

AHCCCS BEHAVIORAL HEALTH DRUG LIST EFFECTIVE July 1, 2018

- 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 Are Available Through Prior Authorization

Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Required	Quantity Limits	Days Supply
ANTIDEPRESSANTS						
ALPHA-2 RECEPTOR ANTAGONIST ANTIDEPRESSANTS						
MIRTAZAPINE	REMERON			PA Required for Ages < 6 years	30	30
MIRTAZAPINE	REMERON SOLTAB			PA Required for Ages < 6 years	30	30
MONOAMINE OXIDASE INHIBITORS (MAOIs)						
SELIGILENE	<i>EMSAM</i>			PA Required		
ISOCARBOXAZID	MARPLAN			PA Required for Ages < 6 years		
PHENELZINE SULFATE	NARDIL			PA Required for Ages < 6 years		
TRANLYCYPROMINE SULFATE	PARNATE			PA Required for Ages < 6 years		
NOREPINEPHRINE & DOPAMINE REUPTAKE INHIITORS (NDRIs)						
BUPROPION HCL TABLETS	WELLBUTRIN			PA Required for Ages < 6 years	120	30
BUPROPION HCL TABLET 12-HOUR	BUDEPRION SR			PA Required for Ages < 6 years	60	30
BUPROPION HCL TABLET 24-HOUR	WELLBUTRIN XL			PA Required for Ages < 6 years	30	30
MAPROTILINE HCL TABLETS	MAPROTILINE HCL			PA Required for Ages < 6 years		
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)						
CITALOPRAM HYDROBROMIDE SOLUTION	CELEXA			PA Required for Ages < 6 years	600	30
CITALOPRAM HYDROBROMIDE TABLETS	CELEXA			PA Required for Ages < 6 years	10mg : 60 20mg: 30 40mg: 30	30
ESCITALOPRAM OXALATE SOLUTION	LEXAPRO			PA Required for Ages < 6 years	600ml	30
ESCITALOPRAM OXALATE TABLETS	LEXAPRO			PA Required for Ages < 6 years	5mg : 60 10mg: 30 20mg: 30	30 30 30
FLUOXETINE HCL CAPSULES ONLY	PROZAC			PA Required for Ages < 6 years	10mg: 60 20MG: 120 40mg:60	30 30 30
FLUOXETINE HCL SOLUTION	PROZAC			PA Required for Ages < 6 years	600	30
FLUOXETINE HCL TABLETS - WEEKLY	PROZAC WEEKLY			PA Required		

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FLUVOXAMINE MALEATE TABLETS	LUVOX			PA Required for Ages < 6 years	25mg: 60 50mg:180 100mg: 90	30 30 30
FLUVOXAMINE MALEATE TABLETS EXTENDED RELEASE	LUVOX CR			PA Required for Ages < 6 years	100mg: 90 150mg: 60	30 30
PAROXETINE HCL SUSPENSION	PAXIL			PA Required for Ages < 6 years	900	30
PAROXETINE HCL TABLETS	PAXIL			PA Required for Ages < 6 years	10mg: 30 20mg: 30 30mg: 30 40mg: 45	30 30 30 30
PAROXETINE HCL TABLETS	PAXIL CR			PA Required for Ages < 6 years	90	30
PAROXETINE MESYLATE	PEXEVA			PA Required		
SERTRALINE HCL Concentrate	ZOLOFT			PA Required for Ages < 6 years	300	30
SERTRALINE HCL	ZOLOFT			PA Required for Ages < 6 years	25mg: 90 50mg : 120 100mg: 60	30 30 30
VILAZODONE HCL	VIIBRYD			PA Required		
SEROTONIN-2 ANTAGONIST/REUPTAKE INHIBITORS (SARIs)						
NEFAZODONE	VARIOUS			PA Required for Ages < 6 years	50mg: 60 100mg: 60 150mg: 120 200mg: 90 250mg: 60	30 30 30 30 30
TRAZODONE HCL	VARIOUS			PA Required for Ages < 6 years	50mg:90 100mg:120 150mg: 60 300mg 30	30 30 30 30
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIs)						

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DESVENLAFAXINE	<i>PRISTIQ</i>				25mg:120 50mg: 120 100mg: 120 PA Required for Ages < 6 years	30 30 30
DULOXETINE HCL 20MG, 30MG & 60MG ONLY	CYMBALTA				20mg: 120 30mg: 120 60mg: 60 PA Required for Ages < 6 years	30 30 30
VENLAFAXINE HCL CAPSULE CONTROLLED RELEASE	EFFEXOR XR				37.5mg: 90 75mg: 90 150mg: 30 PA Required for Ages < 6 years	30 30 30
VENLAFAXINE HCL TABLETS IMMEDIATE RELEASE ONLY	VENLAFAXINE HCL				25mg: 120 37.5mg: 90 50mg: 90 75mg: 150 100mg: 90 PA Required for Ages < 6 years	30 30 30 30 30
TRICYCLIC ANTIDEPRESSANTS &RELATED NON-SELECTIVE REUPTAKE INHIBITORS						
AMITRIPTYLINE HCL TABLETS	AMITRIPTYLINE HCL				PA Required for ages < 6 years	
AMOXAPINE TABLETS	VARIOUS				PA Required for ages < 6 years	
CLOMIPRAMINE HCL CAPSULES	ANAFRANIL				PA Required for ages < 6 years	
DESIPRAMINE HCL TABLETS	NORPRAMIN				PA Required for ages < 6 years	
DOXEPIN HCL CAPSULES	DOXEPIN HCL				PA Required for ages < 6 years	
DOXEPIN HCL CONCENTRATE	DOXEPIN HCL				PA Required for ages < 6 years	
IMIPRAMINE PAMOATE CAPSULES	TORFRANIL-PM				PA Required for ages < 6 years	
IMIPRAMINE HCL TABLETS	TOFRANIL				PA Required for ages < 6 years	
IMIPRAMINE PAMOATE CAPSULES	TOFRANIL-PM				PA Required for ages < 6 years	
NORTRIPTYLINE HCL CAPSULES	PAMELOR				PA Required for ages < 6 years	
NORTRIPTYLINE HCL SOLUTION	NORTRIPTYLINE HCL				PA Required for ages < 6 years	
PROTRIPTYLINE HCL TABLETS	VIVACTIL				PA Required for ages < 6 years	
TRIMIPRAMINE MALEATE	SURMONTIL				PA Required for ages < 6 years	
ANTIPSYCHOTICS						

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ANTIPSYCHOTICS - SECOND GENERATION - ATYPICAL ORAL AGENTS						
ARIPIRAZOLE TABLETS	ABILIFY		Preferred Drug	PA Required for Ages < 6 years	30	30
ARIPIRAZOLE ORALLY DISPERSABLE TABLETS (ODT)	ABILIFY		Preferred Drug	PA Required for Ages < 6 years	30	30
ARIPIRAZOLE SOLUTION	ABILIFY		Preferred Drug	PA Required for Ages < 6 years	150	30
ASENAPINE MALEATE SUBLINGUAL	SAPHRIS	Brand Only	Preferred Drug	PA Required for Ages < 6 years	60	30
CLOZAPINE ORALLY DISPERSABLE TABLET	FAZACLO		Preferred Drug	PA Required for Ages < 18 years	150	30
CLOZAPINE TABLETS	CLOZARIL		Preferred Drug	PA Required for Ages < 18 years	150	30
LURASIDONE HCL TABS	LATUDA	Brand Only	Preferred Drug	PA Required for Ages < 6 years	30	30
OLANZAPINE TABLET	ZYPREXA		Preferred Drug	PA Required for Ages < 6 years	5MG :60 10mg: 60 15MG: 30 20mg: 30	30 30 30 30
OLANZAPINE ORALLY DISPERSABLE TABLET	ZYPREXA ZYDIS		Preferred Drug	PA Required for Ages < 6 years	5MG :60 10mg: 60 15MG: 30 20mg: 30	30 30 30 30
QUETIAPINE FUMARATE TABLETS	SEROQUEL		Preferred Drug	PA Required for Ages < 6 years	60	30
RISPERIDONE ORALLY DISPERSABLE TABLET	RISPERIDONE ODT		Preferred Drug	PA Required for Ages < 6 years	60	30
RISPERIDONE ORAL SOLUTION	RISPERDAL		Preferred Drug	PA Required for Ages < 6 years	240	30
RISPERIDONE TABLETS	RISPERDAL		Preferred Drug	PA Required for Ages < 6 years	60	30
ZIPRASIDONE HCL CAPSULES	GEODON		Preferred Drug	PA Required for Ages < 6 years	60	30
ANTIPSYCHOTICS - SECOND GENERATION - ATYPICAL LONG ACTING INJECTABLES						
ARIPIRAZOLE LAUROXIL	ARISTADA	Brand Only	Preferred Drug	PA Required for Ages < 18 years	1	30
ARIPIRAZOLE SUSPENSION	ABILIFY MAINTENA	Brand Only	Preferred Drug	PA Required for Ages < 18 years	1	30
PALIPERIDONE PALMITATE SUSPENSION	INVEGA SUSTENNA	Brand Only	Preferred Drug	PA Required for Ages < 18 years	1	30
PALIPERIDONE PALMITATE SUSPENSION	INVEGA TRINZA	Brand Only	Preferred Drug	PA Required for Ages < 18 years	1	90
RISPERIDONE MICROSPHERES SUSPENSION	RISPERDAL CONSTA	Brand Only	Preferred Drug	PA Required for Ages < 18 years	2	30
ANTIPSYCHOTICS - FIRST GENERATION - TYPICAL ORAL AGENTS						

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CHLORPROMAZINE HCL SOLUTION	VARIOUS			PA Required for Ages < 6 years		
CHLORPROMAZINE HCL TABLETS	VARIOUS			PA Required for Ages < 6 years		
FLUPHENAZINE HCL CONCENTRATE	VARIOUS			PA Required for Ages < 6 years		
FLUPHENAZINE HCL ELIXIR	VARIOUS			PA Required for Ages < 6 years		
FLUPHENAZINE HCL TABLETS	VARIOUS			PA Required for Ages < 6 years		
HALOPERIDOL LACTATE CONCENTRATE	VARIOUS			PA Required for Ages < 6 years		
HALOPERIDOL TABLETS	VARIOUS			PA Required for Ages < 6 years		
LOXAPINE SUCCINATE CAPSULES	LOXITANE			PA Required for Ages < 6 years		
PERPHENAZINE TABLETS	VARIOUS			PA Required for Ages < 6 years		
PIMOZIDE	ORAP			PA Required for Ages < 6 years		
THIORIDAZINE HCL TABLETS	VARIOUS			PA Required for Ages < 6 years		
THIOTHIXENE CAPSULES	VARIOUS			PA Required for Ages < 6 years		
TRIFLUOPERAZINE HCL TABLETS	VARIOUS			PA Required for Ages < 6 years		
ANTIPSYCHOTICS - FIRST GENERATION -TYPICAL -LONG ACTING INJECTIONS						
FLUPHENAZINE DECANOATE SOLUTION	FLUPHENAZINE DECANOATE			PA Required for Ages < 18 years		
HALOPERIDOL DECANOATE SOLUTION	HALDOL DECANOATE			PA Required for Ages < 18 years		
ANTICONVULSANTS						
CARBAMAZEPINE	TEGRETOL, EPITROL					
CARBAMAZEPINE	TEGRETOL, EPITROL					
CARBAMAZEPINE	CARBATROL, EQUETRO					
CARBAMAZEPINE	TEGRETOL XR,					
CARBAMAZEPINE	TEGRETOL					
DIVALPROEX	DEPAKOTE					
DIVALPROEX	DEPAKOTE SPRINKLES					
GABAPENTIN	NEURONTIN					
GABAPENTIN	HORIZANT			PA Required		
GABAPENTIN	NEURONTIN					
GABAPENTIN	GRALISE			PA Required		
LAMOTRIGINE CHEWABLE TABLETS	LAMICTAL CHEWABLE TABLETS					

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LAMOTRIGINE	LAMICTAL					
LAMOTRIGINE	LAMICTAL XR					
OXCARBAZEPINE	TRILEPTAL					
OXCARBAZEPINE	TRILEPTAL					
TOPIRAMATE	TOPAMAX					
VALPROATE SODIUM	VARIOUS					
VALPROATE SODIUM	DEPAKENE					
ANTIMANIC AGENTS						
LITHIUM CARBONATE	VARIOUS					
LITHIUM CARBONATE	LITHOBID					
LITHIUM CITRATE	VARIOUS					
ADHD AGENTS						
AMPHETAMINES						
AMPHETAMINE-DEXTROAMPHETAMINE CAPSULE 24-HOUR	ADDERALL XR	Brand Only	Preferred Drug	PA Required for Ages < 6 years	30	30
AMPHETAMINE-DEXTROAMPHETAMINE TABLETS	ADDERALL	BRAND AND GENERIC	Preferred Drug	PA Required for Ages < 6 years	60	30
DEXTROAMPHETAMINE SULFATE CAPSULE 24-HOUR	VARIOUS		Preferred Drug	PA Required for Ages < 6 years	60	30
DEXTROAMPHETAMINE SULFATE TABLETS	VARIOUS		Preferred Drug	PA Required for Ages < 6 years	60	30
LISDEXAMFETAMINE DIMESYLATE CAPSULES	VYVANSE	Brand Only	Preferred Drug	PA Required for Ages < 6 years	30	30
STIMULANTS						
DEXMETHYLPHENIDATE HCL CAPSULE 24-HOUR	FOCALIN XR	Brand Only	Preferred Drug	PA Required for Ages < 6 years	60	30
DEXMETHYLPHENIDATE HCL TABLETS	FOCALIN	Brand Only	Preferred Drug	PA Required for Ages < 6 years	60	30
METHYLPHENIDATE HCL CHEWABLE TABLETS	METHYLIN		Preferred Drug	PA Required for Ages < 6 years	90	30
METHYLPHENIDATE HCL CHEWABLE TABLETS EXTENDED RELEASE	QUILLICHEW ER	Brand Only	Preferred Drug	PA Required for Ages < 6 years	30	30
METHYLPHENIDATE HCL CAPSULE 24-HOUR	RITALIN LA 10MG	Brand Only	Preferred Drug	PA Required for Ages < 6 years	30	30
METHYLPHENIDATE HCL CAPSULE 24-HOUR	APTENSIO XR	Brand Only	Preferred Drug	PA Required for Ages < 6 years	30	30

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METHYLPHENIDATE HCL CAPSULE CONTROLLED RELEASE	METADATE CD		Preferred Drug	PA Required for Ages < 6 years	30	30
METHYLPHENIDATE PATCH	DAYTRANA	Brand Only	Preferred Drug	PA Required for Ages < 6 years	30	30
METHYLPHENIDATE HCL SOLUTION	METHYLIN	Brand Only	Preferred Drug	PA Required for Ages < 6 years	300	30
METHYLPHENIDATE HCL SUSPENSION	QUILLIVANT XR	Brand Only	Preferred Drug	PA Required for Ages < 6 years	150	30
METHYLPHENIDATE HCL TABLETS	VARIOUS		Preferred Drug	PA Required for Ages < 6 years	90	30
METHYLPHENIDATE HCL TABLET 24-HOUR	METHYLPHENIDATE HCL ER		Preferred Drug	PA Required for Ages < 6 years	60	30
METHYLPHENIDATE HCL TABLET CONTROLLED RELEASE	METHYLPHENIDATE HCL ER		Preferred Drug	PA Required for Ages < 6 years	60	30
MISCELLANEOUS AGENTS						
ATOMOXETINE HCL CAPSULES	STRATTERA	Brand Only	Preferred Drug	PA Required for Ages < 6 years	30	30
CENTRAL ALPHA-AGONISTS						
CLONIDINE HCL	CATAPRES			PA Required for Ages < 6 years		
CLONIDINE HCL Transdermal Patch	CATAPRES PATCHES			PA Required for Ages < 6 years	4	28
CLONIDINE HCL (ADHD) TABLET 12-HOUR	KAPVAY	Brand Only	Preferred Drug	PA Required for Ages < 6 years	120	30
GUANFACINE HCL (ADHD) TABLET 24-HOUR	GUANFACINE ER		Preferred Drug	PA Required for Ages < 6 years	30	30
GUANFACINE HCL	TENEX			PA Required for Ages < 6 years		
SUBSTANCE USE DISORDER TREATMENT						
OPIOID AGONISTS/PARTIAL AGONISTS						

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BUPRENORPHINE	VARIOUS			PA Required unless the member is pregnant- 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 Post-Partum Nursing Mothers.		
BUPRENORPHINE/NALOXONE	<i>SUBOXONE FILM</i>	Brand Only	Preferred Drug			
METHADONE*	DOLOPHINE*					
OPIOID AGONISTS						
NALOXONE VIAL & SYRINGE	VARIOUS		Preferred Drug			
NALOXONE NASAL SPRAY	<i>NARCAN NASAL SPRAY</i>		Preferred Drug			
NALTREXONE	REVIA		Preferred Drug			
NALTREXONE	<i>VIVITROL</i>		Preferred Drug			
MISCELLANEOUS AGENTS						
ACAMPROSATE	<i>CAMPRAL</i>					
DISULFIRAM	ANTABUSE					
ANXIOLYTICS AND HYPNOTICS						
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

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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
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

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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
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

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CLONAZEPAM ODT 0.125MG	VARIOUS			PA Required for Ages < 6 years. PA Required for > 1 Anxiolytic Medication in a 30-day time period.	120	30
CLONAZEPAM ODT 0.25MG	VARIOUS			PA Required for Ages < 6 years. PA Required for > 1 Anxiolytic Medication in a 30-day time period.	120	30
CLONAZEPAM ODT 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 ODT 1MG	VARIOUS			PA Required for Ages < 6 years. PA Required for > 1 Anxiolytic Medication in a 30-day time period.	120	30
CLONAZEPAM ODT 2MG	VARIOUS			PA Required for Ages < 6 years. 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

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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
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

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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
MISCELLANEOUS ANXIOLYTICS						
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 HCL SYRUP				300ml	30
HYDROXYZINE HCL TABLETS	HYDROXYZINE HCL TABLETS				240	30
HYDROXYZINE PAMOATE	VISTARIL				120	30
MISCELLANEOUS SEDATIVES & HYPNOTICS						
RAMELTEON	ROZEREM			Step Therapy Required - Patient must have tried Temazepam and Zolpidem	30	30

AHCCCS BEHAVIORAL HEALTH DRUG LIST EFFECTIVE July 1, 2018

- 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 Are Available Through Prior Authorization

Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Required	Quantity Limits	Days Supply
TEMAZEPAM 15MG & 30MG	RESTORIL			PA Required for Ages < 6 years PA Required for > 1 Hypnotic	30	30
ZOLPIDEM TARTRATE TABLETS 5MG	AMBIEN			PA Required for Ages < 6 years PA Required for > 1 Hypnotic	60	30
ZOLPIDEM TARTRATE TABLETS 10MG	AMBIEN			PA Required for Ages < 6 years PA Required for > 1 Hypnotic	30	30
ANTI-HISTAMINES						
CYPROHEPTADINE HCL	VARIOUS					
DIPHENHYDRAMINE HCL CAPSULES	VARIOUS					
DIPHENHYDRAMINE HCL CHEWABLE TABLETS	VARIOUS					
DIPHENHYDRAMINE HCL ELIXIR	VARIOUS					
DIPHENHYDRAMINE HCL LIQUID	VARIOUS					
DIPHENHYDRAMINE HCL SYRUP	VARIOUS					
DIPHENHYDRAMINE HCL TABLETS	VARIOUS					
DOPAMINE AGONISTS						
AMANTADINE HCL	VARIOUS					
AUTONOMIC AGONISTS						
PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS						
BETHANECHOL CHLORIDE	URECHOLINE					
ANTICHOLINERGIC AGENTS						
BENZOTROPINE MESYLATE	COGENTIN					
TRIHENXYPHENIDYL HCL	ARTANE					
CARDIOVASCULAR DRUGS						
ALPHA-1 ADRENERGIC BLOCKING AGENTS						
PRAZOSIN HCL	MINIPRESS					
BETA-ADRENERGIC BLOCKING AGENTS						
NADOLOL TAB	CORGARD					
PROPRANOLOL HCL	INDERAL					
THYROID AGENTS						

AHCCCS BEHAVIORAL HEALTH DRUG LIST EFFECTIVE July 1, 2018

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Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Required	Quantity Limits	Days Supply
LEVOTHYROXINE SODIUM	LEVOTHROID/SYNTHROID					
LIOTHYRONINE	CYTOMEL					
VITAMINS AND OTHER MISCELLANEOUS AGENTS						
ALPHA-TOCOPHEROL	VITAMIN E – VARIOUS					
CYANOCOBALAMIN	VITAMIN B12 - VARIOUS					
FOLIC ACID	VARIOUS					
OMEGA 3 FATTY ACIDS	VARIOUS					
PYRIDOXINE HCL	VITAMIN B6 - VARIOUS					
THIAMINE HCL	VITAMIN B1 - VARIOUS					
MULTIPLE VITAMIN	VARIOUS					
MULTIPLE VITAMIN / MINERALS	VARIOUS					
SALIVA SUBSTITUTE	SALIVART					
DOCUSATE SODIUM	COLACE					
PSYLLIUM	METAMUCIL					

KEY:

Drugs listed in **Bold/Italic CAPITAL LETTERS** indicate the medication is only available as a brand name product.

(*) Indicates that medication can only be obtained from an Opioid Treatment Program (OTP) provider.

(X) Indicates that the medication requires prior authorization.

Abbreviations:

Cap = capsule
 Chew = chewable
 Conc = concentrate
 DR = Delayed Release
 Elix = Elixir
 ER = extended release
 hbr = hydrobromide

HCL = hydrochloride
 IM = intramuscular
 Inj = injectable
 IR = Immediate release
 LA = long acting
 ODT = orally disintegrating tablet
 SL = sublingual

SOLN = solution
 SR = sustained release
 Susp = suspension
 Syr = Syrup
 Tab = tablet
 TD = transdermal
 XL = extended release