



## 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: 4/1/2023

| Drug Class/Drug Name                                  | Reference Brand Name           | Brand Only / Generic Notes | Preferred Drug Status | PA Type                        | Step Therapy Requirements | Quantity Limit | QL Days |
|---|--------------------------------|----------------------------|-----------------------|--------------------------------|---------------------------|----------------|---------|
| <b>ADHD/ANTI-NARCOLEPSY</b>                           |                                |                            |                       |                                |                           |                |         |
| <b>AMPHETAMINES</b>                                   |                                |                            |                       |                                |                           |                |         |
| 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   |
| <b>STIMULANTS</b>                                     |                                |                            |                       |                                |                           |                |         |
| 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   |
| <b>MISCELLANEOUS AGENTS</b>                           |                                |                            |                       |                                |                           |                |         |
| ATOMOXETINE HCL CAPSULES                              | VARIOUS                        |                            | Preferred Drug        | PA Required for Ages < 6 years |                           | 30.00          | 30.00   |
| <b>CENTRAL ALPHA-AGONISTS</b>                         |                                |                            |                       |                                |                           |                |         |
| CLONIDINE HCL TABLETS                                 | CATAPRES                       |                            |                       | PA Required for Ages < 6 years |                           |                |         |
| CLONIDINE HCL TD PATCH WEEKLY                         | CATAPRES PATCHES               |                            |                       | PA Required for Ages < 6 years |                           | 4.00           | 28.00   |
| 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 |                           |                |         |
| <b>AMINOGLYCOSIDES</b>                                |                                |                            |                       |                                |                           |                |         |
| <b>AMINOGLYCOSIDES</b>                                |                                |                            |                       |                                |                           |                |         |
| NEOMYCIN SULFATE TABLETS                              | NEOMYCIN SULFATE               |                            |                       |                                |                           |                |         |
| PAROMOMYCIN SULFATE CAPSULES                          | PAROMOMYCIN SULFATE            |                            |                       |                                |                           |                |         |
| TOBRAMYCIN NEBULIZED                                  | KITABIS AND BETHKIS            | Brand Only                 | Preferred Drug        | PA Required                    |                           |                |         |
| <b>ANALGESICS - ANTI-INFLAMMATORY</b>                 |                                |                            |                       |                                |                           |                |         |
| <b>ANTIRHEUMATIC ANTIMETABOLITES</b>                  |                                |                            |                       |                                |                           |                |         |
| METHOTREXATE SODIUM (ANTIRHEUMATIC) TABLETS           | RHEUMATREX                     |                            |                       |                                |                           |                |         |
| <b>ANTIRHEUMATIC - ENZYME INHIBITORS</b>              |                                |                            |                       |                                |                           |                |         |
| TOFACITINIB CITRATE                                   | XELJANZ IMMEDIATE RELEASE ONLY | Brand Only                 | Preferred Drug        | PA Required                    |                           |                |         |
| <b>ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES</b>         |                                |                            |                       |                                |                           |                |         |
| ADALIMUMAB  | HUMIRA                         |                            | Preferred Drug        | PA Required                    |                           |                |         |
| <b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b> |                                |                            |                       |                                |                           |                |         |
| 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               |                            |                       |                                |                           |                |         |



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| Drug Class/Drug Name                                 | Reference Brand Name  | Brand Only /<br>Generic Notes | Preferred Drug Status | PA Type     | Step Therapy Requirements | Quantity<br>Limit | QL Days |
|--|---|-------------------------------|-----------------------|-------------|---------------------------|-------------------|---------|
| IBUPROFEN SUSPENSION                                 | CHILDRENS MOTRIN  |                               |                       |             |                           |                   |         |
| IBUPROFEN TABLETS                                    | ADVIL JUNIOR STRENGTH                                       |                               |                       |             |                           |                   |         |
| INDOMETHACIN CAPSULES                                | TIVORBEX  |                               |                       |             |                           |                   |         |
| INDOMETHACIN CAPSULE CONTROLLED RELEASE              | INDOMETHACIN CR   |                               |                       |             |                           |                   |         |
| INDOMETHACIN SUPPOSITORY                             | INDOCIN   |                               |                       |             |                           |                   |         |
| INDOMETHACIN SUSPENSION                              | INDOCIN   |                               |                       |             |                           |                   |         |
| KETOROLAC TROMETHAMINE TABLETS                       | KETOROLAC TROMETHAMINE                                      |                               |                       |             |                           | 20.00             | 30.00   |
| MEFENAMIC ACID CAPSULES                              | PONSTEL   |                               |                       |             |                           |                   |         |
| MELOXICAM SUSPENSION                                 | MOBIC   |                               |                       |             |                           |                   |         |
| MELOXICAM TABLETS                                    | MOBIC   |                               |                       |             |                           |                   |         |
| NABUMETONE TABLETS                                   | NABUMETONE  |                               |                       |             |                           |                   |         |
| NAPROXEN SODIUM                                      | ALEVE   |                               |                       |             |                           |                   |         |
| NAPROXEN SODIUM TABLETS                              | ANAPROX   |                               |                       |             |                           |                   |         |
| NAPROXEN SUSPENSION                                  | NAPROSYN  |                               |                       |             |                           |                   |         |
| NAPROXEN TABLETS                                     | NAPROSYN  |                               |                       |             |                           |                   |         |
| NAPROXEN TABLET ENTERIC COATED                       | EC-NAPROSYN   |                               |                       |             |                           |                   |         |
| OXAPROZIN TABLETS                                    | DAYPRO  |                               |                       |             |                           |                   |         |
| PIROXICAM CAPSULES                                   | FELDENE   |                               |                       |             |                           |                   |         |
| SULINDAC TABLETS                                     | SULINDAC  |                               |                       |             |                           |                   |         |
| <b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>         |   |                               |                       |             |                           |                   |         |
| APREMILAST   | OTEZLA  | Brand Only                    | Preferred Drug        | PA Required |                           |                   |         |
| <b>PYRIMIDINE SYNTHESIS INHIBITORS</b>               |   |                               |                       |             |                           |                   |         |
| LEFLUNOMIDE TABLETS                                  | ARAVA   |                               |                       |             |                           |                   |         |
| <b>SELECTIVE COSTIMULATION MODULATORS</b>            |   |                               |                       |             |                           |                   |         |
| ABATACEPT  | ORENCIA   |                               | Preferred Drug        | PA Required |                           |                   |         |
| <b>SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS</b> |   |                               |                       |             |                           |                   |         |
| ETANERCEPT   | ENBREL  |                               | Preferred Drug        | PA Required |                           |                   |         |
| <b>ANALGESICS - NONNARCOTIC</b>                      |   |                               |                       |             |                           |                   |         |
| <b>ANALGESIC COMBINATIONS</b>                        |   |                               |                       |             |                           |                   |         |
| BUTALBITAL-ACETAMINOPHEN-CAFFEINE TABLETS            | VARIOIUS  |                               |                       |             |                           | 120.00            | 30.00   |
| BUTALBITAL-ASPIRIN-CAFFEINE TABLETS                  | VARIOIUS  |                               |                       |             |                           | 120.00            | 30.00   |
| <b>ANALGESICS OTHER</b>                              |   |                               |                       |             |                           |                   |         |
| ACETAMINOPHEN CAPSULES                               | ACETAMINOPHEN   |                               |                       |             |                           |                   |         |
| ACETAMINOPHEN CHEWABLE TABLETS                       | CHILDRENS MEDI-TABLETS                                      |                               |                       |             |                           |                   |         |
| ACETAMINOPHEN ELIXIR                                 | MEDI-TABLETS CHILDRENS                                      |                               |                       |             |                           |                   |         |
| ACETAMINOPHEN LIQUID                                 | LITTLE REMEDIES FOR FEVERS<br>FEVER/PAIN RELIEVER CHILDRENS |                               |                       |             |                           |                   |         |
| ACETAMINOPHEN SOLUTION                               | ACETAMINOPHEN   |                               |                       |             |                           |                   |         |
| ACETAMINOPHEN SUPPOSITORY                            | FEVERALL INFANTS  |                               |                       |             |                           |                   |         |
| ACETAMINOPHEN SUSPENSION                             | TYLENOL INFANTS   |                               |                       |             |                           |                   |         |
| ACETAMINOPHEN SYRUP                                  | TRIAMINIC FEVER REDUCER PAIN<br>RELIEVER CHILDRENS          |                               |                       |             |                           |                   |         |
| ACETAMINOPHEN TABLETS                                | MEDI-TABLETS  |                               |                       |             |                           |                   |         |
| ACETAMINOPHEN TABLET CONTROLLED RELEASE              | TYLENOL 8 HOUR  |                               |                       |             |                           |                   |         |
| ACETAMINOPHEN ORALLY DISPERSABLE TABLET              | MAPAP CHILDRENS   |                               |                       |             |                           |                   |         |
| <b>SALICYLATES</b>                                   |   |                               |                       |             |                           |                   |         |
| ASPIRIN CHEWABLE TABLETS                             | ST JOSEPH ADULT   |                               |                       |             |                           |                   |         |
| ASPIRIN SUPPOSITORY                                  | ASPIRIN   |                               |                       |             |                           |                   |         |
| ASPIRIN TABLETS                                      | ASPIRIN   |                               |                       |             |                           |                   |         |



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|--|--|-------------------------------|-----------------------|--|---------------------------|-------------------|---------|
| 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   |                               |                       |  |                           |                   |         |
| <b>ANALGESICS - OPIOID</b>                                 |  |                               |                       |  |                           |                   |         |
| <b>LONG-ACTING OPIOID AGONISTS</b>                         |  |                               |                       |  |                           |                   |         |
| FENTANYL PATCH 72-HOUR 12mcg, 25mcg, 50mcg, 75mcg & 100mcg | DURAGESIC 12mcg, 25mcg, 50mcg,<br>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  |                           |                   |         |
| TRAMADOL HCL ER TABLET 24-HOUR                             | TRAMADOL HCL ER                                  |                               | Preferred Drug        | PA Required  |                           |                   |         |
| <b>SHORT-ACTING OPIOID AGONISTS</b>                        |  |                               |                       |  |                           |                   |         |
| HYDROMORPHONE HCL LIQUID                                   | DILAUDID   |                               |                       | PA Required for > 2 Different Short Acting<br>Opioid Medications in a 30-day time<br>period. |                           |                   |         |
| HYDROMORPHONE HCL SUPPOSITORY                              | HYDROMORPHONE HCL                                |                               |                       | PA Required for > 2 Different Short Acting<br>Opioid Medications in a 30-day time<br>period. |                           |                   |         |
| HYDROMORPHONE HCL TABLETS                                  | DILAUDID   |                               |                       | PA Required for > 2 Different Short Acting<br>Opioid Medications in a 30-day time<br>period. |                           |                   |         |
| MEPERIDINE HCL TABLETS                                     | DEMEROL  |                               |                       | PA Required for > 2 Different Short Acting<br>Opioid Medications in a 30-day time<br>period. |                           |                   |         |
| MORPHINE SULFATE SOLUTION                                  | MORPHINE SULFATE                                 |                               |                       | PA Required for > 2 Different Short Acting<br>Opioid Medications in a 30-day time<br>period. |                           |                   |         |
| MORPHINE SULFATE SUPPOSITORY                               | MORPHINE SULFATE                                 |                               |                       | PA Required for > 2 Different Short Acting<br>Opioid Medications in a 30-day time<br>period. |                           |                   |         |
| MORPHINE SULFATE TABLETS                                   | MORPHINE SULFATE                                 |                               |                       | PA Required for > 2 Different Short Acting<br>Opioid Medications in a 30-day time<br>period. |                           |                   |         |
| OXYCODONE HCL CAPSULES                                     | OXYCODONE HCL                                    |                               |                       | PA Required for > 2 Different Short Acting<br>Opioid Medications in a 30-day time<br>period. |                           |                   |         |
| OXYCODONE HCL CONCENTRATE                                  | OXYCODONE HCL                                    |                               |                       | PA Required for > 2 Different Short Acting<br>Opioid Medications in a 30-day time<br>period. |                           |                   |         |
| OXYCODONE HCL SOLUTION                                     | OXYCODONE HCL                                    |                               |                       | PA Required for > 2 Different Short Acting<br>Opioid Medications in a 30-day time<br>period. |                           |                   |         |
| OXYCODONE HCL TABLETS                                      | ROXICODONE                                       |                               |                       | PA Required for > 2 Different Short Acting<br>Opioid Medications in a 30-day time<br>period. |                           |                   |         |



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| TRAMADOL HCL TABLETS<br><b>OPIOID COMBINATIONS</b>            | ULTRAM                  |                               |                       | PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period. |                           |                   |         |
| 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. |                           |                   |         |
| 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<br><b>OPIOID PARTIAL AGONISTS</b> | OXYCODONE/IBUPROFEN     |                               |                       | PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period. |                           |                   |         |



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| BUPRENORPHINE VARIOUS                               | VARIOUS                                  |                               |                       | PA Required unless the member is pregnant or nursing.<br>The prescriber must note the following ICD-10 codes on the prescription:<br>1. O09.91- Supervision of high risk pregnancy, 1st Trimester.<br>2. O09.92- Supervision of high risk pregnancy, 2nd Trimester.<br>3. O09.93- Supervision of high risk pregnancy, 3rd Trimester.<br>4. O09.91- Supervision of high risk pregnancy- use for Postpartum Nursing Mothers.<br>The first digit of the diagnosis code is the Letter - O and the second is a Zero - 0 |                           |                   |         |
| BUPRENORPHINE PATCH WEEKLY                          | BUTRANS                                  | Brand Only                    | Preferred Drug        | PA Required  |                           |                   |         |
| BUPRENORPHINE SOLUTION PREFILLED SYRINGE            | SUBLOCADE                                |                               | Preferred Drug        | PA Required  |                           |                   |         |
| BUPRENORPHINE HCL-NALOXONE HCL DIHYDRATE FILM       | SUBOXONE FILM                            | Brand Only                    | Preferred Drug        |  |                           |                   |         |
| BUPRENORPHINE HCL-NALOXONE HCL DIHYDRATE SUBLINGUAL | BUPRENORPHINE HCL-NALOXONE HCL DIHYDRATE | GENERIC FORMULATIONS ONLY     | Preferred Drug        |  |                           |                   |         |
| METHADONE   | VARIOUS                                  |                               |                       | Only available at an Opioid Treatment Program (OTP) provider.  |                           |                   |         |
| <b>ANDROGENS-ANABOLIC</b>                           |  |                               |                       |  |                           |                   |         |
| <b>ANDROGENS**</b>                                  |  |                               |                       |  |                           |                   |         |
| 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                          |                               |                       | PA Required  |                           |                   |         |
| TESTOSTERONE PATCH 24-HOUR                          | ANDRODERM                                |                               |                       | PA Required  |                           |                   |         |
| <b>ANORECTAL AGENTS</b>                             |  |                               |                       |  |                           |                   |         |
| <b>INTRARECTAL STEROIDS</b>                         |  |                               |                       |  |                           |                   |         |
| HYDROCORTISONE (INTRARECTAL) ENEMA                  | COLOCORT                                 |                               |                       |  |                           |                   |         |
| HYDROCORTISONE ACETATE (INTRARECTAL) FOAM           | CORTIFOAM                                |                               |                       |  |                           |                   |         |
| <b>RECTAL STEROIDS</b>                              |  |                               |                       |  |                           |                   |         |
| HYDROCORTISONE (RECTAL) CREAM                       | PROCTOCORT                               |                               |                       |  |                           |                   |         |
| <b>ANTACIDS</b>                                     |  |                               |                       |  |                           |                   |         |
| <b>ANTACIDS - CALCIUM SALTS</b>                     |  |                               |                       |  |                           |                   |         |
| CALCIUM CARBONATE (ANTACID) CHEWABLE TABLETS        | CHILDRENS MYLANTA UPSET STOMACH RELIEF   |                               |                       |  |                           |                   |         |
| CALCIUM CARBONATE (ANTACID) TABLETS                 | CALCIUM CARBONATE                        |                               |                       |  |                           |                   |         |
| <b>ANTACIDS - BICARBONATE</b>                       |  |                               |                       |  |                           |                   |         |
| SODIUM BICARBONATE (ANTACID) TABLETS                | SODIUM BICARBONATE                       |                               |                       |  |                           |                   |         |
| <b>ANTACID COMBINATIONS</b>                         |  |                               |                       |  |                           |                   |         |
| ALUM & MAG HYDROX-SIMETHICONE SUSPENSION            | ANTACID FAST ACTING                      |                               |                       |  |                           |                   |         |
| <b>ANTACIDS - MAGNESIUM SALTS</b>                   |  |                               |                       |  |                           |                   |         |



## Fee-For-Service Acute/Long Term Care Program Drug List

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| Drug Class/Drug Name                            | Reference Brand Name    | Brand Only /<br>Generic Notes | Preferred Drug Status | PA Type  | Step Therapy Requirements | Quantity<br>Limit | QL Days |
|---|-------------------------|-------------------------------|-----------------------|--|---------------------------|-------------------|---------|
| MAGNESIUM OXIDE TABLETS                         | MAGNESIUM OXIDE         |                               |                       |  |                           |                   |         |
| <b>ANTHELMINTICS</b>                            |                         |                               |                       |  |                           |                   |         |
| <b>ANTHELMINTICS</b>                            |                         |                               |                       |  |                           |                   |         |
| ALBENDAZOLE TABLETS                             | ALBENZA                 |                               |                       | PA Required  |                           |                   |         |
| IVERMECTIN TABLETS                              | STROMECTOL              |                               |                       | PA Required  |                           |                   |         |
| PRAZIQUANTEL TABLETS                            | BILTRICIDE              |                               |                       |  |                           |                   |         |
| <b>ANTIANGINAL AGENTS</b>                       |                         |                               |                       |  |                           |                   |         |
| <b>ANTIANGINALS-OTHER</b>                       |                         |                               |                       |  |                           |                   |         |
| RANOLAZINE TABLET 12-HOUR                       | RANEXA                  |                               |                       | PA Required  |                           |                   |         |
| <b>NITRATES</b>                                 |                         |                               |                       |  |                           |                   |         |
| 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               |                               |                       |  |                           |                   |         |
| <b>ANTIANSIETY AGENTS</b>                       |                         |                               |                       |  |                           |                   |         |
| <b>ANTIANSIETY AGENTS - MISC.</b>               |                         |                               |                       |  |                           |                   |         |
| 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   |
| <b>BENZODIAZEPINES</b>                          |                         |                               |                       |  |                           |                   |         |
| ALPRAZOLAM CONC 1 MG/ML                         | ALPRAZOLAM INTENSOL     |                               |                       | PA Required for > 1 Anxiolytic Medication in a 30-day time period. |                           | 60.00             | 15.00   |
| ALPRAZOLAM ORALLY DISINTEGRATING TAB 0.25 MG    | VARIOUS                 |                               |                       | PA Required for > 1 Anxiolytic Medication in a 30-day time period. |                           | 120.00            | 30.00   |
| ALPRAZOLAM ORALLY DISINTEGRATING TAB 0.5 MG     | VARIOUS                 |                               |                       | PA Required for > 1 Anxiolytic Medication in a 30-day time period. |                           | 120.00            | 30.00   |
| ALPRAZOLAM ORALLY DISINTEGRATING TAB 1 MG       | VARIOUS                 |                               |                       | PA Required for > 1 Anxiolytic Medication in a 30-day time period. |                           | 120.00            | 30.00   |
| ALPRAZOLAM ORALLY DISINTEGRATING TAB 2 MG       | VARIOUS                 |                               |                       | PA Required for > 1 Anxiolytic Medication in a 30-day time period. |                           | 60.00             | 30.00   |
| ALPRAZOLAM TAB 0.25 MG                          | VARIOUS                 |                               |                       | PA Required for > 1 Anxiolytic Medication in a 30-day time period. |                           | 120.00            | 30.00   |



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|-------------------------------------|----------------------|-------------------------------|-----------------------|--|---------------------------|-------------------|---------|
| 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   |
| 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   |



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|--|------------------------|-------------------------------|-----------------------|--|---------------------------|-------------------|---------|
| 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   |
| <b>ANTIARRHYTHMICS</b>                         |                        |                               |                       |  |                           |                   |         |
| <b>ANTIARRHYTHMICS TYPE I-A</b>                |                        |                               |                       |  |                           |                   |         |
| 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   |                               |                       |  |                           |                   |         |
| <b>ANTIARRHYTHMICS TYPE I-B</b>                |                        |                               |                       |  |                           |                   |         |
| MEXILETINE HCL CAPSULES                        | MEXILETINE HCL         |                               |                       |  |                           |                   |         |
| <b>ANTIARRHYTHMICS TYPE I-C</b>                |                        |                               |                       |  |                           |                   |         |
| FLECAINIDE ACETATE TABLETS                     | TAMBOCOR               |                               |                       |  |                           |                   |         |
| PROPafenone HCL CAPSULE 12-HOUR                | RYTHMOL SR             |                               |                       |  |                           |                   |         |
| PROPafenone HCL TABLETS                        | RYTHMOL                |                               |                       |  |                           |                   |         |
| <b>ANTIARRHYTHMICS TYPE III</b>                |                        |                               |                       |  |                           |                   |         |
| AMIODARONE HCL TABLETS 100MG & 200MG           | PACERONE               |                               |                       |  |                           |                   |         |
| DOFETILIDE CAPSULES                            | TIKOSYN                |                               |                       | PA Required  |                           |                   |         |
| DRONEDARONE HCL TABLETS                        | MULTAQ                 |                               |                       | PA Required  |                           |                   |         |
| <b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b> |                        |                               |                       |  |                           |                   |         |
| <b>ANTI-INFLAMMATORY AGENTS</b>                |                        |                               |                       |  |                           |                   |         |
| CROMOLYN SODIUM NEBULIZED                      | CROMOLYN SODIUM        |                               |                       |  |                           |                   |         |
| <b>BRONCHODILATORS - ANTICHOLINERGICS</b>      |                        |                               |                       |  |                           |                   |         |
| 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        |  |                           |                   |         |
| <b>LEUKOTRIENE MODULATORS</b>                  |                        |                               |                       |  |                           |                   |         |
| MONTELUKAST SODIUM CHEWABLE TABLETS            | SINGULAIR              |                               | Preferred Drug        |  |                           | 30.00             | 30.00   |
| MONTELUKAST SODIUM GRANULES                    | SINGULAIR              |                               | Preferred Drug        | PA Required for > 4 Years of Age                                   |                           |                   |         |
| MONTELUKAST SODIUM TABLETS                     | SINGULAIR              |                               | Preferred Drug        |  |                           | 30.00             | 30.00   |
| <b>STEROID INHALANTS</b>                       |                        |                               |                       |  |                           |                   |         |





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|--|---|--|--------------------------|-------------|---------------------------|----------------|---------|
| BUDESONIDE (INHALATION) SUSPENSION 0.25MG/2ML, 0.5MG/2ML & 1MG/2ML | VARIOUS                                     |  | Preferred Drug           |             |                           |                |         |
| BUDESONIDE (INHALATION) AEROSOL POWDER                             | PULMICORT FLEXHALER                         | Brand Only   | Preferred Drug           |             |                           |                |         |
| FLUTICASONE PROPIONATE HFA AERO                                    | FLOVENT HFA                                 | Brand Only   | Preferred Drug           |             |                           |                |         |
| FLUTICASONE PROPIONATE ORAL INHALATION                             | FLOVENT DISKUS                              | Brand Only   | Preferred Drug           |             |                           |                |         |
| MOMETASONE FUROATE (INHALATION) AEPB                               | ASMANEX TWISTHALER                          |  | Preferred Drug           |             |                           |                |         |
| <b>SYMPATHOMIMETICS</b>  |   |  |                          |             |                           |                |         |
| ALBUTEROL SULFATE INHALER  | ALBUTEROL HFA (PROVENTIL) (AG) (INHALATION) | NDC 00254100752<br>NDC 00781729685                                       | Preferred Albuterol NDCs |             |                           |                |         |
| ALBUTEROL SULFATE INHALER  | ALBUTEROL HFA (PROVENTIL) (INHALATION)      | NDC 00054074287<br>NDC 69097014260<br>NDC 72572001401<br>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<br>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 Only   | Preferred Drug           |             |                           |                |         |
| FLUTICASONE-SALMETEROL ORAL INHALATION                             | ADVAIR DISKUS                               | Brand Only   | Preferred Drug           |             |                           |                |         |
| FLUTICASONE-SALMETEROL INHALER                                     | ADVAIR HFA                                  | Brand Only   | Preferred Drug           |             |                           |                |         |
| IPRATROPIUM-ALBUTEROL INHALER                                      | COMBIVENT                                   |  | Preferred Drug           |             |                           |                |         |
| IPRATROPIUM-ALBUTEROL AEROSOL SOLUTION                             | COMBIVENT RESPIMAT                          |  | Preferred Drug           |             |                           |                |         |
| IPRATROPIUM-ALBUTEROL SOLUTION                                     | DUONEB                                      |  | Preferred Drug           |             |                           |                |         |
| MOMETASONE FUROATE-FORMOTEROL FUMARATE DIHYDRATE INHALER           | DULERA                                      | Brand Only   | Preferred Drug           |             |                           |                |         |
| SALMETEROL XINAFOATE INHALER BREATH ACTIVATED                      | SEREVENT DISKUS                             |  | Preferred Drug           | PA Required |                           |                |         |
| TIOTROPIUM BROMIDE-OLODATEROL HCL AEROSOL SOLUTION                 | STIOLTO RESPIMAT                            |  | Preferred Drug           | PA Required |                           | 1.00           | 30.00   |
| UMECLIDINIUM-VILANTEROL AEROSOL POWDER                             | ANORO ELLIPT                                |  | Preferred Drug           | PA Required |                           | 1.00           | 30.00   |
| <b>XANTHINES</b>   |   |  |                          |             |                           |                |         |
| THEOPHYLLINE CAPSULE 24-HOUR                                       | THEO-24                                     |  |                          |             |                           |                |         |
| THEOPHYLLINE ELIXIR  | ELIXIROPHYLLIN                              |  |                          |             |                           |                |         |
| THEOPHYLLINE SOLUTION  | THEOPHYLLINE                                |  |                          |             |                           |                |         |
| THEOPHYLLINE TABLET 12-HOUR  | THEOCHRON                                   |  |                          |             |                           |                |         |
| THEOPHYLLINE TABLET 24-HOUR  | THEOPHYLLINE ER                             |  |                          |             |                           |                |         |
| <b>ANTICOAGULANTS</b>  |   |  |                          |             |                           |                |         |
| <b>COUMARIN ANTICOAGULANTS</b>                                     |   |  |                          |             |                           |                |         |
| WARFARIN SODIUM TABLETS  | COUMADIN                                    |  |                          |             |                           |                |         |
| <b>DIRECT FACTOR XA INHIBITORS</b>                                 |   |  |                          |             |                           |                |         |
| 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   |



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|--|---------------------------|-------------------------------|-----------------------|--|---------------------------|-------------------|---------|
| <b>HEPARINS AND HEPARINOID-LIKE AGENTS</b>                 |                           |                               |                       |  |                           |                   |         |
| ENOXAPARIN SODIUM INJ 100 MG/ML                            | VARIOUS                   |                               | Preferred Drug        |  |                           | 60.00             | 30.00   |
| ENOXAPARIN SODIUM INJ 120 MG/0.8ML                         | VARIOUS                   |                               | Preferred Drug        |  |                           | 60.00             | 30.00   |
| ENOXAPARIN SODIUM INJ 150 MG/ML                            | VARIOUS                   |                               | Preferred Drug        |  |                           | 60.00             | 30.00   |
| ENOXAPARIN SODIUM INJ 30 MG/0.3ML                          | VARIOUS                   |                               | Preferred Drug        |  |                           | 60.00             | 30.00   |
| ENOXAPARIN SODIUM INJ 300 MG/3ML                           | VARIOUS                   |                               | Preferred Drug        |  |                           | 60.00             | 30.00   |
| ENOXAPARIN SODIUM INJ 40 MG/0.4ML                          | VARIOUS                   |                               | Preferred Drug        |  |                           | 60.00             | 30.00   |
| ENOXAPARIN SODIUM INJ 60 MG/0.6ML                          | VARIOUS                   |                               | Preferred Drug        |  |                           | 60.00             | 30.00   |
| ENOXAPARIN SODIUM INJ 80 MG/0.8ML                          | VARIOUS                   |                               | Preferred Drug        |  |                           | 60.00             | 30.00   |
| HEPARIN (PORCINE) IN SODIUM CHLORIDE SOLUTION              | HEPARIN SODIUM/NACL 0.9%  |                               |                       |  |                           |                   |         |
| HEPARIN SOD (PORCINE) IN D5W SOLUTION                      | HEPARIN SODIUM/D5W        |                               |                       |  |                           |                   |         |
| HEPARIN SODIUM (PORCINE) LOCK FLUSH & NACL LOCK FLUSH KIT  | HEPARIN SODIUM LOCK FLUSH |                               |                       |  |                           |                   |         |
| HEPARIN SODIUM (PORCINE) LOCK FLUSH SOLUTION               | HEPARIN LOCK FLUSH        |                               |                       |  |                           |                   |         |
| <b>THROMBIN INHIBITORS</b>                                 |                           |                               |                       |  |                           |                   |         |
| DABIGATRAN ETEXILATE MESYLATE CAPSULES                     | PRADAXA                   | Brand Only                    | Preferred Drug        |  |                           | 60.00             | 30.00   |
| DABIGATRAN ETEXILATE MESYLATE PACK 20MG & 150MG            | PRADAXA PACK              | Brand Only                    | Preferred Drug        |  |                           | 60.00             | 30.00   |
| DABIGATRAN ETEXILATE MESYLATE PACK 30MG, 40MG, 50MG, 110MG | PRADAXA PACK              | Brand Only                    | Preferred Drug        |  |                           | 120.00            | 30.00   |
| <b>ANTICONVULSANTS</b>                                     |                           |                               |                       |  |                           |                   |         |
| <b>ANTICONVULSANTS - BENZODIAZEPINES</b>                   |                           |                               |                       |  |                           |                   |         |
| 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                  | DIASAT                    |                               |                       |  |                           | 2.00              | 30.00   |
| DIAZEPAM RECTAL GEL DELIVERY SYSTEM 2.5 MG                 | DIASAT                    |                               |                       |  |                           | 2.00              | 30.00   |
| DIAZEPAM RECTAL GEL DELIVERY SYSTEM 20 MG                  | DIASAT                    |                               |                       |  |                           | 2.00              | 30.00   |
| <b>ANTICONVULSANTS - MISC.</b>                             |                           |                               |                       |  |                           |                   |         |
| 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               |                               |                       |  |                           |                   |         |



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|---|--------------------------------------|-------------------------------|-----------------------|-------------|---------------------------|-------------------|---------|
| 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<br>VALPROATE |                               |                       |             |                           |                   |         |
| LAMOTRIGINE TABLETS   | LAMICTAL                             |                               |                       |             |                           |                   |         |
| LAMOTRIGINE TABLET 24-HOUR                                  | LAMICTAL XR                          |                               |                       |             |                           |                   |         |
| LAMOTRIGINE ORALLY DISPERSABLE TABLET                       | LAMICTAL ODT                         |                               |                       |             |                           |                   |         |
| LEVETIRACETAM SOLUTION                                      | KEPPRA                               |                               |                       |             |                           |                   |         |
| LEVETIRACETAM TABLETS                                       | KEPPRA                               |                               |                       |             |                           |                   |         |
| LEVETIRACETAM TABLET 24-HOUR                                | KEPPRA XR                            |                               |                       |             |                           |                   |         |
| OXCARBAZEPINE SUSPENSION                                    | TRILEPTAL                            |                               |                       |             |                           |                   |         |
| OXCARBAZEPINE TABLETS                                       | TRILEPTAL                            |                               |                       |             |                           |                   |         |
| OXCARBAZEPINE TABLET 24-HOUR                                | OXTELLAR XR                          |                               |                       |             |                           |                   |         |
| PREGABALIN CAPSULES (25MG, 50MG, 75MG, 100MG, 150MG, 200MG) | LYRICA                               |                               |                       |             |                           | 90.00             | 30.00   |
| PREGABALIN CAPSULES (225MG, 300MG)                          | LYRICA                               |                               |                       |             |                           | 60.00             | 30.00   |
| PREGABALIN SOLUTION   | LYRICA                               |                               |                       |             |                           | 900.00            | 30.00   |
| 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                             |                               |                       |             |                           |                   |         |
| <b>CARBAMATES</b>   |                                      |                               |                       |             |                           |                   |         |
| FELBAMATE SUSPENSION  | FELBATOL                             |                               |                       |             |                           |                   |         |
| FELBAMATE TABLETS   | FELBATOL                             |                               |                       |             |                           |                   |         |
| <b>GABA MODULATORS</b>                                      |                                      |                               |                       |             |                           |                   |         |
| TIAGABINE HCL TABLETS                                       | GABTRIL                              |                               |                       | PA Required |                           |                   |         |
| <b>HYDANTOINS</b>   |                                      |                               |                       |             |                           |                   |         |
| PHENYTOIN CHEWABLE TABLETS                                  | DILANTIN INFATABLETS                 |                               |                       |             |                           |                   |         |
| PHENYTOIN SODIUM EXTENDED CAPSULES                          | DILANTIN                             |                               |                       |             |                           |                   |         |
| PHENYTOIN SUSPENSION  | DILANTIN-125                         |                               |                       |             |                           |                   |         |
| <b>SUCCINIMIDES</b>   |                                      |                               |                       |             |                           |                   |         |
| ETHOSUXIMIDE CAPSULES                                       | ZARONTIN                             |                               |                       |             |                           |                   |         |
| ETHOSUXIMIDE SOLUTION                                       | ZARONTIN                             |                               |                       |             |                           |                   |         |
| <b>VALPROIC ACID</b>  |                                      |                               |                       |             |                           |                   |         |
| 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                             |                               |                       |             |                           |                   |         |



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|--|----------------------|-------------------------------|-----------------------|---|---------------------------|-------------------|---------|
| VALPROIC ACID CAPSULE DELAYED RELEASE                          | STAVZOR              |                               |                       |   |                           |                   |         |
| <b>ANTIDEPRESSANTS</b>   |                      |                               |                       |   |                           |                   |         |
| <b>ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)</b>             |                      |                               |                       |   |                           |                   |         |
| 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   |
| <b>N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS</b>    |                      |                               |                       |   |                           |                   |         |
| ESKETAMINE HCL SOLUTION  | SPRAVATO             |                               |                       | PA Required   |                           |                   |         |
| <b>NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIBITORS (NDRIS)</b> |                      |                               |                       |   |                           |                   |         |
| 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   |
| <b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)</b>         |                      |                               |                       |   |                           |                   |         |
| CITALOPRAM HYDROBROMIDE SOLUTION                               | CELEXA               |                               |                       | PA Required for Ages < 6 years and for > the age of 12 years of age |                           | 600.00            | 30.00   |
| CITALOPRAM HYDROBROMIDE TABLETS 10MG                           | CELEXA               |                               |                       | PA Required for Ages < 6 years                                      |                           | 60.00             | 30.00   |
| CITALOPRAM HYDROBROMIDE TABLETS 20MG                           | CELEXA               |                               |                       | PA Required for Ages < 6 years                                      |                           | 30.00             | 30.00   |
| CITALOPRAM HYDROBROMIDE TABLETS 40MG                           | CELEXA               |                               |                       | PA Required for Ages < 6 years                                      |                           | 30.00             | 30.00   |
| ESCITALOPRAM OXALATE TABLETS 5MG                               | LEXAPRO              |                               |                       | PA Required for Ages < 6 years                                      |                           | 60.00             | 30.00   |
| ESCITALOPRAM OXALATE TABLETS 10MG                              | LEXAPRO              |                               |                       | PA Required for Ages < 6 years                                      |                           | 30.00             | 30.00   |
| ESCITALOPRAM OXALATE TABLETS 20MG                              | LEXAPRO              |                               |                       | PA Required for Ages < 6 years                                      |                           | 30.00             | 30.00   |
| FLUOXETINE HCL CAPSULES ONLY 10MG                              | PROZAC               |                               |                       | PA Required for Ages < 6 years                                      |                           | 60.00             | 30.00   |
| FLUOXETINE HCL CAPSULES ONLY 20MG                              | PROZAC               |                               |                       | PA Required for Ages < 6 years                                      |                           | 120.00            | 30.00   |
| FLUOXETINE HCL CAPSULES ONLY 40MG                              | PROZAC               |                               |                       | PA Required for Ages < 6 years                                      |                           | 60.00             | 30.00   |
| FLUOXETINE HCL SOLUTION  | FLUOXETINE HCL       |                               |                       | PA Required for Ages < 6 years and for > the age of 12 years of age |                           | 600.00            | 30.00   |
| FLUVOXAMINE MALEATE TABLETS 25MG                               | LUVOX                |                               |                       | PA Required for Ages < 6 years                                      |                           | 60.00             | 30.00   |
| FLUVOXAMINE MALEATE TABLETS 50MG                               | LUVOX                |                               |                       | PA Required for Ages < 6 years                                      |                           | 180.00            | 30.00   |
| 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   |
| <b>SEROTONIN MODULATORS</b>                                    |                      |                               |                       |   |                           |                   |         |
| 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   |
| <b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRI)</b>     |                      |                               |                       |   |                           |                   |         |
| 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   |



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|--|-------------------------|-------------------------------|-----------------------|--------------------------------|---------------------------|-------------------|---------|
| 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   |
| <b>TRICYCLIC AGENTS</b>  |                         |                               |                       |                                |                           |                   |         |
| 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 |                           |                   |         |
| <b>ANTIDIABETICS</b>   |                         |                               |                       |                                |                           |                   |         |
| <b>ALPHA-GLUCOSIDASE INHIBITORS</b>                                  |                         |                               |                       |                                |                           |                   |         |
| ACARBOSE TABLETS   | PRECOSE                 |                               |                       |                                |                           |                   |         |
| <b>ANTIDIABETIC - AMYLIN ANALOGS</b>                                 |                         |                               |                       |                                |                           |                   |         |
| PRAMLINTIDE ACETATE SOLUTION PEN INJECTION                           | SYMLINPEN 60            |                               | Preferred Drug        | PA Required                    |                           |                   |         |
| <b>ANTIDIABETIC COMBINATIONS</b>                                     |                         |                               |                       |                                |                           |                   |         |
| ALOGLIPTIN-METFORMIN HCL TABLETS                                     | KAZANO                  | Brand Only                    | Preferred Drug        |                                | Step Through Metformin    |                   |         |
| ALOGLIPTIN-PIOGLITAZONE TABLETS                                      | OSENI                   | Brand Only                    | Preferred Drug        |                                | Step Through Metformin    |                   |         |
| 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    |                   |         |



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|---|---|----------------------------|-----------------------|---|---------------------------|----------------|---------|
| <b>BIGUANIDES</b>   |   |                            |                       |   |                           |                |         |
| METFORMIN HCL TABLETS   | GLUCOPHAGE  |                            |                       |   |                           |                |         |
| METFORMIN HCL TABLET 24-HOUR (GENERIC OF GLUCOPHAGE XR ONLY- 500MG & 750MG) | Various<br>GENERIC OF GLUCOPHAGE XR ONLY- 500MG & 750MG |                            |                       | PA Required for Osmotic and Modified Release Products |                           |                |         |
| <b>DIABETIC OTHER</b>   |   |                            |                       |   |                           |                |         |
| DIAZOXIDE SUSPENSION  | PROGLYCEM   | Brand Only                 | Preferred Drug        |   |                           |                |         |
| GLUCAGON SOLUTION AUTOINJECTOR - ADULT                                      | GVOKE HYPO  |                            | Preferred Drug        |   |                           | 1.00           | 30.00   |
| GLUCAGON SOLUTION AUTOINJECTOR - PEDIATRIC                                  | GVOKE HYPO  |                            | Preferred Drug        |   |                           | 2.00           | 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   |                           |                |         |
| <b>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>                            |   |                            |                       |   |                           |                |         |
| 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    |                |         |
| <b>INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)</b>                    |   |                            |                       |   |                           |                |         |
| 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   |                           |                |         |
| <b>INSULIN SENSITIZING AGENTS</b>   |   |                            |                       |   |                           |                |         |
| PIOGLITAZONE HCL TABLETS  | ACTOS   |                            |                       |   |                           |                |         |
| <b>INSULIN</b>  |   |                            |                       |   |                           |                |         |
| 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        |   |                           |                |         |
| <b>INSULIN LISPRO SOLUTION</b>  |   |                            |                       |   |                           |                |         |
| INSULIN LISPRO SOLUTION CARTRIDGE   | HUMALOG   | Authorized Generic 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        |   |                           |                |         |



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|--|--------------------------------|-------------------------------|-----------------------|-------------|---------------------------|-------------------|---------|
| INSULIN LISPRO PROTAMINE & LISPRO (HUMAN) SUSPENSION PEN INJECTION (50-50) | HUMALOG MIX 50/50 KWIKPEN      | 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 |                           |                   |         |
| <b>MEGLITINIDE ANALOGUES</b>   |                                |                               |                       |             |                           |                   |         |
| NATEGLINIDE TABLETS  | STARLIX                        |                               |                       |             |                           |                   |         |
| REPAGLINIDE TABLETS  | PRANDIN                        |                               |                       |             |                           |                   |         |
| <b>SGLT2S</b>  |                                |                               |                       |             |                           |                   |         |
| DAPAGLIFLOZIN PROPANEDIOL  | FARXIGA                        |                               | Preferred Drug        |             | Step Through Metformin    |                   |         |
| CANAGLIFLOZIN  | INVOKANA                       |                               | Preferred Drug        |             | Step Through Metformin    |                   |         |
| EMPAGLIFLOZIN  | JARDIANCE                      |                               | Preferred Drug        |             | Step Through Metformin    |                   |         |
| <b>SULFONYLUREAS</b>   |                                |                               |                       |             |                           |                   |         |
| 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                    |                               |                       |             |                           |                   |         |
| <b>ANTIDIARRHEALS</b>  |                                |                               |                       |             |                           |                   |         |
| <b>ANTIPERISTALTIC AGENTS</b>  |                                |                               |                       |             |                           |                   |         |
| 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                    |                               |                       |             |                           |                   |         |
| <b>ANTIDOTES</b>   |                                |                               |                       |             |                           |                   |         |
| <b>OPIOID ANTAGONISTS</b>  |                                |                               |                       |             |                           |                   |         |
| 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        |             |                           |                   |         |
| <b>ANTIEMETICS</b>   |                                |                               |                       |             |                           |                   |         |
| <b>5-HT3 RECEPTOR ANTAGONISTS</b>  |                                |                               |                       |             |                           |                   |         |
| DOLASETRON MESYLATE TABLETS  | ANZEMET                        |                               |                       | PA Required |                           |                   |         |
| GRANISETRON HCL SOLUTION   | GRANISOL                       |                               |                       | PA Required |                           |                   |         |
| GRANISETRON HCL TABLETS  | GRANISETRON HCL                |                               |                       | PA Required |                           |                   |         |
| ONDANSETRON HCL SOLUTION   | ZOFTRAN                        |                               |                       |             |                           | 300.00            | 30.00   |



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|---|---|-------------------------------|-----------------------|-------------|---------------------------|-------------------|---------|
| ONDANSETRON HCL TABLETS                                   | ZOFRAN  |                               |                       |             |                           | 60.00             | 30.00   |
| ONDANSETRON ORALLY DISPERSABLE TABLET                     | ZOFRAN ODT                                    |                               |                       |             |                           | 60.00             | 30.00   |
| <b>ANTIEMETICS - ANTICHOLINERGIC</b>                      |   |                               |                       |             |                           |                   |         |
| MECLIZINE HCL CHEWABLE TABLETS                            | MECLIZINE HCL                                 |                               |                       |             |                           |                   |         |
| MECLIZINE HCL TABLETS                                     | MECLIZINE HCL                                 |                               |                       |             |                           |                   |         |
| TRIMETHOBENZAMIDE HCL CAPSULES                            | TIGAN   |                               |                       |             |                           |                   |         |
| TRIMETHOBENZAMIDE HCL SOLUTION                            | TIGAN   |                               |                       |             |                           |                   |         |
| <b>ANTIEMETICS - MISCELLANEOUS</b>                        |   |                               |                       |             |                           |                   |         |
| DRONABINOL CAPSULES                                       | MARINOL                                       |                               |                       | PA Required |                           |                   |         |
| DOXYLAMINE-PYRIDOXINE CAPSULES                            |   |                               |                       |             |                           |                   |         |
| PROCHLORPERAZINE MALEATE TABLETS                          | COMPazine                                     |                               |                       |             |                           |                   |         |
| PROCHLORPERAZINE SUPPOSITORY                              | COMPazine                                     |                               |                       |             |                           |                   |         |
| <b>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONIST</b> |   |                               |                       |             |                           |                   |         |
| APREPITANT CAPSULES                                       | EMEND   |                               |                       |             |                           | 6.00              | 21.00   |
| <b>ANTIFUNGALS</b>  |   |                               |                       |             |                           |                   |         |
| <b>ANTIFUNGAL ORAL AGENTS</b>                             |   |                               |                       |             |                           |                   |         |
| CLOTRIMAZOLE TROCHE                                       | VARIOUS                                       |                               | Preferred Drug        |             |                           |                   |         |
| GRISEOFULVIN SUSPENSION                                   | VARIOUS                                       |                               | Preferred Drug        |             |                           |                   |         |
| GRISEOFULVIN MICROSIZED TABLETS                           | GRIFULVIN V                                   |                               | Preferred Drug        |             |                           |                   |         |
| NYSTATIN SUSPENSION                                       | NYSTATIN                                      |                               | Preferred Drug        |             |                           |                   |         |
| NYSTATIN TABLETS  | NYSTATIN                                      |                               | Preferred Drug        |             |                           |                   |         |
| TERBINAFINE HCL TABLETS                                   | LAMISIL                                       |                               | Preferred Drug        |             |                           | 90.00             | 365.00  |
| <b>IMIDAZOLE-RELATED ANTIFUNGALS</b>                      |   |                               |                       |             |                           |                   |         |
| FLUCONAZOLE SUSPENSION                                    | DIFLUCAN                                      |                               | Preferred Drug        |             |                           | 600.00            | 30.00   |
| FLUCONAZOLE TABLETS                                       | DIFLUCAN                                      |                               | Preferred Drug        |             |                           | 60.00             | 30.00   |
| VORICONAZOLE SUSPENSION                                   | VFEND   | Brand Only                    | Preferred Drug        | PA Required |                           |                   |         |
| <b>ANTIHISTAMINES</b>                                     |   |                               |                       |             |                           |                   |         |
| <b>ANTIHISTAMINES - ALKYLAMINES</b>                       |   |                               |                       |             |                           |                   |         |
| BROMPHENIRAMINE MALEATE                                   | J-TAN PD                                      |                               |                       |             |                           |                   |         |
| CHLORPHENIRAMINE MALEATE TABLETS                          | CHLORPHENIRAMINE MALEATE                      |                               |                       |             |                           |                   |         |
| DEXCHLORPHENIRAMINE MALEATE SYRUP                         | DEXCHLORPHENIRAMINE MALEATE                   |                               |                       |             |                           |                   |         |
| <b>ANTIHISTAMINES - ETHANOLAMINES</b>                     |   |                               |                       |             |                           |                   |         |
| 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             |                               |                       |             |                           |                   |         |
| <b>ANTIHISTAMINES - NON-SEDATING</b>                      |   |                               |                       |             |                           |                   |         |





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|---|---------------------------|-------------------------------|-----------------------|---------|---------------------------|-------------------|---------|
| 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   |
| 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   |
| <b>ANTIHISTAMINES - PHENOTHIAZINES</b>              |                           |                               |                       |         |                           |                   |         |
| PROMETHAZINE HCL SOLUTION                           | PROMETHAZINE HCL          |                               |                       |         |                           |                   |         |
| PROMETHAZINE HCL SUPPOSITORY                        | PHENADOZ                  |                               |                       |         |                           |                   |         |
| PROMETHAZINE HCL TABLETS                            | PROMETHAZINE HCL          |                               |                       |         |                           |                   |         |
| <b>ANTIHISTAMINES - PIPERIDINES</b>                 |                           |                               |                       |         |                           |                   |         |
| CYPROHEPTADINE HCL SYRUP                            | CYPROHEPTADINE HCL        |                               |                       |         |                           |                   |         |
| CYPROHEPTADINE HCL TABLETS                          | CYPROHEPTADINE HCL        |                               |                       |         |                           |                   |         |
| <b>ANTIHYPERLIPIDEMICS</b>                          |                           |                               |                       |         |                           |                   |         |
| <b>BILE ACID SEQUESTRANTS</b>                       |                           |                               |                       |         |                           |                   |         |
| CHOLESTYRAMINE LIGHT PACK                           | PREVALITE                 |                               |                       |         |                           |                   |         |
| CHOLESTYRAMINE LIGHT POWDER                         | PREVALITE                 |                               |                       |         |                           |                   |         |
| CHOLESTYRAMINE PACKETS                              | QUESTRAN                  |                               |                       |         |                           |                   |         |
| CHOLESTYRAMINE POWDER                               | QUESTRAN                  |                               |                       |         |                           |                   |         |
| COLESTIPOL HCL TABLETS                              | COLESTID                  |                               |                       |         |                           |                   |         |
| <b>FIBRIC ACID DERIVATIVES</b>                      |                           |                               |                       |         |                           |                   |         |
| FENOFIBRATE MICRONIZED CAPSULES 67MG, 134MG & 200MG | VARIOUS                   |                               |                       |         |                           |                   |         |
| FENOFIBRATE TABLETS 48MG, 54MG, 145MG & 160MG       | VARIOUS                   |                               |                       |         |                           |                   |         |
| FENOFIBRIC ACID TABLETS                             | FIBRICOR                  |                               |                       |         |                           |                   |         |
| GEMFIBROZIL TABLETS                                 | LOPID                     |                               |                       |         |                           |                   |         |
| <b>HMG COA REDUCTASE INHIBITORS</b>                 |                           |                               |                       |         |                           |                   |         |
| 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   |
| <b>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS</b> |                           |                               |                       |         |                           |                   |         |
| EZETIMIBE TABLETS                                   | ZETIA                     |                               |                       |         |                           |                   |         |
| <b>NICOTINIC ACID DERIVATIVES</b>                   |                           |                               |                       |         |                           |                   |         |
| NIACIN CAPSULE CONTROLLED RELEASE                   | VARIOUS                   |                               |                       |         |                           |                   |         |
| NIACIN TABLET CONTROLLED RELEASE                    | VARIOUS                   |                               |                       |         |                           |                   |         |
| <b>ANTIHYPERTENSIVES</b>                            |                           |                               |                       |         |                           |                   |         |
| <b>ACE INHIBITORS</b>                               |                           |                               |                       |         |                           |                   |         |
| BENAZEPRIL HCL TABLETS                              | BENAZEPRIL HCL            |                               |                       |         |                           |                   |         |
| CAPTAPRIL TABLETS                                   | CAPTAPRIL                 |                               |                       |         |                           |                   |         |
| ENALAPRIL MALEATE SOLUTION                          | EPANED                    |                               |                       |         |                           |                   |         |



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|---|--|-------------------------------|-----------------------|--------------------------------|---------------------------|-------------------|---------|
| 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                                    |                               |                       |                                |                           |                   |         |
| <b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>                |  |                               |                       |                                |                           |                   |         |
| IRBESARTAN TABLETS  | AVAPRO                                   |                               |                       |                                |                           |                   |         |
| LOSARTAN POTASSIUM TABLETS                                | COZAAR                                   |                               |                       |                                |                           |                   |         |
| OLMESARTAN MEDOXOMIL TABLETS                              | BENICAR                                  |                               |                       |                                |                           |                   |         |
| VALSARTAN TABLETS   | DIOVAN                                   |                               |                       |                                |                           |                   |         |
| VALSARTAN SOLUTION  | VALSARTAN                                |                               |                       | PA Required for > 7 Years Old  |                           |                   |         |
| <b>ANTIADRENERGIC ANTIHYPERTENSIVES</b>                   |  |                               |                       |                                |                           |                   |         |
| 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                            |                               |                       |                                |                           |                   |         |
| <b>ANTIHYPERTENSIVE COMBINATIONS</b>                      |  |                               |                       |                                |                           |                   |         |
| ATENOLOL & CHLOROTHALIDONE TABLETS                        | VARIOUS                                  |                               |                       |                                |                           |                   |         |
| BISOPROLOL & HYDROCHLOROTHIAZIDE TABLETS                  | ZIAC                                     |                               |                       |                                |                           |                   |         |
| CAPTAPRIL & HYDROCHLOROTHIAZIDE TABLETS                   | CAPTAPRIL/HYDROCHLOROTHIAZIDE            |                               |                       |                                |                           |                   |         |
| ENALAPRIL MALEATE & HYDROCHLOROTHIAZIDE TABLETS           | ENALAPRIL<br>MALEATE/HYDROCHLOROTHIAZIDE |                               |                       |                                |                           |                   |         |
| FOSINOPRIL SODIUM & HYDROCHLOROTHIAZIDE TABLETS           | FOSINOPRIL<br>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/HYDROCHLOROTHIAZI<br>DE      |                               |                       |                                |                           |                   |         |
| QUINAPRIL-HYDROCHLOROTHIAZIDE TABLETS                     | ACCURETIC                                |                               |                       |                                |                           |                   |         |
| VALSARTAN-HYDROCHLOROTHIAZIDE TABLETS                     | DIOVAN HCT                               |                               |                       |                                |                           |                   |         |
| <b>DIRECT RENIN INHIBITORS</b>                            |  |                               |                       |                                |                           |                   |         |
| ALISKIREN FUMARATE TABLETS                                | TEKTURNA                                 |                               |                       | PA Required                    |                           |                   |         |
| <b>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)</b> |  |                               |                       |                                |                           |                   |         |
| EPLERENONE TABLETS  | INSPIRA                                  |                               |                       | PA Required                    |                           |                   |         |
| <b>VASODILATORS</b>                                       |  |                               |                       |                                |                           |                   |         |
| HYDRALAZINE HCL TABLETS                                   | HYDRALAZINE HCL                          |                               |                       |                                |                           |                   |         |
| MINOXIDIL TABLETS   | MINOXIDIL                                |                               |                       |                                |                           |                   |         |
| <b>ANTI-INFECTIVE AGENTS - MISC.</b>                      |  |                               |                       |                                |                           |                   |         |



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- Effective Date: 4/1/2023**

| Drug Class/Drug Name  | Reference Brand Name       | Brand Only /<br>Generic Notes | Preferred Drug Status | PA Type | Step Therapy Requirements | Quantity<br>Limit | QL Days |
|---|----------------------------|-------------------------------|-----------------------|---------|---------------------------|-------------------|---------|
| <b>ANTI-INFECTIVE AGENTS - MISC.</b>  |                            |                               |                       |         |                           |                   |         |
| METRONIDAZOLE CAPSULES  | FLAGYL                     |                               |                       |         |                           |                   |         |
| METRONIDAZOLE TABLETS   | FLAGYL                     |                               |                       |         |                           |                   |         |
| RIFAXIMIN TABLETS   | XIFAXAN                    |                               |                       |         |                           |                   |         |
| TRIMETHOPRIM TABLETS  | TRIMETHOPRIM               |                               |                       |         |                           |                   |         |
| VANCOMYCIN HCL CAPSULES   | VANCOGIN HCL               |                               |                       |         | PA Required               |                   |         |
| VANCOMYCIN HCL SOLUTION   | FIRST-VANCOMYCIN 25        |                               |                       |         | PA Required               |                   |         |
| <b>ANTI-INFECTIVE MISC. - COMBINATIONS</b>  |                            |                               |                       |         |                           |                   |         |
| ERYTHROMYCIN-SULFISOXAZOLE SUSPENSION   | E.S.P.                     |                               |                       |         |                           |                   |         |
| SULFAMETHOXAZOLE-TRIMETHOPRIM SUSPENSION  | SULFATRIM PEDIATRIC        |                               |                       |         |                           |                   |         |
| SULFAMETHOXAZOLE-TRIMETHOPRIM TABLETS   | BACTRIM                    |                               |                       |         |                           |                   |         |
| <b>LEPROSTATICS</b>   |                            |                               |                       |         |                           |                   |         |
| DAPSONE TABLETS   | DAPSONE                    |                               |                       |         |                           |                   |         |
| <b>LINCOSAMIDES</b>   |                            |                               |                       |         |                           |                   |         |
| CLINDAMYCIN HCL CAPSULES  | CLEOCIN                    |                               |                       |         |                           |                   |         |
| CLINDAMYCIN PALMITATE HYDROCHLORIDE SOLUTION  | CLEOCIN PEDIATRIC GRANULES |                               |                       |         |                           |                   |         |
| <b>OXAZOLIDINONES</b>   |                            |                               |                       |         |                           |                   |         |
| LINEZOLID SUSPENSION  | ZYVOX                      |                               |                       |         | PA Required               |                   |         |
| LINEZOLID TABLETS   | ZYVOX                      |                               |                       |         | PA Required               |                   |         |
| <b>ANTIMALARIALS</b>  |                            |                               |                       |         |                           |                   |         |
| <b>ANTIMALARIAL COMBINATIONS</b>  |                            |                               |                       |         |                           |                   |         |
| ARTEMETHER-LUMEFANTRINE TABLETS   | COARTEM                    |                               |                       |         |                           |                   |         |
| ATOVAQUONE-PROGUANIL HCL TABLETS  | MALARONE                   |                               |                       |         |                           |                   |         |
| <b>ANTIMALARIALS</b>  |                            |                               |                       |         |                           |                   |         |
| CHLOROQUINE PHOSPHATE TABLETS   | CHLOROQUINE PHOSPHATE      |                               |                       |         |                           |                   |         |
| HYDROXYCHLOROQUINE SULFATE TABLETS  | PLAQUENIL                  |                               |                       |         |                           |                   |         |
| PRIMAQUINE PHOSPHATE TABLETS  | PRIMAQUINE PHOSPHATE       |                               |                       |         |                           |                   |         |
| PYRIMETHAMINE TABLETS   | DARAPRIM                   |                               |                       |         |                           |                   |         |
| QUININE SULFATE CAPSULES  | QUALAQUIN                  |                               |                       |         |                           |                   |         |
| <b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>  |                            |                               |                       |         |                           |                   |         |
| <b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>  |                            |                               |                       |         |                           |                   |         |
| PYRIDOSTIGMINE BROMIDE SYRUP  | MESTINON                   |                               |                       |         |                           |                   |         |
| PYRIDOSTIGMINE BROMIDE TABLETS  | MESTINON                   |                               |                       |         |                           |                   |         |
| PYRIDOSTIGMINE BROMIDE TABLET CONTROLLED RELEASE  | MESTINON TIMESPAN          |                               |                       |         |                           |                   |         |
| <b>ANTIMYCOBACTERIAL AGENTS</b>   |                            |                               |                       |         |                           |                   |         |
| <b>ANTI TB COMBINATIONS</b>   |                            |                               |                       |         |                           |                   |         |
| ISONIAZID & RIFAMPIN CAPSULES   | RIFAMATE                   |                               |                       |         |                           |                   |         |
| <b>ANTIMYCOBACTERIAL AGENTS</b>   |                            |                               |                       |         |                           |                   |         |
| ETHAMBUTOL HCL TABLETS  | MYAMBUTOL                  |                               |                       |         |                           |                   |         |
| ISONIAZID SYRUP   | ISONIAZID                  |                               |                       |         |                           |                   |         |
| ISONIAZID TABLETS   | ISONIAZID                  |                               |                       |         |                           |                   |         |
| PYRAZINAMIDE TABLETS  | PYRAZINAMIDE               |                               |                       |         |                           |                   |         |
| RIFAMPIN CAPSULES   | RIFADIN                    |                               |                       |         |                           |                   |         |
| <b>ONCOLOGY -FEDERALLY REIMBURSABLE ANTINEOPLASTIC AGENTS,NOT LISTED BELOW, ARE AVAILABLE THROUGH PRIOR AUTHORIZATION</b> |                            |                               |                       |         |                           |                   |         |
| <b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</b>   |                            |                               |                       |         |                           |                   |         |
| <b>ALKYLATING AGENTS</b>  |                            |                               |                       |         |                           |                   |         |
| ALTRETAMINE CAPSULES  | HEXALEN                    |                               |                       |         | PA Required               |                   |         |



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|---|----------------------|-------------------------------|-----------------------|--------------------|---------------------------|-------------------|--------------|
| CYCLOPHOSPHAMIDE CAPSULES                           | CYCLOPHOSPHAMIDE     |                               |                       |                    |                           |                   |              |
| CYCLOPHOSPHAMIDE TABLETS                            | CYCLOPHOSPHAMIDE     |                               |                       |                    |                           |                   |              |
| LOMUSTINE CAPSULES                                  | CEENU                |                               |                       |                    |                           |                   |              |
| <b>MELPHALAN TABLETS</b>                            | <b>ALKERAN</b>       | <b>Brand Only</b>             |                       | <b>PA Required</b> |                           |                   |              |
| TEMOZOLOMIDE CAPSULES                               | TEMODAR              |                               |                       | <b>PA Required</b> |                           |                   |              |
| <b>ANTIMETABOLITES</b>                              |                      |                               |                       |                    |                           |                   |              |
| MERCAPTOPYRINE TABLETS                              | VARIOUS              |                               |                       |                    |                           |                   |              |
| METHOTREXATE SODIUM TABLETS                         | METHOTREXATE         |                               |                       |                    |                           |                   |              |
| <b>ANTINEOPLASTIC - ANTIBODIES</b>                  |                      |                               |                       |                    |                           |                   |              |
| RITUXIMAB-ABBS                                      | TRUXIMA              |                               |                       | <b>PA Required</b> |                           |                   |              |
| RITUXIMAB-ARRX                                      | RIABNI               |                               |                       | <b>PA Required</b> |                           |                   |              |
| RITUXIMAB-PVVR                                      | RUXIENCE             |                               |                       | <b>PA Required</b> |                           |                   |              |
| <b>ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS</b>     |                      |                               |                       |                    |                           |                   |              |
| BEVACIZUMAB-AWWB INJECTION                          | MVASI                |                               |                       | <b>PA Required</b> |                           |                   |              |
| BEVACIZUMAB-BVZR INJECTION                          | ZIRABEV              |                               |                       | <b>PA Required</b> |                           |                   |              |
| <b>ANTINEOPLASTIC - ANTI-HER2 AGENTS</b>            |                      |                               |                       |                    |                           |                   |              |
| TRASTUZUMAB-ANNS SOLUTION                           | KANJINTI             |                               |                       | <b>PA Required</b> |                           |                   |              |
| TRASTUZUMAB-ANNS INJECTION                          | KANJINTI             |                               |                       | <b>PA Required</b> |                           |                   |              |
| TRASTUZUMAB-DKST INJECTION                          | OGIVRI               |                               |                       | <b>PA Required</b> |                           |                   |              |
| TRASTUZUMAB-PKRB INJECTION                          | HERZUMA              |                               |                       | <b>PA Required</b> |                           |                   |              |
| TRASTUZUMAB-QYYP INJECTION                          | TRAZIMERA            |                               |                       | <b>PA Required</b> |                           |                   |              |
| <b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS</b> |                      |                               |                       |                    |                           |                   |              |
| VISMODEGIB CAPSULES                                 | ERIVEDGE             |                               |                       | <b>PA Required</b> |                           |                   |              |
| <b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS</b> |                      |                               |                       |                    |                           |                   |              |
| ABIRATERONE ACETATE TABLETS                         | ZYTIGA               |                               |                       | <b>PA Required</b> |                           |                   |              |
| ANASTROZOLE TABLETS                                 | ARIMIDEX             |                               |                       | <b>PA Required</b> |                           |                   |              |
| BICALUTAMIDE TABLETS                                | CASODEX              |                               |                       |                    |                           |                   |              |
| DEGARELIXIR ACETATE SOLUTION                        | FIRMAGON             |                               |                       | <b>PA Required</b> |                           |                   |              |
| ESTRAMUSTINE PHOSPHATE SODIUM CAPSULES              | EMCYT                |                               |                       | <b>PA Required</b> |                           |                   |              |
| EXEMESTANE TABLETS                                  | AROMASIN             |                               |                       | <b>PA Required</b> |                           |                   |              |
| FLUTAMIDE CAPSULES                                  | FLUTAMIDE            |                               |                       |                    |                           |                   |              |
| LETROZOLE TABLETS                                   | FEMARA               |                               |                       | <b>PA Required</b> |                           |                   |              |
| LEUPROLIDE ACETATE (3 MONTH) KIT                    | LUPRON DEPOT         |                               |                       | <b>PA Required</b> |                           |                   |              |
| LEUPROLIDE ACETATE (4 MONTH) KIT                    | LUPRON DEPOT         |                               |                       | <b>PA Required</b> |                           |                   |              |
| LEUPROLIDE ACETATE (6 MONTH) KIT                    | ELIGARD              |                               |                       | <b>PA Required</b> |                           |                   |              |
| LEUPROLIDE ACETATE KIT                              | LUPRON DEPOT         |                               |                       | <b>PA Required</b> |                           |                   |              |
| MEGESTROL ACETATE SUSPENSION                        | MEGACE ORAL          |                               |                       |                    |                           |                   |              |
| MEGESTROL ACETATE TABLETS                           | MEGESTROL ACETATE    |                               |                       |                    |                           |                   |              |
| MITOTANE TABLETS                                    | LYSODREN             |                               |                       |                    |                           |                   |              |
| NILUTAMIDE TABLETS                                  | NILANDRON            |                               |                       |                    |                           | <b>60.00</b>      | <b>30.00</b> |
| TAMOXIFEN CITRATE SOLUTION                          | SOLTAMOX             |                               |                       |                    |                           |                   |              |
| TAMOXIFEN CITRATE TABLETS                           | TAMOXIFEN CITRATE    |                               |                       |                    |                           |                   |              |
| TOREMIFENE CITRATE TABLETS                          | FARESTON             |                               |                       | <b>PA Required</b> |                           |                   |              |
| <b>ANTINEOPLASTIC ENZYME INHIBITORS</b>             |                      |                               |                       |                    |                           |                   |              |
| ALECTINIB HCL CAPSULES                              | ALENSA               |                               |                       | <b>PA Required</b> |                           |                   |              |
| AXITINIB TABLETS                                    | INLYTA               |                               |                       | <b>PA Required</b> |                           |                   |              |
| COBIMETINIB FUMARATE TABLETS                        | COTELLIC             |                               |                       | <b>PA Required</b> |                           |                   |              |
| CRIZOTINIB CAPSULES                                 | XALKORI              |                               |                       | <b>PA Required</b> |                           |                   |              |



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|--|----------------------|-------------------------------|-----------------------|-----------------------------------|---------------------------|-------------------|---------|
| 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                       |                           |                   |         |
| IBRUTINIB SUSPENSION                         | IMBRUVICA            |                               |                       | PA Required                       |                           |                   |         |
| <b>IMATINIB MESYLATE TABLETS</b>             | <b>GLEEVEC</b>       | <b>Brand Only</b>             |                       | 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                       |                           |                   |         |
| <b>ANTINEOPLASTICS MISC.</b>                 |                      |                               |                       |                                   |                           |                   |         |
| 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 |                           |                   |         |
| <b>CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS</b>   |                      |                               |                       |                                   |                           |                   |         |
| LEUCOVORIN CALCIUM TABLETS                   | LEUCOVORIN CALCIUM   |                               |                       |                                   |                           |                   |         |
| <b>MITOTIC INHIBITORS</b>                    |                      |                               |                       |                                   |                           |                   |         |
| ETOPOSIDE CAPSULES                           | ETOPOSIDE            |                               |                       |                                   |                           |                   |         |
| <b>ANTIPARKINSON AGENTS</b>                  |                      |                               |                       |                                   |                           |                   |         |
| <b>ANTIPARKINSON ANTICHOLINERGICS</b>        |                      |                               |                       |                                   |                           |                   |         |
| BENZTROPINE MESYLATE TABLETS                 | BENZTROPINE MESYLATE |                               |                       |                                   |                           |                   |         |
| TRIHEXYPHENIDYL HCL ELIXIR                   | TRIHEXYPHENIDYL HCL  |                               |                       |                                   |                           |                   |         |
| TRIHEXYPHENIDYL HCL TABLETS                  | TRIHEXYPHENIDYL HCL  |                               |                       |                                   |                           |                   |         |
| <b>ANTIPARKINSON COMT INHIBITORS</b>         |                      |                               |                       |                                   |                           |                   |         |
| ENTACAPONE TABLETS                           | COMTAN               |                               |                       |                                   |                           |                   |         |
| <b>ANTIPARKINSON DOPAMINERGICS</b>           |                      |                               |                       |                                   |                           |                   |         |
| 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           |                               |                       |                                   |                           |                   |         |



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|---|----------------------|-------------------------------|-----------------------|---------|--|-------------------|---------|
| Effective Date: 4/1/2023  |                      |                               |                       |         |  |                   |         |
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| PRAMIPEXOLE DIHYDROCHLORIDE TABLETS   | MIRAPEX              |                               |                       |         |  |                   |         |
| ROPINIROLE HYDROCHLORIDE TABLETS  | REQUIP               |                               |                       |         |  |                   |         |
| <b>ANTIPSYCHOTICS/ANTIMANIC AGENTS</b>  |                      |                               |                       |         |  |                   |         |
| <b>ANTIMANIC AGENTS</b>   |                      |                               |                       |         |  |                   |         |
| 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                                     |                   |         |
| <b>ANTIPSYCHOTICS - SECOND GENERATION - ATYPICAL ORAL AGENTS</b>  |                      |                               |                       |         |  |                   |         |
| ARIPIPRAZOLE TABLETS  | ABILIFY              |                               | Preferred Drug        |         | PA Required for < 6 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.  | 30.00             | 30.00   |
| CLOZAPINE ORALLY DISPERSABLE TABLET   | FAZACLO              |                               | Preferred Drug        |         | PA Required for Ages < 18 years<br>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<br>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   |



## Fee-For-Service Acute/Long Term Care Program Drug List

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Effective Date: 4/1/2023

| Drug Class/Drug Name                      | Reference Brand Name | Brand Only /<br>Generic Notes | Preferred Drug Status | PA Type   | Step Therapy Requirements | Quantity<br>Limit | QL Days |
|---|----------------------|-------------------------------|-----------------------|---|---------------------------|-------------------|---------|
| LURASIDONE HCL TABS                       | LATUDA               | Brand Only                    | Preferred Drug        | PA Required for < 6 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. |                           | 30.00             | 30.00   |
| OLANZAPINE ORALLY DISPERSABLE TABLET 5MG  | ZYPREXA ZYDIS        |                               | Preferred Drug        | PA Required for < 6 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. |                           | 60.00             | 30.00   |
| OLANZAPINE ORALLY DISPERSABLE TABLET 10MG | ZYPREXA ZYDIS        |                               | Preferred Drug        | PA Required for < 6 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. |                           | 60.00             | 30.00   |
| OLANZAPINE ORALLY DISPERSABLE TABLET 15MG | ZYPREXA ZYDIS        |                               | Preferred Drug        | PA Required for < 6 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. |                           | 30.00             | 30.00   |
| OLANZAPINE ORALLY DISPERSABLE TABLET 20MG | ZYPREXA ZYDIS        |                               | Preferred Drug        | PA Required for < 6 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. |                           | 30.00             | 30.00   |
| OLANZAPINE TABLETS                        | ZYPREXA              |                               | Preferred Drug        | PA Required for < 6 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. |                           | 30.00             | 30.00   |
| QUETIAPINE FUMARATE TABLETS               | SEROQUEL             |                               | Preferred Drug        | PA Required for < 6 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. |                           | 60.00             | 30.00   |
| RISPERIDONE ORALLY DISPERSABLE TABLET     | RISPERIDONE ODT      |                               | Preferred Drug        | PA Required for < 6 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. |                           | 60.00             | 30.00   |



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|---|----------------------|-------------------------------|-----------------------|--|---------------------------|-------------------|---------|
| RISPERIDONE ORAL SOLUTION   | RISPERDAL            |                               | Preferred Drug        | PA Required for < 6 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.  |                           | 240.00            | 30.00   |
| RISPERIDONE TABLETS   | RISPERDAL            |                               | Preferred Drug        | PA Required for < 6 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.  |                           | 60.00             | 30.00   |
| ZIPRASIDONE HCL CAPSULES  | GEODON               |                               | Preferred Drug        | PA Required for < 6 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.  |                           | 60.00             | 30.00   |
| ANTIPSYCHOTICS - SECOND GENERATION - ATYPICAL LONG ACTING INJECTABLES |                      |                               |                       |  |                           |                   |         |
| ARIPIRAZOLE LAUROXIL  | ARISTADA             |                               | Preferred Drug        | PA Required for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. |                           | 1.00              | 30.00   |
| ARIPIRAZOLE LAUROXIL PREFILLED SYRINGE                                | ARISTADA INITIO      |                               | Preferred Drug        | PA Required for Ages < 18 years Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.    |                           | 2.00              | 365.00  |
| ARIPIRAZOLE SUSPENSION  | ABILIFY MAINTENA     |                               | Preferred Drug        | PA Required for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. |                           | 1.00              | 30.00   |
| PALIPERIDONE PALMITATE SUSPENSION                                     | INVEGA 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  |





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| Drug Class/Drug Name                                    | Reference Brand Name | Brand Only /<br>Generic Notes | Preferred Drug Status | PA Type  | Step Therapy Requirements | Quantity<br>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.  |                           |                   |         |



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| Drug Class/Drug Name            | Reference Brand Name | Brand Only /<br>Generic Notes | Preferred Drug Status | PA Type   | Step Therapy Requirements | Quantity<br>Limit | QL Days |
|---------------------------------|----------------------|-------------------------------|-----------------------|---|---------------------------|-------------------|---------|
| FLUPHENAZINE HCL ELIXIR         | VARIOUS              |                               |                       | PA Required for < 6 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. |                           |                   |         |
| FLUPHENAZINE HCL TABLETS        | VARIOUS              |                               |                       | PA Required for < 6 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. |                           |                   |         |
| HALOPERIDOL LACTATE CONCENTRATE | VARIOUS              |                               |                       | PA Required for < 6 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. |                           |                   |         |
| 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. |                           |                   |         |



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| Drug Class/Drug Name  | Reference Brand Name   | Brand Only /<br>Generic Notes | Preferred Drug Status | PA Type  | Step Therapy Requirements | Quantity<br>Limit | QL Days |
|---|------------------------|-------------------------------|-----------------------|--|---------------------------|-------------------|---------|
| 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.  |                           |                   |         |
| <b>ANTIPSYCHOTICS - FIRST GENERATION -TYPICAL -LONG ACTING INJECTIONS</b> |                        |                               |                       |  |                           |                   |         |
| 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. |                           |                   |         |
| <b>ANTIVIRALS</b>   |                        |                               |                       |  |                           |                   |         |
| <b>ANTIRETROVIRALS</b>  |                        |                               |                       |  |                           |                   |         |
| ABACAVIR SULFATE SOLUTION   | ZIAGEN                 |                               | Preferred Drug        |  |                           |                   |         |
| ABACAVIR SULFATE TABLETS  | ZIAGEN                 |                               | Preferred Drug        |  |                           |                   |         |
| ABACAVIR SULFATE-LAMIVUDINE TABLETS                                       | EPZICOM                |                               | Preferred Drug        |  |                           |                   |         |
| ABACAVIR SULFATE-LAMIVUDINE-ZIDOVUDINE TABLETS                            | TRIZIVIR               |                               | Preferred Drug        |  |                           |                   |         |
| ABACAVIR-DOLUTEGRAVIR-LAMIVUDINE TABLETS                                  | TRIUMEQ                |                               | Preferred Drug        |  |                           | 30.00             | 30.00   |
| ABACAVIR-DOLUTEGRAVIR-LAMIVUDINE SUSPENSION                               | TRIUMEQ PD             |                               | Preferred Drug        |  |                           | 180.00            | 30.00   |
| ATAZANAVIR SULFATE CAPSULES   | REYATAZ                |                               | Preferred Drug        |  |                           |                   |         |
| ATAZANAVIR SULFATE POWDER PACK  | REYATAZ                |                               | Preferred Drug        |  |                           |                   |         |
| ATAZANAVIR SULFATE-COBICISTAT TABLETS                                     | EVOTAZ                 |                               | Preferred Drug        |  |                           |                   |         |
| BICTEGRAVIR-EMTRICITABINE-TENOFOVIR ALAFENAMIDE FUMARATE TABLETS          | BIKTARVY               |                               | Preferred Drug        |  |                           | 30.00             | 30.00   |
| COBICISTAT TABLETS  | TYBOST                 |                               | Preferred Drug        |  |                           | 30.00             | 30.00   |
| DARUNAVIR ETHANOLATE SUSPENSION   | PREZISTA               |                               | Preferred Drug        |  |                           |                   |         |
| DARUNAVIR ETHANOLATE TABLETS  | PREZISTA               |                               | Preferred Drug        |  |                           |                   |         |
| DARUNAVIR-COBICISTAT TABLETS  | PREZCOBIX              |                               | Preferred Drug        |  |                           |                   |         |
| DARUNAVIR-COBICISTAT-EMTRICITABINE-TENOFOVIR ALAFENAMIDE TABLETS          | SYM TUZA               |                               | Preferred Drug        |  |                           |                   |         |
| DELAVIRDINE MESYLATE TABLETS  | RESCRIPTOR             |                               |                       |  |                           |                   |         |
| DIDANOSINE CAPSULE DELAYED RELEASE  | VIDEX EC               |                               | Preferred Drug        |  |                           |                   |         |
| DIDANOSINE SOLUTION   | VIDEX PEDIATRIC        |                               | Preferred Drug        |  |                           |                   |         |
| DOLUTEGRAVIR SODIUM TABLETS   | TIVICAY                |                               | Preferred Drug        |  |                           |                   |         |



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|--|----------------------|-------------------------------|-----------------------|-------------|---------------------------|-------------------|---------|
| DOLUTEGRAVIR SODIUM SOLUBLE TABLETS                                  | TIVICAY PD           |                               | Preferred Drug        |             |                           |                   |         |
| DOLUTEGRAVIR SODIUM-LAMIVUDINE TABLETS                               | DOVATO               |                               | Preferred Drug        |             |                           |                   |         |
| DOLUTEGRAVIR SODIUM-RILPIVIRINE HCL TABLETS                          | JULUCA               |                               | Preferred Drug        |             |                           |                   |         |
| DORAVIRINE-LAMIVUDINE-TENOFOVIR DISOPROXIL FUMARATE TABLETS          | DELSTRIGO            |                               | Preferred Drug        |             |                           |                   |         |
| DORAVIRINE TABLETS   | PIFELTRO             |                               | Preferred Drug        |             |                           |                   |         |
| EFAVIRENZ CAPSULES   | SUSTIVA              |                               | Preferred Drug        |             |                           |                   |         |
| EFAVIRENZ TABLETS  | SUSTIVA              |                               | Preferred Drug        |             |                           |                   |         |
| EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TABLETS        | ATRIPLA              |                               | Preferred Drug        |             |                           |                   |         |
| EFAVIRENZ-LAMIVUDINE-TENOFOVIR DISOPROXIL FUMARATE TABLETS           | SYMFI                | Brand Only                    | Preferred Drug        |             |                           | 30.00             | 30.00   |
| EFAVIRENZ-LAMIVUDINE-TENOFOVIR DISOPROXIL FUMARATE TABLETS           | SYMFI LO             | Brand Only                    | Preferred Drug        |             |                           | 30.00             | 30.00   |
| ELVITEGRAVIR TABLETS   | VITEKTA              |                               |                       |             |                           |                   |         |
| ELVITEGRAVIR-COBIICISTAT-EMTRICITABINE-TENOFOVIR TABLETS             | STRIBILD             |                               | Preferred Drug        |             |                           |                   |         |
| ELVITEGRAVIR-COBIICISTAT-EMTRICITABINE-TENOFOVIR ALAFENAMIDE TABLETS | GENVOYA              |                               | Preferred Drug        |             |                           | 30.00             | 30.00   |
| EMTRICITABINE CAPSULES   | EMTRIVA              |                               | Preferred Drug        |             |                           |                   |         |
| EMTRICITABINE SOLUTION   | EMTRIVA              |                               | Preferred Drug        |             |                           |                   |         |
| EMTRICITABINE-RILPIVIRINE-TENOFOVIR ALAFENAMIDE FUMARATE TABLETS     | ODEFSEY              |                               | Preferred Drug        |             |                           | 30.00             | 30.00   |
| EMTRICITABINE-RILPIVIRINE-TENOFOVIR DISOPROXIL FUMARATE TABLETS      | COMPLERA             |                               | Preferred Drug        |             |                           |                   |         |
| EMTRICITABINE-TENOFOVIR ALAFENAMIDE FUMARATE TABLETS                 | DESCOVY              |                               | Preferred Drug        |             |                           | 30.00             | 30.00   |
| EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TABLETS                  | TRUVADA              | Brand Only                    | Preferred Drug        |             |                           |                   |         |
| ENFUVIRTIDE SOLUTION   | FUZEON               |                               | Preferred Drug        | PA Required |                           | 1.00              | 30.00   |
| FOSAMPRENAVIR CALCIUM SUSPENSION                                     | LEXIVA               |                               | Preferred Drug        |             |                           |                   |         |
| FOSAMPRENAVIR CALCIUM TABLETS  | LEXIVA               |                               | Preferred Drug        |             |                           |                   |         |
| INDINAVIR SULFATE CAPSULES   | CRIVAN               |                               |                       |             |                           |                   |         |
| LAMIVUDINE SOLUTION  | EPIVIR               |                               | Preferred Drug        |             |                           |                   |         |
| LAMIVUDINE TABLETS   | EPIVIR               |                               | Preferred Drug        |             |                           |                   |         |
| LAMIVUDINE-ZIDOVUDINE TABLETS  | COMBIVIR             |                               | Preferred Drug        |             |                           |                   |         |
| LOPINAVIR-RITONAVIR SOLUTION   | KALETRA              |                               | Preferred Drug        |             |                           |                   |         |
| LOPINAVIR-RITONAVIR TABLETS  | KALETRA              |                               | Preferred Drug        |             |                           |                   |         |
| MARAVIROC TABLETS  | SELZENTRY            | Brand Only                    | Preferred Drug        | PA Required |                           |                   |         |
| NEVIRAPINE SUSPENSION  | VIRAMUNE             |                               | Preferred Drug        |             |                           |                   |         |
| NEVIRAPINE TABLETS   | VIRAMUNE             |                               | Preferred Drug        |             |                           |                   |         |
| NEVIRAPINE TABLET 24-HOUR  | VIRAMUNE XR          |                               | Preferred Drug        |             |                           |                   |         |
| RALTEGRAVIR POTASSIUM CHEWABLE TABLETS                               | ISENTRESS            |                               | Preferred Drug        |             |                           |                   |         |
| RALTEGRAVIR POTASSIUM PACK   | ISENTRESS            |                               | Preferred Drug        |             |                           |                   |         |
| RALTEGRAVIR POTASSIUM TABLETS  | ISENTRESS            |                               | Preferred Drug        |             |                           |                   |         |
| RITONAVIR CAPSULES   | NORVIR               |                               | Preferred Drug        |             |                           |                   |         |
| RITONAVIR SOLUTION   | NORVIR               |                               | Preferred Drug        |             |                           |                   |         |
| RITONAVIR TABLETS  | NORVIR               |                               | Preferred Drug        |             |                           |                   |         |
| RITONAVIR POWDER   | NORVIR               |                               | Preferred Drug        |             |                           |                   |         |
| TENOFOVIR DISOPROXIL FUMARATE POWDER                                 | VIREAD               |                               | Preferred Drug        |             |                           |                   |         |



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|--|----------------------|-------------------------------|-----------------------|---|---------------------------|-------------------|----------|
| TIPRANAVIR CAPSULES                      | APTIVUS              |                               | Preferred Drug        |   |                           |                   |          |
| TIPRANAVIR SOLUTION                      | APTIVUS              |                               | Preferred Drug        |   |                           |                   |          |
| ZIDOVUDINE CAPSULES                      | RETROVIR             |                               | Preferred Drug        |   |                           |                   |          |
| ZIDOVUDINE SYRUP                         | RETROVIR             |                               | Preferred Drug        |   |                           |                   |          |
| ZIDOVUDINE TABLETS                       | ZIDOVUDINE           |                               | Preferred Drug        |   |                           |                   |          |
| <b>CMV AGENTS</b>                        |                      |                               |                       |   |                           |                   |          |
| MARIBAVIR TABLETS                        | LIVTENCITY           |                               |                       | PA Required   |                           |                   |          |
| VALGANCICLOVIR HCL SOLUTION              | VALCYTE              |                               |                       | PA Required   |                           |                   |          |
| VALGANCICLOVIR HCL TABLETS               | VALCYTE              |                               |                       | PA Required   |                           |                   |          |
| <b>HEPATITIS AGENTS</b>                  |                      |                               |                       |   |                           |                   |          |
| ADEFOVIR DIPIVOXIL TABLETS               | HEPSERA              |                               |                       | PA Required   |                           |                   |          |
| ENTECAVIR SOLUTION                       | BARACLUDE            |                               |                       | PA Required   |                           |                   |          |
| ENTECAVIR TABLETS                        | BARACLUDE            |                               |                       | PA Required   |                           |                   |          |
| GLECAPREVIR-PIBRENTASVIR TABLETS         | MAVYRET              |                               | Preferred Drug        | PA Required if member has been treated with Direct-Acting Antiviral (DAA) Hep C Regimens in the past. |                           | 168.00            | Lifetime |
| GLECAPREVIR-PIBRENTASVIR PACKETS         | MAVYRET              |                               | Preferred Drug        | PA Required if member has been treated with Direct-Acting Antiviral (DAA) Hep C Regimens in the past. |                           | 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           | EPLUSA               | AUTHORIZED<br>GENERIC ONLY    | Preferred Drug        | PA Required if member has been treated with Direct-Acting Antiviral (DAA) Hep C Regimens in the past. |                           | 168.00            | Lifetime |
| TELBIVUDINE TABLETS                      | TYZKA                |                               |                       | PA Required   |                           |                   |          |
| <b>HERPES AGENTS</b>                     |                      |                               |                       |   |                           |                   |          |
| ACYCLOVIR SUSPENSION                     | ZOVIRAX              |                               |                       |   |                           |                   |          |
| ACYCLOVIR TABLETS                        | ZOVIRAX              |                               |                       |   |                           |                   |          |
| FAMCICLOVIR TABLETS                      | FAMVIR               |                               |                       |   |                           |                   |          |
| VALACYCLOVIR HCL TABLETS                 | VALTREX              |                               |                       |   |                           | 30.00             | 30.00    |
| <b>INFLUENZA AGENTS</b>                  |                      |                               |                       |   |                           |                   |          |
| OSELTAMIVIR PHOSPHATE CAPSULES           | TAMIFLU              |                               |                       |   |                           | 20.00             | 270.00   |
| OSELTAMIVIR PHOSPHATE SUSPENSION         | TAMIFLU              |                               |                       |   |                           |                   |          |
| RIMANTADINE HYDROCHLORIDE TABLETS        | FLUMADINE            |                               |                       |   |                           |                   |          |
| ZANAMIVIR AEPB                           | RELENZA DISKHALER    |                               |                       |   |                           | 40.00             | 270.00   |
| <b>MISC. ANTIVIRALS</b>                  |                      |                               |                       |   |                           |                   |          |
| 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  |                           |                   |          |
| <b>ASSORTED CLASSES</b>                  |                      |                               |                       |   |                           |                   |          |
| <b>BLOOD PRODUCTS - IMMUNE GLOBULINS</b> |                      |                               |                       |   |                           |                   |          |
| IMMUNE GLOBULIN                          | BIVIGAM (IV)         | Brand Only                    | Preferred Drug        | PA Required   |                           |                   |          |



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|--|----------------------------|-------------------------------|-----------------------|--|---------------------------|-------------------|---------|
| 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                                    | OCTAGAM (IV)               | Brand Only                    | Preferred Drug        | PA Required  |                           |                   |         |
| IMMUNE GLOBULIN                                    | PRIVIGEN (IV)              | Brand Only                    | Preferred Drug        | PA Required  |                           |                   |         |
| IMMUNE GLOBULIN                                    | XEMBIFY (SUBQ)             | Brand Only                    | Preferred Drug        | PA Required  |                           |                   |         |
| <b>CHELATING AGENTS</b>                            |                            |                               |                       |  |                           |                   |         |
| PENICILLAMINE CAPSULES                             | CUPRIMINE                  |                               |                       |  |                           |                   |         |
| <b>IMMUNOMODULATORS</b>                            |                            |                               |                       |  |                           |                   |         |
| LENALIDOMIDE CAPSULES                              | REVLIMID                   | Brand Only                    |                       | PA Required  |                           |                   |         |
| THALIDOMIDE CAPSULES                               | THALOMID                   |                               |                       | PA Required  |                           |                   |         |
| <b>IMMUNOSUPPRESSIVE AGENTS</b>                    |                            |                               |                       |  |                           |                   |         |
| 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                |                               |                       |  |                           |                   |         |
| <b>POTASSIUM REMOVING RESINS</b>                   |                            |                               |                       |  |                           |                   |         |
| SODIUM POLYSTYRENE SULFONATE POWDER                | KAYEXALATE                 |                               |                       |  |                           |                   |         |
| SODIUM POLYSTYRENE SULFONATE SUSPENSION            | KIONEX                     |                               |                       |  |                           |                   |         |
| SODIUM ZIRCONIUM CYCLOSILICATE PACK                | LOKELMA                    |                               |                       |  |                           | 30.00             | 30.00   |
| <b>BETA BLOCKERS</b>                               |                            |                               |                       |  |                           |                   |         |
| <b>ALPHA-BETA BLOCKERS</b>                         |                            |                               |                       |  |                           |                   |         |
| CARVEDILOL TABLETS                                 | COREG                      |                               | Preferred Drug        |  |                           |                   |         |
| LABETALOL HCL TABLETS                              | TRANDATE                   |                               | Preferred Drug        |  |                           |                   |         |
| <b>BETA BLOCKERS CARDIO-SELECTIVE</b>              |                            |                               |                       |  |                           |                   |         |
| ATENOLOL TABLETS                                   | TENORMIN                   |                               | Preferred Drug        |  |                           |                   |         |
| ATENOLOL/CHLORTHALIDONE                            | VARIOUS                    |                               | Preferred Drug        |  |                           |                   |         |
| BISOPROLOL FUMARATE TABLETS                        | ZEBETA                     |                               | Preferred Drug        |  |                           |                   |         |
| BISOPROLOL/HCTZ                                    | VARIOUS                    |                               | Preferred Drug        |  |                           |                   |         |
| METOPROLOL SUCCINATE TABLET 24-HOUR                | TOPROL XL                  |                               | Preferred Drug        |  |                           |                   |         |
| METOPROLOL TARTRATE TABLETS                        | METOPROLOL TARTRATE        |                               | Preferred Drug        |  |                           |                   |         |
| METOPROLOL TARTRATE/HCTZ                           | VARIOUS                    |                               | Preferred Drug        |  |                           |                   |         |
| <b>BETA BLOCKERS NON-SELECTIVE</b>                 |                            |                               |                       |  |                           |                   |         |
| NADOLOL  | VARIOUS                    |                               | Preferred Drug        | PA NOT REQUIRED FOR CHILDREN AND ADOLESCENTS UNDER 19 YEARS OF AGE |                           |                   |         |



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|--|-----------------------|-------------------------------|-----------------------------------|----------------------------------|---------------------------|-------------------|---------|
| PROPRANOLOL HCL CAPSULE 24-HOUR                                | INDERAL LA            |                               | Preferred Drug                    |                                  |                           |                   |         |
| PROPRANOLOL HCL SOLUTION                                       | PROPRANOLOL HCL       |                               | Preferred Drug                    |                                  |                           |                   |         |
| PROPRANOLOL HCL TABLETS  | PROPRANOLOL HCL       |                               | Preferred Drug                    |                                  |                           |                   |         |
| SOTALOL AF TABLETS   | SOTALOL HCL (AF)      |                               | Preferred Drug                    |                                  |                           |                   |         |
| SOTALOL HCL SOLUTION   | SOTALOL HYDROCHLORIDE |                               | Preferred Drug                    |                                  |                           |                   |         |
| SOTALOL HCL TABLETS  | BETAPACE              |                               | Preferred Drug                    |                                  |                           |                   |         |
| <b>CALCIUM CHANNEL BLOCKERS</b>                                |                       |                               |                                   |                                  |                           |                   |         |
| <b>CALCIUM CHANNEL BLOCKERS</b>                                |                       |                               |                                   |                                  |                           |                   |         |
| AMLODIPINE BENZOATE SUSPENSION                                 | KATERZIA              |                               | Preferred Drug                    | PA Required for > 7 Years Old    |                           | 300.00            | 30.00   |
| AMLODIPINE BESYLATE TABLETS                                    | NORVASC               |                               | Preferred Drug                    |                                  |                           | 30.00             | 30.00   |
| AMLODIPINE BESYLATE SOLUTION                                   | NORLIQVA              |                               | Preferred Drug                    | PA Required for > 7 Years Old    |                           | 300.00            | 30.00   |
| DILTIAZEM HCL COATED BEADS CAPSULE 24-HOUR                     | CARDIZEM CD           |                               | Preferred Drug                    |                                  |                           |                   |         |
| DILTIAZEM HCL CAPSULE 12-HOUR                                  | DILTIAZEM HCL ER      |                               | Preferred Drug                    |                                  |                           | 60.00             | 30.00   |
| DILTIAZEM HCL CAPSULE 24-HOUR                                  | DILTIAZEM HCL ER      |                               | Preferred Drug                    |                                  |                           | 30.00             | 30.00   |
| DILTIAZEM HCL EXTENDED RELEASE BEADS CAPSULE 24-HOUR           | TAZTIA XT             |                               | Preferred Drug                    |                                  |                           |                   |         |
| DILTIAZEM HCL TABLETS  | CARDIZEM              |                               | Preferred Drug                    |                                  |                           |                   |         |
| FELODIPINE TABLET 24-HOUR                                      | FELODIPINE ER         |                               | Preferred Drug                    |                                  |                           |                   |         |
| NIFEDIPINE CAPSULES  | PROCARDIA             |                               | Preferred Drug                    |                                  |                           |                   |         |
| NIFEDIPINE TABLET 24-HOUR                                      | ADALAT CC             |                               | Preferred Drug                    |                                  |                           | 30.00             | 30.00   |
| NIMODIPINE CAPSULES  | NIMODIPINE            |                               |                                   |                                  |                           |                   |         |
| VERAPAMIL HCL CAPSULE SR                                       | VERELAN PM            |                               | Preferred Drug                    |                                  |                           |                   |         |
| VERAPAMIL HCL TABLETS  | VERAPAMIL HCL         |                               | Preferred Drug                    |                                  |                           | 30.00             | 30.00   |
| VERAPAMIL HCL TABLET CONTROLLED RELEASE                        | CALAN SR              |                               | Preferred Drug                    |                                  |                           | 30.00             | 30.00   |
| <b>CARDIOTONICS</b>  |                       |                               |                                   |                                  |                           |                   |         |
| <b>CARDIAC GLYCOSIDES</b>                                      |                       |                               |                                   |                                  |                           |                   |         |
| DIGOXIN SOLUTION   | DIGOXIN               |                               |                                   |                                  |                           |                   |         |
| DIGOXIN TABLETS  | LANOXIN               |                               |                                   |                                  |                           |                   |         |
| <b>CARDIOVASCULAR AGENTS - MISC.</b>                           |                       |                               |                                   |                                  |                           |                   |         |
| <b>CARDIOVASCULAR AGENTS MISC. - COMBINATIONS</b>              |                       |                               |                                   |                                  |                           |                   |         |
| SACUBITRIL-VALSARTAN TABS                                      | ENTRESTO              |                               |                                   |                                  |                           |                   |         |
| <b>PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONIST</b> |                       |                               |                                   |                                  |                           |                   |         |
| AMBRISENTAN TABLETS  | LETAIRIS              |                               | Preferred Drug                    | PA Required                      |                           |                   |         |
| BOSENTAN TABLETS (62.5MG AND 125MG)                            | TRACLEER              |                               | Preferred Drug                    | PA Required                      |                           |                   |         |
| <b>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITOR</b>    |                       |                               |                                   |                                  |                           |                   |         |
| SILDENAFIL CITRATE (PULMONARY HYPERTENSION) SUSPENSION         | REVATIO SUSPENSION    |                               | 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                      |                           |                   |         |
| <b>CEPHALOSPORINS</b>  |                       |                               |                                   |                                  |                           |                   |         |
| <b>CEPHALOSPORINS - 1ST GENERATION</b>                         |                       |                               |                                   |                                  |                           |                   |         |
| CEFADROXIL CAPSULES  | CEFADROXIL            |                               |                                   |                                  |                           |                   |         |
| CEFADROXIL SUSPENSION  | CEFADROXIL            |                               |                                   |                                  |                           |                   |         |
| CEFADROXIL TABLETS   | CEFADROXIL            |                               |                                   |                                  |                           |                   |         |
| CEPHALEXIN CAPSULES  | KEFLEX                |                               |                                   |                                  |                           |                   |         |
| CEPHALEXIN SUSPENSION  | CEPHALEXIN            |                               |                                   |                                  |                           |                   |         |
| CEPHALEXIN TABLETS   | CEPHALEXIN            |                               |                                   |                                  |                           |                   |         |
| <b>CEPHALOSPORINS - 2ND GENERATION</b>                         |                       |                               |                                   |                                  |                           |                   |         |



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|---|----------------------|-------------------------------|-----------------------|---------|---------------------------|-------------------|----------|
| CEFACTOR CAPSULES                                     | CEFACTOR             |                               |                       |         |                           |                   |          |
| CEFACTOR SUSPENSION                                   | CEFACTOR             |                               |                       |         |                           |                   |          |
| CEFPROZIL SUSPENSION                                  | CEFPROZIL            |                               |                       |         |                           |                   |          |
| CEFPROZIL TABLETS                                     | CEFPROZIL            |                               |                       |         |                           |                   |          |
| CEFUROXIME AXETIL SUSPENSION                          | CEFTIN               |                               |                       |         |                           |                   |          |
| CEFUROXIME AXETIL TABLETS                             | CEFTIN               |                               |                       |         |                           |                   |          |
| <b>CEPHALOSPORINS - 3RD GENERATION</b>                |                      |                               |                       |         |                           |                   |          |
| 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 |                               |                       |         |                           |                   |          |
| <b>CONTRACEPTIVES</b>                                 |                      |                               |                       |         |                           |                   |          |
| <b>COMBINATION CONTRACEPTIVES - ORAL</b>              |                      |                               |                       |         |                           |                   |          |
| DESOGESTREL & ETHINYL ESTRADIOL TABLETS               | APRI                 |                               |                       |         |                           |                   |          |
| DESOGESTREL-ETHINYL ESTRADIOL (BIPHASIC) TABLETS      | AZURETTE             |                               |                       |         |                           |                   |          |
| DESOGESTREL-ETHINYL ESTRADIOL (TRIPHASIC) TABLETS     | CAZIAN               |                               |                       |         |                           |                   |          |
| DROSPIRENONE-ETHINYL ESTRADIOL TABLETS                | GIANVI               |                               |                       |         |                           |                   |          |
| ETHYNODIOL DIACET & ETH ESTRAD TABLETS                | KELNOR 1/35          |                               |                       |         |                           |                   |          |
| LEVONORGESTREL & ETH ESTRADIOL TABLETS                | AUBRA                |                               |                       |         |                           |                   |          |
| LEVONORGESTREL-ETH ESTRADIOL (TRIPHASIC) TABLETS      | ENPRESSE-28          |                               |                       |         |                           |                   |          |
| LEVONORGESTREL-ETHINYL ESTRADIOL (91-DAY) TABLETS     | AMETHIA LO           |                               |                       |         |                           |                   |          |
| LEVONORGESTREL-ETHINYL ESTRADIOL (CONTINUOUS) TABLETS | AMETHYST             |                               |                       |         |                           |                   |          |
| NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE CAPSULES       | TAYTULLA             |                               |                       |         |                           |                   |          |
| NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TABLETS      | JUNEL FE             |                               |                       |         |                           |                   |          |
| NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE CHEWABLES    | MELODETTA 24 FE      |                               |                       |         |                           |                   |          |
| NORETHINDRONE & ETH ESTRADIOL TABLETS                 | BALZIVA              |                               |                       |         |                           |                   |          |
| NORETHINDRONE & MESTRANOL TABLETS                     | NECON 1/50-28        |                               |                       |         |                           |                   |          |
| NORETHINDRONE ACET & ETH ESTRA TABLETS                | GILDESS 1/20         |                               |                       |         |                           |                   |          |
| NORETHINDRONE ACETATE-ETHINYL ESTRADIOL-FE TABLETS    | ESTROSTEP FE         |                               |                       |         |                           |                   |          |
| NORETHIN ACET & ESTRAD-FE TABLETS                     | LOESTRIN FE TAB 1/20 |                               |                       |         |                           |                   |          |
| NORETHINDRONE-ETH ESTRADIOL (BIPHASIC) TABLETS        | NECON 10/11-28       |                               |                       |         |                           |                   |          |
| NORETHINDRONE-ETH ESTRADIOL (TRIPHASIC) TABLETS       | CYCLAFEM 7/7/7       |                               |                       |         |                           |                   |          |
| NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEWABLES        | KAITLIB FE           |                               |                       |         |                           |                   |          |
| NORGESTIMATE-ETHINYL ESTRADIOL (TRIPHASIC) TABLETS    | ORTHO TRI-CYCLEN     |                               |                       |         |                           |                   |          |
| NORGESTIMATE-ETHINYL ESTRADIOL TABLETS                | ESTARYLLA            |                               |                       |         |                           |                   |          |
| NORGESTREL & ETHINYL ESTRADIOL TABLETS                | CRYSSELLE-28         |                               |                       |         |                           |                   |          |
| <b>COMBINATION CONTRACEPTIVES - VAGINAL</b>           |                      |                               |                       |         |                           |                   |          |
| ETONOGESTREL-ETHINYL ESTRADIOL RING                   | NUVARING             | Brand Only                    |                       |         |                           |                   |          |
| <b>COPPER CONTRACEPTIVES - IUD</b>                    |                      |                               |                       |         |                           |                   |          |
| COPPER (IUD)  | PARAGARD             |                               |                       |         |                           | 1.00              | 999 DAYS |
| <b>EMERGENCY CONTRACEPTIVES</b>                       |                      |                               |                       |         |                           |                   |          |
| LEVONORGESTREL (EMERGENCY OC) TABLETS                 | PLAN B               |                               |                       |         |                           |                   |          |
| ULIPRISTAL ACETATE TABLETS                            | ELLA                 |                               |                       |         |                           | 1.00              | 5.00     |
| <b>PROGESTIN CONTRACEPTIVES - IMPLANTS</b>            |                      |                               |                       |         |                           |                   |          |





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|---|----------------------------|-------------------------------|-----------------------|-----------------------------------|---------------------------|-------------------|----------|
| ETONOGESTREL IMPLANT                                    | NEXPLANON                  |                               |                       |                                   |                           | 1.00              | 999 DAYS |
| <b>PROGESTIN CONTRACEPTIVES - INJECTABLE</b>            |                            |                               |                       |                                   |                           |                   |          |
| MEDROXYPROGESTERONE ACETATE (CONTRACEPTIVE) SUSPENSION  | DEPO-PROVERA CONTRACEPTIVE |                               |                       |                                   |                           |                   |          |
| <b>PROGESTIN CONTRACEPTIVES - IUD</b>                   |                            |                               |                       |                                   |                           |                   |          |
| LEVONORGESTREL (IUD)                                    | LILETTA                    |                               |                       |                                   |                           | 1.00              | 999 DAYS |
| LEVONORGESTREL (IUD)                                    | SKYLA                      |                               |                       |                                   |                           | 1.00              | 999 DAYS |
| LEVONORGESTREL (IUD)                                    | MIRENA                     |                               |                       |                                   |                           | 1.00              | 999 DAYS |
| LEVONORGESTREL (IUD)                                    | KYLEENA                    |                               |                       |                                   |                           | 1.00              | 999 DAYS |
| <b>PROGESTIN CONTRACEPTIVES - ORAL</b>                  |                            |                               |                       |                                   |                           |                   |          |
| NORETHINDRONE (CONTRACEPTIVE) TABLETS                   | CAMILA                     |                               |                       |                                   |                           |                   |          |
| <b>PROGESTIN CONTRACEPTIVES - TRANSDERMAL</b>           |                            |                               |                       |                                   |                           |                   |          |
| NORELGESTROMIN-ETHINYL ESTRADIOL PATCH WEEKLY           | XULANE                     |                               |                       |                                   |                           |                   |          |
| <b>CORTICOSTEROIDS</b>                                  |                            |                               |                       |                                   |                           |                   |          |
| <b>GLUCOCORTICOSTEROIDS</b>                             |                            |                               |                       |                                   |                           |                   |          |
| 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                  |                               |                       |                                   |                           |                   |          |
| PREDNISON CONCENTRATE                                   | PREDNISON INTENSOL         |                               |                       |                                   |                           |                   |          |
| PREDNISON SOLUTION                                      | PREDNISON                  |                               |                       |                                   |                           |                   |          |
| PREDNISON TABLETS                                       | PREDNISON                  |                               |                       |                                   |                           |                   |          |
| PREDNISON TABLET ENTERIC COATED                         | RAYOS                      |                               |                       |                                   |                           |                   |          |
| TRIAMCINOLONE ACETONIDE SUSPENSION                      | KENALOG-10                 |                               |                       | Prior Authorization Required      |                           |                   |          |
| TRIAMCINOLONE DIACETATE SUSPENSION                      | TRIAMCINOLONE              |                               |                       | Prior Authorization Required      |                           |                   |          |
| <b>MINERALOCORTICOIDS</b>                               |                            |                               |                       |                                   |                           |                   |          |
| FLUDROCORTISONE ACETATE TABLETS                         | FLUDROCORTISONE ACETATE    |                               |                       |                                   |                           |                   |          |
| <b>COUGH/COLD/ALLERGY</b>                               |                            |                               |                       |                                   |                           |                   |          |
| <b>ANTITUSSIVES</b>                                     |                            |                               |                       |                                   |                           |                   |          |
| BENZONATATE CAPSULES                                    | TESSALON PERLES            |                               |                       |                                   |                           |                   |          |
|   | HYDROCODONE                |                               |                       |                                   |                           |                   |          |
|   | BITARTRATE/HOMATROPINE     |                               |                       |                                   |                           |                   |          |
| HYDROCODONE W/ HOMATROPINE SYRUP                        | METHYLBROMIDE              |                               |                       | PA Required for < 18 years of age |                           | 240.00            | 12.00    |
| HYDROCODONE W/ HOMATROPINE TABLETS                      | TUSSIGON                   |                               |                       | PA Required for < 18 years of age |                           |                   |          |
| <b>COUGH/COLD/ALLERGY COMBINATIONS</b>                  |                            |                               |                       |                                   |                           |                   |          |
| 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    |



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|--|---|-------------------------------|-----------------------|-----------------------------------|---------------------------|-------------------|---------|
| CHLORPHENIRAMINE & PSEUDOEPH CHEWABLE TABLETS          | DICEL   |                               |                       |                                   |                           |                   |         |
| CHLORPHENIRAMINE & PSEUDOEPH LIQUID                    | LOHIST-D                                      |                               |                       |                                   |                           |                   |         |
| CHLORPHENIRAMINE & PSEUDOEPH SOLUTION                  | NEUTRAHIST                                    |                               |                       |                                   |                           |                   |         |
| CHLORPHENIRAMINE & PSEUDOEPH SYRUP                     | EQ TRIACTING COLD/ALLERGY                     |                               |                       |                                   |                           |                   |         |
| CHLORPHENIRAMINE & PSEUDOEPH TABLETS                   | SUDOGEST SINUS & ALLERGY                      |                               |                       |                                   |                           |                   |         |
| CHLORPHENIRAMINE W/ CODEINE LIQUID                     | CODAR AR                                      |                               |                       | PA Required for < 18 years of age |                           | 240.00            | 12.00   |
| DEXTROMETHORPHAN-GUAIFENESIN                           | BRONCOTRON                                    |                               |                       |                                   |                           |                   |         |
| DEXTROMETHORPHAN-GUAIFENESIN LIQUID                    | NORTUSS-EX                                    |                               |                       |                                   |                           |                   |         |
| DEXTROMETHORPHAN-GUAIFENESIN TABLET 12-HOUR            | MUCINEX DM                                    |                               |                       |                                   |                           |                   |         |
| DIPHENHYDRAMINE-PHENYLEPHRINE-ACETAMINOPHEN LIQUID     | THERAFLU WARMING RELIEF FLU &<br>SORE THROAT  |                               |                       |                                   |                           |                   |         |
| DIPHENHYDRAMINE-PHENYLEPHRINE-ACETAMINOPHEN PACK       | MUCINEX FAST-MAX NIGHT TIME<br>COLD & FLU     |                               |                       |                                   |                           |                   |         |
| DIPHENHYDRAMINE-PHENYLEPHRINE-ACETAMINOPHEN SUSPENSION | TYLENOL CHILDRENS PLUS COLD &<br>ALLERGY      |                               |                       |                                   |                           |                   |         |
| DIPHENHYDRAMINE-PHENYLEPHRINE-ACETAMINOPHEN TABLETS    | BENADRYL ALLERGY & COLD                       |                               |                       |                                   |                           |                   |         |
| FEXOFENADINE-PSEUDOEPHEDRINE TABLET 12-HOUR            | ALLEGRA-D 12 HOUR ALLERGY &<br>CONGESTION     |                               |                       |                                   |                           | 30.00             | 30.00   |
| FEXOFENADINE-PSEUDOEPHEDRINE TABLET 24-HOUR            | ALLEGRA-D 24 HOUR ALLERGY &<br>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 &<br>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<br>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<br>CONGESTION           |                               |                       |                                   |                           |                   |         |
| PHENYLEPHRINE-GUAIFENESIN SYRUP                        | TRIAMINIC CHEST & NASAL<br>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   |



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|--|---------------------------------------|-------------------------------|-----------------------|-----------------------------------|---------------------------|-------------------|---------|
| PROMETHAZINE-DM SYRUP                                | PROMETHAZINE/DEXTROMETHORPHAN         |                               |                       |                                   |                           |                   |         |
| PSEUDOEPHEDRINE W/ CODEINE-GG                        | SUTTAR-2                              |                               |                       |                                   |                           | 240.00            | 12.00   |
| PSEUDOEPHEDRINE-BROMPHENIRAMINE-CODEINE LIQUID       | CPB WC                                |                               |                       | PA Required for < 18 years of age |                           | 240.00            | 12.00   |
| PSEUDOEPHEDRINE-GUAIFENESIN CAPSULES                 | RESPIRE-30                            |                               |                       |                                   |                           |                   |         |
| PSEUDOEPHEDRINE-GUAIFENESIN LIQUID                   | TUSNEL PEDIATRIC                      |                               |                       |                                   |                           |                   |         |
| PSEUDOEPHEDRINE-GUAIFENESIN SYRUP                    | ALTARUSSIN-PE                         |                               |                       |                                   |                           |                   |         |
| PSEUDOEPHEDRINE-GUAIFENESIN TABLETS                  | AMBI 40PSE/400GFN                     |                               |                       |                                   |                           |                   |         |
| PSEUDOEPHEDRINE-GUAIFENESIN TABLET 12-HOUR           | MUCINEX D                             |                               |                       |                                   |                           |                   |         |
| <b>EXPECTORANTS</b>                                  |                                       |                               |                       |                                   |                           |                   |         |
| GUAIFENESIN LIQUID                                   | HERBAL EXPEC                          |                               |                       |                                   |                           |                   |         |
| GUAIFENESIN PACK                                     | MUCINEX FOR KIDS                      |                               |                       |                                   |                           |                   |         |
| GUAIFENESIN SOLUTION                                 | TRIACTIN CHEST CONGESTION             |                               |                       |                                   |                           |                   |         |
| GUAIFENESIN SYRUP                                    | DIABETIC TUSSIN EX                    |                               |                       |                                   |                           |                   |         |
| GUAIFENESIN TABLETS                                  | GUAIFENESIN                           |                               |                       |                                   |                           |                   |         |
| GUAIFENESIN TABLET 12-HOUR                           | EQ MUCUS ER                           |                               |                       |                                   |                           |                   |         |
| <b>MISC. RESPIRATORY INHALANTS</b>                   |                                       |                               |                       |                                   |                           |                   |         |
| SODIUM CHLORIDE (INHALANT) NEBULIZED                 | SODIUM CHLORIDE                       |                               |                       |                                   |                           |                   |         |
| <b>DERMATOLOGICALS</b>                               |                                       |                               |                       |                                   |                           |                   |         |
| <b>ACNE PRODUCTS</b>                                 |                                       |                               |                       |                                   |                           |                   |         |
| 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 |                           |                   |         |
| <b>ANTIBIOTICS - TOPICAL</b>                         |                                       |                               |                       |                                   |                           |                   |         |
| 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                    |                               |                       |                                   |                           |                   |         |
| MUPIROCIIN CALCIUM (TOPICAL) CREAM                   | BACTROBAN                             |                               |                       |                                   |                           |                   |         |
| MUPIROCIIN OINTMENT                                  | BACTROBAN                             |                               |                       |                                   |                           |                   |         |
| NEOMYCIN-BACITRACIN-POLYMYXIN OINTMENT               | LANABIOTIC                            |                               |                       |                                   |                           |                   |         |
| <b>ANTIFUNGALS - TOPICAL</b>                         |                                       |                               |                       |                                   |                           |                   |         |
| BUTENAFINE CREAM                                     | MENTAX                                |                               |                       |                                   |                           |                   |         |



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|---|----------------------------|-------------------------------|-----------------------|---------|---------------------------|-------------------|---------|
| CICLOPIROX CREAM  | VARIOUS                    |                               | Preferred Drug        |         |                           |                   |         |
| CICLOPIROX SOLUTION                                       | VARIOUS                    |                               | Preferred Drug        |         |                           |                   |         |
| CLOTRIMAZOLE CREAM (RX & OTC)                             | LOTRIMIN                   |                               | Preferred Drug        |         |                           |                   |         |
| CLOTRIMAZOLE OINTMENT                                     | LOTRIMIN                   |                               |                       |         |                           |                   |         |
| CLOTRIMAZOLE SOLUTION (OTC)                               | VARIOUS                    |                               |                       |         |                           |                   |         |
| CLOTRIMAZOLE W/ BETAMETHASONE CREAM                       | LOTRISONE                  |                               | Preferred Drug        |         |                           |                   |         |
| KETOCONAZOLE CREAM  | VARIOUS                    |                               | Preferred Drug        |         |                           |                   |         |
| KETOCONAZOLE SHAMPOO                                      | VARIOUS                    |                               | Preferred Drug        |         |                           |                   |         |
| MICONAZOLE NITRATE CREAM                                  | VARIOUS                    |                               | Preferred Drug        |         |                           |                   |         |
| MICONAZOLE NITRATE POWDER                                 | VARIOUS                    |                               | Preferred Drug        |         |                           |                   |         |
| NYSTATIN CREAM  | VARIOUS                    |                               | Preferred Drug        |         |                           |                   |         |
| NYSTATIN OINTMENT   | VARIOUS                    |                               | Preferred Drug        |         |                           |                   |         |
| NYSTATIN POWDER   | NYAMYC                     |                               | Preferred Drug        |         |                           |                   |         |
| TOLNAFTATE AERO POWDER                                    | VARIOUS                    |                               | Preferred Drug        |         |                           |                   |         |
| TOLNAFTATE CREAM  | VARIOUS                    |                               | Preferred Drug        |         |                           |                   |         |
| TOLNAFTATE POWDER   | VARIOUS                    |                               | Preferred Drug        |         |                           |                   |         |
| TERBINAFINE CREAM   | VARIOUS                    |                               | Preferred Drug        |         |                           |                   |         |
| <b>ANTIHISTAMINES-TOPICAL</b>                             |                            |                               |                       |         |                           |                   |         |
| DIPHENHYDRAMINE HCL (TOPICAL) CREAM                       | ANTI-ITCH MAXIMUM STRENGTH |                               |                       |         |                           |                   |         |
| DIPHENHYDRAMINE HCL (TOPICAL) GEL                         | BENADRYL ITCH STOPPING     |                               |                       |         |                           |                   |         |
| DIPHENHYDRAMINE HCL (TOPICAL) SOLUTION                    | BENADRYL MAXIMUM STRENGTH  |                               |                       |         |                           |                   |         |
| DICLOFENAC SODIUM (TOPICAL) GEL                           | VOLTAREN                   |                               |                       |         |                           | 100 GM            | 300.00  |
| <b>ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOP</b> |                            |                               |                       |         |                           |                   |         |
| BEXAROTENE (TOPICAL) GEL                                  | TARGETIN                   |                               |                       |         |                           |                   |         |
| FLUOROURACIL (TOPICAL) CREAM                              | CARAC                      |                               |                       |         |                           |                   |         |
| FLUOROURACIL (TOPICAL) SOLUTION                           | FLUOROURACIL               |                               |                       |         |                           |                   |         |
| <b>ANTIPSORIATICS</b>                                     |                            |                               |                       |         |                           |                   |         |
| 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            |                               |                       |         |                           |                   |         |
| <b>ANTISEBORRHEIC PRODUCTS</b>                            |                            |                               |                       |         |                           |                   |         |
| SELENIUM SULFIDE LOTION                                   | SELSUN SHAMPOO             |                               |                       |         |                           |                   |         |
| <b>ANTIVIRALS - TOPICAL</b>                               |                            |                               |                       |         |                           |                   |         |
| DOCOSANOL CREAM   | ABREVA                     |                               |                       |         |                           |                   |         |
| ACYCLOVIR CREAM   | ZOVIRAX                    | Brand Only                    |                       |         |                           | 15GM              | 30.00   |
| ACYCLOVIR OINTMENT  | ZOVIRAX                    | Brand Only                    |                       |         |                           | 15GM              | 30.00   |
| <b>BURN PRODUCTS</b>                                      |                            |                               |                       |         |                           |                   |         |
| SILVER SULFADIAZINE CREAM                                 | SILVADENE                  |                               |                       |         |                           |                   |         |
| <b>CORTICOSTEROIDS - TOPICAL LOW POTENCY</b>              |                            |                               |                       |         |                           |                   |         |
| HYDROCORTISONE CREAM                                      | VARIOUS                    |                               | Preferred Drug        |         |                           |                   |         |
| HYDROCORTISONE GEL  | VARIOUS                    |                               | Preferred Drug        |         |                           |                   |         |
| HYDROCORTISONE KIT  | VARIOUS                    |                               | Preferred Drug        |         |                           |                   |         |
| HYDROCORTISONE LOTION                                     | VARIOUS                    |                               | Preferred Drug        |         |                           |                   |         |
| HYDROCORTISONE OINTMENT                                   | VARIOUS                    |                               | Preferred Drug        |         |                           |                   |         |



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|--|------------------------|-------------------------------|-----------------------|-------------|---------------------------|-------------------|---------|
| HYDROCORTISONE ACETATE CREAM 0.5%                  | VARIOUS                |                               | Preferred Drug        |             |                           |                   |         |
| HYDROCORTISONE ACETATE OINTMENT 1%                 | VARIOUS                |                               | Preferred Drug        |             |                           |                   |         |
| HYDROCORTISONE-ALOE VERA CREAM                     | VARIOUS                |                               | Preferred Drug        |             |                           |                   |         |
| FLUOCINOLONE 0.01% OIL                             | DERMA-SMOOTH OIL-FS    | Brand Only                    | Preferred Drug        |             |                           |                   |         |
| <b>CORTICOSTEROIDS - TOPICAL MEDIUM POTENCY</b>    |                        |                               |                       |             |                           |                   |         |
| FLUTICASONE PROPIONATE CREAM                       | VARIOUS                |                               | Preferred Drug        |             |                           |                   |         |
| FLUTICASONE PROPIONATE OINTMENT                    | VARIOUS                |                               | Preferred Drug        |             |                           |                   |         |
| MOMETASONE FUROATE CREAM                           | VARIOUS                |                               | Preferred Drug        |             |                           |                   |         |
| MOMETASONE FUROATE OINTMENT                        | VARIOUS                |                               | Preferred Drug        |             |                           |                   |         |
| MOMETASONE FUROATE SOLUTION                        | VARIOUS                |                               | Preferred Drug        |             |                           |                   |         |
| <b>CORTICOSTEROIDS - TOPICAL HIGH POTENCY</b>      |                        |                               |                       |             |                           |                   |         |
| BETAMETHASONE DIPROPIONATE LOTION                  | VARIOUS                |                               | Preferred Drug        |             |                           |                   |         |
| BETAMETHASONE DIPROPIONATE CREAM                   | VARIOUS                |                               | Preferred Drug        |             |                           |                   |         |
| BETAMETHASONE DIPROPIONATE/PROPYLENE GLYC. CREAM   | VARIOUS                |                               | Preferred Drug        |             |                           |                   |         |
| BETAMETHASONE VALERATE CREAM                       | VARIOUS                |                               | Preferred Drug        |             |                           |                   |         |
| BETAMETHASONE VALERATE LOTION                      | VARIOUS                |                               | Preferred Drug        |             |                           |                   |         |
| BETAMETHASONE VALERATE OINTMENT                    | VARIOUS                |                               | Preferred Drug        |             |                           |                   |         |
| FLUOCINONIDE CREAM                                 | VARIOUS                |                               | Preferred Drug        |             |                           |                   |         |
| FLUOCINONIDE OINTMENT                              | VARIOUS                |                               | Preferred Drug        |             |                           |                   |         |
| FLUOCINONIDE SOLUTION                              | VARIOUS                |                               | Preferred Drug        |             |                           |                   |         |
| TRIAMCINOLONE ACETONIDE CREAM                      | VARIOUS                |                               | Preferred Drug        |             |                           |                   |         |
| TRIAMCINOLONE ACETONIDE LOTION                     | VARIOUS                |                               | Preferred Drug        |             |                           |                   |         |
| TRIAMCINOLONE ACETONIDE OINTMENT                   | VARIOUS                |                               | Preferred Drug        |             |                           |                   |         |
| <b>CORTICOSTEROIDS - TOPICAL VERY HIGH POTENCY</b> |                        |                               |                       |             |                           |                   |         |
| CLOBETASOL PROPIONATE CREAM                        | VARIOUS                |                               | Preferred Drug        |             |                           | 100               | 30      |
| CLOBETASOL PROPIONATE EMOLLIENT                    | VARIOUS                |                               | Preferred Drug        |             |                           | 100               | 30      |
| CLOBETASOL PROPIONATE GEL                          | VARIOUS                |                               | Preferred Drug        |             |                           | 118               | 30      |
| CLOBETASOL PROPIONATE OINTMENT                     | VARIOUS                |                               | Preferred Drug        |             |                           | 100               | 30      |
| CLOBETASOL PROPIONATE SHAMPOO                      | VARIOUS                |                               | Preferred Drug        |             |                           | 118               | 30      |
| CLOBETASOL PROPIONATE SOLUTION                     | VARIOUS                |                               | Preferred Drug        |             |                           | 100               | 30      |
| HALOBETASOL PROPIONATE CREAM                       | VARIOUS                |                               | Preferred Drug        |             |                           | 100               | 30      |
| HALOBETASOL PROPIONATE OINTMENT                    | VARIOUS                |                               | Preferred Drug        |             |                           | 100               | 30      |
| <b>ECZEMA AGENTS</b>                               |                        |                               |                       |             |                           |                   |         |
| DUPILUMAB SOLUTION PEN-INJECTION                   | DUPIXENT               |                               | Preferred Drug        | PA Required |                           |                   |         |
| <b>EMOLLIENTS</b>                                  |                        |                               |                       |             |                           |                   |         |
| 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        |                               |                       |             |                           |                   |         |
| <b>ENZYMES - TOPICAL</b>                           |                        |                               |                       |             |                           |                   |         |
| TACROLIMUS (TOPICAL) OINTMENT                      | PROTOPIC               |                               | Preferred Drug        | PA Required |                           |                   |         |
| VITAMINS A & D (TOPICAL) OINTMENT                  | CURAD VITAMIN A & D    |                               |                       |             |                           |                   |         |
| <b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>          |                        |                               |                       |             |                           |                   |         |
| PIMECROLIMUS CREAM                                 | VARIOUS                |                               | Preferred Drug        |             |                           | 60gm              | 30.00   |
| <b>KERATOLYTIC/ANTIMITOTIC AGENTS</b>              |                        |                               |                       |             |                           |                   |         |
| SALICYLIC ACID CREAM                               | SALACYN                |                               |                       |             |                           |                   |         |
| SALICYLIC ACID FOAM                                | SALVAX                 |                               |                       |             |                           |                   |         |
| SALICYLIC ACID GEL                                 | KERALYT                |                               |                       |             |                           |                   |         |
| SALICYLIC ACID KIT                                 | KERALYT SCALP          |                               |                       |             |                           |                   |         |



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|--|---|-------------------------------|-----------------------|-------------|---------------------------|-------------------|---------|
| SALICYLIC ACID LIQUID                                  | VIRASAL                                 |                               |                       |             |                           |                   |         |
| SALICYLIC ACID LOTION                                  | SALACYN                                 |                               |                       |             |                           |                   |         |
| SALICYLIC ACID SHAMPOO                                 | SALEX                                   |                               |                       |             |                           |                   |         |
| SALICYLIC ACID SOLUTION                                | SALICYLIC ACID                          |                               |                       |             |                           |                   |         |
| <b>LOCAL ANESTHETICS - TOPICAL</b>                     |   |                               |                       |             |                           |                   |         |
| 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                                    |                               |                       |             |                           |                   |         |
| <b>MISC. TOPICAL</b>                                   |   |                               |                       |             |                           |                   |         |
| ALUMINUM CHLORIDE SOLUTION                             | DRYSOL                                  |                               |                       |             |                           |                   |         |
| ZINC OXIDE (TOPICAL) OINTMENT                          | ZINC OXIDE                              |                               |                       |             |                           |                   |         |
| ZINC OXIDE (TOPICAL) PASTE                             | ZINC OXIDE                              |                               |                       |             |                           |                   |         |
| <b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL</b> |   |                               |                       |             |                           |                   |         |
| CRISABOROLE OINTMENT                                   | EUCRISA                                 |                               | Preferred Drug        | PA Required |                           |                   |         |
| <b>PIGMENTING-DEPIGMENTING AGENTS</b>                  |   |                               |                       |             |                           |                   |         |
| METHOXSALEN (TOPICAL) LOTION                           | OXSORALEN                               |                               |                       |             |                           |                   |         |
| <b>ROSACEA AGENTS</b>                                  |   |                               |                       |             |                           |                   |         |
| METRONIDAZOLE (TOPICAL) CREAM 0.75%                    | METROCREAM                              |                               |                       |             |                           |                   |         |
| METRONIDAZOLE (TOPICAL) GEL 0.75%                      | ROSADAN                                 |                               |                       |             |                           |                   |         |
| METRONIDAZOLE (TOPICAL) LOTION                         | METROLOTION                             |                               |                       |             |                           |                   |         |
| <b>SCABICIDES &amp; PEDICULICIDES</b>                  |   |                               |                       |             |                           |                   |         |
| CROTAMITON CREAM                                       | EURAX                                   |                               |                       |             |                           |                   |         |
| CROTAMITON LOTION                                      | EURAX                                   |                               |                       |             |                           |                   |         |
| IVERMECTIN (PEDICULICIDE) LOTION                       | SKLICE                                  |                               |                       | PA Required |                           |                   |         |
| LINDANE LOTION   | LINDANE                                 |                               |                       | PA Required |                           |                   |         |
| LINDANE SHAMPOO  | LINDANE                                 |                               |                       | PA Required |                           |                   |         |
| MALATHION LOTION                                       | OVIDE                                   |                               |                       |             |                           |                   |         |
| PERMETHRIN 1%, 5%                                      | NIX, ELIMITE                            |                               |                       |             |                           |                   |         |
| PERMETHRIN CREAM                                       | ACTICIN                                 |                               |                       |             |                           |                   |         |
| PERMETHRIN LIQUID                                      | NIX CREME RINSE                         |                               |                       |             |                           |                   |         |
| PERMETHRIN LOTION                                      | LICE TREATMENT                          |                               |                       |             |                           |                   |         |
| PYRETHRINS-PIPERONYL BUTOXIDE GEL                      | A-200                                   |                               |                       |             |                           |                   |         |
| PYRETHRINS-PIPERONYL BUTOXIDE KIT                      | PRONTO                                  |                               |                       |             |                           |                   |         |
| PYRETHRINS-PIPERONYL BUTOXIDE LIQUID                   | BARC                                    |                               |                       |             |                           |                   |         |
| PYRETHRINS-PIPERONYL BUTOXIDE SHAMPOO                  | LICIDE                                  |                               |                       |             |                           |                   |         |
| SPINOSAD SUSPENSION                                    | NATROBA                                 |                               |                       | PA Required |                           |                   |         |
| <b>WOUND CARE PRODUCTS</b>                             |   |                               |                       |             |                           |                   |         |
| BECAPLERMIN GEL  | REGANEX                                 |                               |                       | PA Required |                           |                   |         |
| <b>DIAGNOSTIC PRODUCTS</b>                             |   |                               |                       |             |                           |                   |         |
| <b>DIAGNOSTIC TESTS</b>                                |   |                               |                       |             |                           |                   |         |
| 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   |



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|---|----------------------|-------------------------------|-----------------------|-------------|---------------------------|-------------------|---------|
| <b>DIGESTIVE AIDS</b>                           |                      |                               |                       |             |                           |                   |         |
| <b>DIGESTIVE ENZYMES</b>                        |                      |                               |                       |             |                           |                   |         |
| 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 |                           |                   |         |
| <b>DIURETICS</b>                                |                      |                               |                       |             |                           |                   |         |
| <b>CARBONIC ANHYDRASE INHIBITORS</b>            |                      |                               |                       |             |                           |                   |         |
| ACETAZOLAMIDE CAPSULE 12-HOUR                   | DIAMOX               |                               |                       |             |                           |                   |         |
| ACETAZOLAMIDE TABLETS                           | ACETAZOLAMIDE        |                               |                       |             |                           |                   |         |
| METHAZOLAMIDE TABLETS                           | NEPTAZANE            |                               |                       |             |                           |                   |         |
| <b>DIURETIC COMBINATIONS</b>                    |                      |                               |                       |             |                           |                   |         |
| SPIRONOLACTONE & HYDROCHLOROTHIAZIDE TABLETS    | ALDACTAZIDE          |                               |                       |             |                           |                   |         |
| TRIAMTERENE & HYDROCHLOROTHIAZIDE CAPSULES      | DYAZIDE              |                               |                       |             |                           |                   |         |
| TRIAMTERENE & HYDROCHLOROTHIAZIDE TABLETS       | MAXZIDE-25           |                               |                       |             |                           |                   |         |
| <b>LOOP DIURETICS</b>                           |                      |                               |                       |             |                           |                   |         |
| BUMETANIDE TABLETS                              | BUMETANIDE           |                               |                       |             |                           |                   |         |
| FUROSEMIDE SOLUTION                             | FUROSEMIDE           |                               |                       |             |                           |                   |         |
| FUROSEMIDE TABLETS                              | LASIX                |                               |                       |             |                           |                   |         |
| TORSEMIDE TABLETS                               | DEMADEX              |                               |                       |             |                           |                   |         |
| <b>POTASSIUM SPARING DIURETICS</b>              |                      |                               |                       |             |                           |                   |         |
| AMILORIDE HCL TABLETS                           | AMILORIDE HCL        |                               |                       |             |                           |                   |         |
| SPIRONOLACTONE TABLETS                          | ALDACTONE            |                               |                       |             |                           |                   |         |
| TRIAMTERENE CAPSULES                            | DYRENIUM             |                               |                       |             |                           |                   |         |
| <b>THIAZIDES AND THIAZIDE-LIKE DIURETICS</b>    |                      |                               |                       |             |                           |                   |         |
| CHLOROTHIAZIDE SUSPENSION                       | DIURIL               |                               |                       |             |                           |                   |         |
| CHLOROTHIAZIDE TABLETS                          | CHLOROTHIAZIDE       |                               |                       |             |                           |                   |         |
| CHLORTHALIDONE TABLETS                          | CHLORTHALIDONE       |                               |                       |             |                           |                   |         |
| HYDROCHLOROTHIAZIDE 12.5MG CAPSULES             | VARIOUS              |                               |                       |             |                           |                   |         |
| HYDROCHLOROTHIAZIDE TABLETS 25MG & 50MG         | HYDROCHLOROTHIAZIDE  |                               |                       |             |                           |                   |         |
| INDAPAMIDE TABLETS                              | INDAPAMIDE           |                               |                       |             |                           |                   |         |
| METHYLCLOTHIAZIDE TABLETS                       | METHYLCLOTHIAZIDE    |                               |                       |             |                           |                   |         |
| METOLAZONE TABLETS                              | ZAROXOLYN            |                               |                       |             |                           |                   |         |
| <b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>   |                      |                               |                       |             |                           |                   |         |
| <b>BONE DENSITY REGULATORS</b>                  |                      |                               |                       |             |                           |                   |         |
| 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 |                           |                   |         |
| <b>GROWTH HORMONE RECEPTOR ANTAGONISTS</b>      |                      |                               |                       |             |                           |                   |         |
| PEGVISOMANT SOLUTION                            | SOMAVERT             |                               |                       | PA Required |                           |                   |         |
| <b>GROWTH HORMONES</b>                          |                      |                               |                       |             |                           |                   |         |
| SOMATROPIN SOLUTION                             | NORDITROPIN          | Brand Only                    | Preferred Drug        | PA Required |                           |                   |         |
| SOMATROPIN SOLUTION                             | GENOTROPIN           | Brand Only                    | Preferred Drug        | PA Required |                           |                   |         |
| <b>HORMONE RECEPTOR MODULATORS</b>              |                      |                               |                       |             |                           |                   |         |



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|---|-----------------------|-------------------------------|-----------------------|-------------|---------------------------|-------------------|---------|
| RALOXIFENE HCL TABLETS  | EVISTA                |                               |                       |             |                           | 30.00             | 30.00   |
| <b>INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)</b>             |                       |                               |                       |             |                           |                   |         |
| MECASERMIN SOLUTION   | INCRELEX              |                               |                       | PA Required |                           |                   |         |
| <b>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPOSITORYRESSANTS</b> |                       |                               |                       |             |                           |                   |         |
| 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 |                           |                   |         |
| <b>METABOLIC MODIFIERS</b>                                    |                       |                               |                       |             |                           |                   |         |
| 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 |                           |                   |         |
| <b>MINERALOCORTICOID RECEPTOR ANTAGONISTS</b>                 |                       |                               |                       |             |                           |                   |         |
| FINERENONE TABLETS  | KERENDIA              |                               |                       | PA Required |                           |                   |         |
| <b>POSTERIOR PITUITARY HORMONES</b>                           |                       |                               |                       |             |                           |                   |         |
| 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                 |                               |                       |             |                           |                   |         |
| <b>PROLACTIN INHIBITORS</b>                                   |                       |                               |                       |             |                           |                   |         |
| CABERGOLINE TABLETS   | CABERGOLINE           |                               |                       | PA Required |                           |                   |         |
| <b>SOMATOSTATIC AGENTS</b>                                    |                       |                               |                       |             |                           |                   |         |
| LANREOTIDE ACETATE SOLUTION                                   | SOMATULINE DEPOT      |                               |                       | PA Required |                           |                   |         |
| OCTREOTIDE ACETATE KIT  | SANDOSTATIN LAR DEPOT |                               |                       | PA Required |                           |                   |         |
| OCTREOTIDE ACETATE SOLUTION                                   | SANDOSTATIN           |                               |                       | PA Required |                           |                   |         |
| <b>ESTROGENS</b>  |                       |                               |                       |             |                           |                   |         |
| <b>ESTROGEN COMBINATIONS</b>                                  |                       |                               |                       |             |                           |                   |         |
| 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       |                               |                       |             |                           |                   |         |
| <b>ESTROGENS</b>  |                       |                               |                       |             |                           |                   |         |
| 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             |                               |                       |             |                           |                   |         |
| <b>FLUOROQUINOLONES</b>                                       |                       |                               |                       |             |                           |                   |         |
| <b>FLUOROQUINOLONES</b>                                       |                       |                               |                       |             |                           |                   |         |





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| CIPROFLOXACIN HCL TABLETS                                 | CIPROFLOXACIN HCL                               |                               |                       |             |                           |                   |         |
| LEVOFLOXACIN SOLUTION                                     | LEVAQUIN  |                               |                       |             |                           |                   |         |
| LEVOFLOXACIN TABLETS                                      | LEVAQUIN  |                               |                       |             |                           |                   |         |
| OFLOXACIN TABLETS   | OFLOXACIN                                       |                               |                       |             |                           |                   |         |
| <b>GASTROINTESTINAL AGENTS - MISC.</b>                    |   |                               |                       |             |                           |                   |         |
| <b>GALLSTONE SOLUBILIZING AGENTS</b>                      |   |                               |                       |             |                           |                   |         |
| URSODIOL CAPSULES   | ACTIGALL  |                               |                       |             |                           |                   |         |
| URSODIOL TABLETS  | URSO 250  |                               |                       |             |                           |                   |         |
| <b>GASTROINTESTINAL ANTIALLERGY AGENTS</b>                |   |                               |                       |             |                           |                   |         |
| CROMOLYN SODIUM (MASTOCYTOSIS) CONCENTRATE                | GASTROCROM                                      |                               |                       |             |                           |                   |         |
| <b>GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS</b>       |   |                               |                       |             |                           |                   |         |
| LUBIPROSTONE CAPSULES                                     | AMITIZA   |                               |                       | PA Required |                           |                   |         |
| <b>GASTROINTESTINAL STIMULANTS</b>                        |   |                               |                       |             |                           |                   |         |
| METOCLOPRAMIDE HCL SOLUTION                               | METOCLOPRAMIDE HCL                              |                               |                       |             |                           |                   |         |
| METOCLOPRAMIDE HCL TABLETS                                | REGLAN  |                               |                       |             |                           |                   |         |
| METOCLOPRAMIDE HCL ORALLY DISPERSABLE TABLET              | METOZOLV ODT                                    |                               |                       |             |                           |                   |         |
| <b>INFLAMMATORY BOWEL AGENTS</b>                          |   |                               |                       |             |                           |                   |         |
| 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   |
| <b>INTESTINAL ACIDIFIERS</b>                              |   |                               |                       |             |                           |                   |         |
| LACTULOSE (ENCEPHALOPATHY) SOLUTION                       | LACTULOSE                                       |                               |                       |             |                           |                   |         |
| <b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS</b>              |   |                               |                       |             |                           |                   |         |
| ALOSETRON HCL TABLETS                                     | LOTROXEX  |                               |                       | PA Required |                           |                   |         |
| LINACLOTIDE CAPSULES                                      | LINZESS   |                               |                       | PA Required |                           |                   |         |
| <b>PHOSPHATE BINDER AGENTS</b>                            |   |                               |                       |             |                           |                   |         |
| CALCIUM ACETATE (PHOSPHATE BINDER) CAPSULES               | VARIOUS   |                               | Preferred Drug        |             |                           |                   |         |
| CALCIUM ACETATE (PHOSPHATE BINDER) TABLETS                | VARIOUS   |                               | Preferred Drug        |             |                           |                   |         |
| SEVELAMER CARBONATE TABLETS                               | RENEVELA  | VARIOUS                       | Preferred Drug        |             |                           |                   |         |
| <b>GENITOURINARY AGENTS - MISCELLANEOUS</b>               |   |                               |                       |             |                           |                   |         |
| <b>ACIDIFIERS</b>   |   |                               |                       |             |                           |                   |         |
| POTASSIUM & SODIUM ACID PHOSPHATES TABLETS                | K-PHOS NO 2                                     |                               |                       |             |                           |                   |         |
| <b>ALKALINIZERS</b>                                       |   |                               |                       |             |                           |                   |         |
| POT & SOD CITRATES W/CITRIC AC SOLUTION                   | POTASSIUM CITRATE/SODIUM<br>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                     | SHOHL'S SOLUTION MODIFIED                       |                               |                       |             |                           |                   |         |



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| <b>INTERSTITIAL CYSTITIS AGENTS</b>            |                        |                               |                       |             |                           |                   |         |
| PENTOSAN POLYSULFATE SODIUM CAPSULES           | ELMIRON                |                               |                       | PA Required |                           |                   |         |
| <b>PROSTATIC HYPERTROPHY AGENTS</b>            |                        |                               |                       |             |                           |                   |         |
| ALFUZOSIN HCL TABLET 24-HOUR                   | VARIOUS                |                               | Preferred Drug        |             |                           |                   |         |
| DOXAZOSIN MESYLATE TABLETS                     | VARIOUS                |                               | Preferred Drug        |             |                           |                   |         |
| DUTASTERIDE CAPS                               | VARIOUS                |                               | Preferred Drug        |             |                           |                   |         |
| FINASTERIDE TABLETS                            | PROSCAR                |                               | Preferred Drug        |             |                           |                   |         |
| TAMSULOSIN HCL CAPSULES                        | FLOMAX                 |                               | Preferred Drug        |             |                           |                   |         |
| TERAZOSIN HCL CAPSULES                         | VARIOUS                |                               | Preferred Drug        |             |                           |                   |         |
| <b>URINARY ANALGESICS</b>                      |                        |                               |                       |             |                           |                   |         |
| PHENAZOPYRIDINE HCL                            | BARIDIUM               |                               |                       |             |                           |                   |         |
| PHENAZOPYRIDINE HCL TABLETS                    | PYRIDIUM               |                               |                       |             |                           |                   |         |
| <b>GOUT AGENTS</b>                             |                        |                               |                       |             |                           |                   |         |
| <b>GOUT AGENT COMBINATIONS</b>                 |                        |                               |                       |             |                           |                   |         |
| COLCHICINE W/ PROBENECID TABLETS               | PROBENECID/COLCHICINE  |                               |                       |             |                           |                   |         |
| <b>GOUT AGENTS</b>                             |                        |                               |                       |             |                           |                   |         |
| ALLOPURINOL TABLETS (100MG & 300MG)            | ZYLOPRIM               |                               |                       |             |                           |                   |         |
| COLCHICINE TABLETS                             | COLCRYS                |                               |                       |             |                           |                   |         |
| FEBUXOSTAT TABLETS                             | ULORIC                 |                               |                       |             |                           | 30.00             | 30.00   |
| <b>URICOSURICS</b>                             |                        |                               |                       |             |                           |                   |         |
| PROBENECID TABLETS                             | PROBENECID             |                               |                       |             |                           |                   |         |
| <b>HEMATOLOGICAL AGENTS - MISC.</b>            |                        |                               |                       |             |                           |                   |         |
| <b>BRADYKININ B2 RECEPTOR ANTAGONISTS</b>      |                        |                               |                       |             |                           |                   |         |
| ICATIBANT ACETATE SOLUTION                     | FIRAZYR                | Brand Only                    | Preferred Drug        | PA Required |                           |                   |         |
| <b>COMPLEMENT INHIBITORS</b>                   |                        |                               |                       |             |                           |                   |         |
| C1 ESTERASE INHIBITOR (HUMAN) SOLUTION         | CINRYZE                |                               | Preferred Drug        | PA Required |                           |                   |         |
| C1 ESTERASE INHIBITOR (HUMAN) SOLUTION         | BERINERT               |                               | Preferred Drug        | PA Required |                           |                   |         |
| <b>HEMATORHEOLOGIC AGENTS</b>                  |                        |                               |                       |             |                           |                   |         |
| PENTOXIFYLLINE TABLET CONTROLLED RELEASE       | TRENTAL                |                               |                       |             |                           |                   |         |
| <b>ANTIPLATELET AGENTS</b>                     |                        |                               |                       |             |                           |                   |         |
| BEROTRALSTAT HCL CAPSULES                      | ORLADEYO               |                               | Preferred Drug        | PA Required |                           |                   |         |
| ECALLANTIDE SOLUTION                           | KALBITOR               |                               | Preferred Drug        | PA Required |                           |                   |         |
| <b>PLATELET AGGREGATION INHIBITORS</b>         |                        |                               |                       |             |                           |                   |         |
| ANAGRELIDE HCL CAPSULES                        | AGRYLIN                |                               |                       |             |                           |                   |         |
| CILOSTAZOL TABLETS                             | PLETAL                 |                               |                       |             |                           |                   |         |
| CLOPIDOGREL BISULFATE TABLETS                  | PLAVIX                 |                               |                       |             |                           |                   |         |
| DIPYRIDAMOLE TABLETS                           | PERSANTINE             |                               |                       |             |                           |                   |         |
| TICAGRELOR TABLETS                             | BRILINTA               |                               |                       |             |                           |                   |         |
| TICLOPIDINE HCL TABLETS                        | TICLOPIDINE HCL        |                               |                       |             |                           |                   |         |
| <b>THROMBOLYTIC ENZYMES</b>                    |                        |                               |                       |             |                           |                   |         |
| ALTEPLASE FOR SOLUTION                         | ACTIVASE               |                               |                       |             |                           | 1.00              | 30.00   |
| <b>GASTROINTESTINAL AGENTS - MISCELLANEOUS</b> |                        |                               |                       |             |                           |                   |         |
| <b>ANTIFLATULENTS</b>                          |                        |                               |                       |             |                           |                   |         |
| SIMETHICONE SUSPENSION                         | CVS INFANTS GAS RELIEF |                               |                       |             |                           |                   |         |
| <b>HEMATOPOIETIC AGENTS</b>                    |                        |                               |                       |             |                           |                   |         |
| <b>AGENTS FOR GAUCHER DISEASE</b>              |                        |                               |                       |             |                           |                   |         |
| ELIGLUSTAT TARTRATE                            | CERDELGA (oral)        |                               |                       | PA Required |                           |                   |         |
| IMIGLUCERASE SOLUTION                          | CEREZYME 400 IU (IV)   |                               |                       | PA Required |                           |                   |         |



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| TALIGLUCERASE ALFA                                    | ELELYSO (IV)            |                               |                       | PA Required |                           |                   |         |
| MIGLUSTAT   | MIGLUSTAT (oral)        |                               |                       | PA Required |                           |                   |         |
| VELAGLUCERASE ALFA                                    | VPRIB 400 IU            |                               |                       | PA Required |                           |                   |         |
| <b>FOLIC ACID/FOLATES</b>                             |                         |                               |                       |             |                           |                   |         |
| FOLIC ACID CAPSULES                                   | FA-8                    |                               |                       |             |                           |                   |         |
| FOLIC ACID TABLETS                                    | FOLIC ACID              |                               |                       |             |                           |                   |         |
| <b>HEMATOPOIETIC GROWTH FACTORS</b>                   |                         |                               |                       |             |                           |                   |         |
| DARBEPOETIN ALFA SOLUTION                             | ARANESP                 | Brand Only                    | Preferred Drug        | PA Required |                           |                   |         |
| ELTROMBOPAG OLAMINE TABLETS                           | PROMACTA                | Brand Only                    | Preferred Drug        | PA Required |                           |                   |         |
| EPOETIN ALFA-EPBX SOLUTION                            | RETACRIT                | Brand Only                    | Preferred Drug        | PA Required |                           |                   |         |
| FILGRASTIM-AAF SOLUTION PREFILLED SYRINGE             | NIVESTYM                | Brand Only                    | Preferred Drug        | PA Required |                           |                   |         |
| FILGRASTIM-AAF SOLUTION VIAL                          | NIVESTYM                | Brand Only                    | Preferred Drug        | PA Required |                           |                   |         |
| PEGFILGRASTIM-PBBK SOLUTION PREFILLED SYRINGE         | ZIEXTENZO               | Brand Only                    | Preferred Drug        | PA Required |                           |                   |         |
| PEGFILGRASTIM-BMEZ SOLUTION PREFILLED SYRINGE         | FYLNETRA                | Brand Only                    | Preferred Drug        | PA Required |                           |                   |         |
| ROMIPLOSTIM   | NPLATE                  | Brand Only                    | Preferred Drug        | PA Required |                           |                   |         |
| <b>HEMATOPOIETIC MIXTURES</b>                         |                         |                               |                       |             |                           |                   |         |
| 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             |                               |                       |             |                           |                   |         |
| IRON COMBINATIONS CAPSULES                            | HEMATOGEN               |                               |                       |             |                           |                   |         |
| IRON COMBINATIONS ELIXIR                              | HEMOCYTE-F              |                               |                       |             |                           |                   |         |
| <b>IRON</b>   |                         |                               |                       |             |                           |                   |         |
| 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         |                               |                       |             |                           |                   |         |
| <b>HEMOSTATICS</b>                                    |                         |                               |                       |             |                           |                   |         |
| <b>HEMOSTATICS - SYSTEMIC</b>                         |                         |                               |                       |             |                           |                   |         |
| AMINOCAPROIC ACID SOLUTION                            | AMICAR                  |                               |                       |             |                           |                   |         |
| AMINOCAPROIC ACID TABLETS                             | AMICAR                  |                               |                       |             |                           |                   |         |
| <b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENT</b>       |                         |                               |                       |             |                           |                   |         |
| <b>ANTIHISTAMINE HYPNOTICS</b>                        |                         |                               |                       |             |                           |                   |         |
| 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                 |                               |                       |             |                           |                   |         |
| <b>BARBITURATE HYPNOTICS</b>                          |                         |                               |                       |             |                           |                   |         |



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| PHENOBARBITAL SOLUTION  | PHENOBARBITAL                         |                               |                       |  |   |                   |         |
| PHENOBARBITAL TABLETS   | PHENOBARBITAL                         |                               |                       |  |   |                   |         |
| <b>NON-BARBITURATE HYPNOTICS</b>                                  |                                       |                               |                       |  |   |                   |         |
| ESZOPICLONE TABLETS   | LUNESTA                               |                               | PREFERRED DRUG        | PA Required for Ages <6 years<br>PA Required for > 1 Hypnotic Drug |   | 30.00             | 30.00   |
| TEMAZEPAM CAPSULES 15MG & 30MG                                    | RESTORIL                              |                               | PREFERRED DRUG        | PA Required for Ages <6 years<br>PA Required for > 1 Hypnotic Drug |   | 30.00             | 30.00   |
| ZOLPIDEM TARTRATE TABLETS 5MG                                     | AMBIEN                                |                               | PREFERRED DRUG        | PA Required for Ages <6 years<br>PA Required for > 1 Hypnotic Drug |   | 60.00             | 30.00   |
| ZOLPIDEM TARTRATE TABLETS 10MG                                    | AMBIEN                                |                               | PREFERRED DRUG        | PA Required for Ages <6 years<br>PA Required for > 1 Hypnotic Drug |   | 30.00             | 30.00   |
| <b>SELECTIVE MELATONIN RECEPTOR AGONISTS</b>                      |                                       |                               |                       |  |   |                   |         |
| RAMELTEON TABLETS   | ROZEREM                               | Brand Only                    |                       |  | Patient must have tried two preferred agents<br>(Temazepam, Zolpidem and Eszopiclone) | 30.00             | 30.00   |
| <b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENT</b>                   |                                       |                               |                       |  |   |                   |         |
| <b>ANTIHISTAMINE HYPNOTICS</b>                                    |                                       |                               |                       |  |   |                   |         |
| DOXYLAMINE SUCCINATE (SLEEP) TABLETS                              | RA NIGHT SLEEP AID                    |                               |                       |  |   |                   |         |
| <b>LAXATIVES</b>  |                                       |                               |                       |  |   |                   |         |
| <b>BULK LAXATIVES</b>   |                                       |                               |                       |  |   |                   |         |
| FIBER CAPSULES  | ADVANCED FIBER<br>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               |                               |                       |  |   |                   |         |
| METHYLCELLULOSE (LAXATIVE) PACKETS                                | CITRUCEL FIBER LAXATIVE               |                               |                       |  |   |                   |         |
| PSYLLIUM CAPSULES   | NAT-RUL PSYLLIUM SEED HUSKS           |                               |                       |  |   |                   |         |
| PSYLLIUM PACK   | METAMUCIL SMOOTH TEXTURE              |                               |                       |  |   |                   |         |
| PSYLLIUM POWDER   | KONSYL                                |                               |                       |  |   |                   |         |
| PSYLLIUM SUBLINGUAL   | METAMUCIL                             |                               |                       |  |   |                   |         |
| <b>LAXATIVE COMBINATIONS</b>                                      |                                       |                               |                       |  |   |                   |         |
| 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                               |                               |                       |  |   |                   |         |
| <b>LAXATIVES - MISCELLANEOUS</b>                                  |                                       |                               |                       |  |   |                   |         |
| GLYCERIN (LAXATIVE) SUPPOSITORIES                                 | GLYCERIN CHILDREN                     |                               |                       |  |   |                   |         |
| LACTULOSE PACK  | KRISTALOSE                            |                               |                       |  |   |                   |         |
| LACTULOSE SOLUTION  | LACTULOSE                             |                               |                       |  |   |                   |         |
| POLYETHYLENE GLYCOL 3350 PACK                                     | CLEARLAX                              |                               |                       |  |   |                   |         |
| POLYETHYLENE GLYCOL 3350 POWDER                                   | CLEARLAX                              |                               |                       |  |   |                   |         |
| <b>SALINE LAXATIVES</b>   |                                       |                               |                       |  |   |                   |         |
| MAGNESIUM CITRATE SOLNTION  | CITROMA                               |                               |                       |  |   |                   |         |
| MAGNESIUM OXIDE (LAXATIVE) TABLETS                                | PHILLIPS                              |                               |                       |  |   |                   |         |
| SODIUM PHOSPHATES ENEMA   | GNP ENEMA                             |                               |                       |  |   |                   |         |



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| <b>STIMULANT LAXATIVES</b>                               |                                       |                               |                       |             |                           |                   |         |
| 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                             |                               |                       |             |                           |                   |         |
| <b>SURFACTANT LAXATIVES</b>                              |                                       |                               |                       |             |                           |                   |         |
| DOCUSATE SODIUM CAPSULES                                 | COLACE                                |                               |                       |             |                           |                   |         |
| DOCUSATE SODIUM ENEMA                                    | DOCUSOL KIDS                          |                               |                       |             |                           |                   |         |
| DOCUSATE SODIUM LIQUID                                   | PEDIA-LAX                             |                               |                       |             |                           |                   |         |
| DOCUSATE SODIUM SYRUP                                    | DIOCTO                                |                               |                       |             |                           |                   |         |
| DOCUSATE SODIUM TABLETS                                  | DOK                                   |                               |                       |             |                           |                   |         |
| <b>MACROLIDES</b>  |                                       |                               |                       |             |                           |                   |         |
| <b>AZITHROMYCIN</b>                                      |                                       |                               |                       |             |                           |                   |         |
| AZITHROMYCIN PACK  | ZITHROMAX                             |                               |                       |             |                           |                   |         |
| AZITHROMYCIN SUSPENSION                                  | ZITHROMAX                             |                               |                       |             |                           |                   |         |
| AZITHROMYCIN TABLETS                                     | ZITHROMAX                             |                               |                       |             |                           |                   |         |
| <b>CLARITHROMYCIN</b>                                    |                                       |                               |                       |             |                           |                   |         |
| CLARITHROMYCIN SUSPENSION                                | CLARITHROMYCIN                        |                               |                       |             |                           |                   |         |
| CLARITHROMYCIN TABLETS                                   | BIAXIN                                |                               |                       |             |                           |                   |         |
| CLARITHROMYCIN TABLET 24-HOUR                            | BIAXIN XL                             |                               |                       |             |                           |                   |         |
| <b>ERYTHROMYCIN PRODUCTS REQUIRE PRIOR AUTHORIZATION</b> |                                       |                               |                       |             |                           |                   |         |
| <b>FIDAXOMICIN</b>                                       |                                       |                               |                       |             |                           |                   |         |
| FIDAXOMICIN TABLETS                                      | DIFICID                               |                               |                       | PA Required |                           |                   |         |
| <b>MEDICAL DEVICES</b>                                   |                                       |                               |                       |             |                           |                   |         |
| <b>CONTRACEPTIVES</b>                                    |                                       |                               |                       |             |                           |                   |         |
| 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<br>CONDOM    |                               |                       |             |                           | 30.00             | 30.00   |
| CONDOMS LATEX NON-LUBRICATED - MALE MISC                 | ATLAS COLORED<br>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<br>50 |                               |                       |             |                           | 1.00              | 365.00  |
| DIAPHRAGM FLAT SPRING KIT                                | ORTHO DIAPHRAGM FLAT SPRING KIT<br>55 |                               |                       |             |                           | 1.00              | 365.00  |



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|---|--|-------------------------------|-----------------------|-------------|---------------------------|-------------------|---------|
| DIAPHRAGM WIDE SEAL DPRH  | WIDE-SEAL SILICONE DIAPHRAGM KIT<br>60                           |                               |                       |             |                           | 1.00              | 365.00  |
| DIAPHRAGMS DPRH   | OMNIFLEX DIAPHRAGM   |                               |                       |             |                           | 1.00              | 365.00  |
| <b>DIABETIC SUPPLIES</b>  |  |                               |                       |             |                           |                   |         |
| BLOOD GLUCOSE CALIBRATION LIQUID                                  | ACCU-CHEK ACTIVE GLUCOSE<br>CONTROL SOLUTION                     |                               |                       |             |                           |                   |         |
| BLOOD GLUCOSE MONITORING SUPPLIES DEVICE                          | TRUETRACK & TRUE METRIX  |                               |                       |             |                           |                   |         |
| BLOOD GLUCOSE MONITORING SUPPLIES KIT                             | TRUETRACK & TRUE METRIX  |                               |                       |             |                           |                   |         |
| LANCET DEVICES MISC   | ACCU-CHEK SOFTCLIX<br>LANCETDEVICECE                             |                               |                       |             |                           |                   |         |
| LANCETS MISC  | 1ST CHOICE LANCETS SUPER THIN                                    |                               |                       |             |                           |                   |         |
| LANCETS MISC. KIT   | ACCU-CHEK FASTCLIX<br>LANCETDEVICECE KIT                         |                               |                       |             |                           |                   |         |
| LANCETS MISC. MISC  | AUTOLET PLATFORMS  |                               |                       |             |                           |                   |         |
| <b>MISC. DEVICES</b>  |  |                               |                       |             |                           |                   |         |
| ALCOHOL SWABS PADS  | ALCOH-GLOVE CONTOURED WIPE                                       |                               |                       |             |                           |                   |         |
| <b>PARENTERAL THERAPY SUPPLIES</b>                                |  |                               |                       |             |                           |                   |         |
| INSULIN PEN NEEDLE MISC   | BD AUTOSHIELD 29G X 3/16"  |                               |                       |             |                           |                   |         |
| INSULIN SYRINGE/NEEDLE U-100 MISC                                 | RELION INSULIN SYRINGE/U-<br>100/0.3ML/29G                       |                               |                       |             |                           |                   |         |
| INSULIN SYRINGE/NEEDLE U-40 MISC                                  | BD INSULIN SYRINGE U-40/1ML/25G X<br>5/8"                        |                               |                       |             |                           |                   |         |
| INSULIN SYRINGES (DISPOSABLE) MISC                                | KMART VALU PLUS INSULIN<br>SYRINGE/0.3ML/30G                     |                               |                       |             |                           |                   |         |
| SYRINGE/NEEDLE (DISP) 1 ML  | MONOJECT MAGELLAN<br>SYRINGE/SAFETY NEEDLE/1ML/23G X<br>1"       |                               |                       |             |                           |                   |         |
| SYRINGE/NEEDLE (DISP) 1 ML MISC                                   | MONOJECT LIFESHIELD<br>BLUNTCANNULA/REG LUER<br>SYR/1ML/18G X 1" |                               |                       |             |                           |                   |         |
| <b>RESPIRATORY THERAPY SUPPLIES</b>                               |  |                               |                       |             |                           |                   |         |
| 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<br>DUCKLING                               |                               |                       |             |                           |                   |         |
| SPACER/AEROSOL-HOLDING CHAMBERS DEVICE                            | AEROCHAMBER MINI CHAMBER   |                               |                       |             |                           | 2.00              | 365.00  |
| SPACER/AEROSOL-HOLDING CHAMBERS MISC                              | AEROCHAMBER MINI CHAMBER   |                               |                       |             |                           |                   |         |
| <b>MIGRAINE PRODUCTS</b>  |  |                               |                       |             |                           |                   |         |
| <b>MIGRAINE COMBINATIONS</b>                                      |  |                               |                       |             |                           |                   |         |
| ERGOTAMINE W/ CAFFEINE SUPPOSITORY                                | MIGERGOT   |                               |                       |             |                           | 12.00             | 30.00   |
| ERGOTAMINE W/ CAFFEINE TABLETS                                    | CAFERGOT   |                               |                       |             |                           | 40.00             | 30.00   |
| <b>MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES</b>                  |  |                               |                       |             |                           |                   |         |
| GALCANEZUMAB-GNLM SOLUTION AUTOINJECTOR / PREFILLED SYRINGE / PEN | EMGALITY   |                               | Preferred Drug        | PA Required |                           |                   |         |
| <b>CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONIST</b> |  |                               |                       |             |                           |                   |         |
| ERENUMAB-AOOE SOLUTION AUTOINJECTOR                               | AIMOVIG  |                               | Preferred Drug        | PA Required |                           | 1.00              | 30.00   |



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| FREMANEZUMAB-VFRM SOLUTION AUTOINJECTOR                               | AJOVY                              |                               | Preferred Drug        | PA Required                                 |                           | 1.00              | 30.00   |
| UBROGEPANT TABLETS  | UBRELVY                            |                               | Preferred Drug        | PA Required                                 |                           | 8.00              | 30.00   |
| <b>SEROTONIN AGONISTS</b>   |                                    |                               |                       |   |                           |                   |         |
| 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   |
| <b>SUMATRIPTAN SOLUTION NASAL SPRAY</b>                               |                                    |                               |                       |   |                           |                   |         |
| SUMATRIPTAN SUCCINATE SOLUTION INJECTION                              | IMITREX                            | Brand Only                    | Preferred Drug        |   |                           | 6.00              | 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   |
| <b>MISCELLANEOUS THERAPEUTIC CLASSES</b>                              |                                    |                               |                       |   |                           |                   |         |
| <b>IMMUNOSUPPRESSIVE AGENTS</b>                                       |                                    |                               |                       |   |                           |                   |         |
| BELUMOSUDIL MESYLATE TABLETS  | REZUROCK                           |                               |                       | PA Required                                 |                           |                   |         |
| <b>MINERALS &amp; ELECTROLYTES</b>                                    |                                    |                               |                       |   |                           |                   |         |
| <b>CALCIUM</b>  |                                    |                               |                       |   |                           |                   |         |
| CALCIUM LACTATE CAPSULES  | CAL-LAC                            |                               |                       |   |                           |                   |         |
| CALCIUM LACTATE TABLETS   | CALCIUM LACTATE                    |                               |                       |   |                           |                   |         |
| <b>FLUORIDE</b>   |                                    |                               |                       |   |                           |                   |         |
| SODIUM FLUORIDE CHEWABLE TABLETS                                      | LU Dent                            |                               |                       |   |                           |                   |         |
| SODIUM FLUORIDE LOZG  | LOZI-FLUR                          |                               |                       |   |                           |                   |         |
| SODIUM FLUORIDE SOLUTION  | FLUOR-A-DAY                        |                               |                       |   |                           |                   |         |
| SODIUM FLUORIDE TABLETS   | SODIUM FLUORIDE                    |                               |                       |   |                           |                   |         |
| <b>MAGNESIUM</b>  |                                    |                               |                       |   |                           |                   |         |
| MAGNESIUM OXIDE (MG SUPPLEMENT) CAPSULES                              | MAGNESIUM                          |                               |                       |   |                           |                   |         |
| MAGNESIUM OXIDE (MG SUPPLEMENT) TABLETS                               | MAG-200                            |                               |                       |   |                           |                   |         |
| <b>POTASSIUM</b>  |                                    |                               |                       |   |                           |                   |         |
| POTASSIUM BICARB & CHLORIDE TABLET EFFERVESCENT                       | EFFERVESCENT<br>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                         |                               |                       |   |                           |                   |         |
| <b>SODIUM</b>   |                                    |                               |                       |   |                           |                   |         |
| SODIUM CHLORIDE FLUSH SOLUTION  | NORMAL SALINE FLUSH                |                               |                       |   |                           |                   |         |
| <b>MOUTH/THROAT/DENTAL AGENTS</b>                                     |                                    |                               |                       |   |                           |                   |         |
| <b>ANTISEPTICS - MOUTH/THROAT</b>                                     |                                    |                               |                       |   |                           |                   |         |
| CHLORHEXIDINE GLUCONATE (MOUTH-THROAT) SOLUTION                       | PAROEX                             |                               |                       |   |                           |                   |         |



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| <b>STEROIDS - MOUTH/THROAT</b>                          |  |                               |                       |         |                           |                   |         |
| TRIAMCINOLONE ACETONIDE (MOUTH) PASTE                   | ORALONE                                  |                               |                       |         |                           | 10.00             | 30.00   |
| <b>ANESTHETICS TOPICAL ORAL</b>                         |  |                               |                       |         |                           |                   |         |
| LIDOCAINE HCL (MOUTH-THROAT) SOLUTION                   | LIDOCAINE VISCOUS                        |                               |                       |         |                           |                   |         |
| <b>THROAT PRODUCTS - MISC.</b>                          |  |                               |                       |         |                           |                   |         |
| ARTIFICIAL SALIVA KIT                                   | ORAL RELIEF FOR DRY MOUTH&<br>DISCOMFORT |                               |                       |         |                           |                   |         |
| ARTIFICIAL SALIVA LOZENGE                               | ACT DRY MOUTH                            |                               |                       |         |                           |                   |         |
| ARTIFICIAL SALIVA SOLUTION                              | BIOTENE MOISTURIZING MOUTH<br>SPRAY      |                               |                       |         |                           |                   |         |
| <b>MULTIVITAMINS</b>                                    |  |                               |                       |         |                           |                   |         |
| <b>B-COMPLEX VITAMINS</b>                               |  |                               |                       |         |                           |                   |         |
| B-COMPLEX VITAMINS                                      | B-COMPLEX                                |                               |                       |         |                           |                   |         |
| <b>B-COMPLEX W/ C</b>                                   |  |                               |                       |         |                           |                   |         |
| 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>B-COMPLEX W/ FOLIC ACID</b>                          |  |                               |                       |         |                           |                   |         |
| 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                                |                               |                       |         |                           |                   |         |
| <b>IRON W/ VITAMINS</b>                                 |  |                               |                       |         |                           |                   |         |
| IRON W/ VITAMINS TABLETS                                | GERITOL COMPLETE                         |                               |                       |         |                           | 30.00             | 30.00   |
| <b>MULTIPLE VITAMINS W/ IRON</b>                        |  |                               |                       |         |                           |                   |         |
| MULTIPLE VITAMINS W/ IRON TABLETS                       | MULTIPLE VITAMINS/IRON                   |                               |                       |         |                           |                   |         |
| <b>MULTIPLE VITAMINS W/ MINERALS</b>                    |  |                               |                       |         |                           |                   |         |
| 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   |
| <b>PEDIATRIC MULTIPLE VITAMINS</b>                      |  |                               |                       |         |                           |                   |         |
| PEDIATRIC MULTIPLE VITAMIN W/ C SOLUTION                | POLY-VITE DROPS                          |                               |                       |         |                           |                   |         |
| <b>PED MULTIPLE VITAMINS W/ MINERALS</b>                |  |                               |                       |         |                           |                   |         |
| PEDIATRIC MULTIPLE VITAMIN W/ MINERALS & C CHEWABLES    | CHILDRENS CHEWABLE GUMMIES               |                               |                       |         |                           |                   |         |
| <b>PED MV W/ IRON</b>                                   |  |                               |                       |         |                           |                   |         |
| PEDIATRIC MULTIPLE VITAMINS W/ IRON SOLUTION            | POLY-VITE SOL /IRON                      |                               |                       |         |                           |                   |         |
| <b>PED MULTI VITAMINS W/FL &amp; FE</b>                 |  |                               |                       |         |                           |                   |         |
| PEDIATRIC VITAMINS ACD FLUORIDE & IRON SOLUTION         | TRI-VIT/FLUORIDE/IRON                    |                               |                       |         |                           |                   |         |
| <b>PED MV W/ FLUORIDE</b>                               |  |                               |                       |         |                           |                   |         |
| 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                  |                               |                       |         |                           |                   |         |
| <b>PED MULTI VITAMINS W/FL &amp; FE</b>                 |  |                               |                       |         |                           |                   |         |





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| PED MULTIVITAMINS W/FL & IRON SOLUTION                           | MULTI-VIT/IRON/FLUORIDE                  |                               |                       |         |                           |                   |         |
| <b>PRENATAL VITAMINS</b>   |  |                               |                       |         |                           |                   |         |
| PRENATAL MULTIVIT-MIN W/FE-FA TABS                               | PRE-NATAL FORMULA                        |                               |                       |         |                           | 30.00             | 30.00   |
| PRENATAL MV & MIN W/FE FUMARATE-FA-DHA MISC                      | VITAFOL-OB+DHA                           |                               |                       |         |                           | 30.00             | 30.00   |
| PRENATAL MV & MIN W/FE POLYSACCHARIDE COMPLEX-FA-DHA CAPS        | VITAFOL-ONE                              |                               |                       |         |                           | 30.00             | 30.00   |
| PRENATAL MV & MIN W/FE POLYSACCHARIDE COMPLEX-FA-DHA MISC        | SELECT-OB+DHA                            |                               |                       |         |                           | 30.00             | 30.00   |
| PRENATAL VIT W/ DOCUSATE-FE FUMARATE-FOLIC ACID TABS             | PNV FERROUS FUMARATE/DOCUSATE/FOLIC ACID |                               |                       |         |                           | 30.00             | 30.00   |
| PRENATAL VIT W/ FE BISGLYCINATE CHELATE-FOLIC ACID TABS          | VINATE AZ EXTRA                          |                               |                       |         |                           | 30.00             | 30.00   |
| PRENATAL VIT W/ FE FUM-IRON POLYSACCH COMPLEX -FA-OMEGA 3 CAPS   | CONCEPT DHA                              |                               |                       |         |                           | 30.00             | 30.00   |
| PRENATAL VIT W/ FERROUS FUMARATE-FA-OMEGA 3 FATTY ACIDS CAPS     | VIVA DHA                                 |                               |                       |         |                           | 30.00             | 30.00   |
| PRENATAL VIT W/ FERROUS FUMARATE-FOLIC ACID CHEW                 | COMPLETENATE                             |                               |                       |         |                           | 30.00             | 30.00   |
| PRENATAL VIT W/ FERROUS FUMARATE-FOLIC ACID TABS                 | M-VIT                                    |                               |                       |         |                           | 30.00             | 30.00   |
| PRENATAL VIT W/ FERROUS FUMARATE-L METHYLFOLATE-FOLIC ACID TABS  | ZATEAN-PN                                |                               |                       |         |                           | 30.00             | 30.00   |
| PRENATAL VIT W/ IRON CARBONYL-FE ASPART GLYC-FA-OMEGA 3 CAPS     | FOLCAPS OMEGA 3                          |                               |                       |         |                           | 30.00             | 30.00   |
| PRENATAL VIT W/ IRON CARBONYL-FOLIC ACID TABS                    | PRENATABS RX                             |                               |                       |         |                           | 30.00             | 30.00   |
| PRENATAL VIT W/ SELENIUM-FE FUMARATE-FOLIC ACID TABS             | VINATE M                                 |                               |                       |         |                           | 30.00             | 30.00   |
| PRENATAL W/O VIT A W/ FE FUMARATE-DSS-FA-DHA CAPS                | PRENEXA                                  |                               |                       |         |                           | 30.00             | 30.00   |
| PRENATAL WITHOUT A VIT W/ FE FUMARATE-FOLIC ACID CHEW            | VINATE CARE                              |                               |                       |         |                           | 30.00             | 30.00   |
| PRENATAL WITHOUT A VIT W/ FE FUM-IRON POLYSACCH COMPLEX -FA CAPS | CONCEPT OB                               |                               |                       |         |                           | 30.00             | 30.00   |
| PRENATAL WITHOUT VIT A W/ FE CARBONYL-FE GLUC-DOCUSATE-FA TABS   | CITRANATAL RX                            |                               |                       |         |                           | 30.00             | 30.00   |
| <b>MUSCULOSKELETAL THERAPY AGENTS</b>                            |  |                               |                       |         |                           |                   |         |
| <b>CENTRAL MUSCLE RELAXANTS</b>                                  |  |                               |                       |         |                           |                   |         |
| 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                           |                               |                       |         |                           |                   |         |
| <b>DIRECT MUSCLE RELAXANTS</b>                                   |  |                               |                       |         |                           |                   |         |
| DANTROLENE SODIUM CAPSULES                                       | DANTRIUM                                 |                               |                       |         |                           |                   |         |
| <b>NASAL AGENTS - SYSTEMIC AND TOPICAL</b>                       |  |                               |                       |         |                           |                   |         |
| <b>NASAL AGENTS - MISCELLANEOUS</b>                              |  |                               |                       |         |                           |                   |         |
| SALINE NASAL SPRAY   | SALINE NASAL SPRAY                       |                               |                       |         |                           |                   |         |
| <b>NASAL ANTIALLERGY</b>   |  |                               |                       |         |                           |                   |         |
| AZELASTINE HCL SOLUTION 0.10%                                    | ASTELIN                                  |                               |                       |         |                           |                   |         |
| <b>NASAL ANTICHOLINERGICS</b>                                    |  |                               |                       |         |                           |                   |         |
| IPRATROPIUM BROMIDE (NASAL) SOLUTION                             | ATROVENT                                 |                               |                       |         |                           |                   |         |



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| <b>NASAL STEROIDS</b>  |   |                               |                       |         |                           |                   |         |
| FLUNISOLIDE (NASAL) SOLUTION   | FLUNISOLIDE                                     |                               |                       |         |                           |                   |         |
| FLUTICASONE PROPIONATE (NASAL) SUSPENSION                            | FLONASE   |                               |                       |         |                           |                   |         |
| MOMETASONE FUROATE (NASAL) SUSPENSION                                | NASONEX   |                               |                       |         |                           |                   |         |
| <b>SYMPATHOMIMETIC DECONGESTANTS</b>                                 |   |                               |                       |         |                           |                   |         |
| PSEUDOEPHEDRINE HCL GEL  | ELIXIRSURE CONGESTION                           |                               |                       |         |                           |                   |         |
| PSEUDOEPHEDRINE HCL LIQUID   | SUDAFED CHILDRENS                               |                               |                       |         |                           |                   |         |
| PSEUDOEPHEDRINE HCL SYRUP  | PSEUDOEPHEDRINE                                 |                               |                       |         |                           |                   |         |
| PSEUDOEPHEDRINE HCL TABLETS  | SHOPKO NASAL<br>DECONGESTANTMAXIMUM<br>STRENGTH |                               |                       |         |                           |                   |         |
| PSEUDOEPHEDRINE HCL TABLET 12-HOUR                                   | SHOPKO NASAL DECONGESTANT                       |                               |                       |         |                           |                   |         |
| PSEUDOEPHEDRINE HCL TABLET 24-HOUR                                   | SUDAFED 24 HOUR                                 |                               |                       |         |                           |                   |         |
| <b>NUTRIENTS</b>   |   |                               |                       |         |                           |                   |         |
| <b>MISC. NUTRITIONAL SUBSTANCES</b>                                  |   |                               |                       |         |                           |                   |         |
| 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                                     |                               |                       |         |                           |                   |         |
| <b>OPHTHALMIC AGENTS</b>   |   |                               |                       |         |                           |                   |         |
| <b>ARTIFICIAL TEARS AND LUBRICANTS</b>                               |   |                               |                       |         |                           |                   |         |
| 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 (GONIOSCOPIIC) 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   |                               |                       |         |                           |                   |         |
| <b>BETA-BLOCKERS - OPHTHALMIC</b>                                    |   |                               |                       |         |                           |                   |         |
| 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   |                               |                       |         |                           |                   |         |
| <b>CYCLOPLEGIC MYDRIATICS</b>  |   |                               |                       |         |                           |                   |         |
| ATROPINE SULFATE (OPHTHALMIC) OINTMENT                               | ATROPINE SULFATE                                |                               |                       |         |                           |                   |         |
| ATROPINE SULFATE (OPHTHALMIC) SOLUTION                               | ISOPTO ATROPINE                                 |                               |                       |         |                           |                   |         |



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| CYCLOPENTOLATE HCL SOLUTION                                    | CYCLOGYL                                       |                               |                       |         |                           |                   |         |
| HOMATROPINE HBR SOLUTION                                       | ISOPTO HOMATROPINE                             |                               |                       |         |                           |                   |         |
| TROPICAMIDE SOLUTION   | TROPICAMIDE                                    |                               |                       |         |                           |                   |         |
| <b>MIOTICS</b>   |  |                               |                       |         |                           |                   |         |
| PILOCARPINE HCL GEL  | PILOPINE HS                                    |                               |                       |         |                           |                   |         |
| PILOCARPINE HCL SOLUTION                                       | ISOPTO CARPINE                                 |                               |                       |         |                           |                   |         |
| <b>OPHTHALMIC ADRENERGIC AGENTS</b>                            |  |                               |                       |         |                           |                   |         |
| APRACLOPIDINE HCL SOLUTION                                     | IOPIDINE                                       |                               |                       |         |                           |                   |         |
| BRIMONIDINE TARTRATE SOLUTION                                  | ALPHAGAN P                                     |                               |                       |         |                           |                   |         |
| <b>OPHTHALMIC ANTI-INFECTIVES</b>                              |  |                               |                       |         |                           |                   |         |
| BACITRACIN (OPHTHALMIC) OINTMENT                               | BACITRACIN                                     |                               |                       |         |                           | 3.50              | 7.00    |
| BACITRACIN-POLYMYXIN B (OPHTH) OINTMENT                        | POLYCN   |                               |                       |         |                           |                   |         |
| CIPROFLOXACIN HCL (OPHTH) OINTMENT                             | CILOXAN  |                               |                       |         |                           |                   |         |
| CIPROFLOXACIN HCL (OPHTH) SOLUTION                             | CILOXAN  |                               |                       |         |                           |                   |         |
| ERYTHROMYCIN (OPHTH) OINTMENT                                  | ILOTYCIN                                       |                               |                       |         |                           |                   |         |
| GENTAMICIN SULFATE (OPHTH) OINTMENT                            | GARAMYCIN                                      |                               |                       |         |                           |                   |         |
| GENTAMICIN SULFATE (OPHTH) SOLUTION                            | GARAMYCIN                                      |                               |                       |         |                           |                   |         |
| MOXIFLOXACIN HCL (OPHTH) SOLUTION                              | VIGAMOX  |                               |                       |         |                           |                   |         |
| NATAMYCIN SUSPENSION   | NATACYN  |                               |                       |         |                           |                   |         |
| NEOMYCIN-BACITRACIN ZN-POLYMYXIN OINTMENT                      | NEO-POLYCN                                     |                               |                       |         |                           |                   |         |
| 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                                    | TOBEX  |                               |                       |         |                           | 3.50              | 7.00    |
| TOBRAMYCIN (OPHTH) SOLUTION                                    | TOBEX  |                               |                       |         |                           |                   |         |
| TRIFLURIDINE SOLUTION  | VIROPTIC                                       |                               |                       |         |                           |                   |         |
| <b>OPHTHALMIC DECONGESTANTS</b>                                |  |                               |                       |         |                           |                   |         |
| HYPROMELLOSE-GLYCERIN-NAPHAZOLINE SOLUTION                     | CLEAR EYES FOR DRY EYES PLUS<br>REDNESS RELIEF |                               |                       |         |                           |                   |         |
| HYPROMELLOSE-NAPHAZOLINE-POLYSORBATE 80-ZINC SULFATE SOLUTION  | CLEAR EYES COMPLETE 7 SYMPTOM<br>RELIEF        |                               |                       |         |                           |                   |         |
| NAPHAZOLINE HCL SOLUTION                                       | VASOCLEAR                                      |                               |                       |         |                           |                   |         |
| NAPHAZOLINE W/ PHENIRAMINE SOLUTION                            | NAPHCN-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                  |                               |                       |         |                           |                   |         |



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| TETRAHYDROZOLINE-GLYCERIN-HYPROMELLOSE-PEG 400-ZINC SULFATE SOLUTION | VISINE TOTALITY MULTI-SYMPPTOM/HYDROBLEND          |                               |                       |                    |                           |                   |         |
| TETRAHYDROZOLINE-POLYVINYL ALCOHOL-POVIDONE SOLUTION                 | CLEAR EYES TRIPLE ACTION RELIEF                    |                               |                       |                    |                           |                   |         |
| <b>OPHTHALMIC IMMUNOMODULATORS</b>                                   |  |                               |                       |                    |                           |                   |         |
| CYCLOSPORINE (OPHTH) EMULSION  | RESTASIS   |                               |                       |                    |                           |                   |         |
| <b>OPHTHALMIC STEROIDS</b>   |  |                               |                       |                    |                           |                   |         |
| 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  |                               |                       |                    |                           |                   |         |
| 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  |                               |                       |                    |                           |                   |         |
| <b>OPHTHALMICS - MISC.</b>   |  |                               |                       |                    |                           |                   |         |
| AZELASTINE HCL (OPHTH) SOLUTION                                      | OPTIVAR  |                               |                       |                    |                           |                   |         |
| <b>BRINZOLAMIDE SUSPENSION</b>                                       | <b>AZOPT</b>                                       | <b>Brand Only</b>             |                       |                    |                           |                   |         |
| 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   |                               |                       |                    |                           |                   |         |
| <b>PROSTAGLANDINS - OPHTHALMIC</b>                                   |  |                               |                       |                    |                           |                   |         |
| LATANOPROST SOLUTION   | XALATAN  |                               |                       |                    |                           | 2.50              | 30.00   |
| TAFLUPROST SOLUTION  | ZIOPTAN  |                               |                       | <b>PA Required</b> |                           |                   |         |
| TRAVOPROST SOLUTION  | TRAVATAN Z   | <b>Brand Only</b>             |                       |                    |                           |                   |         |
| <b>OTIC AGENTS</b>   |  |                               |                       |                    |                           |                   |         |



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| <b>OTIC AGENTS - MISCELLANEOUS</b>                 |                                   |                               |                       |  |                           |                   |         |
| ACETIC ACID (OTIC) SOLUTION                        | ACETIC ACID                       |                               |                       |  |                           |                   |         |
| <b>OTIC ANTI-INFECTIVES</b>                        |                                   |                               |                       |  |                           |                   |         |
| CIPROFLOXACIN HCL (OTIC) SOLUTION                  | VARIOUS                           |                               | Preferred Drug        |  |                           |                   |         |
| OFLOXACIN (OTIC) SOLUTION                          | VARIOUS                           |                               |                       |  |                           |                   |         |
| <b>OTIC COMBINATIONS</b>                           |                                   |                               |                       |  |                           |                   |         |
| 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        |  |                           |                   |         |
| <b>OTIC STEROIDS</b>                               |                                   |                               |                       |  |                           |                   |         |
| FLUOCINOLONE ACETONIDE (OTIC) OIL                  | DERMOTIC                          |                               |                       |  |                           |                   |         |
| HYDROCORTISONE W/ACETIC ACID SOLUTION              | ACETASOL HC                       |                               |                       |  |                           |                   |         |
| <b>OXYTOCICS</b>                                   |                                   |                               |                       |  |                           |                   |         |
| <b>OXYTOCICS</b>                                   |                                   |                               |                       |  |                           |                   |         |
| METHYLERGONOVINE MALEATE TABLETS                   | METHERGINE                        |                               |                       |  |                           |                   |         |
| <b>PASSIVE IMMUNIZING AGENTS</b>                   |                                   |                               |                       |  |                           |                   |         |
| <b>MONOCLONAL ANTIBODIES</b>                       |                                   |                               |                       |  |                           |                   |         |
| PALIVIZUMAB SOLUTION                               | SYNAGIS                           |                               |                       | PA is not Required for children under the age of 2 years.<br>Note: the prescriber must buy and bill a medical claim for the drug |                           |                   |         |
| <b>PENICILLINS</b>                                 |                                   |                               |                       |  |                           |                   |         |
| <b>AMINOPENICILLINS</b>                            |                                   |                               |                       |  |                           |                   |         |
| AMOXICILLIN CAPSULES                               | AMOXICILLIN                       |                               |                       |  |                           |                   |         |
| AMOXICILLIN CHEWABLE TABLETS                       | AMOXICILLIN                       |                               |                       |  |                           |                   |         |
| AMOXICILLIN SUSPENSION                             | AMOXICILLIN                       |                               |                       |  |                           |                   |         |
| AMOXICILLIN TABLETS                                | AMOXICILLIN                       |                               |                       |  |                           |                   |         |
| AMOXICILLIN TABLET 24-HOUR                         | MOXATAG                           |                               |                       |  |                           |                   |         |
| AMPICILLIN CAPSULES                                | AMPICILLIN                        |                               |                       |  |                           |                   |         |
| AMPICILLIN SUSPENSION                              | AMPICILLIN                        |                               |                       |  |                           |                   |         |
| <b>NATURAL PENICILLINS</b>                         |                                   |                               |                       |  |                           |                   |         |
| PENICILLIN V POTASSIUM SOLUTION                    | PENICILLIN V POTASSIUM            |                               |                       |  |                           |                   |         |
| PENICILLIN V POTASSIUM TABLETS                     | PENICILLIN V POTASSIUM            |                               |                       |  |                           |                   |         |
| <b>PENICILLIN COMBINATIONS</b>                     |                                   |                               |                       |  |                           |                   |         |
| 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                      |                               |                       |  |                           |                   |         |
| <b>PENICILLINASE-RESISTANT PENICILLINS</b>         |                                   |                               |                       |  |                           |                   |         |
| DICLOXACILLIN SODIUM CAPSULES                      | DICLOXACILLIN SODIUM              |                               |                       |  |                           |                   |         |
| <b>PROGESTINS</b>                                  |                                   |                               |                       |  |                           |                   |         |
| <b>PROGESTINS</b>                                  |                                   |                               |                       |  |                           |                   |         |
| 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                          |                               |                       |  |                           |                   |         |



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|--|-------------------------------|-------------------------------|-----------------------|-------------|--|-------------------|---------|
| PROGESTERONE MICRONIZED CAPSULES                         | PROMETRIUM                    |                               |                       |             |  |                   |         |
| <b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENT</b>          |                               |                               |                       |             |  |                   |         |
| <b>AGENTS FOR CHEMICAL DEPENDENCY</b>                    |                               |                               |                       |             |  |                   |         |
| ACAMPROSATE CALCIUM TABLET DELAYED RELEASE               | VARIOUS                       |                               |                       |             |  |                   |         |
| DISULFIRAM TABLETS                                       | VARIOUS                       |                               |                       |             |  |                   |         |
| <b>ANTIDEMENTIA AGENTS</b>                               |                               |                               |                       |             |  |                   |         |
| 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 |  |                   |         |
| <b>MOVEMENT DISORDER DRUG THERAPY</b>                    |                               |                               |                       |             |  |                   |         |
| DEUTERABENAZINE TABLETS                                  | AUSTEDO                       |                               | Preferred Drug        | PA Required |  |                   |         |
| VALBENAZINE TOSYLATE CAPSULES                            | INGREZZA                      |                               | Preferred Drug        | PA Required |  |                   |         |
| <b>MULTIPLE SCLEROSIS AGENTS</b>                         |                               |                               |                       |             |  |                   |         |
| 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 |  |                   |         |
| <b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b> |                               |                               |                       |             |  |                   |         |
| ERGOLOID MESYLATES TABLETS                               | ERGOLOID MESYLATES            |                               |                       |             |  |                   |         |
| PIMOZIDE TABLETS   | ORAP                          |                               |                       |             | Prior Authorization is required for < 12 years of age. |                   |         |
| <b>SMOKING DETERRENENTS</b>                              |                               |                               |                       |             |  |                   |         |
| 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  |
| <b>RESPIRATORY AGENTS - MISC.</b>                        |                               |                               |                       |             |  |                   |         |
| <b>ALPHA-PROTEINASE INHIBITOR (HUMAN)</b>                |                               |                               |                       |             |  |                   |         |
| ALPHA1-PROTEINASE INHIBITOR (HUMAN) SOLUTION             | ARALAST NP                    |                               |                       | PA Required |  |                   |         |
| <b>CYSTIC FIBROSIS AGENTS</b>                            |                               |                               |                       |             |  |                   |         |
| DORNASE ALFA SOLUTION                                    | PULMOZYME                     |                               |                       | PA Required |  |                   |         |
| IVACAFTOR PACK   | KALYDECO                      |                               |                       | PA Required |  |                   |         |
| IVACAFTOR TABLETS  | KALYDECO                      |                               |                       | PA Required |  |                   |         |
| <b>PULMONARY FIBROSIS AGENTS</b>                         |                               |                               |                       |             |  |                   |         |
| PIRFENIDONE 267MG, 801MG                                 | ESBRIET                       | Brand Only                    |                       |             |  |                   |         |



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| <b>SULFONAMIDES</b>  |   |                               |                       |             |                           |                   |         |
| <b>SULFONAMIDES</b>  |   |                               |                       |             |                           |                   |         |
| SULFADIAZINE TABLETS   | SULFADIAZINE  |                               |                       |             |                           |                   |         |
| <b>TOXOIDS</b>   |   |                               |                       |             |                           |                   |         |
| <b>TOXOID COMBINATIONS</b>   |   |                               |                       |             |                           |                   |         |
| 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            |                               |                       |             |                           |                   |         |
| <b>TETRACYCLINES</b>   |   |                               |                       |             |                           |                   |         |
| <b>TETRACYCLINES</b>   |   |                               |                       |             |                           |                   |         |
| 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   |                               |                       |             |                           |                   |         |
| <b>THYROID AGENTS</b>  |   |                               |                       |             |                           |                   |         |
| <b>ANTITHYROID AGENTS</b>  |   |                               |                       |             |                           |                   |         |
| METHIMAZOLE TABLETS  | TAPAZOLE  |                               |                       |             |                           |                   |         |
| PROPYLTHIOURACIL TABLETS   | PROPYLTHIOURACIL                                      |                               |                       |             |                           |                   |         |
| <b>THYROID HORMONES</b>  |   |                               |                       |             |                           |                   |         |
| LEVOTHYROXINE SODIUM CAPSULES  | TIROSINT  |                               |                       |             |                           | 30.00             | 30.00   |
| LEVOTHYROXINE SODIUM TABLETS   | LEVO-T  |                               |                       |             |                           | 30.00             | 30.00   |
| LIOTHYRONINE SODIUM TABLETS  | CYOMEL  |                               |                       |             |                           | 30.00             | 30.00   |
| THYROID TABLETS  | ARMOUR THYROID  |                               |                       |             |                           |                   |         |
| <b>ULCER DRUGS</b>   |   |                               |                       |             |                           |                   |         |
| <b>ANTISPASMODICS</b>  |   |                               |                       |             |                           |                   |         |
| 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   |



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| 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          |                               |                       |                                   |  |                   |         |
| <b>H-2 ANTAGONISTS</b>   |                                |                               |                       |                                   |  |                   |         |
| FAMOTIDINE CHEWABLE TABLETS                                      | PEPCID AC                      |                               |                       |                                   |  |                   |         |
| FAMOTIDINE SUSPENSION  | PEPCID                         |                               |                       |                                   |  |                   |         |
| FAMOTIDINE TABLETS   | PEPCID AC                      |                               |                       |                                   |  |                   |         |
| NIZATIDINE CAPSULES  | NIZATIDINE                     |                               |                       |                                   |  |                   |         |
| NIZATIDINE SOLUTION  | AXID                           |                               |                       |                                   |  |                   |         |
| <b>MISC. ANTI-ULCER</b>  |                                |                               |                       |                                   |  |                   |         |
| SUCRALFATE TABLETS   | CARAFATE                       |                               |                       |                                   |  |                   |         |
| <b>PROTON PUMP INHIBITORS</b>                                    |                                |                               |                       |                                   |  |                   |         |
| ESOMEPRAZOLE MAGNESIUM PACKETS                                   | NEXIUM                         |                               |                       | PA Required for > 18 Years of Age |  | 30.00             | 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   |
| <b>ULCER DRUGS - PROSTAGLANDINS</b>                              |                                |                               |                       |                                   |  |                   |         |
| MISOPROSTOL TABLETS  | CYTOTEC                        |                               |                       |                                   |  |                   |         |
| <b>URINARY ANTI-INFECTIVES</b>                                   |                                |                               |                       |                                   |  |                   |         |
| <b>URINARY ANTI-INFECTIVES</b>                                   |                                |                               |                       |                                   |  |                   |         |
| FOSFOMYCIN TROMETHAMINE PACK                                     | MONUROL                        |                               |                       |                                   | Patient must have tried Cipro AND Macrobid |                   |         |
| NITROFURANTOIN MACROCRYSTAL CAPSULES                             | MACRODANTIN                    |                               |                       |                                   |  |                   |         |
| NITROFURANTOIN MONOHYD MACRO CAPSULES                            | MACROBID                       |                               |                       |                                   |  |                   |         |
| NITROFURANTOIN SUSPENSION  | FURADANTIN                     |                               |                       |                                   |  |                   |         |
| <b>URINARY ANTISPASMODICS</b>                                    |                                |                               |                       |                                   |  |                   |         |
| <b>URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)</b> |                                |                               |                       |                                   |  |                   |         |
| FESOTERODINE FUMARATE  | TOVIAZ                         | Brand Only                    | Preferred Drug        |                                   |  |                   |         |
| OXYBUTYNYN CHLORIDE SYRUP  | OXYBUTYNYN CHLORIDE            |                               | Preferred Drug        |                                   |  |                   |         |
| OXYBUTYNYN CHLORIDE 5MG TABLETS                                  | OXYBUTYNYN CHLORIDE            |                               | Preferred Drug        |                                   |  |                   |         |
| OXYBUTYNYN CHLORIDE TABLET 24-HOUR                               | DITROPAN XL                    |                               | Preferred Drug        |                                   |  |                   |         |
| TOLTERODINE TARTRATE CAPSULE 24-HOUR                             | DETROL LA                      | Brand Only                    | Preferred Drug        |                                   |  |                   |         |
| TOLTERODINE TARTRATE TABLETS                                     | DETROL                         | Brand Only                    | Preferred Drug        |                                   |  |                   |         |
| <b>URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS</b>             |                                |                               |                       |                                   |  |                   |         |
| BETHANECHOL CHLORIDE TABLETS                                     | URECHOLINE                     |                               |                       |                                   |  |                   |         |
| <b>VAGINAL PRODUCTS</b>  |                                |                               |                       |                                   |  |                   |         |
| <b>SPERMICIDES</b>   |                                |                               |                       |                                   |  |                   |         |
| NONOXYNOL-9 FILM   | VCF VAGINAL CONTRACEPTIVE FILM |                               |                       |                                   |  |                   |         |
| NONOXYNOL-9 FOAM   | VCF VAGINAL CONTRACEPTIVE FOAM |                               |                       |                                   |  |                   |         |
| NONOXYNOL-9 GEL  | SHUR-SEAL                      |                               |                       |                                   |  |                   |         |
| NONOXYNOL-9 MISC   | TODAY SPONGE                   |                               |                       |                                   |  |                   |         |
| NONOXYNOL-9 SUPPOSITORY  | ENCARE                         |                               |                       |                                   |  |                   |         |





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| <b>VAGINAL ANTI-INFECTIVES</b>   |  |                               |                       |                               |                           |                   |         |
| CLINDAMYCIN PHOSPHATE VAGINAL CREAM  | CLEOCIN                                |                               |                       |                               |                           |                   |         |
| CLINDAMYCIN PHOSPHATE VAGINAL SUPPOSITORY  | CLEOCIN                                |                               |                       |                               |                           |                   |         |
| CLOTRIMAZOLE VAGINAL CREAM   | GYNE-LOTTRIMIN                         |                               |                       |                               |                           |                   |         |
| 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                         |                               |                       |                               |                           |                   |         |
| <b>VAGINAL ESTROGENS</b>   |  |                               |                       |                               |                           |                   |         |
| 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   |
| <b>VAGINAL PROGESTINS</b>  |  |                               |                       |                               |                           |                   |         |
| <b>VASOPRESSORS</b>  |  |                               |                       |                               |                           |                   |         |
| <b>ANAPHYLAXIS THERAPY AGENTS</b>  |  |                               |                       |                               |                           |                   |         |
| 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   |
| <b>VASOPRESSORS</b>  |  |                               |                       |                               |                           |                   |         |
| MIDODRINE HCL TABLETS  | MIDODRINE HCL                          |                               |                       |                               |                           |                   |         |
| <b>VACCINES</b>  |  |                               |                       |                               |                           |                   |         |
| <b>VIRAL VACCINES</b>  |  |                               |                       |                               |                           |                   |         |
| COVID-19 AD26 VECTOR VACCINE   | JANSSEN                                |                               |                       |                               |                           |                   |         |
| COVID-19 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) RECOMB 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                   |                               |                       |                               |                           |                   |         |



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| Drug Class/Drug Name   | Reference Brand Name                       | Brand Only /<br>Generic Notes | Preferred Drug Status | PA Type                          | Step Therapy Requirements | Quantity<br>Limit | QL Days |
|--|--|-------------------------------|-----------------------|----------------------------------|---------------------------|-------------------|---------|
| INFLUENZA VIRUS VACCINE SPLIT QUADRIVALENT SUSPENSION<br>PREFILLED SYRINGE                   | FLUZONE QUADRIVALENT                       |                               |                       |                                  |                           |                   |         |
| INFLUENZA VIRUS VACCINE TISSUE-CULTURED SUBUNIT PSKT   | MEDICAL PROVIDER EZ FLU SHOT               |                               |                       |                                  |                           |                   |         |
| INFLUENZA VIRUS VACCINE TISSUE-CULTURED SUBUNIT SUSPENSION<br>PREFILLED SYRINGE              | FLUCELVAX                                  |                               |                       |                                  |                           |                   |         |
| INFLUENZA VIRUS VACCINE TISSUE-CULTURED SUBUNIT<br>QUADRIVALENT SUSPENSION PREFILLED SYRINGE | FLUCELVAX QUADRIVALENT                     |                               |                       |                                  |                           |                   |         |
| INFLUENZA VIRUS VACCINE TYPES A & B PRESERVATIVE FREE PSKT                                   | MEDICAL PROVIDER EZ FLU SHOT PF            |                               |                       |                                  |                           |                   |         |
| INFLUENZA VIRUS VACCINE TYPES A & B PRESERVATIVE FREE<br>SUSPENSION PREFILLED SYRINGE        | FLUVIRIN PF                                |                               |                       |                                  |                           |                   |         |
| INFLUENZA VIRUS VACCINE TYPES A & B SURFACE ANTIGEN PSKT                                     | MEDICAL PROVIDER SINGLE USE EZ<br>FLU SHOT |                               |                       |                                  |                           |                   |         |
| INFLUENZA VIRUS VACCINE TYPES A & B SURFACE ANTIGEN<br>SUSPENSION                            | FLUVIRIN                                   |                               |                       |                                  |                           |                   |         |
| INFLUENZA VIRUS VACCINE TYPES A & B SURFACE ANTIGEN<br>SUSPENSION PREFILLED SYRINGE          | FLUVIRIN                                   |                               |                       |                                  |                           |                   |         |
| INFLUENZA VIRUS VACCINE TYPES A & B SURFACE ANTIGEN ADJUVAN<br>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                                   |                               |                       |                                  |                           |                   |         |
| <b>VITAMINS</b>  |  |                               |                       |                                  |                           |                   |         |
| <b>OIL SOLUBLE VITAMINS</b>  |  |                               |                       |                                  |                           |                   |         |
| 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 |                           |                   |         |
| <b>WATER SOLUBLE VITAMINS</b>  |  |                               |                       |                                  |                           |                   |         |
| NIACIN CAPSULE CONTROLLED RELEASE  | VARIOUS                                    |                               |                       |                                  |                           |                   |         |
| NIACIN TABLET CONTROLLED RELEASE   | VARIOUS                                    |                               |                       |                                  |                           |                   |         |
| PYRIDOXINE HCL TABLETS   | PYRIDOXINE HCL                             |                               |                       |                                  |                           |                   |         |
| THIAMINE HCL TABLETS   | VITAMIN B-1                                |                               |                       |                                  |                           |                   |         |