITINE (METABOLIC MODIFIERS) SOLUTION | CARNITOR | | | PA Required | | | |
| LEVOCARNITINE (METABOLIC MODIFIERS) TABLETS | CARNITOR | | | PA Required | | | |
| POSTERIOR PITUITARY HORMONES | | | | | | | |
| DESMOPRESSIN ACETATE REFRIGERATED SOLUTION | DDAVP | | | | | | |
| DESMOPRESSIN ACETATE SOLUTION | STIMATE | | | | | | |
| DESMOPRESSIN ACETATE SPRAY REFRIGERATED SOLUTION | DESMOPRESSIN ACETATE | | | | | | |
| DESMOPRESSIN ACETATE SPRAY SOLUTION | DDAVP | | | | | | |
| DESMOPRESSIN ACETATE TABLETS | DDAVP | | | | | | |
| PROLACTIN INHIBITORS | | | | | | | |
| CABERGOLINE TABLETS | 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 | | | |
| ESTROGENS | | | | | | | |
| ESTROGEN COMBINATIONS | | | | | | | |
| CONJUGATED ESTROGENS-MEDROXYPROGESTERONE ACETATE TABLETS | PREMPRO | | | | | | |
| ESTERIFIED ESTROGENS & METHYLTESTOSTERONE TABLETS | COVARYX HS | | | | | | |
| ESTRADIOL & NORETHINDRONE ACETATE PATCH TWICE WEEKLY | COMBIPATCH | | | | | | |
| ESTRADIOL & NORETHINDRONE ACETATE TABLETS | ACTIVELLA | | | | | | |
| ESTRADIOL-LEVONORGESTREL PATCH WEEKLY | CLIMARA PRO | | | | | | |
| NORETHINDRONE ACETATE-ETHINYL ESTRADIOL TABLETS | FEMHRT LOW DOSE | | | | | | |
| ESTROGENS | | | | | | | |
| ESTERIFIED ESTROGENS TABLETS | MENEST | | | | | | |
| ESTRADIOL PATCH TWICE WEEKLY | ALORA | | | | | | |
| ESTRADIOL PATCH WEEKLY | MENOSTAR | | | | | | |
| ESTRADIOL TABLETS | ESTRACE | | | | | | |
| ESTROGENS, CONJUGATED SYNTHETIC A TABLETS | CENESTIN | | | | | | |
| ESTROGENS, CONJUGATED TABLETS | PREMARIN | | | | | | |
| ESTROPIPATE TABLETS | ORTHO-EST | | | | | | |
| FLUOROQUINOLONES | | | | | | | |
| FLUOROQUINOLONES | | | | | | | |
| CIPROFLOXACIN HCL TABLETS | CIPROFLOXACIN HCL | | | | | | |
| LEVOFLOXACIN SOLUTION | LEVAQUIN | | | | | | |
| LEVOFLOXACIN TABLETS | LEVAQUIN | | | | | | |
| OFLOXACIN TABLETS | OFLOXACIN | | | | | | |
| GASTROINTESTINAL AGENTS - MISC. | | | | | | | |
| GALLSTONE SOLUBILIZING AGENTS | | | | | | | |



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| URSODIOL CAPSULES | ACTIGALL | | | | | | |
| URSODIOL TABLETS | URSO 250 | | | | | | |
| GASTROINTESTINAL ANTIALLERGY AGENTS | | | | | | | |
| CROMOLYN SODIUM (MASTOCYTOSIS) CONCENTRATE | GASTROCROM | | | | | | |
| GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS | | | | | | | |
| LUBIPROSTONE CAPSULES | AMITIZA | | | PA Required | | | |
| GASTROINTESTINAL STIMULANTS | | | | | | | |
| METOCLOPRAMIDE HCL SOLUTION | METOCLOPRAMIDE HCL | | | | | | |
| METOCLOPRAMIDE HCL TABLETS | REGLAN | | | | | | |
| METOCLOPRAMIDE HCL ORALLY DISPERSABLE TABLET | METOZOLV ODT | | | | | | |
| INFLAMMATORY BOWEL AGENTS | | | | | | | |
| BALSALAZIDE DISODIUM TABLETS | GIAZO | | | | | 270.00 | 30.00 |
| INFLIXIMAB-AXXQ FOR SOLUTION | AVSOLA | | | PA Required | | | |
| MESALAMINE CAPSULE CONTROLLED RELEASE | PENTASA | | | | | 270.00 | 30.00 |
| MESALAMINE CAPSULE DELAYED RELEASE CAPSULE | DELZICOL | Brand Only | | | | 180.00 | 30.00 |
| MESALAMINE CAPSULE DELAYED RELEASE TABLET | ASACOL HD | Brand Only | | | | 180.00 | 30.00 |
| MESALAMINE CAPSULE 24-HOUR | APRISO | Brand Only | | | | 120.00 | 30.00 |
| MESALAMINE ENEMA | SFROWASA | Brand Only | | | | 30.00 | 30.00 |
| MESALAMINE TABLET ENTERIC COATED | LIALDA | Brand Only | | | | 120.00 | 30.00 |
| MESALAMINE SUPPOSITORY | CANASA | Brand Only | | | | 30.00 | 30.00 |
| SULFASALAZINE TABLETS | AZULFIDINE | | | | | 240.00 | 30.00 |
| SULFASALAZINE TABLET ENTERIC COATED | AZULFIDINE EN-TABLETS | | | | | 240.00 | 30.00 |
| INTESTINAL ACIDIFIERS | | | | | | | |
| LACTULOSE (ENCEPHALOPATHY) SOLUTION | LACTULOSE | | | | | | |
| IRRITABLE BOWEL SYNDROME (IBS) AGENTS | | | | | | | |
| ALOSETRON HCL TABLETS | LOTRONEX | | | PA Required | | | |
| LINACLOTIDE CAPSULES | LINZESS | | | PA Required | | | |
| PHOSPHATE BINDER AGENTS | | | | | | | |
| CALCIUM ACETATE (PHOSPHATE BINDER) CAPSULES | VARIOUS | | Preferred Drug | | | | |
| CALCIUM ACETATE (PHOSPHATE BINDER) TABLETS | VARIOUS | | Preferred Drug | | | | |
| SEVELAMER CARBONATE TABLETS | REVELA | VARIOUS | Preferred Drug | | | | |
| SEVELAMER CARBONATE POWDER | REVELA | | | | | | |
| SEVELAMER HCL TABLETS | RENAGEL | | | | | | |
| GENITOURINARY AGENTS - MISCELLANEOUS | | | | | | | |
| ACIDIFIERS | | | | | | | |
| POTASSIUM & SODIUM ACID PHOSPHATES TABLETS | K-PHOS NO 2 | | | | | | |
| ALKALINIZERS | | | | | | | |
| POT & SOD CITRATES W/CITRIC AC SOLUTION | POTASSIUM CITRATE/SODIUM CITRATE/CITRIC ACID | | | | | | |
| POT & SOD CITRATES W/CITRIC AC SYRUP | CYTRA-3 | | | | | | |
| POTASSIUM CITRATE (ALKALINIZER) TABLET CONTROLLED RELEASE | UROCI-K 5 | | | | | | |
| POTASSIUM CITRATE-CITRIC ACID PACK | TARON-CRYSTALS | | | | | | |
| POTASSIUM CITRATE-CITRIC ACID SOLUTION | POTASSIUM CITRATE/CITRIC ACID | | | | | | |
| SODIUM CITRATE & CITRIC ACID SOLUTION | SHOHL'S SOLUTION MODIFIED | | | | | | |
| INTERSTITIAL CYSTITIS AGENTS | | | | | | | |
| PENTOSAN POLYSULFATE SODIUM CAPSULES | ELMIRON | | | PA Required | | | |
| PROSTATIC HYPERTROPHY AGENTS | | | | | | | |
| ALFUZOSIN HCL TABLET 24-HOUR | VARIOUS | | | | | | |
| DOXAZOSIN MESYLATE TABLETS | VARIOUS | | | | | | |
| DUTASTERIDE CAPS | VARIOUS | | | | | | |
| FINASTERIDE TABLETS | PROSCAR | | | | | | |
| TAMSULOSIN HCL CAPSULES | FLOMAX | | | | | | |
| TERAZOSIN HCL CAPSULES | VARIOUS | | | | | | |



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| URINARY ANALGESICS | | | | | | | |
| PHENAZOPYRIDINE HCL | BARIDIUM | | | | | | |
| PHENAZOPYRIDINE HCL TABLETS | PYRIDIUM | | | | | | |
| GOUT AGENTS | | | | | | | |
| GOUT AGENT COMBINATIONS | | | | | | | |
| COLCHICINE W/ PROBENECID TABLETS | PROBENECID/COLCHICINE | | | | | | |
| GOUT AGENTS | | | | | | | |
| ALLOPURINOL TABLETS | ZYLOPRIM | | | | | | |
| COLCHICINE TABLETS | COLCRYS | | | | | | |
| FEBUXOSTAT TABLETS | ULORIC | | | | | 30.00 | 30.00 |
| URICOSURICS | | | | | | | |
| PROBENECID TABLETS | PROBENECID | | | | | | |
| HEMATOLOGICAL AGENTS - MISC. | | | | | | | |
| HEMATORHEOLOGIC AGENTS | | | | | | | |
| PENTOXIFYLLINE TABLET CONTROLLED RELEASE | TRENTAL | | | | | | |
| PLATELET AGGREGATION INHIBITORS | | | | | | | |
| ANAGRELIDE HCL CAPSULES | AGRYLIN | | | | | | |
| CLOSTAZOL TABLETS | PLETAL | | | | | | |
| CLOPIDOGREL BISULFATE TABLETS | PLAVIX | | | | | | |
| DIPYRIDAMOLE TABLETS | PERSANTINE | | | | | | |
| TICAGRELOR TABLETS | BRILINTA | | | | | | |
| TICLOPIDINE HCL TABLETS | TICLOPIDINE HCL | | | | | | |
| THROMBOLYTIC ENZYMES | | | | | | | |
| ALTEPLASE FOR SOLUTION | ACTIVASE | | | | | 1.00 | 30.00 |
| GASTROINTESTINAL AGENTS - MISCELLANEOUS | | | | | | | |
| ANTIFLATULENTS | | | | | | | |
| SIMETHICONE SUSPENSION | CVS INFANTS GAS RELIEF | | | | | | |
| HEMATOPOIETIC AGENTS | | | | | | | |
| AGENTS FOR GAUCHER DISEASE | | | | | | | |
| ELIGLUSTAT TARTRATE | CERDELGA (oral) | | | PA Required | | | |
| IMIGLUCERASE SOLUTION | CEREZYME 400 IU (IV) | | | PA Required | | | |
| TALIGLUCERASE ALFA | ELELYSO (IV) | | | PA Required | | | |
| MIGLUSTAT | MIGLUSTAT (AG) (oral) | | | PA Required | | | |
| VELAGLUCERASE ALFA | VPRIB 400 IU | | | PA Required | | | |
| FOLIC ACID/FOLATES | | | | | | | |
| FOLIC ACID CAPSULES | FA-8 | | | | | | |
| FOLIC ACID TABLETS | FOLIC ACID | | | | | | |
| HEMATOPOIETIC GROWTH FACTORS | | | | | | | |
| ELTROMBOPAG OLAMINE TABLETS | PROMACTA | Brand Only | Preferred Drug | PA Required | | | |
| EPOETIN ALFA-EPBX SOLUTION | RETACRIT | Brand Only | Preferred Drug | PA Required | | | |
| | NEUPOGEN VIAL & DISPOSABLE SYRINGE | Brand Only | Preferred Drug | PA Required | | | |
| FILGRASTIM SOLUTION | NIVESTYM | Brand Only | Preferred Drug | PA Required | | | |
| FILGRASTIM-AAF SOLUTION PREFILLED SYRINGE | UDENYCA | Brand Only | Preferred Drug | PA Required | | | |
| PEGFILGRASTIM SOLUTION | NYVEPRIA | Brand Only | Preferred Drug | PA Required | | | |
| PEGFILGRASTIM-APGF SOLUTION PREFILLED SYRINGE | FULPHILA | Brand Only | Preferred Drug | PA Required | | | |
| PEGFILGRASTIM- JMDB SOLUTION | NPLATE | Brand Only | Preferred Drug | PA Required | | | |
| ROMIPLOSTIM | | | | | | | |
| HEMATOPOIETIC MIXTURES | | | | | | | |
| FE FUMARATE-VITAMIN C-VITAMIN B12-FOLIC ACID CAPSULES | HEMATOGEN FA | | | | | | |
| FERROUS FUMARATE W/ B12-VIT C-FA-IFC CAPSULES | TRICON | | | | | | |
| FERROUS FUMARATE W/ FA-DSS-B COMPLEX-VIT C TABLETS | NEPHRON FA | | | | | | |
| FOLATE-VITAMIN B12-INTRINSIC FACTOR TABLETS | INTRINSI B12/FOLATE | | | | | | |
| IRON COMBINATIONS | CORVITE 150 | | | | | | |



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| IRON COMBINATIONS CAPSULES | HEMATOGEN | | | | | | |
| IRON COMBINATIONS ELIXIR | HEMOCYTE-F | | | | | | |
| IRON | | | | | | | |
| FERROUS FUMARATE CAPSULES | HIGH POTENCY IRON | | | | | | |
| FERROUS FUMARATE TABLETS | FEMIRON | | | | | | |
| FERROUS FUMARATE TABLET CONTROLLED RELEASE | IRON | | | | | | |
| FERROUS GLUCONATE TABLETS | FERATE | | | | | | |
| FERROUS SULFATE DRIED TABLETS | FEOSOL | | | | | | |
| FERROUS SULFATE DRIED TABLET CONTROLLED RELEASE | EQ SLOW-RELEASE IRON | | | | | | |
| FERROUS SULFATE ELIXIR | FEROSUL | | | | | | |
| FERROUS SULFATE LIQUID | SPATONE PUR-ABSORB IRON | | | | | | |
| FERROUS SULFATE SOLUTION | BPROTECTED PEDIA IRON | | | | | | |
| FERROUS SULFATE SYRUP | FERROUS SULFATE | | | | | | |
| FERROUS SULFATE TABLETS | FERROUS SULFATE | | | | | | |
| FERROUS SULFATE TABLET CONTROLLED RELEASE | FERROUS SULFATE | | | | | | |
| FERROUS SULFATE TABLET ENTERIC COATED | FERROUS SULFATE | | | | | | |
| HEMOSTATICS | | | | | | | |
| HEMOSTATICS - SYSTEMIC | | | | | | | |
| AMINOCAPROIC ACID SOLUTION | AMICAR | | | | | | |
| AMINOCAPROIC ACID TABLETS | AMICAR | | | | | | |
| HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENT | | | | | | | |
| ANTIHISTAMINE HYPNOTICS | | | | | | | |
| DIPHENHYDRAMINE HCL (SLEEP) CAPSULES | CVS NIGHTTIME SLEEP AID | | | | | | |
| DIPHENHYDRAMINE HCL (SLEEP) TABLET | NIGHTTIME SLEEP-AID | | | | | | |
| DIPHENHYDRAMINE HCL (SLEEP) LIQUID | ZZZQUIL | | | | | | |
| DIPHENHYDRAMINE HCL (SLEEP) TABLET DISPERSIBLE | WAL-SOM | | | | | | |
| BARBITURATE HYPNOTICS | | | | | | | |
| PHENOBARBITAL SOLUTION | PHENOBARBITAL | | | | | | |
| PHENOBARBITAL TABLETS | PHENOBARBITAL | | | | | | |
| 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 two preferred agents (Temazepam, Zolpidem and Eszopiclone) | 30.00 | 30.00 |
| HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENT | | | | | | | |
| ANTIHISTAMINE HYPNOTICS | | | | | | | |
| DOXYLAMINE SUCCINATE (SLEEP) TABLETS | RA NIGHT SLEEP AID | | | | | | |
| LAXATIVES | | | | | | | |
| BULK LAXATIVES | | | | | | | |
| FIBER CAPSULES | ADVANCED FIBER COMPLEX/ACIDOPHILUS | | | | | | |
| FIBER TABLETS | FIBER COMPLETE | | | | | | |
| FIBER CHEWABLES | EQ FIBER SUPPLEMENT | | | | | | |
| FIBER LIQIDID | LIQUAFIBER | | | | | | |
| FIBER POWDER | SOLFIBER | | | | | | |
| METHYLCELLULOSE (LAXATIVE) TABLETS | MIRAFIBER | | | | | | |



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| METHYLCELLULOSE (LAXATIVE) POWDER | CITRUCEL FIBER LAXATIVE | | | | | | |
| METHYLCELLULOSE (LAXATIVE) PACKETS | CITRUCEL FIBER LAXATIVE | | | | | | |
| PSYLLIUM CAPSULES | NAT-RUL PSYLLIUM SEED HUSKS | | | | | | |
| PSYLLIUM PACK | METAMUCIL SMOOTH TEXTURE | | | | | | |
| PSYLLIUM POWDER | KONSYL | | | | | | |
| PSYLLIUM SUBLINGUAL | METAMUCIL | | | | | | |
| LAXATIVE COMBINATIONS | | | | | | | |
| PEG 3350-KCL-SOD BICARB-SOD CHLORIDE-SOD SULFATE SOLUTION | COLYTE-FLAVOR PACKS | | | | | | |
| PEG 3350-POTASSIUM CHLORIDE-SOD BICARBONATE-SOD CHLORIDE SOLUTION | GAVILYTE-N/FLAVOR PACK | | | | | | |
| SENNOSIDES-DOCUSATE SODIUM TABLETS | SENNAS | | | | | | |
| LAXATIVES - MISCELLANEOUS | | | | | | | |
| GLYCERIN (LAXATIVE) SUPPOSITORIES | GLYCERIN CHILDREN | | | | | | |
| LACTULOSE PACK | KRISTALOSE | | | | | | |
| LACTULOSE SOLUTION | LACTULOSE | | | | | | |
| POLYETHYLENE GLYCOL 3350 PACK | CLEARLAX | | | | | | |
| POLYETHYLENE GLYCOL 3350 POWDER | CLEARLAX | | | | | | |
| SALINE LAXATIVES | | | | | | | |
| MAGNESIUM CITRATE SOLNTION | CITROMA | | | | | | |
| MAGNESIUM OXIDE (LAXATIVE) TABLETS | PHILLIPS | | | | | | |
| SODIUM PHOSPHATES ENEMA | GNP ENEMA | | | | | | |
| STIMULANT LAXATIVES | | | | | | | |
| BISACODYL ENEMA | FLEET BISACODYL | | | | | | |
| BISACODYL KIT | DULCOLAX BOWEL PREP KIT | | | | | | |
| BISACODYL POWDER | BISACODYL | | | | | | |
| BISACODYL SUPPOSITORY | BISAC-EVAC | | | | | | |
| BISACODYL TABLET ENTERIC COATED | ALOPHEN | | | | | | |
| CASCARA SAGRADA CAPSULES | CASCARA SAGRADA | | | | | | |
| CASCARA SAGRADA TABLETS | CASCARA SAGRADA | | | | | | |
| CASCARA SAGRADA EXTRACT | CASCARA SAGRADA | | | | | | |
| SENNAS SYRP | SENNAS | | | | | | |
| SENNAS MISC | CORRECTOL HERBAL TEA | | | | | | |
| SENNAS LEAV | SENNAS LEAVES | | | | | | |
| SENNOSIDES CAPSULES | RA SENNAS | | | | | | |
| SENNOSIDES TABLETS | SENNAS-LAX | | | | | | |
| SENNOSIDES CHEWABLES | RA LAXATIVE | | | | | | |
| SENNOSIDES LIQUID | AGORAL MAXIMUM STRENGTH | | | | | | |
| SENNOSIDES SYRUP | SENNAS-GRX | | | | | | |
| SURFACTANT LAXATIVES | | | | | | | |
| DOCUSATE SODIUM CAPSULES | COLACE | | | | | | |
| DOCUSATE SODIUM ENEMA | DOCUSOL KIDS | | | | | | |
| DOCUSATE SODIUM LIQUID | PEDIA-LAX | | | | | | |
| DOCUSATE SODIUM SYRUP | DIOCTO | | | | | | |
| DOCUSATE SODIUM TABLETS | DOK | | | | | | |
| MACROLIDES | | | | | | | |
| AZITHROMYCIN | | | | | | | |
| AZITHROMYCIN PACK | ZITHROMAX | | | | | | |
| AZITHROMYCIN SUSPENSION | ZITHROMAX | | | | | | |
| AZITHROMYCIN TABLETS | ZITHROMAX | | | | | | |
| CLARITHROMYCIN | | | | | | | |
| CLARITHROMYCIN SUSPENSION | CLARITHROMYCIN | | | | | | |
| CLARITHROMYCIN TABLETS | BIAXIN | | | | | | |
| CLARITHROMYCIN TABLET 24-HOUR | BIAXIN XL | | | | | | |



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|--|---|-------------------------------|-----------------------|-------------|---------------------------|-------------------|---------|
| ERYTHROMYCIN PRODUCTS REQUIRE PRIOR AUTHORIZATION | | | | | | | |
| FIDAXOMICIN | | | | | | | |
| FIDAXOMICIN TABLETS | DIFICID | | | PA Required | | | |
| MEDICAL DEVICES | | | | | | | |
| CONTRACEPTIVES | | | | | | | |
| CONDOMS - FEMALE MISC | FC FEMALE CONDOM | | | | | 30.00 | 30.00 |
| CONDOMS - MALE MISC | LIFESTYLES ASSORTED COLORS | | | | | 30.00 | 30.00 |
| CONDOMS LATEX LUBRICATED - MALE MISC | ATLAS COLORED LUBRICATED CONDOM | | | | | 30.00 | 30.00 |
| CONDOMS LATEX NON-LUBRICATED - MALE MISC | ATLAS COLORED CONDOM/SPERMICIDE | | | | | 30.00 | 30.00 |
| CONDOMS NON-LATEX NON-LUBRICATED - MALE MISC | TROJAN NATURALAMB | | | | | 30.00 | 30.00 |
| DIAPHRAGM ARC-SPRING DPRH | CAYA | | | | | 1.00 | 365.00 |
| DIAPHRAGM COIL SPRING KIT | ORTHO DIAPHRAGM COIL SPRING KIT 50 | | | | | 1.00 | 365.00 |
| DIAPHRAGM FLAT SPRING KIT | ORTHO DIAPHRAGM FLAT SPRING KIT 55 | | | | | 1.00 | 365.00 |
| DIAPHRAGM WIDE SEAL DPRH | WIDE-SEAL SILICONE DIAPHRAGM KIT 60 | | | | | 1.00 | 365.00 |
| DIAPHRAGMS DPRH | OMNIFLEX DIAPHRAGM | | | | | 1.00 | 365.00 |
| DIABETIC SUPPLIES | | | | | | | |
| BLOOD GLUCOSE CALIBRATION LIQUID | ACCU-CHEK ACTIVE GLUCOSE CONTROL SOLUTION | | | | | | |
| BLOOD GLUCOSE MONITORING SUPPLIES DEVICE | TRUETRACK & TRUE METRIX | | | | | | |
| BLOOD GLUCOSE MONITORING SUPPLIES KIT | TRUETRACK & TRUE METRIX | | | | | | |
| LANCET DEVICES MISC | ACCU-CHEK SOFTCLIX LANCETDEVICECE | | | | | | |
| LANCETS MISC | 1ST CHOICE LANCETS SUPER THIN | | | | | | |
| LANCETS MISC. KIT | ACCU-CHEK FASTCLIX LANCETDEVICECE KIT | | | | | | |
| LANCETS MISC. MISC | AUTOLET PLATFORMS | | | | | | |
| MISC. DEVICES | | | | | | | |
| ALCOHOL SWABS PADS | ALCOH-GLOVE CONTOURED WIPE | | | | | | |
| PARENTERAL THERAPY SUPPLIES | | | | | | | |
| INSULIN PEN NEEDLE MISC | BD AUTOSHIELD 29G X 3/16" | | | | | | |
| INSULIN SYRINGE/NEEDLE U-100 MISC | RELION INSULIN SYRINGE/U- 100/0.3ML/29G | | | | | | |
| INSULIN SYRINGE/NEEDLE U-40 MISC | BD INSULIN SYRINGE U-40/1ML/25G X 5/8" | | | | | | |
| INSULIN SYRINGES (DISPOSABLE) MISC | KMART VALU PLUS INSULIN SYRINGE/0.3ML/30G | | | | | | |
| SYRINGE/NEEDLE (DISP) 1 ML | MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/1ML/23G X 1" | | | | | | |
| SYRINGE/NEEDLE (DISP) 1 ML MISC | MONOJECT LIFESHIELD BLUNT CANNULA/REG LUER SYR/1ML/18G X 1" | | | | | | |
| RESPIRATORY THERAPY SUPPLIES | | | | | | | |
| PEAK FLOW METER W/INHALER ASSIST DEVICE KIT | AEROGear ASTHMA ACTION | | | | | 2.00 | 365.00 |
| RESPIRATORY THERAPY DEVICE | AEROBIKA | | | | | | |
| RESPIRATORY THERAPY KIT | AIRS DISPOSABLE NEBULIZER | | | | | | |
| RESPIRATORY THERAPY MISC | ACE AEROSOL CLOUD ENHANCER | | | | | 2.00 | 365.00 |
| SPACER/AEROSOL-HOLDING CHAMBER - MASKS MISC | MASK VORTEX/BABY WHIRL DUCKLING | | | | | | |



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| SPACER/AEROSOL-HOLDING CHAMBERS DEVICE | AEROCHAMBER MINI CHAMBER | | | | | 2.00 | 365.00 |
| SPACER/AEROSOL-HOLDING CHAMBERS MISC | AEROCHAMBER MINI CHAMBER | | | | | | |
| MIGRAINE PRODUCTS | | | | | | | |
| MIGRAINE COMBINATIONS | | | | | | | |
| ERGOTAMINE W/ CAFFEINE SUPPOSITORY | MIGERGOT | | | | | 12.00 | 30.00 |
| ERGOTAMINE W/ CAFFEINE TABLETS | CAFERGOT | | | | | 40.00 | 30.00 |
| MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES | | | | | | | |
| GALCANEZUMAB-GNLM SOLUTION AUTOINJECTOR / PREFILLED SYRINGE / PEN | EMGALITY | | Preferred Drug | PA Required | | | |
| CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONIST | | | | | | | |
| ERENUMAB-AOQE SOLUTION AUTOINJECTOR | AIMOVIG | | Preferred Drug | PA Required | | 1.00 | 30.00 |
| FREMANEZUMAB-VFRM SOLUTION AUTOINJECTOR | AJOVY | | Preferred Drug | PA Required | | 1.00 | 30.00 |
| UBROGEPANT TABLETS | UBRELVY | | Preferred Drug | PA Required | | 8.00 | 30.00 |
| SEROTONIN AGONISTS | | | | | | | |
| NARATRIPTAN HCL TABLETS | AMERGE | | Preferred Drug | | | 9.00 | 30.00 |
| RIZATRIPTAN BENZOATE TABLETS | MAXALT | | Preferred Drug | | | 9.00 | 30.00 |
| RIZATRIPTAN BENZOATE ORALLY DISPERSABLE TABLET | MAXALT-MLT | | Preferred Drug | | | 9.00 | 30.00 |
| SUMATRIPTAN SOLUTION NASAL SPRAY | IMITREX SPRAY | Brand Only | Preferred Drug | | | 6.00 | 30.00 |
| SUMATRIPTAN SUCCINATE SOLUTION INJECTION | IMITREX | | Preferred Drug | | | 2.00 | 30.00 |
| SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTION | IMITREX STATDOSE SYSTEM | | Preferred Drug | | | 2.00 | 30.00 |
| SUMATRIPTAN SUCCINATE SOLUTION CARTRIDGE | IMITREX STATDOSE REFILL | | Preferred Drug | | | 2.00 | 30.00 |
| SUMATRIPTAN SUCCINATE TABLETS | IMITREX | | Preferred Drug | | | 9.00 | 30.00 |
| ZOLMITRIPTAN TABLETS | ZOMIG | | Preferred Drug | | | 9.00 | 30.00 |
| ZOLMITRIPTAN ORALLY DISPERSABLE TABLET | ZOMIG ZMT | | Preferred Drug | | | 9.00 | 30.00 |
| ZOLMITRIPTAN SOLUTION NASAL SPRAY | ZOMIG SPRAY | Brand Only | Preferred Drug | Step Therapy - Must Try Imitrex Nasal Spray | | 6.00 | 30.00 |
| MINERALS & ELECTROLYTES | | | | | | | |
| CALCIUM | | | | | | | |
| CALCIUM LACTATE CAPSULES | CAL-LAC | | | | | | |
| CALCIUM LACTATE TABLETS | CALCIUM LACTATE | | | | | | |
| FLUORIDE | | | | | | | |
| SODIUM FLUORIDE CHEWABLE TABLETS | LU Dent | | | | | | |
| SODIUM FLUORIDE LOZG | LOZI-FLUR | | | | | | |
| SODIUM FLUORIDE SOLUTION | FLUOR-A-DAY | | | | | | |
| SODIUM FLUORIDE TABLETS | SODIUM FLUORIDE | | | | | | |
| MAGNESIUM | | | | | | | |
| MAGNESIUM OXIDE (MG SUPPLEMENT) CAPSULES | MAGNESIUM | | | | | | |
| MAGNESIUM OXIDE (MG SUPPLEMENT) TABLETS | MAG-200 | | | | | | |
| POTASSIUM | | | | | | | |
| POTASSIUM BICARB & CHLORIDE TABLET EFFERVESCENT | EFFERVESCENT POTASSIUM/CHLORIDE | | | | | | |
| POTASSIUM BICARBONATE TABLET EFFERVESCENT | EFFER-K | | | | | | |
| POTASSIUM BICARBONATE-CITRIC ACID TABLET EFFERVESCENT | EFFER-K | | | | | | |
| POTASSIUM CHLORIDE CAPSULE CONTROLLED RELEASE | KLOR-CON SPRINKLE | | | | | | |
| POTASSIUM CHLORIDE LIQUID | K-SOL | | | | | | |
| POTASSIUM CHLORIDE MICRO ENCAPSULESULATED CRYSTALS CONTROLLED RELEASE | KLOR-CON M10 | | | | | | |
| POTASSIUM CHLORIDE PACK | KLOR-CON | | | | | | |
| POTASSIUM CHLORIDE TABLET CONTROLLED RELEASE | KLOR-CON 8 | | | | | | |
| SODIUM | | | | | | | |



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| SODIUM CHLORIDE FLUSH SOLUTION | NORMAL SALINE FLUSH | | | | | | |
| MOUTH/THROAT/DENTAL AGENTS | | | | | | | |
| ANTISEPTICS - MOUTH/THROAT | | | | | | | |
| CHLORHEXIDINE GLUCONATE (MOUTH-THROAT) SOLUTION | PAROEX | | | | | | |
| STEROIDS - MOUTH/THROAT | | | | | | | |
| TRIAMCINOLONE ACETONIDE (MOUTH) PASTE | ORALONE | | | | | 10.00 | 30.00 |
| ANESTHETICS TOPICAL ORAL | | | | | | | |
| LIDOCAINE HCL (MOUTH-THROAT) SOLUTION | LIDOCAINE VISCOUS | | | | | | |
| THROAT PRODUCTS - MISC. | | | | | | | |
| ARTIFICIAL SALIVA KIT | ORAL RELIEF FOR DRY MOUTH& DISCOMFORT | | | | | | |
| ARTIFICIAL SALIVA LOZENGE | ACT DRY MOUTH | | | | | | |
| ARTIFICIAL SALIVA SOLUTION | BIOTENE MOISTURIZING MOUTH SPRAY | | | | | | |
| MULTIVITAMINS | | | | | | | |
| B-COMPLEX VITAMINS | | | | | | | |
| B-COMPLEX VITAMINS | B-COMPLEX | | | | | | |
| B-COMPLEX W/ C | | | | | | | |
| B COMPLEX W/ C CAPSULES | B COMPLEX/VITAMIN C | | | | | | |
| B COMPLEX W/ C TABLETS | B COMPLEX/C | | | | | | |
| B COMPLEX W/ C TABLET CONTROLLED RELEASE | B-COMPLEX +C | | | | | | |
| B-COMPLEX W/ FOLIC ACID | | | | | | | |
| B COMPLEX W/ C-BIOTIN-E-FOLIC ACID & IRON CARBONYL MISC | RENATABLETS WITH IRON | | | | | | |
| B-COMPLEX W/ C & FOLIC ACID | MILCO-B-FORTE | | | | | | |
| B-COMPLEX W/ C & FOLIC ACID CAPSULES | NEPHROCAPSULES | | | | | | |
| B-COMPLEX W/ C & FOLIC ACID TABLETS | DIALYVITE | | | | | | |
| B-COMPLEX W/ C-BIOTIN-D-ZINC & FOLIC ACID TABLETS | VITAL-D RX | | | | | | |
| B-COMPLEX W/ LYSINE-MIN-FE & FOLIC ACID LIQUID | NUTRIVIT | | | | | | |
| B-COMPLEX W/ LYSINE-ZN & FOLIC ACID LIQUID | SUPERVITE | | | | | | |
| IRON W/ VITAMINS | | | | | | | |
| IRON W/ VITAMINS TABLETS | GERITOL COMPLETE | | | | | 30.00 | 30.00 |
| MULTIPLE VITAMINS W/ IRON | | | | | | | |
| MULTIPLE VITAMINS W/ IRON TABLETS | MULTIPLE VITAMINS/IRON | | | | | | |
| MULTIPLE VITAMINS W/ MINERALS | | | | | | | |
| MULTIPLE VITAMINS W/ MINERALS CAPSULES | VARIOUS | | | | | 30.00 | 30.00 |
| MULTIPLE VITAMINS W/ MINERALS CHEWABLE TABLETS | VARIOUS | | | | | 30.00 | 30.00 |
| MULTIPLE VITAMINS W/ MINERALS LIQUID | VARIOUS | | | | | 30.00 | 30.00 |
| MULTIPLE VITAMINS W/ MINERALS TABLETS | VARIOUS | | | | | 30.00 | 30.00 |
| PEDIATRIC MULTIPLE VITAMINS | | | | | | | |
| PEDIATRIC MULTIPLE VITAMIN W/ C SOLUTION | POLY-VITE DROPS | | | | | | |
| PED MULTIPLE VITAMINS W/ MINERALS | | | | | | | |
| PEDIATRIC MULTIPLE VITAMIN W/ MINERALS & C CHEWABLES | CHILDRENS CHEWABLE GUMMIES | | | | | | |
| PED MV W/ IRON | | | | | | | |
| PEDIATRIC MULTIPLE VITAMINS W/ IRON SOLUTION | POLY-VITE SOL /IRON | | | | | | |
| PED MULTI VITAMINS W/FL & FE | | | | | | | |
| PEDIATRIC VITAMINS ACD FLUORIDE & IRON SOLUTION | TRI-VIT/FLUORIDE/IRON | | | | | | |
| PED MV W/ FLUORIDE | | | | | | | |
| PEDIATRIC MULTIVITAMINS W/FL CHEWABLE TABLETS | MVC-FLUORIDE | | | | | 30.00 | 30.00 |
| PEDIATRIC MULTIVITAMINS W/FL SOLUTION | QUFLORA PEDIATRIC | | | | | | |
| PEDIATRIC MULTIVITAMINS W/FL SUSPENSION | POLY-VI-FLOR | | | | | | |
| PEDIATRIC VITAMINS ACD W/ FLUORIDE SOLUTION | TRIPLE-VITAMIN/FLUORIDE | | | | | | |
| PED MULTI VITAMINS W/FL & FE | | | | | | | |
| PED MULTIVITAMINS W/FL & IRON SOLUTION | MULTI-VIT/IRON/FLUORIDE | | | | | | |



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| PRENATAL VITAMINS | | | | | | | |
| PRENATAL MULTIVIT-MIN W/FE-FA TABS | PRE-NATAL FORMULA | | | | | 30.00 | 30.00 |
| PRENATAL MV & MIN W/FE FUMARATE-FA-DHA MISC | VITAFOL-OB+DHA | | | | | 30.00 | 30.00 |
| PRENATAL MV & MIN W/FE POLYSACCHARIDE COMPLEX-FA-DHA CAPS | VITAFOL-ONE | | | | | 30.00 | 30.00 |
| PRENATAL MV & MIN W/FE POLYSACCHARIDE COMPLEX-FA-DHA MISC | SELECT-OB+DHA | | | | | 30.00 | 30.00 |
| PRENATAL VIT W/ DOCUSATE-FE FUMARATE-FOLIC ACID TABS | PNV FERROUS FUMARATE/DOCUSATE/FOLIC ACID | | | | | 30.00 | 30.00 |
| PRENATAL VIT W/ FE BISGLYCINATE CHELATE-FOLIC ACID TABS | VINATE AZ EXTRA | | | | | 30.00 | 30.00 |
| PRENATAL VIT W/ FE FUM-IRON POLYSACCH COMPLEX -FA-OMEGA 3 CAPS | CONCEPT DHA | | | | | 30.00 | 30.00 |
| PRENATAL VIT W/ FERROUS FUMARATE-FA-OMEGA 3 FATTY ACIDS CAPS | VIVA DHA | | | | | 30.00 | 30.00 |
| PRENATAL VIT W/ FERROUS FUMARATE-FOLIC ACID CHEW | COMPLETENATE | | | | | 30.00 | 30.00 |
| PRENATAL VIT W/ FERROUS FUMARATE-FOLIC ACID TABS | M-VIT | | | | | 30.00 | 30.00 |
| PRENATAL VIT W/ FERROUS FUMARATE-L METHYLFOLATE-FOLIC ACID TABS | ZATEAN-PN | | | | | 30.00 | 30.00 |
| PRENATAL VIT W/ IRON CARBONYL-FE ASPART GLYC-FA-OMEGA 3 CAPS | FOLCAPS OMEGA 3 | | | | | 30.00 | 30.00 |
| PRENATAL VIT W/ IRON CARBONYL-FOLIC ACID TABS | PRENATABS RX | | | | | 30.00 | 30.00 |
| PRENATAL VIT W/ SELENIUM-FE FUMARATE-FOLIC ACID TABS | VINATE M | | | | | 30.00 | 30.00 |
| PRENATAL W/O VIT A W/ FE FUMARATE-DSS-FA-DHA CAPS | PRENEXA | | | | | 30.00 | 30.00 |
| PRENATAL WITHOUT A VIT W/ FE FUMARATE-FOLIC ACID CHEW | VINATE CARE | | | | | 30.00 | 30.00 |
| PRENATAL WITHOUT A VIT W/ FE FUM-IRON POLYSACCH COMPLEX -FA CAPS | CONCEPT OB | | | | | 30.00 | 30.00 |
| PRENATAL WITHOUT VIT A W/ FE CARBONYL-FE GLUC-DOCUSATE-FA TABS | CITRANATAL RX | | | | | 30.00 | 30.00 |
| MUSCULOSKELETAL THERAPY AGENTS | | | | | | | |
| CENTRAL MUSCLE RELAXANTS | | | | | | | |
| BACLOFEN TABLETS | BACLOFEN | | | | | | |
| CYCLOBENZAPRINE HCL TABLETS 5MG & 10MG ONLY | FLEXERIL | | | | | | |
| METAXALONE TABLETS | METAXALONE | | | | | | |
| METHOCARBAMOL TABLETS | ROBAXIN | | | | | | |
| ORPHENADRINE CITRATE TABLET 12-HOUR | ORPHENADRINE CITRATE CR | | | | | | |
| TIZANIDINE HCL - 2mg and 4mg TABLETS ONLY | TIZANIDINE HCL | | | | | | |
| DIRECT MUSCLE RELAXANTS | | | | | | | |
| DANTROLENE SODIUM CAPSULES | DANTRIUM | | | | | | |
| NASAL AGENTS - SYSTEMIC AND TOPICAL | | | | | | | |
| NASAL AGENTS - MISCELLANEOUS | | | | | | | |
| SALINE NASAL SPRAY | SALINE NASAL SPRAY | | | | | | |
| NASAL ANTIALLERGY | | | | | | | |
| AZELASTINE HCL SOLUTION 0.10% | ASTELIN | | | | | | |
| NASAL ANTICHOLINERGICS | | | | | | | |
| IPRATROPIUM BROMIDE (NASAL) SOLUTION | ATROVENT | | | | | | |
| NASAL STEROIDS | | | | | | | |
| FLUNISOLIDE (NASAL) SOLUTION | FLUNISOLIDE | | | | | | |
| FLUTICASON PROPRIONATE (NASAL) SUSPENSION | FLONASE | | | | | | |
| MOMETASON FUROATE (NASAL) SUSPENSION | NASONEX | | | | | | |
| SYMPATHOMIMETIC DECONGESTANTS | | | | | | | |
| PSEUDOEPHEDRINE HCL GEL | ELIXIRSURE CONGESTION | | | | | | |



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| PSEUDOEPHEDRINE HCL LIQUID | SUDAFED CHILDRENS | | | | | | |
| PSEUDOEPHEDRINE HCL SYRUP | PSEUDOEPHEDRINE | | | | | | |
| | SHOPKO NASAL DECONGESTANTMAXIMUM STRENGTH | | | | | | |
| PSEUDOEPHEDRINE HCL TABLETS | | | | | | | |
| PSEUDOEPHEDRINE HCL TABLET 12-HOUR | SHOPKO NASAL DECONGESTANT | | | | | | |
| PSEUDOEPHEDRINE HCL TABLET 24-HOUR | SUDAFED 24 HOUR | | | | | | |
| NUTRIENTS | | | | | | | |
| MISC. NUTRITIONAL SUBSTANCES | | | | | | | |
| OMEGA-3 FATTY ACIDS CAPSULES | FISH OIL | | | | | | |
| OMEGA-3 FATTY ACIDS CAPSULE DELAYED RELEASE | FISH OIL | | | | | | |
| OMEGA 3 FATTY ACIDS-OMEGA 6 FATTY ACIDS-OMEGA 9 FATTY ACIDS CAPSULES | OMEGA-3-6-9 | | | | | | |
| OPHTHALMIC AGENTS | | | | | | | |
| ARTIFICIAL TEARS AND LUBRICANTS | | | | | | | |
| ARTIFICIAL TEAR GEL GEL | VARIOUS | | | | | | |
| ARTIFICIAL TEAR OINTMENT | VARIOUS | | | | | | |
| ARTIFICIAL TEAR SOLUTION SOLUTION | VARIOUS | | | | | | |
| CARBOXYMETHYLCELLULOSE-GLYCERIN SOLUTION | VARIOUS | | | | | | |
| CARBOXYMETHYLCELLULOSE-HYPROMELLOSE GEL | VARIOUS | | | | | | |
| CARBOXYMETHYLCELLULOSE SODIUM (OPHTH) SOUTION | VARIOUS | | | | | | |
| CARBOXYMETHYLCELLULOSE SODIUM (OPHTH) GEL | VARIOUS | | | | | | |
| HYPROMELLOSE (GONIOSCOPIC) SOLUTION | VARIOUS | | | | | | |
| POLYETHYLENE GLYCOL 400 (OPHTH) GEL | VARIOUS | | | | | | |
| POLYETHYLENE GLYCOL 400 (OPHTH) SOLUTION | VARIOUS | | | | | | |
| POLYETHYLENE GLYCOL-PROPYLENE GLYCOL (OPHTH) SOLUTION | VARIOUS | | | | | | |
| POLYSORBATE 80 (OPHTH) SOLUTION | VARIOUS | | | | | | |
| POLYVINYL ALCOHOL SOLUTION | VARIOUS | | | | | | |
| BETA-BLOCKERS - OPTHALMIC | | | | | | | |
| BETAXOLOL HCL (OPHTH) SOLUTION | BETAXOLOL HCL | | | | | | |
| BETAXOLOL HCL (OPHTH) SUSPENSION | BETOPTIC-S | | | | | | |
| BRIMONIDINE TARTRATE-TIMOLOL MALEATE SOLUTION | COMBIGAN | | | | | | |
| CARTEOLOL HCL (OPHTH) SOLUTION | CARTEOLOL HCL | | | | | | |
| DORZOLAMIDE HCL-TIMOLOL MALEATE SOLUTION | COSOPT | | | | | | |
| LEVOBUNOLOL HCL SOLUTION | LEVOBUNOLOL HCL | | | | | | |
| METIPRANOLOL SOLUTION | METIPRANOLOL | | | | | | |
| TIMOLOL MALEATE (OPHTH) DROPS | TIMOPTIC-XE | | | | | | |
| TIMOLOL MALEATE (OPHTH) SOLUTION | TIMOPTIC | | | | | | |
| TIMOLOL SOLUTION | BETIMOL | | | | | | |
| CYCLOPLEGIC MYDRIATICS | | | | | | | |
| ATROPINE SULFATE (OPHTHALMIC) OINTMENT | ATROPINE SULFATE | | | | | | |
| ATROPINE SULFATE (OPHTHALMIC) SOLUTION | ISOPTO ATROPINE | | | | | | |
| CYCLOPENTOLATE HCL SOLUTION | CYCLOGYL | | | | | | |
| HOMATROPINE HBR SOLUTION | ISOPTO HOMATROPINE | | | | | | |
| TROPICAMIDE SOLUTION | TROPICAMIDE | | | | | | |
| MIOTICS | | | | | | | |
| PILOCARPINE HCL GEL | PILOPINE HS | | | | | | |
| PILOCARPINE HCL SOLUTION | ISOPTO CARPINE | | | | | | |
| OPHTHALMIC ADRENERGIC AGENTS | | | | | | | |
| APRACLONIDINE HCL SOLUTION | IOPIDINE | | | | | | |
| BRIMONIDINE TARTRATE SOLUTION | ALPHAGAN P | | | | | | |
| OPHTHALMIC ANTI-INFECTIVES | | | | | | | |
| BACITRACIN (OPHTHALMIC) OINTMENT | BACITRACIN | | | | | 3.50 | 7.00 |



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| BACITRACIN-POLYMYXIN B (OPHTH) OINTMENT | POLYCIN | | | | | | |
| CIPROFLOXACIN HCL (OPHTH) OINTMENT | CILOXAN | | | | | | |
| CIPROFLOXACIN HCL (OPHTH) SOLUTION | CILOXAN | | | | | | |
| ERYTHROMYCIN (OPHTH) OINTMENT | ILOTYCIN | | | | | | |
| GENTAMICIN SULFATE (OPHTH) OINTMENT | GARAMYCIN | | | | | | |
| GENTAMICIN SULFATE (OPHTH) SOLUTION | GARAMYCIN | | | | | | |
| MOXIFLOXACIN HCL (OPHTH) SOLUTION | VIGAMOX | | | | | | |
| NATAMYCIN SUSPENSION | NATACYN | | | | | | |
| NEOMYCIN-BACITRACIN ZN-POLYMYXIN OINTMENT | NEO-POLYCIN | | | | | | |
| NEOMYCIN-POLYMYXIN-GRAMICIDIN SOLUTION | NEOSPORIN | | | | | | |
| 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 | | | | | 3.50 | 7.00 |
| TOBRAMYCIN (OPHTH) SOLUTION | TOBREX | | | | | | |
| TRIFLURIDINE SOLUTION | VIROPTIC | | | | | | |
| OPHTHALMIC DECONGESTANTS | | | | | | | |
| HYPROMELLOSE-GLYCERIN-NAPHAZOLINE SOLUTION | CLEAR EYES FOR DRY EYES PLUS REDNESS RELIEF | | | | | | |
| HYPROMELLOSE-NAPHAZOLINE-POLYSORBATE 80-ZINC SULFATE SOLUTION | CLEAR EYES COMPLETE 7 SYMPTOM RELIEF | | | | | | |
| NAPHAZOLINE HCL SOLUTION | VASOCLEAR | | | | | | |
| NAPHAZOLINE W/ PHENIRAMINE SOLUTION | NAPHCON-A | | | | | | |
| NAPHAZOLINE W/ ZINC SULFATE SOLUTION | VASOCLEAR A | | | | | | |
| NAPHAZOLINE-GLYCERIN SOLUTION | CLEAR EYES REDNESS RELIEF | | | | | | |
| NAPHAZOLINE-GLYCERIN-ZINC SULFATE SOLUTION | CLEAR EYES SEASONAL RELIEF | | | | | | |
| NAPHAZOLINE-HYPROMELLOSE SOLUTION | CVS MAXIMUM REDNESS RELIEF | | | | | | |
| NAPHAZOLINE-POLYETHYLENE GLYCOL 300 SOLUTION | CVS REDNESS RELIEF | | | | | | |
| OXYMETAZOLINE HCL (OPHTH) SOLUTION | VISINE-LR | | | | | | |
| PHENYLEPHRINE-POLYVINYL ALCOHOL SOLUTION | REFRESH REDNESS RELIEF | | | | | | |
| TETRAHYDROZOLINE HCL (OPHTH) SOLUTION | ALTAZINE | | | | | | |
| TETRAHYDROZOLINE W/ POLYETHYLENE GLYCOL SOLUTION | ADVANCED LUBRICANT | | | | | | |
| TETRAHYDROZOLINE W/ ZINC SULFATE SOLUTION | VISINE-AC | | | | | | |
| TETRAHYDROZOLINE-DEXTRAN-POLYETHYLENE GLYCOL-POVIDONE SOLUTION | VISINE ADVANCED RELIEF | | | | | | |
| TETRAHYDROZOLINE-GLYCERIN-HYPROMELLOSE-PEG 400 SOLUTION | VISINE MAXIMUM REDNESS RELIEF | | | | | | |
| TETRAHYDROZOLINE-GLYCERIN-HYPROMELLOSE-PEG 400-ZINC SULFATE SOLUTION | VISINE TOTALITY MULTI-SYMPTOM/HYDROBLEND | | | | | | |
| TETRAHYDROZOLINE-POLYVINYL ALCOHOL-POVIDONE SOLUTION | CLEAR EYES TRIPLE ACTION RELIEF | | | | | | |
| OPHTHALMIC IMMUNOMODULATORS | | | | | | | |
| CYCLOSPORINE (OPHTH) EMULSION | RESTASIS | | | | | | |
| OPHTHALMIC STEROIDS | | | | | | | |
| BACITRACIN-POLY-NEOMYCIN-HC OINTMENT | NEO-POLYCIN HC | | | | | | |
| DEXAMETHASONE (OPHTH) SUSPENSION | MAXIDEX | | | | | | |
| DEXAMETHASONE SODIUM PHOSPHATE (OPHTH) SOLUTION | DEXAMETHASONE SODIUM PHOSPHATE | | | | | | |
| FLUOROMETHOLONE (OPHTH) OINTMENT | FML | | | | | | |
| FLUOROMETHOLONE (OPHTH) SUSPENSION | FML LIQUIFILM | | | | | | |
| GENTAMICIN-PREDNISOLONE ACETATE OINTMENT | PRED-G S.O.P. | | | | | | |
| GENTAMICIN-PREDNISOLONE ACETATE SUSPENSION | PRED-G | | | | | | |
| NEOMYCIN-POLYMY-DEXAMETH OINTMENT | MAXITROL | | | | | | |



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| NEOMYCIN-POLYMY-DEXAMETH SUSPENSION | MAXITROL | | | | | | |
| NEOMYCIN-POLYMYXIN-HC (OPHTH) SUSPENSION | NEOMYCIN/POLYMYXIN/HYDROCORTISONE | | | | | | |
| PREDNISOLONE ACETATE (OPHTH) SUSPENSION | PRED MILD | | | | | | |
| PREDNISOLONE SODIUM PHOSPHATE (OPHTH) SOLUTION | PREDNISOLONE SODIUM PHOSPHATE | | | | | | |
| SULFACETAMIDE SOD-PREDNISOLONE OINTMENT | BLEPHAMIDE S.O.P. SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE | | | | | | |
| SULFACETAMIDE SOD-PREDNISOLONE SOLUTION | BLEPHAMIDE | | | | | | |
| SULFACETAMIDE SOD-PREDNISOLONE SUSPENSION | BLEPHAMIDE | | | | | | |
| TOBRAMYCIN-DEXAMETHASONE OINTMENT | TOBRADEX | | | | | 3.50 | 7.00 |
| TOBRAMYCIN-DEXAMETHASONE SUSPENSION | TOBRADEX ST | | | | | | |
| OPHTHALMICS - MISC. | | | | | | | |
| AZELASTINE HCL (OPHTH) SOLUTION | OPTIVAR | | | | | | |
| BRINZOLAMIDE SUSPENSION | AZOPT | Brand Only | | | | | |
| BROMFENAC SODIUM (OPHTH) SOLUTION | PROLENSA | | | | | | |
| CROMOLYN SODIUM (OPHTH) SOLUTION | CROMOLYN SODIUM | | | | | | |
| DICLOFENAC SODIUM (OPHTH) SOLUTION | DICLOFENAC SODIUM | | | | | | |
| DORZOLAMIDE HCL SOLUTION | TRUSOPT | | | | | | |
| EPINASTINE HCL (OPHTH) SOLUTION | ELESTAT | | | | | | |
| FLURBIPROFEN SODIUM SOLUTION | OCUFEN | | | | | | |
| KETOROLAC TROMETHAMINE (OPHTH) SOLUTION | ACULAR LS | | | | | | |
| KETOTIFEN FUMARATE (OPHTH) SOLUTION | ALAWAY | | | | | | |
| LODOXAMIDE TROMETHAMINE SOLUTION | ALOMIDE | | | | | | |
| OLOPATADINE HCL SOLUTION | PATANOL | | | | | | |
| SODIUM CHLORIDE HYPERTONIC SOLUTION | MURO | | | | | | |
| SODIUM CHLORIDE HYPERTONIC OINTMENT | MURO | | | | | | |
| PROSTAGLANDINS - OPHTHALMIC | | | | | | | |
| LATANOPROST SOLUTION | XALATAN | | | | | 2.50 | 30.00 |
| TAFLUPROST SOLUTION | ZIOPTAN | | | PA Required | | | |
| TRAVOPROST SOLUTION | TRAVATAN Z | Brand Only | | | | | |
| OTIC AGENTS | | | | | | | |
| OTIC AGENTS - MISCELLANEOUS | | | | | | | |
| ACETIC ACID (OTIC) SOLUTION | ACETIC ACID | | | | | | |
| OTIC ANTI-INFECTIVES | | | | | | | |
| CIPROFLOXACIN HCL (OTIC) SOLUTION | VARIOIUS | | Preferred Drug | | | | |
| OFLOXACIN (OTIC) SOLUTION | VARIOIUS | | | | | | |
| OTIC COMBINATIONS | | | | | | | |
| CIPROFLOXACIN-DEXAMETHASONE | CIPRODEX | Brand Only | Preferred Drug | | | | |
| CIPROFLOXACINE-HYDROCORTISONE | CIPRO HC | Brand Only | Preferred Drug | | | | |
| NEOMYCIN-POLYMYXIN-HC (OTIC) SOLUTION | VARIOUS | | Preferred Drug | | | | |
| NEOMYCIN-POLYMYXIN-HC (OTIC) SUSPENSION | VARIOUS | | Preferred Drug | | | | |
| OTIC STEROIDS | | | | | | | |
| FLUOCINOLONE ACETONIDE (OTIC) OIL | DERMOTIC | | | | | | |
| HYDROCORTISONE W/ACETIC ACID SOLUTION | ACETASOL HC | | | | | | |
| OXYTOCICS | | | | | | | |
| OXYTOCICS | | | | | | | |
| METHYLERGONOVINE MALEATE TABLETS | METHERGINE | | | | | | |
| PASSIVE IMMUNIZING AGENTS | | | | | | | |
| MONOCLONAL ANTIBODIES | | | | | | | |
| PALIVIZUMAB SOLUTION | SYNAGIS | | | PA Required - if approved the prescriber must buy and bill a medical claim for the drug | | | |



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| PENICILLINS | | | | | | | |
| AMINOPENICILLINS | | | | | | | |
| AMOXICILLIN CAPSULES | AMOXICILLIN | | | | | | |
| AMOXICILLIN CHEWABLE TABLETS | AMOXICILLIN | | | | | | |
| AMOXICILLIN SUSPENSION | AMOXICILLIN | | | | | | |
| AMOXICILLIN TABLETS | AMOXICILLIN | | | | | | |
| AMOXICILLIN TABLET 24-HOUR | MOXATAG | | | | | | |
| AMPICILLIN CAPSULES | AMPICILLIN | | | | | | |
| AMPICILLIN SUSPENSION | AMPICILLIN | | | | | | |
| NATURAL PENICILLINS | | | | | | | |
| PENICILLIN V POTASSIUM SOLUTION | PENICILLIN V POTASSIUM | | | | | | |
| PENICILLIN V POTASSIUM TABLETS | PENICILLIN V POTASSIUM | | | | | | |
| PENICILLIN COMBINATIONS | | | | | | | |
| AMOXICILLIN & POT CLAVULANATE CHEWABLE TABLETS | AUGMENTIN | | | | | | |
| AMOXICILLIN & POT CLAVULANATE SUSPENSION | AUGMENTIN | | | | | | |
| AMOXICILLIN & POT CLAVULANATE TABLETS | AMOXICILLIN/CLAVULANATE POTASSIUM | | | | | | |
| AMOXICILLIN & POT CLAVULANATE TABLET 12-HOUR | AUGMENTIN XR | | | | | | |
| PENICILLINASE-RESISTANT PENICILLINS | | | | | | | |
| DICLOXACILLIN SODIUM CAPSULES | DICLOXACILLIN SODIUM | | | | | | |
| PROGESTINS | | | | | | | |
| PROGESTINS | | | | | | | |
| HYDROXYPROGESTERONE CAPROATE OIL | MAKENA 250 MG/ML | Brand Only | | PA Required | | | |
| HYDROXYPROGESTERONE CAPROATE SOLUTION AUTOINJECTOR | MAKENA AUTO INJECTOR | Brand Only | | PA Required | | | |
| MEDROXYPROGESTERONE ACETATE TABLETS | PROVERA | | | | | | |
| NORETHINDRONE ACETATE | AYGESTIN | | | | | | |
| PROGESTERONE MICRONIZED CAPSULES | PROMETRIUM | | | | | | |
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENT | | | | | | | |
| AGENTS FOR CHEMICAL DEPENDENCY | | | | | | | |
| ACAMPROSATE CALCIUM TABLET DELAYED RELEASE | VARIOUS | | | | | | |
| DISULFIRAM TABLETS | VARIOUS | | | | | | |
| ANTIDEMENTIA AGENTS | | | | | | | |
| DONEPEZIL HYDROCHLORIDE TABLETS | ARICEPT | | | | | | |
| DONEPEZIL HYDROCHLORIDE ORALLY DISPERSABLE TABLET | ARICEPT ODT | | | | | | |
| GALANTAMINE HYDROBROMIDE CAPSULE 24-HOUR | RAZADYNE ER | | | PA Required | | | |
| GALANTAMINE HYDROBROMIDE SOLUTION | RAZADYNE | | | PA Required | | | |
| GALANTAMINE HYDROBROMIDE TABLETS | RAZADYNE | | | PA Required | | | |
| MEMANTINE HCL CAPSULE 24-HOUR | NAMENDA XR | | | PA Required | | | |
| MEMANTINE HCL SOLUTION | NAMENDA | | | PA Required | | | |
| MEMANTINE HCL TABLETS | NAMENDA | | | PA Required | | | |
| RIVASTIGMINE PATCH 24-HOUR | EXELON | | | PA Required | | | |
| RIVASTIGMINE TARTRATE CAPSULES | EXELON | | | PA Required | | | |
| RIVASTIGMINE TARTRATE SOLUTION | EXELON | | | PA Required | | | |
| MOVEMENT DISORDER DRUG THERAPY | | | | | | | |
| DEUTETRABENAZINE TABLETS | AUSTEDO | | | PA Required | | | |
| VALBENZAZINE TOSYLATE CAPSULES | INGREZZA | | | PA Required | | | |
| MULTIPLE SCLEROSIS AGENTS | | | | | | | |
| FINGOLIMOD HCL CAPSULES | GILENYA | | | PA Required | | | |
| GLATIRAMER ACETATE 20MG | COPAXONE 20mg | Brand Only | Preferred Drug | PA Required | | | |
| GLATIRAMER ACETATE 40MG | GLATOPA 40MG | Brand Only | Preferred Drug | PA Required | | | |
| INTERFERON BETA-1A KIT | AVONEX | | | PA Required | | | |
| INTERFERON BETA-1A SOLUTION | REBIF REBIDOSE TITRATION PACK | | | PA Required | | | |
| INTERFERON BETA-1B KIT | BETASERON | | | PA Required | | | |



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| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. | | | | | | | |
| ERGOLOID MESYLATES TABLETS | ERGOLOID MESYLATES | | | | | | |
| PIMOZIDE TABLETS | ORAP | | | Prior Authorization is required for < 12 years of age. | | | |
| SMOKING DETERRENTS | | | | | | | |
| BUPROPION HCL (SMOKING DETERRENT) TABLET 12-HOUR | BUPROBAN | | | | | 168.00 | 180.00 |
| NICOTINE INHALER | NICOTROL INHALER | | | | | 1008.00 | 180.00 |
| NICOTINE KIT | NICOTINE TRANSDERMAL SYSTEM | | | | | 84.00 | 180.00 |
| NICOTINE POLACRILEX GUM | KLS QUIT2 | | | | | 540.00 | 180.00 |
| NICOTINE POLACRILEX LOZENGE | COMMIT | | | | | 540.00 | 180.00 |
| NICOTINE PATCH 24-HOUR | NICODERM CQ | | | | | 84.00 | 180.00 |
| NICOTINE SOLUTION | NICOTROL NS | | | | | 120.00 | 180.00 |
| VARENICLINE TARTRATE TABLETS | CHANTIX | | | | | 168.00 | 180.00 |
| RESPIRATORY AGENTS - MISC. | | | | | | | |
| ALPHA-PROTEINASE INHIBITOR (HUMAN) | | | | | | | |
| ALPHA1-PROTEINASE INHIBITOR (HUMAN) SOLUTION | ARALAST NP | | | PA Required | | | |
| CYSTIC FIBROSIS AGENTS | | | | | | | |
| DORNASE ALFA SOLUTION | PULMOZYME | | | PA Required | | | |
| IVACAFTOR PACK | KALYDECO | | | PA Required | | | |
| IVACAFTOR TABLETS | KALYDECO | | | PA Required | | | |
| SULFONAMIDES | | | | | | | |
| SULFONAMIDES | | | | | | | |
| SULFADIAZINE TABLETS | SULFADIAZINE | | | | | | |
| TOXOIDS | | | | | | | |
| TOXOID COMBINATIONS | | | | | | | |
| DIPH-AC PERT-TET TOX AD-POLIO IPV-HAEMOPHIL B POLY VAC SUSPENSION | PENTACEL | | | | | | |
| DIPH-TETANUS TOX AD-ACELL PERTUSSIS & POLIO VIRUS, IPV VAC SUSPENSION | KINRIX | | | | | | |
| DIPH-TETANUS TOX-ACELL PERT-HEPATITIS B RECOMB-POLIO IPV VA SUSPENSION | PEDIARIX | | | | | | |
| DIPHThERIA, ACELLULAR PERTUSSIS & TETANUS TOXOIDS SUSPENSION | INFANRIX | | | | | | |
| DIPHThERIA-TETANUS TOXOIDS (DT) SUSPENSION | DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC | | | | | | |
| TETANUS TOXOID-DIPHThERIA-ACELLULAR PERTUSSIS ADSORB (TDAP) SUSPENSION | BOOSTRIX | | | | | | |
| TETANUS-DIPHThERIA TOXOIDS (TD) INJECTION | TETANUS/DIPHThERIA TOXOID-ADSORBED PUROGENATED ADULT | | | | | | |
| TETANUS-DIPHThERIA TOXOIDS (TD) SUSPENSION | TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT | | | | | | |
| TETRACYCLINES | | | | | | | |
| TETRACYCLINES | | | | | | | |
| DEMECLOCYCLINE HCL TABLETS | DEMECLOCYCLINE HCL | | | PA Required | | | |
| DOXYCYCLINE HYCLATE CAPSULES - 50MG AND 100MG CAPSULES ONLY | VARIOUS | | | | | | |
| DOXYCYCLINE HYCLATE TABLETS - 20MG AND 100MG TABLETS ONLY | VARIOUS | | | | | | |
| DOXYCYCLINE MONOHYDRATE - CAPSULES 50MG & 100MG ONLY | VARIOUS | | | | | | |
| MINOCYCLINE HCL - 50MG, 75MG & 100MG CAPSULES ONLY | MINOCIN | | | | | | |
| THYROID AGENTS | | | | | | | |
| ANTITHYROID AGENTS | | | | | | | |
| METHIMAZOLE TABLETS | TAPAZOLE | | | | | | |



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| PROPYLTHIOURACIL TABLETS | PROPYLTHIOURACIL | | | | | | |
| THYROID HORMONES | | | | | | | |
| LEVOTHYROXINE SODIUM CAPSULES | TIROSINT | | | | | 30.00 | 30.00 |
| LEVOTHYROXINE SODIUM TABLETS | LEVO-T | | | | | 30.00 | 30.00 |
| LIOTHYRONINE SODIUM TABLETS | CYTOMEL | | | | | 30.00 | 30.00 |
| THYROID TABLETS | ARMOUR THYROID | | | | | | |
| ULCER DRUGS | | | | | | | |
| ANTISPASMODICS | | | | | | | |
| DICYCLOMINE HCL CAPSULES | BENTYL | | | | | | |
| DICYCLOMINE HCL SOLUTION | DICYCLOMINE HCL | | | | | | |
| DICYCLOMINE HCL TABLETS | BENTYL | | | | | | |
| GLYCOPYRROLATE SOLUTION | CLVPOSA | | | | | | |
| GLYCOPYRROLATE TABLETS | ROBINUL | | | | | | |
| HYOSCYAMINE SULFATE ELIXIR | HYOSCYAMINE SULFATE | | | | | 120.00 | 30.00 |
| HYOSCYAMINE SULFATE SOLUTION | HYOSCYAMINE SULFATE | | | | | 120.00 | 30.00 |
| HYOSCYAMINE SULFATE SUBLINGUAL | HYOMAX-SL | | | | | 120.00 | 30.00 |
| HYOSCYAMINE SULFATE TABLETS | LEVSIN | | | | | 120.00 | 30.00 |
| HYOSCYAMINE SULFATE TABLET 12-HOUR | LEVBID | | | | | 120.00 | 30.00 |
| HYOSCYAMINE SULFATE TABLET CONTROLLED RELEASE | SYMAX DUOTAB | | | | | 120.00 | 30.00 |
| HYOSCYAMINE SULFATE ORALLY DISPERSABLE TABLET | ANASPAZ | | | | | 120.00 | 30.00 |
| PROPANTHELINE BROMIDE TABLETS | PROPANTHELINE BROMIDE | | | | | | |
| H-2 ANTAGONISTS | | | | | | | |
| FAMOTIDINE CHEWABLE TABLETS | PEPCID AC | | | | | | |
| FAMOTIDINE SUSPENSION | PEPCID | | | | | | |
| FAMOTIDINE TABLETS | PEPCID AC | | | | | | |
| NIZATIDINE CAPSULES | NIZATIDINE | | | | | | |
| NIZATIDINE SOLUTION | AXID | | | | | | |
| MISC. ANTI-ULCER | | | | | | | |
| SUCRALFATE TABLETS | CARAFATE | | | | | | |
| PROTON PUMP INHIBITORS | | | | | | | |
| ESOMEPRAZOLE MAGNESIUM PACKETS | NEXIUM | | | PA Required for > 18 Years of Age | | 30.00 | 30.00 |
| ESOMEPRAZOLE MAGNESIUM CAPSULE DELAYED RELEASE | NEXIUM | | | | | 60.00 | 30.00 |
| LANSOPRAZOLE CAPSULE DELAYED RELEASE | HEARTBURN RELIEF 24 HOUR | | | | | 60.00 | 30.00 |
| LANSOPRAZOLE ORALLY DISPERSABLE TABLET | PREVACID SOLUTAB | | | PA Required for > 18 Years of Age | | 60.00 | 30.00 |
| OMEPRAZOLE CAPSULE DELAYED RELEASE | VARIOUS | | | | | 60.00 | 30.00 |
| PANTOPRAZOLE SODIUM PACK | PROTONIX | | | PA Required for > 18 Years of Age | | 30.00 | 30.00 |
| ULCER DRUGS - PROSTAGLANDINS | | | | | | | |
| MISOPROSTOL TABLETS | CYTOTEC | | | | | | |
| URINARY ANTI-INFECTIVES | | | | | | | |
| URINARY ANTI-INFECTIVES | | | | | | | |
| FOSFOMYCIN TROMETHAMINE PACK | MONUROL | | | | Patient must have tried Cipro AND Macrobid | | |
| NITROFURANTOIN MACROCRYSTAL CAPSULES | MACRODANTIN | | | | | | |
| NITROFURANTOIN MONOHYD MACRO CAPSULES | MACROBID | | | | | | |
| NITROFURANTOIN SUSPENSION | FURADANTIN | | | | | | |
| URINARY ANTISPASMODICS | | | | | | | |
| URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC) | | | | | | | |
| FESOTERODINE FUMARATE | TOVIAZ | | Preferred Drug | | | | |
| OXYBUTYNYN CHLORIDE SYRUP | OXYBUTYNYN CHLORIDE | | Preferred Drug | | | | |
| OXYBUTYNYN CHLORIDE TABLETS | OXYBUTYNYN CHLORIDE | | Preferred Drug | | | | |
| OXYBUTYNYN CHLORIDE TABLET 24-HOUR | DITROPAN XL | | Preferred Drug | | | | |
| TOLTERODINE TARTRATE CAPSULE 24-HOUR | DETROL LA | Brand Only | Preferred Drug | | | | |
| TOLTERODINE TARTRATE TABLETS | DETROL | Brand Only | Preferred Drug | | | | |



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| URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS | | | | | | | |
| BETHANECHOL CHLORIDE TABLETS | URECHOLINE | | | | | | |
| VAGINAL PRODUCTS | | | | | | | |
| SPERMICIDES | | | | | | | |
| NONOXYNOL-9 FILM | VCF VAGINAL CONTRACEPTIVE FILM | | | | | | |
| NONOXYNOL-9 FOAM | VCF VAGINAL CONTRACEPTIVE FOAM | | | | | | |
| NONOXYNOL-9 GEL | SHUR-SEAL | | | | | | |
| NONOXYNOL-9 MISC | TODAY SPONGE | | | | | | |
| NONOXYNOL-9 SUPPOSITORY | ENCARE | | | | | | |
| VAGINAL ANTI-INFECTIVES | | | | | | | |
| CLINDAMYCIN PHOSPHATE VAGINAL CREAM | CLEOCIN | | | | | | |
| CLINDAMYCIN PHOSPHATE VAGINAL SUPPOSITORY | CLEOCIN | | | | | | |
| CLOTRIMAZOLE VAGINAL CREAM | GYNE-LOTRIMIN | | | | | | |
| METRONIDAZOLE VAGINAL GEL | METROGEL-VAGINAL | | | | | | |
| MICONAZOLE NITRATE VAGINAL KIT | MONISTAT 3 COMBINATION PACK | | | | | | |
| MICONAZOLE NITRATE VAGINAL SUPPOSITORY | MICONAZOLE 3 | | | | | | |
| SULFANILAMIDE VAGINAL CREAM | AVC | | | | | | |
| TERCONAZOLE VAGINAL CREAM | TERAZOL 7 | | | | | | |
| TERCONAZOLE VAGINAL SUPPOSITORY | TERAZOL 3 | | | | | | |
| TIOCONAZOLE VAGINAL | MONISTAT 1-DAY | | | | | | |
| VAGINAL ESTROGENS | | | | | | | |
| ESTRADIOL ACETATE VAGINAL RING | FEMRING | | | PA Required | | 1.00 | 30.00 |
| ESTRADIOL VAGINAL CREAM | ESTRADIOL | | | | | | |
| ESTRADIOL VAGINAL RING | ESTRING | | | | | 1.00 | 90.00 |
| ESTRADIOL VAGINAL TABLETS | VAGIFEM | | | | | | |
| ESTROGENS, CONJUGATED VAGINAL CREAM | PREMARIN | | | | | 1.00 | 30.00 |
| VAGINAL PROGESTINS | | | | | | | |
| VASOPRESSORS | | | | | | | |
| ANAPHYLAXIS THERAPY AGENTS | | | | | | | |
| EPINEPHRINE SELF-INJECTABLE | EPINEPHRINE SELF-INJECTABLE (By Mylan) | Mylan Generic | Preferred Drug | PA Required for > 2 Per Month | | 2.00 | 30.00 |
| EPINEPHRINE SELF-INJECTABLE | EPINEPHRINE SELF-INJECTABLE (By Mylan) | Mylan Generic | Preferred Drug | PA Required for > 2 Per Month | | 2.00 | 30.00 |
| VASOPRESSORS | | | | | | | |
| MIDODRINE HCL TABLETS | MIDODRINE HCL | | | | | | |
| VACCINES | | | | | | | |
| VIRAL VACCINES | | | | | | | |
| COVID-19 (SARS-COV-2) ADENOVIRUS VACCINE | ASTRAZENECA | | | | | | |
| COVID-19 (SARS-COV-2) MRNA VIRUS VACCINE | MODERNA/PFIZER | | | | | | |
| HEPATITIS B VACCINE (RECOMB) INJECTION | ENGERIX-B | | | | | | |
| HEPATITIS B VACCINE (RECOMB) SUSPENSION | RECOMBIVAX HB | | | | | | |
| HUMAN PAPILLOMAVIRUS (HPV) 9-VALENT RECOMBINANT VACCINE SUSPENSION | GARDASIL 9 | | | | | | |
| HUMAN PAPILLOMAVIRUS (HPV) 9-VALENT RECOMBINANT VACCINE SUSPENSION PREFILLED SYRINGE | GARDASIL 9 | | | | | | |
| HUMAN PAPILLOMAVIRUS (HPV) BIVALENT (TYPES 16, 18) RECMB VA SUSPENSION | CERVARIX | | | | | | |
| HUMAN PAPILLOMAVIRUS (HPV) QUADRIVALENT RECOMBINANT VACCINE SUSPENSION | GARDASIL | | | | | | |
| INFLUENZA VIRUS VACCINE RECOMBINANT HEMAGGLUTININ (HA) SOLUTION | FLUBLOK | | | | | | |
| INFLUENZA VIRUS VACCINE SPLIT SUSPENSION | FLUZONE SPLIT | | | | | | |



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:

| Drug Class/Drug Name | Reference Brand Name | Brand Only / Generic Notes | Preferred Drug Status | PA Type | Step Therapy Requirements | Quantity Limit | QL Days |
|---|---|-------------------------------|-----------------------|----------------------------------|---------------------------|-------------------|---------|
| INFLUENZA VIRUS VACCINE SPLIT HIGH-DOSE PRESERVATIVE FREE SUSPENSION PREFILLED SYRINGE | FLUZONE HIGH-DOSE PF | | | | | | |
| INFLUENZA VIRUS VACCINE SPLIT PRESERVATIVE FREE SUSPENSION PREFILLED SYRINGE | FLUZONE PF | | | | | | |
| INFLUENZA VIRUS VACCINE SPLIT QUADRIVALENT SUSPENSION PREFILLED SYRINGE | FLUZONE QUADRIVALENT | | | | | | |
| INFLUENZA VIRUS VACCINE TISSUE-CULTURED SUBUNIT PSKT | MEDICAL PROVIDER EZ FLU SHOT | | | | | | |
| INFLUENZA VIRUS VACCINE TISSUE-CULTURED SUBUNIT SUSPENSION PREFILLED SYRINGE | FLUCELVAX | | | | | | |
| INFLUENZA VIRUS VACCINE TISSUE-CULTURED SUBUNIT QUADRIVALENT SUSPENSION PREFILLED SYRINGE | FLUCELVAX QUADRIVALENT | | | | | | |
| INFLUENZA VIRUS VACCINE TYPES A & B PRESERVATIVE FREE PSKT | MEDICAL PROVIDER EZ FLU SHOT PF | | | | | | |
| INFLUENZA VIRUS VACCINE TYPES A & B PRESERVATIVE FREE SUSPENSION PREFILLED SYRINGE | FLUVIRIN PF | | | | | | |
| 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 15-VALENT CONJUGATE VACCINE | VAXNEUVANCE | | | | | | |
| PNEUMOCOCCAL 20-VALENT CONJUGATE VACCINE | PREVNAR 20 | | | | | | |
| PNEUMOCOCCAL VAC POLYVALENT INJECTION | PNEUMOVAX 23/5 DOSE | | | | | | |
| ZOSTER VACCINE RECOMBINANT ADJUVANTED | SHINGRIX | | | | | | |
| VITAMINS | | | | | | | |
| OIL SOLUBLE VITAMINS | | | | | | | |
| ERGOCALCIFEROL CAPSULES | DRISDOL | | | | | 12.00 | 30.00 |
| VITAMIN E CAPSULES | VITAMIN E | | | | | | |
| VITAMIN D DROPS 400UNIT | D-VI-SOL | | | PA Required for > 2 years of age | | | |
| WATER SOLUBLE VITAMINS | | | | | | | |
| NIACIN CAPSULE CONTROLLED RELEASE | VARIOUS | | | | | | |
| NIACIN TABLET CONTROLLED RELEASE | VARIOUS | | | | | | |
| PYRIDOXINE HCL TABLETS | PYRIDOXINE HCL | | | | | | |
| THIAMINE HCL TABLETS | VITAMIN B-1 | | | | | | |
| COVID-19 AT-HOME TESTS | | | | | | | |
| COVID-19 AT-HOME TESTS | | VARIOUS | | | | 2 TESTS | 30.00 |