



AHCCCS Fee-For-Service Program T(RBHA) Drug List (BHDL) INTRODUCTION

AHCCCS is pleased to provide the AHCCCS FFS Program T(RBHA)Drug List (BHDL) to be used when prescribing behavioral health medications for AHCCCS FFS members. For clarification, this BHDL is only for the AHCCCS FFS members and it does not apply to AHCCCS members enrolled in any of the AHCCCS Managed Care Contractors' Health Plans. This document provides general information regarding the AHCCCS pharmacy benefit for FFS members. The drugs listed on the BHDL are intended to provide clinically appropriate, cost-effective options for AHCCCS FFS members who require medically necessary behavioral health treatment. The drugs listed on the BHDL have been reviewed and approved by the Pharmacy and Therapeutics (P&T) Committee. However, the BHDL is not intended as a comprehensive listing of all drugs that may be reimbursed by AHCCCS. If a drug is not listed on the BHDL and is determined to be medically necessary, it may be requested through the prior authorization process.

OptumRx is the Pharmacy Benefit Manager (PBM) for the AHCCCS FFS Program.

OptumRx will facilitate the administration of the pharmacy benefit for the following populations:

- Acute FFS – Title XIX
- Long Term Care FFS – Title XIX
- KidsCare FFS – Title XXI
- AHCCCS FFS Members who are enrolled in a TRBHA (Tribal/Regional Behavioral Health Authority)
- Members who are Dual Eligibles (AHCCCS FFS members who are also eligible for Medicare)
- Federal Emergency Services (FES) Members whose coverage is limited to emergency dialysis service

Members may obtain additional pharmacy information on the OptumRx website at:

<https://ahcccs.rxportal.mycatamaranrx.com/rxclaim/portal/memberLogin>

Members and prescribing clinicians may also contact the OptumRx Customer Service Center at 1 (855) 577-6310, 24 hours per day, 365 days per year.

For Prior Authorization Requests and Information:

- **Prescribing Clinicians may fax the completed prior authorization form to the OptumRx Prior Authorization Unit at 1 (866) 463-4830.**
- **For telephonic requests for information, prescribing clinicians may call 1 (855) 577-6310 for assistance.**
- **Prescribers preferring to send a written request via the US Mail, may send the request to the following address:**

**Optum Rx Prior Authorization Department
P.O. Box 5252
Lisle, IL 60532- 5252**

With regard to federal legend drugs, medically necessary federally reimbursable outpatient prescription drugs are covered for eligible AHCCCS FFS members when prescribed by an AHCCCS registered clinician who is licensed to prescribe federal legend drugs in the State of Arizona. Some medications may require prior authorization approval prior to dispensing the medication to the member.

Pharmacy and Therapeutics (P&T) Committee

The P&T Committee, comprised of physicians and pharmacists, meets quarterly to discuss a variety of clinical issues, which pertain to drug selections, including formulary additions, deletions and changes as well as pharmacy program management.

The P&T Committee evaluates clinical information for newly marketed drugs within 180 days of market launch and current medications on an annual basis. The evaluation may include, but is not limited to the following review categories:

- Safety
- Efficacy
- Comparative data and studies
- FDA approved indications
- Treatment and consensus guidelines
- Adverse events
- Contraindications/Warnings/Precautions
- Pharmacokinetics
- Dosage frequency and formulations
- Patient administration/compliance considerations
- Medical outcome and pharmaco-economic studies

When a new drug is considered for inclusion on the ADL, it will be reviewed relative to similar drugs currently included on the ADL. The review process of a therapeutic class continually promotes the most clinically appropriate, useful, and cost-effective agents. All of the information in the ADL is provided as a reference for drug therapy selection. Specific drug selection for an individual member rests solely with the prescribing clinician.

Generic Drugs

Generic substitution is a pharmacy action whereby a generic equivalent of a drug is dispensed rather than the brand name drug product. The AHCCCS pharmacy benefit requires mandatory generic substitution. This means that if a generic drug is equivalent to the brand reference drug and is available, the generic drug will be required for the filling and dispensing of the prescription for payment through the point-of-sale claims adjudication system. Generically available drugs are indicated on the ADL and are printed in lower case, for example, amoxicillin.

The ADL is organized by sections. Each section includes therapeutic groups identified by either a drug class or disease state. Products are listed with the generic name and the brand name is included as a reference to assist the prescribing clinicians in product recognition. Generics drugs are to be considered as the first line of prescribing. AHCCCS and its Contractors are required to use the most cost effective (least costly) clinically appropriate pharmaceutical treatment. The ADL also covers selected over-the-counter (OTC) products. Prescribing clinicians are encouraged to prescribe OTC medications when clinically appropriate.

Prior Authorization Procedures For Drugs Not Listed On The ADL

The drugs on the ADL have been selected to provide the most clinically appropriate and cost-effective medications for AHCCCS FFS members. When a drug not listed on the ADL is determined to be medically necessary for the appropriate medical management of a specific member, the prescriber must submit a prior authorization request specifying the reasons supporting the medical necessity of the particular drug for the AHCCCS member. Requests for these exceptions must be submitted in writing by the prescribing clinician on the OptumRx-AHCCCS Prior Authorization Form and faxed to:

OptumRx - Prior Authorization Department

Fax Number: 1 (866) 463-4830

Telephone Number: 1 (855) 577-6310

The OptumRx-AHCCCS Prior Authorization Request Form is available on the AHCCCS website at www.azahcccs.gov under the Pharmacy Information section on the right side of the website. Appropriate clinical documentation must be provided to support the medical necessity for the drug being requested. Responses to requests will be provided within 2 business days of receipt unless the request is identified as urgent. If a request is identified as urgent, a response will be provided within 1 business day.

Prescribing clinicians are requested to adhere to the ADL when prescribing for AHCCCS FFS members. If a pharmacist receives a prescription for a drug not listed on the ADL, the pharmacist is expected to contact the prescribing clinician and request that the prescription be changed to a medication included on the ADL. If a medication on the ADL is not appropriate, the prescribing clinician is to be instructed to submit a prior authorization request form to OptumRx. Please contact the OptumRx Prior Authorization Department at 1 (855) 577-6310 with questions concerning the prior authorization process.

Dose Optimization Program – Quantity Limits (OL)

The ADL utilizes Quantity Limits for several drugs listed on the ADL. The intent of the quantity limits is to promote dose optimization and efficient medication dosing. Prescriptions for monthly quantities greater than the indicated limit require a prior authorization approval. For quantities greater than those listed on the ADL, the prescribing clinician must submit a prior authorization request with supporting documentation for the increased quantity of medication. The Dose Optimization Program is designed to consolidate medication dosage to the most efficient daily quantity to increase member adherence to therapy and also promote the efficient use of health care dollars. The limits for the program are established based on FDA approval for dosing and the availability of the total daily dose in the least amount of tablets or capsules daily.

Quantity limits are loaded in the prescription claims processing system to promote minimized dosing. The pharmacy claims processing system will prompt the pharmacist to request a new prescription order from the prescribing clinician for more efficient dosing.

Additions to the Dose Optimization Program are made from time to time and providers notified accordingly. As always, we recognize that a number of member-specific variables must be taken into consideration when drug therapy is prescribed and therefore overrides will be available through the prior authorization process. For any questions, please contact the OptumRx Customer Service Center at 1 (855) 577-6310.

Prescription Utilization Parameters

AHCCCS members may reorder or refill a non-narcotic prescription when seventy-five percent (75%) of the medication has been used. Members may reorder or refill a narcotic prescription when eighty-five percent (85%) of the medication has been used.

If a point-of-sale claim is submitted before 75% of the non-narcotic medication has been used, based on the original days supply submitted on the claim, the claim will reject with a "refill too soon" message. The same will happen with for narcotic prescription refills not meeting the 85% utilization. Please call the OptumRx

Customer Service Department at 1 (855) 577-6310 with questions or for help with dosage change authorization override.

Drug Efficacy Study Implementation (DESI) Drugs

Drugs that were initially marketed between the years of 1938 and 1962 were approved as safe but were not required to provide the effectiveness for FDA approval. Beginning in 1962 legislation required all new drugs to be both safe and effective before they could be approved to be available and marketed. This requirement also applied retroactively to all drugs approved as safe from the years 1938-1962. As a result, the FDA established the DESI program to review the labeled indications and the effectiveness of the pre-1962 drugs and to provide a determination of effectiveness. The “fully effective” determination was given for most of these products and they remain in the marketplace today. A few DESI products remain classified as “less than fully effective” and are awaiting final administrative disposition from the FDA. In addition, if a drug is classified as DESI, there are many products listed as identical, similar, or related to actual DESI products. The AHCCCS FFS ADL does not pay for claims for DESI drugs that are considered “less than fully effective” drug products.

AHCCCS FFS Plan Exclusions

The following are excluded from coverage under the outpatient pharmacy benefit:

- DESI Drugs that are determined to be “less than fully effective”
- Experimental / research drugs
- Cosmetic drugs
- Cosmetic drugs for hair growth
- Child and Adolescent Immunizations
- Nutritional / diet supplements
- Blood and blood plasma products
- Drugs and products to promote fertility
- Drugs used for erectile dysfunction
- Drugs from manufacturers that do not participate in the FFS Medicaid Drug Rebate Program
- Diagnostic products
- Medical supplies except:
 - Syringes
 - Needles
 - Lancets
 - Alcohol Swabs
 - Blood glucose meters and test strips
 - Inhale Spacers
- Intrauterine Devices

Notice

AHCCCS and OptumRx provide the information contained in the ADL, solely for the convenience of prescribing clinicians. AHCCCS does not warrant or assure accuracy of such information nor is the ADL intended to be an all inclusive medication list. This ADL is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in their choice of prescription drugs.

AHCCCS assumes no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider must consult the drug manufacturer’s product literature or standard references for more detailed information.



AHCCCS Fee-For-Service TRBHA Behavioral Health Drug List

• Generic Preferred Over Brand, Unless Specified as Brand Only

AHCCCS TRBHA Program Drug List Effective Date: 7/1/2018

• Drugs Not On The List Are Message Back To The Pharmacy As PA Required

Drug Class/Drug Name	Reference Brand Name	Brand Only	Preferred Drug Status	PRIOR AUTHORIZATION REQUIRED	Quantity Limit	QL Days
ADHD						
AMPHETAMINES						
AMPHETAMINE-DEXTROAMPHETAMINE CAPSULE 24-HOUR	<i>ADDERALL XR</i>	Brand Only	Preferred Drug	PA Required for ages < 6 years	30.00	30.00
AMPHETAMINE-DEXTROAMPHETAMINE TABLETS	ADDERALL	Brand and Generic	Preferred Drug	PA Required for ages < 6 years	60.00	30.00
DEXTROAMPHETAMINE SULFATE CAPSULE 24-HOUR	DEXEDRINE		Preferred Drug	PA Required for ages < 6 years	60.00	30.00
DEXTROAMPHETAMINE SULFATE TABLETS	ZENEDI		Preferred Drug	PA Required for ages < 6 years	60.00	30.00
LISDEXAMFETAMINE DIMESYLATE CAPSULES	<i>VYVANSE</i>	Brand Only	Preferred Drug	PA Required for ages < 6 years	30.00	30.00
STIMULANTS						
DEXMETHYLPHENIDATE HCL CAPSULE 24-HOUR	<i>FOCALIN XR</i>	Brand Only	Preferred Drug	PA Required for ages < 6 years	60.00	30.00
DEXMETHYLPHENIDATE HCL TABLETS	<i>FOCALIN</i>	Brand Only	Preferred Drug	PA Required for ages < 6 years	60.00	30.00
METHYLPHENIDATE HCL CHEWABLE TABLETS	<i>METHYLIN</i>	Brand Only	Preferred Drug	PA Required for ages < 6 years	90.00	30.00
METHYLPHENIDATE HCL CHEWABLE TABLETS EXTENDED RELEASE	<i>QUILLICHEW ER</i>	Brand Only	Preferred Drug	PA Required for ages < 6 years	30.00	30.00
METHYLPHENIDATE HCL CAPSULE 24-HOUR	<i>RITALIN LA /APTENSIO XR</i>	Brand Only	Preferred Drug	PA Required for ages < 6 years	30.00	30.00
METHYLPHENIDATE HCL CAPSULE 24-HOUR	VARIOUS		Preferred Drug	PA Required for ages < 6 years	30.00	30.00
METHYLPHENIDATE HCL CAPSULE CONTROLLED RELEASE	<i>METADATE CD</i>		Preferred Drug	PA Required for ages < 6 years	30.00	30.00
METHYLPHENIDATE PATCH	<i>DAYTRANA</i>	Brand Only	Preferred Drug	PA Required for Ages < 6 years	30.00	30.00
METHYLPHENIDATE HCL SOLUTION	<i>METHYLIN</i>	Brand Only	Preferred Drug	PA Required for ages < 6 years	300.00	30.00
METHYLPHENIDATE HCL SUSPENSION	<i>QUILLIVANT XR</i>	Brand Only	Preferred Drug	PA Required for ages < 6 years	150.00	30.00
METHYLPHENIDATE HCL TABLETS	VARIOUS		Preferred Drug	PA Required for ages < 6 years	90.00	30.00
METHYLPHENIDATE HCL TABLET 24-HOUR	METHYLPHENIDATE HCL ER		Preferred Drug	PA Required for ages < 6 years	60.00	30.00
METHYLPHENIDATE HCL TABLET CONTROLLED RELEASE	METHYLPHENIDATE HCL ER		Preferred Drug	PA Required for ages < 6 years	60.00	30.00
MISCELLANEOUS AGENTS						
ATOMOXETINE HCL CAPSULES	<i>STRATTERA</i>	Brand Only	Preferred Drug	PA Required for ages < 6 years	30.00	30.00
CENTRAL ALPHA AGONISTS						
CLONIDINE HCL	Catapres			PA Required for Ages < 6 years		
CLONIDINE HCL (ADHD) TABLET 12-HOUR	<i>KAPVAY</i>	Brand Only	Preferred Drug	PA Required for Ages < 6 years	120.00	30.00
GUANFACINE HCL (ADHD) TABLET 24-HOUR	GUANFACINE ER		Preferred Drug	PA Required for Ages < 6 years	30.00	30.00
CLONIDINE HCL PATCH WEEKLY	CATAPRES-TTS			PA Required for Ages < 6 years	4.00	28.00
GUANFACINE HCL TABLETS	Tenex			PA Required for Ages < 6 years		
ANALGESICS - OPIOID						
OPIOID PARTIAL AGONISTS						
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.		



AHCCCS Fee-For-Service TRBHA Behavioral Health Drug List

• Generic Preferred Over Brand, Unless Specified as Brand Only

AHCCCS TRBHA Program Drug List Effective Date: 7/1/2018

• Drugs Not On The List Are Message Back To The Pharmacy As PA Required

Drug Class/Drug Name	Reference Brand Name	Brand Only	Preferred Drug Status	PRIOR AUTHORIZATION REQUIRED	Quantity Limit	QL Days
BUPRENORPHINE HCL-NALOXONE HCL DIHYDRATE FILM	<i>SUBOXONE FILM</i>	Brand Only	Preferred Drug			
METHADONE	<i>VARIOUS</i>			Only available at an Opioid Treatment Program (OTP) provider.		
ANTI-ANXIETY AGENTS						
ANTI-ANXIETY AGENTS - MISCELLANEOUS.						
BUSPIRONE HCL TAB 5 MG	BUSPIRONE HCL			PA Required for > 1 Anxiolytic drug in a 30-day time period.	120.00	30.00
BUSPIRONE HCL TAB 7.5 MG	BUSPIRONE HCL			PA Required for > 1 Anxiolytic drug in a 30-day time period.	120.00	30.00
BUSPIRONE HCL TAB 10 MG	BUSPIRONE HCL			PA Required for > 1 Anxiolytic drug in a 30-day time period.	120.00	30.00
BUSPIRONE HCL TAB 15 MG	BUSPIRONE HCL			PA Required for > 1 Anxiolytic drug in a 30-day time period.	120.00	30.00
BUSPIRONE HCL TAB 30 MG	BUSPIRONE HCL			PA Required for > 1 Anxiolytic drug in a 30-day time period.	60.00	30.00
HYDROXYZINE HCL SYRUP	ATARAX SYRUP				300.00	30.00
HYDROXYZINE HCL TABLETS	ATARAX TABLETS				240.00	30.00
HYDROXYZINE PAMOATE CAPSULES	VISTARIL				120.00	30.00
BENZODIAZEPINES						
ALPRAZOLAM CONC 1 MG/ML	ALPRAZOLAM INTENSOL			PA Required for > 1 Anxiolytic drug in a 30-day time period.	60.00	15.00
ALPRAZOLAM ORALLY DISINTEGRATING TAB 0.25 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	120.00	30.00
ALPRAZOLAM ORALLY DISINTEGRATING TAB 0.5 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	120.00	30.00
ALPRAZOLAM ORALLY DISINTEGRATING TAB 1 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	120.00	30.00
ALPRAZOLAM ORALLY DISINTEGRATING TAB 2 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	60.00	30.00
ALPRAZOLAM TAB 0.25 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	120.00	30.00
ALPRAZOLAM TAB 0.5 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	120.00	30.00
ALPRAZOLAM TAB 1 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	120.00	30.00
ALPRAZOLAM TAB 2 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	60.00	30.00
ALPRAZOLAM TAB SR 24HR 0.5 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	30.00	30.00
ALPRAZOLAM TAB SR 24HR 1 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	30.00	30.00
ALPRAZOLAM TAB SR 24HR 2 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	30.00	30.00
ALPRAZOLAM TAB SR 24HR 3 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	30.00	30.00



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CHLORDIAZEPOXIDE HCL CAP 10 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	60.00	30.00
CHLORDIAZEPOXIDE HCL CAP 25 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	60.00	30.00
CHLORDIAZEPOXIDE HCL CAP 5 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	60.00	30.00
CLONAZEPAM 0.5 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	120.00	30.00
CLONAZEPAM 1.0 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	120.00	30.00
CLONAZEPAM 2 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	60.00	30.00
CLONAZEPAM ORALLY DISINTEGRATING TAB 0.125 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	120.00	30.00
CLONAZEPAM ORALLY DISINTEGRATING TAB 0.25 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	120.00	30.00
CLONAZEPAM ORALLY DISINTEGRATING TAB 0.5 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	120.00	30.00
CLONAZEPAM ORALLY DISINTEGRATING TAB 1 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	120.00	30.00
CLONAZEPAM ORALLY DISINTEGRATING TAB 2 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	60.00	30.00
CLORAZEPATE DIPOTASSIUM TAB 15 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	60.00	30.00
CLORAZEPATE DIPOTASSIUM TAB 3.75 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	120.00	30.00
CLORAZEPATE DIPOTASSIUM TAB 7.5 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	120.00	30.00
DIAZEPAM CONC 5 MG/ML	DIAZEPAM INTENSOL			PA Required for > 1 Anxiolytic drug in a 30-day time period.	60.00	30.00
DIAZEPAM SOLN 1 MG/ML	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	300.00	30.00
DIAZEPAM TAB 10 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	120.00	30.00
DIAZEPAM TAB 2 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	120.00	30.00
DIAZEPAM TAB 5 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	120.00	30.00
LORAZEPAM CONC 2 MG/ML	LORAZEPAM INTENSOL			PA Required for > 1 Anxiolytic drug in a 30-day time period.	60.00	30.00
LORAZEPAM TAB 0.5 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	120.00	30.00
LORAZEPAM TAB 1 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	120.00	30.00



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LORAZEPAM TAB 2 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	60.00	30.00
OXAZEPAM CAP 10 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	60.00	30.00
OXAZEPAM CAP 15 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	60.00	30.00
OXAZEPAM CAP 30 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	60.00	30.00
ANTICONVULSANTS						
ANTICONVULSANTS - BENZODIAZEPINES						
CLONAZEPAM TAB 0.5 MG	KLONOPIN			PA Required for > 1 Anxiolytic Medication in a 30-day time period.	120.00	30.00
CLONAZEPAM TAB 1 MG	KLONOPIN			PA Required for > 1 Anxiolytic Medication in a 30-day time period.	120.00	30.00
CLONAZEPAM TAB 2 MG	KLONOPIN			PA Required for > 1 Anxiolytic Medication in a 30-day time period.	60.00	30.00
CLONAZEPAM ORALLY DISINTEGRATING TAB 0.125 MG	VARIOUS			PA Required for > 1 Anxiolytic Medication in a 30-day time period.	120.00	30.00
CLONAZEPAM ORALLY DISINTEGRATING TAB 0.25 MG	VARIOUS			PA Required for > 1 Anxiolytic Medication in a 30-day time period.	120.00	30.00
CLONAZEPAM ORALLY DISINTEGRATING TAB 0.5 MG	VARIOUS			PA Required for > 1 Anxiolytic Medication in a 30-day time period.	120.00	30.00
CLONAZEPAM ORALLY DISINTEGRATING TAB 1 MG	VARIOUS			PA Required for > 1 Anxiolytic Medication in a 30-day time period.	120.00	30.00
CLONAZEPAM ORALLY DISINTEGRATING TAB 2 MG	VARIOUS			PA Required for > 1 Anxiolytic Medication in a 30-day time period.	60.00	30.00
ANTICONVULSANTS - MISCELLANEOUS.						
CARBAMAZEPINE CHEWABLE TABLETS	CARBAMAZEPINE					
CARBAMAZEPINE CAPSULE 12-HOUR	CARBATROL					
CARBAMAZEPINE SUSPENSION	TEGRETOL					
CARBAMAZEPINE TABLETS	EPITOL					
CARBAMAZEPINE (ANTIPSYCHOTIC) CAPSULE 12-HOUR	EQUETRO					
CARBAMAZEPINE TABLET 12-HOUR	TEGRETOL-XR					
GABAPENTIN CAPSULES	NEURONTIN					
GABAPENTIN SOLUTION	NEURONTIN					
GABAPENTIN TABLETS	NEURONTIN					
LAMOTRIGINE CHEWABLE TABLETS	LAMICTAL					
LAMOTRIGINE TABLETS	LAMICTAL					
LAMOTRIGINE TABLET 24-HOUR	LAMICTAL XR					
OXCARBAZEPINE SUSPENSION	TRILEPTAL					
OXCARBAZEPINE TABLETS	TRILEPTAL					
TOPIRAMATE TABLETS	TOPAMAX					
DIVALPROEX SODIUM CAPSULE SPRINKLE	DEPAKOTE SPRINKLES					
DIVALPROEX SODIUM TABLET 24-HOUR	DEPAKOTE ER					
DIVALPROEX SODIUM TABLET ENTERIC COATED	DEPAKOTE					



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AHCCCS TRBHA Program Drug List Effective Date: 7/1/2018

• **Drugs Not On The List Are Message Back To The Pharmacy As PA Required**

Drug Class/Drug Name	Reference Brand Name	Brand Only	Preferred Drug Status	PRIOR AUTHORIZATION REQUIRED	Quantity Limit	QL Days
VALPROATE SODIUM SYRUP	DEPAKENE					
VALPROIC ACID CAPSULES	DEPAKENE					
ANTIDEPRESSANTS						
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)						
MIRTAZAPINE TABLETS	REMERON			PA Required for ages < 6 years	30.00	30.00
MIRTAZAPINE TABLET DISPERSIBLE	REMERON SOLTAB			PA Required for ages < 6 years	30.00	30.00
MONOAMINE OXIDASE INHIBITORS (MAOIS)						
ISOCARBOXAZID TABLETS	MARPLAN			PA Required for ages < 6 years		
PHENELZINE SULFATE TABLETS	NARDIL			PA Required for ages < 6 years		
SELEGILINE PATCH 24-HOUR	EMSAM			PA Required		
TRANLYCPROMINE SULFATE TABLETS	PARNATE			PA Required for ages < 6 years		
NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIBITORS (NDRIS)						
BUPROPION HCL TABLETS	WELLBUTRIN			PA Required for ages < 6 years	120.00	30.00
BUPROPION HCL TABLET 12-HOUR	BUDEPROPION SR			PA Required for ages < 6 years	60.00	30.00
BUPROPION HCL TABLET 24-HOUR	WELLBUTRIN XL			PA Required for ages < 6 years	30.00	30.00
MAPROTILINE HCL TABLETS	MAPROTILINE HCL			PA Required for ages < 6 years		
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)						
CITALOPRAM HYDROBROMIDE SOLUTION	CITALOPRAM HYDROBROMIDE			PA Required for ages < 6 years	600.00	30.00
CITALOPRAM HYDROBROMIDE TABLETS 10MG	CELEXA			PA Required for Ages < 6 years	60.00	30.00
CITALOPRAM HYDROBROMIDE TABLETS 20MG	CELEXA			PA Required for Ages < 6 years	30.00	30.00
CITALOPRAM HYDROBROMIDE TABLETS 40MG	CELEXA			PA Required for Ages < 6 years	30.00	30.00
ESCITALOPRAM OXALATE SOLUTION	LEXAPRO			PA Required for ages < 6 years	600.00	30.00
ESCITALOPRAM OXALATE TABLETS 5MG	LEXAPRO			PA Required for Ages < 6 years	60.00	30.00
ESCITALOPRAM OXALATE TABLETS 10MG	LEXAPRO			PA Required for Ages < 6 years	30.00	30.00
ESCITALOPRAM OXALATE TABLETS 20MG	LEXAPRO			PA Required for Ages < 6 years	30.00	30.00
FLUOXETINE HCL CAPSULES ONLY 10MG	PROZAC			PA Required for Ages < 6 years	60.00	30.00
FLUOXETINE HCL CAPSULES ONLY 20MG	PROZAC			PA Required for Ages < 6 years	120.00	30.00
FLUOXETINE HCL CAPSULES ONLY 40MG	PROZAC			PA Required for Ages < 6 years	60.00	30.00
FLUOXETINE HCL SOLUTION	FLUOXETINE HCL			PA Required for Ages < 6 years	600.00	30.00
FLUOXETINE HCL TABLETS - WEEKLY	PROZAC WEEKLY			PA Required		
FLUVOXAMINE MALEATE CAPSULE 24-HOUR 100MG	LUVOX CR			PA Required for Ages < 6 years	90.00	30.00
FLUVOXAMINE MALEATE CAPSULE 24-HOUR 150MG	LUVOX CR			PA Required for Ages < 6 years	60.00	30.00
FLUVOXAMINE MALEATE TABLETS 25MG	LUVOX			PA Required for Ages < 6 years	60.00	30.00
FLUVOXAMINE MALEATE TABLETS 50MG	LUVOX			PA Required for Ages < 6 years	180.00	30.00
FLUVOXAMINE MALEATE TABLETS 100MG	LUVOX			PA Required for Ages < 6 years	90.00	30.00
PAROXETINE HCL SUSPENSION	PAXIL			PA Required for Ages < 6 years	900.00	30.00
PAROXETINE HCL TABLETS 10MG	PAXIL			PA Required for Ages < 6 years	30.00	30.00
PAROXETINE HCL TABLETS 20MG	PAXIL			PA Required for Ages < 6 years	30.00	30.00
PAROXETINE HCL TABLETS 30MG	PAXIL			PA Required for Ages < 6 years	30.00	30.00
PAROXETINE HCL TABLETS 40MG	PAXIL			PA Required for Ages < 6 years	45.00	30.00
PAROXETINE HCL TABLET 24-HOUR	PAXIL CR			PA Required for Ages < 6 years	90.00	30.00
PAROXETINE MESYLATE TABLETS	PEXEVA			PA Required		
SERTRALINE HCL CONCENTRATE	ZOLOFT			PA Required for Ages < 6 years	300.00	30.00
SERTRALINE HCL TABLETS 25MG	ZOLOFT			PA Required for Ages < 6 years	90.00	30.00
SERTRALINE HCL TABLETS 50MG	ZOLOFT			PA Required for Ages < 6 years	120.00	30.00



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SERTRALINE HCL TABLETS 100MG	ZOLOFT			PA Required for Ages < 6 years	60.00	30.00
VILAZODONE HCL TABLETS	VIIBRYD			PA Required		
SEROTONIN MODULATORS						
NEFAZODONE 50MG	VARIOUS			PA Required for Ages < 6 years	60.00	30.00
NEFAZODONE 100MG	VARIOUS			PA Required for Ages < 6 years	60.00	30.00
NEFAZODONE 150MG	VARIOUS			PA Required for Ages < 6 years	120.00	30.00
NEFAZODONE 200MG	VARIOUS			PA Required for Ages < 6 years	90.00	30.00
NEFAZODONE 250MG	VARIOUS			PA Required for Ages < 6 years	60.00	30.00
TRAZODONE HCL TABLETS 50MG	TRAZODONE HCL			PA Required for Ages < 6 years	90.00	30.00
TRAZODONE HCL TABLETS 100MG	TRAZODONE HCL			PA Required for Ages < 6 years	120.00	30.00
TRAZODONE HCL TABLETS 150MG	TRAZODONE HCL			PA Required for Ages < 6 years	60.00	30.00
TRAZODONE HCL TABLETS 300MG	TRAZODONE HCL			PA Required for Ages < 6 years	30.00	30.00
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRI)						
DESVENLAFAXINE SUCCINATE TABLET SR 24HR 25 MG (BASE EQUIV)	PRISTIQ			PA Required for Ages < 6 years	120.00	30.00
DESVENLAFAXINE SUCCINATE TABLET SR 24HR 50 MG (BASE EQUIV)	PRISTIQ			PA Required for Ages < 6 years	120.00	30.00
DESVENLAFAXINE SUCCINATE TABLET SR 24HR 100 MG (BASE EQUIV)	PRISTIQ			PA Required for Ages < 6 years	120.00	30.00
DULOXETINE HCL CAPSULE DELAYED RELEASE 20MG	CYMBALTA			PA Required for Ages < 6 years	120.00	30.00
DULOXETINE HCL CAPSULE DELAYED RELEASE 30MG	CYMBALTA			PA Required for Ages < 6 years	120.00	30.00
DULOXETINE HCL CAPSULE DELAYED RELEASE 60MG	CYMBALTA			PA Required for Ages < 6 years	60.00	30.00
VENLAFAXINE HCL CONTROLLED RELEASE - CAPSULES ONLY 37.5MG	EFFEXOR XR			PA Required for Ages < 6 years	90.00	30.00
VENLAFAXINE HCL CONTROLLED RELEASE - CAPSULES ONLY 75MG	EFFEXOR XR			PA Required for Ages < 6 years	90.00	30.00
VENLAFAXINE HCL CONTROLLED RELEASE - CAPSULES ONLY 150MG	EFFEXOR XR			PA Required for Ages < 6 years	30.00	30.00
VENLAFAXINE HCL TABLETS - IMMEDIATE RELEASE ONLY 25MG	VENLAFAXINE HCL			PA Required for Ages < 6 years	120.00	30.00
VENLAFAXINE HCL TABLETS - IMMEDIATE RELEASE ONLY 37.5MG	VENLAFAXINE HCL			PA Required for Ages < 6 years	90.00	30.00
VENLAFAXINE HCL TABLETS - IMMEDIATE RELEASE ONLY 50MG	VENLAFAXINE HCL			PA Required for Ages < 6 years	90.00	30.00
VENLAFAXINE HCL TABLETS - IMMEDIATE RELEASE ONLY 75MG	VENLAFAXINE HCL			PA Required for Ages < 6 years	150.00	30.00
VENLAFAXINE HCL TABLETS - IMMEDIATE RELEASE ONLY 100MG	VENLAFAXINE HCL			PA Required for Ages < 6 years	90.00	30.00
TRICYCLIC AGENTS						
AMITRIPTYLINE HCL TABLETS	AMITRIPTYLINE HCL			PA Required for ages < 6 years		
AMOXAPINE TABLETS	AMOXAPINE			PA Required for ages < 6 years		
CLOMIPRAMINE HCL CAPSULES	ANAFRANIL			PA Required for ages < 6 years		
DESIPRAMINE HCL TABLETS	NORPRAMIN			PA Required for ages < 6 years		
DOXEPIN HCL CAPSULES	DOXEPIN HCL			PA Required for ages < 6 years	90.00	30.00
DOXEPIN HCL CONCENTRATE	DOXEPIN HCL			PA Required for ages < 6 years	180.00	30.00
IMIPRAMINE HCL TABLETS	TOFRANIL			PA Required for ages < 6 years		
IMIPRAMINE PAMOATE CAPSULES	TOFRANIL-PM			PA Required for ages < 6 years		
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 CAPSULES	SURMONTIL			PA Required for ages < 6 years		
ANTIDOTES						
OPIOID ANTAGONISTS						
NALOXONE HCL SOLUTION + SYRINGE	NALOXONE HCL + SYRINGE		Preferred Drug			
NALOXONE HCL NASAL SPRAY	NARCAN NASAL SPRAY		Preferred Drug			
NALTREXONE HCL TABLETS	NALTREXONE HCL		Preferred Drug			



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NALTREXONE SUSPENSION	VIVITROL		Preferred Drug			
ANTIHISTAMINES						
ANTIHISTAMINES - ETHANOLAMINES						
DIPHENHYDRAMINE HCL CAPSULES	VARIOUS					
DIPHENHYDRAMINE HCL CHEWABLE TABLETS	VARIOUS					
DIPHENHYDRAMINE HCL ELIXIR	VARIOUS					
DIPHENHYDRAMINE HCL LIQUID	VARIOUS					
DIPHENHYDRAMINE HCL STRIP - REMOVE	VARIOUS					
DIPHENHYDRAMINE HCL SUSPENSION	VARIOUS					
DIPHENHYDRAMINE HCL SYRUP	VARIOUS					
DIPHENHYDRAMINE HCL TABLETS	VARIOUS					
DIPHENHYDRAMINE HCL TABLET DISPERSIBLE - REMOVE	VARIOUS					
ANTIHISTAMINES - PIPERIDINES						
CYPROHEPTADINE HCL SYRUP	CYPROHEPTADINE HCL					
CYPROHEPTADINE HCL TABLETS	CYPROHEPTADINE HCL					
ANTIHYPERTENSIVES						
ANTIADRENERGIC ANTIHYPERTENSIVES						
PRAZOSIN HCL CAPSULES	MINIPRESS					
ANTIPARKINSON AGENTS						
ANTIPARKINSON ANTICHOLINERGICS						
BENZTROPINE MESYLATE SOLUTION	COGENTIN					
BENZTROPINE MESYLATE TABLETS	BENZTROPINE MESYLATE					
TRIHEXYPHENIDYL HCL ELIXIR	TRIHEXYPHENIDYL HCL					
TRIHEXYPHENIDYL HCL TABLETS	TRIHEXYPHENIDYL HCL					
ANTIPARKINSON DOPAMINERGICS						
AMANTADINE HCL CAPSULES	AMANTADINE HCL					
AMANTADINE HCL SYRUP	AMANTADINE HCL					
AMANTADINE HCL TABLETS	AMANTADINE HCL					
ANTIPSYCHOTICS/ANTIMANIC AGENTS						
ANTIMANIC AGENTS						
LITHIUM CARBONATE CAPSULES	LITHIUM CARBONATE					
LITHIUM CARBONATE TABLETS	LITHIUM CARBONATE					
LITHIUM CARBONATE TABLET CONTROLLED RELEASE	LITHOBID					
LITHIUM SOLUTION	LITHIUM					
ANTIPSYCHOTICS - SECOND GENERATION - ATYPICAL ORAL AGENTS						
ARIPIPIRAZOLE TABLETS	ABILIFY		Preferred Drug	PA Required for Ages < 6 years	30.00	30.00
ARIPIPIRAZOLE ORALLY DISPERSABLE TABLET	ABILIFY		Preferred Drug	PA Required for Ages < 6 years	30.00	30.00
ARIPIPIRAZOLE SOLUTION	ABILIFY		Preferred Drug	PA Required for Ages < 6 years	150.00	30.00
ASENAPINE MALEATE SUBLINGUAL	SAPHRIS	Brand Only	Preferred Drug	PA Required for Ages < 6 years	60.00	30.00
CLOZAPINE ORALLY DISPERSABLE TABLET	FAZACLO		Preferred Drug	PA Required for Ages < 18 years	150.00	30.00
CLOZAPINE TABLETS	CLOZARIL		Preferred Drug	PA Required for Ages < 18 years	150.00	30.00
LURASIDONE HCL TABS	LATUDA	Brand Only	Preferred Drug	PA Required for Ages < 6 years	30.00	30.00
OLANZAPINE ORALLY DISPERSABLE TABLET 5MG	ZYPREXA ZYDIS		Preferred Drug	PA Required for Ages < 6 years	60.00	30.00
OLANZAPINE ORALLY DISPERSABLE TABLET 10MG	ZYPREXA ZYDIS		Preferred Drug	PA Required for Ages < 6 years	60.00	30.00
OLANZAPINE ORALLY DISPERSABLE TABLET 15MG	ZYPREXA ZYDIS		Preferred Drug	PA Required for Ages < 6 years	30.00	30.00



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OLANZAPINE ORALLY DISPERSABLE TABLET 20MG	ZYPREXA ZYDIS		Preferred Drug	PA Required for Ages < 6 years	30.00	30.00
OLANZAPINE TABLETS	ZYPREXA		Preferred Drug	PA Required for Ages < 6 years	30.00	30.00
QUETIAPINE FUMARATE TABLETS	SEROQUEL		Preferred Drug	PA Required for Ages < 6 years	60.00	30.00
RISPERIDONE ORALLY DISPERSABLE TABLET	RISPERIDONE ODT		Preferred Drug	PA Required for Ages < 6 years	60.00	30.00
RISPERIDONE ORAL SOLUTION	RISPERDAL		Preferred Drug	PA Required for Ages < 6 years	240.00	30.00
RISPERIDONE TABLETS	RISPERDAL		Preferred Drug	PA Required for Ages < 6 years	60.00	30.00
ZIPRASIDONE HCL CAPSULES	GEODON		Preferred Drug	PA Required for Ages < 6 years	60.00	30.00
ANTIPSYCHOTICS - SECOND GENERATION - ATYPICAL LONG ACTING INJECTABLES						
ARIPIRAZOLE LAUROXIL	<i>ARISTADA</i>	Brand Only	Preferred Drug	PA Required for Ages < 18 years	1.00	30.00
ARIPIRAZOLE SUSPENSION	<i>ABILIFY MAINTENA</i>	Brand Only	Preferred Drug	PA Required for Ages < 18 years	1.00	30.00
PALIPERIDONE PALMITATE SUSPENSION	<i>INVEGA SUSTENNA</i>	Brand Only	Preferred Drug	PA Required for Ages < 18 years	1.00	30.00
PALIPERIDONE PALMITATE SUSPENSION	<i>INVEGA TRINZA</i>	Brand Only	Preferred Drug	PA Required for Ages < 18 years	1.00	90.00
RISPERIDONE MICROSPHERES SUSPENSION	<i>RISPERDAL CONSTA</i>	Brand Only	Preferred Drug	PA Required for Ages < 18 years	2.00	30.00
ANTIPSYCHOTICS - FIRST GENERATION - TYPICAL ORAL AGENTS						
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		
BETA BLOCKERS						
BETA BLOCKERS NON-SELECTIVE						
NADOLOL TABLETS	CORGARD					
PROPRANOLOL HCL CAPSULE 24-HOUR	INDERAL LA				30.00	30.00
PROPRANOLOL HCL SOLUTION	PROPRANOLOL HCL					
PROPRANOLOL HCL SUSTAINED-RELEASE BEADS CAPSULE 24-HOUR	INDERAL XL				30.00	30.00
PROPRANOLOL HCL TABLETS	PROPRANOLOL HCL					
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENT						
ANTIHISTAMINE HYPNOTICS						
DIPHENHYDRAMINE HCL (SLEEP) CAPSULES	VARIOUS					
DIPHENHYDRAMINE HCL (SLEEP) LIQUID	VARIOUS					
DIPHENHYDRAMINE HCL (SLEEP) TABLETS	VARIOUS					
DIPHENHYDRAMINE HCL (SLEEP) TABLET DISPERSIBLE	VARIOUS					
HYPNOTICS - TRICYCLIC AGENTS						
DOXEPIN HCL (SLEEP) TABLETS	SILENOR			PA Required		



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NON-BARBITURATE HYPNOTICS						
TEMAZEPAM CAPSULES 15MG & 30MG	RESTORIL			PA Required for > 1 Hypnotic	30.00	30.00
ZOLPIDEM TARTRATE TABLETS 5MG	AMBIEN			PA Required for > 1 Hypnotic	60.00	30.00
ZOLPIDEM TARTRATE TABLETS 10MG	AMBIEN			PA Required for > 1 Hypnotic	30.00	30.00
SELECTIVE MELATONIN RECEPTOR AGONISTS						
RAMELTEON TABLETS	ROZEREM			Patient must have tried Temazepam and Zolpidem		
LAXATIVES						
BULK LAXATIVES						
FIBER CAPSULES	ADVANCED FIBER COMPLEX/ACIDOPHILUS					
FIBER CHEWABLE TABLETS	FIBER SELECT GUMMIES					
FIBER LIQUID	LIQUAFIBER					
FIBER POWDER	FIBER					
FIBER TABLETS	FIBER COMPLETE					
METHYLCELLULOSE (LAXATIVE) PACK	CITRUCEL FIBER LAXATIVE					
METHYLCELLULOSE (LAXATIVE) POWDER	CITRUCEL FIBER LAXATIVE					
METHYLCELLULOSE (LAXATIVE) TABLETS	CITRUCEL					
PSYLLIUM CAPSULES	NAT-RUL PSYLLIUM SEED HUSKS					
PSYLLIUM PACK	METAMUCIL SMOOTH TEXTURE					
PSYLLIUM POWDER	KONSYL					
PSYLLIUM WAFER	METAMUCIL					
LAXATIVES - MISCELLANEOUS/ELLANEOUS						
LACTULOSE PACK	KRISTALOSE					
LACTULOSE SOLUTION	LACTULOSE					
SALINE LAXATIVES						
MAGNESIUM CITRATE SOLUTION	CITROMA					
MAGNESIUM OXIDE (LAXATIVE) TABLETS	PHILLIPS					
STIMULANT LAXATIVES						
BISACODYL ENEMA	FLEET BISACODYL					
BISACODYL KIT	DULCOLAX BOWEL PREP KIT					
BISACODYL SUPPOSITORY	BISAC-EVAC					
BISACODYL TABLET ENTERIC COATED	ALOPHEN					
CASCARA SAGRADA CAPSULES	CASCARA SAGRADA					
CASCARA SAGRADA EXTR	CASCARA SAGRADA					
CASCARA SAGRADA TABLETS	CASCARA SAGRADA					
SENNA LEAV	SENNA LEAVES					
SENNA MISCELLANEOUS	CORRECTOL HERBAL TEA					
SENNA SYRUP	SENNA					
SENNA TABLETS	NATURAL SENNA LAXATIVE					
SENNOSIDES CAPSULES	SENNA					
SENNOSIDES CHEWABLE TABLETS	BLACK DRAUGHT					
SENNOSIDES LIQUID	AGORAL MAXIMUM STRENGTH					
SENNOSIDES TABLETS	DR EDWARDS OLIVE LAXATIVE					
SURFACTANT LAXATIVES						



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DOCUSATE SODIUM CAPSULES	COLACE					
DOCUSATE SODIUM ENEMA	DOCUSOL KIDS					
DOCUSATE SODIUM LIQUID	PEDIA-LAX					
DOCUSATE SODIUM SYRUP	DIOCTO					
MOUTH/THROAT/DENTAL AGENTS						
THROAT PRODUCTS - MISCELLANEOUS.						
ARTIFICIAL SALIVA AEROSOL SOLUTION	AQUORAL					
ARTIFICIAL SALIVA GEL	BIOTENE ORALBALANCE DRY MOUTH MOISTURIZING					
ARTIFICIAL SALIVA GUM	BIOTENE DRY MOUTH GUM					
ARTIFICIAL SALIVA KIT	ORAL RELIEF FOR DRY MOUTH& DISCOMFORT					
ARTIFICIAL SALIVA LOZENGE	ACT DRY MOUTH					
ARTIFICIAL SALIVA PACK	NEUTRASAL					
ARTIFICIAL SALIVA SOLUTION	BIOTENE MOISTURIZING MOUTH SPRAY					
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENT						
AGENTS FOR CHEMICAL DEPENDENCY						
ACAMPROSATE CALCIUM TABLET ENTERIC COATED	VARIOUS					
DISULFIRAM TABLETS	VARIOUS					
POSTHERPETIC NEURALGIA (PHN) AGENTS						
GABAPENTIN (ONCE-DAILY) TABLETS	GRALISE			PA Required		
RESTLESS LEG SYNDROME (RLS) AGENTS						
GABAPENTIN ENACARBIL TABLETS ER	HORIZANT			PA Required		
PIMOZIDE TABLETS	ORAP					
THYROID AGENTS						
THYROID HORMONES						
LEVOTHYROXINE SODIUM TABLETS	LEVO-T				30.00	30.00
LIOTHYRONINE SODIUM TABLETS	CYTOMEL				30.00	30.00
VITAMINS						
OIL SOLUBLE VITAMINS						
VITAMIN E CAPSULES	VITAMIN E					
VITAMIN E CHEWABLE TABLETS	KEY-E					
VITAMIN E LIQUID	LIQUI-E					
VITAMIN E TABLETS	VITAMIN E					
WATER SOLUBLE VITAMINS						
NIACIN CAPSULE CONTROLLED RELEASE	NIACIN					
NIACIN TABLETS	NIACIN					
NIACIN TABLET CONTROLLED RELEASE	ENDUR-ACIN					
NIACINAMIDE TABLETS	NIACINAMIDE					
NIACINAMIDE TABLET CONTROLLED RELEASE	NIACINAMIDE PROLONGED RELEASE					
PYRIDOXINE HCL CAPSULES	NEURO-K-250 T.D.					
PYRIDOXINE HCL LOZENGE	B-NATAL					
PYRIDOXINE HCL LOLLIPOP	B-NATAL					
PYRIDOXINE HCL SOLUTION	PYRIDOXINE HCL					



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PYRIDOXINE HCL TABLETS	PYRIDOXINE HCL					
PYRIDOXINE HCL TABLET CONTROLLED RELEASE	VITAMIN B-6					
RIBOFLAVIN CAPSULES	RIBOFLAVIN					
RIBOFLAVIN TABLETS	VITAMIN B-2					
THIAMINE HCL CAPSULES	THIAMINE					
THIAMINE HCL SOLUTION	THIAMINE HCL					
THIAMINE HCL TABLETS	VITAMIN B-1					