

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE BEGINNING ON APRIL 1, 2024

- Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As BRAND ONLY
- Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List May Be Available Through Prior Authorization

Drug List Effective Date: April 1, 2024

Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	Preferred Drug Status	Step Therapy Requirements	Quantity Limit (QL)	QL Days
ADHD/ANTI-NARCOLEPSY						
Amphetamines						
AMPHETAMINE-DEXTRAMPHETAMINE CAPSULE 24-HOUR	ADDERALL XR	BRAND ONLY	PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age	30	30
AMPHETAMINE-DEXTRAMPHETAMINE TABLETS	ADDERALL	BRAND & GENERIC	PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age	60	30
DEXTRAMPHETAMINE SULFATE TABLETS	VARIOUS		PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age	60	30
LISDEXAMFETAMINE DIMESYLATE CAPSULES	VYVANSE	BRAND ONLY	PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age	30	30
Stimulants						
DEXMETHYLPHENIDATE HCL CAPSULE 24-HOUR	FOCALIN XR		PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age	60	30
DEXMETHYLPHENIDATE HCL TABLETS	VARIOUS		PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age	60	30
METHYLPHENIDATE HCL CHEWABLE TABLETS	METHYLIN		PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age	90	30
METHYLPHENIDATE HCL CAPSULE 24-HOUR	RITALIN LA 10MG	BRAND ONLY	PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age	30	30
METHYLPHENIDATE HCL CAPSULE CONTROLLED RELEASE CD	VARIOUS		PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age	30	30
METHYLPHENIDATE PATCH	DAYTRANA	BRAND ONLY	PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age	30	30
METHYLPHENIDATE HCL SOLUTION	METHYLIN	BRAND ONLY	PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age	300	30
METHYLPHENIDATE HCL TABLETS	VARIOUS		PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age	90	30
METHYLPHENIDATE HCL TABLET EXTENDED RELEASE	RITALIN LA	BRAND ONLY	PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age	60	30
METHYLPHENIDATE HCL TABLET CONTROLLED RELEASE	CONCERTA	BRAND ONLY	PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age	60	30
Miscellaneous Agents						
ATOMOXETINE HCL CAPSULES	VARIOUS		PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age	30	30
Central Alpha-Agonists						
CLONIDINE HCL	Catapres			PA REQUIRED for Ages < 6 years of age		
CLONIDINE HCL TRANSDERMAL PATCH	Catapres Patches			PA REQUIRED for Ages < 6 years of age	4	28
CLONIDINE HCL (ADHD) TABLET 12-HOUR	Clonidine ER		PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age	120	30
GUANFACINE HCL (ADHD) TABLET 24-HOUR	GUANFACINE ER		PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age	30	30
GUANFACINE HCL	Tenex			PA REQUIRED for Ages < 6 years of age		
AMINOGLYCOSIDES						
AMINOGLYCOSIDES						
NEOMYCIN SULFATE TABLETS	NEOMYCIN SULFATE					
INHALED ANTIBIOTICS						
TOBRAMYCIN NEBULIZED	BETHKIS	BRAND ONLY	PREFERRED DRUG	PA REQUIRED		
TOBRAMYCIN NEBULIZED	KITABIS	BRAND ONLY	PREFERRED DRUG	PA REQUIRED		
ANALGESICS - ANTI-INFLAMMATORY						
ANTIRHEUMATIC ANTIMETABOLITES						
METHOTREXATE SODIUM TABLETS	RHEUMATREX					
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)						
CELECOXIB CAPSULES	CELEBREX			PA REQUIRED		
DICLOFENAC SODIUM TABLET 24-HOUR	VOLTAREN-XR					
DICLOFENAC SODIUM TABLET ENTERIC COATED	VOLTAREN					
ETODOLAC CAPSULES	VARIOUS					
ETODOLAC TABLETS	VARIOUS					
FENOPROFEN CALCIUM CAPSULES	NALFON					
FENOPROFEN CALCIUM TABLETS	FENOPROFEN CALCIUM					
FLURBIPROFEN TABLETS	FLURBIPROFEN					

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IBUPROFEN CAPSULES	ADVIL					
IBUPROFEN CHEWABLE TABLETS	CHILDRENS MOTRIN					
IBUPROFEN SUSPENSION	CHILDRENS MOTRIN					
IBUPROFEN TABLETS	ADVIL					
INDOMETHACIN CAPSULES	VARIOUS					
INDOMETHACIN CAPSULE CONTROLLED RELEASE	INDOMETHACIN CR					
INDOMETHACIN SUPPOSITORY	INDOCIN					
INDOMETHACIN SUSPENSION	INDOCIN					
KETOPROFEN CAPSULES	ORUDIS					
KETOROLAC TROMETHAMINE TABLETS	KETOROLAC TROMETHAMINE				20	30
MELOXICAM SUSPENSION	MOBIC					
MELOXICAM TABLETS	MOBIC					
NABUMETONE TABLETS	NABUMETONE					
NAPROXEN SODIUM TABLETS	ALEVE. ANAPROX					
NAPROXEN SUSPENSION	NAPROSYN					
NAPROXEN TABLETS	NAPROSYN					
OXAPROZIN TABLETS	DAYPRO					
PIROXICAM CAPSULES	FELDENE					
SULINDAC TABLETS	SULINDAC					
PYRIMIDINE SYNTHESIS INHIBITORS						
LEFLUNOMIDE TABLETS	ARAVA					
SELECTIVE COSTIMULATION MODULATORS						
ABATACEPT CLICKJECT OR SYRINGE	ORENCIA		PREFERRED DRUG		PA REQUIRED	
CYTOKINE & CAM ANTAGONIST AGENTS						
ADALIMUMAB	HUMIRA	BRAND ONLY	PREFERRED DRUG		PA REQUIRED	
APREMILAST	OTEZLA	BRAND ONLY	PREFERRED DRUG		PA REQUIRED	
ETANERCEPT	ENBREL	BRAND ONLY	PREFERRED DRUG		PA REQUIRED	
TOFACITINIB CITRATE	XELJANZ IMMEDIATE ONLY	RELEASE BRAND ONLY	PREFERRED DRUG		PA REQUIRED	
ANALGESICS - NONNARCOTIC						
ANALGESIC COMBINATIONS						
BUTALBITAL-ACETAMINOPHEN-CAFFEINE TABLETS	VARIOUS				120	30
BUTALBITAL-ASPIRIN-CAFFEINE TABLETS	VARIOUS				120	30
ANALGESICS OTHER						
ACETAMINOPHEN CAPSULES	VARIOUS					
ACETAMINOPHEN CHEWABLE TABLETS	VARIOUS					
ACETAMINOPHEN ELIXIR	VARIOUS					
ACETAMINOPHEN LIQUID	VARIOUS					
ACETAMINOPHEN SUPPOSITORY	FEVERALL INFANTS					
ACETAMINOPHEN SUSPENSION	TYLENOL INFANTS					
SALICYLATES						
ASPIRIN CHEWABLE TABLETS	VARIOUS					
ASPIRIN SUPPOSITORY	VARIOUS					

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ASPIRIN TABLETS	VARIOUS					
DIFLUNISAL TABLETS	DIFLUNISAL					
SALSALATE TABLETS	DISALCID					
ANALGESICS - OPIOID						
LONG-ACTING OPIOID AGONISTS						
FENTANYL PATCH 72-HOUR 12mcg, 25mcg, 50mcg, 75mcg & 100mcg	DURAGESIC 12mcg, 25mcg, 50mcg, 75mcg & 100mcg		PREFERRED DRUG	PA REQUIRED		
MORPHINE-NALTREXONE CAPSULE CONTROLLED RELEASE RELEASE	EMBEDA	BRAND ONLY	PREFERRED DRUG	PA REQUIRED		
MORPHINE SULFATE TABLET CONTROLLED RELEASE	VARIOUS		PREFERRED DRUG	PA REQUIRED		
OXYCODONE HCL TABLET 12-HOUR ABUSE DETERRANT	XTAMPZA ER	BRAND ONLY	PREFERRED DRUG	PA REQUIRED		
TRAMADOL HCL TABLETS ER	ULTRAM ER		PREFERRED DRUG	PA REQUIRED		
BUPRENORPHINE PATCH WEEKLY	BUTRANS	BRAND ONLY	PREFERRED DRUG	PA REQUIRED		
SHORT-ACTING OPIOID AGONISTS						
HYDROMORPHONE HCL LIQUID	DILAUDID			PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.		
HYDROMORPHONE HCL SUPPOSITORY	HYDROMORPHONE HCL			PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.		
HYDROMORPHONE HCL TABLETS	DILAUDID			PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.		
MEPERIDINE HCL TABLETS	DEMEROL			PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.		
MORPHINE SULFATE SOLUTION	MORPHINE SULFATE			PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.		
MORPHINE SULFATE SUPPOSITORY	MORPHINE SULFATE			PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.		
MORPHINE SULFATE TABLETS	MORPHINE SULFATE			PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.		
OXYCODONE HCL CAPSULES	OXYCODONE HCL			PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.		
OXYCODONE HCL CONCENTRATE	OXYCODONE HCL			PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.		
OXYCODONE HCL SOLUTION	OXYCODONE HCL			PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.		
OXYCODONE HCL TABLETS	ROXICODONE			PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.		
TRAMADOL HCL TABLETS 50MG & 100MG	ULTRAM			PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.		
OPIOID COMBINATIONS						
ACETAMINOPHEN W/ CODEINE SOLUTION	ACETAMINOPHEN/CODEINE			PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.		
ACETAMINOPHEN W/ CODEINE TABLETS	ACETAMINOPHEN/CODEINE			PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.		

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BUTALBITAL-ACETAMINOPHEN-CAFFEINE W/ CODEINE CAPSULES	FIORICET/CODEINE			PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.			
BUTALBITAL-ASPIRIN-CAFFEINE W/COD CAPSULES	ASCOMP/CODEINE			PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.			
HYDROCODONE-ACETAMINOPHEN CAPSULES	HYDROGESIC			PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.			
HYDROCODONE-ACETAMINOPHEN SOLUTION	HYCET			PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.			
HYDROCODONE-ACETAMINOPHEN TABLETS	VERDROCET			PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.			
HYDROCODONE-IBUPROFEN TABLETS	REPREXAIN			PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.			
OXYCODONE W/ ACETAMINOPHEN CAPSULES	OXYCODONE/ ACETAMINOPHEN			PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.			
OXYCODONE W/ ACETAMINOPHEN SOLUTION	ROXICET			PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.			
OXYCODONE W/ ACETAMINOPHEN TABLETS	ENDOCET			PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.			
OXYCODONE-IBUPROFEN TABLETS	OXYCODONE/IBUPROFEN			PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.			
ANTIDOTES							
OPIOID ANTAGONISTS							
NALOXONE HCL SOLUTION + SYRINGE	NALOXONE HCL + SYRINGE		PREFERRED DRUG				
NALOXONE HCL NASAL SPRAY	NARCAN NASAL SPRAY	Over-the-Counter & Prescription Only	PREFERRED DRUG			2	1
NALOXONE HCL NASAL SPRAY 8mg	KLOXXADO NASAL SPRAY		PREFERRED DRUG			2	1
NALTREXONE HCL TABLETS	NALTREXONE HCL		PREFERRED DRUG				
NALTREXONE SUSPENSION	VIVITROL		PREFERRED DRUG				
OPIOID AGONISTS							

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BUPRENORPHINE	VARIOUS			PA REQUIRED unless the member is pregnant or nursing. The prescriber must note the following ICD-10 codes on the prescription: 1. O09.91- Supervision of high risk pregnancy, 1st Trimester. 2. O09.92- Supervision of high risk pregnancy, 2nd Trimester. 3. O09.93- Supervision of high risk pregnancy, 3rd Trimester. 4. O09.91- Supervision of high risk pregnancy- use for Postpartum Nursing Mothers. The first digit of the diagnosis code is the Letter - O and the second is a Zero - 0			
BUPRENORPHINE HCL-NALOXONE HCL DIHYDRATE FILM	SUBOXONE FILM	BRAND ONLY	PREFERRED DRUG				
BUPRENORPHINE HCL-NALOXONE HCL DIHYDRATE ORALLY DISINTEGRATING TABLETS	VARIOUS	GENERIC FORMULATIONS ONLY	PREFERRED DRUG				
BUPRENORPHINE EXTENDED RELEASE INJECTION	SUBLOCADE	BRAND ONLY	PREFERRED DRUG		PA REQUIRED		
METHADONE	VARIOUS			Only available at an Opioid Treatment Program (OTP) provider.			
MISCELLANEOUS AGENTS							
ACAMPROSATE	VARIOUS						
DISULFIRAM	ANTABUSE						
ANDROGENS-ANABOLIC							
ANDROGENS							
DANAZOL CAPSULES	DANAZOL						
TESTOSTERONE CYPIONATE SOLUTION	DEPO-TESTOSTERONE				PA REQUIRED		
TESTOSTERONE ENANTHATE SOLUTION	TESTOSTERONE ENANTHATE				PA REQUIRED		
TESTOSTERONE GEL (1.62% - PUMP BOTTLE)	ANDROGEL/TESTOSTERONE (AG)		PREFERRED DRUG		PA REQUIRED		
TESTOSTERONE PATCH	ANDRODERM				PA REQUIRED		
ANORECTAL AGENTS							
INTRARECTAL STEROIDS							
HYDROCORTISONE (INTRARECTAL) ENEMA	COLOCORT						
HYDROCORTISONE ACETATE (INTRARECTAL) FOAM	CORTIFOAM						
RECTAL STEROIDS							
HYDROCORTISONE (RECTAL) CREAM	PROCTOCORT						
ANTHELMINTICS							
ANTHELMINTICS							
ALBENDAZOLE TABLETS	ALBENZA				PA REQUIRED		
IVERMECTIN TABLETS	STROMECTOL				PA REQUIRED		
PRAZIQUANTEL TABLETS	BILTRICIDE						

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ANTIANGINAL AGENTS						
ANTIANGINALS-OTHER						
RANOLAZINE TABLET 12-HOUR	RANEXA			PA REQUIRED		
NITRATES						
ISOSORBIDE DINITRATE CAPSULE CONTROLLED RELEASE	DILATRATE SR					
ISOSORBIDE DINITRATE SUBLINGUAL	ISOSORBIDE DINITRATE					
ISOSORBIDE DINITRATE TABLETS	ISORDIL TITRADOSE					
ISOSORBIDE DINITRATE TABLET CONTROLLED RELEASE	ISOSORBIDE DINITRATE ER					
ISOSORBIDE MONONITRATE TABLETS	ISOSORBIDE MONONITRATE					
ISOSORBIDE MONONITRATE TABLET 24-HOUR	IMDUR					
NITROGLYCERIN CAPSULE CONTROLLED RELEASE	NITRO-TIME					
NITROGLYCERIN OINTMENT	NITRO-BID					
NITROGLYCERIN PATCH 24-HOUR	NITRO-DUR					
NITROGLYCERIN SUBLINGUAL	NITROSTAT					
ANTIANSXIETY AGENTS						
ANTIANSXIETY AGENTS - MISC.						
BUSPIRONE HCL TAB 5 MG	BUSPIRONE HCL			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.	120	30
BUSPIRONE HCL TAB 7.5 MG	BUSPIRONE HCL			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.	120	30
BUSPIRONE HCL TAB 10 MG	BUSPIRONE HCL			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.	120	30
BUSPIRONE HCL TAB 15 MG	BUSPIRONE HCL			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.	120	30
BUSPIRONE HCL TAB 30 MG	BUSPIRONE HCL			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.	60	30
HYDROXYZINE HCL SYRUP	HYDROXYZINE SYRUP				300	30
HYDROXYZINE HCL TABLETS	HYDROXYZINE TABLETS				240	30
HYDROXYZINE PAMOATE CAPSULES	VISTARIL				120	30
BENZODIAZEPINES						
ALPRAZOLAM CONC 1 MG/ML	ALPRAZOLAM INTENSOL			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.	60	15
ALPRAZOLAM ORALLY DISINTEGRATING TAB 0.25 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.	120	30

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ALPRAZOLAM ORALLY DISINTEGRATING TAB 0.5 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	30
ALPRAZOLAM ORALLY DISINTEGRATING TAB 1 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	30
ALPRAZOLAM ORALLY DISINTEGRATING TAB 2 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		60	30
ALPRAZOLAM TAB 0.25 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	30
ALPRAZOLAM TAB 0.5 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	30
ALPRAZOLAM TAB 1 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	30
ALPRAZOLAM TAB 2 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		60	30
ALPRAZOLAM TAB SR 24HR 0.5 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		30	30
ALPRAZOLAM TAB SR 24HR 1 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		30	30
ALPRAZOLAM TAB SR 24HR 2 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		30	30
ALPRAZOLAM TAB SR 24HR 3 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		30	30
CHLORDIAZEPOXIDE HCL CAP 10 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		60	30
CHLORDIAZEPOXIDE HCL CAP 25 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		60	30
CHLORDIAZEPOXIDE HCL CAP 5 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		60	30

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CLONAZEPAM 0.5 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	30
CLONAZEPAM 1.0 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	30
CLONAZEPAM 2 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		60	30
CLONAZEPAM ODT 0.125MG	VARIOUS			PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	30
CLONAZEPAM ODT 0.25MG	VARIOUS			PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	30
CLONAZEPAM ODT 0.5 MG	VARIOUS			PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	30
CLONAZEPAM ODT 1MG	VARIOUS			PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	30
CLONAZEPAM ODT 2MG	VARIOUS			PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		60	30
CLORAZEPATE DIPOTASSIUM TAB 15 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		60	30
CLORAZEPATE DIPOTASSIUM TAB 3.75 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	30
CLORAZEPATE DIPOTASSIUM TAB 7.5 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	30
DIAZEPAM CONC 5 MG/ML	DIAZEPAM INTENSOL			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		60	30
DIAZEPAM SOLN 1 MG/ML	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		300	30
DIAZEPAM TAB 10 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	30
DIAZEPAM TAB 2 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	30
DIAZEPAM TAB 5 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	30

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LORAZEPAM CONC 2 MG/ML	LORAZEPAM INTENSOL			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		60	30
LORAZEPAM TAB 0.5 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	30
LORAZEPAM TAB 1 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	30
LORAZEPAM TAB 2 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		60	30
OXAZEPAM CAP 10 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		60	30
OXAZEPAM CAP 15 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		60	30
OXAZEPAM CAP 30 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		60	30
ANTIARRHYTHMICS							
ANTIARRHYTHMICS TYPE I-A							
DISOPYRAMIDE PHOSPHATE CAPSULES	NORPACE						
DISOPYRAMIDE PHOSPHATE CAPSULE 12-HOUR	NORPACE CR						
QUINIDINE GLUCONATE TABLET CONTROLLED RELEASE	QUINIDINE GLUCONATE CR						
QUINIDINE SULFATE TABLETS	QUINIDINE SULFATE						
QUINIDINE SULFATE TABLET CONTROLLED RELEASE	QUINIDINE SULFATE ER						
ANTIARRHYTHMICS TYPE I-B							
MEXILETINE HCL CAPSULES	MEXILETINE HCL						
ANTIARRHYTHMICS TYPE I-C							
FLECAINIDE ACETATE TABLETS	TAMBOCOR						
PROPafenone HCL CAPSULE 12-HOUR	RYTHMOL SR						
PROPafenone HCL TABLETS	RYTHMOL						
ANTIARRHYTHMICS TYPE III							
AMIODARONE HCL TABLETS 100MG & 200MG	PACERONE						
DOFETILIDE CAPSULES	TIKOSYN					PA REQUIRED	
DRONEDARONE HCL TABLETS	MULTAQ					PA REQUIRED	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS							
ANTI-INFLAMMATORY AGENTS							
CROMOLYN SODIUM NEBULIZER	CROMOLYN SODIUM						
BRONCHODILATORS - ANTICHOLINERGICS							
ACLIDINIUM BROMIDE	TUDORZA PRESSAIR		PREFERRED DRUG				

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IPRATROPIUM BROMIDE HFA AEROSOL	ATROVENT HFA		PREFERRED DRUG			
IPRATROPIUM BROMIDE SOLUTION	IPRATROPIUM BROMIDE		PREFERRED DRUG			
TIOTROPIUM BROMIDE MONOHYDRATE AEROSOL SOLUTION	SPIRIVA RESPIMAT		PREFERRED DRUG			
TIOTROPIUM BROMIDE MONOHYDRATE CAPSULES	SPIRIVA HANDIHALER	BRAND ONLY	PREFERRED DRUG			
LEUKOTRIENE MODULATORS						
MONTELUKAST SODIUM CHEWABLE TABLETS	SINGULAIR		PREFERRED DRUG		30	30
MONTELUKAST SODIUM GRANULES	SINGULAIR			PA IS NOT REQUIRED for < 4 Years of Age	30	30
MONTELUKAST SODIUM TABLETS	SINGULAIR		PREFERRED DRUG		30	30
STEROID INHALANTS						
BECLOMETHASONE DIPROPIONATE	QVAR REDIHALER	BRAND ONLY	PREFERRED DRUG			
BUDESONIDE (INHALATION) SUSPENSION 0.25MG, 0.50MG & 1.0MG	PULMICORT	VARIOUS	PREFERRED DRUG			
BUDESONIDE INHALATION POWDER	PULMICORT FLEXHALER	BRAND ONLY	PREFERRED DRUG			
FLUTICASONE FURATE	ARNUIITY ELLIPTA	BRAND ONLY	PREFERRED DRUG			
FLUTICASONE PROPIONATE HFA AERO	VARIOUS	AUTHORIZED GENERIC ONLY	PREFERRED DRUG			
FLUTICASONE PROPIONATE ORAL INHALATION	VARIOUS	AUTHORIZED GENERIC ONLY	PREFERRED DRUG			
MOMETASONE FUROATE HFA	ASMANEX HFA	BRAND ONLY	PREFERRED DRUG			
MOMETASONE FUROATE (INHALATION) AEPB	ASMANEX TWISTHALER	BRAND ONLY	PREFERRED DRUG			
SYMPATHOMIMETICS						
ALBUTEROL SULFATE INHALER	ALBUTEROL HFA (PROVENTIL) (AG) (INHALATION)	NDC 00254100752 NDC 00781729685	Preferred Albuterol NDCs			
ALBUTEROL SULFATE INHALER	ALBUTEROL HFA (PROVENTIL) (INHALATION)	NDC 00054074287 NDC 69097014260 NDC 72572001401 NDC 76282067942	Preferred Albuterol NDCs			
ALBUTEROL SULFATE INHALER	ALBUTEROL HFA (PROAIR) (AG) (INHALATION)	NDC 00093317431	Preferred Albuterol NDCs			
ALBUTEROL SULFATE INHALER	ALBUTEROL HFA (PROAIR) (INHALATION)	NDC 45802008801 NDC 68180096301	Preferred Albuterol NDCs			
ALBUTEROL SULFATE INHALER	ALBUTEROL HFA (VENTOLIN) (AG) (INHALATION)	NDC 66993001968	Preferred Albuterol NDCs			
ALBUTEROL SULFATE NEBULIZED	ALBUTEROL SULFATE		PREFERRED DRUG			
ALBUTEROL SULFATE SYRUP	ALBUTEROL SULFATE		PREFERRED DRUG			
BUDESONIDE-FORMOTEROL FUMARATE DIHYDRATE AEROSOL	SYMBICORT	BRAND ONLY	PREFERRED DRUG			
FLUTICASONE-SALMETEROL ORAL INHALATION	ADVAIR DISKUS	BRAND ONLY	PREFERRED DRUG			
FLUTICASONE-SALMETEROL AEROSOL	ADVAIR HFA	BRAND ONLY	PREFERRED DRUG			
MOMETASONE FUROATE-FORMOTEROL FUMARATE DIHYDRATE AEROSOL	DULERA	BRAND ONLY	PREFERRED DRUG			
IPRATROPIUM-ALBUTEROL AEROSOL	COMBIVENT RESPIMAT		PREFERRED DRUG			
IPRATROPIUM-ALBUTEROL SOLUTION	DUONEB		PREFERRED DRUG			
SALMETEROL XINAFOATE AEROSOL POWDER BREATH ACTIVATED	SEREVENT DISKUS		PREFERRED DRUG	PA REQUIRED		
SALMETEROL XINAFOATE AEROSOL POWDER BREATH ACTIVATED	SEREVENT DISKUS		PREFERRED DRUG	PA REQUIRED		
TIOTROPIUM BROMIDE-OLODATEROL HCL AEROSOL SOLUTION	STIOLTO RESPIMAT		PREFERRED DRUG	PA REQUIRED	1	30

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UMECLIDINIUM-VILANTEROL AEROSOL POWDER	ANORO ELLIPTA		PREFERRED DRUG	PA REQUIRED	1	30
ANTICOAGULANTS						
COUMARIN ANTICOAGULANTS						
WARFARIN SODIUM TABLETS	VARIOUS		PREFERRED DRUG			
DIRECT FACTOR XA INHIBITORS						
APIXABAN TABLETS	ELIQUIS	BRAND ONLY	PREFERRED DRUG		60	30
APIXABAN TABLETS STARTER PACK	ELIQUIS STARTER PACK	BRAND ONLY	PREFERRED DRUG		74	365
RIVAROXABAN TABLETS	XARELTO	BRAND ONLY	PREFERRED DRUG		60	30
RIVAROXABAN TABLETS	XARELTO DOSE PACK	BRAND ONLY	PREFERRED DRUG		51	30
HEPARINS AND HEPARINOID-LIKE AGENTS						
ENOXAPARIN SODIUM INJ 100 MG/ML	VARIOUS VIAL OR SYRINGE		PREFERRED DRUG		60	30
ENOXAPARIN SODIUM INJ 120 MG/0.8ML	VARIOUS VIAL OR SYRINGE		PREFERRED DRUG		60	30
ENOXAPARIN SODIUM INJ 150 MG/ML	VARIOUS VIAL OR SYRINGE		PREFERRED DRUG		60	30
ENOXAPARIN SODIUM INJ 30 MG/0.3ML	VARIOUS VIAL OR SYRINGE		PREFERRED DRUG		60	30
ENOXAPARIN SODIUM INJ 300 MG/3ML	VARIOUS VIAL OR SYRINGE		PREFERRED DRUG		60	30
ENOXAPARIN SODIUM INJ 40 MG/0.4ML	VARIOUS VIAL OR SYRINGE		PREFERRED DRUG		60	30
ENOXAPARIN SODIUM INJ 60 MG/0.6ML	VARIOUS VIAL OR SYRINGE		PREFERRED DRUG		60	30
ENOXAPARIN SODIUM INJ 80 MG/0.8ML	VARIOUS VIAL OR SYRINGE		PREFERRED DRUG		60	30
HEPARIN (PORCINE) IN SODIUM CHLORIDE SOLUTION	HEPARIN SODIUM/NACL 0.9%					
HEPARIN SOD (PORCINE) IN D5W SOLUTION	HEPARIN SODIUM/D5W					
HEPARIN SODIUM (PORCINE) LOCK FLUSH & NACL LOCK FLUSH KIT	HEPARIN SODIUM LOCK FLUSH					
HEPARIN SODIUM (PORCINE) LOCK FLUSH SOLUTION	HEPARIN LOCK FLUSH					
THROMBIN INHIBITORS						
DABIGATRAN ETEXILATE MESYLATE CAPSULES	PRADAXA	BRAND ONLY	PREFERRED DRUG		60	30
ANTICONVULSANTS						
AMPA GLUTAMATE RECEPTOR ANTAGONISTS**						
PERAMPANEL TABLET	FYCOMPA			PA Required		
PERAMPANEL SUSPENSION	FYCOMPA			PA Required		
ANTICONVULSANTS - BENZODIAZEPINES						
CLOBAZAM SUSPENSION	ONFI			PA REQUIRED		
CLOBAZAM TABLETS	ONFI			PA REQUIRED		
CLONAZEPAM TAB 0.5 MG	KLONOPIN			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.	120	30
CLONAZEPAM TAB 1 MG	KLONOPIN			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.	120	30
CLONAZEPAM TAB 2 MG	KLONOPIN			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.	60	30
CLONAZEPAM ORALLY DISINTEGRATING TAB 0.125 MG	CLONAZEPAM ODT			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.	120	30

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CLONAZEPAM ORALLY DISINTEGRATING TAB 0.25 MG	CLONAZEPAM ODT			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	30
CLONAZEPAM ORALLY DISINTEGRATING TAB 0.5 MG	CLONAZEPAM ODT			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	30
CLONAZEPAM ORALLY DISINTEGRATING TAB 1 MG	CLONAZEPAM ODT			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	30
CLONAZEPAM ORALLY DISINTEGRATING TAB 2 MG	CLONAZEPAM ODT			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		60	30
DIAZEPAM (ANTICONSULSANT) GEL	DIASAT PEDIATRIC					2	30
DIAZEPAM (ANTICONSULSANT) LIQUID	VALTOCO					2	30
DIAZEPAM (ANTICONSULSANT) LIQD THER PACK	VALTOCO					2	30
MIDAZOLAM (ANTICONSULSANT) SOLUTION	NAYZILAM					2	30
ANTICONSULSANTS - MISC.							
CANNABIDIOL SOLUTION	EPIDIOLEX			PA Required			
CARBAMAZEPINE TABLET CHEWABLE	CARBAMAZEPINE						
CARBAMAZEPINE CAPSULE ER 12 HR	CARBATROL						
CARBAMAZEPINE SUSPENSION	TEGRETOL						
CARBAMAZEPINE TABLET	EPITOL						
CARBAMAZEPINE TABLET ER 12HR	TEGRETOL-XR						
GABAPENTIN CAPSULE	NEURONTIN						
GABAPENTIN SOLUTION	NEURONTIN						
GABAPENTIN TABLET	NEURONTIN						
LACOSAMIDE SOLUTION	VIMPAT			PA Required			
LACOSAMIDE TABLET	VIMPAT			PA Required			
LAMOTRIGINE TABLET CHEWABLE	LAMICTAL CHEWABLE DISPERSIBLE						
LAMOTRIGINE TABLET	SUBVENITE						
LAMOTRIGINE TABLET ER 24HR	LAMICTAL XR						
LAMOTRIGINE TABLET DISINTEGRATING	LAMICTAL ODT						
LEVETIRACETAM SOLUTION	KEPPRA						
LEVETIRACETAM TABLET	ROWEEPRA						
LEVETIRACETAM TABLET ER 24HR	KEPPRA XR						
OXCARBAZEPINE SUSPENSION	TRILEPTAL	BRAND ONLY					
OXCARBAZEPINE TABLET	TRILEPTAL						
PREGABALIN CAPSULE (25MG, 50MG, 75MG, 100MG, 150MG, 200MG)	LYRICA					90.00	30.00
PREGABALIN CAPSULE (225MG, 300MG)	LYRICA					60.00	30.00
PREGABALIN SOLUTION	LYRICA					900	30
PRIMIDONE TABLET (20MG, 250MG)	MYSOLINE						
RUFINAMIDE SUSPENSION	BANZEL	BRAND ONLY		PA Required			
RUFINAMIDE TABLET	BANZEL			PA Required			

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TOPIRAMATE CAPSULE ER 24 HR	TROKENDI XR	BRAND ONLY		PA Required		
TOPIRAMATE CAPSULE SPRINKLE	TOPAMAX SPRINKLE					
TOPIRAMATE CP24 SPRINKLE	QUDEXY XR			PA Required		
TOPIRAMATE TABLET	TOPAMAX					
ZONISAMIDE CAPSULE	ZONEGRAN					
CARBAMATES**						
CENOBAMATE TABLET	XCOPRI			PA Required		
CENOBAMATE TAB THER PACK	XCOPRI			PA Required		
FELBAMATE SUSPENSION	FELBATOL					
FELBAMATE TABLET	FELBATOL					
GABA MODULATORS**						
TIAGABINE HCL TABLET	GABITRIL			PA Required		
HYDANTOINS**						
PHENYTOIN TABLET CHEWABLE	DILANTIN CHEWABLES					
PHENYTOIN SODIUM EXTENDED CAPSULE	DILANTIN/PHENYTEK ER					
PHENYTOIN SUSPENSION	DILANTIN-125					
SUCCINIMIDES**						
ETHOSUXIMIDE CAPSULE	ZARONTIN					
ETHOSUXIMIDE SOLUTION	ZARONTIN					
METHSUXIMIDE CAPSULE	CELONTIN	BRAND ONLY				
VALPROIC ACID**						
DIVALPROEX SODIUM CAP DR SPRINKLE	DEPAKOTE SPRINKLES					
DIVALPROEX SODIUM TABLET ER 24HR	DEPAKOTE ER					
DIVALPROEX SODIUM TABLET ENTERIC COATED	DEPAKOTE					
VALPROATE SODIUM SOLUTION	VALPROATE SODIUM					
VALPROIC ACID CAPSULE	VALPROIC ACID					
ANTIDEPRESSANTS						
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)						
MIRTAZAPINE TABLETS	MIRTAZAPINE			PA REQUIRED for Ages < 6 years of age	30	30
MIRTAZAPINE ORALLY DISINTEGRATING TABLETS	REMERON SOLTAB			PA REQUIRED for Ages < 6 years of age	30	30
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID**						
ZURANOLONE CAPSULE	ZURZUVAE			PA Required		
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST						
ESKETAMINE HYDROCHLORIDE	SPRAVATO			PA REQUIRED		
Norepinephrine and Dopamine Reuptake Inhibitors (NDRIs)						
BUPROPION HCL TABLETS	WELLBUTRIN			PA REQUIRED for Ages < 6 years of age	120	30
BUPROPION HCL TABLET 12-HOUR	BUDEPRION SR			PA REQUIRED for Ages < 6 years of age	60	30
BUPROPION HCL TABLET 24-HOUR (150MG & 300MG)	WELLBUTRIN XL			PA REQUIRED for Ages < 6 years of age	30	30
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)						
CITALOPRAM HYDROBROMIDE SOLUTION	CELEXA			PA REQUIRED for Ages < 6 years of age and greater than 12 years of age	600	30

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CITALOPRAM HYDROBROMIDE TABLETS	CELEXA			PA REQUIRED for Ages < 6 years of age	10mg: 60 20mg: 30 40mg: 30	30 30 30
ESCITALOPRAM OXALATE TABLETS	LEXAPRO			PA REQUIRED for Ages < 6 years of age	5mg: 60 10mg: 30 20mg: 30	30 30 30
FLUOXETINE HCL CAPSULES ONLY	PROZAC			PA REQUIRED for Ages < 6 years of age	10mg: 60 20mg: 120 40mg: 60	30 30 30
FLUOXETINE HCL SOLUTION	PROZAC			PA REQUIRED for Ages < 6 years of age and greater than 12 years of age	600	30
FLUOXETINE HCL TABLETS - WEEKLY	PROZAC WEEKLY			PA REQUIRED		
FLUVOXAMINE MALEATE TABLETS	LUVOX			PA REQUIRED for Ages < 6 years of age	25mg: 60 50mg: 180 100mg: 90	30 30 30
PAROXETINE HCL TABLETS	PAXIL			PA REQUIRED for Ages < 6 years of age	10mg: 30 20mg: 30 30mg: 30 40mg: 45	30 30 30 30
SERTRALINE HCL CONCENTRATE	ZOLOFT			PA REQUIRED for Ages < 6 years of age and greater than 12 years of age	300	30
SERTRALINE HCL TABLETS	ZOLOFT			PA REQUIRED for Ages < 6 years of age	25mg: 90 50mg: 120 100mg: 60	30 30 30
SEROTONIN MODULATORS						
TRAZODONE HCL TABLETS	TRAZODONE HCL			PA REQUIRED for Ages < 6 years of age	50mg:90 100mg:120 150mg: 60 300mg 30	30 30 30 30
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRI)						
DULOXETINE HCL CAPSULE DELAYED RELEASE 20MG, 30MG & 60MG	CYMBALTA 20MG, 30MG & 60MG			PA REQUIRED for Ages < 6 years of age	20mg: 120 30mg: 120 60mg: 60	30 30 30
VENLAFAXINE HCL CAPSULE CONTROLLED RELEASE	EFFEXOR XR			PA REQUIRED for Ages < 6 years of age	37.5mg: 90 75mg: 90 150mg: 30	30 30 30
VENLAFAXINE HCL TABLETS - IMMEDIATE RELEASE ONLY	VENLAFAXINE HCL			PA REQUIRED for Ages < 6 years of age	25mg: 120 37.5mg: 90 50mg: 90 75mg: 150 100mg: 90	30 30 30 30 30
TRICYCLIC AGENTS						
AMITRIPTYLINE HCL TABLETS	AMITRIPTYLINE HCL			PA REQUIRED for Ages < 6 years of age		

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AMOXAPINE TABLETS	VARIOUS			PA REQUIRED for Ages < 6 years of age			
CLOMIPRAMINE HCL CAPSULES	ANAFRANIL			PA REQUIRED for Ages < 6 years of age			
DESIPRAMINE HCL TABLETS	NORPRAMIN			PA REQUIRED for Ages < 6 years of age			
DOXEPIN HCL CAPSULES	DOXEPIN HCL			PA REQUIRED for Ages < 6 years of age		90	30
DOXEPIN HCL CONCENTRATE	DOXEPIN HCL			PA REQUIRED for Ages < 6 years of age		180	30
IMIPRAMINE PAMOATE CAPSULES	TORFRANIL-PM			PA REQUIRED for Ages < 6 years of age		30	30
IMIPRAMINE HCL TABLETS	TOFRANIL			PA REQUIRED for Ages < 6 years of age			
MAPROTIline HCL	VARIOUS			PA REQUIRED for Ages < 6 years of age			
NORTRIPTYLINE HCL CAPSULES	PAMELOR			PA REQUIRED for Ages < 6 years of age			
NORTRIPTYLINE HCL SOLUTION	NORTRIPTYLINE HCL			PA REQUIRED for Ages < 6 years of age			
PROTRIPTYLINE HCL TABLETS	VIVACTIL			PA REQUIRED for Ages < 6 years of age			
TRIMIPRAMINE MALEATE	SURMONTIL			PA REQUIRED for Ages < 6 years of age			
ANTIDIABETICS							
ALPHA-GLUCOSIDASE INHIBITORS							
ACARBOSE TABLETS	PRECOSE						
ANTIDIABETIC - AMLYN ANALOGS							
PRAMLINTIDE ACETATE SOLUTION PEN INJECTION	SYMLINPEN 60		PREFERRED DRUG	PA REQUIRED			
ANTIDIABETIC COMBINATIONS							
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	XIDUO 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						
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						
PIOGLITAZONE HCL-METFORMIN HCL TABLET 24-HOUR	ACTOPLUS MET XR						
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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BIGUANIDES							
METFORMIN HCL TABLETS	GLUCOPHAGE						
METFORMIN HCL TABLET 24-HOUR (GENERIC OF GLUCOPHAGE XR ONLY-500MG & 750MG)	Various			PA REQUIRED for Osmotic and Modified Release Products			
DIABETIC OTHER							
DASIGLUCAGON HCL SOLN AUTO-INJ	ZEGALOGUE		PREFERRED DRUG			1	30
DIAZOXIDE SUSPENSION	PROGLYCEM	BRAND ONLY					
GLUCAGON HCL (RDNA) SOLUTION	GLUCAGEN HYPOKIT		PREFERRED DRUG			2	30
GLUCAGON SOLUTION AUTOINJECTOR - ADULT	GVOKE HYPO		PREFERRED DRUG			1	30
GLUCAGON SOLUTION AUTOINJECTOR - PEDIATRIC	GVOKE HYPO		PREFERRED DRUG			1	30
GLUCAGON SOLUTION	GVOKE KIT		PREFERRED DRUG			1	30
GLUCAGON SOLN PREF SYR	GVOKE PFS		PREFERRED DRUG			1	30
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS							
ALOGLIPTIN BENZOATE TABLETS	NESINA	BRAND ONLY	PREFERRED DRUG		STEP THROUGH METFORMIN		
LINAGLIPTIN TABLETS	TRADJENTA	BRAND ONLY	PREFERRED DRUG		STEP THROUGH METFORMIN		
SAXAGLIPTIN HCL TABLETS	ONGLYZA	BRAND ONLY	PREFERRED DRUG		STEP THROUGH METFORMIN		
SITAGLIPTIN PHOSPHATE TABLETS	JANUVIA	BRAND ONLY	PREFERRED DRUG		STEP THROUGH METFORMIN		
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)							
DULAGLUTIDE SOLUTION PEN-INJECTION	TRULICITY		PREFERRED DRUG	PA REQUIRED			
EXENATIDE SOLUTION PEN INJECTION	BYETTA		PREFERRED DRUG	PA REQUIRED			
LIRAGLUTIDE SOLUTION PEN INJECTION	VICTOZA		PREFERRED DRUG	PA REQUIRED			
DIABETIC MISCELLANEOUS AGENT							
PRAMLINTIDE	SYMLIN PEN		PREFERRED DRUG	PA REQUIRED			
INSULIN SENSITIZING AGENTS							
PIOGLITAZONE HCL TABLETS	ACTOS						
INSULIN							
INSULIN LISPRO (HUMAN) SOLUTION	HUMALOG	Authorized Generic Only	PREFERRED DRUG				
INSULIN LISPRO (HUMAN) SOLUTION CARTRIDGE	HUMALOG	BRAND ONLY	PREFERRED DRUG				
INSULIN LISPRO (HUMAN) SOLUTION PEN INJECTION 100/ML	HUMALOG JUNIOR KWIKPEN	Authorized Generic Only	PREFERRED DRUG				
INSULIN LISPRO (HUMAN) SOLUTION PEN INJECTION 100/ML	HUMALOG KWIKPEN	Authorized Generic Only	PREFERRED DRUG				
INSULIN LISPRO PROTAMINE & LISPRO (HUMAN) SUSPENSION PEN INJECTION (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 LISPRO PROTAMINE & LISPRO (HUMAN) SUSPENSION PEN INJECTION (75-25)	HUMALOG MIX 75/25 KWIKPEN	Authorized Generic Only	PREFERRED DRUG				
INSULIN NPH ISOPHANE & REG (HUMAN) SUSPENSION	HUMULIN 70/30	BRAND ONLY	PREFERRED DRUG				

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INSULIN NPH ISOPHANE & REG (HUMAN) SUSPENSION	HUMULIN 70/30 KWIKPEN	BRAND ONLY	PREFERRED DRUG				
INSULIN NPH (HUMAN) (ISOPHANE) SUSPENSION	HUMULIN N	BRAND ONLY	PREFERRED DRUG				
INSULIN REGULAR (HUMAN) SOLUTION PEN INJECTION	HUMULIN N KWIKPEN	BRAND ONLY	PREFERRED DRUG				
INSULIN REGULAR (HUMAN) SOLUTION	HUMULIN R U-100	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			
INSULIN GLARGINE SOLUTION	LANTUS	BRAND ONLY	PREFERRED DRUG				
INSULIN GLARGINE SUSPENSION	LANTUS SOLOSTAR	BRAND ONLY	PREFERRED DRUG				
INSULIN DETEMIR SOLUTION	LEVEMIR	BRAND ONLY	PREFERRED DRUG				
INSULIN DETEMIR SUSPENSION	LEVEMIR FLEXPEN	BRAND ONLY	PREFERRED DRUG				
INSULIN NPH ISOPHANE & REG (HUMAN) SUSPENSION	NOVOLIN 70/30	BRAND ONLY	PREFERRED DRUG				
INSULIN NPH (HUMAN) (ISOPHANE) SUSPENSION	NOVOLIN N	BRAND ONLY	PREFERRED DRUG				
INSULIN REGULAR (HUMAN) SOLUTION	NOVOLIN R	BRAND ONLY	PREFERRED DRUG				
INSULIN ASPART SOLUTION	NOVOLOG	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 FLEXPEN	Authorized Generic Only	PREFERRED DRUG				
INSULIN ASPART SOLUTION CARTRIDGE	NOVOLOG PENFILL	Authorized Generic Only	PREFERRED DRUG				
MEGLITINIDE ANALOGUES							
NATEGLINIDE TABLETS	STARLIX						
REPAGLINIDE TABLETS	PRANDIN						
SGLT2S							
DAPAGLIFLOZIN PROPANEDIOL	FARXIGA		PREFERRED DRUG		STEP THROUGH METFORMIN		
CANAGLIFLOZIN	INVOKANA		PREFERRED DRUG		STEP THROUGH METFORMIN		
EMPAGLIFLOZIN	JARDIANCE		PREFERRED DRUG		STEP THROUGH METFORMIN		
SULFONYLUREAS							
GLIMEPIRIDE TABLETS	AMARYL						
GLIPIZIDE TABLETS	GLUCOTROL						
GLIPIZIDE TABLET 24-HOUR	GLUCATROL XL						
GLYBURIDE MICRONIZED TABLETS	GLYNASE						
GLYBURIDE TABLETS	DIABETA						
ANTIDIARRHEALS							
ANTIPERISTALTIC AGENTS							
DIPHENOXYLATE W/ ATROPINE LIQUID	DIPHENOXYLATE/ATROPINE						

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DIPHENOXYLATE W/ ATROPINE TABLETS	LOMOTIL					
LOPERAMIDE HCL CAPSULES	LOPERAMIDE HCL					
LOPERAMIDE HCL CHEWABLE TABLETS	IMODIUM A-D					
LOPERAMIDE HCL LIQUID	LOPERAMIDE HCL					
LOPERAMIDE HCL SUSPENSION	IMODIUM A-D					
LOPERAMIDE HCL TABLETS	IMODIUM A-D					
ANTIDOTES						
OPIOID ANTAGONISTS						
NALOXONE HCL SOLUTION + SYRINGE	NALOXONE HCL + SYRINGE		PREFERRED DRUG			
NALOXONE	KLOXXADO	BRAND ONLY	PREFERRED DRUG			
NALOXONE HCL NASAL SPRAY	NARCAN NASAL SPRAY	BRAND ONLY	PREFERRED DRUG			
ANTIEMETICS						
5-HT3 RECEPTOR ANTAGONISTS						
DOLASETRON MESYLATE TABLETS	ANZEMET			PA REQUIRED		
GRANISETRON HCL SOLUTION	VARIOUS			PA REQUIRED		
GRANISETRON HCL TABLETS	VARIOUS			PA REQUIRED		
ONDANSETRON SOLUTION	VARIOUS			PA REQUIRED for tablets > 8mg Per Dose	300	30
ONDANSETRON HCL ODT TABLETS	VARIOUS			PA REQUIRED for tablets > 8mg Per Dose	60	30
ONDANSETRON HCL TABLETS	VARIOUS			PA REQUIRED for tablets > 8mg per Dose	60	30
ANTIEMETICS MISC.						
PROCHLORPERAZINE MALEATE TABLETS	COMPAZINE					
PROCHLORPERAZINE SUPPOSITORY	COMPAZINE					
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONIST						
APREPITANT CAPSULES	EMEND				6	21
ANTIFUNGALS						
ANTIFUNGAL ORAL AGENTS						
CLOTRIMAZOLE TROCHE	VARIOUS					
GRISEOFULVIN SUSPENSION	VARIOUS					
GRISEOFULVIN MICROSIZED TABLETS	GRIFULVIN V					
NYSTATIN SUSPENSION	NYSTATIN					
NYSTATIN TABLETS	NYSTATIN					
TERBINAFINE HCL TABLETS	LAMISIL				90	365
IMIDAZOLE-RELATED ANTIFUNGALS						
FLUCONAZOLE SUSPENSION	DIFLUCAN				600	30
FLUCONAZOLE TABLETS	DIFLUCAN				60	30
VORICONAZOLE SUSPENSION	VFEND	Brand Only		PA Required		
ANTIHISTAMINES						
ANTIHISTAMINES - ALKYLAMINES						
BROMPHENIRAMINE MALEATE	J-TAN PD					
CHLORPHENIRAMINE MALEATE	CHLORPHENIRAMINE MALEATE					
DEXCHLORPHENIRAMINE MALEATE SYRUP	DEXCHLORPHENIRAMINE MALEATE					
ANTIHISTAMINES - ETHANOLAMINES						
CLEMASTINE FUMARATE SYRUP	CLEMASTINE FUMARATE					

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CLEMASTINE FUMARATE TABLETS	CLEMASTINE FUMARATE					
DIPHENHYDRAMINE HCL CAPSULES	VARIOUS					
DIPHENHYDRAMINE HCL CHEWABLE TABLETS	VARIOUS					
DIPHENHYDRAMINE HCL ELIXIR	VARIOUS					
DIPHENHYDRAMINE HCL LIQUID	VARIOUS					
DIPHENHYDRAMINE HCL SOLUTION	VARIOUS					
DIPHENHYDRAMINE HCL SUSPENSION	VARIOUS					
DIPHENHYDRAMINE HCL SYRUP	VARIOUS					
DIPHENHYDRAMINE HCL TABLETS	VARIOUS					
ANTIHISTAMINES - NON-SEDATING						
CETIRIZINE HCL CAPSULES	ZYRTEC ALLERGY				30	30
CETIRIZINE HCL CHEWABLE TABLETS	VARIOUS				30	30
CETIRIZINE HCL SYRUP	VARIOUS				150	30
CETIRIZINE HCL TABLETS	VARIOUS				30	30
CETIRIZINE HCL ORALLY DISINTEGRATING TABLETS	ZYRTEC ALLERGY				30	30
FEXOFENADINE HCL TABLET DISINTEGRATING (60mg)	WAL-FEX ALLERGY 12 HOUR				60	30
FEXOFENADINE HCL TABLET DISINTEGRATING (180mg)	WAL-FEX ALLERGY 12 HOUR				30	30
FEXOFENADINE HCL SUSPENSION	ALLEGRA ALLERGY CHILDRENS				150	30
FEXOFENADINE HCL TABLETS	ALLEGRA ALLERGY CHILDRENS				30	30
FEXOFENADINE HCL ORALLY DISINTEGRATING TABLETS	ALLEGRA ALLERGY CHILDRENS				30	30
LORATADINE CAPSULES	CLARITIN				30	30
LORATADINE CHEWABLE TABLETS	CLARITIN				30	30
LORATADINE SYRUP	CLARITIN				150	30
LORATADINE TABLETS	ALAVERT				30	30
LORATADINE ORALLY DISINTEGRATING TABLETS	CLARITIN REDITABS				30	30
ANTIHISTAMINES - PHENOTHIAZINES						
PROMETHAZINE HCL SUPPOSITORY	PHENERGAN					
PROMETHAZINE HCL TABLETS	PROMETHAZINE HCL					
ANTIHISTAMINES - PIPERIDINES						
CYPROHEPTADINE HCL SYRUP	CYPROHEPTADINE HCL					
CYPROHEPTADINE HCL TABLETS	CYPROHEPTADINE HCL					
ANTHYPERLIPIDEMICS						
BILE ACID SEQUESTRANTS						
CHOLESTYRAMINE LIGHT PACKETS	PREVALITE					
CHOLESTYRAMINE LIGHT POWDER	PREVALITE					
CHOLESTYRAMINE PACKETS	QUESTRAN					
CHOLESTYRAMINE POWDER	QUESTRAN					
COLESTIPOL HCL TABLETS	COLESTID					
FIBRIC ACID DERIVATIVES						
FENOFIBRATE MICRONIZED CAPSULES 67MG, 134MG & 200MG	VARIOUS					
FENOFIBRATE TABLETS 48MG, 54MG, 145MG & 160MG	VARIOUS					
FENOFIBRIC ACID TABLETS	FIBRICOR					
GEMFIBROZIL TABLETS	LOPID					

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HMG COA REDUCTASE INHIBITORS						
ATORVASTATIN CALCIUM TABLETS	LIPITOR		PREFERRED DRUG		30	30
LOVASTATIN TABLETS	MEVACOR		PREFERRED DRUG		30	30
PRAVASTATIN SODIUM TABLETS	PRAVACOL		PREFERRED DRUG		30	30
ROUVASTATIN TABLETS	CRESTOR		PREFERRED DRUG		30	30
SIMVASTATIN TABLETS	ZOCOR		PREFERRED DRUG		30	30
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS						
EZETIMIBE TABLETS	ZETIA		PREFERRED DRUG	PA REQUIRED		
NICOTINIC ACID DERIVATIVES						
NIACIN CAPSULE CONTROLLED RELEASE	VARIOUS					
NIACIN TABLET CONTROLLED RELEASE	VARIOUS					
MISC. NUTRITIONAL SUBSTANCES						
OMEGA-3 FATTY ACIDS CAPSULES	FISH OIL					
OMEGA-3 FATTY ACIDS CAPSULE DELAYED RELEASE	FISH OIL					
ANTIHYPERTENSIVES						
ACE INHIBITORS						
BENAZEPRIL HCL TABLETS	BENAZEPRIL HCL					
CAPTOPRIL TABLETS	CAPTOPRIL					
ENALAPRIL MALEATE SOLUTION	EPANED					
ENALAPRIL MALEATE TABLETS	VASOTEC					
FOSINOPRIL SODIUM TABLETS	FOSINOPRIL SODIUM					
LISINOPRIL TABLETS	ZESTRIL					
MOEXIPRIL HCL TABLETS	UNIVASC					
PERINDOPRIL ERBUMINE TABLETS	ACEON					
QUINAPRIL HCL TABLETS	ACCUPRIL					
RAMIPRIL CAPSULES	ALTACE					
TRANDOLAPRIL TABLETS	MAVIK					
ANGIOTENSIN II RECEPTOR ANTAGONISTS						
IRBESARTAN TABLETS	AVAPRO					
LOSARTAN POTASSIUM TABLETS	COZAAR					
VALSARTAN SOLUTION	VALSARETAN			PA Required for > 7 Years Old		
VALSARTAN TABLETS	DIOVAN					
ANTIADRENERGIC ANTIHYPERTENSIVES						
CLONIDINE HCL PATCH-WEEKLY	CATAPRES-TTS-1			PA REQUIRED for Ages < 6 years of age	4	28
CLONIDINE HCL TABLETS	CATAPRES					
CLONIDINE HCL (ADHD) TABLET 12-HOUR	CLONIDINE ER			PA REQUIRED for Ages < 6 years of age	120	30
DOXAZOSIN MESYLATE TABLETS	CARDURA					
GUANFACINE HCL TABLETS	TENEX					
GUANFACINE HCL (ADHD) TABLET 24-HOUR	GUANFACINE ER		PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age	30	30
METHYLDOPA TABLETS	METHYLDOPA					
PRAZOSIN HCL CAPSULES	MINIPRESS					
TERAZOSIN HCL CAPSULES	TERAZOSIN HCL					
ANTIHYPERTENSIVE COMBINATIONS						

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ATENOLOL & CHLOROTHALIDONE TABLETS	VARIOUS					
CAPTROPIL & HYDROCHLOROTHIAZIDE TABLETS	CAPTROPIL/ HYDROCHLOROTHIAZIDE					
ENALAPRIL MALEATE & HYDROCHLOROTHIAZIDE TABLETS	ENALAPRIL MALEATE/ HYDROCHLOROTHIAZIDE					
FOSINOPRIL SODIUM & HYDROCHLOROTHIAZIDE TABLETS	FOSINOPRIL SODIUM/ HYDROCHLOROTHIAZIDE					
LISINOPRIL & HYDROCHLOROTHIAZIDE TABLETS	ZESTORETIC					
LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE TABLETS	HYZAAR					
MOEXIPRIL - HYDROCHLOROTHIAZIDE TABLETS	UNIRETIC					
QUINAPRIL - HYDROCHLOROTHIAZIDE TABLETS	ACCURETIC					
VALSARTAN - HYDROCHLOROTHIAZIDE TABLETS	DIOVAN HCT					
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)						
EPLERENONE TABLETS	INSPIRA			PA REQUIRED		
VASODILATORS						
HYDRALAZINE HCL TABLETS	HYDRALAZINE HCL					
MINOXIDIL TABLETS	MINOXIDIL					
ANTI-INFECTIVE AGENTS - MISC.						
ANTI-INFECTIVE AGENTS - MISC.						
METRONIDAZOLE TABLETS	FLAGYL					
METRONIDAZOLE SUSPENSION	LIKMEZ			PA NOT REQUIRED FOR < 10 YEARS OF AGE		
RIFAXIMIN TABLETS	XIFAXAN					
TINIDAZOLE	VARIOUS					
TRIMETHOPRIM TABLETS	TRIMETHOPRIM					
VANCOMYCIN HCL CAPSULES	VANCOCIN HCL			PA Required		
VANCOMYCIN HCL SOLUTION	FIRST-VANCOMYCIN 25			PA Required		
ANTI-INFECTIVE MISC. - COMBINATIONS						
ERYTHROMYCIN-SULFISOXAZOLE SUSPENSION	E.S.P.					
SULFAMETHOXAZOLE-TRIMETHOPRIM SUSPENSION	SULFATRIM PEDIATRIC					
SULFAMETHOXAZOLE-TRIMETHOPRIM TABLETS	BACTRIM					
LEPROSTATICS						
DAPSONE TABLETS	DAPSONE					
OXAZOLIDINONES						
LINEZOLID SUSPENSION	ZYVOX			PA REQUIRED		
LINEZOLID TABLETS	ZYVOX			PA REQUIRED		
ANTIMALARIALS						
ANTIMALARIAL COMBINATIONS						
ARTEMETHER-LUMEFANTRINE TABLETS	COARTEM					
ATOVAQUONE-PROGUANIL HCL TABLETS	MALARONE					
ANTIMALARIALS						
CHLOROQUINE PHOSPHATE TABLETS	CHLOROQUINE PHOSPHATE					
HYDROXYCHLOROQUINE SULFATE TABLETS	PLAQUENIL					
PRIMAQUINE PHOSPHATE TABLETS	PRIMAQUINE PHOSPHATE					

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QUININE SULFATE CAPSULES	QUALAQUIN					
ANTIMYCOBACTERIAL AGENTS						
ETHAMBUTOL HCL TABLETS	MYAMBUTOL					
ISONIAZID SYRUP	ISONIAZID					
ISONIAZID TABLETS	ISONIAZID					
PYRAZINAMIDE TABLETS	PYRAZINAMIDE					
RIFAMPIN CAPSULES	RIFADIN					
ONCOLOGY - FEDERALLY REIMBURSABLE ANTINEOPLASTIC AGENTS, NOT LISTED BELOW, ARE AVAILABLE THROUGH PRIOR AUTHORIZATION						
ALKYLATING AGENTS						
MELPHALAN TABLETS	ALKERAN	BRAND ONLY		PA REQUIRED		
ANTIMETABOLITES						
MERCAPTOPURINE TABLETS	PURINETHOL					
METHOTREXATE SODIUM TABLETS	METHOTREXATE					
ANTINEOPLASTIC - ANTIBODIES						
RITUXIMAB-ABBS	TRUXIMA			PA REQUIRED		
RITUXIMAB-ARRX	RIABNI			PA REQUIRED		
RITUXIMAB-PVVR	RUXIENCE			PA REQUIRED		
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS						
BEVACIZUMAB-AWWB INJECTION	MVASI			PA REQUIRED		
BEVACIZUMAB-BVZR INJECTION	ZIRABEV			PA REQUIRED		
ANTINEOPLASTIC - ANTI-HER2 AGENTS						
TRASTUZUMAB-ANNS SOLUTION	KANJINTI			PA REQUIRED		
TRASTUZUMAB-ANNS INJECTION	KANJINTI			PA REQUIRED		
TRASTUZUMAB-DKST INJECTION	OGIVRI			PA REQUIRED		
TRASTUZUMAB-PKRB INJECTION	HERZUMA			PA REQUIRED		
TRASTUZUMAB-QYYP INJECTION	TRAZIMERA			PA REQUIRED		
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS						
ANASTROZOLE TABLETS	ARIMIDEX			PA REQUIRED		
EXEMESTANE TABLETS	AROMASIN			PA REQUIRED		
FLUTAMIDE CAPSULES	FLUTAMIDE					
LEUPROLIDE ACETATE (3 MONTH) KIT	LUPRON DEPOT			PA REQUIRED		
LEUPROLIDE ACETATE (4 MONTH) KIT	LUPRON DEPOT			PA REQUIRED		
LEUPROLIDE ACETATE KIT	LUPRON DEPOT			PA REQUIRED		
TAMOXIFEN CITRATE TABLETS	TAMOXIFEN CITRATE					
TOREMIFENE CITRATE TABLETS	FARESTON			PA REQUIRED		
ANTINEOPLASTIC ENZYME INHIBITORS						
AXITINIB TABLETS	INLYTA			PA REQUIRED		
CRIZOTINIB CAPSULES	XALKORI			PA REQUIRED		
CRIZOTINIB CAPSULE SPRINKLE	XALKORI			PA REQUIRED		
DASATINIB TABLETS	SPRYCEL			PA REQUIRED		
ERLOTINIB HCL TABLETS	TARCEVA			PA REQUIRED		

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EVEROLIMUS TABLETS	AFINITOR				PA REQUIRED		
EVEROLIMUS SOLUBLE TABLET	AFINITOR DISPERZ				PA REQUIRED		
GEFITINIB TABLETS	IRESSA				PA REQUIRED		
IBRUTINIB CAPSULES	IMBRUVICA				PA REQUIRED		
IBRUTINIB SUSPENSION	IMBRUVICA				PA REQUIRED		
IMATINIB MESYLATE TABLETS	GLEEVEC				PA REQUIRED		
LAPATINIB DITOSYLATE TABLETS	TYKERB				PA REQUIRED		
NILOTINIB HCL CAPSULES	TASIGNA				PA REQUIRED		
PAZOPANIB HCL TABLETS	VOTRIENT				PA REQUIRED		
PONATINIB HCL TABLETS	ICLUSIG				PA REQUIRED		
RUXOLITINIB PHOSPHATE TABLETS	JAKAFI				PA REQUIRED		
SORAFENIB TOSYLATE TABLETS	NEXAVAR				PA REQUIRED		
SUNITINIB MALATE CAPSULES	SUTENT				PA REQUIRED		
VANDETANIB TABLETS	CAPRELSA				PA REQUIRED		
VEMURAFENIB TABLETS	ZELBORAF				PA REQUIRED		
VORINOSTAT CAPSULES	ZOLINZA				PA REQUIRED		
ANTINEOPLASTICS - MISC.							
BEXAROTENE CAPSULES	TARGETIN				PA REQUIRED		
HYDROXYUREA CAPSULES	HYDREA						
INTERFERON ALFA-2B SOLUTION	INTRON A				PA REQUIRED		
INTERFERON ALFA-2B SOLUTION	INTRON A				PA REQUIRED		
INTERFERON ALFA-N3 SOLUTION	ALFERON N				PA REQUIRED		
INTERFERON GAMMA-1B SOLUTION	ACTIMMUNE				PA REQUIRED		
PEGINTERFERON ALFA-2B (ANTINEOPLASTIC) KIT	SYLATRON				PA REQUIRED		
PROCARBAZINE HCL CAPSULES	MATULANE						
TRETINOIN (CHEMOTHERAPY) CAPSULES	TRETINOIN				PA REQUIRED For > 26 Years of Age		
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS							
LEUCOVORIN CALCIUM TABLETS	LEUCOVORIN CALCIUM				PA REQUIRED		
MITOTIC INHIBITORS							
ETOPOSIDE CAPSULES	ETOPOSIDE				PA REQUIRED		
ANTIPARKINSON AGENTS							
ANTIPARKINSON ANTICHOLINERGICS							
BENZTROPINE MESYLATE TABLETS	BENZTROPINE MESYLATE						
TRIHEXYPHENIDYL HCL ELIXIR	TRIHEXYPHENIDYL HCL						
TRIHEXYPHENIDYL HCL TABLETS	TRIHEXYPHENIDYL HCL						
ANTIPARKINSON COMT INHIBITORS							
ENTACAPONE TABLETS	COMTAN						
ANTIPARKINSON DOPAMINERGICS							
AMANTADINE HCL CAPSULES	AMANTADINE HCL						
AMANTADINE HCL SYRUP	AMANTADINE HCL						
BROMOCRIPTINE MESYLATE CAPSULES	PARLODEL						
BROMOCRIPTINE MESYLATE TABLETS	PARLODEL						
CARBIDOPA-LEVODOPA TABLETS	SINEMET						

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CARBIDOPA-LEVODOPA ER TABLETS	VARIOUS					
PRAMIPEXOLE DIHYDROCHLORIDE TABLETS	MIRAPEX					
ROPINIROLE HYDROCHLORIDE TABLETS	REQUIP					
ANTIPSYCHOTICS/ANTIMANIC AGENTS						
ANTIMANIC AGENTS						
LITHIUM CARBONATE CAPSULES	LITHIUM CARBONATE			PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.		
LITHIUM CARBONATE TABLETS	LITHIUM CARBONATE			PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.		
LITHIUM CARBONATE TABLET CONTROLLED RELEASE	LITHOBID			PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.		
LITHIUM SOLUTION	LITHIUM			PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.		
ANTIPSYCHOTICS						
ANTIPSYCHOTICS - SECOND GENERATION - ATYPICAL ORAL AGENTS						
ARIPIPRAZOLE TABLETS	ABILIFY		PREFERRED DRUG	PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.	30	30
CLOZAPINE ORALLY DISPERSABLE TABLET	FAZACLO		PREFERRED DRUG	PA REQUIRED for Ages < 18 years Prior Authorization is not REQUIRED for ages 18 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.	150	30

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CLOZAPINE TABLETS	CLOZARIL		PREFERRED DRUG	PA REQUIRED for Ages < 18 years Prior Authorization is not REQUIRED for ages 18 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.		150	30
LURASIDONE HCL TABS	LATUDA		PREFERRED DRUG	PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.		30	30
OLANZAPINE ORALLY DISPERSABLE TABLET	ZYPREXA ZYDIS		PREFERRED DRUG	PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.		5mg: 60 10mg: 60 15MG: 30 20mg: 30	30 30 30 30
OLANZAPINE TABLETS	ZYPREXA		PREFERRED DRUG	PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.		30	30
QUETIAPINE FUMARATE TABLETS	SEROQUEL		PREFERRED DRUG	PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.		60	30
RISPERIDONE ORALLY DISPERSABLE TABLET	RISPERIDONE ODT		PREFERRED DRUG	PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.		60	30
RISPERIDONE ORAL SOLUTION	RISPERDAL		PREFERRED DRUG	PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.		240	30

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RISPERIDONE TABLETS	RISPERDAL		PREFERRED DRUG	PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.		60	30
ZIPRASIDONE HCL CAPSULES	GEODON		PREFERRED DRUG	PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.		60	30
ANTIPSYCHOTICS - SECOND GENERATION - ATYPICAL LONG ACTING INJECTABLES							
ARIPIRAZOLE LAUROXIL	ARISTADA INITIO		PREFERRED DRUG	PA REQUIRED for Ages < 18 years Prior Authorization is not REQUIRED for ages 18 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.		2	365
ARIPIRAZOLE LAUROXIL	ARISTADA		PREFERRED DRUG	PA REQUIRED for Ages < 18 years Prior Authorization is not REQUIRED for ages 18 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.		1	30
ARIPIRAZOLE SUSPENSION	ABILIFY MAINTENA		PREFERRED DRUG	PA REQUIRED for Ages < 18 years Prior Authorization is not REQUIRED for ages 18 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.		1	30
ARIPIRAZOLE SUSPENSION	ABILIFY ASIMTUFI		PREFERRED DRUG	PA REQUIRED for Ages < 18 years Prior Authorization is not REQUIRED for ages 18 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.		1	60
PALIPERIDONE PALMITATE SUSPENSION	INVEGA HAFYE		PREFERRED DRUG	PA REQUIRED for Ages < 18 years Prior Authorization is not REQUIRED for ages 18 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.		1	170

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PALIPERIDONE PALMITATE SUSPENSION	INVEGA SUSTENNA		PREFERRED DRUG	PA REQUIRED for Ages < 18 years Prior Authorization is not REQUIRED for ages 18 years and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.		1	30
PALIPERIDONE PALMITATE SUSPENSION	INVEGA TRINZA		PREFERRED DRUG	PA REQUIRED for Ages < 18 years Prior Authorization is not REQUIRED for ages 18 years and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.		1	90
RISPERIDONE MICROSPHERES SUSPENSION	RISPERDAL CONSTA	BRAND ONLY	PREFERRED DRUG	PA REQUIRED for Ages < 18 years Prior Authorization is not REQUIRED for ages 18 years and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.		2	28
RISPERIDONE PREFILLED SYRINGE	PERSERIS		PREFERRED DRUG	PA REQUIRED for Ages < 18 years Prior Authorization is not REQUIRED for ages 18 years and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.		2	28
ANTIPSYCHOTICS - FIRST GENERATION - TYPICAL ORAL AGENTS							
CHLORPROMAZINE HCL SOLUTION	VARIOUS			PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			
CHLORPROMAZINE HCL TABLETS	VARIOUS			PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			
FLUPHENAZINE HCL CONCENTRATE	VARIOUS			PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			

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FLUPHENAZINE HCL ELIXIR	VARIOUS			PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			
FLUPHENAZINE HCL TABLETS	VARIOUS			PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			
HALOPERIDOL LACTATE CONCENTRATE	VARIOUS			PA REQUIRED for Ages < 12 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			
HALOPERIDOL TABLETS	VARIOUS			PA REQUIRED for Ages < 12 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			
LOXAPINE SUCCINATE CAPSULES	LOXITANE			PA REQUIRED for Ages < 12 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			
MOLINDONE	VARIOUS			PA REQUIRED for Ages < 12 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			
PERPHENAZINE TABLETS	VARIOUS			PA REQUIRED for Ages < 12 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			

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PIMOZIDE	ORAP			PA REQUIRED for Ages < 12 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			
THIORIDAZINE HCL TABLETS	VARIOUS			PA REQUIRED for Ages < 12 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			
THIOTHIXENE CAPSULES	VARIOUS			PA REQUIRED for Ages < 12 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			
TRIFLUOPERAZINE HCL TABLETS	VARIOUS			PA REQUIRED for Ages < 12 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			
ANTIPSYCHOTICS - FIRST GENERATION - TYPICAL -LONG ACTING INJECTIONS							
FLUPHENAZINE DECANOATE SOLUTION	FLUPHENAZINE DECANOATE			PA REQUIRED for Ages < 18 years Prior Authorization is not REQUIRED for ages 18 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			
HALOPERIDOL DECANOATE SOLUTION	HALDOL DECANOATE 50			PA REQUIRED for Ages < 18 years Prior Authorization is not REQUIRED for ages 18 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			
ANTIVIRALS							
ANTIRETROVIRALS							
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				

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ABACAVIR-DOLUTEGRAVIR-LAMIVUDINE TABLETS	TRIUMEQ		Preferred Drug		30	30
ABACAVIR-DOLUTEGRAVIR-LAMIVUDINE SUSPENSION	TRIUMEQ.PD		Preferred Drug		180	30
ABACAVIR-DOLUTEGRAVIR-LAMIVUDINE TABLETS	TRIUMEQ		Preferred Drug			
ATAZANAVIR SULFATE CAPSULES	REYATAZ		Preferred Drug			
ATAZANAVIR SULFATE POWDER PACK	REYATAZ		Preferred Drug			
ATAZANAVIR SULFATE-COBIICISTAT TABLETS	EVOTAZ		Preferred Drug			
BICTEGRAVIR-EMTRICITABINE-TENOFOVIR ALAFENAMIDE FUMARATE TABLETS	BIKTARVY		Preferred Drug		30	30
COBIICISTAT TABLETS	TYBOST		Preferred Drug		30	30
DARUNAVIR ETHANOLATE SUSPENSION	PREZISTA		Preferred Drug			
DARUNAVIR ETHANOLATE TABLETS	PREZISTA		Preferred Drug			
DARUNAVIR-COBIICISTAT TABLETS	PREZCOBIX		Preferred Drug			
DARUNAVIR-COBIICISTAT-EMTRICITABINE-TENOFOVIR ALAFENAMIDE TABLETS	SYM TUZA		Preferred Drug			
DELAVIRDINE MESYLATE TABLETS	RESCRIPTOR					
DOLUTEGRAVIR SODIUM TABLETS	TIVICAY		Preferred Drug			
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-LAMIVUDINE-TENOFOVIR DISOPROXIL FUMARATE TABLETS	SYMFI	Brand Only	Preferred Drug		30	30
EFAVIRENZ-LAMIVUDINE-TENOFOVIR DISOPROXIL FUMARATE TABLETS	SYMFI LO	Brand Only	Preferred Drug		30	30
ELVITEGRAVIR TABLETS	VITEKTA					
ELVITEGRAVIR-COBIICISTAT-EMTRICITABINE-TENOFOVIR TABLETS	STRIBILD		Preferred Drug			
ELVITEGRAVIR-COBIICISTAT-EMTRICITABINE-TENOFOVIR ALAFENAMIDE TABLETS	GENVOYA		Preferred Drug		30	30
EMTRICITABINE CAPSULES	EMTRIVA		Preferred Drug			
EMTRICITABINE SOLUTION	EMTRIVA		Preferred Drug			
EMTRICITABINE-RILPIVIRINE-TENOFOVIR ALAFENAMIDE FUMARATE TABLETS	ODEFSEY		Preferred Drug		30	30
EMTRICITABINE-RILPIVIRINE-TENOFOVIR DISOPROXIL FUMARATE TABLETS	COMPLERA		Preferred Drug			
EMTRICITABINE-TENOFOVIR ALAFENAMIDE FUMARATE TABLETS	DESCOVY		Preferred Drug		30	30
EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TABLETS	TRUVADA	Brand Only	Preferred Drug			
ENFUVRTIDE SOLUTION	FUZEON		Preferred Drug	PA REQUIRED	1	30
FOSAMPRENAVIR CALCIUM SUSPENSION	LEXIVA		Preferred Drug			
FOSAMPRENAVIR CALCIUM TABLETS	LEXIVA		Preferred Drug			

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INDINAVIR SULFATE CAPSULES	CRIXIVAN					
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			
RILPIVIRINE HCL TABLET	EDURANT		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			
ZIDOVUDINE CAPSULES	RETROVIR		Preferred Drug			
ZIDOVUDINE SYRUP	RETROVIR		Preferred Drug			
ZIDOVUDINE TABLETS	ZIDOVUDINE		Preferred Drug			
CMV AGENTS						
CIDOFOVIR IV	VISTIDE			PA REQUIRED		
FOSCARENT SODIUM	FOSCAVIR			PA REQUIRED		
GANCICLOVIR SODIUM	CYTOVENE			PA REQUIRED		
MARIBAVIR TABLETS	LIVTENCITY			PA REQUIRED		
VALGANCICLOVIR HCL SOLUTION	VALCYTE			PA REQUIRED		
VALGANCICLOVIR HCL TABLETS	VALCYTE			PA REQUIRED		
HEPATITIS B AGENTS						
ADEFOVIR DIPIVOXIL TABLETS	HEPSERA			PA REQUIRED		
ENTECAVIR SOLUTION	BARACLUDE			PA REQUIRED		
ENTECAVIR TABLETS	BARACLUDE			PA REQUIRED		
LAMIVUDINE (HBV) SOLUTION	EPIVIR HBV					
LAMIVUDINE (HBV) TABLETS	EPIVIR HBV					
TELBIVUDINE TABLETS	TYZKA			PA REQUIRED		
HEPATITIS C AGENTS						
GLECAPREVIR-PIBRENTASVIR TABLETS	MAVYRET		Preferred Drug	PA Required if member has been treated previously with Direct-Acting Antiviral (DAA) Hep C Regimens in the past.	168	Lifetime
GLECAPREVIR-PIBRENTASVIR PACKETS	MAVYRET		Preferred Drug	PA Required if member has been treated previously with Direct-Acting Antiviral (DAA) Hep C Regimens in the past.	280	Lifetime

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PEGINTERFERON ALFA-2A SOLUTION	PEGASYS		PREFERRED DRUG		PA REQUIRED		
PEGINTERFERON ALFA-2B KIT	PEGINTRON		PREFERRED DRUG		PA REQUIRED		
RIBAVIRIN (HEPATITIS C) CAPSULES	VARIOUS		PREFERRED DRUG		PA REQUIRED		
RIBAVIRIN (HEPATITIS C) TABLETS	VARIOUS		PREFERRED DRUG		PA REQUIRED		
SOFOSBUVIR-VELPATASVIR TABLETS	EPCLUSA	AUTHORIZED GENERIC ONLY	Preferred Drug	PA Required if member has been treated previously with Direct-Acting Antiviral (DAA) Hep C Regimens in the past.		168	Lifetime
HERPES AGENTS							
ACYCLOVIR SUSPENSION	ZOVIRAX						
ACYCLOVIR TABLETS	ZOVIRAX						
FAMCICLOVIR TABLETS	FAMVIR				PA REQUIRED		
VALACYCLOVIR HCL TABLETS	VALTREX				PA REQUIRED		
INFLUENZA AGENTS							
OSELTAMIVIR PHOSPHATE CAPSULES	TAMIFLU					20	270
OSELTAMIVIR PHOSPHATE SUSPENSION	TAMIFLU						
RIMANTADINE HYDROCHLORIDE TABLETS	FLUMADINE						
ZANAMIVIR AEROSOL POWDER BREATH ACTIVATED	RELENZA DISKHALER					40	270
MISC. ANTIVIRALS							
MOLNUPIRAVIR CAPSULES	LAGEVRIO			Minimum Patient Age of 18 Years		80	365
NIRMATRELVIR-RITONAVIR	PAXLOVID			Minimum Patient Age of 12 Years		60	365
REMDESIVIR SOLUTION	VEKLURY						
REMDESIVIR FOR SOLUTION	VEKLURY						
ASSORTED CLASSES							
BLOOD PRODUCTS - IMMUNE GLOBULINS							
IMMUNE GLOBULIN	BIVIGAM (IV)	BRAND ONLY	PREFERRED DRUG		PA REQUIRED		
IMMUNE GLOBULIN	FLEBOGFAMMA DIF (IV)	BRAND ONLY	PREFERRED DRUG		PA REQUIRED		
IMMUNE GLOBULIN	GAMMAGARD LIQUID (INJ)	BRAND ONLY	PREFERRED DRUG		PA REQUIRED		
IMMUNE GLOBULIN	GAMMAKED (INJ)	BRAND ONLY	PREFERRED DRUG		PA REQUIRED		
IMMUNE GLOBULIN	GAMUNEX-C (INJ)	BRAND ONLY	PREFERRED DRUG		PA REQUIRED		
IMMUNE GLOBULIN	HIZENTRA (SUBQ)	BRAND ONLY	PREFERRED DRUG		PA REQUIRED		
IMMUNE GLOBULIN	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		
CHELATING AGENTS							
PENICILLAMINE CAPSULES	CUPRIMINE						
IMMUNOMODULATORS							
LENALIDOMIDE CAPSULES	REVLIMID				PA REQUIRED		
THALIDOMIDE CAPSULES	THALOMID				PA REQUIRED		
IMMUNOSUPPRESSIVE AGENTS							
AZATHIOPRINE TABLETS	IMURAN						
CYCLOSPORINE CAPSULES	SANDIMMUNE						
CYCLOSPORINE MODIFIED (FOR MICROEMULSION) CAPSULES	GENGRAF						
CYCLOSPORINE MODIFIED (FOR MICROEMULSION) SOLUTION	GENGRAF						

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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 CONTROLLED RELEASE	ASTAGRAF XL						
ROCK2 INHIBITORS							
BELUMOSUDIL MESYLATE	REZUROCK			PA REQUIRED			
POTASSIUM REMOVING RESINS							
SODIUM POLYSTYRENE SULFONATE POWDER	KAYEXALATE						
SODIUM POLYSTYRENE SULFONATE SUSPENSION	KIONEX						
BETA BLOCKERS							
ALPHA-BETA BLOCKERS							
CARVEDILOL TABLETS	COREG		Preferred Drug				
LABETALOL HCL TABLETS	TRANDATE		Preferred Drug				
BETA BLOCKERS CARDIO-SELECTIVE							
ATENOLOL TABLETS	TENORMIN		Preferred Drug				
ATENOLOL/CHLORTHALIDONE	VARIOUS		Preferred Drug				
BISOPRODOL	VARIOUS		Preferred Drug				
BISOPRODOL/HCTZ	VARIOUS		Preferred Drug				
METOPROLOL TARTRATE TABLETS	VARIOUS		Preferred Drug				
METOPROLOL SUCCINATE TABLET XL 24-HOUR	VARIOUS		Preferred Drug				
METOPROLOL TARTRATE/HCTZ	VARIOUS		Preferred Drug				
BETA BLOCKERS NON-SELECTIVE							
NADOLOL	VARIOUS		Preferred Drug	PA NOT REQUIRED FOR CHILDREN AND ADOLESCENTS UNDER 19 YEARS OF AGE			
PROPRANOLOL HCL CAPSULE ER CONTROLLED RELEASE	VARIOUS		Preferred Drug				
PROPRANOLOL HCL SOLUTION	VARIOUS		Preferred Drug				
PROPRANOLOL HCL TABLETS	VARIOUS		Preferred Drug				
PROPRANOLOL / HCTZ	VARIOUS		Preferred Drug				
SOTALOL HCL TABLETS	BETAPACE		Preferred Drug				
CALCIUM CHANNEL BLOCKERS							
CALCIUM CHANNEL BLOCKERS							
AMLODIPINE BESYLATE	VARIOUS		Preferred Drug			30	30
AMLODIPINE BENZOATE SUSPENSION	KATERZIA		Preferred Drug	PA Required for > 7 Years Old		300	30
DILTIAZEM CAPSULE ER	VARIOUS		Preferred Drug				
DILTIAZEM TABLETS	VARIOUS		Preferred Drug				
FELODIPINE TABLET ER 24-HOUR	VARIOUS		Preferred Drug			30	30
NIFEDIPINE IR CAPSULES	VARIOUS		Preferred Drug				
NIFEDIPINE TABLET ER 24-HOUR	VARIOUS		Preferred Drug			30	30

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VERAPAMIL HCL CAPSULE SR	VARIOUS		Preferred Drug		30	30
VERAPAMIL HCL TABLETS	VARIOUS		Preferred Drug			
VERAPAMIL HCL TABLET CONTROLLED RELEASE	VARIOUS		Preferred Drug		30	30
CARDIOTONICS						
CARDIAC GLYCOSIDES						
DIGOXIN SOLUTION	DIGOXIN					
DIGOXIN TABLETS	LANOXIN					
CARDIOVASCULAR AGENTS - MISC.						
ANGIOTENSTIN RECEPTOR NEPRILYSIN INHIBITOR						
SACUBITRIL / VALSARTAN	ENTRESTO			PA REQUIRED		
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAG						
AMBRISENTAN TABLETS	LETAIRIS		PREFERRED DRUG	PA REQUIRED		
BOSENTAN TABLETS	TRACLEER		PREFERRED DRUG	PA REQUIRED		
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBIT						
SILDENAFIL CITRATE (PULMONARY HYPERTENSION) SUSPENSION	LIQREV		PREFERRED DRUG	PA REQUIRED FOR > 12 YEARS OF AGE		
SILDENAFIL CITRATE (PULMONARY HYPERTENSION) TABLETS	VARIOUS		PREFERRED DRUG	PA REQUIRED		
TADALAFIL (PULMONARY HYPERTENSION) TABLETS	ADCIRCA		PREFERRED DRUG	PA REQUIRED		
PROSTAGLANDIN VASODILATORS**						
TREPROSTINIL DIOLAMINE TABLET ER	ORENITRAM			PA Required		
TREPROSTINIL DIOLAMINE TBER THER PACK	ORENITRAM			PA Required		
CEPHALOSPORINS						
CEPHALOSPORINS - 1ST GENERATION						
CEFADROXIL CAPSULES	CEFADROXIL					
CEFADROXIL SUSPENSION	CEFADROXIL					
CEFADROXIL TABLETS	CEFADROXIL					
CEPHALEXIN CAPSULES	KEFLEX					
CEPHALEXIN SUSPENSION	CEPHALEXIN					
CEPHALEXIN TABLETS	CEPHALEXIN					
CEPHALOSPORINS - 2ND GENERATION						
CEFACLOR CAPSULES	CEFACLOR					
CEFACLOR SUSPENSION	CEFACLOR					
CEFPROZIL SUSPENSION	CEFPROZIL					
CEFPROZIL TABLETS	CEFPROZIL					
CEFUROXIME AXETIL SUSPENSION	CEFTIN					
CEFUROXIME AXETIL TABLETS	CEFTIN					
CEPHALOSPORINS - 3RD GENERATION						
CEFDINIR CAPSULES	CEFDINIR					
CEFDINIR SUSPENSION	CEFDINIR					
CEFIXIME CAPSULES	SUPRAX				1	30
CEFIXIME CHEWABLE TABLETS	SUPRAX				1	30
CEFIXIME SUSPENSION	SUPRAX				1	30
CEFIXIME TABLETS	SUPRAX				1	30
CEFPODOXIME PROXETIL SUSPENSION	CEFPODOXIME PROXETIL					

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CEFPODOXIME PROXETIL TABLETS	CEFPODOXIME PROXETIL					
CONTRACEPTION						
COMBINATION CONTRACEPTIVES - ORAL						
DESOGESTREL & ETHINYL ESTRADIOL TABLETS	APRI					
DESOGESTREL-ETHINYL ESTRADIOL (BIPHASIC) TABLETS	AZURETTE					
DESOGESTREL-ETHINYL ESTRADIOL (TRIPHASIC) TABLETS	CAZIAN					
DROSPIRENONE-ETHINYL ESTRADIOL TABLETS	OCELLA					
ETHYNODIOL DIACET & ETHINYL ESTRADIOL TABLETS	KELNOR 1/35					
LEVONORGESTREL & ETHINYL ESTRADIOL TABLETS	AUBRA					
LEVONORGESTREL-ETHINYL ESTRADIOL (TRIPHASIC) TABLETS	ENPRESSE-28					
LEVONORGESTREL-ETHINYL ESTRADIOL (91-DAY) TABLETS	AMETHIA LO					
LEVONORGESTREL & ETHINYL ESTRADIOL (CONTINUOUS) TABLETS	AMETHYST					
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					
COMBINATION CONTRACEPTIVES - VAGINAL						
ETONOGESTREL-ETHINYL ESTRADIOL RING	NUVARING	BRAND ONLY				
COPPER CONTRACEPTIVES - IUD						
COPPER IUD	PARAGARD				1	999 Days
EMERGENCY CONTRACEPTIVES						
LEVONORGESTREL (EMERGENCY OC) TABLETS	PLAN B ONE-STEP OTC		PREFERRED DRUG			
LEVONORGESTREL (EMERGENCY OC) TABLETS	AFTERA OTC		PREFERRED DRUG			
LEVONORGESTREL (EMERGENCY OC) TABLETS	LEVONORGESTREL OTC		PREFERRED DRUG			
LEVONORGESTREL (EMERGENCY OC) TABLETS	MY CHOICE OTC		PREFERRED DRUG			
LEVONORGESTREL (EMERGENCY OC) TABLETS	MY WAY OTC		PREFERRED DRUG			
LEVONORGESTREL (EMERGENCY OC) TABLETS	NEW DAY OTC		PREFERRED DRUG			
LEVONORGESTREL (EMERGENCY OC) TABLETS	OPTION 2 OTC		PREFERRED DRUG			
LEVONORGESTREL (EMERGENCY OC) TABLETS	TAKE ACTION OTC		PREFERRED DRUG			
ULIPRISTAL ACETATE TABLETS	ELLA		PREFERRED DRUG		1	5
PROGESTINS						
MEDROXYPROGESTERONE ACETATE TABLETS	PROVERA		PREFERRED DRUG			
NORETHINDRONE ACETATE	AYGESTIN		PREFERRED DRUG			

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PROGESTERONE MICRONIZED CAPSULES	PROMETRIUM		PREFERRED DRUG			
PROGESTIN CONTRACEPTIVES - IMPLANTS						
ETONOGESTREL IMPLANT	NEXPLANON				1	999 Days
PROGESTIN CONTRACEPTIVES - INJECTABLE						
MEDROXYPROGESTERONE ACETATE (CONTRACEPTIVE) SUSPENSION	DEPO-PROVERA CONTRACEPTIVE					
PROGESTIN CONTRACEPTIVES - IUD						
LEVONORGESTREL (IUD)	LILETTA				1	999 Days
LEVONORGESTREL (IUD)	SKYLA				1	730 Days
LEVONORGESTREL (IUD)	MIRENA				1	999 Days
LEVONORGESTREL (IUD)	KYLEENA				1	730 Days
PROGESTIN CONTRACEPTIVES - ORAL						
NORETHINDRONE (CONTRACEPTIVE) TABLETS	CAMILA					
PROGESTIN CONTRACEPTIVES - TRANSDERMAL						
NORELGESTROMIN-ETHINYL ESTRADIOL PATCH WEEKLY	XULANE					
CORTICOSTEROIDS						
GLUCOCORTICOSTEROIDS						
DEXAMETHASONE CONCENTRATE	DEXAMETHASONE INTENSOL					
DEXAMETHASONE ELIXIR	VARIOUS					
DEXAMETHASONE SOLUTION	DEXAMETHASONE					
DEXAMETHASONE TABLETS - ALL STRENGTHS EXCEPT 20MG	DEXAMETHASONE					
HYDROCORTISONE SOD SUCCINATE SOLUTION (INJECTABLE)	A-HYDROCORT				PA REQUIRED	
METHYLPREDNISOLONE ACETATE SUSPENSION (INJECTABLE)	DEPO-MEDROL				PA REQUIRED	
METHYLPREDNISOLONE SOD SUCC SOLUTION (INJECTABLE)	A-METHAPRED				PA REQUIRED	
METHYLPREDNISOLONE TABLETS	MEDROL					
PREDNISOLONE SODIUM PHOSPHATE SOLUTION	ORAPRED					
PREDNISOLONE SODIUM PHOSPHATE ORALLY DISINTEGRATING TABLETS	ORAPRED ODT					
PREDNISOLONE SYRUP	PRELONE					
PREDNISOLONE TABLETS	VARIOUS					
PREDNISONE CONCENTRATE	PREDNISONE INTENSOL					
PREDNISONE SOLUTION	PREDNISONE					
PREDNISONE TABLETS	PREDNISONE					
TRIAMCINOLONE ACETONIDE SUSPENSION (INJECTABLE)	KENALOG-10				PA REQUIRED	
TRIAMCINOLONE DIACETATE SUSPENSION (INJECTABLE)	TRIAMCINOLONE				PA REQUIRED	
TRIAMCINOLONE HEXACETONIDE SUSPENSION (INJECTABLE)	ARISTOSPAN INTRALESIONAL & INTRA-ARTICULAR				PA REQUIRED	
MINERALOCORTICIDS						
FLUDROCORTISONE ACETATE TABLETS	FLORINEF					

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NONSTEROIDAL MINERALOCORTICOID RECEPTOR ANTAGONIST						
FINERENONE TABLETS	KERENDIA			PA REQUIRED		
COUGH/COLD/ALLERGY						
ANTITUSSIVES						
BENZONATATE CAPSULES	TESSALON PERLES					
HYDROCODONE W/ HOMATROPINE SYRUP	VARIOUS			PA REQUIRED for < 18 years of age	240	12
HYDROCODONE W/ HOMATROPINE TABLETS	VARIOUS			PA REQUIRED for < 18 years of age		
COUGH/COLD/ALLERGY COMBINATIONS						
BROMPHENIRAMINE & PSEUDOEPHEDRINE LIQUID	VARIOUS					
BROMPHENIRAMINE & PSEUDOEPHEDRINE TABLET 12-HOUR	VARIOUS					
BROMPHENIRAMINE-DEXTROMETHORPHAN-PHENYLEPHRINE LIQUID/TABLETS	VARIOUS					
CETIRIZINE-PSEUDOEPHEDRINE TABLET 12-HOUR	VARIOUS				30	30
CHLORPHENIRAMINE & PSEUDOEPHEDRINE CHEWABLE TABLETS	VARIOUS					
CHLORPHENIRAMINE & PSEUDOEPHEDRINE LIQUID	VARIOUS				480	30
CHLORPHENIRAMINE & PSEUDOEPHEDRINE SOLUTION	VARIOUS				480	30
CHLORPHENIRAMINE & PSEUDOEPHEDRINE SYRUP	VARIOUS				480	30
CHLORPHENIRAMINE & PSEUDOEPHEDRINE TABLETS	VARIOUS					
DEXTROMETHORPHAN-GUAIFENESIN TABLET	VARIOUS					
DEXTROMETHORPHAN-GUAIFENESIN LIQUID	VARIOUS				480	30
DEXTROMETHORPHAN-GUAIFENESIN TABLET 12-HOUR	MUCINEX DM					
FEXOFENADINE-PSEUDOEPHEDRINE TABLET 12-HOUR	VARIOUS				30	30
FEXOFENADINE-PSEUDOEPHEDRINE TABLET 24-HOUR	VARIOUS				30	30
GUAIFENESIN-CODEINE SYRUP	ROBITUSSIN AC			PA REQUIRED for < 18 years of age	240	12
LORATADINE & PSEUDOEPHEDRINE TABLET 12-HOUR	ALAVERT ALLERGY/SINUS				30	30
LORATADINE & PSEUDOEPHEDRINE TABLET 24-HOUR	CLARITIN-D 24 HOUR				30	30
PHENYLEPHRINE W/ DEXTROMETHORPHAN-GUAIFENESIN CAPSULES	VARIOUS					
PHENYLEPHRINE W/ DEXTROMETHORPHAN-GUAIFENESIN LIQUID	ROBITUSSIN CHILDRENS COUGH & COLD CF				480	30
PHENYLEPHRINE W/ DEXTROMETHORPHAN-GUAIFENESIN SYRUP	VARIOUS				480	30
PHENYLEPHRINE W/ DEXTROMETHORPHAN-GUAIFENESIN TABLETS	VARIOUS					
PHENYLEPHRINE W/ DEXTROMETHORPHAN-GUAIFENESIN TABLET 12-HOUR	VARIOUS					
PHENYLEPHRINE-BROMPHENIRAMINE-DEXTROMETHORPHAN ELIXIR	VARIOUS				480	30
PHENYLEPHRINE-BROMPHENIRAMINE-DEXTROMETHORPHAN LIQUID	DIMETAPP DEXTROMETHORPHAN COLD & COUGH				480	30
PHENYLEPHRINE-BROMPHENIRAMINE-DEXTROMETHORPHAN SYRUP	VARIOUS				480	30
PHENYLEPHRINE-CHLORPHENIRAMINE-DEXTROMETHORPHAN LIQUID	VARIOUS				480	30
PHENYLEPHRINE-CHLORPHENIRAMINE-DEXTROMETHORPHAN DROPS	VARIOUS			PA REQUIRED for < 6 years age		
PHENYLEPHRINE-CHLORPHENIRAMINE-DEXTROMETHORPHAN SYRUP	VARIOUS				480	30

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PHENYLEPHRINE-CHLORPHENIRAMINE-DEXTROMETHORPHAN TABLETS	VARIOUS					
PHENYLEPHRINE-GUAIFENESIN CAPSULES	VARIOUS					
PHENYLEPHRINE-GUAIFENESIN LIQUID	TRIAMINIC CHEST/ NASAL CONGESTION				480	30
PHENYLEPHRINE-GUAIFENESIN SYRUP	TRIAMINIC CHEST & NASAL CONGESTION				480	30
PHENYLEPHRINE-GUAIFENESIN TABLETS	VARIOUS					
PROMETHAZINE & PHENYLEPHRINE SYRUP	PROMETHAZINE/ PHENYLEPHRINE				480	30
PROMETHAZINE W/CODEINE SYRUP	PROMETHAZINE/CODEINE			PA REQUIRED for < 18 years of age	240	12
PROMETHAZINE-DEXTROMETHORPHAN SYRUP	PROMETHAZINE/ DEXTROMETHORPHAN				480	30
PSEUDOEPHEDRINE W/ CODEINE-GUAIFENESIN SYRUP	VARIOUS			PA REQUIRED for < 18 years of age	240	12
EXPECTORANTS						
GUAIFENESIN LIQUID	VARIOUS				480	30
GUAIFENESIN SYRUP	VARIOUS				480	30
GUAIFENESIN TABLETS	VARIOUS					
GUAIFENESIN TABLET 12-HOUR	VARIOUS					
DERMATOLOGICALS						
ACNE PRODUCTS						
BENZOYL PEROXIDE WASH 5% & 10%	VARIOUS					
BENZOYL PEROXIDE CLEANSER 6%	NEUTROGENA ON-THE-SPOT ACNE TREATMENT					
BENZOYL PEROXIDE GEL	BENZOYL PEROXIDE					
BENZOYL PEROXIDE LIQUID	PANOXYL					
BENZOYL PEROXIDE LOTION	BP CLEANSING LOTION					
BENZOYL PEROXIDE-ERYTHROMYCIN PACK	BENZAMYCINPAK					
CLINDAMYCIN PHOSPHATE (TOPICAL) GEL	CLEOCIN-T					
CLINDAMYCIN PHOSPHATE (TOPICAL) LOTION	CLEOCIN-T					
CLINDAMYCIN PHOSPHATE (TOPICAL) SOLUTION	CLEOCIN-T					
CLINDAMYCIN PHOSPHATE (TOPICAL) SWAB	CLEOCIN-T					
CLINDAMYCIN PHOSPHATE-BENZOYL PEROXIDE (REFRIGERATE)	CLINDAMY/BEN					
ERYTHROMYCIN ACNE GEL	VARIOUS	NDCs: 45802096694, 45802096696, 63739005366, 63739005368				
ERYTHROMYCIN (ACNE AID) SOLUTION	ERYTHROMYCIN					
ISOTRETINOIN CAPSULES	ABSORICA			PA REQUIRED		
TRETINOIN CREAM	RETIN-A	BRAND ONLY		PA REQUIRED For > 26 Years of Age		
TRETINOIN GEL	RETIN-A	BRAND ONLY		PA REQUIRED For > 26 Years of Age		
ANTIBIOTICS - TOPICAL						
BACITRACIN OINTMENT	BACIGUENT					

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BACITRACIN ZINC OINTMENT	BACITRACIN					
BACITRACIN-POLYMYXIN B OINTMENT	POLYSPORIN					
BACITRACIN-POLYMYXIN-NEOMYCIN HC OINTMENT	CORTISPORIN					
GENTAMICIN SULFATE CREAM	GENTAMICIN SULFATE					
GENTAMICIN SULFATE OINTMENT	GENTAMICIN SULFATE					
MUPIROCIN CALCIUM CREAM	BACTROBAN					
MUPIROCIN OINTMENT	BACTROBAN					
NEOMYCIN-BACITRACIN-POLYMYXIN OINTMENT	NEOSPORIN					
ANTIFUNGALS - TOPICAL						
BUTENAFINE	LOTRIMIN ULTRA					
CICLOPROX CREAM	VARIOUS	Preferred Drug				
CICLOPROX SOLUTION	VARIOUS	Preferred Drug				
CLOTRIMAZOLE CREAM (RX & OTC)	LOTRIMIN	Preferred Drug				
CLOTRIMAZOLE OINTMENT	LOTRIMIN					
CLOTRIMAZOLE TOPICAL SOLUTION	CLOTRIMAZOLE (RX ONLY)					
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	VARIOUS	Preferred Drug				
TOLNAFTATE AERO POWDER	VARIOUS	Preferred Drug				
TOLNAFTATE CREAM	VARIOUS	Preferred Drug				
TOLNAFTATE POWDER	VARIOUS	Preferred Drug				
TERBINAFFINE CREAM	VARIOUS	Preferred Drug				
ANTIHISTAMINES-TOPICAL						
DIPHENHYDRAMINE HCL CREAM	ANTI-ITCH MAXIMUM STRENGTH					
DIPHENHYDRAMINE HCL GEL	BENADRYL ITCH STOPPING					
DIPHENHYDRAMINE HCL SOLUTION	BENADRYL MAXIMUM STRENGTH					
ANTISEBORRHEIC TOPICAL PRODUCTS						
SELENIUM SULFIDE LOTION	SELSUN SHAMPOO					
ANTIVIRALS - TOPICAL						
DOCOSANOL 10% CREAM	ABREVA		PREFERRED DRUG		2GM	30
ACYCLOVIR OINTMENT	ZOVIRAX	BRAND ONLY	PREFERRED DRUG		15GM	30
ACYCLOVIR OINTMENT	ZOVIRAX		PREFERRED DRUG		15GM	30
BURN PRODUCTS						
SILVER SULFADIAZINE CREAM	SILVADENE					
CORTICOSTEROIDS - TOPICAL LOW POTENCY						
FLUOCINOLONE ACETONIDE	DERMA-SMOOTH FS	BRAND ONLY	PREFERRED DRUG			
FLUOCINOLONE ACETONIDE SOLUTION	SYNALAR					
HYDROCORTISONE CREAM	VARIOUS		PREFERRED DRUG			

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HYDROCORTISONE GEL	VARIOUS		PREFERRED DRUG			
HYDROCORTISONE LOTION	VARIOUS		PREFERRED DRUG			
HYDROCORTISONE OINTMENT	VARIOUS		PREFERRED DRUG			
FLUOCINOLONE 0.01% OIL	VARIOUS		PREFERRED DRUG			
CORTICOSTEROIDS - TOPICAL MEDIUM POTENCY						
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			
CORTICOSTEROIDS - TOPICAL HIGH POTENCY						
BETAMETHASONE DIPROPIONATE LOTION	VARIOUS		PREFERRED DRUG			
BETAMETHASONE DIPROPIONATE CREAM	VARIOUS		PREFERRED DRUG			
BETAMETHASONE DIPROPIONATE/PROPYLENE GLYC. CREAM	VARIOUS		PREFERRED DRUG			
BETAMETHASONE DIPROPIONATE (TOPICAL) OINTMENT	VARIOUS		PREFERRED DRUG			
BETAMETHASONE VALERATE CREAM	VARIOUS		PREFERRED DRUG			
BETAMETHASONE VALERATE LOTION	VARIOUS		PREFERRED DRUG			
BETAMETHASONE VALERATE SOLUTION	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			
CORTICOSTEROIDS - TOPICAL VERY HIGH POTENCY						
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		120	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
STERIODS - MOUTH/THROAT/DENTAL**						
TRIAMCINOLONE ACETONIDE (MOUTH) PASTE	ORALONE DENTAL PASTE				10	30
ECZEMA AGENTS						
DUPILUMAB SOLN PEN-INJ	DUPIXENT		PREFERRED DRUG	PA REQUIRED		
DUPILUMAB SOLN PREF SYR	DUPIXENT		PREFERRED DRUG	PA REQUIRED		
TRALOKINUMAB-LDRM SOLN PREF SYR	ADBRY		PREFERRED DRUG	PA REQUIRED		
ENZYMES - TOPICAL						
TACROLIMUS (TOPICAL) OINTMENT	PROTOPIC		PREFERRED DRUG	PA REQUIRED		
IMMUNOSUPPRESSIVE AGENTS - TOPICAL						
PIMECROLIMUS CREAM	VARIOUS		PREFERRED DRUG		60gm	30

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KERATOLYTIC/ANTIMITOTIC AGENTS						
SALICYLIC ACID CREAM	SALACYN					
SALICYLIC ACID FOAM	SALVAX					
SALICYLIC ACID GEL	KERALYT					
SALICYLIC ACID LIQUID	VIRASAL					
SALICYLIC ACID LOTION	SALACYN					
SALICYLIC ACID SHAMPOO	SALEX					
SALICYLIC ACID SOLUTION	VARIOUS					
LOCAL ANESTHETICS - TOPICAL						
LIDOCAINE CREAM 4%	ASPERCREME W/LIDOCAINE					
LIDOCAINE HCL GEL 2%	GLYDO					
LIDOCAINE HCL LOTION	LIDOCAINE HCL			PA REQUIRED		
LIDOCAINE OINTMENT	LIDOCAINE			PA REQUIRED		
LIDOCAINE PATCH	LIDODERM			PA REQUIRED		
LIDOCAINE HCL SOLUTION	VARIOUS					
LIDOCAINE-PRILOCAINE CREAM	EMLA					
TOPICAL - MISC.						
ALUMINUM CHLORIDE SOLUTION	DRYSOL					
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL						
CRISABOROLE OINTMENT	EUCRISA		PREFERRED DRUG	PA REQUIRED		
ROSACEA TOPICAL AGENTS						
METRONIDAZOLE CREAM 0.75%	METROCREAM					
METRONIDAZOLE GEL 0.75%	METROGEL					
METRONIDAZOLE LOTION	METROLOTION					
SCABICIDES & PEDICULICIDES TOPICAL AGENTS+A1106						
CROTAMITON CREAM	EURAX					
CROTAMITON LOTION	EURAX					
IVERMECTIN LOTION	SKLICE			PA REQUIRED		
PERMETHRIN CREAM	ACTICIN					
PERMETHRIN 1%, 5%	NIX, ELIMITE					
PERMETHRIN LIQUID	NIX CREME RINSE					
PYRETHRINS-PIPERONYL BUTOXIDE GEL	A-200					
PYRETHRINS-PIPERONYL BUTOXIDE LIQUID	BARC					
PYRETHRINS-PIPERONYL BUTOXIDE SHAMPOO	LICIDE					
SPINOSAD SUSPENSION	NATROBA			PA REQUIRED		
DIAGNOSTIC PRODUCTS						
DIAGNOSTIC TESTS						
BLOOD GLUCOSE MONITORS & STRIPS	VARIOUS					
DIGESTIVE AIDS						
DIGESTIVE ENZYMES						
LIPASE-PROTEASE-AMYLASE CAPSULE DELAYED RELEASE	CREON	BRAND ONLY	PREFERRED DRUG		500	30
LIPASE-PROTEASE-AMYLASE CAPSULE DELAYED RELEASE	ZENPEP	BRAND ONLY	PREFERRED DRUG		500	30
LIPASE-PROTEASE-AMYLASE CAPSULE DELAYED RELEASE	PANCREAZE	BRAND ONLY	PREFERRED DRUG		300	30

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DIURETICS						
CARBONIC ANHYDRASE INHIBITORS						
ACETAZOLAMIDE CAPSULE 12-HOUR	DIAMOX					
ACETAZOLAMIDE TABLETS	ACETAZOLAMIDE					
METHAZOLAMIDE TABLETS	NEPTAZANE					
DIURETIC COMBINATIONS						
SPIRONOLACTONE & HYDROCHLOROTHIAZIDE TABLETS	ALDACTAZIDE					
TRIAMTERENE & HYDROCHLOROTHIAZIDE CAPSULES	DYAZIDE					
TRIAMTERENE & HYDROCHLOROTHIAZIDE TABLETS	MAXZIDE-25					
LOOP DIURETICS						
BUMETANIDE TABLETS	BUMETANIDE					
FUROSEMIDE SOLUTION	FUROSEMIDE					
FUROSEMIDE TABLETS	LASIX					
TORSEMIDE TABLETS	DEMADEX					
POTASSIUM SPARING DIURETICS						
SPIRONOLACTONE TABLETS	ALDACTONE					
THIAZIDES AND THIAZIDE-LIKE DIURETICS						
CHLOROTHIAZIDE SUSPENSION	DIURIL					
CHLOROTHIAZIDE TABLETS	CHLOROTHIAZIDE					
CHLORTHALIDONE TABLETS	CHLORTHALIDONE					
HYDROCHLOROTHIAZIDE CAPSULES 12.5MG	VARIOUS					
HYDROCHLOROTHIAZIDE TABLETS 25MG & 50MG	HYDROCHLOROTHIAZIDE					
INDAPAMIDE TABLETS	INDAPAMIDE					
METOLAZONE TABLETS	ZAROXOLYN					
ENDOCRINE AND METABOLIC AGENTS - MISC.						
BONE DENSITY REGULATORS						
ALENDRONATE SODIUM SOLUTION	ALENDRONATE SODIUM					
ALENDRONATE SODIUM TABLETS	ALENDRONATE SODIUM					
CALCITONIN (SALMON) SOLUTION	FORTICAL					
DENOSUMAB	PROLIA					PA REQUIRED
IBANDRONATE SODIUM	BONIVA					
RALOXIFENE TABLETS	VARIOUS					
TERIPARATIDE (RECOMBINANT)	FORTEO	BRAND ONLY				PA REQUIRED
GROWTH HORMONES						
SOMATROPIN SOLUTION	NORDITROPIN	BRAND ONLY	PREFERRED DRUG			PA REQUIRED
SOMATROPIN SOLUTION	GENOTROPIN	BRAND ONLY	PREFERRED DRUG			PA REQUIRED
HORMONE RECEPTOR MODULATORS						
RALOXIFENE HCL TABLETS	EVISTA					
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)						
MECASERMIN SOLUTION	INCRELEX					PA REQUIRED
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS						
LEUPROLIDE ACETATE (CPP) (3 MONTH) KIT	LUPRON DEPOT-PED					PA REQUIRED
LEUPROLIDE ACETATE (CPP) KIT	LUPRON DEPOT-PED					PA REQUIRED

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METABOLIC MODIFIERS						
CINACALCET HCL TABLETS	SENSIPAR			PA REQUIRED		
IDURSULFASE SOLUTION	ELAPRASE			PA REQUIRED		
POSTERIOR PITUITARY HORMONES						
DESMOPRESSIN ACETATE REFRIGERATED SOLUTION	VARIOUS					
DESMOPRESSIN ACETATE SOLUTION	VARIOUS					
DESMOPRESSIN ACETATE SPRAY REFRIGERATED SOLUTION	VARIOUS					
DESMOPRESSIN ACETATE SPRAY SOLUTION	VARIOUS					
DESMOPRESSIN ACETATE TABLETS	VARIOUS			PA REQUIRED		
ESTROGENS						
ESTROGEN COMBINATIONS						
CONJUGATED ESTROGENS-MEDROXYPROGESTERONE ACETATE TABLETS	PREMPRO					
ESTRADIOL-LEVONORGESTREL PATCH-WEEKLY	CLIMARA PATCH					
ESTROGENS						
ESTERIFIED ESTROGENS TABLETS	MENEST					
ESTRADIOL PATCH-TWICE WEEKLY	ALORA					
ESTRADIOL PATCH-WEEKLY	MENOSTAR					
ESTRADIOL TABLETS	ESTRACE					
ESTROGENS, CONJUGATED SYNTHETIC A TABLETS	CENESTIN					
ESTROGENS, CONJUGATED TABLETS	PREMARIN					
ESTROPIPATE TABLETS	ORTHO-EST					
FLUOROQUINOLONES						
FLUOROQUINOLONES						
CIPROFLOXACIN HCL TABLETS	CIPROFLOXACIN HCL					
LEVOFLOXACIN SOLUTION	LEVAQUIN					
LEVOFLOXACIN TABLETS	LEVAQUIN					
OFLOXACIN TABLETS	OFLOXACIN					
GASTROINTESTINAL AGENTS - MISC.						
GALLSTONE SOLUBILIZING AGENTS						
URSODIOL CAPSULES	ACTIGALL					
URSODIOL TABLETS	URSO 250					
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS						
LUBIPROSTONE CAPSULES	AMITIZA			PA REQUIRED		
GASTROINTESTINAL STIMULANTS						
METOCLOPRAMIDE HCL SOLUTION	VARIOUS					
METOCLOPRAMIDE HCL TABLETS	VARIOUS					
METOCLOPRAMIDE HCL ORALLY DISINTEGRATING TABLETS	VARIOUS					
INFLAMMATORY BOWEL AGENTS						
BALSALAZIDE DISODIUM TABLETS	GIAZO		PREFERRED DRUG		270	30
INFLIXIMAB						
BUDESONIDE CAPSULES	INFLIXIMAB ENTOCORT EC	JANSSEN PRODUCT ONLY	PREFERRED DRUG PREFERRED DRUG	PA REQUIRED		

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MESALAMINE CAPSULE CONTROLLED RELEASE	PENTASA	BRAND ONLY	PREFERRED DRUG		270	30
MESALAMINE CAPSULE DELAYED RELEASE CAPSULE	DELZICOL	BRAND ONLY	PREFERRED DRUG		180	30
MESALAMINE CAPSULE DELAYED RELEASE TABLET	ASACOL HD		PREFERRED DRUG		180	30
MESALAMINE CAPSULE 24-HOUR	APRISO	BRAND ONLY	PREFERRED DRUG		120	30
MESALAMINE ENEMA	SFROWASA	BRAND ONLY	PREFERRED DRUG		30	30
MESALAMINE TABLET ENTERIC COATED	VARIOUS		PREFERRED DRUG		120	30
MESALAMINE SUPPOSITORY	CANASA	BRAND ONLY	PREFERRED DRUG		30	30
SULFASALAZINE TABLETS	AZULFIDINE		PREFERRED DRUG		240	30
SULFASALAZINE TABLET ENTERIC COATED	AZULFIDINE EN-TABLETS		PREFERRED DRUG		240	30
IRRITABLE BOWEL SYNDROME (IBS) AGENTS						
LINACLOTIDE CAPSULES	LINZESS			PA REQUIRED		
PHOSPHATE BINDER AGENTS						
CALCIUM ACETATE TABLETS	VARIOUS		PREFERRED DRUG			
CALCIUM ACETATE CAPSULES	VARIOUS		PREFERRED DRUG			
SEVELAMER CARBONATE TABLETS	REVELA	VARIOUS	PREFERRED DRUG			
GENITOURINARY AGENTS - MISC.						
INTERSTITIAL CYSTITIS AGENTS						
PENTOSAN POLYSULFATE SODIUM CAPSULES	ELMIRON			PA REQUIRED		
PROSTATIC HYPERTROPHY AGENTS						
ALFUZOSIN ER	VARIOUS		Preferred Drug			
DOXAZOSIN MESYLATE	VARIOUS		Preferred Drug			
DUTASTERIDE	VARIOUS		Preferred Drug			
FINASTERIDE	PROSCAR		Preferred Drug			
TAMSULOSIN HCL	FLOMAX		Preferred Drug			
TERAZOSIN	VARIOUS		Preferred Drug			
URINARY ANALGESICS						
PHENAZOPYRIDINE HCL TABLETS	PYRIDIUM					
GOUT AGENTS						
GOUT AGENTS						
ALLOPURINOL TABLETS	ZYLOPRIM					
COLCHICINE TABLETS	VARIOUS					
FEBUXOSTAT TABLETS	ULORIC			PA REQUIRED		
URICOSURICS						
PROBENECID TABLETS	PROBENECID					
HEMATOLOGICAL AGENTS - MISC.						
PLATELET AGGREGATION INHIBITORS						
CILOSTAZOL TABLETS	PLETAL					
CLOPIDOGREL BISULFATE TABLETS	PLAVIX					
DIPYRIDAMOLE TABLETS	PERSANTINE					
TICAGRELOR TABLETS	BRILINTA			PA REQUIRED		
HEMATOPOIETIC AGENTS						
AGENTS FOR GAUCHER DISEASE						
ELIGLUSTAT TARTRATE	CERDELGA (oral)	BRAND ONLY		PA REQUIRED		

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IMIGLUCERASE SOLUTION	CEREZYME 400 IU (IV)	BRAND ONLY			PA REQUIRED		
TALIGLUCERASE ALFA	ELELYSO (IV)	BRAND ONLY			PA REQUIRED		
MIGLUSTAT	MIGLUSTAT (oral)	BRAND ONLY			PA REQUIRED		
VELAGLUCERASE ALFA	VPRIV 400 IU	BRAND ONLY			PA REQUIRED		
HEMATOPOIETIC GROWTH FACTORS							
ELTROMBOPAG OLAMINE TABLET	PROMACTA	Brand Only	Preferred Drug		PA Required		
EPOETIN ALFA SOLUTION	EPOGEN	Brand Only	Preferred Drug		PA Required		
EPOETIN ALFA-EPBX SOLUTION	RETACRIT	Brand Only	Preferred Drug		PA Required		
FILGRASTIM SOLUTION	NEUPOGEN	Brand Only	Preferred Drug		PA Required		
FILGRASTIM SOLN PREF SYR	NEUPOGEN	Brand Only	Preferred Drug		PA Required		
FILGRASTIM-AAFI SOLUTION	NIVESTYM	Brand Only	Preferred Drug		PA Required		
FILGRASTIM-AAFI SOLN PREF SYR	NIVESTYM	Brand Only	Preferred Drug		PA Required		
PEGFILGRASTIM-APGF SOLN PREF SYR	NYVEPRIA	Brand Only	Preferred Drug		PA Required		
PEGFILGRASTIM-BMEZ SOLN PREF SYR	ZIEXTENZO	Brand Only	Preferred Drug		PA Required		
PEGFILGRASTIM-CBQV SOLN AUTO-INJ	UDENYCA	Brand Only	Preferred Drug		PA Required		
PEGFILGRASTIM-PBBK SOLN PREF SYR	FYLNETRA	Brand Only	Preferred Drug		PA Required		
ROMIPLOSTIM SOLUTION RECONSTITUTED	NPLATE	Brand Only	Preferred Drug		PA Required		
HEMOSTATICS							
HEMOSTATICS - SYSTEMIC							
AMINOCAPROIC ACID SYRUP	AMICAR						
AMINOCAPROIC ACID TABLETS	AMICAR						
HEREDITARY ANGIOEDEMA AGENTS							
ICATIBANT ACETATE SOLUTION	VARIOUS		PREFERRED DRUG		PA REQUIRED		
C1 ESTERASE INHIBITOR (HUMAN) SOLUTION	BERINERT	BRAND ONLY	PREFERRED DRUG		PA REQUIRED		
C1 ESTERASE INHIBITOR (HUMAN) SOLUTION	CINRYZE	BRAND ONLY	PREFERRED DRUG		PA REQUIRED		
C1 ESTERASE INHIBITOR (HUMAN) SOLUTION	HAEGARDA	BRAND ONLY	PREFERRED DRUG		PA REQUIRED		
ECALLANTIDE SOLUTION	KALBITOR		PREFERRED DRUG		PA REQUIRED		
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENT							
BARBITURATE HYPNOTICS							
PHENOBARBITAL SOLUTION	PHENOBARBITAL						
PHENOBARBITAL TABLETS	PHENOBARBITAL						
NON-BARBITURATE HYPNOTICS							
ESZOPICLONE	LUNESTA	VARIOUS	PREFERRED DRUG		PA REQUIRED for Ages <6 years PA REQUIRED for > 1 Hypnotic Drug	30	30
TEMAZEPAM CAPSULES 15MG & 30MG	RESTORIL		PREFERRED DRUG		PA REQUIRED for Ages <6 years PA REQUIRED for > 1 Hypnotic Drug	30	30
ZOLPIDEM TARTRATE TABLETS 5MG	AMBIEN		PREFERRED DRUG		PA REQUIRED for Ages <6 years PA REQUIRED for > 1 Hypnotic Drug	60	30
ZOLPIDEM TARTRATE TABLETS 10MG	AMBIEN		PREFERRED DRUG		PA REQUIRED for Ages <6 years PA REQUIRED for > 1 Hypnotic Drug	30	30
ZOLPIDEM TARTRATE TABLET ER	AMBIEN CR		PREFERRED DRUG		PA Required for Ages <6 years PA Required for > 1 Hypnotic Drug	30	30
SELECTIVE MELATONIN RECEPTOR AGONISTS							

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RAMELTEON TABLETS	ROZEREM	BRAND ONLY	PREFERRED DRUG	PA REQUIRED for < 6 years of age	Patient must have tried two preferred agents.	30	30
LAXATIVES							
LAXATIVE COMBINATIONS							
PEG 3350-KCL-SOD BICARB-SOD CHLORIDE-SOD SULFATE SOLUTION	COLYTE						
LAXATIVES - MISC.							
LACTULOSE SOLUTION	LACTULOSE						
MACROLIDES							
AZITHROMYCIN							
AZITHROMYCIN PACKETS	ZITHROMAX						
AZITHROMYCIN SUSPENSION	ZITHROMAX						
AZITHROMYCIN TABLETS	ZITHROMAX						
CLARITHROMYCIN							
CLARITHROMYCIN SUSPENSION	CLARITHROMYCIN						
CLARITHROMYCIN TABLETS	BIAXIN						
CLARITHROMYCIN TABLET 24-HOUR	BIAXIN XL						
MEDICAL DEVICES							
CONTRACEPTIVES							
CONDOMS - FEMALE MISC.	FC FEMALE CONDOM						
CONDOMS - MALE MISC.	LIFESTYLES ASSORTED COLORS						
DIAPHRAGM ARC-SPRING DPRH	CAYA						
DIAPHRAGM COIL SPRING KIT	ORTHO DIAPHRAGM COIL SPRING KIT 50						
DIAPHRAGM FLAT SPRING KIT	ORTHO DIAPHRAGM FLAT SPRING KIT 55						
DIAPHRAGM WIDE SEAL DPRH	WIDE-SEAL SILICONE DIAPHRAGM KIT 60						
DIAPHRAGMS - OTHER+A1294	OMNIFLEX DIAPHRAGM						
DIABETIC SUPPLIES							
BLOOD GLUCOSE MONITORING KIT W/ DEVICE	VARIOUS						
BLOOD GLUCOSE MONITORING DEVICES	VARIOUS						
LANCET DEVICES MISC.	VARIOUS						
LANCETS MISC.	VARIOUS						
DEVICES - MISC.							
ALCOHOL SWABS PADS	ALCOH-GLOVE CONTOURED WIPE						
RESPIRATORY THERAPY SUPPLIES							
SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES - MASKS	MASK VORTEX/ WHIRL DUCKLING	BABY				2	365
SPACER/AEROSOL-HOLDING CHAMBERS DEVICE	AEROCHAMBER AEROCHAMBER	MINI				2	365
MIGRAINE PRODUCTS							
MIGRAINE COMBINATIONS							

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ERGOTAMINE W/ CAFFEINE TABLETS	CAFERGOT				40	30
MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES						
GALCANEZUMAB-GNLM SOLUTION AUTOINJECTOR / PREFILLED SYRINGE / PEN	EMGALITY		PREFERRED DRUG	PA REQUIRED	1	30
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONIST						
FREMANEZUMAB-VFRM SOLUTION AUTOINJECTOR	AJOVY		PREFERRED DRUG	PA REQUIRED	1	30
UBROGEPANT TABLETS	UBRELVY		PREFERRED DRUG	PA REQUIRED	10	30
SEROTONIN AGONISTS						
NARATRIPTAN HCL TABLETS	AMERGE		PREFERRED DRUG		9	30
RIZATRIPTAN BENZOATE ORALLY DISPERSABLE TABLET	MAXALT-MLT		PREFERRED DRUG		9	30
RIZATRIPTAN BENZOATE TABLETS	MAXALT		PREFERRED DRUG		9	30
SUMATRIPTAN NASAL SPRAY	VARIOUS		PREFERRED DRUG		6	30
SUMATRIPTAN SUCCINATE SUBCUTANEOUS SOLUTION AUTO INJECTION	IMITREX		PREFERRED DRUG		2	30
SUMATRIPTAN SUCCINATE SUBCUTANEOUS SOLUTION CARTRIDGE	IMITREX		PREFERRED DRUG		2	30
SUMATRIPTAN SUCCINATE TABLETS	IMITREX		PREFERRED DRUG		9	30
ZOLMITRIPTAN NASAL SPRAY	ZOMIG	BRAND ONLY	PREFERRED DRUG		6	30
ZOLMITRIPTAN ORALLY DISPERSABLE TABLET	ZOMIG ZMT		PREFERRED DRUG		9	30
ZOLMITRIPTAN TABLETS	ZOMIG		PREFERRED DRUG		9	30
MINERALS & ELECTROLYTES						
SODIUM FLUORIDE CHEWABLE TABLETS	LUDENT					
SODIUM FLUORIDE LOZG	LOZI-FLUR					
SODIUM FLUORIDE SOLUTION	FLUOR-A-DAY					
SODIUM FLUORIDE TABLETS	SODIUM FLUORIDE					
MOUTH/THROAT/DENTAL AGENTS						
ANTI-INFECTIVES - THROAT						
CLOTRIMAZOLE TROC	CLOTRIMAZOLE					
STEROIDS - MOUTH/THROAT						
TRIAMCINOLONE ACETONIDE ORAL PASTE	ORALONE					
MULTIVITAMINS						
PRENATAL VITAMINS						
PRENATAL MULTIVITAMINS WITH OR WITHOUT MINERALS W/ FOLATE	VARIOUS					
PRENATAL MULTIVITAMINES WITH MINERAL W/FE-FA	VARIOUS					
MUSCULOSKELETAL THERAPY AGENTS						
CENTRAL MUSCLE RELAXANTS						
BACLOFEN TABLETS	BACLOFEN					
CYCLOBENZAPRINE HCL TABLETS 5MG & 10MG	FLEXERIL			PA REQUIRED for dosages other than 5mg and 10mg tablets		
METHOCARBAMOL TABLETS	ROBAXIN					
TIZANIDINE HCL TABLETS - 2MG & 4MG ONLY	TIZANIDINE HCL					
DIRECT MUSCLE RELAXANTS						

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DANTROLENE SODIUM CAPSULES	DANTRIUM					
NASAL AGENTS - SYSTEMIC AND TOPICAL						
NASAL ANTIALLERGY						
AZELASTINE HCL SOLUTION 0.10%	ASTELIN					
NASAL ANTICHOLINERGICS						
IPRATROPIUM BROMIDE SOLUTION	ATROVENT					
NASAL STEROIDS						
FLUNISOLIDE SOLUTION	FLUNISOLIDE					
FLUTICASONE PROPIONATE SUSPENSION	FLONASE					
TRIAMCINOLONE ACETONIDE	NASACORT AQ					
SYMPATHOMIMETIC DECONGESTANTS						
PSEUDOEPHEDRINE HCL LIQUID	SUDAFED CHILDRENS					
PSEUDOEPHEDRINE HCL SYRUP	PSEUDOEPHEDRINE					
PSEUDOEPHEDRINE HCL TABLETS	SUDAFED					
PSEUDOEPHEDRINE HCL TABLET 12-HOUR	NASAL DECONGESTANT					
PSEUDOEPHEDRINE HCL TABLET 24-HOUR	SUDAFED 24 HOUR					
NEUROMUSCULAR AGENTS*						
FRIEDRICH'S ATAXIA AGENTS**						
OMAVELOXOLONE CAPSULE	SKYCLARYS			PA Required		
OPHTHALMIC AGENTS						
OPHTHALMIC - BETA-BLOCKERS						
BETAXOLOL HCL SOLUTION	BETAXOLOL HCL					
BETAXOLOL HCL SUSPENSION	BETOPTIC-S					
CARTEOLOL HCL SOLUTION	CARTEOLOL HCL					
DORZOLAMIDE HCL-TIMOLOL MALEATE SOLUTION	COSOPT					
LEVOBUNOLOL HCL SOLUTION	LEVOBUNOLOL HCL					
METIPRANOLOL SOLUTION	METIPRANOLOL					
TIMOLOL MALEATE SOLUTION	TIMOPTIC-XE					
TIMOLOL MALEATE SOLUTION	TIMOPTIC					
OPHTHALMIC - CYCLOPLEGIC MYDRIATICS						
ATROPINE SULFATE OINTMENT	ATROPINE SULFATE					
ATROPINE SULFATE SOLUTION	ISOPTO ATROPINE					
CYCLOPENTOLATE HCL SOLUTION	CYCLOGYL					
HOMATROPINE HBR SOLUTION	ISOPTO HOMATROPINE					
OPHTHALMIC - MIOTICS						
PILOCARPINE HCL GEL	PILOPINE HS					
PILOCARPINE HCL SOLUTION	ISOPTO CARPINE					
OPHTHALMIC - ANTI-INFECTIVES						
BACITRACIN OINTMENT	BACITRACIN				3.5GM	7
BACITRACIN-POLYMYXIN B OINTMENT	POLYCIN					
CIPROFLOXACIN HCL OINTMENT	CILOXAN					
CIPROFLOXACIN HCL SOLUTION	CILOXAN					
ERYTHROMYCIN OINTMENT	ILOTYCIN					

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GENTAMICIN SULFATE OINTMENT	GARAMYCIN					
GENTAMICIN SULFATE SOLUTION	GARAMYCIN					
MOXIFLOXACIN HCL SOLUTION	VIGAMOX					
NATAMYCIN SUSPENSION	NATACYN					
NEOMYCIN-BACITRACIN ZN-POLYMYXIN OINTMENT	NEO-POLYCIN					
NEOMYCIN-POLYMYXIN-GRAMICIDIN SOLUTION	NEOSPORIN					
OFLOXACIN SOLUTION	OCUFLOX					
POLYMYXIN B-TRIMETHOPRIM SOLUTION	POLYTRIM					
SULFACETAMIDE SODIUM OINTMENT	SULFACETAMIDE SODIUM					
SULFACETAMIDE SODIUM SOLUTION	BLEPH-10					
TOBRAMYCIN OINTMENT	TOBREX				3.5GM	7
TOBRAMYCIN SOLUTION	TOBREX					
TRIFLURIDINE SOLUTION	VIROPTIC					
OPHTHALMIC - DECONGESTANTS						
NAPHAZOLINE HCL SOLUTION	VASOCLEAR					
NAPHAZOLINE W/ PHENIRAMINE SOLUTION	NAPHCON-A					
OPHTHALMIC - IMMUNOMODULATORS						
CYCLOSPORINE EMULSION	RESTASIS			PA REQUIRED		
OPHTHALMIC INTEGRIN ANTAGONISTS**						
LIFITEGRAST SOLUTION	XIIDRA			PA Required		
OPHTHALMIC - MISCELLANEOUS TOPICALS						
EYELID CLEANSERS FOAM	OCUSOFT					
EYELID CLEANSERS PAD	OCUSOFT					
TEA TREE OIL	VARIOUS					
OPHTHALMIC - STEROIDS						
BACITRACIN-POLY-NEOMYCIN-HC OINTMENT	NEO-POLYCIN HC					
DEXAMETHASONE SUSPENSION	MAXIDEX					
DEXAMETHASONE SODIUM PHOSPHATE SOLUTION	DEXAMETHASONE SODIUM PHOSPHATE					
FLUOROMETHOLONE OINTMENT	FML					
FLUOROMETHOLONE 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					
PREDNISOLONE ACETATE SUSPENSION	PRED MILD					
PREDNISOLONE SODIUM PHOSPHATE 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					

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TOBRAMYCIN-DEXAMETHASONE OINTMENT	TOBRADEX					
TOBRAMYCIN-DEXAMETHASONE SUSPENSION	TOBRADEX ST					
OPHTHALMICS - MISC.						
BRINZOLAMIDE SUSPENSION	AZOPT			PA REQUIRED		
CROMOLYN SODIUM SOLUTION	CROMOLYN SODIUM					
DICLOFENAC SODIUM SOLUTION	DICLOFENAC SODIUM					
DORZOLAMIDE HCL SOLUTION	TRUSOPT					
FLURBIPROFEN SODIUM SOLUTION	OCUFEN					
KETOROLAC TROMETHAMINE SOLUTION	ACULAR LS					
KETOTIFEN FUMARATE SOLUTION	ALAWAY					
OPHTHALMIC - PROSTAGLANDINS						
LATANOPROST SOLUTION	XALATAN				2.5	30
TAFLUPROST SOLUTION	ZIOPATAN			PA REQUIRED		
TRAVOPROST SOLUTION	TRAVATAN Z			PA REQUIRED		
OTIC AGENTS						
OTIC AGENTS - MISCELLANEOUS						
ACETIC ACID SOLUTION	ACETIC ACID					
OTIC ANTI-INFECTIVES						
CIPROFLOXACIN SOLUTION	VARIOUS					
OFLOXACIN (OTIC) SOLUTION	VARIOUS					
OTIC COMBINATIONS						
ANTIPYRINE-BENZOCAINE SOLUTION	AURODEX					
ANTIPYRINE-BENZOCAINE-POLYDOSANOL SOLUTION	OTIC CARE					
CIPROFLOXACIN-DEXAMETHASONE	VARIOUS		PREFERRED DRUG			
CIPROFLOXACIN /HYDROCORTISONE	CIPRO HC	BRAND ONLY	PREFERRED DRUG			
NEOMYCIN-POLYMYXIN-HC SOLUTION	CORTISPORIN		PREFERRED DRUG			
NEOMYCIN-POLYMYXIN-HC SUSPENSION	NEO/POLYMYXIN/HC 5-10000-1		PREFERRED DRUG			
OTIC STEROIDS						
HYDROCORTISONE W/ACETIC ACID SOLUTION	ACETASOL HC					
OXYTOCICS						
OXYTOCICS						
METHYLERGONOVINE MALEATE TABLETS	METHERGINE					
PASSIVE IMMUNIZING AGENTS						
MONOCLONAL ANTIBODIES						
PALIVIZUMAB SOLUTION	SYNAGIS			PA is not Required for children under the age of 2 years. Note: the prescriber must buy and bill a medical claim for the drug		
PENICILLINS						
AMINOPENICILLINS						
AMOXICILLIN CAPSULES	AMOXICILLIN					
AMOXICILLIN CHEWABLE TABLETS	AMOXICILLIN					
AMOXICILLIN SUSPENSION	AMOXICILLIN					

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AMOXICILLIN TABLETS	AMOXICILLIN					
AMPICILLIN CAPSULES	AMPICILLIN					
AMPICILLIN SUSPENSION	AMPICILLIN					
NATURAL PENICILLINS						
PENICILLIN V POTASSIUM SOLUTION	PENICILLIN V POTASSIUM					
PENICILLIN V POTASSIUM TABLETS	PENICILLIN V POTASSIUM					
PENICILLIN COMBINATIONS						
AMOXICILLIN & POT CLAVULANATE CHEWABLE TABLETS	AUGMENTIN					
AMOXICILLIN & POT CLAVULANATE SUSPENSION	AUGMENTIN					
AMOXICILLIN & POT CLAVULANATE TABLET 12-HOUR	AUGMENTIN XR					
PENICILLINASE-RESISTANT PENICILLINS						
DICLOXACILLIN SODIUM CAPSULES	DICLOXACILLIN SODIUM					
PROGESTINS						
PROGESTINS						
MEDROXYPROGESTERONE ACETATE TABLETS	PROVERA					
PROGESTERONE MICRONIZED CAPSULES	PROMETRIUM					
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENT						
ANTIDEMENTIA AGENTS						
DONEPEZIL HYDROCHLORIDE TABLETS	ARICEPT			PA REQUIRED		
DONEPEZIL HYDROCHLORIDE ORALLY DISINTEGRATING TABLETS	ARICEPT ODT			PA REQUIRED		
GALANTAMINE HYDROBROMIDE CAPSULE CONTROLLED RELEASE	RAZADYNE ER			PA REQUIRED		
GALANTAMINE HYDROBROMIDE SOLUTION	RAZADYNE			PA REQUIRED		
GALANTAMINE HYDROBROMIDE TABLETS	RAZADYNE			PA REQUIRED		
MEMANTINE HCL SOLUTION	NAMENDA			PA REQUIRED		
MEMANTINE HCL TABLETS	NAMENDA			PA REQUIRED		
RIVASTIGMINE PATCH	EXELON			PA REQUIRED		
RIVASTIGMINE TARTRATE CAPSULES	EXELON			PA REQUIRED		
RIVASTIGMINE TARTRATE SOLUTION	EXELON			PA REQUIRED		
MOVEMENT DISORDERS						
DEUTETRABENAZINE TABLET	AUSTEDO			PA REQUIRED		
DEUTETRABENAZINE TAB THERAPY PACK	AUSTEDO PATIENT TITRATION KIT			PA REQUIRED		
DEUTETRABENAZINE TABLET ER 24HR	AUSTEDO XR			PA REQUIRED		
DEUTETRABENAZINE TBER THERAPY PACK	AUSTEDO XR PATIENT TITRATION KIT			PA REQUIRED		
VALBENAZINE TOSYLATE CAPSULE	INGREZZA			PA REQUIRED		
MULTIPLE SCLEROSIS AGENTS						
DIMETHYL FUMARATE CAPSULE DELAYED RELEASE	TECFIDERA			PA REQUIRED		
DALFAMPRIDINE TABLET ER 12HR	AMPYRA			PA REQUIRED		
FINGOLIMOD HCL CAPSULE	GILENYA			PA REQUIRED		
GLATIRAMER ACETATE SOLN PREF SYR	COPAXONE	BRAND ONLY		PA REQUIRED		
INTERFERON BETA-1A AUTO-INJECTOR KIT	AVONEX PEN			PA REQUIRED		
INTERFERON BETA-1A PREFILLED SYRINGE KIT	AVONEX			PA REQUIRED		
INTERFERON BETA-1A SOLN AUTO-INJ	REBIF REBIDOSE			PA REQUIRED		

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INTERFERON BETA-1A SOLN PREF SYR	REBIF			PA REQUIRED			
NATALIZUMAB CONCENTRATE	TYSABRI			PA REQUIRED			
OCRELIZUMAB SOLUTION	OCREVUS			PA REQUIRED			
OFATUMUMAB (MS) SOLN AUTO-INJ	KESIMPTA			PA REQUIRED			
TERIFLUNOMIDE TABLET	AUBAGIO			PA REQUIRED			
FINGOLIMOD HCL CAPSULES	GILENYA			PA REQUIRED			
INTERFERON BETA-1A KIT	AVONEX			PA REQUIRED			
SMOKING DETERRENTS							
BUPROPION HCL (SMOKING DETERRENT) TABLET 12-HOUR	BUPROBAN					84-day supply	180
NICOTINE INHA	NICOTROL INHALER					84-day supply	180
NICOTINE POLACRILEX GUM	NICORETTE GUM					84-day supply	180
NICOTINE POLACRILEX LOZENGE	COMMIT					84-day supply	180
NICOTINE PATCH	NICODERM CQ					84-day supply	180
NICOTINE SOLUTION	NICOTROL NS					84-day supply	180
VARENICLINE TARTRATE TABLETS	CHANTIX					84-day supply	180
RESPIRATORY AGENTS - MISC.							
ALPHA-PROTEINASE INHIBITOR (HUMAN)							
ALPHA1-PROTEINASE INHIBITOR (HUMAN) SOLUTION	ARALAST NP			PA REQUIRED			
ALPHA1-PROTEINASE INHIBITOR (HUMAN) SOLUTION	PROLASTIN-C			PA REQUIRED			
CYSTIC FIBROSIS AGENTS							
DORNASE ALFA SOLUTION	PULMOZYME			PA REQUIRED			
PULMONARY FIBROSIS AGENTS							
PIRFENIDONE 267MG, 801MG	ESBRIET	Brand Only					
SULFONAMIDES							
SULFONAMIDES							
SULFADIAZINE TABLETS	SULFADIAZINE						
TETRACYCLINES							
TETRACYCLINES							
DEMECLOCYCLINE HCL TABLETS	DEMECLOCYCLINE HCL			PA REQUIRED			
DOXYCYCLINE HYCLATE CAPSULES - 50MG AND 100MG CAPSULES ONLY	VARIOUS						
DOXYCYCLINE HYCLATE TABLETS - 20MG AND 100MG TABLETS ONLY	VARIOUS						
DOXYCYCLINE MONOHYDRATE - CAPSULES 50MG & 100MG ONLY	VARIOUS						
MINOCYCLINE HCL - 50MG, 75MG & 100MG CAPSULES ONLY	MINOCIN						
THYROID AGENTS							
ANTITHYROID AGENTS							

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METHIMAZOLE TABLETS	TAPAZOLE					
PROPYLTHIOURACIL TABLETS	PROPYLTHIOURACIL					
THYROID HORMONES						
LEVOTHYROXINE SODIUM TABLETS	LEVO-T					
LIOTHYRONINE SODIUM TABLETS	CYTOMEL					
THYROID TABLETS	ARMOUR THYROID					
ULCER DRUGS						
ANTISPASMODICS						
DICYCLOMINE HCL CAPSULES	VARIOUS					
DICYCLOMINE HCL SOLUTION	VARIOUS					
DICYCLOMINE HCL TABLETS	VARIOUS					
GLYCOPYRROLATE SOLUTION	VARIOUS					
GLYCOPYRROLATE TABLETS	VARIOUS					
HYOSCYAMINE SULFATE ELIXIR	VARIOUS					
HYOSCYAMINE SULFATE SOLUTION	VARIOUS					
HYOSCYAMINE SULFATE SUBLINGUAL	VARIOUS					
HYOSCYAMINE SULFATE TABLETS	VARIOUS					
HYOSCYAMINE SULFATE TABLET 12-HOUR	VARIOUS					
HYOSCYAMINE SULFATE CONTROLLED RELEASE TABLET	VARIOUS					
HYOSCYAMINE SULFATE ORALLY DISINTEGRATING TABLETS	VARIOUS					
PROPANTHELINE BROMIDE TABLETS	VARIOUS					
H-2 ANTAGONISTS						
FAMOTIDINE CHEWABLE TABLETS	PEPCID AC					
FAMOTIDINE SUSPENSION	PEPCID					
FAMOTIDINE TABLETS	PEPCID AC					
RANITIDINE HCL CAPSULES	RANITIDINE HCL					
RANITIDINE HCL SUSPENSION	DEPRIZINE FUSEPAQ					
RANITIDINE HCL SYRUP	ZANTAC					
RANITIDINE HCL TABLETS	ZANTAC 75					
ANTI-ULCER - MISC.						
SUCRALFATE TABLETS	CARAFATE					
PROTON PUMP INHIBITORS						
ESOMEPRAZOLE MAGNESIUM PACKETS	NEXIUM		PREFERRED DRUG	PA REQUIRED for > 18 Years of Age	30	30
LANSOPRAZOLE ORALLY DISPERSABLE TABLET (ODT)	PREVACID SOLUTAB		PREFERRED DRUG	PA REQUIRED for > 18 Years of Age	60	30
OMEPRAZOLE ORAL CAPSULES	VARIOUS		PREFERRED DRUG		60	30
PANTOPRAZOLE SODIUM PACKETS	PROTONIX		PREFERRED DRUG	PA REQUIRED for > 18 Years of Age	30	30
PANTOPRAZOLE TABLETS	PROTONIX		PREFERRED DRUG		30	30
URINARY ANTISPASMODICS						
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLI)						
FESOTERODINE FUMARATE	TOVIAZ	BRAND ONLY	PREFERRED DRUG			
OXYBUTYNYN CHLORIDE SYRUP	VARIOUS		PREFERRED DRUG			
OXYBUTYNYN CHLORIDE 5MG TABLETS	VARIOUS		PREFERRED DRUG			
OXYBUTYNYN CHLORIDE TABLET 24-HOUR	DITROPAN XL		PREFERRED DRUG			

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TOLTERODINE TARTRATE CAPSULE CONTROLLED RELEASE	DETROL LA	BRAND ONLY	PREFERRED DRUG				
TOLTERODINE TARTRATE TABLETS	DETROL	BRAND ONLY	PREFERRED DRUG				
VAGINAL PRODUCTS							
SPERMICIDES							
NONOXYNOL-9 FOAM	VCF VAGINAL CONTRACEPTIVE FOAM						
NONOXYNOL-9 GEL	SHUR-SEAL						
VAGINAL ANTI-INFECTIVES							
CLINDAMYCIN PHOSPHATE VAGINAL CREAM	CLEOCIN						
CLINDAMYCIN PHOSPHATE VAGINAL SUPPOSITORY	CLEOCIN						
CLOTRIMAZOLE VAGINAL CREAM	GYNE-LOTRIMIN						
METRONIDAZOLE VAGINAL GEL	METROGEL-VAGINAL						
MICONAZOLE NITRATE VAGINAL	MONISTAT 3 COMBINATION PACKETS						
MICONAZOLE NITRATE VAGINAL SUPPOSITORY	MICONAZOLE 3						
SULFANILAMIDE VAGINAL CREAM	AVC						
VAGINAL ESTROGENS							
ESTRADIOL ACETATE VAGINAL RING	FEMRING			PA REQUIRED			
ESTRADIOL VAGINAL RING	ESTRING						
ESTRADIOL VAGINAL TABLETS	VAGIFEM						
ESTRADIOL VAGINAL CREAM 0.01%	ESTRACE CREAM						
ESTROGENS, CONJUGATED VAGINAL CREAM	PREMARIN VAGINAL CREAM			PA REQUIRED			
VASOPRESSORS							
ANAPHYLAXIS THERAPY AGENTS							
EPINEPHRINE SELF-INJECTABLE 0.15MG AND 0.30MG	EPINEPHRINE SELF-INJECTABLE (By Mylan)	Mylan Generic	PREFERRED DRUG	PA REQUIRED for > 2 Per Month		2	30
COVID AT-HOME TEST KITS							
COVID AT-HOME TEST KITS		VARIOUS				2 TESTS	30