AHCCCS
Arizona Health Care Cost Containment System

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: 10/1/2022

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 BETHKIS**	**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						
INDOMETHACIN SUSPENSION	INDOCIN						

AHCCCS
Arizona Health Care Cost Containment System

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: 10/1/2022**

Drug Class/Drug Name	Reference Brand Name	Brand Only / Generic Notes	Preferred Drug Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days
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						
SELECTIVE COSTIMULATION MODULATORS							
ABATACEPT	**ORENCIA**		**Preferred Drug**	**PA Required**			
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**			

AHCCCS
Arizona Health Care Cost Containment System

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: 10/1/2022**

Drug Class/Drug Name	Reference Brand Name	Brand Only / Generic Notes	Preferred Drug Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days
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.**			

AHCCCS
Arizona Health Care Cost Containment System

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: 10/1/2022**

Drug Class/Drug Name	Reference Brand Name	Brand Only / Generic Notes	Preferred Drug Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days
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	REPREXAIN			**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 avaliable 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**			
TESTOSTERONE PATCH 24-HOUR	ANDRODERM			**PA Required**			

AHCCCS
Arizona Health Care Cost Containment System

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: 10/1/2022**

Drug Class/Drug Name	Reference Brand Name	Brand Only / Generic Notes	Preferred Drug Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days
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**			
PRAZIQUANTEL 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						
ANTIANXIETY AGENTS							
ANTIANXIETY 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							
ALPRAZOLAM CONC 1 MG/ML	ALPRAZOLAM INTENSOL			**PA Required for > 1 Anxiolytic Medication in a 30-day time period.**		60.00	15.00

AHCCCS
Arizona Health Care Cost Containment System

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: 10/1/2022**

Drug Class/Drug Name	Reference Brand Name	Brand Only / Generic Notes	Preferred Drug Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days
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
DIAZEPAM CONC 5 MG/ML	DIAZEPAM INTENSOL			PA Required for > 1 Anxiolytic Medication in a 30-day time period.		60.00	30.00

AHCCCS
Arizona Health Care Cost Containment System

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: 10/1/2022**

Drug Class/Drug Name	Reference Brand Name	Brand Only / Generic Notes	Preferred Drug Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days
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						
PROPAFENONE HCL CAPSULE 12-HOUR	RYTHMOL SR						
PROPAFENONE 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							
ACLIDINIUM 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							
BUDESONIDE (INHALATION) SUSPENSION 0.25MG/2ML, 0.5MG/2ML & 1MG/2ML	**VARIOUS**		**Preferred Drug**				
BUDESONIDE (INHALATION) AEROSOL POWDER	**PULMICORT FLEXHALER**	**Brand Only**	**Preferred Drug**				

AHCCCS
Arizona Health Care Cost Containment System

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: 10/1/2022

Drug Class/Drug Name	Reference Brand Name	Brand Only / Generic Notes	Preferred Drug Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days
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	ALBUTEROL HFA (PROVENTIL) (AG) (INHALATION)	NDC 00254100752 NDC 00781729685	Preferred Albuterol NDCs				
ALBUTEROL SULFATE INHALER	ALBUTEROL HFA (PROVENTIL) (INHALATION)	NDC 00054074287 NDC 69097014260 NDC 72572001401 NDC 76282067942	Preferred Albuterol NDCs				
ALBUTEROL SULFATE INHALER	ALBUTEROL HFA (PROAIR) (AG) (INHALATION)	NDC 00093317431	Preferred Albuterol NDCs				
ALBUTEROL SULFATE INHALER	ALBUTEROL HFA (PROAIR) (INHALATION)	NDC 45802008801 NDC 68180096301	Preferred Albuterol NDCs				
ALBUTEROL SULFATE INHALER	ALBUTEROL HFA (VENTOLIN) (AG) (INHALATION)	NDC 66993001968	Preferred Albuterol NDCs				
ALBUTEROL SULFATE NEBULIZED	ALBUTEROL SULFATE						
ALBUTEROL SULFATE SYRUP	ALBUTEROL SULFATE						
BUDESONIDE-FORMOTEROL FUMARATE DIHYDRATE INHALER	SYMBICORT	Brand Ony	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%						

AHCCCS
Arizona Health Care Cost Containment System

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: 10/1/2022**

Drug Class/Drug Name	Reference Brand Name	Brand Only / Generic Notes	Preferred Drug Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days
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**
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						

AHCCCS
Arizona Health Care Cost Containment System

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: 10/1/2022**

Drug Class/Drug Name	Reference Brand Name	Brand Only / Generic Notes	Preferred Drug Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days
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
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

AHCCCS
Arizona Health Care Cost Containment System

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: 10/1/2022**

Drug Class/Drug Name	Reference Brand Name	Brand Only / Generic Notes	Preferred Drug Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days
FLUOXETINE HCL SOLUTION	FLUOXETINE HCL			**PA Required for Ages < 6 years and for > the age of 12 years of age**		600.00	30.00
FLUVOXAMINE MALEATE TABLETS 25MG	LUVOX			**PA Required for Ages < 6 years**		60.00	30.00
FLUVOXAMINE MALEATE TABLETS 50MG	LUVOX			**PA Required for Ages < 6 years**		180.00	30.00
FLUVOXAMINE MALEATE TABLETS 100MG	LUVOX			**PA Required for Ages < 6 years**		90.00	30.00
PAROXETINE HCL TABLETS 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						

AHCCCS
Arizona Health Care Cost Containment System

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: 10/1/2022**

Drug Class/Drug Name	Reference Brand Name	Brand Only / Generic Notes	Preferred Drug Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days
ANTIDIABETIC - AMYLIN ANALOGS							
PRAMLINTIDE ACETATE SOLUTION PEN INJECTION	**SYMLINPEN 60**		**Preferred Drug**	**PA Required**			
ANTIDIABETIC COMBINATIONS							
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**		**Step Through Metformin**		
DAPAGLIFLOZIN - METFORMIN	**XIGDUO XR**	**Brand Only**	**Preferred Drug**		**Step Through Metformin**		
EMPAGLIFLOZIN-LINAGLIPTIN-METFORMIN	**TRIJARDY XR**	**Brand Only**	**Preferred Drug**		**Step Through Metformin**		
EMPAGLIFLOZIN-METFORMIN HCL	**SYNJARDY**	**Brand Only**	**Preferred Drug**		**Step Through Metformin**		
GLYBURIDE-METFORMIN HCL TABLETS	**GLYBURIDE/METFORMIN HCL**		**Preferred Drug**				
LINAGLIPTIN-METFORMIN HCL TABLETS	**JENTADUETO**	**Brand Only**	**Preferred Drug**		**Step Through Metformin**		
LINAGLIPTIN-METFORMIN HCL TABLET 24-HOUR	**JENTADUETO XR**	**Brand Only**	**Preferred Drug**		**Step Through Metformin**		
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**		**Step Through Metformin**		
SITAGLIPTIN-METFORMIN HCL TABLETS	**JANUMET**	**Brand Only**	**Preferred Drug**		**Step Through Metformin**		
SITAGLIPTIN-METFORMIN HCL TABLET 24-HOUR	**JANUMET XR**	**Brand Only**	**Preferred Drug**		**Step Through Metformin**		
BIGUANIDES							
METFORMIN HCL TABLETS	GLUCOPHAGE						
METFORMIN HCL TABLET 24-HOUR **(GENERIC OF GLUCOPHAGE XR ONLY- 500MG & 750MG)**	**Various GENERIC OF GLUCOPHAGE XR ONLY- 500MG & 750MG**			**PA Required for Osmotic and Modified Release Products**			
DIABETIC OTHER							
DIAZOXIDE SUSPENSION	**PROGLYCEM**	**Brand Only**	**Preferred Drug**				
GLUCAGON SOLUTION AUTOINJECTOR	**GVOKE HYPO**		**Preferred Drug**			1.00	30.00
GLUCAGON (RDNA) KIT	GLUCAGON EMERGENCY KIT	**Brand by Lilly**	**Preferred Drug**			2.00	30.00
GLUCAGON HCL (RDNA) SOLUTION	GLUCAGEN HYPOKIT		**Preferred Drug**			2.00	30.00
MIFEPRISTONE (HYPERGLYCEMIA) TABLETS	KORLYM			**PA Required**			
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS							
ALOGLIPTIN BENZOATE TABLETS	**NESINA**	**Brand Only**	**Preferred Drug**		**Step Through Metformin**		
LINAGLIPTIN TABLETS	**TRADJENTA**	**Brand Only**	**Preferred Drug**		**Step Through Metformin**		
SAXAGLIPTIN HCL TABLETS	**ONGLYZA**	**Brand Only**	**Preferred Drug**		**Step Through Metformin**		
SITAGLIPTIN PHOSPHATE TABLETS	**JANUVIA**	**Brand Only**	**Preferred Drug**		**Step Through Metformin**		
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 SOLUTION CARTRIDGE	**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 FLEXTOUCH**	**Brand Only**	**Preferred Drug**				
INSULIN GLARGINE SOLUTION	**LANTUS**	**Brand Only**	**Preferred Drug**				
INSULIN GLARGINE SOLUTION PEN-INJECTION	**LANTUS SOLOSTAR**	**Brand Only**	**Preferred Drug**				

AHCCCS
Arizona Health Care Cost Containment System

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: 10/1/2022**

Drug Class/Drug Name	Reference Brand Name	Brand Only / Generic Notes	Preferred Drug Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days
INSULIN LISPRO SOLUTION	**HUMALOG**	**Authorized Generic Only**	**Preferred Drug**				
INSULIN LISPRO SOLUTION CARTRIDGE	**HUMALOG**	**Brand Only**	**Preferred Drug**				
INSULIN LISPRO SOLUTION PEN-INJECTION	**HUMALOG JUNIOR KWIKPEN**	**Authorized Generic Only**	**Preferred Drug**				
INSULIN LISPRO SOLUTION PEN-INJECTION 100/ML	**HUMALOG KWIKPEN INJ 100/ML**	**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 SUSPENSION (50-50)	**HUMALOG MIX 50/50**	**Brand Only**	**Preferred Drug**				
INSULIN LISPRO PROTAMINE & LISPRO SUSPENSION (75-25)	**HUMALOG MIX 75/25**	**Brand Only**	**Preferred Drug**				
INSULIN NPH (HUMAN) (ISOPHANE) SUSPENSION	**NOVOLIN N**	**Brand Only**	**Preferred Drug**				
INSULIN NPH ISOPHANE & REG (HUMAN) SUSPENSION	**NOVOLIN 70/30**	**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	**NOVOLIN 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 PROPANEDIOL	FARXIGA		**Preferred Drug**		**Step Through Metformin**		
CANAGLIFLOZIN	INVOKANA		**Preferred Drug**		**Step Through Metformin**		
EMPAGLIFLOZIN	JARDIANCE		**Preferred Drug**		**Step Through Metformin**		
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						
ANTIDIARRHEALS							
ANTIPERISTALTIC 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**			

AHCCCS
Arizona Health Care Cost Containment System

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: 10/1/2022**

Drug Class/Drug Name	Reference Brand Name	Brand Only / Generic Notes	Preferred Drug Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days
GRANISETRON HCL TABLETS	GRANISETRON HCL			**PA Required**			
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 MICROSIZE 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
ANTIHISTAMINES							
ANTIHISTAMINES - ALKYLAMINES							
BROMPHENIRAMINE MALEATE	J-TAN PD						
CHLORPHENIRAMINE MALEATE TABLETS	CHLORPHENIRAMINE MALEATE						
DEXCHLORPHENIRAMINE MALEATE SYRUP	DEXCHLORPHENIRAMINE MALEATE						
ANTIHISTAMINES - 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						
ANTIHISTAMINES - 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

AHCCCS
Arizona Health Care Cost Containment System

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: 10/1/2022**

Drug Class/Drug Name	Reference Brand Name	Brand Only / Generic Notes	Preferred Drug Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days
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
ANTIHISTAMINES - PHENOTHIAZINES							
PROMETHAZINE HCL SOLUTION	PROMETHAZINE HCL						
PROMETHAZINE HCL SUPPOSITORY	PHENADOZ						
PROMETHAZINE HCL TABLETS	PROMETHAZINE HCL						
ANTIHISTAMINES - PIPERIDINES							
CYPROHEPTADINE HCL SYRUP	CYPROHEPTADINE HCL						
CYPROHEPTADINE HCL TABLETS	CYPROHEPTADINE HCL						
ANTIHYPERLIPIDEMICS							
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						
CAPTOPRIL TABLETS	CAPTOPRIL						
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						
OLMESARTAN MEDOXOMIL TABLETS	BENICAR						

AHCCCS
Arizona Health Care Cost Containment System

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: 10/1/2022**

Drug Class/Drug Name	Reference Brand Name	Brand Only / Generic Notes	Preferred Drug Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days
VALSARTAN TABLETS	DIOVAN						
VALSARTAN SOLUTION	VALSARTAN			**PA Required for > 7 Years Old**			
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						
CAPTOPRIL & HYDROCHLOROTHIAZIDE TABLETS	CAPTOPRIL/HYDROCHLOROTHIAZIDE						
ENALAPRIL MALEATE & HYDROCHLOROTHIAZIDE TABLETS	ENALAPRIL MALEATE/HYDROCHLOROTHIAZIDE						
FOSINOPRIL SODIUM & HYDROCHLOROTHIAZIDE TABLETS	FOSINOPRIL SODIUM/HYDROCHLOROTHIAZIDE						
LISINOPRIL & 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/HYDROCHLOROTHIAZIDE						
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						
OXAZOLIDINONES							
LINEZOLID SUSPENSION	ZYVOX			**PA Required**			

AHCCCS
Arizona Health Care Cost Containment System

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: 10/1/2022**

Drug Class/Drug Name	Reference Brand Name	Brand Only / Generic Notes	Preferred Drug Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days
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							
MERCAPTOPURINE TABLETS	VARIOUS						
METHOTREXATE SODIUM TABLETS	METHOTREXATE						
ANTINEOPLASTIC - ANTIBODIES							
RITUXIMAB-ABBS	TRUXIMA			**PA Required**			
RITUXIMAB-ARRX	RIABNI			**PA Required**			
RITUXIMAB-PVVR	RUXIENCE			**PA Required**			
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS							
BEVACIZUMAB-AWWB INJECTION	MVASI			**PA Required**			
BEVACIZUMAB-BVZR INJECTION	ZIRABEV			**PA Required**			
ANTINEOPLASTIC - ANTI-HER2 AGENTS							
TRASTUZUMAB-ANNS SOLUTION	KANJINTI			**PA Required**			
TRASTUZUMAB-ANNS INJECTION	KANJINTI			**PA Required**			
TRASTUZUMAB-DKST INJECTION	OGIVRI			**PA Required**			
TRASTUZUMAB-PKRB INJECTION	HERZUMA			**PA Required**			
TRASTUZUMAB-QYYP INJECTION	TRAZIMERA			**PA Required**			
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS							
VISMODEGIB CAPSULES	ERIVEDGE			**PA Required**			
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS							

AHCCCS
Arizona Health Care Cost Containment System

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: 10/1/2022**

Drug Class/Drug Name	Reference Brand Name	Brand Only / Generic Notes	Preferred Drug Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days
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**			
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	AFINITOR 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						

AHCCCS
Arizona Health Care Cost Containment System

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: 10/1/2022**

Drug Class/Drug Name	Reference Brand Name	Brand Only / Generic Notes	Preferred Drug Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days
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						
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**

AHCCCS
Arizona Health Care Cost Containment System

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: 10/1/2022

Drug Class/Drug Name	Reference Brand Name	Brand Only / Generic Notes	Preferred Drug Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days
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
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

AHCCCS
Arizona Health Care Cost Containment System

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: 10/1/2022

Drug Class/Drug Name	Reference Brand Name	Brand Only / Generic Notes	Preferred Drug Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days
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
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							
ARIPIPRAZOLE 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
ARIPIPRAZOLE 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
ARIPIPRAZOLE 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 HAFYE		Preferred Drug	PA Required for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.		1.00	170.00

AHCCCS
Arizona Health Care Cost Containment System

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: 10/1/2022

Drug Class/Drug Name	Reference Brand Name	Brand Only / Generic Notes	Preferred Drug Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days
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
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.			

AHCCCS
Arizona Health Care Cost Containment System

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: 10/1/2022**

Drug Class/Drug Name	Reference Brand Name	Brand Only / Generic Notes	Preferred Drug Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days
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.			
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.			

AHCCCS
Arizona Health Care Cost Containment System

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: 10/1/2022**

Drug Class/Drug Name	Reference Brand Name	Brand Only / Generic Notes	Preferred Drug Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days
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.**			
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-COBICISTAT TABLETS	EVOTAZ						
BICTEGRAVIR-EMTRICITABINE-TENOFOVIR ALAFENAMIDE FUMARATE TABLETS	BIKTARVY					30.00	30.00
COBICISTAT TABLETS	TYBOST					30.00	30.00
DARUNAVIR ETHANOLATE SUSPENSION	PREZISTA						
DARUNAVIR ETHANOLATE TABLETS	PREZISTA						
DARUNAVIR-COBICISTAT TABLETS	PREZCOBIX						
DARUNAVIR-COBICISTAT-EMTRICITABINE-TENOFOVIR ALAFENAMIDE TABLETS	SYMTUZA						
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-COBICISTAT-EMTRICITABINE-TENOFOVIR TABLETS	STRIBILD						
ELVITEGRAVIR-COBICISTAT-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

AHCCCS
Arizona Health Care Cost Containment System

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: 10/1/2022**

Drug Class/Drug Name	Reference Brand Name	Brand Only / Generic Notes	Preferred Drug Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days
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					
ENFUVIRTIDE SOLUTION	FUZEON			**PA Required**		1.00	30.00
FOSAMPRENAVIR CALCIUM SUSPENSION	LEXIVA						
FOSAMPRENAVIR CALCIUM TABLETS	LEXIVA						
INDINAVIR SULFATE CAPSULES	CRIXIVAN						
LAMIVUDINE SOLUTION	EPIVIR						
LAMIVUDINE TABLETS	EPIVIR						
LAMIVUDINE-ZIDOVUDINE TABLETS	COMBIVIR						
LOPINAVIR-RITONAVIR SOLUTION	KALETRA						
LOPINAVIR-RITONAVIR TABLETS	KALETRA						
MARAVIROC TABLETS	SELZENTRY	Brand Only		**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**			
HEPATITIS AGENTS							
ADEFOVIR DIPIVOXIL TABLETS	HEPSERA			**PA Required**			
ENTECAVIR SOLUTION	BARACLUDE			**PA Required**			
ENTECAVIR TABLETS	BARACLUDE			**PA Required**			
GLECAPREVIR-PIBRENTASVIR TABLETS	MAVYRET		**Preferred Drug**			**168.00**	**Lifetime**
GLECAPREVIR-PIBRENTASVIR PACKETS	MAVYRET		**Preferred Drug**			**280.00**	**Lifetime**
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**			**168.00**	**Lifetime**
TELBIVUDINE TABLETS	TYZEKA			**PA Required**			

AHCCCS
Arizona Health Care Cost Containment System

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: 10/1/2022**

Drug Class/Drug Name	Reference Brand Name	Brand Only / Generic Notes	Preferred Drug Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days
HERPES AGENTS							
ACYCLOVIR SUSPENSION	ZOVIRAX						
ACYCLOVIR TABLETS	ZOVIRAX						
FAMCICLOVIR TABLETS	FAMVIR						
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
MISC. ANTIVIRALS							
MOLNUPIRAVIR CAPSULES	MOLNUPIRAVIR			**Minimum Patient Age of 18 Years**		80.00	365.00
NIRMATRELVIR-RITONAVIR	PAXLOVID			**Minimum Patient Age of 12 Years**		60.00	365.00
REMDESIVIR SOLUTION	VEKLURY			**PA Required < 28 days and > 17 Years Old**			
REMDESIVIR FOR SOLUTION	VEKLURY			**PA Required < 28 days and > 17 Years Old**			
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	Brand Only		**PA Required**			
THALIDOMIDE CAPSULES	THALOMID			**PA Required**			
IMMUNOSUPRESSIVE 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						
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							

AHCCCS
Arizona Health Care Cost Containment System

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: 10/1/2022**

Drug Class/Drug Name	Reference Brand Name	Brand Only / Generic Notes	Preferred Drug Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days
ATENOLOL TABLETS	TENORMIN						
ATENOLOL/CHLORTHALIDONE	VARIOUS						
BISOPROLOL FUMARATE TABLETS	ZEBETA						
BISOPRODOL/HCTZ	VARIOUS						
METOPROLOL SUCCINATE TABLET 24-HOUR	TOPROL XL						
METOPROLOL TARTRATE TABLETS	METOPROLOL TARTRATE						
METOPROLOL TARTRATE/HCTZ	VARIOUS						
BETA BLOCKERS NON-SELECTIVE							
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
AMLODIPINE BESYLATE SOLUTION	NORLIQVA			**PA Required for > 7 Years Old**			
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 12**	**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						

AHCCCS
Arizona Health Care Cost Containment System

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: 10/1/2022**

Drug Class/Drug Name	Reference Brand Name	Brand Only / Generic Notes	Preferred Drug Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days
CEPHALEXIN CAPSULES	KEFLEX						
CEPHALEXIN SUSPENSION	CEPHALEXIN						
CEPHALEXIN TABLETS	CEPHALEXIN						
CEPHALOSPORINS - 2ND GENERATION							
CEFACLOR CAPSULES	CEFACLOR						
CEFACLOR SUSPENSION	CEFACLOR						
CEFPROZIL SUSPENSION	CEFPROZIL						
CEFPROZIL TABLETS	CEFPROZIL						
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	CAZIANT						
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-CYCLEN						
NORGESTIMATE-ETHINYL ESTRADIOL TABLETS	ESTARYLLA						
NORGESTREL & ETHINYL ESTRADIOL TABLETS	CRYSELLE-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							

AHCCCS
Arizona Health Care Cost Containment System

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: 10/1/2022**

Drug Class/Drug Name	Reference Brand Name	Brand Only / Generic Notes	Preferred Drug Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days
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							
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**			
MINERALOCORTICOIDS							
FLUDROCORTISONE ACETATE TABLETS	FLUDROCORTISONE ACETATE						
COUGH/COLD/ALLERGY							
ANTITUSSIVES							
BENZONATATE CAPSULES	TESSALON PERLES						
HYDROCODONE W/ HOMATROPINE SYRUP	HYDROCODONE BITARTRATE/HOMATROPINE 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						

AHCCCS
Arizona Health Care Cost Containment System

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: 10/1/2022**

Drug Class/Drug Name	Reference Brand Name	Brand Only / Generic Notes	Preferred Drug Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days
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						
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	RESPAIRE-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						

AHCCCS
Arizona Health Care Cost Containment System

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: 10/1/2022**

Drug Class/Drug Name	Reference Brand Name	Brand Only / Generic Notes	Preferred Drug Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days
GUAIFENESIN TABLETS	GUAIFENESIN						
GUAIFENESIN TABLET 12-HOUR	EQ MUCUS ER						
MISC. RESPIRATORY INHALANTS							
SODIUM CHLORIDE (INHALANT) NEBULIZED	SODIUM CHLORIDE						
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						
MUPIROCIN CALCIUM (TOPICAL) CREAM	BACTROBAN						
MUPIROCIN 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						

AHCCCS
Arizona Health Care Cost Containment System

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: 10/1/2022**

Drug Class/Drug Name	Reference Brand Name	Brand Only / Generic Notes	Preferred Drug Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days
DIPHENHYDRAMINE HCL (TOPICAL) SOLUTION	BENADRYL MAXIMUM STRENGTH						
DICLOFENAC SODIUM (TOPICAL) GEL	VOLTAREN					100 GM	300.00
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOP							
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						
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							
FLUTICASONE PROPIONATE CREAM	VARIOUS						
FLUTICASONE PROPIONATE OINTMENT	VARIOUS						
MOMETASONE FUROATE CREAM	VARIOUS						
MOMETASONE FUROATE OINTMENT	VARIOUS						
MOMETASONE 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

AHCCCS
Arizona Health Care Cost Containment System

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: 10/1/2022**

Drug Class/Drug Name	Reference Brand Name	Brand Only / Generic Notes	Preferred Drug Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days
CLOBETASOL PROPIONATE OINTMENT	VARIOUS					100	30
CLOBETASOL PROPIONATE SHAMPOO	VARIOUS					118	30
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						

AHCCCS
Arizona Health Care Cost Containment System

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: 10/1/2022**

Drug Class/Drug Name	Reference Brand Name	Brand Only / Generic Notes	Preferred Drug Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days
SPINOSAD SUSPENSION	NATROBA			**PA Required**			
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
DOCOSANOL CREAM	ABREVA					2 GM	30.00
COVID-19 AT HOME TEST	VARIOUS					2.00	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	**PANCREAZE**	**Brand Only**	**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						
METHYCLOTHIAZIDE TABLETS	METHYCLOTHIAZIDE						
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**			

AHCCCS
Arizona Health Care Cost Containment System

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: 10/1/2022**

Drug Class/Drug Name	Reference Brand Name	Brand Only / Generic Notes	Preferred Drug Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days
SOMATROPIN SOLUTION	**GENOTROPIN**	**Brand Only**	**Preferred Drug**	**PA Required**			
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 SUPPOSITORYRESSANTS							
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**			
MINERALOCORTICOID RECEPTOR ANTAGONISTS							
FINERENONE TABLETS	KERENDIA			**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						

AHCCCS
Arizona Health Care Cost Containment System

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: 10/1/2022**

Drug Class/Drug Name	Reference Brand Name	Brand Only / Generic Notes	Preferred Drug Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days
GASTROINTMENTESTINAL AGENTS - MISC.							
GALLSTONE SOLUBILIZING AGENTS							
URSODIOL CAPSULES	ACTIGALL						
URSODIOL TABLETS	URSO 250						
GASTROINTMENTESTINAL ANTIALLERGY AGENTS							
CROMOLYN SODIUM (MASTOCYTOSIS) CONCENTRATE	GASTROCROM						
GASTROINTMENTESTINAL CHLORIDE CHANNEL ACTIVATORS							
LUBIPROSTONE CAPSULES	AMITIZA			**PA Required**			
GASTROINTMENTESTINAL 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**	**Brand Only**				**270.00**	**30.00**
MESALAMINE CAPSULE DELAYED RELEASE	**DELZICOL**	**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 TABLETS	**ASACOL HD**	**Brand Only**				**180.00**	**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	**RENVELA**	**VARIOUS**	**Preferred Drug**				
SEVELAMER CARBONATE POWDER	**RENVELA**						
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	UROCIT-K 5						
POTASSIUM CITRATE-CITRIC ACID PACK	TARON-CRYSTALS						
POTASSIUM CITRATE-CITRIC ACID SOLUTION	POTASSIUM CITRATE/CITRIC ACID						
SODIUM CITRATE & CITRIC ACID SOLUTION	SHOHLS 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						

AHCCCS
Arizona Health Care Cost Containment System

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: 10/1/2022**

Drug Class/Drug Name	Reference Brand Name	Brand Only / Generic Notes	Preferred Drug Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days
TERAZOSIN HCL CAPSULES	VARIOUS						
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						
CILOSTAZOL 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**			
FILGRASTIM SOLUTION	**NEUPOGEN VIAL & DISPOSABLE SYRINGE**	**Brand Only**	**Preferred Drug**	**PA Required**			
FILGRASTIM-AAF SOLUTION PREFILLED SYRINGE	**NIVESTYM**	**Brand Only**	**Preferred Drug**	**PA Required**			
PEGFILGRASTIM SOLUTION	**UDENYCA**	**Brand Only**	**Preferred Drug**	**PA Required**			
PEGFILGRASTIM-APGF SOLUTION PREFILLED SYRINGE	**NYVEPRIA**	**Brand Only**	**Preferred Drug**	**PA Required**			
PEGFILGRASTIM- JMDB SOLUTION	**FULPHILA**	**Brand Only**	**Preferred Drug**	**PA Required**			
ROMIPLOSTIM	**NPLATE**	**Brand Only**	**Preferred Drug**	**PA Required**			
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						

AHCCCS
Arizona Health Care Cost Containment System

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: 10/1/2022**

Drug Class/Drug Name	Reference Brand Name	Brand Only / Generic Notes	Preferred Drug Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days
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 LIQDID	LIQUAFIBER						
FIBER POWDER	SOLFIBER						
METHYLCELLULOSE (LAXATIVE) TABLETS	MIRAFIBER						
METHYLCELLULOSE (LAXATIVE) POWDER	CITRUCEL FIBER LAXATIVE						

AHCCCS
Arizona Health Care Cost Containment System

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: 10/1/2022**

Drug Class/Drug Name	Reference Brand Name	Brand Only / Generic Notes	Preferred Drug Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days
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	SENNA-S						
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						
SENNA SYRP	SENNA						
SENNA MISC	CORRECTOL HERBAL TEA						
SENNA LEAV	SENNA LEAVES						
SENNOSIDES CAPSULES	RA SENNA						
SENNOSIDES TABLETS	SENNA-LAX						
SENNOSIDES CHEWABLES	RA LAXATIVE						
SENNOSIDES LIQUID	AGORAL MAXIMUM STRENGTH						
SENNOSIDES SYRUP	SENNA-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						
ERYTHROMYCIN PRODUCTS REQUIRE PRIOR AUTHORIZATION							
FIDAXOMICIN							

AHCCCS
Arizona Health Care Cost Containment System

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: 10/1/2022**

Drug Class/Drug Name	Reference Brand Name	Brand Only / Generic Notes	Preferred Drug Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days
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. DEVICECES							
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 BLUNTCANNULA/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						
SPACER/AEROSOL-HOLDING CHAMBERS DEVICE	AEROCHAMBER MINI CHAMBER					2.00	365.00
SPACER/AEROSOL-HOLDING CHAMBERS MISC	AEROCHAMBER MINI CHAMBER						
MIGRAINE PRODUCTS							

AHCCCS
Arizona Health Care Cost Containment System

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: 10/1/2022**

Drug Class/Drug Name	Reference Brand Name	Brand Only / Generic Notes	Preferred Drug Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days
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-AOOE 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**
MISCELLANEOUS THERAPEUTIC CLASSES							
IMMUNOSUPPRESSIVE AGENTS							
BELUMOSUDIL MESYLATE TABLETS	REZUROCK			**PA Required**			
MINERALS & ELECTROLYTES							
CALCIUM							
CALCIUM LACTATE CAPSULES	CAL-LAC						
CALCIUM LACTATE TABLETS	CALCIUM LACTATE						
FLUORIDE							
SODIUM FLUORIDE CHEWABLE TABLETS	LUDENT						
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							
SODIUM CHLORIDE FLUSH SOLUTION	NORMAL SALINE FLUSH						

AHCCCS
Arizona Health Care Cost Containment System

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: 10/1/2022**

Drug Class/Drug Name	Reference Brand Name	Brand Only / Generic Notes	Preferred Drug Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days
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 SOULTION	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						
PRENATAL VITAMINS							
PRENATAL MULTIVIT-MIN W/FE-FA TABS	PRE-NATAL FORMULA					30.00	30.00

AHCCCS
Arizona Health Care Cost Containment System

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: 10/1/2022**

Drug Class/Drug Name	Reference Brand Name	Brand Only / Generic Notes	Preferred Drug Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days
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						
FLUTICASONE PROPIONATE (NASAL) SUSPENSION	FLONASE						
MOMETASONE FUROATE (NASAL) SUSPENSION	NASONEX						
SYMPATHOMIMETIC DECONGESTANTS							
PSEUDOEPHEDRINE HCL GEL	ELIXIRSURE CONGESTION						
PSEUDOEPHEDRINE HCL LIQUID	SUDAFED CHILDRENS						
PSEUDOEPHEDRINE HCL SYRUP	PSEUDOEPHEDRINE						

AHCCCS
Arizona Health Care Cost Containment System

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: 10/1/2022**

Drug Class/Drug Name	Reference Brand Name	Brand Only / Generic Notes	Preferred Drug Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days
PSEUDOEPHEDRINE HCL TABLETS	SHOPKO NASAL DECONGESTANTMAXIMUM STRENGTH						
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 - OPHTHALMIC							
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
BACITRACIN-POLYMYXIN B (OPHTH) OINTMENT	POLYCIN						
CIPROFLOXACIN HCL (OPHTH) OINTMENT	CILOXAN						
CIPROFLOXACIN HCL (OPHTH) SOLUTION	CILOXAN						

AHCCCS
Arizona Health Care Cost Containment System

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: 10/1/2022**

Drug Class/Drug Name	Reference Brand Name	Brand Only / Generic Notes	Preferred Drug Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days
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						
NEOMYCIN-POLYMY-DEXAMETH SUSPENSION	MAXITROL						
NEOMYCIN-POLYMYXIN-HC (OPHTH) SUSPENSION	NEOMYCIN/POLYMYXIN/HYDROCORTISONE						
PREDNISOLONE ACETATE (OPHTH) SUSPENSION	PRED MILD						

AHCCCS
Arizona Health Care Cost Containment System

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: 10/1/2022**

Drug Class/Drug Name	Reference Brand Name	Brand Only / Generic Notes	Preferred Drug Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days
PREDNISOLONE SODIUM PHOSPHATE (OPHTH) SOLUTION	PREDNISOLONE SODIUM PHOSPHATE						
SULFACETAMIDE SOD-PREDNISOLONE OINTMENT	BLEPHAMIDE S.O.P.						
SULFACETAMIDE SOD-PREDNISOLONE SOLUTION	SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE						
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**				
CIPROFLOXACIN-HYDROCORTISONE	CIPRO HC	Brand Only					
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 not Required for ages 2 and under- Note: the prescriber must buy and bill a medical claim for the drug**			
PENICILLINS							
AMINOPENICILLINS							
AMOXICILLIN CAPSULES	AMOXICILLIN						
AMOXICILLIN CHEWABLE TABLETS	AMOXICILLIN						

AHCCCS
Arizona Health Care Cost Containment System

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: 10/1/2022**

Drug Class/Drug Name	Reference Brand Name	Brand Only / Generic Notes	Preferred Drug Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days
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 TABLETS	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**			
VALBENAZINE 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**			
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.							
ERGOLOID MESYLATES TABLETS	ERGOLOID MESYLATES						
PIMOZIDE TABLETS	ORAP			**Prior Authorization is required for < 12 years of age.**			
SMOKING DETERRENTS							

AHCCCS
Arizona Health Care Cost Containment System

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: 10/1/2022**

Drug Class/Drug Name	Reference Brand Name	Brand Only / Generic Notes	Preferred Drug Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days
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						
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						

AHCCCS
Arizona Health Care Cost Containment System

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: 10/1/2022**

Drug Class/Drug Name	Reference Brand Name	Brand Only / Generic Notes	Preferred Drug Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days
ULCER DRUGS							
ANTISPASMODICS							
DICYCLOMINE HCL CAPSULES	BENTYL						
DICYCLOMINE HCL SOLUTION	DICYCLOMINE HCL						
DICYCLOMINE HCL TABLETS	BENTYL						
GLYCOPYRROLATE SOLUTION	CUVPOSA						
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**	**Brand Only**	**Preferred Drug**				
OXYBUTYNIN CHLORIDE SYRUP	OXYBUTYNIN CHLORIDE		**Preferred Drug**				
OXYBUTYNIN CHLORIDE TABLETS	OXYBUTYNIN CHLORIDE		**Preferred Drug**				
OXYBUTYNIN 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**				
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS							
BETHANECHOL CHLORIDE TABLETS	URECHOLINE						
VAGINAL PRODUCTS							
SPERMICIDES							
NONOXYNOL-9 FILM	VCF VAGINAL CONTRACEPTIVE FILM						

AHCCCS
Arizona Health Care Cost Containment System

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: 10/1/2022**

Drug Class/Drug Name	Reference Brand Name	Brand Only / Generic Notes	Preferred Drug Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days
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						
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	FLUZONE QUADRIVALENT						

AHCCCS
Arizona Health Care Cost Containment System

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: 10/1/2022**

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 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 QUADRIVALEN 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						