

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE October 1, 2023

• Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As BRAND ONLY
 October 1, 2023
 • Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List May Be Available Through Prior Authorization

Drug List Effective Date:

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

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

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

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

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

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

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

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

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

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE October 1, 2023

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IPRATROPIUM BROMIDE HFA AEROSOL	ATROVENT HFA		PREFERRED DRUG			
IPRATROPIUM BROMIDE SOLUTION	IPRATROPIUM BROMIDE		PREFERRED DRUG			
TIOTROPIUM BROMIDE MONOHYDRATE AEROSOL SOLUTION	SPIRIVA RESPIMAT		PREFERRED DRUG			
TIOTROPIUM BROMIDE MONOHYDRATE CAPSULES	SPIRIVA HANDIHALER	BRAND ONLY	PREFERRED DRUG			
LEUKOTRIENE MODULATORS						
MONTELUKAST SODIUM CHEWABLE TABLETS	SINGULAIR		PREFERRED DRUG		30	30
MONTELUKAST SODIUM GRANULES	SINGULAIR			PA IS NOT REQUIRED for < 4 Years of Age	30	30
MONTELUKAST SODIUM TABLETS	SINGULAIR		PREFERRED DRUG		30	30
STEROID INHALANTS						
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			
ALBUTEROL SULFATE INHALER	ALBUTEROL HFA (PROVENTIL) (INHALATION)	NDC 00054074287 NDC 69097014260 NDC 72572001401 NDC 76282067942	Preferred Albuterol NDCs			
ALBUTEROL SULFATE INHALER	ALBUTEROL HFA (PROAIR) (AG) (INHALATION)	NDC 00093317431	Preferred Albuterol NDCs			
ALBUTEROL SULFATE INHALER	ALBUTEROL HFA (PROAIR) (INHALATION)	NDC 45802008801 NDC 68180096301	Preferred Albuterol NDCs			
ALBUTEROL SULFATE INHALER	ALBUTEROL HFA (VENTOLIN) (AG) (INHALATION)	NDC 66993001968	Preferred Albuterol NDCs			
ALBUTEROL SULFATE NEBULIZED	ALBUTEROL SULFATE		PREFERRED DRUG			
ALBUTEROL SULFATE SYRUP	ALBUTEROL SULFATE		PREFERRED DRUG			
BUDESONIDE-FORMOTEROL FUMARATE DIHYDRATE AEROSOL	SYMBICORT	BRAND ONLY	PREFERRED DRUG	Step Therapy		
				Patient must have tried one steroid inhaler: Beclomethasone Dipropionate, Budesonide, Fluticasone Propionate		

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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		
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
ANTICOAGULANTS							
COUMARIN ANTICOAGULANTS							
WARFARIN SODIUM TABLETS	VARIOUS		PREFERRED DRUG				
DIRECT FACTOR XA INHIBITORS							
APIXABAN TABLETS	ELIQUIS	BRAND ONLY	PREFERRED DRUG			60	30
APIXABAN TABLETS STARTER PACK	ELIQUIS STARTER PACK	BRAND ONLY	PREFERRED DRUG			74	365
RIVAROXABAN TABLETS	XARELTO	BRAND ONLY	PREFERRED DRUG			60	30
RIVAROXABAN TABLETS	XARELTO DOSE PACK	BRAND ONLY	PREFERRED DRUG			51	30
HEPARINS AND HEPARINOID-LIKE AGENTS							
ENOXAPARIN SODIUM INJ 100 MG/ML	VARIOUS VIAL OR SYRINGE		PREFERRED DRUG			60	30
ENOXAPARIN SODIUM INJ 120 MG/0.8ML	VARIOUS VIAL OR SYRINGE		PREFERRED DRUG			60	30
ENOXAPARIN SODIUM INJ 150 MG/ML	VARIOUS VIAL OR SYRINGE		PREFERRED DRUG			60	30
ENOXAPARIN SODIUM INJ 30 MG/0.3ML	VARIOUS VIAL OR SYRINGE		PREFERRED DRUG			60	30

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ENOXAPARIN SODIUM INJ 300 MG/3ML	VARIOUS VIAL OR SYRINGE		PREFERRED DRUG		60	30
ENOXAPARIN SODIUM INJ 40 MG/0.4ML	VARIOUS VIAL OR SYRINGE		PREFERRED DRUG		60	30
ENOXAPARIN SODIUM INJ 60 MG/0.6ML	VARIOUS VIAL OR SYRINGE		PREFERRED DRUG		60	30
ENOXAPARIN SODIUM INJ 80 MG/0.8ML	VARIOUS VIAL OR SYRINGE		PREFERRED DRUG		60	30
HEPARIN (PORCINE) IN SODIUM CHLORIDE SOLUTION	HEPARIN SODIUM/NACL 0.9%					
HEPARIN SOD (PORCINE) IN D5W SOLUTION	HEPARIN SODIUM/D5W					
HEPARIN SODIUM (PORCINE) LOCK FLUSH & NACL LOCK FLUSH KIT	HEPARIN SODIUM LOCK FLUSH					
HEPARIN SODIUM (PORCINE) LOCK FLUSH SOLUTION	HEPARIN LOCK FLUSH					
THROMBIN INHIBITORS						
DABIGATRAN ETEXILATE MESYLATE CAPSULES	PRADAXA	BRAND ONLY	PREFERRED DRUG		60	30
ANTICONVULSANTS						
ANTICONVULSANTS - BENZODIAZEPINES						
CLOBAZAM SUSPENSION	ONFI			PA REQUIRED		
CLOBAZAM TABLETS	ONFI			PA REQUIRED		
CLONAZEPAM TAB 0.5 MG	KLONOPIN			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.	120	30
CLONAZEPAM TAB 1 MG	KLONOPIN			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.	120	30
CLONAZEPAM TAB 2 MG	KLONOPIN			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.	60	30
CLONAZEPAM ORALLY DISINTEGRATING TAB 0.125 MG	CLONAZEPAM ODT			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.	120	30
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	DIASAT				2	30
DIAZEPAM RECTAL GEL DELIVERY SYSTEM 2.5 MG	DIASAT				2	30
DIAZEPAM RECTAL GEL DELIVERY SYSTEM 20 MG	DIASAT				2	30
ANTICONVULSANTS - MISC.						
CARBAMAZEPINE CHEWABLE TABLETS	CARBAMAZEPINE					

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CARBAMAZEPINE CAPSULE 12-HOUR	CARBATROL						
CARBAMAZEPINE SUSPENSION	TEGRETOL						
CARBAMAZEPINE TABLETS	EPITOL						
CARBAMAZEPINE CAPSULE 12-HOUR	EQUETRO						
CARBAMAZEPINE TABLET 12-HOUR	TEGRETOL-XR						
GABAPENTIN CAPSULES	NEURONTIN						
GABAPENTIN SOLUTION	NEURONTIN						
GABAPENTIN	GRALISE				PA REQUIRED		
GABAPENTIN TABLETS	NEURONTIN						
GABAPENTIN	HORIZANT				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						
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						
CARBAMATES							
FELBAMATE SUSPENSION	FELBATOL						
FELBAMATE TABLETS	FELBATOL						
GABA MODULATORS							
TIAGABINE HCL TABLETS	GABITRIL				PA REQUIRED		
HYDANTOINS							
PHENYTOIN CHEWABLE TABLETS	DILANTIN INFATABLETS						
PHENYTOIN SODIUM EXTENDED CAPSULES	DILANTIN						
PHENYTOIN SUSPENSION	DILANTIN-125						
SUCCINIMIDES							
ETHOSUXIMIDE CAPSULES	ZARONTIN						
ETHOSUXIMIDE SOLUTION	ZARONTIN						
VALPROIC ACID							
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						
ANTIDEPRESSANTS							
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)							
MIRTAZAPINE TABLETS	MIRTAZAPINE			PA REQUIRED for Ages < 6 years of age	30	30	
MIRTAZAPINE ORALLY DISINTEGRATING TABLETS	REMERON SOLTAB			PA REQUIRED for Ages < 6 years of age	30	30	
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST							
ESKETAMINE HYDROCHLORIDE	SPRAVATO			PA REQUIRED			
Norepinephrine and Dopamine Reuptake Inhibitors (NDRIs)							
BUPROPION HCL TABLETS	WELLBUTRIN			PA REQUIRED for Ages < 6 years of age	120	30	
BUPROPION HCL TABLET 12-HOUR	BUDEPRION SR			PA REQUIRED for Ages < 6 years of age	60	30	
BUPROPION HCL TABLET 24-HOUR (150MG & 300MG)	WELLBUTRIN XL			PA REQUIRED for Ages < 6 years of age	30	30	
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)							
CITALOPRAM HYDROBROMIDE SOLUTION	CELEXA			PA REQUIRED for Ages < 6 years of age and greater than 12 years of age	600	30	
CITALOPRAM HYDROBROMIDE TABLETS	CELEXA			PA REQUIRED for Ages < 6 years of age	10mg: 60	30	
					20mg: 30	30	
					40mg: 30	30	
ESCITALOPRAM OXALATE TABLETS	LEXAPRO			PA REQUIRED for Ages < 6 years of age	5mg: 60	30	
					10mg: 30	30	
					20mg: 30	30	
FLUOXETINE HCL CAPSULES ONLY	PROZAC			PA REQUIRED for Ages < 6 years of age	10mg: 60	30	
					20mg: 120	30	
					40mg: 60	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	30	
					50mg: 180	30	
					100mg: 90	30	
PAROXETINE HCL TABLETS	PAXIL			PA REQUIRED for Ages < 6 years of age	10mg: 30	30	
					20mg: 30	30	
					30mg: 30	30	
					40mg: 45	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	30	
					50mg: 120	30	
					100mg: 60	30	
SEROTONIN MODULATORS							

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TRAZODONE HCL TABLETS	TRAZODONE HCL			PA REQUIRED for Ages < 6 years of age	50mg:90 100mg:120 150mg: 60 300mg 30	30 30 30 30	
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRI)							
DULOXETINE HCL CAPSULE DELAYED RELEASE 20MG, 30MG & 60MG	CYMBALTA 20MG, 30MG & 60MG			PA REQUIRED for Ages < 6 years of age	20mg: 120 30mg: 120 60mg: 60	30 30 30	
VENLAFAXINE HCL CAPSULE CONTROLLED RELEASE	EFFEXOR XR			PA REQUIRED for Ages < 6 years of age	37.5mg: 90 75mg: 90 150mg: 30	30 30 30	
VENLAFAXINE HCL TABLETS - IMMEDIATE RELEASE ONLY	VENLAFAXINE HCL			PA REQUIRED for Ages < 6 years of age	25mg: 120 37.5mg: 90 50mg: 90 75mg: 150 100mg: 90	30 30 30 30 30	
TRICYCLIC AGENTS							
AMITRIPTYLINE HCL TABLETS	AMITRIPTYLINE HCL			PA REQUIRED for Ages < 6 years of age			
AMOXAPINE TABLETS	VARIOUS			PA REQUIRED for Ages < 6 years of age			
CLOMIPRAMINE HCL CAPSULES	ANAFRANIL			PA REQUIRED for Ages < 6 years of age			
DESIPRAMINE HCL TABLETS	NORPRAMIN			PA REQUIRED for Ages < 6 years of age			
DOXEPIN HCL CAPSULES	DOXEPIN HCL			PA REQUIRED for Ages < 6 years of age	90	30	
DOXEPIN HCL CONCENTRATE	DOXEPIN HCL			PA REQUIRED for Ages < 6 years of age	180	30	
IMIPRAMINE PAMOATE CAPSULES	TORFRANIL-PM			PA REQUIRED for Ages < 6 years of age	30	30	
IMIPRAMINE HCL TABLETS	TOFRANIL			PA REQUIRED for Ages < 6 years of age			
MAPROTILINE HCL	VARIOUS			PA REQUIRED for Ages < 6 years of age			
NORTRIPTYLINE HCL CAPSULES	PAMELOR			PA REQUIRED for Ages < 6 years of age			
NORTRIPTYLINE HCL SOLUTION	NORTRIPTYLINE HCL			PA REQUIRED for Ages < 6 years of age			
PROTRIPTYLINE HCL TABLETS	VIVACTIL			PA REQUIRED for Ages < 6 years of age			
TRIMIPRAMINE MALEATE	SURMONTIL			PA REQUIRED for Ages < 6 years of age			
ANTIDIABETICS							
ALPHA-GLUCOSIDASE INHIBITORS							
ACARBOSE TABLETS	PRECOSE						
ANTIDIABETIC - AMLYN ANALOGS							
PRAMLINTIDE ACETATE SOLUTION PEN INJECTION	SYMLINPEN 60		PREFERRED DRUG	PA REQUIRED			
ANTIDIABETIC COMBINATIONS							
ALOGLIPTIN-METFORMIN HCL TABLETS	KAZANO	BRAND ONLY	PREFERRED DRUG		STEP THROUGH METFORMIN		
ALOGLIPTIN-PIOGLITAZONE TABLETS	OSENI	BRAND ONLY	PREFERRED DRUG		STEP THROUGH METFORMIN		
CANAGLIFLOZIN-METFORMIN HCL	INVOKAMET	BRAND ONLY	PREFERRED DRUG		STEP THROUGH METFORMIN		

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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		
BIGUANIDES							
METFORMIN HCL TABLETS	GLUCOPHAGE						
METFORMIN HCL TABLET 24-HOUR (GENERIC OF GLUCOPHAGE XR ONLY- 500MG & 750MG)	Various				PA REQUIRED for Osmotic and Modified Release Products		
DIABETIC OTHER							
DASIGLUCAGON HCL SOLN AUTO-INJ	ZEGALOGUE		PREFERRED DRUG			1	30
DIAZOXIDE SUSPENSION	PROGLYCEM	BRAND ONLY					
GLUCAGON HCL (RDNA) SOLUTION	GLUCAGEN HYPOKIT		PREFERRED DRUG			2	30
GLUCAGON SOLUTION AUTOINJECTOR - ADULT	GVOKE HYPO		PREFERRED DRUG			1	30
GLUCAGON SOLUTION AUTOINJECTOR - PEDIATRIC	GVOKE HYPO		PREFERRED DRUG			1	30
GLUCAGON SOLUTION	GVOKE KIT		PREFERRED DRUG			1	30
GLUCAGON SOLN PREF SYR	GVOKE PFS		PREFERRED DRUG			1	30
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS							
ALOGLIPTIN BENZOATE TABLETS	NESINA	BRAND ONLY	PREFERRED DRUG		STEP THROUGH METFORMIN		
LINAGLIPTIN TABLETS	TRADJENTA	BRAND ONLY	PREFERRED DRUG		STEP THROUGH METFORMIN		
SAXAGLIPTIN HCL TABLETS	ONGLYZA	BRAND ONLY	PREFERRED DRUG		STEP THROUGH METFORMIN		
SITAGLIPTIN PHOSPHATE TABLETS	JANUVIA	BRAND ONLY	PREFERRED DRUG		STEP THROUGH METFORMIN		
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)							
DULAGLUTIDE SOLUTION PEN-INJECTION	TRULICITY		PREFERRED DRUG		PA REQUIRED		
EXENATIDE SOLUTION PEN INJECTION	BYETTA		PREFERRED DRUG		PA REQUIRED		

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE October 1, 2023

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Drug List Effective Date:

Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	Preferred Drug Status	Step Therapy Requirements	Quantity Limit (QL)	QL Days
LIRAGLUTIDE SOLUTION PEN INJECTION	VICTOZA		PREFERRED DRUG	PA REQUIRED		
DIABETIC MISCELLANEOUS AGENT						
PRAMLINTIDE	SYMLIN PEN		PREFERRED DRUG	PA REQUIRED		
INSULIN SENSITIZING AGENTS						
PIOGLITAZONE HCL TABLETS	ACTOS					
INSULIN						
INSULIN LISPRO (HUMAN) SOLUTION	HUMALOG	Authorized Generic Only	PREFERRED DRUG			
INSULIN LISPRO (HUMAN) SOLUTION CARTRIDGE	HUMALOG	BRAND ONLY	PREFERRED DRUG			
INSULIN LISPRO (HUMAN) SOLUTION PEN INJECTION 100/ML	HUMALOG JUNIOR KWIKPEN	Authorized Generic Only	PREFERRED DRUG			
INSULIN LISPRO (HUMAN) SOLUTION PEN INJECTION 100/ML	HUMALOG KWIKPEN	Authorized Generic Only	PREFERRED DRUG			
INSULIN LISPRO PROTAMINE & LISPRO (HUMAN) SUSPENSION PEN INJECTION (50-50)	HUMALOG MIX 50/50 KWIKPEN	Brand Only	PREFERRED DRUG			
INSULIN LISPRO PROTAMINE & LISPRO SUSPENSION (75-25)	HUMALOG MIX 75/25	Brand Only	PREFERRED DRUG			
INSULIN LISPRO PROTAMINE & LISPRO (HUMAN) SUSPENSION PEN INJECTION (75-25)	HUMALOG MIX 75/25 KWIKPEN	Authorized Generic Only	PREFERRED DRUG			
INSULIN NPH ISOPHANE & REG (HUMAN) SUSPENSION	HUMULIN 70/30	BRAND ONLY	PREFERRED DRUG			
INSULIN NPH ISOPHANE & REG (HUMAN) SUSPENSION	HUMULIN 70/30 KWIKPEN	BRAND ONLY	PREFERRED DRUG			
INSULIN NPH (HUMAN) (ISOPHANE) SUSPENSION	HUMULIN N	BRAND ONLY	PREFERRED DRUG			
INSULIN REGULAR (HUMAN) SOLUTION PEN INJECTION	HUMULIN N KWIKPEN	BRAND ONLY	PREFERRED DRUG			
INSULIN REGULAR (HUMAN) SOLUTION	HUMULIN R U-100	BRAND ONLY	PREFERRED DRUG			
INSULIN REGULAR (HUMAN) SOLUTION	HUMULIN R U-500 (CONCENTRATED)	BRAND ONLY	PREFERRED DRUG	PA REQUIRED		
INSULIN REGULAR (HUMAN) SOLUTION PEN-INJECTION	HUMULIN R U-500 KWIKPEN	BRAND ONLY	PREFERRED DRUG	PA REQUIRED		
INSULIN GLARGINE SOLUTION	LANTUS	BRAND ONLY	PREFERRED DRUG			
INSULIN GLARGINE SUSPENSION	LANTUS SOLOSTAR	BRAND ONLY	PREFERRED DRUG			
INSULIN DETEMIR SOLUTION	LEVEMIR	BRAND ONLY	PREFERRED DRUG			
INSULIN DETEMIR SUSPENSION	LEVEMIR FLEXPEN	BRAND ONLY	PREFERRED DRUG			
INSULIN NPH ISOPHANE & REG (HUMAN) SUSPENSION	NOVOLIN 70/30	BRAND ONLY	PREFERRED DRUG			
INSULIN NPH (HUMAN) (ISOPHANE) SUSPENSION	NOVOLIN N	BRAND ONLY	PREFERRED DRUG			
INSULIN REGULAR (HUMAN) SOLUTION	NOVOLIN R	BRAND ONLY	PREFERRED DRUG			
INSULIN ASPART SOLUTION	NOVOLOG	Authorized Generic Only	PREFERRED DRUG			
INSULIN ASPART SOLUTION PEN-INJECTION	NOVOLOG FLEXPEN	Authorized Generic Only	PREFERRED DRUG			
INSULIN ASPART PROTAMINE & ASPART (HUMAN) SUSPENSION (70/30)	NOVOLOG MIX 70/30	Authorized Generic Only	PREFERRED DRUG			
INSULIN ASPART PROTAMINE & ASPART (HUMAN) SUSPENSION PEN INJECTION (70/30)	NOVOLOG MIX 70/30 FLEXPEN	Authorized Generic Only	PREFERRED DRUG			
INSULIN ASPART SOLUTION CARTRIDGE	NOVOLOG PENFILL	Authorized Generic Only	PREFERRED DRUG			

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MEGLITINIDE ANALOGUES						
NATEGLINIDE TABLETS	STARLIX					
REPAGLINIDE TABLETS	PRANDIN					
SGLT2S						
DAPAGLIFLOZIN PROPANEDIOL	FARXIGA		PREFERRED DRUG	STEP THROUGH METFORMIN		
CANAGLIFLOZIN	INVOKANA		PREFERRED DRUG	STEP THROUGH METFORMIN		
EMPAGLIFLOZIN	JARDIANCE		PREFERRED DRUG	STEP THROUGH METFORMIN		
SULFONYLUREAS						
GLIMEPIRIDE TABLETS	AMARYL					
GLIPIZIDE TABLETS	GLUCOTROL					
GLIPIZIDE TABLET 24-HOUR	GLUCATROL XL					
GLYBURIDE MICRONIZED TABLETS	GLYNASE					
GLYBURIDE TABLETS	DIABETA					
ANTIDIARRHEALS						
ANTIPERISTALTIC AGENTS						
DIPHENOXYLATE W/ ATROPINE LIQUID	DIPHENOXYLATE/ATROPINE					
DIPHENOXYLATE W/ ATROPINE TABLETS	LOMOTIL					
LOPERAMIDE HCL CAPSULES	LOPERAMIDE HCL					
LOPERAMIDE HCL CHEWABLE TABLETS	IMODIUM A-D					
LOPERAMIDE HCL LIQUID	LOPERAMIDE HCL					
LOPERAMIDE HCL SUSPENSION	IMODIUM A-D					
LOPERAMIDE HCL TABLETS	IMODIUM A-D					
ANTIDOTES						
OPIOID ANTAGONISTS						
NALOXONE HCL SOLUTION + SYRINGE	NALOXONE HCL + SYRINGE		PREFERRED DRUG			
NALOXONE	KLOXXADO	BRAND ONLY	PREFERRED DRUG			
NALOXONE HCL NASAL SPRAY	NARCAN NASAL SPRAY	BRAND ONLY	PREFERRED DRUG			
ANTIEMETICS						
5-HT3 RECEPTOR ANTAGONISTS						
DOLASETRON MESYLATE TABLETS	ANZEMET			PA REQUIRED		
GRANISETRON HCL SOLUTION	VARIOUS			PA REQUIRED		
GRANISETRON HCL TABLETS	VARIOUS			PA REQUIRED		
ONDANSETRON SOLUTION	VARIOUS			PA REQUIRED for tablets > 8mg Per Dose	300	30
ONDANSETRON HCL ODT TABLETS	VARIOUS			PA REQUIRED for tablets > 8mg Per Dose	60	30
ONDANSETRON HCL TABLETS	VARIOUS			PA REQUIRED for tablets > 8mg per Dose	60	30
ANTIEMETICS MISC.						
PROCHLORPERAZINE MALEATE TABLETS	COMPazine					
PROCHLORPERAZINE SUPPOSITORY	COMPazine					
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONIST						
APREPITANT CAPSULES	EMEND				6	21

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ANTIFUNGALS						
ANTIFUNGAL ORAL AGENTS						
CLOTRIMAZOLE TROCHE	VARIOUS					
GRISEOFULVIN SUSPENSION	VARIOUS					
GRISEOFULVIN MICROSIZE TABLETS	GRIFULVIN V					
NYSTATIN SUSPENSION	NYSTATIN					
NYSTATIN TABLETS	NYSTATIN					
TERBINAFINE HCL TABLETS	LAMISIL				90	365
IMIDAZOLE-RELATED ANTIFUNGALS						
FLUCONAZOLE SUSPENSION	DIFLUCAN				600	30
FLUCONAZOLE TABLETS	DIFLUCAN				60	30
VORICONAZOLE SUSPENSION	VFEND	Brand Only		PA Required		
ANTIHISTAMINES						
ANTIHISTAMINES - ALKYLAMINES						
BROMPHENIRAMINE MALEATE	J-TAN PD					
CHLORPHENIRAMINE MALEATE	CHLORPHENIRAMINE MALEATE					
DEXCHLORPHENIRAMINE MALEATE SYRUP	DEXCHLORPHENIRAMINE MALEATE					
ANTIHISTAMINES - ETHANOLAMINES						
CLEMASTINE FUMARATE SYRUP	CLEMASTINE FUMARATE					
CLEMASTINE FUMARATE TABLETS	CLEMASTINE FUMARATE					
DIPHENHYDRAMINE HCL CAPSULES	VARIOUS					
DIPHENHYDRAMINE HCL CHEWABLE TABLETS	VARIOUS					
DIPHENHYDRAMINE HCL ELIXIR	VARIOUS					
DIPHENHYDRAMINE HCL LIQUID	VARIOUS					
DIPHENHYDRAMINE HCL SOLUTION	VARIOUS					
DIPHENHYDRAMINE HCL SUSPENSION	VARIOUS					
DIPHENHYDRAMINE HCL SYRUP	VARIOUS					
DIPHENHYDRAMINE HCL TABLETS	VARIOUS					
ANTIHISTAMINES - NON-SEDATING						
CETIRIZINE HCL CAPSULES	ZYRTEC ALLERGY				30	30
CETIRIZINE HCL CHEWABLE TABLETS	VARIOUS				30	30
CETIRIZINE HCL SYRUP	VARIOUS				150	30
CETIRIZINE HCL TABLETS	VARIOUS				30	30
CETIRIZINE HCL ORALLY DISINTEGRATING TABLETS	ZYRTEC ALLERGY				30	30
FEXOFENADINE HCL SUSPENSION	ALLEGRA ALLERGY CHILDRENS				150	30
FEXOFENADINE HCL TABLETS	ALLEGRA ALLERGY CHILDRENS				30	30
FEXOFENADINE HCL ORALLY DISINTEGRATING TABLETS	ALLEGRA ALLERGY CHILDRENS				30	30
LORATADINE CAPSULES	CLARITIN				30	30
LORATADINE CHEWABLE TABLETS	CLARITIN				30	30
LORATADINE SYRUP	CLARITIN				150	30
LORATADINE TABLETS	ALAVERT				30	30
LORATADINE ORALLY DISINTEGRATING TABLETS	CLARITIN REDITABS				30	30
ANTIHISTAMINES - PHENOTHIAZINES						

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PROMETHAZINE HCL SUPPOSITORY	PHENERGAN					
PROMETHAZINE HCL TABLETS	PROMETHAZINE HCL					
ANTIHISTAMINES - PIPERIDINES						
CYPROHEPTADINE HCL SYRUP	CYPROHEPTADINE HCL					
CYPROHEPTADINE HCL TABLETS	CYPROHEPTADINE HCL					
ANTIHYPERTENSIVES						
BILE ACID SEQUESTRANTS						
CHOLESTYRAMINE LIGHT PACKETS	PREVALITE					
CHOLESTYRAMINE LIGHT POWDER	PREVALITE					
CHOLESTYRAMINE PACKETS	QUESTRAN					
CHOLESTYRAMINE POWDER	QUESTRAN					
COLESTIPOL HCL TABLETS	COLESTID					
FIBRIC ACID DERIVATIVES						
FENOFIBRATE MICRONIZED CAPSULES 67MG, 134MG & 200MG	VARIOUS					
FENOFIBRATE TABLETS 48MG, 54MG, 145MG & 160MG	VARIOUS					
FENOFIBRIC ACID TABLETS	FIBRICOR					
GEMFIBROZIL TABLETS	LOPID					
HMG COA REDUCTASE INHIBITORS						
ATORVASTATIN CALCIUM TABLETS	LIPITOR		PREFERRED DRUG		30	30
LOVASTATIN TABLETS	MEVACOR		PREFERRED DRUG		30	30
PRAVASTATIN SODIUM TABLETS	PRAVACOL		PREFERRED DRUG		30	30
ROUVASTATIN TABLETS	CRESTOR		PREFERRED DRUG		30	30
SIMVASTATIN TABLETS	ZOCOR		PREFERRED DRUG		30	30
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS						
EZETIMIBE TABLETS	ZETIA		PREFERRED DRUG	PA REQUIRED		
NICOTINIC ACID DERIVATIVES						
NIACIN CAPSULE CONTROLLED RELEASE	VARIOUS					
NIACIN TABLET CONTROLLED RELEASE	VARIOUS					
MISC. NUTRITIONAL SUBSTANCES						
OMEGA-3 FATTY ACIDS CAPSULES	FISH OIL					
OMEGA-3 FATTY ACIDS CAPSULE DELAYED RELEASE	FISH OIL					
ACE INHIBITORS						
BENAZEPRIL HCL TABLETS	BENAZEPRIL HCL					
CAPTOPRIL TABLETS	CAPTOPRIL					
ENALAPRIL MALEATE SOLUTION	EPANED					
ENALAPRIL MALEATE TABLETS	VASOTEC					
FOSINOPRIL SODIUM TABLETS	FOSINOPRIL SODIUM					
LISINOPRIL TABLETS	ZESTRIL					
MOEXIPRIL HCL TABLETS	UNIVASC					
PERINDOPRIL ERBUMINE TABLETS	ACEON					
QUINAPRIL HCL TABLETS	ACCUPRIL					
RAMIPRIL CAPSULES	ALTACE					

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TRANDOLAPRIL TABLETS	MAVIK					
ANGIOTENSIN II RECEPTOR ANTAGONISTS						
IRBESARTAN TABLETS	AVAPRO					
LOSARTAN POTASSIUM TABLETS	COZAAR					
VALSARTAN SOLUTION	VALSARETAN			PA Required for > 7 Years Old		
VALSARTAN TABLETS	DIOVAN					
ANTIADRENERGIC ANTIHYPERTENSIVES						
CLONIDINE HCL PATCH-WEEKLY	CATAPRES-TTS-1			PA REQUIRED for Ages < 6 years of age	4	28
CLONIDINE HCL TABLETS	CATAPRES					
CLONIDINE HCL (ADHD) TABLET 12-HOUR	CLONIDINE ER			PA REQUIRED for Ages < 6 years of age	120	30
DOXAZOSIN MESYLATE TABLETS	CARDURA					
GUANFACINE HCL TABLETS	TENEX					
GUANFACINE HCL (ADHD) TABLET 24-HOUR	GUANFACINE ER		PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age	30	30
METHYLDOPA TABLETS	METHYLDOPA					
PRAZOSIN HCL CAPSULES	MINIPRESS					
TERAZOSIN HCL CAPSULES	TERAZOSIN HCL					
ANTIHYPERTENSIVE COMBINATIONS						
ATENOLOL & CHLORTHALIDONE TABLETS	VARIOUS					
CAPTOPRIL & HYDROCHLOROTHIAZIDE TABLETS	CAPTOPRIL/ HYDROCHLOROTHIAZIDE					
ENALAPRIL MALEATE & HYDROCHLOROTHIAZIDE TABLETS	ENALAPRIL MALEATE/ HYDROCHLOROTHIAZIDE					
FOSINOPRIL SODIUM & HYDROCHLOROTHIAZIDE TABLETS	FOSINOPRIL SODIUM/ HYDROCHLOROTHIAZIDE					
LISINAPRIL & HYDROCHLOROTHIAZIDE TABLETS	ZESTORETIC					
LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE TABLETS	HYZAAR					
MOEXIPRIL - HYDROCHLOROTHIAZIDE TABLETS	UNIRETIC					
QUINAPRIL - HYDROCHLOROTHIAZIDE TABLETS	ACCURETIC					
VALSARTAN - HYDROCHLOROTHIAZIDE TABLETS	DIOVAN HCT					
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)						
EPLERENONE TABLETS	INSpra			PA REQUIRED		
VASODILATORS						
HYDRALAZINE HCL TABLETS	HYDRALAZINE HCL					
MINOXIDIL TABLETS	MINOXIDIL					
ANTI-INFECTIVE AGENTS - MISC.						
ANTI-INFECTIVE AGENTS - MISC.						
METRONIDAZOLE TABLETS	FLAGYL					
METRONIDAZOLE SUSPENSION	VARIOUS	MUST BE COMPOUNDED		PA NOT REQUIRED FOR < 10 YEARS OF AGE		
RIFAXIMIN TABLETS	XIFAXAN					
TINIDAZOLE	VARIOUS					
TRIMETHOPRIM TABLETS	TRIMETHOPRIM					
VANCOMYCIN HCL CAPSULES	VANCOCIN HCL			PA Required		

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VANCOMYCIN HCL SOLUTION	FIRST-VANCOMYCIN 25				PA Required		
ANTI-INFECTIVE MISC. - COMBINATIONS							
ERYTHROMYCIN-SULFISOXAZOLE SUSPENSION	E.S.P.						
SULFAMETHOXAZOLE-TRIMETHOPRIM SUSPENSION	SULFATRIM PEDIATRIC						
SULFAMETHOXAZOLE-TRIMETHOPRIM TABLETS	BACTRIM						
LEPROSTATICS							
DAPSONE TABLETS	DAPSONE						
OXAZOLIDINONES							
LINEZOLID SUSPENSION	ZYVOX				PA REQUIRED		
LINEZOLID TABLETS	ZYVOX				PA REQUIRED		
ANTIMALARIALS							
ANTIMALARIAL COMBINATIONS							
ARTEMETHER-LUMEFANTRINE TABLETS	COARTEM						
ATOVAQUONE-PROGUANIL HCL TABLETS	MALARONE						
ANTIMALARIALS							
CHLOROQUINE PHOSPHATE TABLETS	CHLOROQUINE PHOSPHATE						
HYDROXYCHLOROQUINE SULFATE TABLETS	PLAQUENIL						
PRIMAQUINE PHOSPHATE TABLETS	PRIMAQUINE PHOSPHATE						
QUININE SULFATE CAPSULES	QUALAQUIN						
ANTIMYCOBACTERIAL AGENTS							
ETHAMBUTOL HCL TABLETS	MYAMBUTOL						
ISONIAZID SYRUP	ISONIAZID						
ISONIAZID TABLETS	ISONIAZID						
PYRAZINAMIDE TABLETS	PYRAZINAMIDE						
RIFAMPIN CAPSULES	RIFADIN						
ONCOLOGY - FEDERALLY REIMBURSABLE ANTINEOPLASTIC AGENTS, NOT LISTED BELOW, ARE AVAILABLE THROUGH PRIOR AUTHORIZATION							
ALKYLATING AGENTS							
MELPHALAN TABLETS	ALKERAN	BRAND ONLY			PA REQUIRED		
ANTIMETABOLITES							
MERCAPTOPURINE TABLETS	PURINETHOL						
METHOTREXATE SODIUM TABLETS	METHOTREXATE						
ANTINEOPLASTIC - ANTIBODIES							
RITUXIMAB-ABBS	TRUXIMA				PA REQUIRED		
RITUXIMAB-ARRX	RIABNI				PA REQUIRED		
RITUXIMAB-PVVR	RUXIENCE				PA REQUIRED		
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS							
BEVACIZUMAB-AWWB INJECTION	MVASI				PA REQUIRED		
BEVACIZUMAB-BVZR INJECTION	ZIRABEV				PA REQUIRED		
ANTINEOPLASTIC - ANTI-HER2 AGENTS							
TRASTUZUMAB-ANNS SOLUTION	KANJINTI				PA REQUIRED		
TRASTUZUMAB-ANNS INJECTION	KANJINTI				PA REQUIRED		

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TRASTUZUMAB-DKST INJECTION	OGIVRI			PA REQUIRED		
TRASTUZUMAB-PKRB INJECTION	HERZUMA			PA REQUIRED		
TRASTUZUMAB-QYYP INJECTION	TRAZIMERA			PA REQUIRED		
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS						
ANASTROZOLE TABLETS	ARIMIDEX			PA REQUIRED		
EXEMESTANE TABLETS	AROMASIN			PA REQUIRED		
FLUTAMIDE CAPSULES	FLUTAMIDE					
LEUPROLIDE ACETATE (3 MONTH) KIT	LUPRON DEPOT			PA REQUIRED		
LEUPROLIDE ACETATE (4 MONTH) KIT	LUPRON DEPOT			PA REQUIRED		
LEUPROLIDE ACETATE KIT	LUPRON DEPOT			PA REQUIRED		
TAMOXIFEN CITRATE TABLETS	TAMOXIFEN CITRATE					
TOREMIFENE CITRATE TABLETS	FARESTON			PA REQUIRED		
ANTINEOPLASTIC ENZYME INHIBITORS						
AXITINIB TABLETS	INLYTA			PA REQUIRED		
CRIZOTINIB CAPSULES	XALKORI			PA REQUIRED		
DASATINIB TABLETS	SPRYCEL			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		
IBRUTINIB SUSPENSION	IMBRUVICA			PA Required		
IMATINIB MESYLATE TABLETS	GLEEVEC	BRAND ONLY		PA REQUIRED		
LAPATINIB DITOSYLATE TABLETS	TYKERB			PA REQUIRED		
NILOTINIB HCL CAPSULES	TASIGNA			PA REQUIRED		
PAZOPANIB HCL TABLETS	VOTRIENT			PA REQUIRED		
PONATINIB HCL TABLETS	ICLUSIG			PA REQUIRED		
RUXOLITINIB PHOSPHATE TABLETS	JAKAFI			PA REQUIRED		
SORAFENIB TOSYLATE TABLETS	NEXAVAR			PA REQUIRED		
SUNITINIB MALATE CAPSULES	SUTENT			PA REQUIRED		
VANDETANIB TABLETS	CAPRELSA			PA REQUIRED		
VEMURAFENIB TABLETS	ZELBORAF			PA REQUIRED		
VORINOSTAT CAPSULES	ZOLINZA			PA REQUIRED		
ANTINEOPLASTICS - MISC.						
BEXAROTENE CAPSULES	TARGRETIN			PA REQUIRED		
HYDROXYUREA CAPSULES	HYDREA					
INTERFERON ALFA-2B SOLUTION	INTRON A			PA REQUIRED		
INTERFERON ALFA-2B SOLUTION	INTRON A			PA REQUIRED		
INTERFERON ALFA-N3 SOLUTION	ALFERON N			PA REQUIRED		
INTERFERON GAMMA-1B SOLUTION	ACTIMMUNE			PA REQUIRED		
PEGINTERFERON ALFA-2B (ANTINEOPLASTIC) KIT	SYLATRON			PA REQUIRED		
PROCARBAZINE HCL CAPSULES	MATULANE					

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<ul style="list-style-type: none"> 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:		
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TRETINOIN (CHEMOTHERAPY) CAPSULES	TRETINOIN			PA REQUIRED For > 26 Years of Age			
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS							
LEUCOVORIN CALCIUM TABLETS	LEUCOVORIN CALCIUM			PA REQUIRED			
MITOTIC INHIBITORS							
ETOPOSIDE CAPSULES	ETOPOSIDE			PA REQUIRED			
ANTIPARKINSON AGENTS							
ANTIPARKINSON ANTICHOLINERGICS							
BENZTROPINE MESYLATE TABLETS	BENZTROPINE MESYLATE						
TRIHEXYPHENIDYL HCL ELIXIR	TRIHEXYPHENIDYL HCL						
TRIHEXYPHENIDYL HCL TABLETS	TRIHEXYPHENIDYL HCL						
ANTIPARKINSON COMT INHIBITORS							
ENTACAPONE TABLETS	COMTAN						
ANTIPARKINSON DOPAMINERGICS							
AMANTADINE HCL CAPSULES	AMANTADINE HCL						
AMANTADINE HCL SYRUP	AMANTADINE HCL						
BROMOCRIPTINE MESYLATE CAPSULES	PARLODEL						
BROMOCRIPTINE MESYLATE TABLETS	PARLODEL						
CARBIDOPA-LEVODOPA TABLETS	SINEMET						
CARBIDOPA-LEVODOPA ER TABLETS	VARIOUS						
PRAMIPEXOLE DIHYDROCHLORIDE TABLETS	MIRAPEX						
ROPINIROLE HYDROCHLORIDE TABLETS	REQUIP						
ANTIPSYCHOTICS/ANTIMANIC AGENTS							
ANTIMANIC AGENTS							
LITHIUM CARBONATE CAPSULES	LITHIUM CARBONATE			PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			
LITHIUM CARBONATE TABLETS	LITHIUM CARBONATE			PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			
LITHIUM CARBONATE TABLET CONTROLLED RELEASE	LITHOBID			PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE October 1, 2023

<ul style="list-style-type: none"> 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:		
Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	Preferred Drug Status		Step Therapy Requirements	Quantity Limit (QL)	QL Days
LITHIUM SOLUTION	LITHIUM			PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			
ANTIPSYCHOTICS							
ANTIPSYCHOTICS - SECOND GENERATION - ATYPICAL ORAL AGENTS							
ARIPIPIRAZOLE TABLETS	ABILIFY		PREFERRED DRUG	PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.		30	30
CLOZAPINE ORALLY DISPERSABLE TABLET	FAZACLO		PREFERRED DRUG	PA REQUIRED for Ages < 18 years Prior Authorization is not REQUIRED for ages 18 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.		150	30
CLOZAPINE TABLETS	CLOZARIL		PREFERRED DRUG	PA REQUIRED for Ages < 18 years Prior Authorization is not REQUIRED for ages 18 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.		150	30
LURASIDONE HCL TABS	LATUDA		PREFERRED DRUG	PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.		30	30
OLANZAPINE ORALLY DISPERSABLE TABLET	ZYPREXA ZYDIS		PREFERRED DRUG	PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.		5mg: 60 10mg: 60 15MG: 30 20mg: 30	30 30 30 30

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE October 1, 2023

<ul style="list-style-type: none"> 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:		
Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	Preferred Drug Status		Step Therapy Requirements	Quantity Limit (QL)	QL Days
OLANZAPINE TABLETS	ZYPREXA		PREFERRED DRUG	PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.		30	30
QUETIAPINE FUMARATE TABLETS	SEROQUEL		PREFERRED DRUG	PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.		60	30
RISPERIDONE ORALLY DISPERSABLE TABLET	RISPERIDONE ODT		PREFERRED DRUG	PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.		60	30
RISPERIDONE ORAL SOLUTION	RISPERDAL		PREFERRED DRUG	PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.		240	30
RISPERIDONE TABLETS	RISPERDAL		PREFERRED DRUG	PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.		60	30
ZIPRASIDONE HCL CAPSULES	GEODON		PREFERRED DRUG	PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.		60	30
ANTIPSYCHOTICS - SECOND GENERATION - ATYPICAL LONG ACTING INJECTABLES							
ARIPIRAZOLE LAUROXIL	ARISTADA INITIO		PREFERRED DRUG	PA REQUIRED for Ages < 18 years Prior Authorization is not REQUIRED for ages 18 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.		2	365

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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
ARIPIRAZOLE LAUROXIL	ARISTADA		PREFERRED DRUG	PA REQUIRED for Ages < 18 years Prior Authorization is not REQUIRED for ages 18 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.		1	30
ARIPIRAZOLE SUSPENSION	ABILIFY MAINTENA		PREFERRED DRUG	PA REQUIRED for Ages < 18 years Prior Authorization is not REQUIRED for ages 18 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.		1	30
PALIPERIDONE PALMITATE SUSPENSION	INVEGA HAFYE		PREFERRED DRUG	PA REQUIRED for Ages < 18 years Prior Authorization is not REQUIRED for ages 18 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.		1	170
PALIPERIDONE PALMITATE SUSPENSION	INVEGA SUSTENNA		PREFERRED DRUG	PA REQUIRED for Ages < 18 years Prior Authorization is not REQUIRED for ages 18 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.		1	30
PALIPERIDONE PALMITATE SUSPENSION	INVEGA TRINZA		PREFERRED DRUG	PA REQUIRED for Ages < 18 years Prior Authorization is not REQUIRED for ages 18 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.		1	90
RISPERIDONE MICROSPHERES SUSPENSION	RISPERDAL CONSTA		PREFERRED DRUG	PA REQUIRED for Ages < 18 years Prior Authorization is not REQUIRED for ages 18 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.		2	28
RISPERIDONE PREFILLED SYRINGE	PERSERIS		PREFERRED DRUG	PA REQUIRED for Ages < 18 years Prior Authorization is not REQUIRED for ages 18 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.		2	28
ANTIPSYCHOTICS - FIRST GENERATION -TYPICAL ORAL AGENTS							

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE October 1, 2023

<ul style="list-style-type: none"> 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:		
Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	Preferred Drug Status		Step Therapy Requirements	Quantity Limit (QL)	QL Days
CHLORPROMAZINE HCL SOLUTION	VARIOUS			PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			
CHLORPROMAZINE HCL TABLETS	VARIOUS			PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			
FLUPHENAZINE HCL CONCENTRATE	VARIOUS			PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			
FLUPHENAZINE HCL ELIXIR	VARIOUS			PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			
FLUPHENAZINE HCL TABLETS	VARIOUS			PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			
HALOPERIDOL LACTATE CONCENTRATE	VARIOUS			PA REQUIRED for Ages < 12 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			
HALOPERIDOL TABLETS	VARIOUS			PA REQUIRED for Ages < 12 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE October 1, 2023

<ul style="list-style-type: none"> 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:		
Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	Preferred Drug Status		Step Therapy Requirements	Quantity Limit (QL)	QL Days
LOXAPINE SUCCINATE CAPSULES	LOXITANE			PA REQUIRED for Ages < 12 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			
MOLINDONE	VARIOUS			PA REQUIRED for Ages < 12 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			
PERPHENAZINE TABLETS	VARIOUS			PA REQUIRED for Ages < 12 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			
PIMOZIDE	ORAP			PA REQUIRED for Ages < 12 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			
THIORIDAZINE HCL TABLETS	VARIOUS			PA REQUIRED for Ages < 12 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			
THIOTHIXENE CAPSULES	VARIOUS			PA REQUIRED for Ages < 12 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			
TRIFLUOPERAZINE HCL TABLETS	VARIOUS			PA REQUIRED for Ages < 12 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			
ANTIPSYCHOTICS - FIRST GENERATION -TYPICAL -LONG ACTING INJECTIONS							

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE October 1, 2023

• **Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As BRAND ONLY**
 October 1, 2023
 • **Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List May Be Available Through Prior Authorization**

Drug List Effective Date:

Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	Preferred Drug Status		Step Therapy Requirements	Quantity Limit (QL)	QL Days
FLUPHENAZINE DECANOATE SOLUTION	FLUPHENAZINE DECANOATE			PA REQUIRED for Ages < 18 years Prior Authorization is not REQUIRED for ages 18 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			
HALOPERIDOL DECANOATE SOLUTION	HALDOL DECANOATE 50			PA REQUIRED for Ages < 18 years Prior Authorization is not REQUIRED for ages 18 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			
ANTIVIRALS							
ANTIRETROVIRALS							
ABACAVIR SULFATE SOLUTION	ZIAGEN		Preferred Drug				
ABACAVIR SULFATE TABLETS	ZIAGEN		Preferred Drug				
ABACAVIR SULFATE-LAMIVUDINE TABLETS	EPZICOM		Preferred Drug				
ABACAVIR SULFATE-LAMIVUDINE-ZIDOVUDINE TABLETS	TRIZIVIR		Preferred Drug				
ABACAVIR-DOLUTEGRAVIR-LAMIVUDINE TABLETS	TRIUMEQ		Preferred Drug			30	30
ABACAVIR-DOLUTEGRAVIR-LAMIVUDINE SUSPENSION	TRIUMEQ PD		Preferred Drug			180	30
ABACAVIR-DOLUTEGRAVIR-LAMIVUDINE TABLETS	TRIUMEQ		Preferred Drug				
ATAZANAVIR SULFATE CAPSULES	REYATAZ		Preferred Drug				
ATAZANAVIR SULFATE POWDER PACK	REYATAZ		Preferred Drug				
ATAZANAVIR SULFATE-COBICISTAT TABLETS	EVOTAZ		Preferred Drug				
BICTEGRAVIR-EMTRICITABINE-TENOFOVIR ALAFENAMIDE FUMARATE TABLETS	BIKTARVY		Preferred Drug			30	30
COBICISTAT TABLETS	TYBOST		Preferred Drug			30	30
DARUNAVIR ETHANOLATE SUSPENSION	PREZISTA		Preferred Drug				
DARUNAVIR ETHANOLATE TABLETS	PREZISTA		Preferred Drug				
DARUNAVIR-COBICISTAT TABLETS	PREZCOBIX		Preferred Drug				
DARUNAVIR-COBICISTAT-EMTRICITABINE-TENOFOVIR ALAFENAMIDE TABLETS	SYMTUZA		Preferred Drug				
DELAVIRDINE MESYLATE TABLETS	RESCRIPTOR						
DIDANOSINE CAPSULE DELAYED RELEASE	VIDEX EC		Preferred Drug				
DIDANOSINE SOLUTION	VIDEX PEDIATRIC		Preferred Drug				
DOLUTEGRAVIR SODIUM TABLETS	TIVICAY		Preferred Drug				
DOLUTEGRAVIR SODIUM SOLUBLE TABLETS	TIVICAY PD		Preferred Drug				
DOLUTEGRAVIR SODIUM-LAMIVUDINE TABLETS	DOVATO		Preferred Drug				
DOLUTEGRAVIR SODIUM-RILPIVIRINE HCL TABLETS	JULUCA		Preferred Drug				
DORAVIRINE-LAMIVUDINE-TENOFOVIR DISOPROXIL FUMARATE TABLETS	DELSTRIGO		Preferred Drug				
DORAVIRINE TABLETS	PIFELTRO		Preferred Drug				
EFAVIRENZ CAPSULES	SUSTIVA		Preferred Drug				

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE October 1, 2023

• **Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As BRAND ONLY**
 October 1, 2023
 • **Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List May Be Available Through Prior Authorization**

Drug List Effective Date:

Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	Preferred Drug Status	Step Therapy Requirements	Quantity Limit (QL)	QL Days
EFAVIRENZ TABLETS	SUSTIVA		Preferred Drug			
EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TABLETS	ATRIPLA		Preferred Drug			
EFAVIRENZ-LAMIVUDINE-TENOFOVIR DISOPROXIL FUMARATE TABLETS	SYMFI	Brand Only	Preferred Drug		30	30
EFAVIRENZ-LAMIVUDINE-TENOFOVIR DISOPROXIL FUMARATE TABLETS	SYMFI LO	Brand Only	Preferred Drug		30	30
ELVITEGRAVIR TABLETS	VITEKTA					
ELVITEGRAVIR-COBIICISTAT-EMTRICITABINE-TENOFOVIR TABLETS	STRIBILD		Preferred Drug			
ELVITEGRAVIR-COBIICISTAT-EMTRICITABINE-TENOFOVIR ALAFENAMIDE TABLETS	GENVOYA		Preferred Drug		30	30
EMTRICITABINE CAPSULES	EMTRIVA		Preferred Drug			
EMTRICITABINE SOLUTION	EMTRIVA		Preferred Drug			
EMTRICITABINE-RILPIVIRINE-TENOFOVIR ALAFENAMIDE FUMARATE TABLETS	ODEFSEY		Preferred Drug		30	30
EMTRICITABINE-RILPIVIRINE-TENOFOVIR DISOPROXIL FUMARATE TABLETS	COMPLERA		Preferred Drug			
EMTRICITABINE-TENOFOVIR ALAFENAMIDE FUMARATE TABLETS	DESCOVY		Preferred Drug		30	30
EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TABLETS	TRUVADA	Brand Only	Preferred Drug			
ENFUVRTIDE SOLUTION	FUZEON		Preferred Drug	PA REQUIRED	1	30
FOSAMPRENAVIR CALCIUM SUSPENSION	LEXIVA		Preferred Drug			
FOSAMPRENAVIR CALCIUM TABLETS	LEXIVA		Preferred Drug			
INDINAVIR SULFATE CAPSULES	CRIXIVAN					
LAMIVUDINE SOLUTION	EPIVIR		Preferred Drug			
LAMIVUDINE TABLETS	EPIVIR		Preferred Drug			
LAMIVUDINE-ZIDOVUDINE TABLETS	COMBIVIR		Preferred Drug			
LOPINAVER-RITONAVIR SOLUTION	KALETRA		Preferred Drug			
LOPINAVER-RITONAVIR TABLETS	KALETRA		Preferred Drug			
MARAVIROC TABLETS	SELZENTRY	Brand Only	Preferred Drug	PA REQUIRED		
NEVIRAPINE SUSPENSION	VIRAMUNE		Preferred Drug			
NEVIRAPINE TABLETS	VIRAMUNE		Preferred Drug			
NEVIRAPINE TABLET 24-HOUR	VIRAMUNE XR		Preferred Drug			
RALTEGRAVIR POTASSIUM CHEWABLE TABLETS	ISENTRESS		Preferred Drug			
RALTEGRAVIR POTASSIUM PACK	ISENTRESS		Preferred Drug			
RALTEGRAVIR POTASSIUM TABLETS	ISENTRESS		Preferred Drug			
RITONAVIR CAPSULES	NORVIR		Preferred Drug			
RITONAVIR SOLUTION	NORVIR		Preferred Drug			
RITONAVIR TABLETS	NORVIR		Preferred Drug			
RITONAVIR POWDER	NORVIR		Preferred Drug			
TENOFOVIR DISOPROXIL FUMARATE POWDER	VIREAD		Preferred Drug			
TIPRANAVER CAPSULES	APTIVUS		Preferred Drug			
TIPRANAVER SOLUTION	APTIVUS		Preferred Drug			
ZIDOVUDINE CAPSULES	RETROVIR		Preferred Drug			

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE October 1, 2023

<ul style="list-style-type: none"> 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:		
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ZIDOVUDINE SYRUP	RETROVIR		Preferred Drug				
ZIDOVUDINE TABLETS	ZIDOVUDINE		Preferred Drug				
CMV AGENTS							
CIDOFOVIR IV	VISTIDE			PA REQUIRED			
FOSCARENT SODIUM	FOSCAVIR			PA REQUIRED			
GANCICLOVIR SODIUM	CYTOVENE			PA REQUIRED			
MARIBAVIR TABLETS	LIVTENCITY			PA REQUIRED			
VALGANCICLOVIR HCL SOLUTION	VALCYTE			PA REQUIRED			
VALGANCICLOVIR HCL TABLETS	VALCYTE			PA REQUIRED			
HEPATITIS B AGENTS							
ADEFOVIR DIPIVOXIL TABLETS	HEPSERA			PA REQUIRED			
ENTECAVIR SOLUTION	BARACLUDE			PA REQUIRED			
ENTECAVIR TABLETS	BARACLUDE			PA REQUIRED			
LAMIVUDINE (HBV) SOLUTION	EPIVIR HBV						
LAMIVUDINE (HBV) TABLETS	EPIVIR HBV						
TELBIVUDINE TABLETS	TYZEKA			PA REQUIRED			
HEPATITIS C AGENTS							
GLECAPREVIR-PIBRENTASVIR TABLETS	MAVYRET		Preferred Drug	PA Required if member has been treated with Direct-Acting Antiviral (DAA) Hep C Regimens in the past.	168	Lifetime	
GLECAPREVIR-PIBRENTASVIR PACKETS	MAVYRET		Preferred Drug	PA Required if member has been treated with Direct-Acting Antiviral (DAA) Hep C Regimens in the past.	280	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			
RIBAVIRIN (HEPATITIS C) TABLETS	VARIOUS		PREFERRED DRUG	PA REQUIRED			
SOFOSBUVIR-VELPATASVIR TABLETS	EPCLUSA	AUTHORIZED GENERIC ONLY	Preferred Drug	PA Required if member has been treated with Direct-Acting Antiviral (DAA) Hep C Regimens in the past.	168	Lifetime	
HERPES AGENTS							
ACYCLOVIR SUSPENSION	ZOVIRAX						
ACYCLOVIR TABLETS	ZOVIRAX						
FAMCICLOVIR TABLETS	FAMVIR			PA REQUIRED			
VALACYCLOVIR HCL TABLETS	VALTREX			PA REQUIRED			
INFLUENZA AGENTS							
OSELTAMIVIR PHOSPHATE CAPSULES	TAMIFLU				20	270	
OSELTAMIVIR PHOSPHATE SUSPENSION	TAMIFLU						
RIMANTADINE HYDROCHLORIDE TABLETS	FLUMADINE						
ZANAMIVIR AEROSOL POWDER BREATH ACTIVATED	RELENZA DISKHALER				40	270	
MISC. ANTIVIRALS							
MOLNUPIRAVIR CAPSULES	LAGEVRIO			Minimum Patient Age of 18 Years	80	365	
NIRMATRELVIR-RITONAVIR	PAXLOVID			Minimum Patient Age of 12 Years	60	365	

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE October 1, 2023

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REMEDESIVIR SOLUTION	VEKLURY			PA Required < 28 days and > 17 Years Old		
REMEDESIVIR FOR SOLUTION	VEKLURY			PA Required < 28 days and > 17 Years Old		
ASSORTED CLASSES						
BLOOD PRODUCTS - IMMUNE GLOBULINS						
IMMUNE GLOBULIN	BIVIGAM (IV)	BRAND ONLY	PREFERRED DRUG	PA REQUIRED		
IMMUNE GLOBULIN	FLEBOGFAMMA DIF (IV)	BRAND ONLY	PREFERRED DRUG	PA REQUIRED		
IMMUNE GLOBULIN	GAMMAGARD LIQUID (INJ)	BRAND ONLY	PREFERRED DRUG	PA REQUIRED		
IMMUNE GLOBULIN	GAMMAKED (INJ)	BRAND ONLY	PREFERRED DRUG	PA REQUIRED		
IMMUNE GLOBULIN	GAMUNEX-C (INJ)	BRAND ONLY	PREFERRED DRUG	PA REQUIRED		
IMMUNE GLOBULIN	HIZENTRA (SUBQ)	BRAND ONLY	PREFERRED DRUG	PA REQUIRED		
IMMUNE GLOBULIN	OCTAGAM (IV)	BRAND ONLY	PREFERRED DRUG	PA REQUIRED		
IMMUNE GLOBULIN	PRIVIGEN (IV)	BRAND ONLY	PREFERRED DRUG	PA REQUIRED		
IMMUNE GLOBULIN	XEMBIFY (SUBQ)	BRAND ONLY	PREFERRED DRUG	PA REQUIRED		
CHELATING AGENTS						
PENICILLAMINE CAPSULES	CUPRIMINE					
IMMUNOMODULATORS						
LENALIDOMIDE CAPSULES	REVLIMID	BRAND ONLY		PA REQUIRED		
THALIDOMIDE CAPSULES	THALOMID			PA REQUIRED		
IMMUNOSUPPRESSIVE AGENTS						
AZATHIOPRINE TABLETS	IMURAN					
CYCLOSPORINE CAPSULES	SANDIMMUNE					
CYCLOSPORINE MODIFIED (FOR MICROEMULSION) CAPSULES	GENGRAF					
CYCLOSPORINE MODIFIED (FOR MICROEMULSION) SOLUTION	GENGRAF					
CYCLOSPORINE SOLUTION	SANDIMMUNE					
EVEROLIMUS (IMMUNOSUPPRESSANT) TABLETS	ZORTRESS			PA REQUIRED		
MYCOPHENOLATE MOFETIL CAPSULES	CELLCEPT					
MYCOPHENOLATE MOFETIL SUSPENSION	CELLCEPT					
MYCOPHENOLATE MOFETIL TABLETS	CELLCEPT					
SIROLIMUS SOLUTION	RAPAMUNE					
SIROLIMUS TABLETS	RAPAMUNE					
TACROLIMUS CAPSULES	HECORIA					
TACROLIMUS CAPSULE CONTROLLED RELEASE	ASTAGRAF XL					
ROCK2 INHIBITORS						
BELUMOSUDIL MESYLATE	REZUROCK			PA REQUIRED		
POTASSIUM REMOVING RESINS						
SODIUM POLYSTYRENE SULFONATE POWDER	KAYEXALATE					
SODIUM POLYSTYRENE SULFONATE SUSPENSION	KIONEX					
BETA BLOCKERS						
ALPHA-BETA BLOCKERS						
CARVEDILOL TABLETS	COREG		Preferred Drug			
LABETALOL HCL TABLETS	TRANDATE		Preferred Drug			
BETA BLOCKERS CARDIO-SELECTIVE						

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ATENOLOL TABLETS	TENORMIN		Preferred Drug			
ATENOLOL/CHLORTHALIDONE	VARIOUS		Preferred Drug			
BISOPRODOL	VARIOUS		Preferred Drug			
BISOPRODOL/HCTZ	VARIOUS		Preferred Drug			
METOPROLOL TARTRATE TABLETS	VARIOUS		Preferred Drug			
METOPROLOL SUCCINATE TABLET XL 24-HOUR	VARIOUS		Preferred Drug			
METOPROLOL TARTRATE/HCTZ	VARIOUS		Preferred Drug			
BETA BLOCKERS NON-SELECTIVE						
NADOLOL	VARIOUS		Preferred Drug	PA NOT REQUIRED FOR CHILDREN AND ADOLESCENTS UNDER 19 YEARS OF AGE		
PROPRANOLOL HCL CAPSULE ER CONTROLLED RELEASE	VARIOUS		Preferred Drug			
PROPRANOLOL HCL SOLUTION	VARIOUS		Preferred Drug			
PROPRANOLOL HCL TABLETS	VARIOUS		Preferred Drug			
PROPRANOLOL / HCTZ	VARIOUS		Preferred Drug			
SOTALOL HCL TABLETS	BETAPACE		Preferred Drug			
CALCIUM CHANNEL BLOCKERS						
CALCIUM CHANNEL BLOCKERS						
AMLODIPINE BESYLATE	VARIOUS		Preferred Drug		30	30
AMLODIPINE BENZOATE SUSPENSION	KATERZIA		Preferred Drug	PA Required for > 7 Years Old	300	30
AMLODIPINE BESYLATE SOLUTION	NORLIQVA		Preferred Drug	PA Required for > 7 Years Old	300	30
DILTIAZEM CAPSULE ER	VARIOUS		Preferred Drug			
DILTIAZEM TABLETS	VARIOUS		Preferred Drug			
FELODIPINE TABLET ER 24-HOUR	VARIOUS		Preferred Drug		30	30
NIFEDIPINE IR CAPSULES	VARIOUS		Preferred Drug			
NIFEDIPINE TABLET ER 24-HOUR	VARIOUS		Preferred Drug		30	30
VERAPAMIL HCL CAPSULE SR	VARIOUS		Preferred Drug		30	30
VERAPAMIL HCL TABLETS	VARIOUS		Preferred Drug			
VERAPAMIL HCL TABLET CONTROLLED RELEASE	VARIOUS		Preferred Drug		30	30
CARDIOTONICS						
CARDIAC GLYCOSIDES						
DIGOXIN SOLUTION	DIGOXIN					
DIGOXIN TABLETS	LANOXIN					
CARDIOVASCULAR AGENTS - MISC.						
ANGIOTENSTIN RECEPTOR NEPRILYSIN INHIBITOR						
SACUBITRIL / VALSARTAN	ENTRESTO			PA REQUIRED		
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAG						
AMBRISENTAN TABLETS	LETAIRIS		PREFERRED DRUG	PA REQUIRED		
BOSENTAN TABLETS	TRACLEER		PREFERRED DRUG	PA REQUIRED		
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBIT						
SILDENAFIL CITRATE (PULMONARY HYPERTENSION) SUSPENSION	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		
CEPHALOSPORINS						

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CEPHALOSPORINS - 1ST GENERATION						
CEFADROXIL CAPSULES	CEFADROXIL					
CEFADROXIL SUSPENSION	CEFADROXIL					
CEFADROXIL TABLETS	CEFADROXIL					
CEPHALEXIN CAPSULES	KEFLEX					
CEPHALEXIN SUSPENSION	CEPHALEXIN					
CEPHALEXIN TABLETS	CEPHALEXIN					
CEPHALOSPORINS - 2ND GENERATION						
CEFACLOR CAPSULES	CEFACLOR					
CEFACLOR SUSPENSION	CEFACLOR					
CEFPROZIL SUSPENSION	CEFPROZIL					
CEFPROZIL TABLETS	CEFPROZIL					
CEFUROXIME AXETIL SUSPENSION	CEFTIN					
CEFUROXIME AXETIL TABLETS	CEFTIN					
CEPHALOSPORINS - 3RD GENERATION						
CEFDINIR CAPSULES	CEFDINIR					
CEFDINIR SUSPENSION	CEFDINIR					
CEFIXIME CAPSULES	SUPRAX				1	30
CEFIXIME CHEWABLE TABLETS	SUPRAX				1	30
CEFIXIME SUSPENSION	SUPRAX				1	30
CEFIXIME TABLETS	SUPRAX				1	30
CEFPODOXIME PROXETIL SUSPENSION	CEFPODOXIME PROXETIL					
CEFPODOXIME PROXETIL TABLETS	CEFPODOXIME PROXETIL					
CONTRACEPTION						
COMBINATION CONTRACEPTIVES - ORAL						
DESOGESTREL & ETHINYL ESTRADIOL TABLETS	APRI					
DESOGESTREL-ETHINYL ESTRADIOL (BIPHASIC) TABLETS	AZURETTE					
DESOGESTREL-ETHINYL ESTRADIOL (TRIPHASIC) TABLETS	CAZANT					
DROSPIRENONE-ETHINYL ESTRADIOL TABLETS	OCELLA					
ETHYNODIOL DIACET & ETHINYL ESTRADIOL TABLETS	KELNOR 1/35					
LEVONORGESTREL & ETHINYL ESTRADIOL TABLETS	AUBRA					
LEVONORGESTREL-ETHINYL ESTRADIOL (TRIPHASIC) TABLETS	ENPRESSE-28					
LEVONORGESTREL-ETHINYL ESTRADIOL (91-DAY) TABLETS	AMETHIA LO					
LEVONORGESTREL & ETHINYL ESTRADIOL (CONTINUOUS) TABLETS	AMETHYST					
NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TABLETS	JUNEL FE					
NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE CHEWABLES	MELODETTA 24 FE					
NORETHINDRONE & ETH ESTRADIOL TABLETS	BALZIVA					
NORETHINDRONE & MESTRANOL TABLETS	NECON 1/50-28					
NORETHINDRONE ACET & ETH ESTRA TABLETS	GILDESS 1/20					
NORETHINDRONE ACETATE-ETHINYL ESTRADIOL-FE TABLETS	ESTROSTEP FE					
NORETHIN ACET & ESTRAD-FE TABLETS	LOESTRIN FE TAB 1/20					
NORETHINDRONE-ETH ESTRADIOL (BIPHASIC) TABLETS	NECON 10/11-28					
NORETHINDRONE-ETH ESTRADIOL (TRIPHASIC) TABLETS	CYCLAFEM 7/7/7					

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NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEWABLES	KAITLIB FE					
NORGESTIMATE-ETHINYL ESTRADIOL (TRIPHASIC) TABLETS	ORTHO TRI-CYCLEN					
NORGESTIMATE-ETHINYL ESTRADIOL TABLETS	ESTARYLLA					
NORGESTREL & ETHINYL ESTRADIOL TABLETS	CRYSELLE-28					
COMBINATION CONTRACEPTIVES - VAGINAL						
ETONOGESTREL-ETHINYL ESTRADIOL RING	NUVARING	BRAND ONLY				
COPPER CONTRACEPTIVES - IUD						
COPPER IUD	PARAGARD				1	999 Days
EMERGENCY CONTRACEPTIVES						
LEVONORGESTREL (EMERGENCY OC) TABLETS	PLAN B ONE-STEP OTC		PREFERRED DRUG			
LEVONORGESTREL (EMERGENCY OC) TABLETS	AFTERA OTC		PREFERRED DRUG			
LEVONORGESTREL (EMERGENCY OC) TABLETS	LEVONORGESTREL OTC		PREFERRED DRUG			
LEVONORGESTREL (EMERGENCY OC) TABLETS	MY CHOICE OTC		PREFERRED DRUG			
LEVONORGESTREL (EMERGENCY OC) TABLETS	MY WAY OTC		PREFERRED DRUG			
LEVONORGESTREL (EMERGENCY OC) TABLETS	NEW DAY OTC		PREFERRED DRUG			
LEVONORGESTREL (EMERGENCY OC) TABLETS	OPTION 2 OTC		PREFERRED DRUG			
LEVONORGESTREL (EMERGENCY OC) TABLETS	TAKE ACTION OTC		PREFERRED DRUG			
ULIPRISTAL ACETATE TABLETS	ELLA		PREFERRED DRUG		1	5
PROGESTINS						
MEDROXYPROGESTERONE ACETATE TABLETS	PROVERA		PREFERRED DRUG			
NORETHINDRONE ACETATE	AYGESTIN		PREFERRED DRUG			
PROGESTERONE MICRONIZED CAPSULES	PROMETRIUM		PREFERRED DRUG			
PROGESTIN CONTRACEPTIVES - IMPLANTS						
ETONOGESTREL IMPLANT	NEXPLANON				1	999 Days
PROGESTIN CONTRACEPTIVES - INJECTABLE						
MEDROXYPROGESTERONE ACETATE (CONTRACEPTIVE) SUSPENSION	DEPO-PROVERA CONTRACEPTIVE					
PROGESTIN CONTRACEPTIVES - IUD						
LEVONORGESTREL (IUD)	LILETTA				1	999 Days
LEVONORGESTREL (IUD)	SKYLA				1	730 Days
LEVONORGESTREL (IUD)	MIRENA				1	999 Days
LEVONORGESTREL (IUD)	KYLEENA				1	730 Days
PROGESTIN CONTRACEPTIVES - ORAL						
NORETHINDRONE (CONTRACEPTIVE) TABLETS	CAMILA					
PROGESTIN CONTRACEPTIVES - TRANSDERMAL						
NORELGESTROMIN-ETHINYL ESTRADIOL PATCH WEEKLY	XULANE					
CORTICOSTEROIDS						
GLUCOCORTICOSTEROIDS						

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DEXAMETHASONE CONCENTRATE	DEXAMETHASONE INTENSOL					
DEXAMETHASONE ELIXIR	VARIOUS					
DEXAMETHASONE SOLUTION	DEXAMETHASONE					
DEXAMETHASONE TABLETS	DEXAMETHASONE					
HYDROCORTISONE SOD SUCCINATE SOLUTION (INJECTABLE)	A-HYDROCORT			PA REQUIRED		
METHYLPREDNISOLONE ACETATE SUSPENSION (INJECTABLE)	DEPO-MEDROL			PA REQUIRED		
METHYLPREDNISOLONE SOD SUCC SOLUTION (INJECTABLE)	A-METHAPRED			PA REQUIRED		
METHYLPREDNISOLONE TABLETS	MEDROL					
PREDNISOLONE SODIUM PHOSPHATE SOLUTION	ORAPRED					
PREDNISOLONE SODIUM PHOSPHATE ORALLY DISINTEGRATING TABLETS	ORAPRED ODT					
PREDNISOLONE SYRUP	PRELONE					
PREDNISOLONE TABLETS	VARIOUS					
PREDNISONE CONCENTRATE	PREDNISONE INTENSOL					
PREDNISONE SOLUTION	PREDNISONE					
PREDNISONE TABLETS	PREDNISONE					
TRIAMCINOLONE ACETONIDE SUSPENSION (INJECTABLE)	KENALOG-10			PA REQUIRED		
TRIAMCINOLONE DIACETATE SUSPENSION (INJECTABLE)	TRIAMCINOLONE			PA REQUIRED		
TRIAMCINOLONE HEXACETONIDE SUSPENSION (INJECTABLE)	ARISTOSPAN INTRALESIONAL & INTRA-ARTICULAR			PA REQUIRED		
MINERALOCORTICIDS						
FLUDROCORTISONE ACETATE TABLETS	FLORINEF					
NONSTEROIDAL MINERALOCORTICOID RECEPTOR ANTAGONIST						
FINERENONE TABLETS	KERENDIA			PA REQUIRED		
COUGH/COLD/ALLERGY						
ANTITUSSIVES						
BENZONATATE CAPSULES	TESSALON PERLES					
HYDROCODONE W/ HOMATROPINE SYRUP	VARIOUS			PA REQUIRED for < 18 years of age	240	12
HYDROCODONE W/ HOMATROPINE TABLETS	VARIOUS			PA REQUIRED for < 18 years of age		
COUGH/COLD/ALLERGY COMBINATIONS						
BROMPHENIRAMINE & PSEUDOEPHEDRINE LIQUID	VARIOUS					
BROMPHENIRAMINE & PSEUDOEPHEDRINE TABLET 12-HOUR	VARIOUS					
BROMPHENIRAMINE-DEXTROMETHORPHAN-PHENYLEPHRINE LIQUID/TABLETS	VARIOUS					
CETIRIZINE-PSEUDOEPHEDRINE TABLET 12-HOUR	VARIOUS				30	30
CHLORPHENIRAMINE & PSEUDOEPHEDRINE CHEWABLE TABLETS	VARIOUS					
CHLORPHENIRAMINE & PSEUDOEPHEDRINE LIQUID	VARIOUS				480	30
CHLORPHENIRAMINE & PSEUDOEPHEDRINE SOLUTION	VARIOUS				480	30
CHLORPHENIRAMINE & PSEUDOEPHEDRINE SYRUP	VARIOUS				480	30
CHLORPHENIRAMINE & PSEUDOEPHEDRINE TABLETS	VARIOUS					
DEXTROMETHORPHAN-GUAIFENESIN TABLET	VARIOUS					
DEXTROMETHORPHAN-GUAIFENESIN LIQUID	VARIOUS				480	30
DEXTROMETHORPHAN-GUAIFENESIN TABLET 12-HOUR	MUCINEX DM					

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FEXOFENADINE-PSEUDOEPHEDRINE TABLET 12-HOUR	VARIOUS				30	30
FEXOFENADINE-PSEUDOEPHEDRINE TABLET 24-HOUR	VARIOUS				30	30
GUAIFENESIN-CODEINE SYRUP	ROBITUSSIN AC			PA REQUIRED for < 18 years of age	240	12
LORATADINE & PSEUDOEPHEDRINE TABLET 12-HOUR	ALAVERT ALLERGY/SINUS				30	30
LORATADINE & PSEUDOEPHEDRINE TABLET 24-HOUR	CLARITIN-D 24 HOUR				30	30
PHENYLEPHRINE W/ DEXTROMETHORPHAN-GUAIFENESIN CAPSULES	VARIOUS					
PHENYLEPHRINE W/ DEXTROMETHORPHAN-GUAIFENESIN LIQUID	ROBITUSSIN CHILDRENS COUGH & COLD CF				480	30
PHENYLEPHRINE W/ DEXTROMETHORPHAN-GUAIFENESIN SYRUP	VARIOUS				480	30
PHENYLEPHRINE W/ DEXTROMETHORPHAN-GUAIFENESIN TABLETS	VARIOUS					
PHENYLEPHRINE W/ DEXTROMETHORPHAN-GUAIFENESIN TABLET 12-HOUR	VARIOUS					
PHENYLEPHRINE-BROMPHENIRAMINE-DEXTROMETHORPHAN ELIXIR	VARIOUS				480	30
PHENYLEPHRINE-BROMPHENIRAMINE-DEXTROMETHORPHAN LIQUID	DIMETAPP DEXTROMETHORPHAN COLD & COUGH				480	30
PHENYLEPHRINE-BROMPHENIRAMINE-DEXTROMETHORPHAN SYRUP	VARIOUS				480	30
PHENYLEPHRINE-CHLORPHENIRAMINE-DEXTROMETHORPHAN LIQUID	VARIOUS				480	30
PHENYLEPHRINE-CHLORPHENIRAMINE-DEXTROMETHORPHAN DROPS	VARIOUS			PA REQUIRED for < 6 years age		
PHENYLEPHRINE-CHLORPHENIRAMINE-DEXTROMETHORPHAN SYRUP	VARIOUS				480	30
PHENYLEPHRINE-CHLORPHENIRAMINE-DEXTROMETHORPHAN TABLETS	VARIOUS					
PHENYLEPHRINE-GUAIFENESIN CAPSULES	VARIOUS					
PHENYLEPHRINE-GUAIFENESIN LIQUID	TRIAMINIC CHEST/ NASAL CONGESTION				480	30
PHENYLEPHRINE-GUAIFENESIN SYRUP	TRIAMINIC CHEST & NASAL CONGESTION				480	30
PHENYLEPHRINE-GUAIFENESIN TABLETS	VARIOUS					
PROMETHAZINE & PHENYLEPHRINE SYRUP	PROMETHAZINE/ PHENYLEPHRINE				480	30
PROMETHAZINE W/CODEINE SYRUP	PROMETHAZINE/CODEINE			PA REQUIRED for < 18 years of age	240	12
PROMETHAZINE-DEXTROMETHORPHAN SYRUP	PROMETHAZINE/ DEXTROMETHORPHAN				480	30
PSEUDOEPHEDRINE W/ CODEINE-GUAIFENESIN SYRUP	VARIOUS			PA REQUIRED for < 18 years of age	240	12
EXPECTORANTS						
GUAIFENESIN LIQUID	VARIOUS				480	30
GUAIFENESIN SYRUP	VARIOUS				480	30
GUAIFENESIN TABLETS	VARIOUS					
GUAIFENESIN TABLET 12-HOUR	VARIOUS					
DERMATOLOGICALS						
ACNE PRODUCTS						
BENZOYL PEROXIDE WASH 5% & 10%	VARIOUS					

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BENZOYL PEROXIDE CLEANSER 6%	NEUTROGENA ON-THE-SPOT ACNE TREATMENT					
BENZOYL PEROXIDE GEL	BENZOYL PEROXIDE					
BENZOYL PEROXIDE LIQUID	PANOXYL					
BENZOYL PEROXIDE LOTION	BP CLEANSING LOTION					
BENZOYL PEROXIDE-ERYTHROMYCIN PACK	BENZAMYCINPAK					
CLINDAMYCIN PHOSPHATE (TOPICAL) GEL	CLEOCIN-T					
CLINDAMYCIN PHOSPHATE (TOPICAL) LOTION	CLEOCIN-T					
CLINDAMYCIN PHOSPHATE (TOPICAL) SOLUTION	CLEOCIN-T					
CLINDAMYCIN PHOSPHATE (TOPICAL) SWAB	CLEOCIN-T					
CLINDAMYCIN PHOSPHATE-BENZOYL PEROXIDE (REFRIGERATE)	CLINDAMY/BEN					
ERYTHROMYCIN ACNE GEL	VARIOUS	NDCs: 45802096694, 45802096696, 63739005366, 63739005368				
ERYTHROMYCIN (ACNE AID) SOLUTION	ERYTHROMYCIN					
ISOTRETINOIN CAPSULES	ABSORICA			PA REQUIRED		
TRETINOIN CREAM	RETIN-A	BRAND ONLY		PA REQUIRED For > 26 Years of Age		
TRETINOIN GEL	RETIN-A	BRAND ONLY		PA REQUIRED For > 26 Years of Age		
ANTIBIOTICS - TOPICAL						
BACITRACIN OINTMENT	BACIGUENT					
BACITRACIN ZINC OINTMENT	BACITRACIN					
BACITRACIN-POLYMYXIN B OINTMENT	POLYSPORIN					
BACITRACIN-POLYMYXIN-NEOMYCIN HC OINTMENT	CORTISPORIN					
GENTAMICIN SULFATE CREAM	GENTAMICIN SULFATE					
GENTAMICIN SULFATE OINTMENT	GENTAMICIN SULFATE					
MUPIROCIN CALCIUM CREAM	BACTROBAN					
MUPIROCIN OINTMENT	BACTROBAN					
NEOMYCIN-BACITRACIN-POLYMYXIN OINTMENT	NEOSPORIN					
ANTIFUNGALS - TOPICAL						
BUTENAFINE	LOTRIMIN ULTRA					
CICLOPROX CREAM	VARIOUS	Preferred Drug				
CICLOPROX SOLUTION	VARIOUS	Preferred Drug				
CLOTRIMAZOLE CREAM (RX & OTC)	LOTRIMIN	Preferred Drug				
CLOTRIMAZOLE OINTMENT	LOTRIMIN					
CLOTRIMAZOLE SOLUTION (OTC)	VARIOUS					
CLOTRIMAZOLE W/ BETAMETHASONE CREAM	LOTRISONE	Preferred Drug				
KETOCONAZOLE CREAM	VARIOUS	Preferred Drug				
KETOCONAZOLE SHAMPOO	VARIOUS	Preferred Drug				
MICONAZOLE NITRATE CREAM	VARIOUS	Preferred Drug				
MICONAZOLE NITRATE POWDER	VARIOUS	Preferred Drug				
NYSTATIN CREAM	VARIOUS	Preferred Drug				

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NYSTATIN OINTMENT	VARIOUS	Preferred Drug				
NYSTATIN POWDER	VARIOUS	Preferred Drug				
TOLNAFTATE AERO POWDER	VARIOUS	Preferred Drug				
TOLNAFTATE CREAM	VARIOUS	Preferred Drug				
TOLNAFTATE POWDER	VARIOUS	Preferred Drug				
TERBINAFINE CREAM	VARIOUS	Preferred Drug				
ANTIHISTAMINES-TOPICAL						
DIPHENHYDRAMINE HCL CREAM	ANTI-ITCH MAXIMUM STRENGTH					
DIPHENHYDRAMINE HCL GEL	BENADRYL ITCH STOPPING					
DIPHENHYDRAMINE HCL SOLUTION	BENADRYL MAXIMUM STRENGTH					
ANTISEBORRHEIC TOPICAL PRODUCTS						
SELENIUM SULFIDE LOTION	SELSUN SHAMPOO					
ANTIVIRALS - TOPICAL						
DOCOSANOL 10% CREAM	ABREVA		PREFERRED DRUG		2GM	30
ACYCLOVIR OINTMENT	ZOVIRAX	BRAND ONLY	PREFERRED DRUG		15GM	30
ACYCLOVIR OINTMENT	ZOVIRAX		PREFERRED DRUG		15GM	30
BURN PRODUCTS						
SILVER SULFADIAZINE CREAM	SILVADENE					
CORTICOSTEROIDS - TOPICAL LOW POTENCY						
FLUOCINOLONE ACETONIDE	DERMA-SMOOTH FS	BRAND ONLY	PREFERRED DRUG			
HYDROCORTISONE CREAM	VARIOUS		PREFERRED DRUG			
HYDROCORTISONE GEL	VARIOUS		PREFERRED DRUG			
HYDROCORTISONE LOTION	VARIOUS		PREFERRED DRUG			
HYDROCORTISONE OINTMENT	VARIOUS		PREFERRED DRUG			
FLUOCINOLONE 0.01% OIL	VARIOUS		PREFERRED DRUG			
CORTICOSTEROIDS - TOPICAL MEDIUM POTENCY						
FLUTICASONE PROPIONATE CREAM	VARIOUS		PREFERRED DRUG			
FLUTICASONE PROPIONATE OINTMENT	VARIOUS		PREFERRED DRUG			
MOMETASONE FUROATE CREAM	VARIOUS		PREFERRED DRUG			
MOMETASONE FUROATE OINTMENT	VARIOUS		PREFERRED DRUG			
MOMETASONE FUROATE SOLUTION	VARIOUS		PREFERRED DRUG			
CORTICOSTEROIDS - TOPICAL HIGH POTENCY						
BETAMETHASONE DIPROPIONATE LOTION	VARIOUS		PREFERRED DRUG			
BETAMETHASONE DIPROPIONATE CREAM	VARIOUS		PREFERRED DRUG			
BETAMETHASONE DIPROPIONATE/PROPYLENE GLYC. CREAM	VARIOUS		PREFERRED DRUG			
BETAMETHASONE VALERATE CREAM	VARIOUS		PREFERRED DRUG			
BETAMETHASONE VALERATE LOTION	VARIOUS		PREFERRED DRUG			
BETAMETHASONE VALERATE SOLUTION	VARIOUS		PREFERRED DRUG			
FLUOCINONIDE CREAM	VARIOUS		PREFERRED DRUG			
FLUOCINONIDE OINTMENT	VARIOUS		PREFERRED DRUG			
FLUOCINONIDE SOLUTION	VARIOUS		PREFERRED DRUG			
TRIAMCINOLONE ACETONIDE CREAM	VARIOUS		PREFERRED DRUG			
TRIAMCINOLONE ACETONIDE LOTION	VARIOUS		PREFERRED DRUG			

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TRIAMCINOLONE ACETONIDE OINTMENT	VARIOUS		PREFERRED DRUG			
CORTICOSTEROIDS - TOPICAL VERY HIGH POTENCY						
CLOBETASOL PROPIONATE CREAM	VARIOUS		PREFERRED DRUG		100	30
CLOBETASOL PROPIONATE EMOLLIENT	VARIOUS		PREFERRED DRUG		100	30
CLOBETASOL PROPIONATE GEL	VARIOUS		PREFERRED DRUG		118	30
CLOBETASOL PROPIONATE OINTMENT	VARIOUS		PREFERRED DRUG		100	30
CLOBETASOL PROPIONATE SHAMPOO	VARIOUS		PREFERRED DRUG		120	30
CLOBETASOL PROPIONATE SOLUTION	VARIOUS		PREFERRED DRUG		100	30
HALOBETASOL PROPIONATE CREAM	VARIOUS		PREFERRED DRUG		100	30
HALOBETASOL PROPIONATE OINTMENT	VARIOUS		PREFERRED DRUG		100	30
ECZEMA AGENTS						
DUPILUMAB SOLUTION PEN-INJECTION	DUPIXENT		PREFERRED DRUG	PA REQUIRED		
ENZYMES - TOPICAL						
TACROLIMUS (TOPICAL) OINTMENT	PROTOPIC		PREFERRED DRUG	PA REQUIRED		
IMMUNOSUPPRESSIVE AGENTS - TOPICAL						
PIMECROLIMUS CREAM	VARIOUS		PREFERRED DRUG		60gm	30
KERATOLYTIC/ANTIMITOTIC AGENTS						
SALICYLIC ACID CREAM	SALACYN					
SALICYLIC ACID FOAM	SALVAX					
SALICYLIC ACID GEL	KERALYT					
SALICYLIC ACID LIQUID	VIRASAL					
SALICYLIC ACID LOTION	SALACYN					
SALICYLIC ACID SHAMPOO	SALEX					
SALICYLIC ACID SOLUTION	VARIOUS					
LOCAL ANESTHETICS - TOPICAL						
LIDOCAINE CREAM 4%	ASPERCREME W/LIDOCAINE					
LIDOCAINE HCL GEL 2%	GLYDO					
LIDOCAINE HCL LOTION	LIDOCAINE HCL			PA REQUIRED		
LIDOCAINE OINTMENT	LIDOCAINE			PA REQUIRED		
LIDOCAINE PATCH	LIDODERM			PA REQUIRED		
LIDOCAINE HCL SOLUTION	VARIOUS					
LIDOCAINE-PRILOCAINE CREAM	EMLA					
TOPICAL - MISC.						
ALUMINUM CHLORIDE SOLUTION	DRYSOL					
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL						
CRISABOROLE OINTMENT	EUCRISA		PREFERRED DRUG	PA REQUIRED		
ROSACEA TOPICAL AGENTS						
METRONIDAZOLE CREAM 0.75%	METROCREAM					
METRONIDAZOLE GEL 0.75%	METROGEL					
METRONIDAZOLE LOTION	METROLOTION					
SCABICIDES & PEDICULICIDES TOPICAL AGENTS+A1106						
CROTAMITON CREAM	EURAX					
CROTAMITON LOTION	EURAX					

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IVERMECTIN LOTION	SKLICE				PA REQUIRED		
PERMETHRIN CREAM	ACTICIN						
PERMETHRIN 1%, 5%	NIX, ELIMITE						
PERMETHRIN LIQUID	NIX CREME RINSE						
PYRETHRINS-PIPERONYL BUTOXIDE GEL	A-200						
PYRETHRINS-PIPERONYL BUTOXIDE LIQUID	BARC						
PYRETHRINS-PIPERONYL BUTOXIDE SHAMPOO	LICIDE						
SPINOSAD SUSPENSION	NATROBA				PA REQUIRED		
DIAGNOSTIC PRODUCTS							
DIAGNOSTIC TESTS							
BLOOD GLUCOSE MONITORS & STRIPS	VARIOUS						
DIGESTIVE AIDS							
DIGESTIVE ENZYMES							
LIPASE-PROTEASE-AMYLASE CAPSULE DELAYED RELEASE	CREON	BRAND ONLY	PREFERRED DRUG			500	30
LIPASE-PROTEASE-AMYLASE CAPSULE DELAYED RELEASE	ZENPEP	BRAND ONLY	PREFERRED DRUG			500	30
LIPASE-PROTEASE-AMYLASE CAPSULE DELAYED RELEASE	PANCREAZE	BRAND ONLY	PREFERRED DRUG			300	30
DIURETICS							
CARBONIC ANHYDRASE INHIBITORS							
ACETAZOLAMIDE CAPSULE 12-HOUR	DIAMOX						
ACETAZOLAMIDE TABLETS	ACETAZOLAMIDE						
METHAZOLAMIDE TABLETS	NEPTAZANE						
DIURETIC COMBINATIONS							
SPIRONOLACTONE & HYDROCHLOROTHIAZIDE TABLETS	ALDACTAZIDE						
TRIAMTERENE & HYDROCHLOROTHIAZIDE CAPSULES	DYAZIDE						
TRIAMTERENE & HYDROCHLOROTHIAZIDE TABLETS	MAXZIDE-25						
LOOP DIURETICS							
BUMETANIDE TABLETS	BUMETANIDE						
FUROSEMIDE SOLUTION	FUROSEMIDE						
FUROSEMIDE TABLETS	LASIX						
TORSEMIDE TABLETS	DEMADEX						
POTASSIUM SPARING DIURETICS							
SPIRONOLACTONE TABLETS	ALDACTONE						
THIAZIDES AND THIAZIDE-LIKE DIURETICS							
CHLOROTHIAZIDE SUSPENSION	DIURIL						
CHLOROTHIAZIDE TABLETS	CHLOROTHIAZIDE						
CHLORTHALIDONE TABLETS	CHLORTHALIDONE						
HYDROCHLOROTHIAZIDE CAPSULES 12.5MG	VARIOUS						
HYDROCHLOROTHIAZIDE TABLETS 25MG & 50MG	HYDROCHLOROTHIAZIDE						
INDAPAMIDE TABLETS	INDAPAMIDE						
METOLAZONE TABLETS	ZAROXOLYN						
ENDOCRINE AND METABOLIC AGENTS - MISC.							
BONE DENSITY REGULATORS							
ALENDRONATE SODIUM SOLUTION	ALENDRONATE SODIUM						

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ALENDRONATE SODIUM TABLETS	ALENDRONATE SODIUM					
CALCITONIN (SALMON) SOLUTION	FORTICAL					
DENOSUMAB	PROLIA			PA REQUIRED		
IBANDRONATE SODIUM	BONIVA					
RALOXIFENE TABLETS	VARIOUS					
TERIPARATIDE (RECOMBINANT)	FORTEO			PA REQUIRED		
GROWTH HORMONES						
SOMATROPIN SOLUTION	NORDITROPIN	BRAND ONLY	PREFERRED DRUG	PA REQUIRED		
SOMATROPIN SOLUTION	GENOTROPIN	BRAND ONLY	PREFERRED DRUG	PA REQUIRED		
HORMONE RECEPTOR MODULATORS						
RALOXIFENE HCL TABLETS	EVISTA					
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)						
MECASERMIN SOLUTION	INCRELEX			PA REQUIRED		
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS						
LEUPROLIDE ACETATE (CPP) (3 MONTH) KIT	LUPRON DEPOT-PED			PA REQUIRED		
LEUPROLIDE ACETATE (CPP) KIT	LUPRON DEPOT-PED			PA REQUIRED		
METABOLIC MODIFIERS						
CINACALCET HCL TABLETS	SENSIPAR			PA REQUIRED		
IDURSULFASE SOLUTION	ELAPRASE			PA REQUIRED		
POSTERIOR PITUITARY HORMONES						
DESMOPRESSIN ACETATE REFRIGERATED SOLUTION	VARIOUS					
DESMOPRESSIN ACETATE SOLUTION	VARIOUS					
DESMOPRESSIN ACETATE SPRAY REFRIGERATED SOLUTION	VARIOUS					
DESMOPRESSIN ACETATE SPRAY SOLUTION	VARIOUS					
DESMOPRESSIN ACETATE TABLETS	VARIOUS			PA REQUIRED		
ESTROGENS						
ESTROGEN COMBINATIONS						
CONJUGATED ESTROGENS-MEDROXYPROGESTERONE ACETATE TABLETS	PREMPRO					
ESTRADIOL-LEVONORGESTREL PATCH-WEEKLY	CLIMARA PATCH					
ESTROGENS						
ESTERIFIED ESTROGENS TABLETS	MENEST					
ESTRADIOL PATCH-TWICE WEEKLY	ALORA					
ESTRADIOL PATCH-WEEKLY	MENOSTAR					
ESTRADIOL TABLETS	ESTRACE					
ESTROGENS, CONJUGATED SYNTHETIC A TABLETS	CENESTIN					
ESTROGENS, CONJUGATED TABLETS	PREMARIN					
ESTROPIPATE TABLETS	ORTHO-EST					
FLUOROQUINOLONES						
FLUOROQUINOLONES						
CIPROFLOXACIN HCL TABLETS	CIPROFLOXACIN HCL					
LEVOFLOXACIN SOLUTION	LEVAQUIN					
LEVOFLOXACIN TABLETS	LEVAQUIN					

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OFLOXACIN TABLETS	OFLOXACIN					
GASTROINTESTINAL AGENTS - MISC.						
GALLSTONE SOLUBILIZING AGENTS						
URSODIOL CAPSULES	ACTIGALL					
URSODIOL TABLETS	URSO 250					
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS						
LUBIPROSTONE CAPSULES	AMITIZA			PA REQUIRED		
GASTROINTESTINAL STIMULANTS						
METOCLOPRAMIDE HCL SOLUTION	VARIOUS					
METOCLOPRAMIDE HCL TABLETS	VARIOUS					
METOCLOPRAMIDE HCL ORALLY DISINTEGRATING TABLETS	VARIOUS					
INFLAMMATORY BOWEL AGENTS						
BALSALAZIDE DISODIUM TABLETS	GIAZO		PREFERRED DRUG		270	30
INFLIXIMAB	INFLIXIMAB	JANSSEN PRODUCT 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
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
IRRITABLE BOWEL SYNDROME (IBS) AGENTS						
LINACLOTIDE CAPSULES	LINZESS			PA REQUIRED		
PHOSPHATE BINDER AGENTS						
CALCIUM ACETATE TABLETS	VARIOUS		PREFERRED DRUG			
CALCIUM ACETATE CAPSULES	VARIOUS		PREFERRED DRUG			
SEVELAMER CARBONATE TABLETS	RENVELA	VARIOUS	PREFERRED DRUG			
GENITOURINARY AGENTS - MISC.						
INTERSTITIAL CYSTITIS AGENTS						
PENTOSAN POLYSULFATE SODIUM CAPSULES	ELMIRON			PA REQUIRED		
PROSTATIC HYPERTROPHY AGENTS						
ALFUZOSIN ER	VARIOUS		Preferred Drug			
DOXAZOSIN MESYLATE	VARIOUS		Preferred Drug			
DUTASTERIDE	VARIOUS		Preferred Drug			
FINASTERIDE	PROSCAR		Preferred Drug			
TAMSULOSIN HCL	FLOMAX		Preferred Drug			
TERAZOSIN	VARIOUS		Preferred Drug			
URINARY ANALGESICS						
PHENAZOPYRIDINE HCL TABLETS	PYRIDIUM					

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GOUT AGENTS						
GOUT AGENTS						
ALLOPURINOL TABLETS	ZYLOPRIM					
COLCHICINE TABLETS	VARIOUS					
FEBUXOSTAT TABLETS	ULORIC			PA REQUIRED		
URICOSURICS						
PROBENECID TABLETS	PROBENECID					
HEMATOLOGICAL AGENTS - MISC.						
PLATELET AGGREGATION INHIBITORS						
CILOSTAZOL TABLETS	PLETAL					
CLOPIDOGREL BISULFATE TABLETS	PLAVIX					
DIPYRIDAMOLE TABLETS	PERSANTINE					
TICAGRELOR TABLETS	BRILINTA			PA REQUIRED		
HEMATOPOIETIC AGENTS						
AGENTS FOR GAUCHER DISEASE						
ELIGLUSTAT TARTRATE	CERDELGA (oral)	BRAND ONLY		PA REQUIRED		
IMIGLUCERASE SOLUTION	CEREZYME 400 IU (IV)	BRAND ONLY		PA REQUIRED		
TALIGLUCERASE ALFA	ELELYSO (IV)	BRAND ONLY		PA REQUIRED		
MIGLUSTAT	MIGLUSTAT (oral)	BRAND ONLY		PA REQUIRED		
VELAGLUCERASE ALFA	VPRIV 400 IU	BRAND ONLY		PA REQUIRED		
HEMATOPOIETIC GROWTH FACTORS						
DARBEPOETIN ALFA SOLUTION	ARANESP	BRAND ONLY	PREFERRED DRUG	PA REQUIRED		
ELTROMBOPAG OLAMINE TABLETS	PROMACTA	BRAND ONLY	PREFERRED DRUG	PA REQUIRED		
EPOETIN ALFA SOLUTION	RETACRIT	BRAND ONLY	PREFERRED DRUG	PA REQUIRED		
FILGRASTIM-AAF SOLUTION PREFILLED SYRINGE	NIVESTYM	BRAND ONLY	PREFERRED DRUG	PA REQUIRED		
FILGRASTIM-AAFI SOLUTION VIAL	NIVESTYM	BRAND ONLY	PREFERRED DRUG	PA REQUIRED		
PEGFILGRASTIM-PBBK SOLUTION PREFILLED SYRINGE	ZIEXTENZO	BRAND ONLY	PREFERRED DRUG	PA REQUIRED		
PEGFILGRASTIM-BMEZ SOLUTION PREFILLED SYRINGE	FYLNETRA	BRAND ONLY	PREFERRED DRUG	PA REQUIRED		
ROMIPLOSTIM	NPLATE	BRAND ONLY	PREFERRED DRUG	PA REQUIRED		
HEMOSTATICS						
HEMOSTATICS - SYSTEMIC						
AMINOCAPROIC ACID SYRUP	AMICAR					
AMINOCAPROIC ACID TABLETS	AMICAR					
HEREDITARY ANGIOEDEMA AGENTS						
ICATIBANT ACETATE SOLUTION	FIRAZYR	Brand Only	PREFERRED DRUG	PA REQUIRED		
C1 ESTERASE INHIBITOR (HUMAN) SOLUTION	CINRYZE		PREFERRED DRUG	PA REQUIRED		
C1 ESTERASE INHIBITOR (HUMAN) SOLUTION	BERINERT		PREFERRED DRUG	PA REQUIRED		
BEROTRALSTAT HCL CAPSULES	ORLADEYO		PREFERRED DRUG	PA REQUIRED		
ECALLANTIDE SOLUTION	KALBITOR		PREFERRED DRUG	PA REQUIRED		
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENT						
BARBITURATE HYPNOTICS						
PHENOBARBITAL SOLUTION	PHENOBARBITAL					
PHENOBARBITAL TABLETS	PHENOBARBITAL					

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NON-BARBITURATE HYPNOTICS							
ESZOPICLONE	LUNESTA	VARIOUS	PREFERRED DRUG	PA REQUIRED for Ages <6 years PA REQUIRED for > 1 Hypnotic Drug		30	30
TEMAZEPAM CAPSULES 15MG & 30MG	RESTORIL		PREFERRED DRUG	PA REQUIRED for Ages <6 years PA REQUIRED for > 1 Hypnotic Drug		30	30
ZOLPIDEM TARTRATE TABLETS 5MG	AMBIEN		PREFERRED DRUG	PA REQUIRED for Ages <6 years PA REQUIRED for > 1 Hypnotic Drug		60	30
ZOLPIDEM TARTRATE TABLETS 10MG	AMBIEN		PREFERRED DRUG	PA REQUIRED for Ages <6 years PA REQUIRED for > 1 Hypnotic Drug		30	30
SELECTIVE MELATONIN RECEPTOR AGONISTS							
RAMELTEON TABLETS	ROZEREM	BRAND ONLY	PREFERRED DRUG	PA REQUIRED for < 6 years of age	Patient must have tried two preferred agents.	30	30
LAXATIVES							
LAXATIVE COMBINATIONS							
PEG 3350-KCL-SOD BICARB-SOD CHLORIDE-SOD SULFATE SOLUTION	COLYTE						
LAXATIVES - MISC.							
LACTULOSE SOLUTION	LACTULOSE						
MACROLIDES							
AZITHROMYCIN							
AZITHROMYCIN PACKETS	ZITHROMAX						
AZITHROMYCIN SUSPENSION	ZITHROMAX						
AZITHROMYCIN TABLETS	ZITHROMAX						
CLARITHROMYCIN							
CLARITHROMYCIN SUSPENSION	CLARITHROMYCIN						
CLARITHROMYCIN TABLETS	BIAXIN						
CLARITHROMYCIN TABLET 24-HOUR	BIAXIN XL						
MEDICAL DEVICES							
CONTRACEPTIVES							
CONDOMS - FEMALE MISC.	FC FEMALE CONDOM						
CONDOMS - MALE MISC.	LIFESTYLES ASSORTED COLORS						
DIAPHRAGM ARC-SPRING DPRH	CAYA						
DIAPHRAGM COIL SPRING KIT	ORTHO DIAPHRAGM COIL SPRING KIT 50						
DIAPHRAGM FLAT SPRING KIT	ORTHO DIAPHRAGM FLAT SPRING KIT 55						
DIAPHRAGM WIDE SEAL DPRH	WIDE-SEAL SILICONE DIAPHRAGM KIT 60						
DIAPHRAGMS - OTHER+A1294	OMNIFLEX DIAPHRAGM						
DIABETIC SUPPLIES							
BLOOD GLUCOSE MONITORING KIT W/ DEVICE	VARIOUS						
BLOOD GLUCOSE MONITORING DEVICES	VARIOUS						
LANCET DEVICES MISC.	VARIOUS						

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LANCETS MISC.	VARIOUS					
DEVICES - MISC.						
ALCOHOL SWABS PADS	ALCOH-GLOVE CONTOURED WIPE					
RESPIRATORY THERAPY SUPPLIES						
SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES - MASKS	MASK VORTEX/ BABY WHIRL DUCKLING				2	365
SPACER/AEROSOL-HOLDING CHAMBERS DEVICE	AEROCHAMBER MINI AEROCHAMBER				2	365
MIGRAINE PRODUCTS						
MIGRAINE COMBINATIONS						
ERGOTAMINE W/ CAFFEINE TABLETS	CAFERGOT				40	30
MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES						
GALCANEZUMAB-GNLM SOLUTION AUTOINJECTOR / PREFILLED SYRINGE / PEN	EMGALITY		PREFERRED DRUG	PA REQUIRED	1	30
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONIST						
FREMANEZUMAB-VFRM SOLUTION AUTOINJECTOR	AJOVY		PREFERRED DRUG	PA REQUIRED	1	30
UBROGEPANT TABLETS	UBRELVY		PREFERRED DRUG	PA REQUIRED	10	30
SEROTONIN AGONISTS						
NARATRIPTAN HCL TABLETS	AMERGE		PREFERRED DRUG		9	30
RIZATRIPTAN BENZOATE ORALLY DISPERSABLE TABLET	MAXALT-MLT		PREFERRED DRUG		9	30
RIZATRIPTAN BENZOATE TABLETS	MAXALT		PREFERRED DRUG		9	30
SUMATRIPTAN NASAL SPRAY	IMITREX	BRAND ONLY	PREFERRED DRUG		6	30
SUMATRIPTAN SUCCINATE SUBCUTANEOUS SOLUTION AUTO INJECTION	IMITREX		PREFERRED DRUG		2	30
SUMATRIPTAN SUCCINATE SUBCUTANEOUS SOLUTION CARTRIDGE	IMITREX		PREFERRED DRUG		2	30
SUMATRIPTAN SUCCINATE TABLETS	IMITREX		PREFERRED DRUG		9	30
ZOLMITRIPTAN NASAL SPRAY	ZOMIG	BRAND ONLY	PREFERRED DRUG		6	30
ZOLMITRIPTAN ORALLY DISPERSABLE TABLET	ZOMIG ZMT		PREFERRED DRUG		9	30
ZOLMITRIPTAN TABLETS	ZOMIG		PREFERRED DRUG		9	30
MINERALS & ELECTROLYTES						
SODIUM FLUORIDE CHEWABLE TABLETS	LUDENT					
SODIUM FLUORIDE LOZG	LOZI-FLUR					
SODIUM FLUORIDE SOLUTION	FLUOR-A-DAY					
SODIUM FLUORIDE TABLETS	SODIUM FLUORIDE					
MOUTH/THROAT/DENTAL AGENTS						
ANTI-INFECTIVES - THROAT						
CLOTRIMAZOLE TROC	CLOTRIMAZOLE					
STEROIDS - MOUTH/THROAT						
TRIAMCINOLONE ACETONIDE ORAL PASTE	ORALONE					
MULTIVITAMINS						
PRENATAL VITAMINS						

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PRENATAL MULTIVITAMINS WITH OR WITHOUT MINERALS W/ FOLATE	VARIOUS						
PRENATAL MULTIVITAMINES WITH MINERAL W/FE-FA	VARIOUS						
MUSCULOSKELETAL THERAPY AGENTS							
CENTRAL MUSCLE RELAXANTS							
BACLOFEN TABLETS	BACLOFEN						
CYCLOBENZAPRINE HCL TABLETS 5MG & 10MG	FLEXERIL				PA REQUIRED for dosages other than 5mg and 10mg tablets		
METHOCARBAMOL TABLETS	ROBAXIN						
TIZANIDINE HCL TABLETS - 2MG & 4MG ONLY	TIZANIDINE HCL						
DIRECT MUSCLE RELAXANTS							
DANTROLENE SODIUM CAPSULES	DANTRIUM						
NASAL AGENTS - SYSTEMIC AND TOPICAL							
NASAL ANTIALLERGY							
AZELASTINE HCL SOLUTION 0.10%	ASTELIN						
NASAL ANTICHOLINERGICS							
IPRATROPIUM BROMIDE SOLUTION	ATROVENT						
NASAL STEROIDS							
FLUNISOLIDE SOLUTION	FLUNISOLIDE						
FLUTICASONE PROPIONATE SUSPENSION	FLONASE						
TRIAMCINOLONE ACETONIDE	NASACORT AQ						
SYMPATHOMIMETIC DECONGESTANTS							
PSEUDOEPHEDRINE HCL LIQUID	SUDAFED CHILDRENS						
PSEUDOEPHEDRINE HCL SYRUP	PSEUDOEPHEDRINE						
PSEUDOEPHEDRINE HCL TABLETS	SUDAFED						
PSEUDOEPHEDRINE HCL TABLET 12-HOUR	NASAL DECONGESTANT						
PSEUDOEPHEDRINE HCL TABLET 24-HOUR	SUDAFED 24 HOUR						
OPHTHALMIC AGENTS							
OPHTHALMIC - BETA-BLOCKERS							
BETAXOLOL HCL SOLUTION	BETAXOLOL HCL						
BETAXOLOL HCL SUSPENSION	BETOPTIC-S						
CARTEOLOL HCL SOLUTION	CARTEOLOL HCL						
DORZOLAMIDE HCL-TIMOLOL MALEATE SOLUTION	COSOPT						
LEVOBUNOLOL HCL SOLUTION	LEVOBUNOLOL HCL						
METIPRANOLOL SOLUTION	METIPRANOLOL						
TIMOLOL MALEATE SOLUTION	TIMOPTIC-XE						
TIMOLOL MALEATE SOLUTION	TIMOPTIC						
OPHTHALMIC - CYCLOPLEGIC MYDRIATICS							
ATROPINE SULFATE OINTMENT	ATROPINE SULFATE						
ATROPINE SULFATE SOLUTION	ISOPTO ATROPINE						
CYCLOPENTOLATE HCL SOLUTION	CYCLOGYL						
HOMATROPINE HBR SOLUTION	ISOPTO HOMATROPINE						
OPHTHALMIC - MIOTICS							

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PILOCARPINE HCL GEL	PILOPINE HS					
PILOCARPINE HCL SOLUTION	ISOPTO CARPINE					
OPHTHALMIC - ANTI-INFECTIVES						
BACITRACIN OINTMENT	BACITRACIN				3.5GM	7
BACITRACIN-POLYMYXIN B OINTMENT	POLYCIN					
CIPROFLOXACIN HCL OINTMENT	CILOXAN					
CIPROFLOXACIN HCL SOLUTION	CILOXAN					
ERYTHROMYCIN OINTMENT	ILOTYCIN					
GENTAMICIN SULFATE OINTMENT	GARAMYCIN					
GENTAMICIN SULFATE SOLUTION	GARAMYCIN					
MOXIFLOXACIN HCL SOLUTION	VIGAMOX					
NATAMYCIN SUSPENSION	NATACYN					
NEOMYCIN-BACITRACIN ZN-POLYMYXIN OINTMENT	NEO-POLYCIN					
NEOMYCIN-POLYMYXIN-GRAMICIDIN SOLUTION	NEOSPORIN					
OFLOXACIN SOLUTION	OCUFLOX					
POLYMYXIN B-TRIMETHOPRIM SOLUTION	POLYTRIM					
SULFACETAMIDE SODIUM OINTMENT	SULFACETAMIDE SODIUM					
SULFACETAMIDE SODIUM SOLUTION	BLEPH-10					
TOBRAMYCIN OINTMENT	TOBREX				3.5GM	7
TOBRAMYCIN SOLUTION	TOBREX					
TRIFLURIDINE SOLUTION	VIROPTIC					
OPHTHALMIC - DECONGESTANTS						
NAPHAZOLINE HCL SOLUTION	VASOCLEAR					
NAPHAZOLINE W/ PHENIRAMINE SOLUTION	NAPHCON-A					
OPHTHALMIC - IMMUNOMODULATORS						
CYCLOSPORINE EMULSION	RESTASIS			PA REQUIRED		
OPHTHALMIC - STEROIDS						
BACITRACIN-POLY-NEOMYCIN-HC OINTMENT	NEO-POLYCIN HC					
DEXAMETHASONE SUSPENSION	MAXIDEX					
DEXAMETHASONE SODIUM PHOSPHATE SOLUTION	DEXAMETHASONE SODIUM PHOSPHATE					
FLUOROMETHOLONE OINTMENT	FML					
FLUOROMETHOLONE SUSPENSION	FML LIQUIFILM					
GENTAMICIN-PREDNISOLONE ACETATE OINTMENT	PRED-G S.O.P.					
GENTAMICIN-PREDNISOLONE ACETATE SUSPENSION	PRED-G					
NEOMYCIN-POLYMY-DEXAMETH OINTMENT	MAXITROL					
NEOMYCIN-POLYMY-DEXAMETH SUSPENSION	MAXITROL					
PREDNISOLONE ACETATE SUSPENSION	PRED MILD					
PREDNISOLONE SODIUM PHOSPHATE SOLUTION	PREDNISOLONE SODIUM PHOSPHATE					
SULFACETAMIDE SOD-PREDNISOLONE OINTMENT	BLEPHAMIDE S.O.P.					

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SULFACETAMIDE SOD-PREDNISOLONE SOLUTION	SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE					
SULFACETAMIDE SOD-PREDNISOLONE SUSPENSION	BLEPHAMIDE					
TOBRAMYCIN-DEXAMETHASONE OINTMENT	TOBRADEX					
TOBRAMYCIN-DEXAMETHASONE SUSPENSION	TOBRADEX ST					
OPHTHALMICS - MISC.						
BRINZOLAMIDE SUSPENSION	AZOPT			PA REQUIRED		
CROMOLYN SODIUM SOLUTION	CROMOLYN SODIUM					
DICLOFENAC SODIUM SOLUTION	DICLOFENAC SODIUM					
DORZOLAMIDE HCL SOLUTION	TRUSOPT					
FLURBIPROFEN SODIUM SOLUTION	OCUFEN					
KETOROLAC TROMETHAMINE SOLUTION	ACULAR LS					
KETOTIFEN FUMARATE SOLUTION	ALAWAY					
OPHTHALMIC - PROSTAGLANDINS						
LATANOPROST SOLUTION	XALATAN				2.5	30
TAFLUPROST SOLUTION	ZIOPTAN			PA REQUIRED		
TRAVOPROST SOLUTION	TRAVATAN Z			PA REQUIRED		
OTIC AGENTS						
OTIC AGENTS - MISCELLANEOUS						
ACETIC ACID SOLUTION	ACETIC ACID					
OTIC ANTI-INFECTIVES						
CIPROFLOXACIN SOLUTION	VARIOUS					
OFLOXACIN (OTIC) SOLUTION	VARIOUS					
OTIC COMBINATIONS						
ANTIPYRINE-BENZOCAINE SOLUTION	AURODEX					
ANTIPYRINE-BENZOCAINE-POLYOSANOL 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			
OTIC STEROIDS						
HYDROCORTISONE W/ACETIC ACID SOLUTION	ACETASOL HC					
OXYTOCICS						
OXYTOCICS						
METHYLERGONOVINE MALEATE TABLETS	METHERGINE					
PASSIVE IMMUNIZING AGENTS						
MONOCLONAL ANTIBODIES						
PALIVIZUMAB SOLUTION	SYNAGIS			PA is not Required for children under the age of 2 years. Note: the prescriber must buy and bill a medical claim for the drug		
PENICILLINS						

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AMINOPENICILLINS						
AMOXICILLIN CAPSULES	AMOXICILLIN					
AMOXICILLIN CHEWABLE TABLETS	AMOXICILLIN					
AMOXICILLIN SUSPENSION	AMOXICILLIN					
AMOXICILLIN TABLETS	AMOXICILLIN					
AMPICILLIN CAPSULES	AMPICILLIN					
AMPICILLIN SUSPENSION	AMPICILLIN					
NATURAL PENICILLINS						
PENICILLIN V POTASSIUM SOLUTION	PENICILLIN V POTASSIUM					
PENICILLIN V POTASSIUM TABLETS	PENICILLIN V POTASSIUM					
PENICILLIN COMBINATIONS						
AMOXICILLIN & POT CLAVULANATE CHEWABLE TABLETS	AUGMENTIN					
AMOXICILLIN & POT CLAVULANATE SUSPENSION	AUGMENTIN					
AMOXICILLIN & POT CLAVULANATE TABLET 12-HOUR	AUGMENTIN XR					
PENICILLINASE-RESISTANT PENICILLINS						
DICLOXACILLIN SODIUM CAPSULES	DICLOXACILLIN SODIUM					
PROGESTINS						
PROGESTINS						
MEDROXYPROGESTERONE ACETATE TABLETS	PROVERA					
PROGESTERONE MICRONIZED CAPSULES	PROMETRIUM					
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENT						
ANTIDEMENTIA AGENTS						
DONEPEZIL HYDROCHLORIDE TABLETS	ARICEPT			PA REQUIRED		
DONEPEZIL HYDROCHLORIDE ORALLY DISINTEGRATING TABLETS	ARICEPT ODT			PA REQUIRED		
GALANTAMINE HYDROBROMIDE CAPSULE CONTROLLED RELEASE	RAZADYNE ER			PA REQUIRED		
GALANTAMINE HYDROBROMIDE SOLUTION	RAZADYNE			PA REQUIRED		
GALANTAMINE HYDROBROMIDE TABLETS	RAZADYNE			PA REQUIRED		
MEMANTINE HCL SOLUTION	NAMENDA			PA REQUIRED		
MEMANTINE HCL TABLETS	NAMENDA			PA REQUIRED		
RIVASTIGMINE PATCH	EXELON			PA REQUIRED		
RIVASTIGMINE TARTRATE CAPSULES	EXELON			PA REQUIRED		
RIVASTIGMINE TARTRATE SOLUTION	EXELON			PA REQUIRED		
MOVEMENT DISORDERS						
DEUTETRABENAZINE TABLETS	AUSTEDO			PA REQUIRED		
VALBENAZINE TOSYLATE CAPSULES	INGREZZA			PA REQUIRED		
MULTIPLE SCLEROSIS AGENTS						
FINGOLIMOD HCL CAPSULES	GILENYA			PA REQUIRED		
GLATIRAMER ACETATE 20MG	COPAXONE 20mg	BRAND ONLY	PREFERRED DRUG	PA REQUIRED		
GLATIRAMER ACETATE 40MG	GLATOPA 40MG	BRAND ONLY	PREFERRED DRUG	PA REQUIRED		
INTERFERON BETA-1A KIT	AVONEX			PA REQUIRED		
INTERFERON BETA-1A SOLUTION	REBIF REBIDOSE			PA REQUIRED		
INTERFERON BETA-1B KIT	BETASERON			PA REQUIRED		
SMOKING DETERRENTS						

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BUPROPION HCL (SMOKING DETERRENT) TABLET 12-HOUR	BUPROBAN				84-day supply	180
NICOTINE INHA	NICOTROL INHALER				84-day supply	180
NICOTINE POLACRILEX GUM	NICORETTE GUM				84-day supply	180
NICOTINE POLACRILEX LOZENGE	COMMIT				84-day supply	180
NICOTINE PATCH	NICODERM CQ				84-day supply	180
NICOTINE SOLUTION	NICOTROL NS				84-day supply	180
VARENICLINE TARTRATE TABLETS	CHANTIX				84-day supply	180
RESPIRATORY AGENTS - MISC.						
ALPHA-PROTEINASE INHIBITOR (HUMAN)						
ALPHA1-PROTEINASE INHIBITOR (HUMAN) SOLUTION	ARALAST NP			PA REQUIRED		
CYSTIC FIBROSIS AGENTS						
DORNASE ALFA SOLUTION	PULMOZYME			PA REQUIRED		
PULMONARY FIBROSIS AGENTS						
PIRFENIDONE 267MG, 801MG	ESBRIET	Brand Only				
SULFONAMIDES						
SULFONAMIDES						
SULFADIAZINE TABLETS	SULFADIAZINE					
TETRACYCLINES						
TETRACYCLINES						
DEMECLOCYCLINE HCL TABLETS	DEMECLOCYCLINE HCL			PA REQUIRED		
DOXYCYCLINE HYCLATE CAPSULES - 50MG AND 100MG CAPSULES ONLY	VARIOUS					
DOXYCYCLINE HYCLATE TABLETS - 20MG AND 100MG TABLETS ONLY	VARIOUS					
DOXYCYCLINE MONOHYDRATE - CAPSULES 50MG & 100MG ONLY	VARIOUS					
MINOCYCLINE HCL - 50MG, 75MG & 100MG CAPSULES ONLY	MINOCIN					
THYROID AGENTS						
ANTITHYROID AGENTS						
METHIMAZOLE TABLETS	TAPAZOLE					
PROPYLTHIOURACIL TABLETS	PROPYLTHIOURACIL					
THYROID HORMONES						
LEVOXYROXINE SODIUM TABLETS	LEVO-T					
LIOXYRONINE SODIUM TABLETS	CYTOMEL					
THYROID TABLETS	ARMOUR THYROID					
ULCER DRUGS						
ANTISPASMODICS						
DICYCLOMINE HCL CAPSULES	VARIOUS					

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DICYCLOMINE HCL SOLUTION	VARIOUS					
DICYCLOMINE HCL TABLETS	VARIOUS					
GLYCOPYRROLATE SOLUTION	VARIOUS					
GLYCOPYRROLATE TABLETS	VARIOUS					
HYOSCYAMINE SULFATE ELIXIR	VARIOUS					
HYOSCYAMINE SULFATE SOLUTION	VARIOUS					
HYOSCYAMINE SULFATE SUBLINGUAL	VARIOUS					
HYOSCYAMINE SULFATE TABLETS	VARIOUS					
HYOSCYAMINE SULFATE TABLET 12-HOUR	VARIOUS					
HYOSCYAMINE SULFATE CONTROLLED RELEASE TABLET	VARIOUS					
HYOSCYAMINE SULFATE ORALLY DISINTEGRATING TABLETS	VARIOUS					
PROPANTHELINE BROMIDE TABLETS	VARIOUS					
H-2 ANTAGONISTS						
FAMOTIDINE CHEWABLE TABLETS	PEPCID AC					
FAMOTIDINE SUSPENSION	PEPCID					
FAMOTIDINE TABLETS	PEPCID AC					
RANITIDINE HCL CAPSULES	RANITIDINE HCL					
RANITIDINE HCL SUSPENSION	DEPRIZINE FUSEPAQ					
RANITIDINE HCL SYRUP	ZANTAC					
RANITIDINE HCL TABLETS	ZANTAC 75					
ANTI-ULCER - MISC.						
SUCRALFATE TABLETS	CARAFATE					
PROTON PUMP INHIBITORS						
ESOMEPRAZOLE MAGNESIUM PACKETS	NEXIUM		PREFERRED DRUG	PA REQUIRED for > 18 Years of Age	30	30
LANSOPRAZOLE ORALLY DISPERSABLE TABLET (ODT)	PREVACID SOLUTAB		PREFERRED DRUG	PA REQUIRED for > 18 Years of Age	60	30
OMEPRAZOLE ORAL CAPSULES	VARIOUS		PREFERRED DRUG		60	30
PANTOPRAZOLE SODIUM PACKETS	PROTONIX		PREFERRED DRUG	PA REQUIRED for > 18 Years of Age	30	30
PANTOPRAZOLE TABLETS	PROTONIX		PREFERRED DRUG		30	30
URINARY ANTISPASMODICS						
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLI)						
FESOTERODINE FUMARATE	TOVIAZ	BRAND ONLY	PREFERRED DRUG			
OXYBUTYNIN CHLORIDE SYRUP	VARIOUS		PREFERRED DRUG			
OXYBUTYNIN CHLORIDE 5MG TABLETS	VARIOUS		PREFERRED DRUG			
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			
VAGINAL PRODUCTS						
SPERMICIDES						
NONOXYNOL-9 FOAM	VCF VAGINAL CONTRACEPTIVE FOAM					
NONOXYNOL-9 GEL	SHUR-SEAL					
VAGINAL ANTI-INFECTIVES						
CLINDAMYCIN PHOSPHATE VAGINAL CREAM	CLEOCIN					

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CLINDAMYCIN PHOSPHATE VAGINAL SUPPOSITORY	CLEOCIN						
CLOTRIMAZOLE VAGINAL CREAM	GYNE-LOTRIMIN						
METRONIDAZOLE VAGINAL GEL	METROGEL-VAGINAL						
MICONAZOLE NITRATE VAGINAL	MONISTAT 3 COMBINATION PACKETS						
MICONAZOLE NITRATE VAGINAL SUPPOSITORY	MICONAZOLE 3						
SULFANILAMIDE VAGINAL CREAM	AVC						
VAGINAL ESTROGENS							
ESTRADIOL ACETATE VAGINAL RING	FEMRING			PA REQUIRED			
ESTRADIOL VAGINAL RING	ESTRING						
ESTRADIOL VAGINAL TABLETS	VAGIFEM						
ESTRADIOL VAGINAL CREAM 0.01%	ESTRACE CREAM						
ESTROGENS, CONJUGATED VAGINAL CREAM	PREMARIN VAGINAL CREAM			PA REQUIRED			
VASOPRESSORS							
ANAPHYLAXIS THERAPY AGENTS							
EPINEPHRINE SELF-INJECTABLE 0.15MG AND 0.30MG	EPINEPHRINE SELF-INJECTABLE (By Mylan)	Mylan Generic	PREFERRED DRUG	PA REQUIRED for > 2 Per Month	2	30	
COVID AT-HOME TEST KITS							
COVID AT-HOME TEST KITS		VARIOUS			2 TESTS	30	