

**AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE October 1, 2022**

- 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: October 1, 2022

Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	Preferred Drug Status		Step Therapy Requirements	Quantity Limit (QL)	QL Days
<b>ADHD/ANTI-NARCOLEPSY</b>							
<b>Amphetamines</b>							
AMPHETAMINE-DEXTROAMPHETAMINE CAPSULE 24-HOUR	ADDERALL XR	BRAND ONLY	PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age		30	30
AMPHETAMINE-DEXTROAMPHETAMINE TABLETS	ADDERALL	BRAND & GENERIC	PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age		60	30
DEXTROAMPHETAMINE 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
<b>Stimulants</b>							
DEXMETHYLPHENIDATE HCL CAPSULE 24-HOUR	FOCALIN XR	BRAND ONLY	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

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				Drug List Effective Date: October 1, 2022			
Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	Preferred Drug Status		Step Therapy Requirements	Quantity Limit (QL)	QL Days
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
<b>Miscellaneous Agents</b>							
ATOMOXETINE HCL CAPSULES	VARIOUS		PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age		30	30
<b>Central Alpha-Agonists</b>							
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			
<b>AMINOGLYCOSIDES</b>							

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<b>AMINOGLYCOSIDES</b>							
NEOMYCIN SULFATE TABLETS	NEOMYCIN SULFATE						
<b>INHALED ANTIBIOTICS</b>							
TOBRAMYCIN NEBULIZED	BETHKIS	BRAND ONLY	PREFERRED DRUG		PA REQUIRED		
TOBRAMYCIN NEBULIZED	KITABIS	BRAND ONLY	PREFERRED DRUG		PA REQUIRED		
<b>ANALGESICS - ANTI-INFLAMMATORY</b>							
<b>ANTIRHEUMATIC ANTIMETABOLITES</b>							
METHOTREXATE SODIUM TABLETS	RHEUMATREX						
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>							
CELECOXIB CAPSULES	CELEBREX				PA REQUIRED		
DICLOFENAC SODIUM TABLET 24-HOUR	VOLTAREN-XR						
DICLOFENAC SODIUM TABLET ENTERIC COATED	VOLTAREN						
ETODOLAC CAPSULES	VARIOUS						

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ETODOLAC TABLETS	VARIOUS						
FENOPROFEN CALCIUM CAPSULES	NALFON						
FENOPROFEN CALCIUM TABLETS	FENOPROFEN CALCIUM						
FLURBIPROFEN TABLETS	FLURBIPROFEN						
IBUPROFEN CAPSULES	ADVIL						
IBUPROFEN CHEWABLE TABLETS	CHILDRENS MOTRIN						
IBUPROFEN SUSPENSION	CHILDRENS MOTRIN						
IBUPROFEN TABLETS	ADVIL						
INDOMETHACIN CAPSULES	VARIOUS						
INDOMETHACIN CAPSULE CONTROLLED RELEASE	INDOMETHACIN CR						
INDOMETHACIN SUPPOSITORY	INDOCIN						
INDOMETHACIN SUSPENSION	INDOCIN						
KETOPROFEN CAPSULES	ORUDIS						

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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						
<b>PYRIMIDINE SYNTHESIS INHIBITORS</b>							
LEFLUNOMIDE TABLETS	ARAVA						
<b>SELECTIVE COSTIMULATION MODULATORS</b>							

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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						

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ACETAMINOPHEN ELIXIR	VARIOUS						
ACETAMINOPHEN LIQUID	VARIOUS						
ACETAMINOPHEN SUPPOSITORY	FEVERALL INFANTS						
ACETAMINOPHEN SUSPENSION	TYLENOL INFANTS						
<b>SALICYLATES</b>							
ASPIRIN CHEWABLE TABLETS	VARIOUS						
ASPIRIN SUPPOSITORY	VARIOUS						
ASPIRIN TABLETS	VARIOUS						
DIFLUNISAL TABLETS	DIFLUNISAL						
SALSALATE TABLETS	DISALCID						
<b>ANALGESICS - OPIOID</b>							
<b>LONG-ACTING OPIOID AGONISTS</b>							
FENTANYL PATCH 72-HOUR 12mcg, 25mcg, 50mcg, 75mcg & 100mcg	DURAGESIC 12mcg, 25mcg, 50mcg, 75mcg & 100mcg		PREFERRED DRUG		PA REQUIRED		

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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		
<b>SHORT-ACTING OPIOID AGONISTS</b>							
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.		



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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	ULTRAM			PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.			
<b>OPIOID COMBINATIONS</b>							
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.			
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.			

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HYDROCODONE-IBUPROFEN TABLETS	REPRESXAIN			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.			
<b>ANTIDOTES</b>							
<b>OPIOID ANTAGONISTS</b>							
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				
NALTREXONE SUSPENSION	VIVITROL		PREFERRED DRUG				
<b>OPIOID AGONISTS</b>							

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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							

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DANAZOL CAPSULES	DANAZOL						
TESTOSTERONE CYPIONATE SOLUTION	DEPO-TESTOSTERONE				PA REQUIRED		
TESTOSTERONE ENANTHATE SOLUTION	TESTOSTERONE ENANTHATE				PA REQUIRED		
TESTOSTERONE GEL	ANDROGEL	BRAND ONLY	PREFERRED DRUG		PA REQUIRED		
TESTOSTERONE PATCH	ANDRODERM				PA REQUIRED		
<b>ANORECTAL AGENTS</b>							
<b>INTRARECTAL STEROIDS</b>							
HYDROCORTISONE (INTRARECTAL) ENEMA	COLOCORT						
HYDROCORTISONE ACETATE (INTRARECTAL) FOAM	CORTIFOAM						
<b>RECTAL STEROIDS</b>							
HYDROCORTISONE (RECTAL) CREAM	PROCTOCORT						
<b>ANTHELMINTICS</b>							
<b>ANTHELMINTICS</b>							

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ALBENDAZOLE TABLETS	ALBENZA				PA REQUIRED		
IVERMECTIN TABLETS	STROMECTOL				PA REQUIRED		
PRAZIQUANTEL TABLETS	BILTRICIDE						
<b>ANTIANGINAL AGENTS</b>							
<b>ANTIANGINALS-OTHER</b>							
RANOLAZINE TABLET 12-HOUR	RANEXA				PA REQUIRED		
<b>NITRATES</b>							
ISOSORBIDE DINITRATE CAPSULE CONTROLLED RELEASE	DILATRATE SR						
ISOSORBIDE DINITRATE SUBLINGUAL	ISOSORBIDE DINITRATE						
ISOSORBIDE DINITRATE TABLETS	ISORDIL TITRADOSE						
ISOSORBIDE DINITRATE TABLET CONTROLLED RELEASE	ISOSORBIDE DINITRATE ER						
ISOSORBIDE MONONITRATE TABLETS	ISOSORBIDE MONONITRATE						
ISOSORBIDE MONONITRATE TABLET 24-HOUR	IMDUR						

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NITROGLYCERIN CAPSULE CONTROLLED RELEASE	NITRO-TIME						
NITROGLYCERIN OINTMENT	NITRO-BID						
NITROGLYCERIN PATCH 24-HOUR	NITRO-DUR						
NITROGLYCERIN SUBLINGUAL	NITROSTAT						
<b>ANTIANSXIETY AGENTS</b>							
<b>ANTIANSXIETY AGENTS - MISC.</b>							
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

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HYDROXYZINE PAMOATE CAPSULES	VISTARIL					120	30
<b>BENZODIAZEPINES</b>							
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
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

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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
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



**AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE October 1, 2022**

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Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	Preferred Drug Status		Step Therapy Requirements	Quantity Limit (QL)	QL Days
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
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

**AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE October 1, 2022**

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Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	Preferred Drug Status		Step Therapy Requirements	Quantity Limit (QL)	QL Days
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
<b>ANTIARRHYTHMICS</b>							
<b>ANTIARRHYTHMICS TYPE I-A</b>							
DISOPYRAMIDE PHOSPHATE CAPSULES	NORPACE						
DISOPYRAMIDE PHOSPHATE CAPSULE 12-HOUR	NORPACE CR						
QUINIDINE GLUCONATE TABLET CONTROLLED RELEASE	QUINIDINE GLUCONATE CR						
QUINIDINE SULFATE TABLETS	QUINIDINE SULFATE						
QUINIDINE SULFATE TABLET CONTROLLED RELEASE	QUINIDINE SULFATE ER						
<b>ANTIARRHYTHMICS TYPE I-B</b>							
MEXILETINE HCL CAPSULES	MEXILETINE HCL						
<b>ANTIARRHYTHMICS TYPE I-C</b>							
FLECAINIDE ACETATE TABLETS	TAMBOCOR						

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PROPAFENONE HCL CAPSULE 12-HOUR	RYTHMOL SR						
PROPAFENONE HCL TABLETS	RYTHMOL						
<b>ANTIARRHYTHMICS TYPE III</b>							
AMIODARONE HCL TABLETS 100MG & 200MG	PACERONE						
DOFETILIDE CAPSULES	TIKOSYN				PA REQUIRED		
DRONEDARONE HCL TABLETS	MULTAQ				PA REQUIRED		
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>							
<b>ANTI-INFLAMMATORY AGENTS</b>							
CROMOLYN SODIUM NEBULIZER	CROMOLYN SODIUM						
<b>BRONCHODILATORS - ANTICHOLINERGICS</b>							
ACLIDINIUM BROMIDE	TUDORZA PRESSAIR		PREFERRED DRUG				
IPRATROPIUM BROMIDE HFA AEROSOL	ATROVENT HFA		PREFERRED DRUG				
IPRATROPIUM BROMIDE SOLUTION	IPRATROPIUM BROMIDE		PREFERRED DRUG				

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TIOTROPIUM BROMIDE MONOHYDRATE CAPSULES	SPIRIVA HANDIHALER		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							
BUDESONIDE (INHALATION) SUSPENSION 0.25MG, 0.50MG & 1.0MG	PULMICORT	VARIOUS	PREFERRED DRUG				
BUDESONIDE INHALATION POWDER	PULMICORT FLEXHALER	BRAND ONLY	PREFERRED DRUG				
FLUTICASONE PROPIONATE HFA AERO	FLOVENT HFA	BRAND ONLY	PREFERRED DRUG				
FLUTICASONE PROPIONATE ORAL INHALATION	FLOVENT DISKUS	BRAND ONLY	PREFERRED DRUG				
MOMETASONE FUROATE (INHALATION) AEPB	ASMANEX TWISTHALER		PREFERRED DRUG				
SYMPATHOMIMETICS							
ALBUTEROL SULFATE INHALER	ALBUTEROL HFA (PROVENTIL) (AG) (INHALATION)	NDC 00254100752 NDC 00781729685	Preferred Albuterol NDCs				

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ALBUTEROL SULFATE INHALER	ALBUTEROL HFA (PROVENTIL) (INHALATION)	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	Step Therapy	Patient must have tried one steroid inhaler: Beclomethasone Dipropionate, Budesonide, Fluticasone Propionate		
FLUTICASONE-SALMETEROL ORAL INHALATION	ADVAIR DISKUS	BRAND ONLY	PREFERRED DRUG	Step Therapy	Patient must have tried one steroid inhaler: Beclomethasone Dipropionate, Budesonide, Fluticasone Propionate		
FLUTICASONE-SALMETEROL AEROSOL	ADVAIR HFA	BRAND ONLY	PREFERRED DRUG	Step Therapy	Patient must have tried one steroid inhaler: Beclomethasone Dipropionate, Budesonide, Fluticasone Propionate		

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MOMETASONE FUROATE-FORMOTEROL FUMARATE DIHYDRATE AEROSOL	DULERA	BRAND ONLY	PREFERRED DRUG	Step Therapy	Patient must have tried one steroid inhaler: Beclomethasone Dipropionate, Budesonide, Fluticasone Propionate		
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
UMECLIDINIUM-VILANTEROL AEROSOL POWDER	ANORO ELLIPTA		PREFERRED DRUG	PA REQUIRED		1	30
<b>ANTICOAGULANTS</b>							
<b>COUMARIN ANTICOAGULANTS</b>							
WARFARIN SODIUM TABLETS	VARIOUS		PREFERRED DRUG				
<b>DIRECT FACTOR XA INHIBITORS</b>							
APIXABAN TABLETS	ELIQUIS	BRAND ONLY	PREFERRED DRUG			60	30

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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
<b>HEPARINS AND HEPARINOID-LIKE AGENTS</b>						
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%					

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Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	Preferred Drug Status		Step Therapy Requirements	Quantity Limit (QL)	QL Days
HEPARIN SOD (PORCINE) IN D5W SOLUTION	HEPARIN SODIUM/D5W						
HEPARIN SODIUM (PORCINE) LOCK FLUSH & NACL LOCK FLUSH KIT	HEPARIN SODIUM LOCK FLUSH						
HEPARIN SODIUM (PORCINE) LOCK FLUSH SOLUTION	HEPARIN LOCK FLUSH						
<b>THROMBIN INHIBITORS</b>							
<b>DABIGATRAN ETEXILATE MESYLATE CAPSULES</b>	<b>PRADAXA</b>	<b>BRAND ONLY</b>	<b>PREFERRED DRUG</b>			<b>60</b>	<b>30</b>
<b>ANTICONVULSANTS</b>							
<b>ANTICONVULSANTS - BENZODIAZEPINES</b>							
CLOBAZAM SUSPENSION	ONFI				PA REQUIRED		
CLOBAZAM TABLETS	ONFI				PA REQUIRED		
CLONAZEPAM TAB 0.5 MG	KLONOPIN				PA REQUIRED for 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 RECTAL GEL DELIVERY SYSTEM 10 MG	DIASTAT					2	30
DIAZEPAM RECTAL GEL DELIVERY SYSTEM 2.5 MG	DIASTAT					2	30
DIAZEPAM RECTAL GEL DELIVERY SYSTEM 20 MG	DIASTAT					2	30
<b>ANTICONVULSANTS - MISC.</b>							
CARBAMAZEPINE CHEWABLE TABLETS	CARBAMAZEPINE						
CARBAMAZEPINE CAPSULE 12-HOUR	CARBATROL						
CARBAMAZEPINE SUSPENSION	TEGRETOL						
CARBAMAZEPINE TABLETS	EPITOL						
CARBAMAZEPINE CAPSULE 12-HOUR	EQUETRO						

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CARBAMAZEPINE TABLET 12-HOUR	TEGRETOL-XR						
GABAPENTIN CAPSULES	NEURONTIN						
GABAPENTIN SOLUTION	NEURONTIN						
GABAPENTIN	<b>GRALISE</b>				PA REQUIRED		
GABAPENTIN TABLETS	NEURONTIN						
GABAPENTIN	<b>HORIZANT</b>				PA REQUIRED		
LACOSAMIDE SOLUTION	VIMPAT				PA REQUIRED		
LACOSAMIDE TABLETS	VIMPAT				PA REQUIRED		
LAMOTRIGINE CHEWABLE TABLETS	LAMICTAL CHEWABLE						
LAMOTRIGINE TABLETS	LAMICTAL						
LAMOTRIGINE TABLET 24-HOUR	LAMICTAL XR						
LAMOTRIGINE ORALLY DISINTEGRATING TABLETS	LAMICTAL ODT						
LEVETIRACETAM SOLUTION	KEPPRA						

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LEVETIRACETAM TABLETS	KEPPRA						
LEVETIRACETAM TABLET 24-HOUR	KEPPRA XR						
OXCARBAZEPINE SUSPENSION	TRILEPTAL						
OXCARBAZEPINE TABLETS	TRILEPTAL						
PREGABALIN CAPSULES	LYRICA				PA REQUIRED		
PREGABALIN SOLUTION	LYRICA				PA REQUIRED		
PRIMIDONE TABLETS	MYSOLINE						
RUFINAMIDE SUSPENSION	BANZEL				PA REQUIRED		
RUFINAMIDE TABLETS	BANZEL				PA REQUIRED		
TOPIRAMATE SPRINKLE CAPSULES	TOPAMAX SPRINKLES						
TOPIRAMATE TABLETS	TOPAMAX						
ZONISAMIDE CAPSULES	ZONEGRAN						
<b>CARBAMATES</b>							

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FELBAMATE SUSPENSION	FELBATOL						
FELBAMATE TABLETS	FELBATOL						
<b>GABA MODULATORS</b>							
TIAGABINE HCL TABLETS	GABITRIL			PA REQUIRED			
<b>HYDANTOINS</b>							
PHENYTOIN CHEWABLE TABLETS	DILANTIN INFATABLETS						
PHENYTOIN SODIUM EXTENDED CAPSULES	DILANTIN						
PHENYTOIN SUSPENSION	DILANTIN-125						
<b>SUCCINIMIDES</b>							
ETHOSUXIMIDE CAPSULES	ZARONTIN						
ETHOSUXIMIDE SOLUTION	ZARONTIN						
<b>VALPROIC ACID</b>							
DIVALPROEX SODIUM SPRINKLE CAPSULES	DEPAKOTE SPRINKLES						

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DIVALPROEX SODIUM TABLET 24-HOUR	DEPAKOTE ER						
DIVALPROEX SODIUM TABLET ENTERIC COATED	DEPAKOTE						
VALPROATE SODIUM SYRUP	DEPAKENE+B252						
VALPROIC ACID CAPSULES	DEPAKENE						
<b>ANTIDEPRESSANTS</b>							
<b>ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)</b>							
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
<b>N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST</b>							
ESKETAMINE HYDROCHLORIDE	SPRAVATO				PA REQUIRED		
<b>Norepinephrine and Dopamine Reuptake Inhibitors (NDRIs)</b>							
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

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BUPROPION HCL TABLET 24-HOUR (150MG & 300MG)	WELLBUTRIN XL					30	30
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)</b>							
CITALOPRAM HYDROBROMIDE SOLUTION	CELEXA				PA REQUIRED for Ages < 6 years of age and greater than 12 years of age	600	30
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	20mg: 30 30mg: 30 40mg: 45	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
<b>SEROTONIN MODULATORS</b>							

**AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE October 1, 2022**

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Drug List Effective Date: October 1, 2022							
Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	Preferred Drug Status		Step Therapy Requirements	Quantity Limit (QL)	QL Days
TRAZODONE HCL TABLETS	TRAZODONE HCL				PA REQUIRED for Ages < 6 years of age	100mg:120 150mg: 60 300mg 30	30 30 30
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRI)</b>							
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	37.5mg: 90 50mg: 90 75mg: 150	30 30 30
<b>TRICYCLIC AGENTS</b>							
AMITRIPTYLINE HCL TABLETS	AMITRIPTYLINE HCL				PA REQUIRED for Ages < 6 years of age		
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

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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		
<b>ANTIDIABETICS</b>							
<b>ALPHA-GLUCOSIDASE INHIBITORS</b>							
ACARBOSE TABLETS	PRECOSE						
<b>ANTIDIABETIC - AMLYN ANALOGS</b>							
PRAMLINTIDE ACETATE SOLUTION PEN INJECTION	SYMLINPEN 60		PREFERRED DRUG		PA REQUIRED		
<b>ANTIDIABETIC COMBINATIONS</b>							
ALOGLIPTIN-METFORMIN HCL TABLETS	KAZANO	BRAND ONLY	PREFERRED DRUG		STEP THROUGH METFORMIN		



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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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<b>BIGUANIDES</b>							
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		
<b>DIABETIC OTHER</b>							
DIAZOXIDE SUSPENSION	PROGLYCEM	BRAND ONLY					
GLUCAGON (RDNA) KIT	GLUCAGON EMERGENCY KIT	BRAND ONLY BY LILLY	PREFERRED DRUG			1	30
GLUCAGON HCL (RDNA) SOLUTION	GLUCAGEN HYPOKIT		PREFERRED DRUG			1	30
GLUCAGON SOLUTION AUTOINJECTOR	GVOKE HYPO		PREFERRED DRUG			1	30
<b>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>							
ALOGLIPTIN BENZOATE TABLETS	NESINA	BRAND ONLY	PREFERRED DRUG		STEP THROUGH METFORMIN		
LINAGLIPTIN TABLETS	TRADJENTA	BRAND ONLY	PREFERRED DRUG		STEP THROUGH METFORMIN		
SAXAGLIPTIN HCL TABLETS	ONGLYZA	BRAND ONLY	PREFERRED DRUG		STEP THROUGH METFORMIN		
SITAGLIPTIN PHOSPHATE TABLETS	JANUVIA	BRAND ONLY	PREFERRED DRUG		STEP THROUGH METFORMIN		

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<b>INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)</b>							
DULAGLUTIDE SOLUTION PEN-INJECTION	TRULICITY		PREFERRED DRUG		PA REQUIRED		
EXENATIDE SOLUTION PEN INJECTION	BYETTA		PREFERRED DRUG		PA REQUIRED		
LIRAGLUTIDE SOLUTION PEN INJECTION	VICTOZA		PREFERRED DRUG		PA REQUIRED		
<b>DIABETIC MISCELLANEOUS AGENT</b>							
PRAMLINTIDE	SYMLIN PEN		PREFERRED DRUG		PA REQUIRED		
<b>INSULIN SENSITIZING AGENTS</b>							
PIOGLITAZONE HCL TABLETS	ACTOS						
<b>INSULIN</b>							
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				

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INSULIN LISPRO PROTAMINE & LISPRO (HUMAN) SUSPENSION PEN INJECTION (50-50)	HUMALOG MIX 50/50 KWIKPEN	Brand Only	PREFERRED DRUG				
INSULIN LISPRO PROTAMINE & LISPRO SUSPENSION (75-25)	HUMALOG MIX 75/25	Brand Only	PREFERRED DRUG				
INSULIN 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				
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				

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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							

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DAPAGLIFLOZIN PROPANEDIOL	FARXIGA		PREFERRED DRUG		STEP THROUGH METFORMIN		
CANAGLIFLOZIN	INVOKANA		PREFERRED DRUG		STEP THROUGH METFORMIN		
EMPAGLIFLOZIN	JARDIANCE		PREFERRED DRUG		STEP THROUGH METFORMIN		
<b>SULFONYLUREAS</b>							
GLIMEPIRIDE TABLETS	AMARYL						
GLIPIZIDE TABLETS	GLUCOTROL						
GLIPIZIDE TABLET 24-HOUR	GLUCATROL XL						
GLYBURIDE MICRONIZED TABLETS	GLYNASE						
GLYBURIDE TABLETS	DIABETA						
<b>ANTIDIARRHEALS</b>							
<b>ANTIPERISTALTIC AGENTS</b>							
DIPHENOXYLATE W/ ATROPINE LIQUID	DIPHENOXYLATE/ATROPINE						
DIPHENOXYLATE W/ ATROPINE TABLETS	LOMOTIL						

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LOPERAMIDE HCL CAPSULES	LOPERAMIDE HCL						
LOPERAMIDE HCL CHEWABLE TABLETS	IMODIUM A-D						
LOPERAMIDE HCL LIQUID	LOPERAMIDE HCL						
LOPERAMIDE HCL SUSPENSION	IMODIUM A-D						
LOPERAMIDE HCL TABLETS	IMODIUM A-D						
<b>ANTIDOTES</b>							
<b>OPIOID ANTAGONISTS</b>							
NALOXONE HCL SOLUTION + SYRINGE	NALOXONE HCL + SYRINGE		PREFERRED DRUG				
NALOXONE	KLOXXADO	BRAND ONLY	PREFERRED DRUG				
NALOXONE HCL NASAL SPRAY	NARCAN NASAL SPRAY	BRAND ONLY	PREFERRED DRUG				
<b>ANTIEMETICS</b>							
<b>5-HT3 RECEPTOR ANTAGONISTS</b>							
DOLASETRON MESYLATE TABLETS	ANZEMET			PA REQUIRED			

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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
<b>ANTIEMETICS MISC.</b>							
PROCHLORPERAZINE MALEATE TABLETS	COMPАЗINE						
PROCHLORPERAZINE SUPPOSITORY	COMPАЗINE						
<b>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONIST</b>							
APREPITANT CAPSULES	EMEND					6	21
<b>ANTIFUNGALS</b>							
<b>ANTIFUNGAL ORAL AGENTS</b>							
CLOTRIMAZOLE TROCHE	VARIOUS						



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GRISEOFULVIN SUSPENSION	VARIOUS						
GRISEOFULVIN MICROSIZED TABLETS	GRIFULVIN V						
NYSTATIN SUSPENSION	NYSTATIN						
NYSTATIN TABLETS	NYSTATIN						
TERBINAFINE HCL TABLETS	LAMISIL					90	365
<b>IMIDAZOLE-RELATED ANTIFUNGALS</b>							
FLUCONAZOLE SUSPENSION	DIFLUCAN					600	30
FLUCONAZOLE TABLETS	DIFLUCAN					60	30
<b>ANTIHISTAMINES</b>							
<b>ANTIHISTAMINES - ALKYLAMINES</b>							
BROMPHENIRAMINE MALEATE	J-TAN PD						
CHLORPHENIRAMINE MALEATE	CHLORPHENIRAMINE MALEATE						
DEXCHLORPHENIRAMINE MALEATE SYRUP	DEXCHLORPHENIRAMINE MALEATE						

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<b>ANTIHISTAMINES - ETHANOLAMINES</b>							
CLEMASTINE FUMARATE SYRUP	CLEMASTINE FUMARATE						
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						
<b>ANTIHISTAMINES - NON-SEDATING</b>							
CETIRIZINE HCL CAPSULES	ZYRTEC ALLERGY					30	30

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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 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
<b>ANTIHISTAMINES - PHENOTHIAZINES</b>							

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PROMETHAZINE HCL SUPPOSITORY	PHENERGAN						
PROMETHAZINE HCL TABLETS	PROMETHAZINE HCL						
<b>ANTIHISTAMINES - PIPERIDINES</b>							
CYPROHEPTADINE HCL SYRUP	CYPROHEPTADINE HCL						
CYPROHEPTADINE HCL TABLETS	CYPROHEPTADINE HCL						
<b>ANTIHYPERLIPIDEMICS</b>							
<b>BILE ACID SEQUESTRANTS</b>							
CHOLESTYRAMINE LIGHT PACKETS	PREVALITE						
CHOLESTYRAMINE LIGHT POWDER	PREVALITE						
CHOLESTYRAMINE PACKETS	QUESTRAN						
CHOLESTYRAMINE POWDER	QUESTRAN						
COLESTIPOL HCL TABLETS	COLESTID						
<b>FIBRIC ACID DERIVATIVES</b>							

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FENOFIBRATE MICRONIZED CAPSULES 67MG, 134MG & 200MG	VARIOUS						
FENOFIBRATE TABLETS 48MG, 54MG, 145MG & 160MG	VARIOUS						
FENOFIBRIC ACID TABLETS	FIBRICOR						
GEMFIBROZIL TABLETS	LOPID						
<b>HMG COA REDUCTASE INHIBITORS</b>							
ATORVASTATIN CALCIUM TABLETS	LIPITOR		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
<b>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS</b>							
EZETIMIBE TABLETS	ZETIA		PREFERRED DRUG	<b>PA REQUIRED</b>			
<b>NICOTINIC ACID DERIVATIVES</b>							

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NIACIN CAPSULE CONTROLLED RELEASE	VARIOUS						
NIACIN TABLET CONTROLLED RELEASE	VARIOUS						
<b>MISC. NUTRITIONAL SUBSTANCES</b>							
OMEGA-3 FATTY ACIDS CAPSULES	FISH OIL						
OMEGA-3 FATTY ACIDS CAPSULE DELAYED RELEASE	FISH OIL						
<b>ANTIHYPERTENSIVES</b>							
<b>ACE INHIBITORS</b>							
BENAZEPRIL HCL TABLETS	BENAZEPRIL HCL						
CAPTOPRIL TABLETS	CAPTOPRIL						
ENALAPRIL MALEATE SOLUTION	EPANED						
ENALAPRIL MALEATE TABLETS	VASOTEC						
FOSINOPRIL SODIUM TABLETS	FOSINOPRIL SODIUM						
LISINOPRIL TABLETS	ZESTRIL						

**AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE October 1, 2022**

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Drug List Effective Date: October 1, 2022							
Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	Preferred Drug Status		Step Therapy Requirements	Quantity Limit (QL)	QL Days
MOEXIPRIL HCL TABLETS	UNIVASC						
PERINDOPRIL ERBUMINE TABLETS	ACEON						
QUINAPRIL HCL TABLETS	ACCUPRIL						
RAMIPRIL CAPSULES	ALTACE						
TRANDOLAPRIL TABLETS	MAVIK						
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>							
IRBESARTAN TABLETS	AVAPRO						
LOSARTAN POTASSIUM TABLETS	COZAAR						
VALSARTAN SOLUTION	VALSARETAN				PA Required for > 7 Years Old		
VALSARTAN TABLETS	DIOVAN						
<b>ANTIADRENERGIC ANTIHYPERTENSIVES</b>							
CLONIDINE HCL PATCH-WEEKLY	CATAPRES-TTS-1				PA REQUIRED for Ages < 6 years of age	4	28
CLONIDINE HCL TABLETS	CATAPRES						

**AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE October 1, 2022**

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Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	Preferred Drug Status		Step Therapy Requirements	Quantity Limit (QL)	QL Days
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						
<b>ANTIHYPERTENSIVE COMBINATIONS</b>							
ATENOLOL & CHLORTHALIDONE TABLETS	VARIOUS						
CAPTOPRIL & HYDROCHLOROTHIAZIDE TABLETS	CAPTOPRIL/ HYDROCHLOROTHIAZIDE						
ENALAPRIL MALEATE & HYDROCHLOROTHIAZIDE TABLETS	ENALAPRIL MALEATE/ HYDROCHLOROTHIAZIDE						
FOSINOPRIL SODIUM & HYDROCHLOROTHIAZIDE TABLETS	FOSINOPRIL SODIUM/ HYDROCHLOROTHIAZIDE						
LISINOPRIL & HYDROCHLOROTHIAZIDE TABLETS	ZESTORETIC						



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LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE TABLETS	HYZAAR						
MOEXIPRIL - HYDROCHLOROTHIAZIDE TABLETS	UNIRETIC						
QUINAPRIL - HYDROCHLOROTHIAZIDE TABLETS	ACCURETIC						
VALSARTAN - HYDROCHLOROTHIAZIDE TABLETS	DIOVAN HCT						
<b>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)</b>							
EPLERENONE TABLETS	INSPIRA				PA REQUIRED		
<b>VASODILATORS</b>							
HYDRALAZINE HCL TABLETS	HYDRALAZINE HCL						
MINOXIDIL TABLETS	MINOXIDIL						
<b>ANTI-INFECTIVE AGENTS - MISCELLANEOUS</b>							
<b>ANTI-INFECTIVE AGENTS - MISC.</b>							
VANCOMYCIN HCL CAPSULES	VANCOCIN HCL				PA REQUIRED		
VANCOMYCIN HCL SOLUTION	Available through a compounding pharmacy				PA REQUIRED		

**AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE October 1, 2022**

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Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	Preferred Drug Status		Step Therapy Requirements	Quantity Limit (QL)	QL Days
<b>ANTI-INFECTIVE MISC. - COMBINATIONS</b>							
ERYTHROMYCIN-SULFISOXAZOLE SUSPENSION	E.S.P.						
SULFAMETHOXAZOLE-TRIMETHOPRIM SUSPENSION	SULFATRIM PEDIATRIC						
SULFAMETHOXAZOLE-TRIMETHOPRIM TABLETS	BACTRIM						
<b>LEPROSTATICS</b>							
DAPSONE TABLETS	DAPSONE						
<b>OXAZOLIDINONES</b>							
LINEZOLID SUSPENSION	ZYVOX				PA REQUIRED		
LINEZOLID TABLETS	ZYVOX				PA REQUIRED		
<b>ANTIMALARIALS</b>							
<b>ANTIMALARIAL COMBINATIONS</b>							
ARTEMETHER-LUMEFANTRINE TABLETS	COARTEM						
ATOVAQUONE-PROGUANIL HCL TABLETS	MALARONE						

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<b>ANTIMALARIALS</b>							
CHLOROQUINE PHOSPHATE TABLETS	CHLOROQUINE PHOSPHATE						
HYDROXYCHLOROQUINE SULFATE TABLETS	PLAQUENIL						
PRIMAQUINE PHOSPHATE TABLETS	PRIMAQUINE PHOSPHATE						
QUININE SULFATE CAPSULES	QUALAQUIN						
<b>ANTIMYCOBACTERIAL AGENTS</b>							
ETHAMBUTOL HCL TABLETS	MYAMBUTOL						
ISONIAZID SYRUP	ISONIAZID						
ISONIAZID TABLETS	ISONIAZID						
PYRAZINAMIDE TABLETS	PYRAZINAMIDE						
RIFAMPIN CAPSULES	RIFADIN						
<b>ONCOLOGY -FEDERALLY REIMBURSABLE ANTINEOPLASTIC AGENTS,NOT LISTED BELOW, ARE AVAILABLE THROUGH PRIOR AUTHORIZATION</b>							
<b>ALKYLATING AGENTS</b>							

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MELPHALAN TABLETS	ALKERAN	BRAND ONLY			PA REQUIRED		
ANTIMETABOLITES							
MERCAPTOPYRINE 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		

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TRASTUZUMAB-ANNS INJECTION	KANJINTI				PA REQUIRED		
TRASTUZUMAB-DKST INJECTION	OGIVRI				PA REQUIRED		
TRASTUZUMAB-PKRB INJECTION	HERZUMA				PA REQUIRED		
TRASTUZUMAB-QYYP INJECTION	TRAZIMERA				PA REQUIRED		
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS</b>							
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		

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<b>ANTINEOPLASTIC ENZYME INHIBITORS</b>							
AXITINIB TABLETS	INLYTA				PA REQUIRED		
CRIZOTINIB CAPSULES	XALKORI				PA REQUIRED		
ERLOTINIB HCL TABLETS	TARCEVA				PA REQUIRED		
EVEROLIMUS TABLETS	AFINITOR				PA REQUIRED		
EVEROLIMUS SOLUBLE TABLET	AFINITOR DISPERZ				PA REQUIRED		
GEFITINIB TABLETS	IRESSA				PA REQUIRED		
IBRUTINIB CAPSULES	IMBRUVICA				PA REQUIRED		
<b>IMATINIB MESYLATE TABLETS</b>	<b>GLEEVEC</b>	<b>BRAND ONLY</b>			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		

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RUXOLITINIB PHOSPHATE TABLETS	JAKAFI				PA REQUIRED		
SORAFENIB TOSYLATE TABLETS	NEXAVAR				PA REQUIRED		
SUNITINIB MALATE CAPSULES	SUTENT				PA REQUIRED		
VANDETANIB TABLETS	CAPRELSA				PA REQUIRED		
VEMURAFENIB TABLETS	ZELBORAF				PA REQUIRED		
VORINOSTAT CAPSULES	ZOLINZA				PA REQUIRED		
<b>ANTINEOPLASTICS - MISC.</b>							
BEXAROTENE CAPSULES	TARGRETIN				PA REQUIRED		
HYDROXYUREA CAPSULES	HYDREA						
INTERFERON ALFA-2B SOLUTION	INTRON A				PA REQUIRED		
INTERFERON ALFA-2B SOLUTION	INTRON A				PA REQUIRED		
INTERFERON ALFA-N3 SOLUTION	ALFERON N				PA REQUIRED		
INTERFERON GAMMA-1B SOLUTION	ACTIMMUNE				PA REQUIRED		

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PEGINTERFERON ALFA-2B (ANTINEOPLASTIC) KIT	SYLATRON				PA REQUIRED		
PROCARBAZINE HCL CAPSULES	MATULANE						
TRETINOIN (CHEMOTHERAPY) CAPSULES	TRETINOIN				PA REQUIRED For > 26 Years of Age		
<b>CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS</b>							
LEUCOVORIN CALCIUM TABLETS	LEUCOVORIN CALCIUM				PA REQUIRED		
<b>MITOTIC INHIBITORS</b>							
ETOPOSIDE CAPSULES	ETOPOSIDE				PA REQUIRED		
<b>ANTIPARKINSON AGENTS</b>							
<b>ANTIPARKINSON ANTICHOLINERGICS</b>							
BENZTROPINE MESYLATE TABLETS	BENZTROPINE MESYLATE						
TRIHEXYPHENIDYL HCL ELIXIR	TRIHEXYPHENIDYL HCL						
TRIHEXYPHENIDYL HCL TABLETS	TRIHEXYPHENIDYL HCL						
<b>ANTIPARKINSON COMT INHIBITORS</b>							



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ENTACAPONE TABLETS	COMTAN						
<b>ANTIPARKINSON DOPAMINERGICS</b>							
AMANTADINE HCL CAPSULES	AMANTADINE HCL						
AMANTADINE HCL SYRUP	AMANTADINE HCL						
BROMOCRIPTINE MESYLATE CAPSULES	PARLODEL						
BROMOCRIPTINE MESYLATE TABLETS	PARLODEL						
CARBIDOPA-LEVODOPA TABLETS	SINEMET						
CARBIDOPA-LEVODOPA ER TABLETS	VARIOUS						
PRAMIPEXOLE DIHYDROCHLORIDE TABLETS	MIRAPEX						
ROPINIROLE HYDROCHLORIDE TABLETS	REQUIP						
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS</b>							
<b>ANTIMANIC AGENTS</b>							
LITHIUM CARBONATE CAPSULES	LITHIUM CARBONATE				Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or		

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LITHIUM CARBONATE TABLETS	LITHIUM CARBONATE			Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or			
LITHIUM CARBONATE TABLET CONTROLLED RELEASE	LITHOBID			Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or			
LITHIUM SOLUTION	LITHIUM			Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or			
<b>ANTIPSYCHOTICS</b>							
<b>ANTIPSYCHOTICS - SECOND GENERATION - ATYPICAL ORAL AGENTS</b>							
ARIPIPIRAZOLE TABLETS	ABILIFY		PREFERRED DRUG	Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or		30	30
CLOZAPINE ORALLY DISPERSABLE TABLET	FAZACLO		PREFERRED DRUG	Prior Authorization is not REQUIRED for ages 18 and greater when prescribed by a psychiatric clinician, a developmental		150	30
CLOZAPINE TABLETS	CLOZARIL		PREFERRED DRUG	Prior Authorization is not REQUIRED for ages 18 and greater when prescribed by a psychiatric clinician, a developmental		150	30
LURASIDONE HCL TABS	LATUDA		PREFERRED DRUG	Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or		30	30
OLANZAPINE ORALLY DISPERSABLE TABLET	ZYPREXA ZYDIS		PREFERRED DRUG	Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or		10mg: 60 15MG: 30 20mg: 30	30 30 30
OLANZAPINE TABLETS	ZYPREXA		PREFERRED DRUG	Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or		30	30
QUETIAPINE FUMARATE TABLETS	SEROQUEL		PREFERRED DRUG	Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or		60	30
RISPERIDONE ORALLY DISPERSABLE TABLET	RISPERIDONE ODT		PREFERRED DRUG	Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or		60	30

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RISPERIDONE ORAL SOLUTION	RISPERDAL		PREFERRED DRUG	Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or		240	30
RISPERIDONE TABLETS	RISPERDAL		PREFERRED DRUG	Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or		60	30
ZIPRASIDONE HCL CAPSULES	GEODON		PREFERRED DRUG	Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or		60	30
<b>ANTIPSYCHOTICS - SECOND GENERATION - ATYPICAL LONG ACTING INJECTABLES</b>							
ARIPIPRAZOLE LAUROXIL	ARISTADA INITIO		PREFERRED DRUG	Prior Authorization is not REQUIRED for ages 18 and greater when prescribed by a psychiatric clinician, a developmental		2	365
ARIPIPRAZOLE LAUROXIL	ARISTADA		PREFERRED DRUG	Prior Authorization is not REQUIRED for ages 18 and greater when prescribed by a psychiatric clinician, a developmental		1	30
ARIPIPRAZOLE SUSPENSION	ABILIFY MAINTENA		PREFERRED DRUG	Prior Authorization is not REQUIRED for ages 18 and greater when prescribed by a psychiatric clinician, a developmental		1	30
PALIPERIDONE PALMITATE SUSPENSION	INVEGA HAFYE		PREFERRED DRUG	Prior Authorization is not REQUIRED for ages 18 and greater when prescribed by a psychiatric clinician, a developmental		1	170
PALIPERIDONE PALMITATE SUSPENSION	INVEGA SUSTENNA		PREFERRED DRUG	Prior Authorization is not REQUIRED for ages 18 and greater when prescribed by a psychiatric clinician, a developmental		1	30
PALIPERIDONE PALMITATE SUSPENSION	INVEGA TRINZA		PREFERRED DRUG	Prior Authorization is not REQUIRED for ages 18 and greater when prescribed by a psychiatric clinician, a developmental		1	90
RISPERIDONE MICROSPHERES SUSPENSION	RISPERDAL CONSTA		PREFERRED DRUG	Prior Authorization is not REQUIRED for ages 18 and greater when prescribed by a psychiatric clinician, a developmental		2	28
RISPERIDONE PREFILLED SYRINGE	PERSERIS		PREFERRED DRUG	Prior Authorization is not REQUIRED for ages 18 and greater when prescribed by a psychiatric clinician, a developmental		2	28
<b>ANTIPSYCHOTICS - FIRST GENERATION - TYPICAL ORAL AGENTS</b>							

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CHLORPROMAZINE HCL SOLUTION	VARIOUS			Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or			
CHLORPROMAZINE HCL TABLETS	VARIOUS			Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or			
FLUPHENAZINE HCL CONCENTRATE	VARIOUS			Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or			
FLUPHENAZINE HCL ELIXIR	VARIOUS			Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or			
FLUPHENAZINE HCL TABLETS	VARIOUS			Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or			
HALOPERIDOL LACTATE CONCENTRATE	VARIOUS			Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or			
HALOPERIDOL TABLETS	VARIOUS			Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or			
LOXAPINE SUCCINATE CAPSULES	LOXITANE			Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or			
PERPHENAZINE TABLETS	VARIOUS			Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or			
PIMOZIDE	ORAP			Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or			
THIORIDAZINE HCL TABLETS	VARIOUS			Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or			
THIOTHIXENE CAPSULES	VARIOUS			Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or			
TRIFLUOPERAZINE HCL TABLETS	VARIOUS			Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or			

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<b>ANTIPSYCHOTICS - FIRST GENERATION - TYPICAL -LONG ACTING INJECTIONS</b>							
FLUPHENAZINE DECANOATE SOLUTION	FLUPHENAZINE DECANOATE				Prior Authorization is not REQUIRED for ages 18 and greater when prescribed by a psychiatric clinician, a developmental		
HALOPERIDOL DECANOATE SOLUTION	HALDOL DECANOATE 50				Prior Authorization is not REQUIRED for ages 18 and greater when prescribed by a psychiatric clinician, a developmental		
<b>ANTIVIRALS</b>							
<b>ANTIRETROVIRALS</b>							
ABACAVIR SULFATE SOLUTION	ZIAGEN						
ABACAVIR SULFATE TABLETS	ZIAGEN						
ABACAVIR SULFATE-LAMIVUDINE TABLETS	EPZICOM						
ABACAVIR SULFATE-LAMIVUDINE-ZIDOVUDINE TABLETS	TRIZIVIR						
ABACAVIR-DOLUTEGRAVIR-LAMIVUDINE TABLETS	TRIUMEQ						
ATAZANAVIR SULFATE CAPSULES	REYATAZ						
ATAZANAVIR SULFATE POWDER PACK	REYATAZ						
ATAZANAVIR SULFATE-COBIICISTAT TABLETS	EVOTAZ						

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BICTEGRAVIR-EMTRICITABINE-TENOFOVIR ALAFENAMIDE FUMARATE TABLETS	BIKTARVY					30	30
COBICISTAT TABLETS	TYBOST					30	30
DARUNAVIR ETHANOLATE SUSPENSION	PREZISTA						
DARUNAVIR ETHANOLATE TABLETS	PREZISTA						
DARUNAVIR-COBICISTAT TABLETS	PREZCOBIX						
DARUNAVIR-COBICISTAT-EMTRICITABINE-TENOFOVIR ALAFENAMIDE TABLETS	SYMTUZA						
DELAVIRDINE MESYLATE TABLETS	RESCRIPTOR						
DIDANOSINE CAPSULE DELAYED RELEASE	VIDEX EC						
DIDANOSINE SOLUTION	VIDEX PEDIATRIC						
DOLUTEGRAVIR SODIUM TABLETS	TIVICAY						
DOLUTEGRAVIR SODIUM SOLUBLE TABLETS	TIVICAY PD						
DOLUTEGRAVIR SODIUM-LAMIVUDINE TABLETS	DOVATO						
DOLUTEGRAVIR SODIUM-RILPIVIRINE HCL TABLETS	JULUCA						

**AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE October 1, 2022**

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DORAVIRINE-LAMIVUDINE-TENOFOVIR DISOPROXIL FUMARATE TABLETS	DELSTRIGO						
DORAVIRINE TABLETS	PIFELTRO						
EFAVIRENZ CAPSULES	SUSTIVA						
EFAVIRENZ TABLETS	SUSTIVA						
EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TABLETS	ATRIPLA						
ELVITEGRAVIR TABLETS	VITEKTA						
ELVITEGRAVIR-COBICISTAT-EMTRICITABINE-TENOFOVIR TABLETS	STRIBILD						
ELVITEGRAVIR-COBICISTAT-EMTRICITABINE-TENOFOVIR ALAFENAMIDE TABLETS	GENVOYA					30	30
EMTRICITABINE CAPSULES	EMTRIVA						
EMTRICITABINE SOLUTION	EMTRIVA						
EMTRICITABINE-RILPIVIRINE-TENOFOVIR ALAFENAMIDE FUMARATE TABLETS	ODEFSEY					30	30
EMTRICITABINE-RILPIVIRINE-TENOFOVIR DISOPROXIL FUMARATE TABLETS	COMPLERA						
EMTRICITABINE-TENOFOVIR ALAFENAMIDE FUMARATE TABLETS	DESCOVY					30	30

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EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TABLETS	TRUVADA	Brand Only					
ENFUVRTIDE SOLUTION	FUZEON			PA REQUIRED		1	30
FOSAMPRENAVIR CALCIUM SUSPENSION	LEXIVA						
FOSAMPRENAVIR CALCIUM TABLETS	LEXIVA						
INDINAVIR SULFATE CAPSULES	CRIXIVAN						
LAMIVUDINE SOLUTION	EPIVIR						
LAMIVUDINE TABLETS	EPIVIR						
LAMIVUDINE-ZIDOVUDINE TABLETS	COMBIVIR						
LOPINAVIR-RITONAVIR SOLUTION	KALETRA						
LOPINAVIR-RITONAVIR TABLETS	KALETRA						
MARAVIROC TABLETS	SELZENTRY	Brand Only		PA REQUIRED			
NELFINAVIR MESYLATE TABLETS	VIRACEPT						
NEVIRAPINE SUSPENSION	VIRAMUNE						



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NEVIRAPINE TABLETS	VIRAMUNE						
NEVIRAPINE TABLET 24-HOUR	VIRAMUNE XR						
RALTEGRAVIR POTASSIUM CHEWABLE TABLETS	ISENTRESS						
RALTEGRAVIR POTASSIUM PACK	ISENTRESS						
RALTEGRAVIR POTASSIUM TABLETS	ISENTRESS						
RITONAVIR CAPSULES	NORVIR						
RITONAVIR SOLUTION	NORVIR						
RITONAVIR TABLETS	NORVIR						
RITONAVIR POWDER	NORVIR						
SAQUINAVIR MESYLATE CAPSULES	INVIRASE						
SAQUINAVIR MESYLATE TABLETS	INVIRASE						
STAVUDINE CAPSULES	ZERIT						
STAVUDINE SOLUTION	ZERIT						

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TENOFOVIR DISOPROXIL FUMARATE POWDER	VIREAD						
TIPRANA VIR CAPSULES	APTIVUS						
TIPRANA VIR SOLUTION	APTIVUS						
ZIDOVUDINE CAPSULES	RETROVIR						
ZIDOVUDINE SYRUP	RETROVIR						
ZIDOVUDINE TABLETS	ZIDOVUDINE						
<b>CMV AGENTS</b>							
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		

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Drug List Effective Date: October 1, 2022							
Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	Preferred Drug Status		Step Therapy Requirements	Quantity Limit (QL)	QL Days
<b>HEPATITIS B AGENTS</b>							
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	TYZEKA				PA REQUIRED		
<b>HEPATITIS C AGENTS</b>							
GLECAPREVIR-PIBRENTASVIR TABLETS	MAVYRET		PREFERRED DRUG			168.00	Lifetime
GLECAPREVIR-PIBRENTASVIR PACKETS	MAVYRET		PREFERRED DRUG			280.00	Lifetime
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		

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RIBAVIRIN (HEPATITIS C) TABLETS	VARIOUS		PREFERRED DRUG	PA REQUIRED			
SOFOSBUVIR-VELPATASVIR TABLETS	EPCLUSA	AUTHORIZED GENERIC ONLY	PREFERRED DRUG			168.00	Lifetime
<b>HERPES AGENTS</b>							
ACYCLOVIR SUSPENSION	ZOVIRAX						
ACYCLOVIR TABLETS	ZOVIRAX						
FAMCICLOVIR TABLETS	FAMVIR			PA REQUIRED			
VALACYCLOVIR HCL TABLETS	VALTREX			PA REQUIRED			
<b>INFLUENZA AGENTS</b>							
OSELTAMIVIR PHOSPHATE CAPSULES	TAMIFLU					20	270
OSELTAMIVIR PHOSPHATE SUSPENSION	TAMIFLU						
RIMANTADINE HYDROCHLORIDE TABLETS	FLUMADINE						
ZANAMIVIR AEROSOL POWDER BREATH ACTIVATED	RELENZA DISKHALER					40	270
<b>MISC. ANTIVIRALS</b>							

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MOLNUPIRAVIR CAPSULES	LAGEVRIO				Minimum Patient Age of 18 Years	80.00	365.00
NIRMATRELVIR-RITONAVIR	PAXLOVID				Minimum Patient Age of 12 Years	60.00	365.00
REMDESIVIR SOLUTION	VEKLURY				PA Required < 28 days and > 17 Years Old		
REMDESIVIR FOR SOLUTION	VEKLURY				PA Required < 28 days and > 17 Years Old		
<b>ASSORTED CLASSES</b>							
<b>BLOOD PRODUCTS - IMMUNE GLOBULINS</b>							
IMMUNE GLOBULIN	BIVIGAM (IV)	BRAND ONLY	PREFERRED DRUG		PA REQUIRED		
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	PRIVIGEN (IV)	BRAND ONLY	PREFERRED DRUG		PA REQUIRED		

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<b>CHELATING AGENTS</b>							
PENICILLAMINE CAPSULES	CUPRIMINE						
<b>IMMUNOMODULATORS</b>							
LENALIDOMIDE CAPSULES	REVLIMID	BRAND ONLY			PA REQUIRED		
THALIDOMIDE CAPSULES	THALOMID				PA REQUIRED		
<b>IMMUNOSUPPRESSIVE AGENTS</b>							
AZATHIOPRINE TABLETS	IMURAN						
CYCLOSPORINE CAPSULES	SANDIMMUNE						
CYCLOSPORINE MODIFIED (FOR MICROEMULSION) CAPSULES	GENGRAF						
CYCLOSPORINE MODIFIED (FOR MICROEMULSION) SOLUTION	GENGRAF						
CYCLOSPORINE SOLUTION	SANDIMMUNE						
EVEROLIMUS (IMMUNOSUPPRESSANT) TABLETS	ZORTRESS				PA REQUIRED		
MYCOPHENOLATE MOFETIL CAPSULES	CELLCEPT						

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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							

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Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	Preferred Drug Status		Step Therapy Requirements	Quantity Limit (QL)	QL Days
CARVEDILOL TABLETS	COREG						
LABETALOL HCL TABLETS	TRANDATE						
<b>BETA BLOCKERS CARDIO-SELECTIVE</b>							
ATENOLOL TABLETS	TENORMIN						
ATENOLOL/CHLORTHALIDONE	VARIOUS						
BISOPRODOL	VARIOUS						
BISOPRODOL/HCTZ	VARIOUS						
METOPROLOL TARTRATE TABLETS	VARIOUS						
METOPROLOL SUCCINATE TABLET XL 24-HOUR	VARIOUS						
METOPROLOL TARTRATE/HCTZ	VARIOUS						
<b>BETA BLOCKERS NON-SELECTIVE</b>							
NADOLOL	VARIOUS				PA NOT REQUIRED FOR CHILDREN AND ADOLESCENTS UNDER 19 YEARS OF AGE		
PROPRANOLOL HCL CAPSULE ER CONTROLLED RELEASE	VARIOUS						



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PROPRANOLOL HCL SOLUTION	VARIOUS						
PROPRANOLOL HCL TABLETS	VARIOUS						
PROPRANOLOL / HCTZ	VARIOUS						
SOTALOL HCL TABLETS	BETAPACE						
<b>CALCIUM CHANNEL BLOCKERS</b>							
<b>CALCIUM CHANNEL BLOCKERS</b>							
AMLODIPINE BESYLATE	VARIOUS					30	30
AMLODIPINE BESYLATE SOLUTION	NORLIQVA				PA Required for > 7 Years Old		
DILTIAZEM CAPSULE ER	VARIOUS						
DILTIAZEM TABLETS	VARIOUS						
FELODIPINE TABLET ER 24-HOUR	VARIOUS					30	30
NIFEDIPINE IR CAPSULES	VARIOUS						
NIFEDIPINE TABLET ER 24-HOUR	VARIOUS					30	30

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VERAPAMIL HCL CAPSULE SR	VARIOUS					30	30
VERAPAMIL HCL TABLETS	VARIOUS						
VERAPAMIL HCL TABLET CONTROLLED RELEASE	VARIOUS					30	30
<b>CARDIOTONICS</b>							
<b>CARDIAC GLYCOSIDES</b>							
DIGOXIN SOLUTION	DIGOXIN						
DIGOXIN TABLETS	LANOXIN						
<b>CARDIOVASCULAR AGENTS - MISC.</b>							
<b>ANGIOTENSTIN RECEPTOR NEPRILYSIN INHIBITOR</b>							
SACUBITRIL / VALSARTAN	ENTRESTO				PA REQUIRED		
<b>PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAG</b>							
AMBRISENTAN TABLETS	LETAIRIS	BRAND ONLY	PREFERRED DRUG		PA REQUIRED		
BOSENTAN TABLETS	TRACLEER	BRAND ONLY	PREFERRED DRUG		PA REQUIRED		

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<b>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBIT</b>							
SILDENAFIL CITRATE (PULMONARY HYPERTENSION) SUSPENSION	REVATIO		PREFERRED DRUG	PA REQUIRED FOR > 12 YEARS OF AGE			
SILDENAFIL CITRATE (PULMONARY HYPERTENSION) TABLETS	VARIOUS		PREFERRED DRUG	PA REQUIRED			
TADALAFIL (PULMONARY HYPERTENSION) TABLETS	ADCIRCA	BRAND ONLY	PREFERRED DRUG	PA REQUIRED			
<b>CEPHALOSPORINS</b>							
<b>CEPHALOSPORINS - 1ST GENERATION</b>							
CEFADROXIL CAPSULES	CEFADROXIL						
CEFADROXIL SUSPENSION	CEFADROXIL						
CEFADROXIL TABLETS	CEFADROXIL						
CEPHALEXIN CAPSULES	KEFLEX						
CEPHALEXIN SUSPENSION	CEPHALEXIN						
CEPHALEXIN TABLETS	CEPHALEXIN						
<b>CEPHALOSPORINS - 2ND GENERATION</b>							

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CEFACLOR CAPSULES	CEFACLOR						
CEFACLOR SUSPENSION	CEFACLOR						
CEFPROZIL SUSPENSION	CEFPROZIL						
CEFPROZIL TABLETS	CEFPROZIL						
CEFUROXIME AXETIL SUSPENSION	CEFTIN						
CEFUROXIME AXETIL TABLETS	CEFTIN						
<b>CEPHALOSPORINS - 3RD GENERATION</b>							
CEFDINIR CAPSULES	CEFDINIR						
CEFDINIR SUSPENSION	CEFDINIR						
CEFIXIME CAPSULES	SUPRAX					1	30
CEFIXIME CHEWABLE TABLETS	SUPRAX					1	30
CEFIXIME SUSPENSION	SUPRAX					1	30
CEFIXIME TABLETS	SUPRAX					1	30

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CEFPODOXIME PROXETIL SUSPENSION	CEFPODOXIME PROXETIL						
CEFPODOXIME PROXETIL TABLETS	CEFPODOXIME PROXETIL						
<b>CONTRACEPTION</b>							
<b>COMBINATION CONTRACEPTIVES - ORAL</b>							
DESOGESTREL & ETHINYL ESTRADIOL TABLETS	APRI						
DESOGESTREL-ETHINYL ESTRADIOL (BIPHASIC) TABLETS	AZURETTE						
DESOGESTREL-ETHINYL ESTRADIOL (TRIPHASIC) TABLETS	CAZIAN						
DROSPIRENONE-ETHINYL ESTRADIOL TABLETS	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						

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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						

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Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	Preferred Drug Status		Step Therapy Requirements	Quantity Limit (QL)	QL Days
<b>COMBINATION CONTRACEPTIVES - VAGINAL</b>							
ETONORGESTREL-ETHINYL ESTRADIOL RING	NUVARING	BRAND ONLY					
<b>COPPER CONTRACEPTIVES - IUD</b>							
COPPER (IUD)	PARAGARD			Buy and Bill Under Medical Benefit			
<b>EMERGENCY CONTRACEPTIVES</b>							
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				

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<b>PROGESTINS</b>							
HYDROXYPROGESTERONE CAPROATE OIL	MAKENA 250 MG/ML	BRAND ONLY	PREFERRED DRUG		PA REQUIRED		
HYDROXYPROGESTERONE CAPROATE SOLUTION AUTOINJECTOR	MAKENA AUTO INJECTOR	BRAND ONLY	PREFERRED DRUG		PA REQUIRED		
MEDROXYPROGESTERONE ACETATE TABLETS	PROVERA		PREFERRED DRUG				
NORETHINDRONE ACETATE	AYGESTIN		PREFERRED DRUG				
PROGESTERONE MICRONIZED CAPSULES	PROMETRIUM		PREFERRED DRUG				
<b>PROGESTIN CONTRACEPTIVES - IMPLANTS</b>							
ETONOGESTREL IMPLANT	NEXPLANON		PREFERRED DRUG				
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE</b>							
MEDROXYPROGESTERONE ACETATE (CONTRACEPTIVE) SUSPENSION	DEPO-PROVERA CONTRACEPTIVE						
<b>PROGESTIN CONTRACEPTIVES - IUD</b>							
LEVONORGESTREL (IUD)	LILETTA				Buy and Bill Under Medical Benefit		
LEVONORGESTREL (IUD)	SKYLA				Buy and Bill Under Medical Benefit		



**AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE October 1, 2022**

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Drug List Effective Date: October 1, 2022							
Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	Preferred Drug Status		Step Therapy Requirements	Quantity Limit (QL)	QL Days
LEVONORGESTREL (IUD)	MIRENA			Buy and Bill Under Medical Benefit			
LEVONORGESTREL (IUD)	KYLEENA			Buy and Bill Under Medical Benefit			
<b>PROGESTIN CONTRACEPTIVES - ORAL</b>							
NORETHINDRONE (CONTRACEPTIVE) TABLETS	CAMILA						
<b>PROGESTIN CONTRACEPTIVES - TRANSDERMAL</b>							
NORELGESTROMIN-ETHINYL ESTRADIOL PATCH WEEKLY	XULANE						
<b>CORTICOSTEROIDS</b>							
<b>GLUCOCORTICOSTEROIDS</b>							
DEXAMETHASONE CONCENTRATE	DEXAMETHASONE INTENSOL						
DEXAMETHASONE ELIXIR	VARIOUS						
DEXAMETHASONE SOLUTION	DEXAMETHASONE						
DEXAMETHASONE TABLETS	DEXAMETHASONE						
HYDROCORTISONE SOD SUCCINATE SOLUTION (INJECTABLE)	A-HYDROCORT			PA REQUIRED			

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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						
PREDNISON CONCENTRATE	PREDNISON INTENSOL						
PREDNISON SOLUTION	PREDNISON						
PREDNISON TABLETS	PREDNISON						
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		

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<b>MINERALOCORTICIDS</b>							
FLUDROCORTISONE ACETATE TABLETS	FLORINEF						
<b>NONSTEROIDAL MINERALOCORTICOID RECEPTOR ANTAGONIST</b>							
FINERENONE TABLETS	KERENDIA						
					<b>PA REQUIRED</b>		
<b>COUGH/COLD/ALLERGY</b>							
<b>ANTITUSSIVES</b>							
BENZONATATE CAPSULES	TESSALON PERLES						
HYDROCODONE W/ HOMATROPINE SYRUP	VARIOUS					240	12
HYDROCODONE W/ HOMATROPINE TABLETS	VARIOUS						
					<b>PA REQUIRED for &lt; 18 years of age</b>		
<b>COUGH/COLD/ALLERGY COMBINATIONS</b>							
BROMPHENIRAMINE & PSEUDOEPHEDRINE LIQUID	VARIOUS						
BROMPHENIRAMINE & PSEUDOEPHEDRINE TABLET 12-HOUR	VARIOUS						
BROMPHENIRAMINE-DEXTROMETHORPHAN-PHENYLEPHRINE LIQUID/TABLETS	VARIOUS						

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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				<b>PA REQUIRED for &lt; 18 years of age</b>	240	12
LORATADINE & PSEUDOEPHEDRINE TABLET 12-HOUR	ALAVERT ALLERGY/SINUS					30	30

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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
PHENYLEPHRINE-CHLORPHENIRAMINE-DEXTROMETHORPHAN TABLETS	VARIOUS						

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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
<b>EXPECTORANTS</b>							
GUAIFENESIN LIQUID	VARIOUS					480	30
GUAIFENESIN SYRUP	VARIOUS					480	30
GUAIFENESIN TABLETS	VARIOUS						
GUAIFENESIN TABLET 12-HOUR	VARIOUS						

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<b>DERMATOLOGICALS</b>							
<b>ACNE PRODUCTS</b>							
BENZOYL PEROXIDE WASH 5% & 10%	VARIOUS						
BENZOYL PEROXIDE CLEANSER 6%	NEUTROGENA ON-THE-SPOT ACNE TREATMENT						
BENZOYL PEROXIDE GEL	BENZOYL PEROXIDE						
BENZOYL PEROXIDE LIQUID	PANOXYL						
BENZOYL PEROXIDE LOTION	BP CLEANSING LOTION						
BENZOYL PEROXIDE-ERYTHROMYCIN PACK	BENZAMYCINPAK						
CLINDAMYCIN PHOSPHATE (TOPICAL) GEL	CLEOCIN-T						
CLINDAMYCIN PHOSPHATE (TOPICAL) LOTION	CLEOCIN-T						
CLINDAMYCIN PHOSPHATE (TOPICAL) SOLUTION	CLEOCIN-T						
CLINDAMYCIN PHOSPHATE (TOPICAL) SWAB	CLEOCIN-T						
CLINDAMYCIN PHOSPHATE-BENZOYL PEROXIDE (REFRIGERATE)	CLINDAMY/BEN						

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ERYTHROMYCIN (ACNE AID) SOLUTION	ERYTHROMYCIN						
ISOTRETINOIN CAPSULES	ABSORICA				PA REQUIRED		
TRETINOIN CREAM	RETIN-A	BRAND ONLY			PA REQUIRED For > 26 Years of Age		
TRETINOIN GEL	RETIN-A	BRAND ONLY			PA REQUIRED For > 26 Years of Age		
<b>ANTIBIOTICS - TOPICAL</b>							
BACITRACIN OINTMENT	BACIGUENT						
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						



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NEOMYCIN-BACITRACIN-POLYMYXIN OINTMENT	NEOSPORIN						
<b>ANTIFUNGALS - TOPICAL</b>							
BUTENAFINE	LOTRIMIN ULTRA						
CICLOPROX CREAM	VARIOUS						
CICLOPROX SOLUTION	VARIOUS						
CLOTRIMAZOLE CREAM (RX & OTC)	LOTRIMIN						
CLOTRIMAZOLE OINTMENT	LOTRIMIN						
CLOTRIMAZOLE SOLUTION (OTC)	VARIOUS						
CLOTRIMAZOLE W/ BETAMETHASONE CREAM	LOTRISONE						
KETOCONAZOLE CREAM	VARIOUS						
KETOCONAZOLE SHAMPOO	VARIOUS						
MICONAZOLE NITRATE CREAM	VARIOUS						
MICONAZOLE NITRATE POWDER	VARIOUS						

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NYSTATIN CREAM	VARIOUS						
NYSTATIN OINTMENT	VARIOUS						
NYSTATIN POWDER	VARIOUS						
TOLNAFTATE AERO POWDER	VARIOUS						
TOLNAFTATE CREAM	VARIOUS						
TOLNAFTATE POWDER	VARIOUS						
TERBINAFINE CREAM	VARIOUS						
<b>ANTIHISTAMINES-TOPICAL</b>							
DIPHENHYDRAMINE HCL CREAM	ANTI-ITCH MAXIMUM STRENGTH						
DIPHENHYDRAMINE HCL GEL	BENADRYL ITCH STOPPING						
DIPHENHYDRAMINE HCL SOLUTION	BENADRYL MAXIMUM STRENGTH						
<b>ANTISEBORRHEIC TOPICAL PRODUCTS</b>							
SELENIUM SULFIDE LOTION	SELSUN SHAMPOO						

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<b>ANTIVIRALS - TOPICAL</b>							
DOCOSANOL 10% CREAM	ABREVA		PREFERRED DRUG			2GM	30
ACYCLOVIR OINTMENT	ZOVIRAX	BRAND ONLY	PREFERRED DRUG			15GM	30
ACYCLOVIR OINTMENT	ZOVIRAX	BRAND ONLY	PREFERRED DRUG			15GM	30
<b>BURN PRODUCTS</b>							
SILVER SULFADIAZINE CREAM	SILVADENE						
<b>CORTICOSTEROIDS - TOPICAL LOW POTENCY</b>							
FLUOCINOLONE ACETONIDE	DERMA-SMOOTH FS	BRAND ONLY					
HYDROCORTISONE CREAM	VARIOUS						
HYDROCORTISONE GEL	VARIOUS						
HYDROCORTISONE LOTION	VARIOUS						
HYDROCORTISONE OINTMENT	VARIOUS						
FLUOCINOLONE 0.01% OIL	VARIOUS						

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<b>CORTICOSTEROIDS - TOPICAL MEDIUM POTENCY</b>							
FLUTICASONE PROPIONATE CREAM	VARIOUS						
FLUTICASONE PROPIONATE OINTMENT	VARIOUS						
MOMETASONE FUROATE CREAM	VARIOUS						
MOMETASONE FUROATE OINTMENT	VARIOUS						
MOMETASONE FUROATE SOLUTION	VARIOUS						
<b>CORTICOSTEROIDS - TOPICAL HIGH POTENCY</b>							
BETAMETHASONE DIPROPIONATE LOTION	VARIOUS						
BETAMETHASONE DIPROPIONATE CREAM	VARIOUS						
BETAMETHASONE DIPROPIONATE/PROPYLENE GLYC. CREAM	VARIOUS						
BETAMETHASONE VALERATE CREAM	VARIOUS						
BETAMETHASONE VALERATE LOTION	VARIOUS						
BETAMETHASONE VALERATE SOLUTION	VARIOUS						

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FLUOCINONIDE CREAM	VARIOUS						
FLUOCINONIDE OINTMENT	VARIOUS						
FLUOCINONIDE SOLUTION	VARIOUS						
TRIAMCINOLONE ACETONIDE CREAM	VARIOUS						
TRIAMCINOLONE ACETONIDE LOTION	VARIOUS						
TRIAMCINOLONE ACETONIDE OINTMENT	VARIOUS						
<b>CORTICOSTEROIDS - TOPICAL VERY HIGH POTENCY</b>							
CLOBETASOL PROPIONATE CREAM	VARIOUS					100	30
CLOBETASOL PROPIONATE EMOLLIENT	VARIOUS					100	30
CLOBETASOL PROPIONATE GEL	VARIOUS					118	30
CLOBETASOL PROPIONATE OINTMENT	VARIOUS					100	30
CLOBETASOL PROPIONATE SHAMPOO	VARIOUS					120	30
CLOBETASOL PROPIONATE SOLUTION	VARIOUS					100	30

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HALOBETASOL PROPIONATE CREAM	VARIOUS					100	30
HALOBETASOL PROPIONATE OINTMENT	VARIOUS					100	30
<b>KERATOLYTIC/ANTIMITOTIC AGENTS</b>							
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						
<b>LOCAL ANESTHETICS - TOPICAL</b>							
LIDOCAINE CREAM 4%	ASPERCREME W/LIDOCAINE						
LIDOCAINE HCL GEL 2%	GLYDO						

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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						
<b>TOPICAL - MISC.</b>							
ALUMINUM CHLORIDE SOLUTION	DRYSOL						
<b>ROSACEA TOPICAL AGENTS</b>							
METRONIDAZOLE CREAM 0.75%	METROCREAM						
METRONIDAZOLE GEL 0.75%	METROGEL						
METRONIDAZOLE LOTION	METROLOTION						
<b>SCABICIDES &amp; PEDICULICIDES TOPICAL AGENTS+A1106</b>							
CROTAMITON CREAM	EURAX						

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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		
<b>DIAGNOSTIC PRODUCTS</b>							
<b>DIAGNOSTIC TESTS</b>							
BLOOD GLUCOSE MONITORS & STRIPS	VARIOUS						
<b>DIGESTIVE AIDS</b>							



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<b>DIGESTIVE ENZYMES</b>							
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
<b>DIURETICS</b>							
<b>CARBONIC ANHYDRASE INHIBITORS</b>							
ACETAZOLAMIDE CAPSULE 12-HOUR	DIAMOX						
ACETAZOLAMIDE TABLETS	ACETAZOLAMIDE						
METHAZOLAMIDE TABLETS	NEPTAZANE						
<b>DIURETIC COMBINATIONS</b>							
SPIRONOLACTONE & HYDROCHLOROTHIAZIDE TABLETS	ALDACTAZIDE						
TRIAMTERENE & HYDROCHLOROTHIAZIDE CAPSULES	DYAZIDE						
TRIAMTERENE & HYDROCHLOROTHIAZIDE TABLETS	MAXZIDE-25						

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<b>LOOP DIURETICS</b>							
BUMETANIDE TABLETS	BUMETANIDE						
FUROSEMIDE SOLUTION	FUROSEMIDE						
FUROSEMIDE TABLETS	LASIX						
TORSEMIDE TABLETS	DEMADEX						
<b>POTASSIUM SPARING DIURETICS</b>							
SPIRONOLACTONE TABLETS	ALDACTONE						
<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS</b>							
CHLOROTHIAZIDE SUSPENSION	DIURIL						
CHLOROTHIAZIDE TABLETS	CHLOROTHIAZIDE						
CHLORThALIDONE TABLETS	CHLORThALIDONE						
HYDROCHLOROTHIAZIDE CAPSULES 12.5MG	VARIOUS						
HYDROCHLOROTHIAZIDE TABLETS 25MG & 50MG	HYDROCHLOROTHIAZIDE						

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INDAPAMIDE TABLETS	INDAPAMIDE						
METOLAZONE TABLETS	ZAROXOLYN						
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>							
<b>BONE DENSITY REGULATORS</b>							
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				PA REQUIRED		
<b>GROWTH HORMONES</b>							
SOMATROPIN SOLUTION	NORDITROPIN	BRAND ONLY	PREFERRED DRUG		PA REQUIRED		

**AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE October 1, 2022**

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SOMATROPIN SOLUTION	GENOTROPIN	BRAND ONLY	PREFERRED DRUG	PA REQUIRED			
<b>HORMONE RECEPTOR MODULATORS</b>							
RALOXIFENE HCL TABLETS	EVISTA						
<b>INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)</b>							
MECASERMIN SOLUTION	INCRELEX			PA REQUIRED			
<b>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS</b>							
LEUPROLIDE ACETATE (CPP) (3 MONTH) KIT	LUPRON DEPOT-PED			PA REQUIRED			
LEUPROLIDE ACETATE (CPP) KIT	LUPRON DEPOT-PED			PA REQUIRED			
<b>METABOLIC MODIFIERS</b>							
CINACALCET HCL TABLETS	SENSIPAR			PA REQUIRED			
IDURSULFASE SOLUTION	ELAPRASE			PA REQUIRED			
<b>POSTERIOR PITUITARY HORMONES</b>							
DESMOPRESSIN ACETATE REFRIGERATED SOLUTION	VARIOUS						

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DESMOPRESSIN ACETATE SOLUTION	VARIOUS						
DESMOPRESSIN ACETATE SPRAY REFRIGERATED SOLUTION	VARIOUS						
DESMOPRESSIN ACETATE SPRAY SOLUTION	VARIOUS						
DESMOPRESSIN ACETATE TABLETS	VARIOUS			<b>PA REQUIRED</b>			
<b>ESTROGENS</b>							
<b>ESTROGEN COMBINATIONS</b>							
CONJUGATED ESTROGENS-MEDROXYPROGESTERONE ACETATE TABLETS	PREMPRO						
ESTRADIOL-LEVONORGESTREL PATCH-WEEKLY	CLIMARA PATCH						
<b>ESTROGENS</b>							
ESTERIFIED ESTROGENS TABLETS	MENEST						
ESTRADIOL PATCH-TWICE WEEKLY	ALORA						
ESTRADIOL PATCH-WEEKLY	MENOSTAR						
ESTRADIOL TABLETS	ESTRACE						

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ESTROGENS, CONJUGATED SYNTHETIC A TABLETS	CENESTIN						
ESTROGENS, CONJUGATED TABLETS	PREMARIN						
ESTROPIPATE TABLETS	ORTHO-EST						
<b>FLUOROQUINOLONES</b>							
<b>FLUOROQUINOLONES</b>							
CIPROFLOXACIN HCL TABLETS	CIPROFLOXACIN HCL						
LEVOFLOXACIN SOLUTION	LEVAQUIN						
LEVOFLOXACIN TABLETS	LEVAQUIN						
OFLOXACIN TABLETS	OFLOXACIN						
<b>GASTROINTESTINAL AGENTS - MISC.</b>							
<b>GALLSTONE SOLUBILIZING AGENTS</b>							
URSODIOL CAPSULES	ACTIGALL						
URSODIOL TABLETS	URSO 250						

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<b>GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS</b>							
LUBIPROSTONE CAPSULES	AMITIZA				PA REQUIRED		
<b>GASTROINTESTINAL STIMULANTS</b>							
METOCLOPRAMIDE HCL SOLUTION	VARIOUS						
METOCLOPRAMIDE HCL TABLETS	VARIOUS						
METOCLOPRAMIDE HCL ORALLY DISINTEGRATING TABLETS	VARIOUS						
<b>INFLAMMATORY BOWEL AGENTS</b>							
BALSALAZIDE DISODIUM TABLETS	GIAZO		PREFERRED DRUG			270	30
INFLIXIMAB-ABDA	AVSOLA	BRAND ONLY	PREFERRED DRUG		PA REQUIRED		
BUDESONIDE CAPSULES	ENTOCORT EC		PREFERRED DRUG				
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	BRAND ONLY	PREFERRED DRUG			180	30

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MESALAMINE CAPSULE 24-HOUR	APRISO	BRAND ONLY	PREFERRED DRUG			120	30
MESALAMINE ENEMA	SFROWASA	BRAND ONLY	PREFERRED DRUG			30	30
MESALAMINE TABLET ENTERIC COATED	LIALDA	BRAND ONLY	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
<b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS</b>							
LINACLOTIDE CAPSULES	LINZESS				PA REQUIRED		
<b>PHOSPHATE BINDER AGENTS</b>							
CALCIUM ACETATE TABLETS	VARIOUS		PREFERRED DRUG				
CALCIUM ACETATE CAPSULES	VARIOUS		PREFERRED DRUG				
SEVELAMER CARBONATE	REVELA	VARIOUS	PREFERRED DRUG				
<b>GENITOURINARY AGENTS - MISC.</b>							



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<b>INTERSTITIAL CYSTITIS AGENTS</b>							
PENTOSAN POLYSULFATE SODIUM CAPSULES	ELMIRON				PA REQUIRED		
<b>PROSTATIC HYPERTROPHY AGENTS</b>							
ALFUZOSIN ER	VARIOUS						
DOXAZOSIN MESYLATE	VARIOUS						
DUTASTERIDE	VARIOUS						
FINASTERIDE	PROSCAR						
TAMSULOSIN HCL	FLOMAX						
TERAZOSIN	VARIOUS						
<b>URINARY ANALGESICS</b>							
PHENAZOPYRIDINE HCL TABLETS	PYRIDIUM						
<b>GOUT AGENTS</b>							
<b>GOUT AGENTS</b>							

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ALLOPURINOL TABLETS	ZYLOPRIM						
COLCHICINE TABLETS	VARIOUS						
FEBUXOSTAT TABLETS	ULORIC				PA REQUIRED		
<b>URICOSURICS</b>							
PROBENECID TABLETS	PROBENECID						
<b>HEMATOLOGICAL AGENTS - MISC.</b>							
<b>PLATELET AGGREGATION INHIBITORS</b>							
CILOSTAZOL TABLETS	PLETAL						
CLOPIDOGREL BISULFATE TABLETS	PLAVIX						
DIPYRIDAMOLE TABLETS	PERSANTINE						
TICAGRELOR TABLETS	BRILINTA				PA REQUIRED		
<b>HEMATOPOIETIC AGENTS</b>							
<b>AGENTS FOR GAUCHER DISEASE</b>							

**AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE October 1, 2022**

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Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	Preferred Drug Status		Step Therapy Requirements	Quantity Limit (QL)	QL Days
ELIGLUSTAT TARTRATE	CERDELGA (oral)	BRAND ONLY			PA REQUIRED		
IMIGLUCERASE SOLUTION	CEREZYME 400 IU (IV)	BRAND ONLY			PA REQUIRED		
TALIGLUCERASE ALFA	ELELYSO (IV)	BRAND ONLY			PA REQUIRED		
MIGLUSTAT	MIGLUSTAT (AG) (oral)	BRAND ONLY			PA REQUIRED		
VELAGLUCERASE ALFA	VPRIV 400 IU	BRAND ONLY			PA REQUIRED		
<b>HEMATOPOIETIC GROWTH FACTORS</b>							
ELTROMBOPAG OLAMINE TABLETS	PROMACTA	BRAND ONLY	PREFERRED DRUG		PA REQUIRED		
EPOETIN ALFA SOLUTION	RETACRIT	BRAND ONLY	PREFERRED DRUG		PA REQUIRED		
FILGRASTIM DISPOSABLE SYRINGE	NEUPOGEN	BRAND ONLY	PREFERRED DRUG		PA REQUIRED		
FILGRASTIM SOLUTION	NEUPOGEN	BRAND ONLY	PREFERRED DRUG		PA REQUIRED		
FILGRASTIM-AAF SOLUTION PREFILLED SYRINGE	NIVESTYM	BRAND ONLY	PREFERRED DRUG		PA REQUIRED		
PEGFILGRASTIM -JMDB PREFILLED SYRINGE	FULPHILA	BRAND ONLY	PREFERRED DRUG		PA REQUIRED		
PEGFILGRASTIM-APGF SOLUTION PREFILLED SYRINGE	NYVEPRIA	BRAND ONLY	PREFERRED DRUG		PA REQUIRED		

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Drug List Effective Date: October 1, 2022							
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PEGFILGRASTIM PREFILLED SYRINGE	UNDENYCA	BRAND ONLY	PREFERRED DRUG	PA REQUIRED			
ROMIPLOSTIM	NPLATE	BRAND ONLY	PREFERRED DRUG	PA REQUIRED			
<b>HEMOSTATICS</b>							
<b>HEMOSTATICS - SYSTEMIC</b>							
AMINOCAPROIC ACID SYRUP	AMICAR						
AMINOCAPROIC ACID TABLETS	AMICAR						
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENT</b>							
<b>BARBITURATE HYPNOTICS</b>							
PHENOBARBITAL SOLUTION	PHENOBARBITAL						
PHENOBARBITAL TABLETS	PHENOBARBITAL						
<b>NON-BARBITURATE HYPNOTICS</b>							
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

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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
<b>SELECTIVE MELATONIN RECEPTOR AGONISTS</b>							
RAMELTEON TABLETS	ROZEREM	BRAND ONLY	PREFERRED DRUG	PA REQUIRED for < 6 years of age	Patient must have tried two preferred agents.	30	30
<b>LAXATIVES</b>							
<b>LAXATIVE COMBINATIONS</b>							
PEG 3350-KCL-SOD BICARB-SOD CHLORIDE-SOD SULFATE SOLUTION	COLYTE						
<b>LAXATIVES - MISC.</b>							
LACTULOSE SOLUTION	LACTULOSE						
<b>MACROLIDES</b>							
<b>AZITHROMYCIN</b>							
AZITHROMYCIN PACKETS	ZITHROMAX						
AZITHROMYCIN SUSPENSION	ZITHROMAX						

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AZITHROMYCIN TABLETS	ZITHROMAX						
<b>CLARITHROMYCIN</b>							
CLARITHROMYCIN SUSPENSION	CLARITHROMYCIN						
CLARITHROMYCIN TABLETS	BIAXIN						
CLARITHROMYCIN TABLET 24-HOUR	BIAXIN XL						
<b>MEDICAL DEVICES</b>							
<b>CONTRACEPTIVES</b>							
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						

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DIAPHRAGMS - OTHER+A1294	OMNIFLEX DIAPHRAGM						
<b>DIABETIC SUPPLIES</b>							
BLOOD GLUCOSE MONITORING KIT W/ DEVICE	VARIOUS						
BLOOD GLUCOSE MONITORING DEVICES	VARIOUS						
LANCET DEVICES MISC.	VARIOUS						
LANCETS MISC.	VARIOUS						
<b>DEVICES - MISC.</b>							
ALCOHOL SWABS PADS	ALCOH-GLOVE CONTOURED WIPE						
<b>RESPIRATORY THERAPY SUPPLIES</b>							
SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES - MASKS	MASK VORTEX/ WHIRL DUCKLING	BABY				2	365
SPACER/AEROSOL-HOLDING CHAMBERS DEVICE	AEROCHAMBER AEROCHAMBER	MINI				2	365
<b>MIGRAINE PRODUCTS</b>							
<b>MIGRAINE COMBINATIONS</b>							

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ERGOTAMINE W/ CAFFEINE SUPPOSITORY	MIGERGOT					12	30
ERGOTAMINE W/ CAFFEINE TABLETS	CAFERGOT					40	30
<b>MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES</b>							
GALCANEZUMAB-GNLM SOLUTION AUTOINJECTOR / PREFILLED SYRINGE / PEN	EMGALITY		PREFERRED DRUG	PA REQUIRED		1	30
<b>CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONIST</b>							
ERENUMAB-AOOE SOLUTION AUTOINJECTOR	AIMOVIG		PREFERRED DRUG	PA REQUIRED		1	30
FREMANEZUMAB-VFRM SOLUTION AUTOINJECTOR	AJOVY		PREFERRED DRUG	PA REQUIRED		1	30
UBROGEPANT TABLETS	UBRELVY		PREFERRED DRUG	PA REQUIRED		8	30
<b>SEROTONIN AGONISTS</b>							
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	IMITREX	BRAND ONLY	PREFERRED DRUG			6	30



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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
<b>MINERALS &amp; ELECTROLYTES</b>							
SODIUM FLUORIDE CHEWABLE TABLETS	LUDENT						
SODIUM FLUORIDE LOZG	LOZI-FLUR						
SODIUM FLUORIDE SOLUTION	FLUOR-A-DAY						
SODIUM FLUORIDE TABLETS	SODIUM FLUORIDE						
<b>MOUTH/THROAT/DENTAL AGENTS</b>							
<b>ANTI-INFECTIVES - THROAT</b>							

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CLOTRIMAZOLE TROC	CLOTRIMAZOLE						
<b>STERIODS - MOUTH/THROAT</b>							
TRIAMCINOLONE ACETONIDE ORAL PASTE	ORALONE						
<b>MULTIVITAMINS</b>							
<b>PRENATAL VITAMINS</b>							
PRENATAL MULTIVITAMINS WITH OR WITHOUT MINERALS W/ FOLATE	VARIOUS						
PRENATAL MULTIVITAMINES WITH MINERAL W/FE-FA	VARIOUS						
<b>MUSCULOSKELETAL THERAPY AGENTS</b>							
<b>CENTRAL MUSCLE RELAXANTS</b>							
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						

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<b>DIRECT MUSCLE RELAXANTS</b>							
DANTROLENE SODIUM CAPSULES	DANTRIUM						
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL</b>							
<b>NASAL ANTIALLERGY</b>							
AZELASTINE HCL SOLUTION 0.10%	ASTELIN						
<b>NASAL ANTICHOLINERGICS</b>							
IPRATROPIUM BROMIDE SOLUTION	ATROVENT						
<b>NASAL STEROIDS</b>							
FLUNISOLIDE SOLUTION	FLUNISOLIDE						
FLUTICASONE PROPIONATE SUSPENSION	FLONASE						
TRIAMCINOLONE ACETONIDE	NASACORT AQ						
<b>SYMPATHOMIMETIC DECONGESTANTS</b>							
PSEUDOEPHEDRINE HCL LIQUID	SUDAFED CHILDRENS						

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PSEUDOEPHEDRINE HCL SYRUP	PSEUDOEPHEDRINE						
PSEUDOEPHEDRINE HCL TABLETS	SUDAFED						
PSEUDOEPHEDRINE HCL TABLET 12-HOUR	NASAL DECONGESTANT						
PSEUDOEPHEDRINE HCL TABLET 24-HOUR	SUDAFED 24 HOUR						
<b>OPHTHALMIC AGENTS</b>							
<b>OPHTHALMIC - BETA-BLOCKERS</b>							
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						

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Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	Preferred Drug Status		Step Therapy Requirements	Quantity Limit (QL)	QL Days
TIMOLOL MALEATE SOLUTION	TIMOPTIC						
<b>OPHTHALMIC - CYCLOPLEGIC MYDRIATICS</b>							
ATROPINE SULFATE OINTMENT	ATROPINE SULFATE						
ATROPINE SULFATE SOLUTION	ISOPTO ATROPINE						
CYCLOPENTOLATE HCL SOLUTION	CYCLOGYL						
HOMATROPINE HBR SOLUTION	ISOPTO HOMATROPINE						
<b>OPHTHALMIC - MIOTICS</b>							
PILOCARPINE HCL GEL	PILOPINE HS						
PILOCARPINE HCL SOLUTION	ISOPTO CARPINE						
<b>OPHTHALMIC - ANTI-INFECTIVES</b>							
BACITRACIN OINTMENT	BACITRACIN					3.5GM	7
BACITRACIN-POLYMYXIN B OINTMENT	POLYCIN						
CIPROFLOXACIN HCL OINTMENT	CILOXAN						

**AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE October 1, 2022**

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Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	Preferred Drug Status		Step Therapy Requirements	Quantity Limit (QL)	QL Days
CIPROFLOXACIN HCL SOLUTION	CILOXAN						
ERYTHROMYCIN OINTMENT	ILOTYCIN						
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

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TOBRAMYCIN SOLUTION	TOBREX						
TRIFLURIDINE SOLUTION	VIROPTIC						
<b>OPHTHALMIC - DECONGESTANTS</b>							
NAPHAZOLINE HCL SOLUTION	VASOCLEAR						
NAPHAZOLINE W/ PHENIRAMINE SOLUTION	NAPHCON-A						
<b>OPHTHALMIC - IMMUNOMODULATORS</b>							
CYCLOSPORINE EMULSION	RESTASIS				PA REQUIRED		
<b>OPHTHALMIC - STEROIDS</b>							
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						

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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						
TOBRAMYCIN-DEXAMETHASONE OINTMENT	TOBRADEX						
TOBRAMYCIN-DEXAMETHASONE SUSPENSION	TOBRADEX ST						
<b>OPHTHALMICS - MISC.</b>							
BRINZOLAMIDE SUSPENSION	AZOPT						
					<b>PA REQUIRED</b>		



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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						
<b>OPHTHALMIC - PROSTAGLANDINS</b>							
LATANOPROST SOLUTION	XALATAN					2.5	30
TAFLOPROST SOLUTION	ZIOPTAN				PA REQUIRED		
TRAVOPROST SOLUTION	TRAVATAN Z				PA REQUIRED		
<b>OTIC AGENTS</b>							
<b>OTIC AGENTS - MISCELLANEOUS</b>							
ACETIC ACID SOLUTION	ACETIC ACID						

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<b>OTIC ANTI-INFECTIVES</b>							
CIPROFLOXACIN SOLUTION	VARIOUS						
OFLOXACIN (OTIC) SOLUTION	VARIOUS						
<b>OTIC COMBINATIONS</b>							
ANTIPYRINE-BENZOCAINE SOLUTION	AURODEX						
ANTIPYRINE-BENZOCAINE-POLYCOSANOL SOLUTION	OTIC CARE						
CIPROFLOXACIN-DEXAMETHASONE	CIPRODEX	BRAND ONLY	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				
<b>OTIC STEROIDS</b>							
HYDROCORTISONE W/ACETIC ACID SOLUTION	ACETASOL HC						
<b>OXYTOCICS</b>							

**AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE October 1, 2022**

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<b>OXYTOCICS</b>							
METHYLERGONOVINE MALEATE TABLETS	METHERGINE						
<b>PASSIVE IMMUNIZING AGENTS</b>							
<b>MONOCLONAL ANTIBODIES</b>							
PALIVIZUMAB SOLUTION	SYNAGIS			PA not Required for ages 2 and under- Note: the prescriber must buy and bill a medical claim for the drug			
<b>PENICILLINS</b>							
<b>AMINOPENICILLINS</b>							
AMOXICILLIN CAPSULES	AMOXICILLIN						
AMOXICILLIN CHEWABLE TABLETS	AMOXICILLIN						
AMOXICILLIN SUSPENSION	AMOXICILLIN						
AMOXICILLIN TABLETS	AMOXICILLIN						
AMPICILLIN CAPSULES	AMPICILLIN						
AMPICILLIN SUSPENSION	AMPICILLIN						

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<b>NATURAL PENICILLINS</b>							
PENICILLIN V POTASSIUM SOLUTION	PENICILLIN V POTASSIUM						
PENICILLIN V POTASSIUM TABLETS	PENICILLIN V POTASSIUM						
<b>PENICILLIN COMBINATIONS</b>							
AMOXICILLIN & POT CLAVULANATE CHEWABLE TABLETS	AUGMENTIN						
AMOXICILLIN & POT CLAVULANATE SUSPENSION	AUGMENTIN						
AMOXICILLIN & POT CLAVULANATE TABLET 12-HOUR	AUGMENTIN XR						
<b>PENICILLINASE-RESISTANT PENICILLINS</b>							
DICLOXACILLIN SODIUM CAPSULES	DICLOXACILLIN SODIUM						
<b>PROGESTINS</b>							
<b>PROGESTINS</b>							
MEDROXYPROGESTERONE ACETATE TABLETS	PROVERA						
PROGESTERONE MICRONIZED CAPSULES	PROMETRIUM						

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Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	Preferred Drug Status		Step Therapy Requirements	Quantity Limit (QL)	QL Days
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENT</b>							
<b>ANTIDEMENTIA AGENTS</b>							
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		
<b>MOVEMENT DISORDERS</b>							

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DEUTETRABENAZINE TABLETS	AUSTEDO				PA REQUIRED		
VALBENAZINE TOSYLATE CAPSULES	INGREZZA				PA REQUIRED		
<b>MULTIPLE SCLEROSIS AGENTS</b>							
FINGOLIMOD HCL CAPSULES	GILENYA				PA REQUIRED		
<b>GLATIRAMER ACETATE 20MG</b>	<b>COPAXONE 20mg</b>	<b>BRAND ONLY</b>	<b>PREFERRED DRUG</b>		PA REQUIRED		
<b>GLATIRAMER ACETATE 40MG</b>	<b>GLATOPA 40MG</b>	<b>BRAND ONLY</b>	<b>PREFERRED DRUG</b>		PA REQUIRED		
INTERFERON BETA-1A KIT	AVONEX				PA REQUIRED		
INTERFERON BETA-1A SOLUTION	REBIF REBIDOSE				PA REQUIRED		
INTERFERON BETA-1B KIT	BETASERON				PA REQUIRED		
<b>SMOKING DETERRENENTS</b>							
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

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Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	Preferred Drug Status		Step Therapy Requirements	Quantity Limit (QL)	QL Days
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
<b>RESPIRATORY AGENTS - MISC.</b>							
<b>ALPHA-PROTEINASE INHIBITOR (HUMAN)</b>							
ALPHA1-PROTEINASE INHIBITOR (HUMAN) SOLUTION	ARALAST NP				<b>PA REQUIRED</b>		
<b>CYSTIC FIBROSIS AGENTS</b>							
DORNASE ALFA SOLUTION	PULMOZYME				<b>PA REQUIRED</b>		
<b>SULFONAMIDES</b>							
<b>SULFONAMIDES</b>							
SULFADIAZINE TABLETS	SULFADIAZINE						
<b>TETRACYCLINES</b>							

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<b>TETRACYCLINES</b>							
DEMECLOCYCLINE HCL TABLETS	DEMECLOCYCLINE HCL				PA REQUIRED		
DOXYCYCLINE HYCLATE CAPSULES - 50MG AND 100MG CAPSULES ONLY	VARIOUS						
DOXYCYCLINE HYCLATE TABLETS - 20MG AND 100MG TABLETS ONLY	VARIOUS						
DOXYCYCLINE MONOHYDRATE - CAPSULES 50MG & 100MG ONLY	VARIOUS						
MINOCYCLINE HCL - 50MG, 75MG & 100MG CAPSULES ONLY	MINOCIN						
<b>THYROID AGENTS</b>							
<b>ANTITHYROID AGENTS</b>							
METHIMAZOLE TABLETS	TAPAZOLE						
PROPYLTHIOURACIL TABLETS	PROPYLTHIOURACIL						
<b>THYROID HORMONES</b>							
LEVOTHYROXINE SODIUM TABLETS	LEVO-T						
LIOTHYRONINE SODIUM TABLETS	CYTOMEL						



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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						

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HYOSCYAMINE SULFATE CONTROLLED RELEASE TABLET	VARIOUS						
HYOSCYAMINE SULFATE ORALLY DISINTEGRATING TABLETS	VARIOUS						
PROPANTHELINE BROMIDE TABLETS	VARIOUS						
<b>H-2 ANTAGONISTS</b>							
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						
<b>ANTI-ULCER - MISC.</b>							
SUCRALFATE TABLETS	CARAFATE						

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<b>PROTON PUMP INHIBITORS</b>							
ESOMEPRAZOLE MAGNESIUM PACKETS	NEXIUM		PREFERRED DRUG	PA REQUIRED for > 18 Years of Age		30	30
ESOMEPRAZOLE MAGNESIUM CAPSULE DELAYED RELEASE	NEXIUM		PREFERRED DRUG			60	30
LANSOPRAZOLE CAPSULE DELAYED RELEASE	VARIOUS		PREFERRED DRUG			60	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
<b>URINARY ANTISPASMODICS</b>							
<b>URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLI)</b>							
FESOTERODINE FUMARATE	TOVIAZ	BRAND ONLY	PREFERRED DRUG				
OXYBUTYNIN CHLORIDE SYRUP	VARIOUS		PREFERRED DRUG				
OXYBUTYNIN CHLORIDE TABLETS	VARIOUS		PREFERRED DRUG				

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OXYBUTYNIN CHLORIDE TABLET 24-HOUR	DITROPAN XL		PREFERRED DRUG				
TOLTERODINE TARTRATE CAPSULE CONTROLLED RELEASE	DETROL LA	BRAND ONLY	PREFERRED DRUG				
TOLTERODINE TARTRATE TABLETS	DETROL	BRAND ONLY	PREFERRED DRUG				
<b>VAGINAL PRODUCTS</b>							
<b>SPERMICIDES</b>							
NONOXYNOL-9 FOAM	VCF VAGINAL CONTRACEPTIVE FOAM						
NONOXYNOL-9 GEL	SHUR-SEAL						
<b>VAGINAL ANTI-INFECTIVES</b>							
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						

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MICONAZOLE NITRATE VAGINAL SUPPOSITORY	MICONAZOLE 3						
SULFANILAMIDE VAGINAL CREAM	AVC						
<b>VAGINAL ESTROGENS</b>							
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			
<b>VASOPRESSORS</b>							
<b>ANAPHYLAXIS THERAPY AGENTS</b>							
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