



Fee-For-Service Acute/Long Term Care Program Drug List

<ul style="list-style-type: none"> Generic Drugs Are Preferred Over Brand Name Drugs Unless Specified as Brand Only Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List Are Available Through Prior Authorization 							Effective Date: 1/1/2021	
Drug Class/Drug Name	Reference Brand Name	Brand Only / Generic Notes	Preferred Drug Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days	
ADHD/ANTI-NARCOLEPSY								
AMPHETAMINES								
AMPHETAMINE-DEXTROAMPHETAMINE CAPSULE 24-HOUR	ADDERALL XR	Brand Only	Preferred Drug	PA Required for Ages < 6 years		30.00	30.00	
AMPHETAMINE-DEXTROAMPHETAMINE TABLETS	ADDERALL	Brand and Generic	Preferred Drug	PA Required for Ages < 6 years		60.00	30.00	
DEXTROAMPHETAMINE SULFATE TABLETS	VARIOUS		Preferred Drug	PA Required for Ages < 6 years		60.00	30.00	
LISDEXAMFETAMINE DIMESYLATE CAPSULES	VYVANSE	Brand Only	Preferred Drug	PA Required for Ages < 6 years		30.00	30.00	
LISDEXAMFETAMINE DIMESYLATE CHEWABLE TABLETS	VYVANSE CHEWABLES	Brand Only	Preferred Drug	PA Required for Ages < 6 years		30.00	30.00	
STIMULANTS								
DESMETHYLPHENIDATE HCL CAPSULE 24-HOUR	FOCALIN XR	Brand Only	Preferred Drug	PA Required for Ages < 6 years		60.00	30.00	
DESMETHYLPHENIDATE HCL TABLETS	FOCALIN		Preferred Drug	PA Required for Ages < 6 years		60.00	30.00	
METHYLPHENIDATE HCL CHEWABLE TABLETS	METHYLIN	Brand Only	Preferred Drug	PA Required for Ages < 6 years		90.00	30.00	
METHYLPHENIDATE HCL CAPSULE 24-HOUR	RITALIN LA /APTENSIO XR	Brand Only	Preferred Drug	PA Required for Ages < 6 years		30.00	30.00	
METHYLPHENIDATE HCL CAPSULE 24-HOUR	VARIOUS		Preferred Drug	PA Required for Ages < 6 years		30.00	30.00	
METHYLPHENIDATE HCL CAPSULE CONTROLLED RELEASE	VARIOUS		Preferred Drug	PA Required for Ages < 6 years		30.00	30.00	
METHYLPHENIDATE PATCH	DAYTRANA	Brand Only	Preferred Drug	PA Required for Ages < 6 years		30.00	30.00	
METHYLPHENIDATE HCL SOLUTION	METHYLIN	Brand Only	Preferred Drug	PA Required for Ages < 6 years		300.00	30.00	
METHYLPHENIDATE HCL TABLETS	VARIOUS		Preferred Drug	PA Required for Ages < 6 years		90.00	30.00	
METHYLPHENIDATE HCL TABLET CONTROLLED RELEASE	CONCERTA ONLY	Brand Only	Preferred Drug	PA Required for Ages < 6 years		60.00	30.00	
MISCELLANEOUS AGENTS								
ATOMOXETINE HCL CAPSULES	VARIOUS		Preferred Drug	PA Required for Ages < 6 years		30.00	30.00	
CENTRAL ALPHA-AGONISTS								
CLONIDINE HCL TABLETS	CATAPRES			PA Required for Ages < 6 years				
CLONIDINE HCL TD PATCH WEEKLY	CATAPRES PATCHES			PA Required for Ages < 6 years		4	28	
CLONIDINE HCL (ADHD) TABLET 12-HOUR	CLONIDINE ER			PA Required for Ages < 6 years		120.00	30.00	
GUANFACINE HCL (ADHD) TABLET 24-HOUR	GUANFACINE ER		Preferred Drug	PA Required for Ages < 6 years		30.00	30.00	
GUANFACINE HCL TABLETS	TENEX			PA Required for Ages < 6 years				
AMINOGLYCOSIDES								
AMINOGLYCOSIDES								
NEOMYCIN SULFATE TABLETS	NEOMYCIN SULFATE							
PAROMOMYCIN SULFATE CAPSULES	PAROMOMYCIN SULFATE							
TOBRAMYCIN NEBULIZED	KITABIS AND BETHKIS		Preferred Drug	PA Required				
ANALGESICS - ANTI-INFLAMMATORY								
ANTIRHEUMATIC ANTIMETABOLITES								
METHOTREXATE SODIUM (ANTIRHEUMATIC) TABLETS	RHEUMATREX							
ANTIRHEUMATIC - ENZYME INHIBITORS								
TOFACITINIB CITRATE	XELJANZ IMMEDIATE RELEASE ONLY	Brand Only	Preferred Drug	PA Required				
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES								
ADALIMUMAB	HUMIRA		Preferred Drug	PA Required				
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)								
CELECOXIB CAPSULES	CELEBREX							
DICLOFENAC SODIUM TABLET 24-HOUR	VOLTAREN-XR					30.00	30.00	
DICLOFENAC SODIUM TABLET ENTERIC COATED	DICLOFENAC SODIUM DR							



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							Effective Date: 1/1/2021
Drug Class/Drug Name	Reference Brand Name	Brand Only / Generic Notes	Preferred Drug Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days
DICLOFENAC TABLET ENTERIC COATED	DICLOFENAC SODIUM EC						
ETODOLAC CAPSULES	ETODOLAC						
ETODOLAC TABLETS	ETODOLAC						
ETODOLAC TABLET 24-HOUR	ETODOLAC ER						
FENOPROFEN CALCIUM CAPSULES	NALFON						
FENOPROFEN CALCIUM TABLETS	FENOPROFEN CALCIUM						
FLURBIPROFEN TABLETS	FLURBIPROFEN						
IBUPROFEN CAPSULES	ADVIL						
IBUPROFEN CHEWABLE TABLETS	CHILDRENS MOTRIN						
IBUPROFEN SUSPENSION	CHILDRENS MOTRIN						
IBUPROFEN TABLETS	ADVIL JUNIOR STRENGTH						
INDOMETHACIN CAPSULES	TIVORBEX						
INDOMETHACIN CAPSULE CONTROLLED RELEASE	INDOMETHACIN CR						
INDOMETHACIN SUPPOSITORY	INDOCIN						
INDOMETHACIN SUSPENSION	INDOCIN						
KETOROLAC TROMETHAMINE TABLETS	KETOROLAC TROMETHAMINE					20.00	30.00
MEFENAMIC ACID CAPSULES	PONSTEL						
MELOXICAM SUSPENSION	MOBIC						
MELOXICAM TABLETS	MOBIC						
NABUMETONE TABLETS	NABUMETONE						
NAPROXEN SODIUM	ALEVE						
NAPROXEN SODIUM TABLETS	ANAPROX						
NAPROXEN SUSPENSION	NAPROSYN						
NAPROXEN TABLETS	NAPROSYN						
NAPROXEN TABLET ENTERIC COATED	EC-NAPROSYN						
OXAPROZIN TABLETS	DAYPRO						
PIROXICAM CAPSULES	FELDENE						
SULINDAC TABLETS	SULINDAC						
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS							
APREMILAST	OTEZLA	Brand Only	Preferred Drug	PA Required			
PYRIMIDINE SYNTHESIS INHIBITORS							
LEFLUNOMIDE TABLETS	ARAVA						
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS							
ETANERCEPT	ENBREL		Preferred Drug	PA Required			
ANALGESICS - NONNARCOTIC							
ANALGESIC COMBINATIONS							
BUTALBITAL-ACETAMINOPHEN-CAFFEINE TABLETS	VARIOIUS					120.00	30.00
BUTALBITAL-ASPIRIN-CAFFEINE TABLETS	VARIOUS					120.00	30.00
ANALGESICS OTHER							
ACETAMINOPHEN CAPSULES	ACETAMINOPHEN						
ACETAMINOPHEN CHEWABLE TABLETS	CHILDRENS MEDI-TABLETS						
ACETAMINOPHEN ELIXIR	MEDI-TABLETS CHILDRENS						



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ACETAMINOPHEN LIQUID	LITTLE REMEDIES FOR FEVERS FEVER/PAIN RELIEVER CHILDRENS						
ACETAMINOPHEN SOLUTION	ACETAMINOPHEN						
ACETAMINOPHEN SUPPOSITORY	FEVERALL INFANTS						
ACETAMINOPHEN SUSPENSION	TYLENOL INFANTS						
ACETAMINOPHEN SYRUP	TRIAMINIC FEVER REDUCER PAIN RELIEVER CHILDRENS						
ACETAMINOPHEN TABLETS	MEDI-TABLETS						
ACETAMINOPHEN TABLET CONTROLLED RELEASE	TYLENOL 8 HOUR						
ACETAMINOPHEN ORALLY DISPERSABLE TABLET	MAPAP CHILDRENS						
SALICYLATES							
ASPIRIN CHEWABLE TABLETS	ST JOSEPH ADULT						
ASPIRIN SUPPOSITORY	ASPIRIN						
ASPIRIN TABLETS	ASPIRIN						
ASPIRIN ORALLY DISPERSABLE TABLET	ADULT ASPIRIN LOW STRENGTH						
ASPIRIN TABLET ENTERIC COATED	1/2HALFPRIN						
ASPIRIN TABLET EFFERVESCENT	MEDI-SELTZER						
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		Preferred Drug	PA Required			
MORPHINE SULFATE TABLET CONTROLLED RELEASE	MS CONTIN		Preferred Drug	PA Required			
OXYCODONE CAPSULE ER 12-HOUR ABUSE-DETERRENT	XTAMPZA ER		Preferred Drug	PA Required			
TRAMADOL HCL ER TABLET 24-HOUR	TRAMADOL HCL ER		Preferred Drug	PA Required			
SHORT-ACTING OPIOID AGONISTS							
HYDROMORPHONE HCL LIQUID	DILAUDID			PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period.			
HYDROMORPHONE HCL SUPPOSITORY	HYDROMORPHONE HCL			PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period.			
HYDROMORPHONE HCL TABLETS	DILAUDID			PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period.			
MEPERIDINE HCL TABLETS	DEMEROL			PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period.			
MORPHINE SULFATE SOLUTION	MORPHINE SULFATE			PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period.			



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MORPHINE SULFATE SUPPOSITORY	MORPHINE SULFATE			PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period.			
MORPHINE SULFATE TABLETS	MORPHINE SULFATE			PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period.			
OXYCODONE HCL CAPSULES	OXYCODONE HCL			PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period.			
OXYCODONE HCL CONCENTRATE	OXYCODONE HCL			PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period.			
OXYCODONE HCL SOLUTION	OXYCODONE HCL			PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period.			
OXYCODONE HCL TABLETS	ROXICODONE			PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period.			
TRAMADOL HCL TABLETS	ULTRAM			PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period.			
OPIOID COMBINATIONS							
ACETAMINOPHEN W/ CODEINE SOLUTION	ACETAMINOPHEN/CODEINE			PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period.			
ACETAMINOPHEN W/ CODEINE TABLETS	ACETAMINOPHEN/CODEINE			PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period.			
BUTALBITAL-ACETAMINOPHEN-CAFFEINE W/ CODEINE CAPSULES	FIORICET/CODEINE			PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period.			
BUTALBITAL-ASPIRIN-CAFFEINE W/COD CAPSULES	ASCOMP/CODEINE			PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period.			
HYDROCODONE-ACETAMINOPHEN CAPSULES	HYDROGESIC			PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period.			
HYDROCODONE-ACETAMINOPHEN SOLUTION	HYCET			PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period.			
HYDROCODONE-ACETAMINOPHEN TABLETS	VERDROCET			PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period.			



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HYDROCODONE-IBUPROFEN TABLETS	REPREXAIN			PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period.					
OXYCODONE W/ ACETAMINOPHEN CAPSULES	OXYCODONE/ACETAMINOPHEN			PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period.					
OXYCODONE W/ ACETAMINOPHEN SOLUTION	ROXICET			PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period.					
OXYCODONE W/ ACETAMINOPHEN TABLETS	ENDOCET			PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period.					
OXYCODONE-IBUPROFEN TABLETS	OXYCODONE/IBUPROFEN			PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period.					
OPIOID PARTIAL AGONISTS									
BUPRENORPHINE VARIOUS	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 PATCH WEEKLY	BUTRANS	Brand Only	Preferred Drug	PA Required					
BUPRENORPHINE SOLUTION PREFILLED SYRINGE	SUBLOCADE		Preferred Drug	PA Required					
BUPRENORPHINE HCL-NALOXONE HCL DIHYDRATE FILM	SUBOXONE FILM	Brand Only	Preferred Drug						
BUPRENORPHINE HCL-NALOXONE HCL DIHYDRATE SUBLINGUAL	BUPRENORPHINE HCL-NALOXONE HCL DIHYDRATE	FORMULATIONS ONLY	Preferred Drug						
METHADONE	VARIOUS			Only available at an Opioid Treatment Program (OTP) provider.					
ANDROGENS-ANABOLIC									
ANDROGENS**									
DANAZOL CAPSULES	DANAZOL								
FLUOXYMESTERONE TABLETS	ANDROXY								



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TESTOSTERONE CYPIONATE KIT	TESTONE CIK			PA Required			
TESTOSTERONE CYPIONATE SOLUTION	DEPO-TESTOSTERONE			PA Required			
TESTOSTERONE ENANTHATE SOLUTION	TESTOSTERONE ENANTHATE			PA Required			
TESTOSTERONE GEL	ANDROGEL			PA Required			
TESTOSTERONE PATCH 24-HOUR	ANDRODERM			PA Required			
TESTOSTERONE SOLUTION	AXIRON			PA Required			
ANORECTAL AGENTS							
INTRARECTAL STEROIDS							
HYDROCORTISONE (INTRARECTAL) ENEMA	COLOCORT						
HYDROCORTISONE ACETATE (INTRARECTAL) FOAM	CORTIFOAM						
RECTAL STEROIDS							
HYDROCORTISONE (RECTAL) CREAM	PROCTOCORT						
ANTACIDS							
ANTACIDS - CALCIUM SALTS							
CALCIUM CARBONATE (ANTACID) CHEWABLE TABLETS	CHILDRENS MYLANTA UPSET STOMACH RELIEF						
CALCIUM CARBONATE (ANTACID) TABLETS	CALCIUM CARBONATE						
ANTACID COMBINATIONS							
ALUM & MAG HYDROX-SIMETHICONE SUSPENSION	ANTACID FAST ACTING						
ANTACIDS - MAGNESIUM SALTS							
MAGNESIUM OXIDE TABLETS	MAGNESIUM OXIDE						
ANTHELMINTICS							
ANTHELMINTICS							
ALBENDAZOLE TABLETS	ALBENZA			PA Required			
IVERMECTIN TABLETS	STROMECTOL			PA Required			
PRAZIQUANTEL TABLETS	BILTRICIDE						
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.							
HYDROXYZINE HCL SYRUP	ATARAX SYRUP					300.00	30.00



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HYDROXYZINE HCL TABLETS	ATARAX TABLETS					240.00	30.00
HYDROXYZINE PAMOATE CAPSULES	VISTARIL					120.00	30.00
BUSPIRONE HCL TAB 5 MG	BUSPIRONE HCL			PA Required for > 1 Anxiolytic Medication in a 30-day time period.		120.00	30.00
BUSPIRONE HCL TAB 7.5 MG	BUSPIRONE HCL			PA Required for > 1 Anxiolytic Medication in a 30-day time period.		120.00	30.00
BUSPIRONE HCL TAB 10 MG	BUSPIRONE HCL			PA Required for > 1 Anxiolytic Medication in a 30-day time period.		120.00	30.00
BUSPIRONE HCL TAB 15 MG	BUSPIRONE HCL			PA Required for > 1 Anxiolytic Medication in a 30-day time period.		120.00	30.00
BUSPIRONE HCL TAB 30 MG	BUSPIRONE HCL			PA Required for > 1 Anxiolytic Medication in a 30-day time period.		60.00	30.00
BENZODIAZEPINES							
ALPRAZOLAM CONC 1 MG/ML	ALPRAZOLAM INTENSOL			PA Required for > 1 Anxiolytic Medication in a 30-day time period.		60.00	15.00
ALPRAZOLAM ORALLY DISINTEGRATING TAB 0.25 MG	VARIOUS			PA Required for > 1 Anxiolytic Medication in a 30-day time period.		120.00	30.00
ALPRAZOLAM ORALLY DISINTEGRATING TAB 0.5 MG	VARIOUS			PA Required for > 1 Anxiolytic Medication in a 30-day time period.		120.00	30.00
ALPRAZOLAM ORALLY DISINTEGRATING TAB 1 MG	VARIOUS			PA Required for > 1 Anxiolytic Medication in a 30-day time period.		120.00	30.00
ALPRAZOLAM ORALLY DISINTEGRATING TAB 2 MG	VARIOUS			PA Required for > 1 Anxiolytic Medication in a 30-day time period.		60.00	30.00
ALPRAZOLAM TAB 0.25 MG	VARIOUS			PA Required for > 1 Anxiolytic Medication in a 30-day time period.		120.00	30.00
ALPRAZOLAM TAB 0.5 MG	VARIOUS			PA Required for > 1 Anxiolytic Medication in a 30-day time period.		120.00	30.00
ALPRAZOLAM TAB 1 MG	VARIOUS			PA Required for > 1 Anxiolytic Medication in a 30-day time period.		120.00	30.00
ALPRAZOLAM TAB 2 MG	VARIOUS			PA Required for > 1 Anxiolytic Medication in a 30-day time period.		60.00	30.00
ALPRAZOLAM TAB SR 24HR 0.5 MG	VARIOUS			PA Required for > 1 Anxiolytic Medication in a 30-day time period.		30.00	30.00
ALPRAZOLAM TAB SR 24HR 1 MG	VARIOUS			PA Required for > 1 Anxiolytic Medication in a 30-day time period.		30.00	30.00
ALPRAZOLAM TAB SR 24HR 2 MG	VARIOUS			PA Required for > 1 Anxiolytic Medication in a 30-day time period.		30.00	30.00
ALPRAZOLAM TAB SR 24HR 3 MG	VARIOUS			PA Required for > 1 Anxiolytic Medication in a 30-day time period.		30.00	30.00
CHLORDIAZEPOXIDE HCL CAP 10 MG	VARIOUS			PA Required for > 1 Anxiolytic Medication in a 30-day time period.		60.00	30.00
CHLORDIAZEPOXIDE HCL CAP 25 MG	VARIOUS			PA Required for > 1 Anxiolytic Medication in a 30-day time period.		60.00	30.00



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



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- Effective Date: 1/1/2021

Drug Class/Drug Name	Reference Brand Name	Brand Only / Generic Notes	Preferred Drug Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days
OXAZEPAM CAP 10 MG	VARIOUS			PA Required for > 1 Anxiolytic Medication in a 30-day time period.		60.00	30.00
OXAZEPAM CAP 15 MG	VARIOUS			PA Required for > 1 Anxiolytic Medication in a 30-day time period.		60.00	30.00
OXAZEPAM CAP 30 MG	VARIOUS			PA Required for > 1 Anxiolytic Medication in a 30-day time period.		60.00	30.00
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 NEBULIZED	CROMOLYN SODIUM						
BRONCHODILATORS - ANTICHOLINERGICS							
ACLIDINIUM BROMIDE AEROSOL SOLUTION	TUDORZA PRESSAIR		Preferred Drug				
IPRATROPIUM BROMIDE HFA AEROSOL SOLUTION	ATROVENT HFA		Preferred Drug				
IPRATROPIUM BROMIDE SOLUTION	IPRATROPIUM BROMIDE		Preferred Drug				
TIOTROPIUM BROMIDE MONOHYDRATE CAPSULES	SPIRIVA HANDIHALER		Preferred Drug				
LEUKOTRIENE MODULATORS							
MONTELUKAST SODIUM CHEWABLE TABLETS	SINGULAIR					30.00	30.00
MONTELUKAST SODIUM GRANULES	SINGULAIR			PA Required for > 4 Years of Age			
MONTELUKAST SODIUM TABLETS	SINGULAIR					30.00	30.00
STEROID INHALANTS							
BUDESONIDE (INHALATION) SUSPENSION 0.25MG/2ML, 0.5MG/2ML & 1MG/2ML	VARIOUS		Preferred Drug	PA Required for > 4 Years of Age			
BUDESONIDE (INHALATION) AEROSOL POWDER	PULMICORT FLEXHALER		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							



Fee-For-Service Acute/Long Term Care Program Drug List

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ALBUTEROL SULFATE INHALER	ProAir	Brand Only	Preferred Drug Only ProAir					
ALBUTEROL SULFATE NEBULIZED	ALBUTEROL SULFATE							
ALBUTEROL SULFATE SYRUP	ALBUTEROL SULFATE							
BUDESONIDE-FORMOTEROL FUMARATE DIHYDRATE INHALER	SYMBICORT		Preferred Drug	Step Therapy	Patient must have tried one steroid inhaler: Beclomethasone Dipropionate, Budesonide, Fluticasone Propionate, or Mometasone			
FLUTICASONE-SALMETEROL ORAL INHALATION	ADVAIR DISKUS	Brand Only	Preferred Drug	Step Therapy	Patient must have tried one steroid inhaler: Beclomethasone Dipropionate, Budesonide,			
FLUTICASONE-SALMETEROL INHALER	ADVAIR HFA	Brand Only	Preferred Drug	Step Therapy	Patient must have tried one steroid inhaler: Beclomethasone Dipropionate, Budesonide, Fluticasone Propionate, or Mometasone			
GLYCOPYRROLATE-FORMOTEROL FUMARATE AEROSOL SOLUTION	BEVESPI AEROSPHERE		Preferred Drug	PA Required		1.00	30.00	
IPRATROPIUM-ALBUTEROL INHALER	COMBIVENT		Preferred Drug					
IPRATROPIUM-ALBUTEROL AEROSOL SOLUTION	COMBIVENT RESPIMAT		Preferred Drug					
IPRATROPIUM-ALBUTEROL SOLUTION	DUONEB		Preferred Drug					
MOMETASONE FUROATE-FORMOTEROL FUMARATE DIHYDRATE INHALER	DULERA		Preferred Drug	Step Therapy	Patient must have tried one steroid inhaler: Beclomethasone Dipropionate, Budesonide, Fluticasone Propionate, or Mometasone			
SALMETEROL XINAFOATE INHALER BREATH ACTIVATED SOLUTION	SEREVENT DISKUS STIOLTO RESPIMAT		Preferred Drug Preferred Drug	PA Required PA Required		1.00	30.00	
XANTHINES								
THEOPHYLLINE CAPSULE 24-HOUR	THEO-24							
THEOPHYLLINE ELIXIR	ELIXIROPHYLLIN							
THEOPHYLLINE SOLUTION	THEOPHYLLINE							
THEOPHYLLINE TABLET 12-HOUR	THEOCHRON							
THEOPHYLLINE TABLET 24-HOUR	THEOPHYLLINE ER							
ANTICOAGULANTS								
COUMARIN ANTICOAGULANTS								
WARFARIN SODIUM TABLETS	COUMADIN							
DIRECT FACTOR XA INHIBITORS								
APIXABAN TABLETS	ELIQUIS	Brand Only	Preferred Drug			60.00	30.00	
APIXABAN TABLETS STARTER PACK	ELIQUIS STARTER PACK	Brand Only	Preferred Drug			74.00	365.00	
RIVAROXABAN TABLETS	XARELTO	Brand Only	Preferred Drug			60.00	30.00	
RIVAROXABAN TABLETS THERAPY PACK	XARELTO STARTER PACK	Brand Only	Preferred Drug			51.00	30.00	
HEPARINS AND HEPARINOID-LIKE AGENTS								
ENOXAPARIN SODIUM INJ 100 MG/ML	VARIOUS		Preferred Drug			60.00	30.00	
ENOXAPARIN SODIUM INJ 120 MG/0.8ML	VARIOUS		Preferred Drug			60.00	30.00	
ENOXAPARIN SODIUM INJ 150 MG/ML	VARIOUS		Preferred Drug			60.00	30.00	
ENOXAPARIN SODIUM INJ 30 MG/0.3ML	VARIOUS		Preferred Drug			60.00	30.00	
ENOXAPARIN SODIUM INJ 300 MG/3ML	VARIOUS		Preferred Drug			60.00	30.00	
ENOXAPARIN SODIUM INJ 40 MG/0.4ML	VARIOUS		Preferred Drug			60.00	30.00	



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ENOXAPARIN SODIUM INJ 60 MG/0.6ML	VARIOUS		Preferred Drug			60.00	30.00
ENOXAPARIN SODIUM INJ 80 MG/0.8ML	VARIOUS		Preferred Drug			60.00	30.00
HEPARIN (PORCINE) IN SODIUM CHLORIDE SOLUTION	HEPARIN SODIUM/NACL 0.9%						
HEPARIN SOD (PORCINE) IN D5W SOLUTION	HEPARIN SODIUM/D5W						
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			60.00	30.00
ANTICONVULSANTS							
ANTICONVULSANTS - BENZODIAZEPINES							
CLOBAZAM SUSPENSION	ONFI			PA Required			
CLOBAZAM TABLETS	ONFI			PA Required			
CLONAZEPAM TAB 0.5 MG	KLONOPIN			PA Required for > 1 Anxiolytic Medication in a 30-day time period.		120.00	30.00
CLONAZEPAM TAB 1 MG	KLONOPIN			PA Required for > 1 Anxiolytic Medication in a 30-day time period.		120.00	30.00
CLONAZEPAM TAB 2 MG	KLONOPIN			PA Required for > 1 Anxiolytic Medication in a 30-day time period.		60.00	30.00
CLONAZEPAM ORALLY DISINTEGRATING TAB 0.125 MG	VARIOUS			PA Required for > 1 Anxiolytic Medication in a 30-day time period.		120.00	30.00
CLONAZEPAM ORALLY DISINTEGRATING TAB 0.25 MG	VARIOUS			PA Required for > 1 Anxiolytic Medication in a 30-day time period.		120.00	30.00
CLONAZEPAM ORALLY DISINTEGRATING TAB 0.5 MG	VARIOUS			PA Required for > 1 Anxiolytic Medication in a 30-day time period.		120.00	30.00
CLONAZEPAM ORALLY DISINTEGRATING TAB 1 MG	VARIOUS			PA Required for > 1 Anxiolytic Medication in a 30-day time period.		120.00	30.00
CLONAZEPAM ORALLY DISINTEGRATING TAB 2 MG	VARIOUS			PA Required for > 1 Anxiolytic Medication in a 30-day time period.		60.00	30.00
DIAZEPAM RECTAL GEL DELIVERY SYSTEM 10 MG	DIASAT					2.00	30.00
DIAZEPAM RECTAL GEL DELIVERY SYSTEM 2.5 MG	DIASAT					2.00	30.00
DIAZEPAM RECTAL GEL DELIVERY SYSTEM 20 MG	DIASAT					2.00	30.00
ANTICONVULSANTS - MISC.							
CARBAMAZEPINE (ANTIPSYCHOTIC) CAPSULE 12-HOUR	EQUETRO						
CARBAMAZEPINE CHEWABLE TABLETS	CARBAMAZEPINE						
CARBAMAZEPINE CAPSULE 12-HOUR	CARBATROL						
CARBAMAZEPINE SUSPENSION	TEGRETOL						
CARBAMAZEPINE TABLETS	EPITOL						
CARBAMAZEPINE TABLET 12-HOUR	TEGRETOL-XR						
EZOGBINE TABLETS	POTIGA			PA Required			
GABAPENTIN CAPSULES	NEURONTIN						
GABAPENTIN SOLUTION	NEURONTIN						
GABAPENTIN TABLETS	NEURONTIN						
GABAPENTIN (ONCE-DAILY) TABLETS	GRALISE			PA Required			



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GABAPENTIN ENACARBIL TABLET CONTROLLED RELEASE	HORIZANT			PA Required			
LACOSAMIDE SOLUTION	VIMPAT			PA Required			
LACOSAMIDE TABLETS	VIMPAT			PA Required			
LAMOTRIGINE CHEWABLE TABLETS	LAMICTAL						
LAMOTRIGINE KIT	LAMICTAL STARTER/TAKING VALPROATE						
LAMOTRIGINE TABLETS	LAMICTAL						
LAMOTRIGINE TABLET 24-HOUR	LAMICTAL XR						
LAMOTRIGINE ORALLY DISPERSABLE TABLET	LAMICTAL ODT						
LEVETIRACETAM SOLUTION	KEPPRA						
LEVETIRACETAM TABLETS	KEPPRA						
LEVETIRACETAM TABLET 24-HOUR	KEPPRA XR						
OXCARBAZEPINE SUSPENSION	TRILEPTAL						
OXCARBAZEPINE TABLETS	TRILEPTAL						
OXCARBAZEPINE TABLET 24-HOUR	OXTELLAR XR						
PREGABALIN CAPSULES (25MG, 50MG, 75MG, 100MG, 150MG, 200MG)	LYRICA					90.00	30.00
PREGABALIN CAPSULES (225MG, 300MG)	LYRICA					60.00	30.00
PREGABALIN SOLUTION	LYRICA					900.00	30.00
PRIMIDONE TABLETS	MYSOLINE						
RUFINAMIDE SUSPENSION	BANZEL			PA Required			
RUFINAMIDE TABLETS	BANZEL			PA Required			
TOPIRAMATE CAPSULE 24-HOUR	TROKENDI XR						
TOPIRAMATE SPRINKLE CAPSULES	TOPAMAX SPRINKLE						
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						
DIVALPROEX SODIUM TABLET 24-HOUR	DEPAKOTE ER						
DIVALPROEX SODIUM TABLET ENTERIC COATED	DEPAKOTE						
VALPROATE SODIUM SYRUP	DEPAKENE						
VALPROIC ACID CAPSULES	DEPAKENE						



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Drug Class/Drug Name	Reference Brand Name	Brand Only / Generic Notes	Preferred Drug Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days
VALPROIC ACID CAPSULE DELAYED RELEASE	STAVZOR						
ANTIDEPRESSANTS							
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)							
MIRTAZAPINE TABLETS	REMERON			PA Required for Ages < 6 years		30.00	30.00
MIRTAZAPINE ORALLY DISPERSABLE TABLET	REMERON SOLTAB			PA Required for Ages < 6 years		30.00	30.00
ANTAGONISTS							
ESKETAMINE HCL SOLUTION	SPRAVATO			PA Required			
NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIBITORS (NDRIS)							
BUPROPION HCL TABLETS	WELLBUTRIN			PA Required for Ages < 6 years		120.00	30.00
BUPROPION HCL TABLET 12-HOUR	BUDEPRION SR			PA Required for Ages < 6 years		60.00	30.00
BUPROPION HCL TABLET 24-HOUR (150MG and 300MG)	WELLBUTRIN XL			PA Required for Ages < 6 years		30.00	30.00
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)							
CITALOPRAM HYDROBROMIDE SOLUTION	CELEXA			PA Required for Ages < 6 years and for > the age of 12 years of age		600.00	30.00
CITALOPRAM HYDROBROMIDE TABLETS 10MG	CELEXA			PA Required for Ages < 6 years		60.00	30.00
CITALOPRAM HYDROBROMIDE TABLETS 20MG	CELEXA			PA Required for Ages < 6 years		30.00	30.00
CITALOPRAM HYDROBROMIDE TABLETS 40MG	CELEXA			PA Required for Ages < 6 years		30.00	30.00
ESCITALOPRAM OXALATE TABLETS 5MG	LEXAPRO			PA Required for Ages < 6 years		60.00	30.00
ESCITALOPRAM OXALATE TABLETS 10MG	LEXAPRO			PA Required for Ages < 6 years		30.00	30.00
ESCITALOPRAM OXALATE TABLETS 20MG	LEXAPRO			PA Required for Ages < 6 years		30.00	30.00
FLUOXETINE HCL CAPSULES ONLY 10MG	PROZAC			PA Required for Ages < 6 years		60.00	30.00
FLUOXETINE HCL CAPSULES ONLY 20MG	PROZAC			PA Required for Ages < 6 years		120.00	30.00
FLUOXETINE HCL CAPSULES ONLY 40MG	PROZAC			PA Required for Ages < 6 years		60.00	30.00
FLUOXETINE HCL SOLUTION	FLUOXETINE HCL			PA Required for Ages < 6 years and for > the age of 12 years of age		600.00	30.00
FLUVOXAMINE MALEATE TABLETS 25MG	LUVOX			PA Required for Ages < 6 years		60.00	30.00
FLUVOXAMINE MALEATE TABLETS 50MG	LUVOX			PA Required for Ages < 6 years		180.00	30.00
FLUVOXAMINE MALEATE TABLETS 100MG	LUVOX			PA Required for Ages < 6 years		90.00	30.00
PAROXETINE HCL TABLETS 10MG	PAXIL			PA Required for Ages < 6 years		30.00	30.00
PAROXETINE HCL TABLETS 20MG	PAXIL			PA Required for Ages < 6 years		30.00	30.00
PAROXETINE HCL TABLETS 30MG	PAXIL			PA Required for Ages < 6 years		30.00	30.00
PAROXETINE HCL TABLETS 40MG	PAXIL			PA Required for Ages < 6 years		45.00	30.00
SERTRALINE HCL CONCENTRATE	ZOLOFT			PA Required for Ages < 6 years and for > the age of 12 years of age		300.00	30.00
SERTRALINE HCL TABLETS 25MG	ZOLOFT			PA Required for Ages < 6 years		90.00	30.00
SERTRALINE HCL TABLETS 50MG	ZOLOFT			PA Required for Ages < 6 years		120.00	30.00
SERTRALINE HCL TABLETS 100MG	ZOLOFT			PA Required for Ages < 6 years		60.00	30.00
SEROTONIN MODULATORS							
TRAZODONE HCL TABLETS 50MG	TRAZODONE HCL			PA Required for Ages < 6 years		90.00	30.00
TRAZODONE HCL TABLETS 100MG	TRAZODONE HCL			PA Required for Ages < 6 years		120.00	30.00
TRAZODONE HCL TABLETS 150MG	TRAZODONE HCL			PA Required for Ages < 6 years		60.00	30.00
TRAZODONE HCL TABLETS 300MG	TRAZODONE HCL			PA Required for Ages < 6 years		30.00	30.00



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SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRI)							
DULOXETINE HCL CAPSULE DELAYED RELEASE 20MG	CYMBALTA			PA Required for Ages < 6 years		120.00	30.00
DULOXETINE HCL CAPSULE DELAYED RELEASE 30MG	CYMBALTA			PA Required for Ages < 6 years		120.00	30.00
DULOXETINE HCL CAPSULE DELAYED RELEASE 60MG	CYMBALTA			PA Required for Ages < 6 years		60.00	30.00
VENLAFAXINE HCL CONTROLLED RELEASE - CAPSULES ONLY 37.5MG	EFFEXOR XR			PA Required for Ages < 6 years		90.00	30.00
75MG	EFFEXOR XR			PA Required for Ages < 6 years		90.00	30.00
VENLAFAXINE HCL CONTROLLED RELEASE - CAPSULES ONLY 150MG	EFFEXOR XR			PA Required for Ages < 6 years		30.00	30.00
VENLAFAXINE HCL TABLETS - IMMEDIATE RELEASE ONLY 25MG- TABLETS ONLY	VENLAFAXINE HCL			PA Required for Ages < 6 years		120.00	30.00
VENLAFAXINE HCL TABLETS - IMMEDIATE RELEASE ONLY 37.5MG- TABLETS ONLY	VENLAFAXINE HCL			PA Required for Ages < 6 years		90.00	30.00
VENLAFAXINE HCL TABLETS - IMMEDIATE RELEASE ONLY 50MG- TABLETS ONLY	VENLAFAXINE HCL			PA Required for Ages < 6 years		90.00	30.00
VENLAFAXINE HCL TABLETS - IMMEDIATE RELEASE ONLY 75MG- TABLETS ONLY	VENLAFAXINE HCL			PA Required for Ages < 6 years		150.00	30.00
VENLAFAXINE HCL TABLETS - IMMEDIATE RELEASE ONLY 100MG- TABLETS ONLY	VENLAFAXINE HCL			PA Required for Ages < 6 years		90.00	30.00
TRICYCLIC AGENTS							
AMITRIPTYLINE HCL TABLETS	AMITRIPTYLINE HCL			PA Required for Ages < 6 years			
AMOXAPINE TABLETS	VARIOUS			PA Required for ages < 6 years			
CLOMIPRAMINE HCL CAPSULES	ANAFRANIL			PA Required for Ages < 6 years			
DESIPRAMINE HCL TABLETS	NORPRAMIN			PA Required for Ages < 6 years			
DOXEPIN HCL CAPSULES	DOXEPIN HCL			PA Required for Ages < 6 years		90.00	30.00
DOXEPIN HCL CONCENTRATE	DOXEPIN HCL			PA Required for Ages < 6 years		180.00	30.00
IMIPRAMINE HCL TABLETS	TOFRANIL			PA Required for Ages < 6 years			
IMIPRAMINE PAMOATE CAPSULES	TOFRANIL-PM			PA Required for Ages < 6 years		30.00	30.00
NORTRIPTYLINE HCL CAPSULES	PAMELOR			PA Required for Ages < 6 years			
NORTRIPTYLINE HCL SOLUTION	NORTRIPTYLINE HCL			PA Required for Ages < 6 years			
PROTRIPTYLINE HCL TABLETS	VIVACTIL			PA Required for Ages < 6 years			
TRIMIPRAMINE MALEATE	SURMONTIL			PA Required for Ages < 6 years			
ANTIDIABETICS							
ALPHA-GLUCOSIDASE INHIBITORS							
ACARBOSE TABLETS	PRECOSE						
ANTIDIABETIC - AMYLIN ANALOGS							
PRAMLINTIDE ACETATE SOLUTION PEN INJECTION	SYMLINPEN 60		Preferred Drug	PA Required			
ANTIDIABETIC COMBINATIONS							
EMPAGLIFLOZIN-LINAGLIPTIN TABLETS	GLYXAMBI		Preferred Drug	PA Required			
GLYBURIDE-METFORMIN HCL TABLETS	GLYBURIDE/METFORMIN HCL						
PIOGLITAZONE HCL-METFORMIN HCL TABLETS	ACTOPLUS MET						
PIOGLITAZONE HCL-METFORMIN HCL TABLET 24-HOUR	ACTOPLUS MET XR						
SITAGLIPTIN-METFORMIN HCL TABLETS	JANUMET		Preferred Drug	PA Required			



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SITAGLIPTIN-METFORMIN HCL TABLET 24-HOUR	JANUMET XR		Preferred Drug	PA Required				
BIGUANIDES								
METFORMIN HCL TABLETS	GLUCOPHAGE							
METFORMIN HCL TABLET 24-HOUR (GENERIC OF GLUCOPHAGE XR ONLY- 500MG & 750MG)	Various GENERIC OF GLUCOPHAGE XR ONLY- 500MG & 750MG			PA Required for Osmotic and Modified Release Products				
DIABETIC OTHER								
GLUCAGON (RDNA) KIT	GLUCAGON EMERGENCY KIT					1.00	30.00	
GLUCAGON HCL (RDNA) SOLUTION	GLUCAGEN HYPOKIT					1.00	30.00	
MIFEPRISTONE (HYPERGLYCEMIA) TABLETS	KORLYM			PA Required				
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS								
LINAGLIPTIN TABLETS	TRADJENTA		Preferred Drug	PA Required				
LINAGLIPTIN-METFORMIN HCL TABLETS	JENTADUETO		Preferred Drug	PA Required				
LIRAGLUTIDE SOLUTION PEN INJECTION	VICTOZA		Preferred Drug	PA Required				
SAXAGLIPTIN HCL TABLETS	ONGLYZA		Preferred Drug	PA Required				
SAXAGLIPTIN-METFORMIN HCL TABLETS	KOMBIGLYZE XR		Preferred Drug	PA Required				
SITAGLIPTIN PHOSPHATE TABLETS	JANUVIA		Preferred Drug	PA Required				
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)								
EXENATIDE SOLUTION PEN INJECTION	BYETTA		Preferred Drug	PA Required				
EXENATIDE PEN	BYDUREON		Preferred Drug	PA Required				
INSULIN SENSITIZING AGENTS								
PIOGLITAZONE HCL TABLETS	ACTOS							
INSULIN								
INSULIN ASPART SOLUTION	NOVOLOG	BRAND ONLY	Preferred Drug					
INSULIN ASPART SOCT	NOVOLOG PENFILL	BRAND ONLY	Preferred Drug					
INSULIN ASPART SOLUTION PEN INJECTION	NOVOLOG FLEXPEN	BRAND ONLY	Preferred Drug					
INSULIN ASPART PROTAMINE & ASPART (HUMAN) SUSPENSION (70/30)	NOVOLOG MIX 70/30	BRAND ONLY						
INSULIN ASPART PROTAMINE & ASPART (HUMAN) SUSPENSION PEN INJECTION (70/30)	NOVOLOG MIX 70/30 PREFILLED							
INSULIN DETEMIR SOLUTION	FLEXPEN	BRAND ONLY						
INSULIN DETEMIR SOLUTION PEN INJECTION	LEVEMIR	BRAND ONLY	Preferred Drug					
INSULIN DETEMIR SOLUTION PEN INJECTION	LEVEMIR FLEXPEN	BRAND ONLY	Preferred Drug					
INSULIN GLARGINE SOLUTION	LANTUS	BRAND ONLY	Preferred Drug					
INSULIN GLARGINE SOLUTION PEN INJECTION	LANTUS SOLOSTAR	BRAND ONLY	Preferred Drug					
INSULIN LISPRO (HUMAN) SOLUTION	HUMALOG	BRAND ONLY	Preferred Drug					
INSULIN LISPRO PROTAMINE & LISPRO (HUMAN) SUSPENSION (75-25)	HUMALOG MIX 75/25	BRAND ONLY	Preferred Drug					
INSULIN LISPRO PROTAMINE & LISPRO (HUMAN) SUSPENSION (50-50)	HUMALOG MIX 50/50	BRAND ONLY	Preferred Drug					
INSULIN LISPRO (HUMAN) SOLUTION PEN INJECTION 100/ML	HUMALOG JUNIOR KWIKPEN	BRAND ONLY	Preferred Drug					
INSULIN LISPRO (HUMAN) SOLUTION PEN INJECTION 100/ML	HUMALOG KWIKPEN	BRAND ONLY	Preferred Drug					
INSULIN LISPRO PROTAMINE & LISPRO (HUMAN) SUSPENSION PEN INJECTION (75-25)	HUMALOG MIX 75/25 KWIKPEN	BRAND ONLY	Preferred Drug					



Fee-For-Service Acute/Long Term Care Program Drug List

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Drug Class/Drug Name	Reference Brand Name	Brand Only / Generic Notes	Preferred Drug Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days
INSULIN LISPRO PROTAMINE & LISPRO (HUMAN) SUSPENSION PEN INJECTION (50-50)	HUMALOG MIX 50/50 KWIKPEN	BRAND ONLY	Preferred Drug				
INSULIN NPH (HUMAN) (ISOPHANE) SUSPENSION	HUMULIN N	BRAND ONLY	Preferred Drug				
INSULIN NPH (HUMAN) (ISOPHANE) SUSPENSION	NOVOLIN N	BRAND 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 REGULAR (HUMAN) SOLUTION	HUMULIN R	BRAND ONLY	Preferred Drug				
INSULIN REGULAR (HUMAN) SOLUTION	NOVOLIN R	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 REGULAR (HUMAN) SOLUTION PEN INJECTION	HUMULIN N KWIKPEN	BRAND ONLY	Preferred Drug				
MEGLITINIDE ANALOGUES							
NATEGLINIDE TABLETS	STARLIX						
REPAGLINIDE TABLETS	PRANDIN						
SGLT2S							
DAPAGLIFLOZIN PROPANEDIOL	FARXIGA		Preferred Drug	PA Required			
CANAGLIFLOZIN	INVOKANA		Preferred Drug	PA Required			
EMPAGLIFLOZIN	JARDIANCE		Preferred Drug	PA Required			
SULFONYLUREAS							
CHLORPROPAMIDE TABLETS	CHLORPROPAMIDE						
GLIMEPIRIDE TABLETS	AMARYL						
GLIPIZIDE TABLETS	GLUCOTROL						
GLIPIZIDE TABLET 24-HOUR	GLIPIZIDE XL						
GLYBURIDE MICRONIZED TABLETS	GLYNASE						
GLYBURIDE TABLETS	DIABETA						
TOLAZAMIDE TABLETS	TOLAZAMIDE						
TOLBUTAMIDE TABLETS	TOLBUTAMIDE						
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 HCL NASAL SPRAY	NARCAN NASAL SPRAY		Preferred Drug				
NALTREXONE HCL TABLETS	NALTREXONE HCL		Preferred Drug				
NALTREXONE SUSPENSION	VIVITROL		Preferred Drug				
ANTIEMETICS							



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5-HT3 RECEPTOR ANTAGONISTS							
DOLASETRON MESYLATE TABLETS	ANZEMET			PA Required			
GRANISETRON HCL SOLUTION	GRANISOL			PA Required			
GRANISETRON HCL TABLETS	GRANISETRON HCL			PA Required			
ONDANSETRON HCL SOLUTION	ZOFRAN					150.00	30.00
ONDANSETRON HCL TABLETS	ZOFRAN					30.00	30.00
ONDANSETRON ORALLY DISPERSABLE TABLET	ZOFRAN ODT					30.00	30.00
ANTIEMETICS - ANTICHOLINERGIC							
MECLIZINE HCL CHEWABLE TABLETS	MECLIZINE HCL						
MECLIZINE HCL TABLETS	MECLIZINE HCL						
TRIMETHOBENZAMIDE HCL CAPSULES	TIGAN						
TRIMETHOBENZAMIDE HCL SOLUTION	TIGAN						
ANTIEMETICS - MISCELLANEOUS							
DRONABINOL CAPSULES	MARINOL			PA Required			
PROCHLORPERAZINE MALEATE TABLETS	COMPAZINE						
PROCHLORPERAZINE SUPPOSITORY	COMPAZINE						
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONIST							
APREPITANT CAPSULES	EMEND					6.00	21.00
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					90.00	365.00
IMIDAZOLE-RELATED ANTIFUNGALS							
FLUCONAZOLE SUSPENSION	DIFLUCAN					600.00	30.00
FLUCONAZOLE TABLETS	DIFLUCAN					60.00	30.00
ANTIHISTAMINES							
ANTIHISTAMINES - ALKYLAMINES							
BROMPHENIRAMINE MALEATE	J-TAN PD						
CHLORPHENIRAMINE MALEATE TABLETS	CHLORPHENIRAMINE MALEATE						
DEXCHLORPHENIRAMINE MALEATE SYRUP	DEXCHLORPHENIRAMINE MALEATE						
ANTIHISTAMINES - ETHANOLAMINES							
CLEMASTINE FUMARATE SYRUP	CLEMASTINE FUMARATE						
CLEMASTINE FUMARATE TABLETS	CLEMASTINE FUMARATE						
DIPHENHYDRAMINE HCL CAPSULES	BANOPHEN						
DIPHENHYDRAMINE HCL CHEWABLE TABLETS	BENADRYL ALLERGY CHILDRENS						
DIPHENHYDRAMINE HCL ELIXIR	MEDI-PHEDRYL						
DIPHENHYDRAMINE HCL LIQUID	BANOPHEN						
DIPHENHYDRAMINE HCL SOLUTION	DIPHENHYDRAMINE HCL						
DIPHENHYDRAMINE HCL STRP	TRIAMINIC COUGH & RUNNY NOSE						



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DIPHENHYDRAMINE HCL SUSPENSION	DICOPANOL FUSEPAQ						
DIPHENHYDRAMINE HCL SYRUP	ALTARYL						
DIPHENHYDRAMINE HCL TABLETS	ALKA-SELTZER PLUS ALLERGY FAST RELIEF FORMULA						
DIPHENHYDRAMINE HCL ORALLY DISPERSABLE TABLET	WAL-DRYL ALLERGY RELIEF CHILDRENS						
ANTIHISTAMINES - NON-SEDATING							
CETIRIZINE HCL CAPSULES	ZYRTEC ALLERGY					30.00	30.00
CETIRIZINE HCL CHEWABLE TABLETS	WAL-ZYR CHILDRENS					30.00	30.00
CETIRIZINE HCL SYRUP	ALL DAY ALLERGY CHILDRENS					150.00	30.00
CETIRIZINE HCL TABLETS	CETIRIZINE HCL					30.00	30.00
CETIRIZINE HCL ORALLY DISPERSABLE TABLET	ZYRTEC ALLERGY					30.00	30.00
FEXOFENADINE HCL SUSPENSION	ALLEGRA ALLERGY CHILDRENS					150.00	30.00
FEXOFENADINE HCL TABLETS	ALLEGRA ALLERGY CHILDRENS					30.00	30.00
FEXOFENADINE HCL ORALLY DISPERSABLE TABLET	ALLEGRA ALLERGY CHILDRENS					30.00	30.00
LORATADINE CAPSULES	CLARITIN					30.00	30.00
LORATADINE CHEWABLE TABLETS	CLARITIN					30.00	30.00
LORATADINE SYRUP	CLARITIN					150.00	30.00
LORATADINE TABLETS	ALAVERT					30.00	30.00
LORATADINE ORALLY DISPERSABLE TABLET	CLARITIN REDITABLETS					30.00	30.00
ANTIHISTAMINES - PHENOTHAZINES							
PROMETHAZINE HCL SOLUTION	PROMETHAZINE HCL						
PROMETHAZINE HCL SUPPOSITORY	PHENADOZ						
PROMETHAZINE HCL TABLETS	PROMETHAZINE HCL						
ANTIHISTAMINES - PIPERIDINES							
CYPROHEPTADINE HCL SYRUP	CYPROHEPTADINE HCL						
CYPROHEPTADINE HCL TABLETS	CYPROHEPTADINE HCL						
ANTIHYPERTENSIVES							
BILE ACID SEQUESTRANTS							
CHOLESTYRAMINE LIGHT PACK	PREVALITE						
CHOLESTYRAMINE LIGHT POWDER	PREVALITE						
CHOLESTYRAMINE PACKETS	QUESTRAN						
CHOLESTYRAMINE POWDER	QUESTRAN						
COLESTIPOL HCL TABLETS	COLESTID						
FIBRIC ACID DERIVATIVES							
200MG	VARIOUS						
FENOFIBRATE TABLETS 48MG, 54MG, 145MG & 160MG	VARIOUS						
FENOFIBRIC ACID TABLETS	FIBRICOR						
GEMFIBROZIL TABLETS	LOPID						
HMG COA REDUCTASE INHIBITORS							
ATORVASTATIN CALCIUM TABLETS	LIPITOR					30.00	30.00
LOVASTATIN TABLETS	LOVASTATIN					30.00	30.00
PRAVASTATIN SODIUM TABLETS	PRAVASTATIN SODIUM					30.00	30.00
ROSUVASTATIN CALCIUM TABLETS	CRESTOR					30.00	30.00



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SIMVASTATIN TABLETS	ZOCOR					30.00	30.00
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS							
EZETIMIBE TABLETS	ZETIA			PA Required			
NICOTINIC ACID DERIVATIVES							
NIACIN CAPSULE CONTROLLED RELEASE	VARIOUS						
NIACIN TABLET CONTROLLED RELEASE	VARIOUS						
ANTIHYPERTENSIVES							
ACE INHIBITORS							
BENAZEPRIL HCL TABLETS	BENAZEPRIL HCL						
CAPTOPRIL TABLETS	CAPTOPRIL						
ENALAPRIL MALEATE SOLUTION	EPANED						
ENALAPRIL MALEATE TABLETS	VASOTEC						
FOSINOPRIL SODIUM TABLETS	FOSINOPRIL SODIUM						
LISINOPRIL TABLETS	ZESTRIL						
MOEXIPRIL HCL TABLETS	UNIVASC						
PERINDOPRIL ERBUMINE TABLETS	PERINDOPRIL ERBUMINE						
QUINAPRIL HCL TABLETS	ACCUPRIL						
RAMIPRIL CAPSULES	ALTACE						
TRANDOLAPRIL TABLETS	MAVIK						
ANGIOTENSIN II RECEPTOR ANTAGONISTS							
CANDESARTAN CILEXETIL TABLETS	ATACAND			Step Therapy	Patient must have tried Losartan, Irbesartan		
IRBESARTAN TABLETS	AVAPRO						
LOSARTAN POTASSIUM TABLETS	COZAAR						
OLMESARTAN MEDOXOMIL TABLETS	BENICAR			Step Therapy	Patient must have tried Irbesartan & Losartan		
VALSARTAN TABLETS	DIOVAN						
ANTIADRENERGIC ANTIHYPERTENSIVES							
CLONIDINE HCL PATCH WEEKLY	CATAPRES-TTS			PA Required for Ages < 6 years		4.00	28.00
CLONIDINE HCL TABLETS	CATAPRES			PA Required for Ages < 6 years			
DOXAZOSIN MESYLATE TABLETS	CARDURA						
GUANFACINE HCL TABLETS	TENEX			PA Required for Ages < 6 years			
METHYLDOPA TABLETS	METHYLDOPA						
PRAZOSIN HCL CAPSULES	MINIPRESS						
TERAZOSIN HCL CAPSULES	TERAZOSIN HCL						
ANTIHYPERTENSIVE COMBINATIONS							
ATENOLOL & CHLORTHALIDONE TABLETS	VARIOUS						
BISOPROLOL & HYDROCHLOROTHIAZIDE TABLETS	ZIAC						
CAPTOPRIL & HYDROCHLOROTHIAZIDE TABLETS	CAPTOPRIL/HYDROCHLOROTHIAZIDE						
ENALAPRIL MALEATE & HYDROCHLOROTHIAZIDE TABLETS	ENALAPRIL MALEATE/HYDROCHLOROTHIAZIDE						
FOSINOPRIL SODIUM & HYDROCHLOROTHIAZIDE TABLETS	FOSINOPRIL SODIUM/HYDROCHLOROTHIAZIDE						
LISINOPRIL & HYDROCHLOROTHIAZIDE TABLETS	ZESTORETIC						
LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE TABLETS	HYZAAR						



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METOPROLOL & HYDROCHLOROTHIAZIDE TABLETS	LOPRESSOR HCT						
MOEXIPRIL-HYDROCHLOROTHIAZIDE TABLETS	UNIRETIC						
OLMESARTAN MEDOXOMIL-HYDROCHLOROTHIAZIDE TABLETS	BENICAR HCT						
PROPRANOLOL & HYDROCHLOROTHIAZIDE TABLETS	PROPRANOLOL/HYDROCHLOROTHIAZIDE						
QUINAPRIL-HYDROCHLOROTHIAZIDE TABLETS	ACCURETIC						
VALSARTAN-HYDROCHLOROTHIAZIDE TABLETS	DIOVAN HCT						
DIRECT RENIN INHIBITORS							
ALISKIREN FUMARATE TABLETS	TEKTURNA			PA Required			
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 CAPSULES	FLAGYL						
METRONIDAZOLE TABLETS	FLAGYL						
RIFAXIMIN TABLETS	XIFAXAN			PA Required			
TRIMETHOPRIM TABLETS	TRIMETHOPRIM						
VANCOMYCIN HCL CAPSULES	VANCOCIN HCL			PA Required			
VANCOMYCIN HCL SOLUTION	FIRST-VANCOMYCIN 25			PA Required			
ANTI-INFECTIVE MISC. - COMBINATIONS							
ERYTHROMYCIN-SULFISOXAZOLE SUSPENSION	E.S.P.						
SULFAMETHOXAZOLE-TRIMETHOPRIM SUSPENSION	SULFATRIM PEDIATRIC						
SULFAMETHOXAZOLE-TRIMETHOPRIM TABLETS	BACTRIM						
LEPROSTATICS							
DAPSONE TABLETS	DAPSONE						
LINCOSAMIDES							
CLINDAMYCIN HCL CAPSULES	CLEOCIN						
CLINDAMYCIN PALMITATE HYDROCHLORIDE SOLUTION	CLEOCIN PEDIATRIC GRANULES						
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						
PYRIMETHAMINE TABLETS	DARAPRIM						
QUININE SULFATE CAPSULES	QUALAQUIN						



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ANTIMYASTHENIC/CHOLINERGIC AGENTS							
ANTIMYASTHENIC/CHOLINERGIC AGENTS							
PYRIDOSTIGMINE BROMIDE SYRUP	MESTINON						
PYRIDOSTIGMINE BROMIDE TABLETS	MESTINON						
PYRIDOSTIGMINE BROMIDE TABLET CONTROLLED RELEASE	MESTINON TIMESPAN						
ANTIMYCOBACTERIAL AGENTS							
ANTI TB COMBINATIONS							
ISONIAZID & RIFAMPIN CAPSULES	RIFAMATE						
ANTIMYCOBACTERIAL AGENTS							
ETHAMBUTOL HCL TABLETS	MYAMBUTOL						
ISONIAZID SYRUP	ISONIAZID						
ISONIAZID TABLETS	ISONIAZID						
PYRAZINAMIDE TABLETS	PYRAZINAMIDE						
RIFAMPIN CAPSULES	RIFADIN						
ANTINEOPLASTIC AGENTS, NOT LISTED BELOW, ARE AVAILABLE THROUGH PRIOR AUTHORIZATION							
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES							
ALKYLATING AGENTS							
ALTRETAMINE CAPSULES	HEXALEN			PA Required			
CYCLOPHOSPHAMIDE CAPSULES	CYCLOPHOSPHAMIDE						
CYCLOPHOSPHAMIDE TABLETS	CYCLOPHOSPHAMIDE						
LOMUSTINE CAPSULES	CEENU						
TEMOZOLOMIDE CAPSULES	TEMODAR			PA Required			
ANTIMETABOLITES							
MERCAPTOPYRINE TABLETS	VARIOUS						
METHOTREXATE SODIUM TABLETS	METHOTREXATE						
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS							
VISMODEGIB CAPSULES	ERIVEDGE			PA Required			
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS							
ABIRATERONE ACETATE TABLETS	ZYTIGA			PA Required			
ANASTROZOLE TABLETS	ARIMIDEX			PA Required			
BICALUTAMIDE TABLETS	CASODEX						
DEGARELIXIR ACETATE SOLUTION	FIRMAGON			PA Required			
ESTRAMUSTINE PHOSPHATE SODIUM CAPSULES	EMCYT			PA Required			
EXEMESTANE TABLETS	AROMASIN			PA Required			
FLUTAMIDE CAPSULES	FLUTAMIDE						
LETROZOLE TABLETS	FEMARA			PA Required			
LEUPROLIDE ACETATE (3 MONTH) KIT	LUPRON DEPOT			PA Required			
LEUPROLIDE ACETATE (4 MONTH) KIT	LUPRON DEPOT			PA Required			
LEUPROLIDE ACETATE (6 MONTH) KIT	ELIGARD			PA Required			
LEUPROLIDE ACETATE KIT	LUPRON DEPOT			PA Required			



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MEGESTROL ACETATE SUSPENSION	MEGACE ORAL						
MEGESTROL ACETATE TABLETS	MEGESTROL ACETATE						
MITOTANE TABLETS	LYSODREN						
NILUTAMIDE TABLETS	NILANDRON					60.00	30.00
TAMOXIFEN CITRATE SOLUTION	SOLTAMOX						
TAMOXIFEN CITRATE TABLETS	TAMOXIFEN CITRATE						
TOREMIFENE CITRATE TABLETS	FARESTON			PA Required			
ANTINEOPLASTIC ENZYME INHIBITORS							
ALECTINIB HCL CAPSULES	ALECENSA			PA Required			
AXITINIB TABLETS	INLYTA			PA Required			
COBIMETINIB FUMARATE TABLETS	COTELLIC			PA Required			
CRIZOTINIB CAPSULES	XALKORI			PA Required			
DASATINIB TABLETS	SPRYCEL			PA Required			
ERLOTINIB HCL TABLETS	TARCEVA			PA Required			
EVEROLIMUS TABLETS	AFINITOR			PA Required			
EVEROLIMUS TBSO	AFINITOR DISPERZ			PA Required			
GEFITINIB TABLETS	IRESSA			PA Required			
IBRUTINIB CAPSULES	IMBRUVICA			PA Required			
IMATINIB MESYLATE TABLETS	GLEEVEC			PA Required			
IBRUTINIB TABLETS	IMBRUVICA			PA Required			
LAPATINIB DITOSYLATE TABLETS	TYKERB			PA Required			
IXAZOMIB CITRATE CAPSULES	NINLARO			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						
TRETINOIN (CHEMOTHERAPY) CAPSULES	TRETINOIN			PA Required For > 26 Years of Age			
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS							
LEUCOVORIN CALCIUM TABLETS	LEUCOVORIN CALCIUM						



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MITOTIC INHIBITORS							
ETOPOSIDE CAPSULES	ETOPOSIDE						
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 TABLET CONTROLLED RELEASE	SINEMET CR						
PRAMIPEXOLE DIHYDROCHLORIDE TABLETS	MIRAPEX						
ROPINIROLE HYDROCHLORIDE TABLETS	REQUIP						
ANTIPSYCHOTICS/ANTIMANIC AGENTS							
ANTIMANIC AGENTS							
LITHIUM CARBONATE CAPSULES	LITHIUM CARBONATE				Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration		
LITHIUM CARBONATE POWDER	LITHIUM CARBONATE				Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration		
LITHIUM CARBONATE TABLETS	LITHIUM CARBONATE				Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration		
LITHIUM CARBONATE TABLET CONTROLLED RELEASE	LITHOBID				Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration		



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LITHIUM SOLUTION	LITHIUM			Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration			
ANTIPSYCHOTICS - SECOND GENERATION - ATYPICAL ORAL AGENTS							
ARIPIPIRAZOLE TABLETS	ABILIFY		Preferred Drug	PA Required for < 6 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.		30.00	30.00
CLOZAPINE ORALLY DISPERSABLE TABLET	FAZACLO		Preferred Drug	PA Required for Ages < 18 years Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.		150.00	30.00
CLOZAPINE TABLETS	CLOZARIL		Preferred Drug	PA Required for Ages < 18 years Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.		150.00	30.00
LURASIDONE HCL TABS	LATUDA		Preferred Drug	PA Required for < 6 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.		30.00	30.00
OLANZAPINE ORALLY DISPERSABLE TABLET 5MG	ZYPREXA ZYDIS		Preferred Drug	PA Required for < 6 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.		60.00	30.00
OLANZAPINE ORALLY DISPERSABLE TABLET 10MG	ZYPREXA ZYDIS		Preferred Drug	PA Required for < 6 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.		60.00	30.00



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OLANZAPINE ORALLY DISPERSABLE TABLET 15MG	ZYPREXA ZYDIS		Preferred Drug	PA Required for < 6 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.		30.00	30.00
OLANZAPINE ORALLY DISPERSABLE TABLET 20MG	ZYPREXA ZYDIS		Preferred Drug	PA Required for < 6 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.		30.00	30.00
OLANZAPINE TABLETS	ZYPREXA		Preferred Drug	PA Required for < 6 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.		30.00	30.00
QUETIAPINE FUMARATE TABLETS	SEROQUEL		Preferred Drug	PA Required for < 6 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.		60.00	30.00
RISPERIDONE ORALLY DISPERSABLE TABLET	RISPERIDONE ODT		Preferred Drug	PA Required for < 6 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.		60.00	30.00
RISPERIDONE ORAL SOLUTION	RISPERDAL		Preferred Drug	PA Required for < 6 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.		240.00	30.00
RISPERIDONE TABLETS	RISPERDAL		Preferred Drug	PA Required for < 6 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.		60.00	30.00



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ZIPRASIDONE HCL CAPSULES	GEODON		Preferred Drug	PA Required for < 6 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.		60.00	30.00
ANTIPSYCHOTICS - SECOND GENERATION - ATYPICAL LONG ACTING INJECTABLES							
ARIPIPIRAZOLE LAUROXIL	ARISTADA		Preferred Drug	PA Required for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.		1.00	30.00
ARIPIPIRAZOLE LAUROXIL PREFILLED SYRINGE	ARISTADA INITIO		Preferred Drug	PA Required for Ages < 18 years Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.		2.00	365.00
ARIPIPIRAZOLE SUSPENSION	ABILIFY MAINTENA		Preferred Drug	PA Required for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.		1.00	30.00
PALIPERIDONE PALMITATE SUSPENSION	INVEGA SUSTENNA		Preferred Drug	PA Required for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.		1.00	30.00
PALIPERIDONE PALMITATE SUSPENSION	INVEGA TRINZA		Preferred Drug	PA Required for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.		1.00	84.00



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RISPERIDONE MICROSPHERES SUSPENSION	RISPERDAL CONSTA		Preferred Drug	PA Required for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.		2.00	30.00
AGENTS							
CHLORPROMAZINE HCL SOLUTION	VARIOUS			PA Required for < 6 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.			
CHLORPROMAZINE HCL TABLETS	VARIOUS			PA Required for < 6 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.			
FLUPHENAZINE HCL CONCENTRATE	VARIOUS			PA Required for < 6 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.			
FLUPHENAZINE HCL ELIXIR	VARIOUS			PA Required for < 6 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.			
FLUPHENAZINE HCL TABLETS	VARIOUS			PA Required for < 6 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.			
HALOPERIDOL LACTATE CONCENTRATE	VARIOUS			PA Required for < 6 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.			



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HALOPERIDOL TABLETS	VARIOUS			PA Required for < 6 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.			
LOXAPINE SUCCINATE CAPSULES	LOXITANE			PA Required for < 6 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.			
PERPHENAZINE TABLETS	VARIOUS			PA Required for < 6 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.			
PIMOZIDE	ORAP			PA Required for < 6 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.			
THIORIDAZINE HCL TABLETS	VARIOUS			PA Required for < 6 years of age. Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.			
THIOTHIXENE CAPSULES	VARIOUS			PA Required for < 12 years of age. Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.			
TRIFLUOPERAZINE HCL TABLETS	VARIOUS			PA Required for < 6 years of age. Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.			



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ANTIPSYCHOTICS - FIRST GENERATION -TYPICAL -LONG ACTING INJECTIONS								
FLUPHENAZINE DECANOATE SOLUTION	FLUPHENAZINE DECANOATE			PA Required for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.				
HALOPERIDOL DECANOATE SOLUTION	HALDOL DECANOATE 50			PA Required for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.				
ANTIVIRALS								
ANTIRETROVIRALS								
ABACAVIR SULFATE SOLUTION	ZIAGEN							
ABACAVIR SULFATE TABLETS	ZIAGEN							
ABACAVIR SULFATE-LAMIVUDINE TABLETS	EPZICOM							
ABACAVIR SULFATE-LAMIVUDINE-ZIDOVUDINE TABLETS	TRIZIVIR							
ABACAVIR-DOLUTEGRAVIR-LAMIVUDINE TABLETS	TRIUMEQ							
ATAZANAVIR SULFATE CAPSULES	REYATAZ							
ATAZANAVIR SULFATE PACK	REYATAZ							
ATAZANAVIR SULFATE-COBIICSTAT TABLETS	EVOTAZ							
BICTEGRAVIR-EMTRICITABINE-TENOFOVIR ALAFENAMIDE FUMARATE TABLETS	BIKTARVY					30.00	30.00	
COBICISTAT TABLETS	TYBOST					30.00	30.00	
DARUNAVIR ETHANOLATE SUSPENSION	PREZISTA							
DARUNAVIR ETHANOLATE TABLETS	PREZISTA							
DARUNAVIR-COBIICSTAT TABLETS	PREZCOBIX							
DELAVIRDINE MESYLATE TABLETS	RESCRIPTOR							
DIDANOSINE CAPSULE DELAYED RELEASE	VIDEX EC							
DIDANOSINE SOLUTION	VIDEX PEDIATRIC							
DOLUTEGRAVIR SODIUM TABLETS	TIVICAY							
DORAVIRINE TABLETS	PIFELTRO							
EFAVIRENZ CAPSULES	SUSTIVA							
EFAVIRENZ TABLETS	SUSTIVA							
EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TABLETS	ATRIPLA	Brand Only						
ELVITEGRAVIR TABLETS	VITEKTA							
TABLETS	STRIBILD							
ELVITEGRAVIR-COBIICSTAT-EMTRICITABINE-TENOFOVIR ALAFENAMIDE TABLETS	GENVOYA					30.00	30.00	



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EMTRICITABINE CAPSULES	EMTRIVA						
EMTRICITABINE SOLUTION	EMTRIVA						
EMTRICITABINE-RILPIVIRINE-TENOFOVIR ALAFENAMIDE FUMARATE TABLETS	ODEFSEY					30.00	30.00
EMTRICITABINE-RILPIVIRINE-TENOFOVIR DISOPROXIL FUMARATE TABLETS	COMPLERA						
EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TABLETS	DESCOVY					30.00	30.00
EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TABLETS	TRUVADA	Brand Only					
ENFUVRTIDE SOLUTION	FUZEON			PA Required		1.00	30.00
ETRAVIRINE TABLETS	INTELENCE						
FOSAMPRENAVIR CALCIUM SUSPENSION	LEXIVA						
FOSAMPRENAVIR CALCIUM TABLETS	LEXIVA						
INDINAVIR SULFATE CAPSULES	CRIXIVAN						
LAMIVUDINE SOLUTION	EPIVIR						
LAMIVUDINE TABLETS	EPIVIR						
LAMIVUDINE-ZIDOVUDINE TABLETS	COMBIVIR						
LOPINAVIR-RITONAVIR SOLUTION	KALETRA						
LOPINAVIR-RITONAVIR TABLETS	KALETRA						
MARAVIROC TABLETS	SELZENTRY			PA Required			
NELFINAVIR MESYLATE TABLETS	VIRACEPT						
NEVIRAPINE SUSPENSION	VIRAMUNE						
NEVIRAPINE TABLETS	VIRAMUNE						
NEVIRAPINE TABLET 24-HOUR	VIRAMUNE XR						
RALTEGRAVIR POTASSIUM CHEWABLE TABLETS	ISENTRISS						
RALTEGRAVIR POTASSIUM PACK	ISENTRISS						
RALTEGRAVIR POTASSIUM TABLETS	ISENTRISS						
RILPIVIRINE HCL TABLETS	EDURANT						
RITONAVIR CAPSULES	NORVIR						
RITONAVIR SOLUTION	NORVIR						
RITONAVIR TABLETS	NORVIR						
SAQUINAVIR MESYLATE CAPSULES	INVIRASE						
SAQUINAVIR MESYLATE TABLETS	INVIRASE						
STAVUDINE CAPSULES	ZERIT						
STAVUDINE SOLUTION	ZERIT						
TENOFOVIR DISOPROXIL FUMARATE POWDER	VIREAD						
TENOFOVIR DISOPROXIL FUMARATE TABLETS	VIREAD						
TIPRANAVIR CAPSULES	APTIVUS						
TIPRANAVIR SOLUTION	APTIVUS						
ZIDOVUDINE CAPSULES	RETROVIR						
ZIDOVUDINE SYRUP	RETROVIR						
ZIDOVUDINE TABLETS	ZIDOVUDINE						
CMV AGENTS							
VALGANCICLOVIR HCL SOLUTION	VALCYTE			PA Required			



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VALGANCICLOVIR HCL TABLETS	VALCYTE			PA Required			
HEPATITIS AGENTS							
ADEFOVIR DIPIVOXIL TABLETS	HEPSERA			PA Required			
ENTECAVIR SOLUTION	BARACLUDE			PA Required			
ENTECAVIR TABLETS	BARACLUDE			PA Required			
GLECAPREVIR-PIBRENTASVIR TABLETS	MAVYRET		Preferred Drug	PA Required			
LAMIVUDINE (HBV) SOLUTION	EPIVIR HBV						
LAMIVUDINE (HBV) TABLETS	EPIVIR HBV						
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			
TELBIVUDINE TABLETS	TYZKA			PA Required			
HERPES AGENTS							
ACYCLOVIR SUSPENSION	ZOVIRAX						
ACYCLOVIR TABLETS	ZOVIRAX						
FAMCICLOVIR TABLETS	FAMVIR						
VALACYCLOVIR HCL TABLETS	VALTREX					30.00	30.00
INFLUENZA AGENTS							
OSELTAMIVIR PHOSPHATE CAPSULES	TAMIFLU					10.00	30.00
OSELTAMIVIR PHOSPHATE SUSPENSION	TAMIFLU					35.00	30.00
RIMANTADINE HYDROCHLORIDE TABLETS	FLUMADINE						
ZANAMIVIR AEPB	RELENZA DISKHALER					40.00	270.00
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	GAMASTAN S/D (IM)	Brand Only	Preferred Drug	PA REQUIRED			
IMMUNE GLOBULIN	GAMMAGARD LIQUID (INJ)	Brand Only	Preferred Drug	PA REQUIRED			
IMMUNE GLOBULIN	GAMMAGARD S-D LIQUID (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			
CHELATING AGENTS							
PENICILLAMINE CAPSULES	CUPRIMINE						
IMMUNOMODULATORS							
LENALIDOMIDE CAPSULES	REVLIMID			PA Required			
THALIDOMIDE CAPSULES	THALOMID			PA Required			
IMMUNOSUPPRESSIVE AGENTS							
AZATHIOPRINE TABLETS	IMURAN						
CYCLOSPORINE CAPSULES	SANDIMMUNE						
CYCLOSPORINE MODIFIED (FOR MICROEMULSION) CAPSULES	GENGRAF						



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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 24-HOUR	ASTAGRAF XL						
POTASSIUM REMOVING RESINS							
SODIUM POLYSTYRENE SULFONATE POWDER	KAYEXALATE						
SODIUM POLYSTYRENE SULFONATE SUSPENSION	KIONEX						
BETA BLOCKERS							
ALPHA-BETA BLOCKERS							
CARVEDILOL TABLETS	COREG						
LABETALOL HCL TABLETS	TRANDATE						
BETA BLOCKERS CARDIO-SELECTIVE							
ATENOLOL TABLETS	TENORMIN						
ATENOLOL/CHLORHALIDONE	VARIOUS						
BISOPROLOL FUMARATE TABLETS	ZEBETA						
BISOPROLOL/HCTZ	VARIOUS						
METOPROLOL SUCCINATE TABLET 24-HOUR	TOPROL XL						
METOPROLOL TARTRATE TABLETS	METOPROLOL TARTRATE						
METOPROLOL TARTRATE/HCTZ	VARIOUS						
BETA BLOCKERS NON-SELECTIVE							
NADOLOL	VARIOUS				PA NOT REQUIRED FOR CHILDREN AND ADOLESCENTS UNDER 19 YEARS OF AGE		
PROPRANOLOL HCL CAPSULE 24-HOUR	INDERAL LA						
PROPRANOLOL HCL SOLUTION	PROPRANOLOL HCL						
PROPRANOLOL HCL TABLETS	PROPRANOLOL HCL						
SOTALOL HCL TABLETS	BETAPACE						
CALCIUM CHANNEL BLOCKERS							
CALCIUM CHANNEL BLOCKERS							
AMLODIPINE BESYLATE TABLETS	NORVASC					30.00	30.00
DILTIAZEM HCL COATED BEADS CAPSULE 24-HOUR	CARDIZEM CD						
DILTIAZEM HCL CAPSULE 12-HOUR	DILTIAZEM HCL ER					60.00	30.00
DILTIAZEM HCL CAPSULE 24-HOUR	DILTIAZEM HCL ER					30.00	30.00
DILTIAZEM HCL TABLETS	CARDIZEM						
FELODIPINE TABLET 24-HOUR	FELODIPINE ER						
NIFEDIPINE CAPSULES	PROCARDIA						
NIFEDIPINE TABLET 24-HOUR	ADALAT CC					30.00	30.00
NIMODIPINE CAPSULES	NIMODIPINE						
VERAPAMIL HCL TABLETS	VERAPAMIL HCL						



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VERAPAMIL HCL TABLET CONTROLLED RELEASE	CALAN SR					30.00	30.00
CARDIOTONICS							
CARDIAC GLYCOSIDES							
DIGOXIN SOLUTION	DIGOXIN						
DIGOXIN TABLETS	LANOXIN						
CARDIOVASCULAR AGENTS - MISC.							
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS							
SACUBITRIL-VALSARTAN TABS	ENTRESTO						
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONIST							
AMBRISENTAN TABLETS	LETAIRIS	Brand Only	Preferred Drug	PA Required			
BOSENTAN TABLETS (62.5MG AND 125MG)	TRACLEER	Brand Only	Preferred Drug	PA Required			
INHIBITOR							
SILDENAFIL CITRATE (PULMONARY HYPERTENSION) SUSPENSION	REVATIO SUSPENSION	Brand Only	UNDER THE AGE OF 12	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							
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					1.00	30.00
CEFIXIME CHEWABLE TABLETS	SUPRAX					1.00	30.00
CEFIXIME SUSPENSION	SUPRAX					1.00	30.00
CEFIXIME TABLETS	SUPRAX					1.00	30.00
CEFPODOXIME PROXETIL SUSPENSION	CEFPODOXIME PROXETIL						
CEFPODOXIME PROXETIL TABLETS	CEFPODOXIME PROXETIL						
CONTRACEPTIVES							
COMBINATION CONTRACEPTIVES - ORAL							



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DESOGESTREL & ETHINYL ESTRADIOL TABLETS	APRI						
DESOGESTREL-ETHINYL ESTRADIOL (BIPHASIC) TABLETS	AZURETTE						
DESOGESTREL-ETHINYL ESTRADIOL (TRIPHASIC) TABLETS	CAZIAN						
DROSPIRENONE-ETHINYL ESTRADIOL TABLETS	GIANVI						
ETHYNODIOL DIACET & ETH ESTRAD TABLETS	KELNOR 1/35						
LEVONORGESTREL & ETH ESTRADIOL TABLETS	AUBRA						
LEVONORGESTREL-ETH ESTRADIOL (TRIPHASIC) TABLETS	ENPRESSE-28						
LEVONORGESTREL-ETHINYL ESTRADIOL (91-DAY) TABLETS	AMETHIA LO						
TABLETS	AMETHYST						
NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TABLETS	JUNEL FE						
NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE CHEWABLES	MELODETTA 24 FE						
NORETHINDRONE & ETH ESTRADIOL TABLETS	BALZIVA						
NORETHINDRONE & MESTRANOL TABLETS	NECON 1/50-28						
NORETHINDRONE ACET & ETH ESTRA TABLETS	GILDESS 1/20						
NORETHINDRONE ACETATE-ETHINYL ESTRADIOL-FE TABLETS	ESTROSTEP FE						
NORETHIN ACET & ESTRAD-FE TABLETS	LOESTRIN FE TAB 1/20						
NORETHINDRONE-ETH ESTRADIOL (BIPHASIC) TABLETS	NECON 10/11-28						
NORETHINDRONE-ETH ESTRADIOL (TRIPHASIC) TABLETS	CYCLAFEM 7/7/7						
NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEWABLES	KAITLIB FE						
NORGESTIMATE-ETHINYL ESTRADIOL (TRIPHASIC) TABLETS	ORTHO TRI-CYCLEN						
NORGESTIMATE-ETHINYL ESTRADIOL TABLETS	ESTARYLLA						
NORGESTREL & ETHINYL ESTRADIOL TABLETS	CRYSELLE-28						
COMBINATION CONTRACEPTIVES - VAGINAL							
ETONOGESTREL-ETHINYL ESTRADIOL RING	NUVARING	Brand Only					
COPPER CONTRACEPTIVES - IUD							
COPPER (IUD)	PARAGARD			Buy and Bill Under Medical Benefit			
EMERGENCY CONTRACEPTIVES							
LEVONORGESTREL (EMERGENCY OC) TABLETS	PLAN B						
PROGESTIN CONTRACEPTIVES - IMPLANTS							
ETONOGESTREL IMPLANT	NEXPLANON						
PROGESTIN CONTRACEPTIVES - INJECTABLE							
MEDROXYPROGESTERONE ACETATE (CONTRACEPTIVE) SUSPENSION	DEPO-PROVERA CONTRACEPTIVE						
PROGESTIN CONTRACEPTIVES - IUD							
LEVONORGESTREL (IUD)	LILETTA			Buy and Bill Under Medical Benefit			
LEVONORGESTREL (IUD)	SKYLA			Buy and Bill Under Medical Benefit			
LEVONORGESTREL (IUD)	MIRENA			Buy and Bill Under Medical Benefit			
LEVONORGESTREL (IUD)	KYLEENA			Buy and Bill Under Medical Benefit			
PROGESTIN CONTRACEPTIVES - ORAL							
NORETHINDRONE (CONTRACEPTIVE) TABLETS	CAMILA						
PROGESTIN CONTRACEPTIVES - TRANSDERMAL							
NORELGESTROMIN-ETHINYL ESTRADIOL PATCH WEEKLY	XULANE						
CORTICOSTEROIDS							



Fee-For-Service Acute/Long Term Care Program Drug List

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Effective Date: 1/1/2021

Drug Class/Drug Name	Reference Brand Name	Brand Only / Generic Notes	Preferred Drug Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days
GLUCOCORTICOSTEROIDS							
CORTISONE ACETATE TABLETS	CORTISONE ACETATE						
DEXAMETHASONE CONCENTRATE	DEXAMETHASONE INTENSOL						
DEXAMETHASONE ELIXIR	BAYCADRON						
DEXAMETHASONE SOLUTION	DEXAMETHASONE						
DEXAMETHASONE TABLETS	DEXAMETHASONE						
HYDROCORTISONE SOD SUCCINATE SOLUTION	A-HYDROCORT			Prior Authorization Required			
METHYLPREDNISOLONE ACETATE SUSPENSION	DEPO-MEDROL			Prior Authorization Required			
METHYLPREDNISOLONE SOD SUCC SOLUTION	A-METHAPRED			Prior Authorization Required			
METHYLPREDNISOLONE TABLETS	MEDROL						
PREDNISOLONE ACETATE SUSPENSION	FLO-PRED						
PREDNISOLONE SODIUM PHOSPHATE SOLUTION	ORAPRED						
PREDNISOLONE SODIUM PHOSPHATE ORALLY DISPERSABLE TABLET	ORAPRED ODT						
PREDNISOLONE SYRUP	PRELONE						
PREDNISOLONE TABLETS	MILLIPRED						
PREDNISON CONCENTRATE	PREDNISON INTENSOL						
PREDNISON SOLUTION	PREDNISON						
PREDNISON TABLETS	PREDNISON						
PREDNISON TABLET ENTERIC COATED	RAYOS						
TRIAMCINOLONE ACETONIDE SUSPENSION	KENALOG-10			Prior Authorization Required			
TRIAMCINOLONE DIACETATE SUSPENSION	TRIAMCINOLONE			Prior Authorization Required			
MINERALOCORTICOIDS							
FLUDROCORTISONE ACETATE TABLETS	FLUDROCORTISONE ACETATE						
COUGH/COLD/ALLERGY							
ANTITUSSIVES							
BENZONATATE CAPSULES	TESSALON PERLES						
HYDROCODONE W/ HOMATROPINE SYRUP	HYDROCODONE BITARTRATE/HOMATROPINE METHYLBROMIDE			PA Required for < 18 years of age		240.00	12.00
HYDROCODONE W/ HOMATROPINE TABLETS	TUSSIGON			PA Required for < 18 years of age			
COUGH/COLD/ALLERGY COMBINATIONS							
BROMPHENIRAMINE & PSEUDOEPH	J-TAN D PD						
BROMPHENIRAMINE & PSEUDOEPH TABLET 12-HOUR	BPM PSEUDO						
CETIRIZINE-PSEUDOEPHEDRINE TABLET 12-HOUR	KLS ALLER-TEC D					30.00	30.00
CHLORPHENIRAMINE & PSEUDOEPH CHEWABLE TABLETS	DICEL						
CHLORPHENIRAMINE & PSEUDOEPH LIQUID	LOHIST-D						
CHLORPHENIRAMINE & PSEUDOEPH SOLUTION	NEUTRAHIST						
CHLORPHENIRAMINE & PSEUDOEPH SYRUP	EQ TRIACTING COLD/ALLERGY						
CHLORPHENIRAMINE & PSEUDOEPH TABLETS	SUDOGEST SINUS & ALLERGY						
CHLORPHENIRAMINE W/ CODEINE LIQUID	CODAR AR			PA Required for < 18 years of age		240.00	12.00
DEXTROMETHORPHAN-GUAIFENESIN	BRONCOTRON						
DEXTROMETHORPHAN-GUAIFENESIN LIQUID	NORTUSS-EX						



Fee-For-Service Acute/Long Term Care Program Drug List

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DEXTROMETHORPHAN-GUAIFENESIN TABLET 12-HOUR	MUCINEX DM								
DIPHENHYDRAMINE-PHENYLEPHRINE-ACETAMINOPHEN LIQUID	THERAFLU WARMING RELIEF FLU & SORE THROAT								
DIPHENHYDRAMINE-PHENYLEPHRINE-ACETAMINOPHEN PACK	MUCINEX FAST-MAX NIGHT TIME COLD & FLU								
DIPHENHYDRAMINE-PHENYLEPHRINE-ACETAMINOPHEN SUSPENSION	TYLENOL CHILDRENS PLUS COLD & ALLERGY								
TABLETS	BENADRYL ALLERGY & COLD								
FEXOFENADINE-PSEUDOEPHEDRINE TABLET 12-HOUR	ALLEGRA-D 12 HOUR ALLERGY & CONGESTION					30.00	30.00		
FEXOFENADINE-PSEUDOEPHEDRINE TABLET 24-HOUR	ALLEGRA-D 24 HOUR ALLERGY & CONGESTION					30.00	30.00		
GUAIFENESIN-CODEINE	M-CLEAR			PA Required for < 18 years of age		240.00	12.00		
GUAIFENESIN-CODEINE LIQUID	DEX-TUSS			PA Required for < 18 years of age		240.00	12.00		
LORATADINE & PSEUDOEPHEDRINE TABLET 12-HOUR	ALAVERT ALLERGY/SINUS					30.00	30.00		
LORATADINE & PSEUDOEPHEDRINE TABLET 24-HOUR	CLARITIN-D 24 HOUR					30.00	30.00		
PHENYLEPHRINE W/ DM-GG CAPSULES	GILTUSS TR								
PHENYLEPHRINE W/ DM-GG LIQUID	ROBITUSSIN CHILDRENS COUGH & COLD CF								
PHENYLEPHRINE W/ DM-GG SUSPENSION	BRONCOTRON-D								
PHENYLEPHRINE W/ DM-GG SYRUP	DESPEC DM								
PHENYLEPHRINE W/ DM-GG TABLETS	MUCINEX FAST-MAX SEVERE CONGESTION & COUGH								
PHENYLEPHRINE W/ DM-GG TABLET 12-HOUR	GILTUSS TR								
PHENYLEPHRINE-BROMPHENIRAMINE W/ CODEINE	POLY-TUSSIN AC			PA Required for < 18 years of age		240.00	12.00		
PHENYLEPHRINE-BROMPHENIRAMINE-DM ELIXIR	DIMAPHEN DM COLD & COUGH					480.00	30.00		
PHENYLEPHRINE-BROMPHENIRAMINE-DM LIQUID	DIMETAPP DM COLD & COUGH					480.00	30.00		
PHENYLEPHRINE-BROMPHENIRAMINE-DM SYRUP	BPM-DM-PHEN					480.00	30.00		
PHENYLEPHRINE-CHLORPHEN-DM LIQUID	GENCONTUSS			PA Required					
PHENYLEPHRINE-CHLORPHEN-DM SOLUTION	FATHER JOHNS MEDICINE PLUS			PA Required					
PHENYLEPHRINE-CHLORPHEN-DM SYRUP	BALAMINE DM								
PHENYLEPHRINE-CHLORPHEN-DM TABLETS	PHENABID DM			PA Required					
PHENYLEPHRINE-GUAIFENESIN CAPSULES	DECONEX								
PHENYLEPHRINE-GUAIFENESIN LIQUID	TRIAMINIC CHEST/NASAL CONGESTION								
PHENYLEPHRINE-GUAIFENESIN SYRUP	CONGESTION								
PHENYLEPHRINE-GUAIFENESIN TABLETS	LIQUIBID PD-R								
PROMETHAZINE & PHENYLEPHRINE SYRUP	PROMETHAZINE/PHENYLEPHRINE								
PROMETHAZINE W/CODEINE SYRUP	PROMETHAZINE/CODEINE			PA Required for < 18 years of age		240.00	12.00		
PROMETHAZINE-DM SYRUP	PROMETHAZINE/DEXTROMETHORPHAN								
PSEUDOEPHEDRINE W/ CODEINE-GG	SUTTAR-2					240.00	12.00		
PSEUDOEPHEDRINE-BROMPHENIRAMINE-CODEINE LIQUID	CPB WC			PA Required for < 18 years of age		240.00	12.00		
PSEUDOEPHEDRINE-GUAIFENESIN CAPSULES	RESPIRE-30								
PSEUDOEPHEDRINE-GUAIFENESIN LIQUID	TUSNEL PEDIATRIC								



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PSEUDOEPHEDRINE-GUAIFENESIN SYRUP	ALTARUSSIN-PE						
PSEUDOEPHEDRINE-GUAIFENESIN TABLETS	AMBI 40PSE/400GFN						
PSEUDOEPHEDRINE-GUAIFENESIN TABLET 12-HOUR	MUCINEX D						
EXPECTORANTS							
GUAIFENESIN LIQUID	HERBAL EXPEC						
GUAIFENESIN PACK	MUCINEX FOR KIDS						
GUAIFENESIN SOLUTION	TRIACTIN CHEST CONGESTION						
GUAIFENESIN SYRUP	DIABETIC TUSSIN EX						
GUAIFENESIN TABLETS	GUAIFENESIN						
GUAIFENESIN TABLET 12-HOUR	EQ MUCUS ER						
MISC. RESPIRATORY INHALANTS							
SODIUM CHLORIDE (INHALANT) NEBULIZED	SODIUM CHLORIDE						
DERMATOLOGICALS							
ACNE PRODUCTS							
BENZOYL PEROXIDE WASH 5% & 10%	VARIOUS						
BENZOYL PEROXIDE CLEANSER 6%	NEUTROGENA ON-THE-SPOT ACNE TREATMENT						
BENZOYL PEROXIDE GEL	BENZOYL PEROXIDE						
BENZOYL PEROXIDE LIQUID	PANOXYL						
BENZOYL PEROXIDE LOTION	BP CLEANSING LOTION						
BENZOYL PEROXIDE-ERYTHROMYCIN PACK	BENZAMYCINPAK						
CLINDAMYCIN PHOSPHATE (TOPICAL) GEL	CLEOCIN-T						
CLINDAMYCIN PHOSPHATE (TOPICAL) LOTION	CLEOCIN-T						
CLINDAMYCIN PHOSPHATE (TOPICAL) SOLUTION	CLEOCIN-T						
CLINDAMYCIN PHOSPHATE (TOPICAL) SWAB	CLEOCIN-T						
CLINDAMYCIN PHOSPHATE-BENZOYL PEROXIDE (REFRIGERATE)	CLINDAMY/BEN						
ERYTHROMYCIN (ACNE 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 (TOPICAL) OINTMENT	BACIGUENT						
BACITRACIN ZINC OINTMENT	BACITRACIN						
BACITRACIN-POLYMYXIN B OINTMENT	POLYSPORIN						
BACITRACIN-POLYMYXIN-NEOMYCIN HC OINTMENT	CORTISPORIN						
GENTAMICIN SULFATE (TOPICAL) CREAM	GENTAMICIN SULFATE						
GENTAMICIN SULFATE (TOPICAL) OINTMENT	GENTAMICIN SULFATE						
MUPIROCIIN CALCIUM (TOPICAL) CREAM	BACTROBAN						
MUPIROCIIN OINTMENT	BACTROBAN						
NEOMYCIN-BACITRACIN-POLYMYXIN OINTMENT	LANABIOTIC						
ANTIFUNGALS - TOPICAL							
BUTENAFINE CREAM	MENTAX						
CICLOPIROX CREAM	VARIOUS						



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CICLOPIROX SOLUTION	VARIOUS						
CLOTRIMAZOLE CREAM (RX & OTC)	LOTRIMIN						
CLOTRIMAZOLE OINTMENT	LOTRIMIN						
CLOTRIMAZOLE SOLUTION (OTC)	VARIOUS						
CLOTRIMAZOLE W/ BETAMETHASONE CREAM	LOTRISONE						
KETOCONAZOLE CREAM	VARIOUS						
KETOCONAZOLE SHAMPOO	VARIOUS						
MICONAZOLE NITRATE CREAM	VARIOUS						
MICONAZOLE NITRATE POWDER	VARIOUS						
NYSTATIN CREAM	VARIOUS						
NYSTATIN OINTMENT	VARIOUS						
NYSTATIN POWDER	NYAMYC						
TOLNAFTATE AERO POWDER	VARIOUS						
TOLNAFTATE CREAM	VARIOUS						
TOLNAFTATE POWDER	VARIOUS						
TERBINAFINE CREAM	VARIOUS						
ANTIHISTAMINES-TOPICAL							
DIPHENHYDRAMINE HCL (TOPICAL) CREAM	ANTI-ITCH MAXIMUM STRENGTH						
DIPHENHYDRAMINE HCL (TOPICAL) GEL	BENADRYL ITCH STOPPING						
DIPHENHYDRAMINE HCL (TOPICAL) SOLUTION	BENADRYL MAXIMUM STRENGTH						
DICLOFENAC SODIUM (TOPICAL) GEL	VOLTAREN					100 GM	300.00
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOP							
BEXAROTENE (TOPICAL) GEL	TARGETIN						
FLUOROURACIL (TOPICAL) CREAM	CARAC						
FLUOROURACIL (TOPICAL) SOLUTION	FLUOROURACIL						
ANTIPSORIATICS							
ACITRETIN CAPSULES	SORIATANE						
ANTHRALIN CREAM	DRITHO-CREME HP						
CALCIPOTRIENE CREAM	DOVONEX						
CALCIPOTRIENE FOAM	SORILUX						
CALCIPOTRIENE OINTMENT	CALCITRENE						
CALCIPOTRIENE SOLUTION	CALCIPOTRIENE						
METHOXSALEN RAPID CAPSULES	OXSORALEN ULTRA						
ANTISEBORRHEIC PRODUCTS							
SELENIUM SULFIDE LOTION	SELSUN SHAMPOO						
ANTIVIRALS - TOPICAL							
DOCOSANOL CREAM	ABREVA						
ACYCLOVIR OINTMENT	ZOVIRAX					15GM	30.00
BURN PRODUCTS							
SILVER SULFADIAZINE CREAM	SILVADENE						
CORTICOSTEROIDS - TOPICAL LOW POTENCY							
HYDROCORTISONE CREAM	VARIOUS						
HYDROCORTISONE GEL	VARIOUS						
HYDROCORTISONE KIT	VARIOUS						



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HYDROCORTISONE LOTION	VARIOUS								
HYDROCORTISONE OINTMENT	VARIOUS								
HYDROCORTISONE ACETATE CREAM 0.5%	VARIOUS								
FLUOCINOLONE 0.01% OIL	DERMA-SMOOTH OIL-FS	Brand Only							
CORTICOSTEROIDS - TOPICAL MEDIUM POTENCY									
FLUTICASONE PROPIONATE CREAM	VARIOUS								
FLUTICASONE PROPIONATE OINTMENT	VARIOUS								
MOMETASONE FUROATE CREAM	VARIOUS								
MOMETASONE FUROATE OINTMENT	VARIOUS								
MOMETASONE FUROATE SOLUTION	VARIOUS								
CORTICOSTEROIDS - TOPICAL HIGH POTENCY									
BETAMETHASONE DIPROPIONATE LOTION	VARIOUS								
BETAMETHASONE DIPROPIONATE/PROPYLENE GLYC. CREAM	VARIOUS								
BETAMETHASONE VALERATE CREAM	VARIOUS								
BETAMETHASONE VALERATE LOTION	VARIOUS								
BETAMETHASONE VALERATE OINTMENT	VARIOUS								
FLUOCINONIDE CREAM	VARIOUS								
FLUOCINONIDE OINTMENT	VARIOUS								
FLUOCINONIDE SOLUTION	VARIOUS								
TRIAMCINOLONE ACETONIDE CREAM	VARIOUS								
TRIAMCINOLONE ACETONIDE LOTION	VARIOUS								
TRIAMCINOLONE ACETONIDE OINTMENT	VARIOUS								
CORTICOSTEROIDS - TOPICAL VERY HIGH POTENCY									
CLOBETASOL PROPIONATE CREAM	VARIOUS					100	30		
CLOBETASOL PROPIONATE EMOLLIENT	VARIOUS					100	30		
CLOBETASOL PROPIONATE GEL	VARIOUS					118	30		
CLOBETASOL PROPIONATE OINTMENT	VARIOUS					100	30		
CLOBETASOL PROPIONATE SOLUTION	VARIOUS					100	30		
HALOBETASOL PROPIONATE CREAM	VARIOUS					100	30		
HALOBETASOL PROPIONATE OINTMENT	VARIOUS					100	30		
EMOLLIENTS									
LACTIC ACID (AMMONIUM LACTATE) CREAM	NOBLE MYSTIQUE EMU-LAC								
LACTIC ACID (AMMONIUM LACTATE) FOAM	PRO:12 MOUSSE AL12								
LACTIC ACID (AMMONIUM LACTATE) LOTION	GERI-HYDROLAC 5								
IMMUNOSUPPRESSIVE AGENTS - TOPICAL									
PIMECROLIMUS CREAM	ELIDEL								
TACROLIMUS (TOPICAL) OINTMENT	PROTOPIC			PA Required					
VITAMINS A & D (TOPICAL) OINTMENT	CURAD VITAMIN A & D								
KERATOLYTIC/ANTIMITOTIC AGENTS									
SALICYLIC ACID CREAM	SALACYN								
SALICYLIC ACID FOAM	SALVAX								
SALICYLIC ACID GEL	KERALYT								
SALICYLIC ACID KIT	KERALYT SCALP								
SALICYLIC ACID LIQUID	VIRASAL								
SALICYLIC ACID LOTION	SALACYN								



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SALICYLIC ACID SHAMPOO	SALEX								
SALICYLIC ACID SOLUTION	SALICYLIC ACID								
LOCAL ANESTHETICS - TOPICAL									
LIDOCAINE CREAM 4%	ASPERCREME W/LIDOCAINE								
LIDOCAINE HCL GEL 2%	GLYDO								
LIDOCAINE HCL LOTION	LIDOCAINE HCL								
LIDOCAINE OINTMENT	LIDOCAINE			PA Required					
LIDOCAINE PATCH 4%	ASPERCREME					60.00	30.00		
LIDOCAINE PATCH 5%	LIDODERM					60.00	30.00		
LIDOCAINE-PRILOCAINE CREAM	EMLA								
MISC. TOPICAL									
ALUMINUM CHLORIDE SOLUTION	DRYSOL								
ZINC OXIDE (TOPICAL) OINTMENT	ZINC OXIDE								
ZINC OXIDE (TOPICAL) PASTE	ZINC OXIDE								
PIGMENTING-DEPIGMENTING AGENTS									
METHOXSALEN (TOPICAL) LOTION	OXSORALEN								
ROSACEA AGENTS									
METRONIDAZOLE (TOPICAL) CREAM 0.75%	METROCREAM								
METRONIDAZOLE (TOPICAL) GEL 0.75%	ROSADAN								
METRONIDAZOLE (TOPICAL) LOTION	METROLOTION								
SCABICIDES & PEDICULICIDES									
CROTAMITON CREAM	EURAX								
CROTAMITON LOTION	EURAX								
IVERMECTIN (PEDICULICIDE) LOTION	SKLICE			PA Required					
LINDANE LOTION	LINDANE			PA Required					
LINDANE SHAMPOO	LINDANE			PA Required					
MALATHION LOTION	OVIDE								
PERMETHRIN 1%, 5%	NIX, ELIMITE								
PERMETHRIN CREAM	ACTICIN								
PERMETHRIN LIQUID	NIX CREME RINSE								
PERMETHRIN LOTION	LICE TREATMENT								
PYRETHRINS-PIPERONYL BUTOXIDE GEL	A-200								
PYRETHRINS-PIPERONYL BUTOXIDE KIT	PRONTO								
PYRETHRINS-PIPERONYL BUTOXIDE LIQUID	BARC								
PYRETHRINS-PIPERONYL BUTOXIDE SHAMPOO	LICIDE								
SPINOSAD SUSPENSION	NATROBA			PA Required					
WOUND CARE PRODUCTS									
BECAPLERMIN GEL	REGANEX			PA Required					
DIAGNOSTIC PRODUCTS									
DIAGNOSTIC TESTS									
GLUCOSE BLOOD STRIPS	TRUETRACK, ACCU-CHEK AVIVA, TRUE METRIX					200.00	30.00		
DIGESTIVE AIDS									



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DIGESTIVE ENZYMES							
LIPASE-PROTEASE-AMYLASE CAPSULE DELAYED RELEASE	CREON	Brand Only	Preferred Drug			300.00	30.00
LIPASE-PROTEASE-AMYLASE CAPSULE DELAYED RELEASE	ZENPEP	Brand Only	Preferred Drug			300.00	30.00
LIPASE-PROTEASE-AMYLASE CAPSULE DELAYED RELEASE 5000 UNITS	PANCRELIPASE 5000 UNITS		Preferred Drug			300.00	30.00
SACROSIDASE SOLUTION	SUCRAID			PA Required			
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							
AMILORIDE HCL TABLETS	AMILORIDE HCL						
SPIRONOLACTONE TABLETS	ALDACTONE						
TRIAMTERENE CAPSULES	DYRENIUM						
THIAZIDES AND THIAZIDE-LIKE DIURETICS							
CHLOROTHIAZIDE SUSPENSION	DIURIL						
CHLOROTHIAZIDE TABLETS	CHLOROTHIAZIDE						
CHLORTHALIDONE TABLETS	CHLORTHALIDONE						
HYDROCHLOROTHIAZIDE 12.5MG CAPSULES	VARIOUS						
HYDROCHLOROTHIAZIDE TABLETS 25MG & 50MG	HYDROCHLOROTHIAZIDE						
INDAPAMIDE TABLETS	INDAPAMIDE						
METHYLCLOTHIAZIDE TABLETS	METHYLCLOTHIAZIDE						
METOLAZONE TABLETS	ZAROXOLYN						
ENDOCRINE AND METABOLIC AGENTS - MISC.							
BONE DENSITY REGULATORS							
ALENDRONATE SODIUM SOLUTION	ALENDRONATE SODIUM			PA Required			
ALENDRONATE SODIUM TABLETS	ALENDRONATE SODIUM					30.00	30.00
CALCITONIN (SALMON) SOLUTION	FORTICAL						
DENOSUMAB	PROLIA			PA Required			
IBANDRONATE SODIUM	BONIVA						
RALOXIFENE TABLETS	VARIOUS						
TERIPARATIDE (RECOMBINANT)	FORTEO			PA Required			
GROWTH HORMONE RECEPTOR ANTAGONISTS							



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PEGVISOMANT SOLUTION	SOMAVERT			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					30.00	30.00
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)							
MECASERMIN SOLUTION	INCRELEX			PA Required			
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPOSITORY/INJECTABLES							
LEUPROLIDE ACETATE (CPP) (3 MONTH) KIT	LUPRON DEPOT-PED			PA Required			
LEUPROLIDE ACETATE (CPP) KIT	LUPRON DEPOT-PED			PA Required			
NAFARELIN ACETATE SOLUTION	SYNAREL			PA Required			
METABOLIC MODIFIERS							
CALCITRIOL CAPSULES	ROCALTRON						
CALCITRIOL SOLUTION	ROCALTRON						
CINACALCET HCL TABLETS	SENSIPAR			PA Required			
IDURSULFASE SOLUTION	ELAPRASE			PA Required			
LEVOCARNITINE (METABOLIC MODIFIERS) SOLUTION	CARNITOR			PA Required			
LEVOCARNITINE (METABOLIC MODIFIERS) TABLETS	CARNITOR			PA Required			
POSTERIOR PITUITARY HORMONES							
DESMOPRESSIN ACETATE REFRIGERATED SOLUTION	DDAVP						
DESMOPRESSIN ACETATE SOLUTION	STIMATE						
DESMOPRESSIN ACETATE SPRAY REFRIGERATED SOLUTION	DESMOPRESSIN ACETATE						
DESMOPRESSIN ACETATE SPRAY SOLUTION	DDAVP						
DESMOPRESSIN ACETATE TABLETS	DDAVP						
PROLACTIN INHIBITORS							
CABERGOLINE TABLETS	CABERGOLINE			PA Required			
SOMATOSTATIC AGENTS							
LANREOTIDE ACETATE SOLUTION	SOMATULINE DEPOT			PA Required			
OCTREOTIDE ACETATE KIT	SANDOSTATIN LAR DEPOT			PA Required			
OCTREOTIDE ACETATE SOLUTION	SANDOSTATIN			PA Required			
ESTROGENS							
ESTROGEN COMBINATIONS							
CONJUGATED ESTROGENS-MEDROXYPROGESTERONE ACETATE TABLETS	PREMPRO						
ESTERIFIED ESTROGENS & METHYLTESTOSTERONE TABLETS WEEKLY	COVARYX HS						
ESTRADIOL & NORETHINDRONE ACETATE TABLETS	ACTIVELLA						
ESTRADIOL-LEVONORGESTREL PATCH WEEKLY	CLIMARA PRO						
NORETHINDRONE ACETATE-ETHINYL ESTRADIOL TABLETS	FEMHRT LOW DOSE						
ESTROGENS							
ESTERIFIED ESTROGENS TABLETS	MENEST						



Fee-For-Service Acute/Long Term Care Program Drug List

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ESTRADIOL PATCH TWICE WEEKLY	ALORA						
ESTRADIOL PATCH WEEKLY	MENOSTAR						
ESTRADIOL TABLETS	ESTRACE						
ESTROGENS, CONJUGATED SYNTHETIC A TABLETS	CENESTIN						
ESTROGENS, CONJUGATED TABLETS	PREMARIN						
ESTROPIPATE TABLETS	ORTHO-EST						
FLUOROQUINOLONES							
FLUOROQUINOLONES							
CIPROFLOXACIN HCL TABLETS	CIPROFLOXACIN HCL						
LEVOFLOXACIN SOLUTION	LEVAQUIN						
LEVOFLOXACIN TABLETS	LEVAQUIN						
OFLOXACIN TABLETS	OFLOXACIN						
GASTROINTESTINAL AGENTS - MISC.							
GALLSTONE SOLUBILIZING AGENTS							
URSODIOL CAPSULES	ACTIGALL						
URSODIOL TABLETS	URSO 250						
GASTROINTESTINAL ANTIALLERGY AGENTS							
CROMOLYN SODIUM (MASTOCYTOSIS) CONCENTRATE	GASTROCROM						
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS							
LUBIPROSTONE CAPSULES	AMITIZA			PA Required			
GASTROINTESTINAL STIMULANTS							
METOCLOPRAMIDE HCL SOLUTION	METOCLOPRAMIDE HCL						
METOCLOPRAMIDE HCL TABLETS	REGLAN						
METOCLOPRAMIDE HCL ORALLY DISPERSABLE TABLET	METOZOLV ODT						
INFLAMMATORY BOWEL AGENTS							
BALSALAZIDE DISODIUM CAPSULES	COLAZAL					270.00	30.00
BALSALAZIDE DISODIUM TABLETS	GIAZO					270.00	30.00
INFLIXIMAB-ABDA	RENFLEXIS			PA Required			
MESALAMINE CAPSULE CONTROLLED RELEASE	PENTASA					270.00	30.00
MESALAMINE ENEMA	MESALAMINE					1800.00	30.00
MESALAMINE TABLET ENTERIC COATED	ASACOL HD					120.00	30.00
OLSALAZINE SODIUM CAPSULES	DIPENTUM					120.00	30.00
SULFASALAZINE TABLETS	AZULFIDINE					240.00	30.00
SULFASALAZINE TABLET ENTERIC COATED	AZULFIDINE EN-TABLETS					240.00	30.00
INTESTINAL ACIDIFIERS							
LACTULOSE (ENCEPHALOPATHY) SOLUTION	LACTULOSE						
IRRITABLE BOWEL SYNDROME (IBS) AGENTS							
ALOSETRON HCL TABLETS	LOTROXEX			PA Required			
LINACLOTIDE CAPSULES	LINZESS			PA Required			
PHOSPHATE BINDER AGENTS							
CALCIUM ACETATE (PHOSPHATE BINDER) CAPSULES	VARIOUS		PREFERRED DRUG				
CALCIUM ACETATE (PHOSPHATE BINDER) TABLETS	VARIOUS		PREFERRED DRUG				
SEVELAMER CARBONATE TABLETS	RENEVELA	VARIOUS	PREFERRED DRUG				



Fee-For-Service Acute/Long Term Care Program Drug List

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GENITOURINARY AGENTS - MISCELLANEOUS							
ACIDIFIERS							
POTASSIUM & SODIUM ACID PHOSPHATES TABLETS	K-PHOS NO 2						
ALKALINIZERS							
POT & SOD CITRATES W/CITRIC AC SOLUTION	POTASSIUM CITRATE/SODIUM CITRATE/CITRIC ACID						
POT & SOD CITRATES W/CITRIC AC SYRUP	CYTRA-3						
RELEASE	UROKIT-K 5						
POTASSIUM CITRATE-CITRIC ACID PACK	TARON-CRYSTALS						
POTASSIUM CITRATE-CITRIC ACID SOLUTION	POTASSIUM CITRATE/CITRIC ACID						
SODIUM CITRATE & CITRIC ACID SOLUTION	SHOHL'S SOLUTION MODIFIED						
INTERSTITIAL CYSTITIS AGENTS							
PENTOSAN POLYSULFATE SODIUM CAPSULES	ELMIRON			PA Required			
PROSTATIC HYPERTROPHY AGENTS							
ALFUZOSIN HCL TABLET 24-HOUR	VARIOUS						
DOXAZOSIN MESYLATE TABLETS	VARIOUS						
DUTASTERIDE CAPS	VARIOUS						
FINASTERIDE TABLETS	PROSCAR						
TAMSULOSIN HCL CAPSULES	FLOMAX						
TERAZOSIN HCL CAPSULES	VARIOUS						
URINARY ANALGESICS							
PHENAZOPYRIDINE HCL	BARIDIUM						
PHENAZOPYRIDINE HCL TABLETS	PYRIDIUM						
GOUT AGENTS							
GOUT AGENT COMBINATIONS							
COLCHICINE W/ PROBENECID TABLETS	PROBENECID/COLCHICINE						
GOUT AGENTS							
ALLOPURINOL TABLETS	ZYLOPRIM						
COLCHICINE TABLETS	COLCRYS						
FEBUXOSTAT TABLETS	ULORIC					30.00	30.00
URICOSURICS							
PROBENECID TABLETS	PROBENECID						
HEMATOLOGICAL AGENTS - MISC.							
HEMATORHEOLOGIC AGENTS							
PENTOXIFYLLINE TABLET CONTROLLED RELEASE	TRENTAL						
PLATELET AGGREGATION INHIBITORS							
ANAGRELIDE HCL CAPSULES	AGRYLIN						
CILOSTAZOL TABLETS	PLETAL						
CLOPIDOGREL BISULFATE TABLETS	PLAVIX						
DIPYRIDAMOLE TABLETS	PERSANTINE						
TICAGRELOR TABLETS	BRILINTA						
TICLOPIDINE HCL TABLETS	TICLOPIDINE HCL						
GASTROINTESTINAL AGENTS - MISCELLANEOUS							



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ANTIFLATULENTS							
SIMETHICONE SUSPENSION	CVS INFANTS GAS RELIEF						
HEMATOPOIETIC AGENTS							
AGENTS FOR GAUCHER DISEASE							
ELIGLUSTAT TARTRATE	CERDELGA (oral)			PA Required			
IMIGLUCERASE SOLUTION	CEREZYME 400 IU (IV)			PA Required			
TALIGLUCERASE ALFA	ELELYSO (IV)			PA Required			
MIGLUSTAT	MIGLUSTAT (AG) (oral)			PA Required			
VELAGLUCERASE ALFA	VPRIB 400 IU			PA Required			
FOLIC ACID/FOLATES							
FOLIC ACID CAPSULES	FA-8						
FOLIC ACID TABLETS	FOLIC ACID						
HEMATOPOIETIC GROWTH FACTORS							
ELTROMBOPAG OLAMINE TABLETS	PROMACTA	Brand Only	Preferred Drug	PA Required			
EPOETIN ALFA-EPBX SOLUTION	RETACRIT	Brand Only	Preferred Drug	PA Required			
FILGRASTIM SOLUTION	SYRINGE	Brand Only	Preferred Drug	PA Required			
PEGFILGRASTIM SOLUTION	UDENYCA	Brand Only	Preferred Drug	PA Required			
PEGFILGRASTIM- JMDB SOLUTION	FULPHILIA	Brand Only	Preferred Drug	PA Required			
ROMIPLOSTIM	NPLATE	Brand Only	Preferred Drug	PA Required			
HEMATOPOIETIC MIXTURES							
FE FUMARATE-VITAMIN C-VITAMIN B12-FOLIC ACID CAPSULES	HEMATOGEN FA						
FERROUS FUMARATE W/ B12-VIT C-FA-IFC CAPSULES	TRICON						
FERROUS FUMARATE W/ FA-DSS-B COMPLEX-VIT C TABLETS	NEPHRON FA						
FOLATE-VITAMIN B12-INTRINSIC FACTOR TABLETS	INTRINSI B12/FOLATE						
IRON COMBINATIONS	CORVITE 150						
IRON COMBINATIONS CAPSULES	HEMATOGEN						
IRON COMBINATIONS ELIXIR	HEMOCYTE-F						
IRON							
FERROUS FUMARATE CAPSULES	HIGH POTENCY IRON						
FERROUS FUMARATE TABLETS	FEMIRON						
FERROUS FUMARATE TABLET CONTROLLED RELEASE	IRON						
FERROUS GLUCONATE TABLETS	FERATE						
FERROUS SULFATE DRIED TABLETS	FEOSOL						
FERROUS SULFATE DRIED TABLET CONTROLLED RELEASE	EQ SLOW-RELEASE IRON						
FERROUS SULFATE ELIXIR	FEROSUL						
FERROUS SULFATE LIQUID	SPATONE PUR-ABSORB IRON						
FERROUS SULFATE SOLUTION	BPROTECTED PEDIA IRON						
FERROUS SULFATE SYRUP	FERROUS SULFATE						
FERROUS SULFATE TABLETS	FERROUS SULFATE						
FERROUS SULFATE TABLET CONTROLLED RELEASE	FERROUS SULFATE						
FERROUS SULFATE TABLET ENTERIC COATED	FERROUS SULFATE						
HEMOSTATICS							
HEMOSTATICS - SYSTEMIC							



Fee-For-Service Acute/Long Term Care Program Drug List

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AMINOCAPROIC ACID SOLUTION	AMICAR						
AMINOCAPROIC ACID TABLETS	AMICAR						
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENT							
ANTIHISTAMINE HYPNOTICS							
DIPHENHYDRAMINE HCL (SLEEP) CAPSULES	CVS NIGHTTIME SLEEP AID						
DIPHENHYDRAMINE HCL (SLEEP) TABLET	NIGHTTIME SLEEP-AID						
DIPHENHYDRAMINE HCL (SLEEP) LIQUID	ZZZQUIL						
DIPHENHYDRAMINE HCL (SLEEP) TABLET DISPERSIBLE	WAL-SOM						
BARBITURATE HYPNOTICS							
PHENOBARBITAL SOLUTION	PHENOBARBITAL						
PHENOBARBITAL TABLETS	PHENOBARBITAL						
NON-BARBITURATE HYPNOTICS							
ESZOPICLONE TABLETS	LUNESTA	LUNESTA		PREFERRED DRUG	PA Required for Ages <6 years PA Required for > 1 Hypnotic Drug	30.00	30.00
TEMAZEPAM CAPSULES 15MG & 30MG	RESTORIL	RESTORIL		PREFERRED DRUG	PA Required for Ages <6 years PA Required for > 1 Hypnotic Drug	30.00	30.00
ZOLPIDEM TARTRATE TABLETS 5MG	AMBIEN	AMBIEN		PREFERRED DRUG	PA Required for Ages <6 years PA Required for > 1 Hypnotic Drug	60.00	30.00
ZOLPIDEM TARTRATE TABLETS 10MG	AMBIEN	AMBIEN		PREFERRED DRUG	PA Required for Ages <6 years PA Required for > 1 Hypnotic Drug	30.00	30.00
SELECTIVE MELATONIN RECEPTOR AGONISTS							
RAMELTEON TABLETS	ROZEREM	ROZEREM	BRAND ONLY		Patient must have tried two preferred agents (Temazepam, Zolpidem and Eszopiclone)	30.00	30.00
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENT							
ANTIHISTAMINE HYPNOTICS							
DOXYLAMINE SUCCINATE (SLEEP) TABLETS	RA NIGHT SLEEP AID						
LAXATIVES							
BULK LAXATIVES							
FIBER CAPSULES	COMPLEX/ACIDOPHILUS						
FIBER TABLETS	FIBER COMPLETE						
FIBER CHEWABLES	EQ FIBER SUPPLEMENT						
FIBER LIQDID	LIQUAFIBER						
FIBER POWDER	SOLFIBER						
METHYLCELLULOSE (LAXATIVE) TABLETS	MIRAFIBER						
METHYLCELLULOSE (LAXATIVE) POWDER	CITRUCEL FIBER LAXATIVE						
METHYLCELLULOSE (LAXATIVE) PACKETS	CITRUCEL FIBER LAXATIVE						
PSYLLIUM CAPSULES	NAT-RUL PSYLLIUM SEED HUSKS						
PSYLLIUM PACK	METAMUCIL SMOOTH TEXTURE						
PSYLLIUM POWDER	KONSYL						
PSYLLIUM SUBLINGUAL	METAMUCIL						
LAXATIVE COMBINATIONS							
PEG 3350-KCL-SOD BICARB-SOD CHLORIDE-SOD SULFATE SOLUTION	COLYTE-FLAVOR PACKS						



Fee-For-Service Acute/Long Term Care Program Drug List

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PEG 3350-POTASSIUM CHLORIDE-SOD BICARBONATE-SOD CHLORIDE SOLUTION	GAVILYTE-N/FLAVOR PACK							
SENNOSIDES-DOCUSATE SODIUM TABLETS	SENNA-S							
LAXATIVES - MISCELLANEOUS								
GLYCERIN (LAXATIVE) SUPPOSITORIES	GLYCERIN CHILDREN							
LACTULOSE PACK	KRISTALOSE							
LACTULOSE SOLUTION	LACTULOSE							
POLYETHYLENE GLYCOL 3350 PACK	CLEARLAX							
POLYETHYLENE GLYCOL 3350 POWDER	CLEARLAX							
SALINE LAXATIVES								
MAGNESIUM CITRATE SOLNTION	CITROMA							
MAGNESIUM OXIDE (LAXATIVE) TABLETS	PHILLIPS							
SODIUM PHOSPHATES ENEMA	GNP ENEMA							
STIMULANT LAXATIVES								
BISACODYL ENEMA	FLEET BISACODYL							
BISACODYL KIT	DULCOLAX BOWEL PREP KIT							
BISACODYL POWDER	BISACODYL							
BISACODYL SUPPOSITORY	BISAC-EVAC							
BISACODYL TABLET ENTERIC COATED	ALOPHEN							
CASCARA SAGRADA CAPSULES	CASCARA SAGRADA							
CASCARA SAGRADA TABLETS	CASCARA SAGRADA							
CASCARA SAGRADA EXTRACT	CASCARA SAGRADA							
SENNA SYRP	SENNA							
SENNA MISC	CORRECTOL HERBAL TEA							
SENNA LEAV	SENNA LEAVES							
SENNOSIDES CAPSULES	RA SENNA							
SENNOSIDES TABLETS	SENNA-LAX							
SENNOSIDES CHEWABLES	RA LAXATIVE							
SENNOSIDES LIQUID	AGORAL MAXIMUM STRENGTH							
SENNOSIDES SYRUP	SENNA-GRX							
SURFACTANT LAXATIVES								
DOCUSATE SODIUM CAPSULES	COLACE							
DOCUSATE SODIUM ENEMA	DOCUSOL KIDS							
DOCUSATE SODIUM LIQUID	PEDIA-LAX							
DOCUSATE SODIUM SYRUP	DIOCTO							
DOCUSATE SODIUM TABLETS	DOK							
MACROLIDES								
AZITHROMYCIN								
AZITHROMYCIN PACK	ZITHROMAX							
AZITHROMYCIN SUSPENSION	ZITHROMAX							
AZITHROMYCIN TABLETS	ZITHROMAX							
CLARITHROMYCIN								
CLARITHROMYCIN SUSPENSION	CLARITHROMYCIN							
CLARITHROMYCIN TABLETS	BIAXIN							
CLARITHROMYCIN TABLET 24-HOUR	BIAXIN XL							



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ERYTHROMYCIN PRODUCTS REQUIRE PRIOR AUTHORIZATION							
FIDAXOMICIN							
FIDAXOMICIN TABLETS	DIFICID			PA Required			
MEDICAL DEVICES							
CONTRACEPTIVES							
CONDOMS - FEMALE MISC	FC FEMALE CONDOM					30.00	30.00
CONDOMS - MALE MISC	LIFESTYLES ASSORTED COLORS					30.00	30.00
CONDOMS LATEX LUBRICATED - MALE MISC	ATLAS COLORED LUBRICATED CONDOM					30.00	30.00
CONDOMS LATEX NON-LUBRICATED - MALE MISC	ATLAS COLORED CONDOM/SPERMICIDE					30.00	30.00
CONDOMS NON-LATEX NON-LUBRICATED - MALE MISC	TROJAN NATURALAMB					30.00	30.00
DIAPHRAGM ARC-SPRING DPRH	CAYA					1.00	365.00
DIAPHRAGM COIL SPRING KIT	ORTHO DIAPHRAGM COIL SPRING KIT 50					1.00	365.00
DIAPHRAGM FLAT SPRING KIT	ORTHO DIAPHRAGM FLAT SPRING KIT 55					1.00	365.00
DIAPHRAGM WIDE SEAL DPRH	WIDE-SEAL SILICONE DIAPHRAGM KIT 60					1.00	365.00
DIAPHRAGMS DPRH	OMNIFLEX DIAPHRAGM					1.00	365.00
DIABETIC SUPPLIES							
BLOOD GLUCOSE CALIBRATION LIQUID	ACCU-CHEK ACTIVE GLUCOSE CONTROL SOLUTION						
BLOOD GLUCOSE MONITORING SUPPLIES DEVICE	TRUETRACK & TRUE METRIX						
BLOOD GLUCOSE MONITORING SUPPLIES KIT	TRUETRACK & TRUE METRIX						
LANCET DEVICES MISC	ACCU-CHEK SOFTCLIX LANCETDEVICECE						
LANCETS MISC	1ST CHOICE LANCETS SUPER THIN						
LANCETS MISC. KIT	ACCU-CHEK FASTCLIX LANCETDEVICECE KIT						
LANCETS MISC. MISC	AUTOLET PLATFORMS						
MISC. DEVICECES							
ALCOHOL SWABS PADS	ALCOH-GLOVE CONTOURED WIPE						
PARENTERAL THERAPY SUPPLIES							
INSULIN PEN NEEDLE MISC	BD AUTOSHIELD 29G X 3/16"						
INSULIN SYRINGE/NEEDLE U-100 MISC	RELION INSULIN SYRINGE/U-100/0.3ML/29G						
INSULIN SYRINGE/NEEDLE U-40 MISC	BD INSULIN SYRINGE U-40/1ML/25G X 5/8"						
INSULIN SYRINGES (DISPOSABLE) MISC	KMART VALU PLUS INSULIN SYRINGE/0.3ML/30G						
SYRINGE/NEEDLE (DISP) 1 ML	MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/1ML/23G X 1"						



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SYRINGE/NEEDLE (DISP) 1 ML MISC	MONOJECT LIFESHIELD BLUNTCANNULA/REG LUER SYR/1ML/18G X 1"						
RESPIRATORY THERAPY SUPPLIES							
PEAK FLOW METER W/INHALER ASSIST DEVICE KIT	AEROGEAR ASTHMA ACTION					2.00	365.00
RESPIRATORY THERAPY DEVICE	AEROBIKA						
RESPIRATORY THERAPY KIT	AIRS DISPOSABLE NEBULIZER						
RESPIRATORY THERAPY MISC	ACE AEROSOL CLOUD ENHANCER					2.00	365.00
SPACER/AEROSOL-HOLDING CHAMBER - MASKS MISC	MASK VORTEX/BABY WHIRL DUCKLING						
SPACER/AEROSOL-HOLDING CHAMBERS DEVICE	AEROCHAMBER MINI CHAMBER					2.00	365.00
SPACER/AEROSOL-HOLDING CHAMBERS MISC	AEROCHAMBER MINI CHAMBER						
MIGRAINE PRODUCTS							
MIGRAINE COMBINATIONS							
ERGOTAMINE W/ CAFFEINE SUPPOSITORY	MIGERGOT					12.00	30.00
ERGOTAMINE W/ CAFFEINE TABLETS	CAFERGOT					40.00	30.00
MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES							
FREMANEZUMAB-VFRM SOLUTION AUTOINJECTOR	AJOVY		Preferred Drug			1.00	30.00
GALCANEZUMAB-GNLM SOLUTION AUTOINJECTOR / PREFILLED SYRINGE / PEN	EMGALITY		Preferred Drug	PA Required			
SEROTONIN AGONISTS							
NARATRIPTAN HCL TABLETS	AMERGE		Preferred Drug			9.00	30.00
RIZATRIPTAN BENZOATE TABLETS	MAXALT		Preferred Drug			9.00	30.00
RIZATRIPTAN BENZOATE ORALLY DISPERSABLE TABLET	MAXALT-MLT		Preferred Drug			9.00	30.00
SUMATRIPTAN SOLUTION NASAL SPRAY	IMITREX SPRAY	Brand Only	Preferred Drug			6.00	30.00
SUMATRIPTAN SUCCINATE SOLUTION INJECTION	IMITREX		Preferred Drug			2.00	30.00
SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTION	IMITREX STATDOSE SYSTEM		Preferred Drug			2.00	30.00
SUMATRIPTAN SUCCINATE SOLUTION CARTRIDGE	IMITREX STATDOSE REFILL		Preferred Drug			2.00	30.00
SUMATRIPTAN SUCCINATE TABLETS	IMITREX		Preferred Drug			9.00	30.00
ZOLMITRIPTAN TABLETS	ZOMIG		Preferred Drug			9.00	30.00
ZOLMITRIPTAN ORALLY DISPERSABLE TABLET	ZOMIG ZMT		Preferred Drug			9.00	30.00
ZOLMITRIPTAN SOLUTION NASAL SPRAY	ZOMIG SPRAY	Brand Only	Preferred Drug	Step Therapy - Must Try Imitrex Nasal Spray		6.00	30.00
MINERALS & ELECTROLYTES							
CALCIUM							
CALCIUM LACTATE CAPSULES	CAL-LAC						
CALCIUM LACTATE TABLETS	CALCIUM LACTATE						
FLUORIDE							
SODIUM FLUORIDE CHEWABLE TABLETS	LUDENT						
SODIUM FLUORIDE LOZG	LOZI-FLUR						
SODIUM FLUORIDE SOLUTION	FLUOR-A-DAY						
SODIUM FLUORIDE TABLETS	SODIUM FLUORIDE						
MAGNESIUM							
MAGNESIUM OXIDE (MG SUPPLEMENT) CAPSULES	MAGNESIUM						
MAGNESIUM OXIDE (MG SUPPLEMENT) TABLETS	MAG-200						
POTASSIUM							



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POTASSIUM BICARB & CHLORIDE TABLET EFFERVESCENT	EFFERVESCENT POTASSIUM/CHLORIDE						
POTASSIUM BICARBONATE TABLET EFFERVESCENT	EFFER-K						
POTASSIUM BICARBONATE-CITRIC ACID TABLET EFFERVESCENT	EFFER-K						
POTASSIUM CHLORIDE CAPSULE CONTROLLED RELEASE	KLOR-CON SPRINKLE						
POTASSIUM CHLORIDE LIQUID	K-SOL						
POTASSIUM CHLORIDE MICRO ENCAPSULESULATED CRYSTALS CONTROLLED RELEASE	KLOR-CON M10						
POTASSIUM CHLORIDE PACK	KLOR-CON						
POTASSIUM CHLORIDE TABLET CONTROLLED RELEASE	KLOR-CON 8						
SODIUM							
SODIUM CHLORIDE FLUSH SOLUTION	NORMAL SALINE FLUSH						
MOUTH/THROAT/DENTAL AGENTS							
ANTISEPTICS - MOUTH/THROAT							
CHLORHEXIDINE GLUCONATE (MOUTH-THROAT) SOLUTION	PAROEX						
STEROIDS - MOUTH/THROAT							
TRIAMCINOLONE ACETONIDE (MOUTH) PASTE	ORALONE					10.00	30.00
ANESTHETICS TOPICAL ORAL							
LIDOCAINE HCL (MOUTH-THROAT) SOLUTION	LIDOCAINE VISCOUS						
THROAT PRODUCTS - MISC.							
ARTIFICIAL SALIVA KIT	ORAL RELIEF FOR DRY MOUTH& DISCOMFORT						
ARTIFICIAL SALIVA LOZENGE	ACT DRY MOUTH						
ARTIFICIAL SALIVA SOLUTION	BIOTENE MOISTURIZING MOUTH SPRAY						
MULTIVITAMINS							
B-COMPLEX VITAMINS							
B-COMPLEX VITAMINS	B-COMPLEX						
B-COMPLEX W/ C							
B COMPLEX W/ C CAPSULES	B COMPLEX/VITAMIN C						
B COMPLEX W/ C TABLETS	B COMPLEX/C						
B COMPLEX W/ C TABLET CONTROLLED RELEASE	B-COMPLEX +C						
B-COMPLEX W/ FOLIC ACID							
B COMPLEX W/ C-BIOTIN-E-FOLIC ACID & IRON CARBONYL MISC	RENATABLETS WITH IRON						
B-COMPLEX W/ C & FOLIC ACID	MILCO-B-FORTE						
B-COMPLEX W/ C & FOLIC ACID CAPSULES	NEPHROCAPSULES						
B-COMPLEX W/ C & FOLIC ACID TABLETS	DIALYVITE						
B-COMPLEX W/ C-BIOTIN-D-ZINC & FOLIC ACID TABLETS	VITAL-D RX						
B-COMPLEX W/ LYSINE-MIN-FE & FOLIC ACID LIQUID	NUTRIVIT						
B-COMPLEX W/ LYSINE-ZN & FOLIC ACID LIQUID	SUPERVITE						
IRON W/ VITAMINS							
IRON W/ VITAMINS TABLETS	GERITOL COMPLETE					30.00	30.00
MULTIPLE VITAMINS W/ IRON							



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MULTIPLE VITAMINS W/ IRON TABLETS	MULTIPLE VITAMINS/IRON						
MULTIPLE VITAMINS W/ MINERALS							
MULTIPLE VITAMINS W/ MINERALS CAPSULES	VARIOUS					30.00	30.00
MULTIPLE VITAMINS W/ MINERALS CHEWABLE TABLETS	VARIOUS					30.00	30.00
MULTIPLE VITAMINS W/ MINERALS LIQUID	VARIOUS					30.00	30.00
MULTIPLE VITAMINS W/ MINERALS TABLETS	VARIOUS					30.00	30.00
PEDIATRIC MULTIPLE VITAMINS							
PEDIATRIC MULTIPLE VITAMIN W/ C SOLUTION	POLY-VITE DROPS						
PED MULTIPLE VITAMINS W/ MINERALS							
PEDIATRIC MULTIPLE VITAMIN W/ MINERALS & C CHEWABLES	CHILDRENS CHEWABLE GUMMIES						
PED MV W/ IRON							
PEDIATRIC MULTIPLE VITAMINS W/ IRON SOLUTION	POLY-VITE SOL /IRON						
PED MULTI VITAMINS W/FL & FE							
PEDIATRIC VITAMINS ACID FLUORIDE & IRON SOLUTION	TRI-VIT/FLUORIDE/IRON						
PED MV W/ FLUORIDE							
PEDIATRIC MULTIVITAMINS W/FL CHEWABLE TABLETS	MVC-FLUORIDE					30.00	30.00
PEDIATRIC MULTIVITAMINS W/FL SOLUTION	QUFLORA PEDIATRIC						
PEDIATRIC MULTIVITAMINS W/FL SUSPENSION	POLY-VI-FLOR						
PEDIATRIC VITAMINS ACID W/ FLUORIDE SOLUTION	TRIPLE-VITAMIN/FLUORIDE						
PRENATAL VITAMINS							
PRENATAL MULTIVIT-MIN W/FE-FA TABS	PRE-NATAL FORMULA					30.00	30.00
PRENATAL MV & MIN W/FE FUMARATE-FA-DHA MISC	VITAFOL-OB+DHA					30.00	30.00
PRENATAL MV & MIN W/FE POLYSACCHARIDE COMPLEX-FA-DHA CAPS	VITAFOL-ONE					30.00	30.00
PRENATAL MV & MIN W/FE POLYSACCHARIDE COMPLEX-FA-DHA MISC	SELECT-OB+DHA PNV FERROUS					30.00	30.00
PRENATAL VIT W/ DOCUSATE-FE FUMARATE-FOLIC ACID TABS	FUMARATE/DOCUSATE/FOLIC ACID					30.00	30.00
PRENATAL VIT W/ FE BISGLYCINATE CHELATE-FOLIC ACID TABS	VINATE AZ EXTRA					30.00	30.00
PRENATAL VIT W/ FE FUM-IRON POLYSACCH COMPLEX -FA-OMEGA 3 CAPS	CONCEPT DHA					30.00	30.00
PRENATAL VIT W/ FERROUS FUMARATE-FA-OMEGA 3 FATTY ACIDS CAPS	VIVA DHA					30.00	30.00
PRENATAL VIT W/ FERROUS FUMARATE-FOLIC ACID CHEW	COMPLETENATE					30.00	30.00
PRENATAL VIT W/ FERROUS FUMARATE-FOLIC ACID TABS	M-VIT					30.00	30.00
PRENATAL VIT W/ FERROUS FUMARATE-L METHYLFOLATE-FOLIC ACID TABS	ZATEAN-PN					30.00	30.00
PRENATAL VIT W/ IRON CARBONYL-FE ASPART GLYC-FA-OMEGA 3 CAPS	FOLCAPS OMEGA 3					30.00	30.00
PRENATAL VIT W/ IRON CARBONYL-FOLIC ACID TABS	PRENATABS RX					30.00	30.00
PRENATAL VIT W/ SELENIUM-FE FUMARATE-FOLIC ACID TABS	VINATE M					30.00	30.00



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PRENATAL W/O VIT A W/ FE FUMARATE-DSS-FA-DHA CAPS	PRENEXA					30.00	30.00
PRENATAL WITHOUT A VIT W/ FE FUMARATE-FOLIC ACID CHEW	VINATE CARE					30.00	30.00
PRENATAL WITHOUT A VIT W/ FE FUM-IRON POLYSACCH COMPLEX -FA CAPS	CONCEPT OB					30.00	30.00
PRENATAL WITHOUT VIT A W/ FE CARBONYL-FE GLUC-DOCUSATE-FA TABS	CITRANATAL RX					30.00	30.00
MUSCULOSKELETAL THERAPY AGENTS							
CENTRAL MUSCLE RELAXANTS							
BACLOFEN TABLETS	BACLOFEN						
CYCLOBENZAPRINE HCL TABLETS 5MG & 10MG ONLY	FLEXERIL						
METAXALONE TABLETS	METAXALONE						
METHOCARBAMOL TABLETS	ROBAXIN						
ORPHENADRINE CITRATE TABLET 12-HOUR	ORPHENADRINE CITRATE CR						
TIZANIDINE HCL - 2mg and 4mg TABLETS ONLY	TIZANIDINE HCL						
DIRECT MUSCLE RELAXANTS							
DANTROLENE SODIUM CAPSULES	DANTRIUM						
NASAL AGENTS - SYSTEMIC AND TOPICAL							
NASAL AGENTS - MISCELLANEOUS							
SALINE NASAL SPRAY	SALINE NASAL SPRAY						
NASAL ANTIALLERGY							
AZELASTINE HCL SOLUTION 0.10%	ASTELIN						
NASAL ANTICHOLINERGICS							
IPRATROPIUM BROMIDE (NASAL) SOLUTION	ATROVENT						
NASAL STEROIDS							
FLUNISOLIDE (NASAL) SOLUTION	FLUNISOLIDE						
FLUTICASON PROPIONATE (NASAL) SUSPENSION	FLONASE						
MOMETASONE FUROATE (NASAL) SUSPENSION	NASONEX						
SYMPATHOMIMETIC DECONGESTANTS							
PSEUDOEPHEDRINE HCL GEL	ELIXIRSURE CONGESTION						
PSEUDOEPHEDRINE HCL LIQUID	SUDAFED CHILDRENS						
PSEUDOEPHEDRINE HCL SYRUP	PSEUDOEPHEDRINE						
PSEUDOEPHEDRINE HCL TABLETS	SHOPKO NASAL DECONGESTANTMAXIMUM STRENGTH						
PSEUDOEPHEDRINE HCL TABLET 12-HOUR	SHOPKO NASAL DECONGESTANT						
PSEUDOEPHEDRINE HCL TABLET 24-HOUR	SUDAFED 24 HOUR						
NUTRIENTS							
MISC. NUTRITIONAL SUBSTANCES							
OMEGA-3 FATTY ACIDS CAPSULES	FISH OIL						
OMEGA-3 FATTY ACIDS CAPSULE DELAYED RELEASE	FISH OIL						
OPHTHALMIC AGENTS							
ARTIFICIAL TEARS AND LUBRICANTS							
ARTIFICIAL TEAR GEL GEL	VARIOUS						
ARTIFICIAL TEAR OINTMENT	VARIOUS						



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ARTIFICIAL TEAR SOLUTION SOLUTION	VARIOUS						
CARBOXYMETHYLCELLULOSE-GLYCERIN SOLUTION	VARIOUS						
CARBOXYMETHYLCELLULOSE-HYPROMELLOSE GEL	VARIOUS						
CARBOXYMETHYLCELLULOSE SODIUM (OPHTH) SOUTION	VARIOUS						
CARBOXYMETHYLCELLULOSE SODIUM (OPHTH) GEL	VARIOUS						
HYPROMELLOSE (GONIOSCOPIIC) SOLUTION	VARIOUS						
POLYETHYLENE GLYCOL 400 (OPHTH) GEL	VARIOUS						
POLYETHYLENE GLYCOL 400 (OPHTH) SOLUTION	VARIOUS						
POLYETHYLENE GLYCOL-PROPYLENE GLYCOL (OPHTH) SOLUTION	VARIOUS						
POLYSORBATE 80 (OPHTH) SOLUTION	VARIOUS						
POLYVINYL ALCOHOL SOLUTION	VARIOUS						
BETA-BLOCKERS - OPHTHALMIC							
BETAXOLOL HCL (OPHTH) SOLUTION	BETAXOLOL HCL						
BETAXOLOL HCL (OPHTH) SUSPENSION	BETOPTIC-S						
BRIMONIDINE TARTRATE-TIMOLOL MALEATE SOLUTION	COMBIGAN						
CARTEOLOL HCL (OPHTH) SOLUTION	CARTEOLOL HCL						
DORZOLAMIDE HCL-TIMOLOL MALEATE SOLUTION	COSOPT						
LEVOBUNOLOL HCL SOLUTION	LEVOBUNOLOL HCL						
METIPRANOLOL SOLUTION	METIPRANOLOL						
TIMOLOL MALEATE (OPHTH) DROPS	TIMOPTIC-XE						
TIMOLOL MALEATE (OPHTH) SOLUTION	TIMOPTIC						
TIMOLOL SOLUTION	BETIMOL						
CYCLOPLEGIC MYDRIATICS							
ATROPINE SULFATE (OPHTHALMIC) OINTMENT	ATROPINE SULFATE						
ATROPINE SULFATE (OPHTHALMIC) SOLUTION	ISOPTO ATROPINE						
CYCLOPENTOLATE HCL SOLUTION	CYCLOGYL						
HOMATROPINE HBR SOLUTION	ISOPTO HOMATROPINE						
TROPICAMIDE SOLUTION	TROPICAMIDE						
MIOTICS							
PILOCARPINE HCL GEL	PILOPINE HS						
PILOCARPINE HCL SOLUTION	ISOPTO CARPINE						
OPHTHALMIC ADRENERGIC AGENTS							
APRACLONIDINE HCL SOLUTION	IOPIDINE						
BRIMONIDINE TARTRATE SOLUTION	ALPHAGAN P						
OPHTHALMIC ANTI-INFECTIVES							
BACITRACIN (OPHTHALMIC) OINTMENT	BACITRACIN					3.50	7.00
BACITRACIN-POLYMYXIN B (OPHTH) OINTMENT	POLYCIN						
CIPROFLOXACIN HCL (OPHTH) OINTMENT	CILOXAN						
CIPROFLOXACIN HCL (OPHTH) SOLUTION	CILOXAN						
ERYTHROMYCIN (OPHTH) OINTMENT	ILOTYCIN						
GENTAMICIN SULFATE (OPHTH) OINTMENT	GARAMYCIN						
GENTAMICIN SULFATE (OPHTH) SOLUTION	GARAMYCIN						
MOXIFLOXACIN HCL (OPHTH) SOLUTION	VIGAMOX						
NATAMYCIN SUSPENSION	NATACYN						
NEOMYCIN-BACITRACIN ZN-POLYMYXIN OINTMENT	NEO-POLYCIN						



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NEOMYCIN-POLYMYXIN-GRAMICIDIN SOLUTION	NEOSPORIN								
OFLOXACIN (OPHTH) SOLUTION	OCUFLOX								
POLYMYXIN B-TRIMETHOPRIM SOLUTION	POLYTRIM								
SULFACETAMIDE SODIUM (OPHTH) OINTMENT	SULFACETAMIDE SODIUM								
SULFACETAMIDE SODIUM (OPHTH) SOLUTION	BLEPH-10								
TOBRAMYCIN (OPHTH) OINTMENT	TOBREX					3.50	7.00		
TOBRAMYCIN (OPHTH) SOLUTION	TOBREX								
TRIFLURIDINE SOLUTION	VIROPTIC								
OPHTHALMIC DECONGESTANTS									
HYPROMELLOSE-GLYCERIN-NAPHAZOLINE SOLUTION	CLEAR EYES FOR DRY EYES PLUS REDNESS RELIEF								
HYPROMELLOSE-NAPHAZOLINE-POLYSORBATE 80-ZINC SULFATE SOLUTION	CLEAR EYES COMPLETE 7 SYMPTOM RELIEF								
NAPHAZOLINE HCL SOLUTION	VASOCLEAR								
NAPHAZOLINE W/ PHENIRAMINE SOLUTION	NAPHCON-A								
NAPHAZOLINE W/ ZINC SULFATE SOLUTION	VASOCLEAR A								
NAPHAZOLINE-GLYCERIN SOLUTION	CLEAR EYES REDNESS RELIEF								
NAPHAZOLINE-GLYCERIN-ZINC SULFATE SOLUTION	CLEAR EYES SEASONAL RELIEF								
NAPHAZOLINE-HYPROMELLOSE SOLUTION	CVS MAXIMUM REDNESS RELIEF								
NAPHAZOLINE-POLYETHYLENE GLYCOL 300 SOLUTION	CVS REDNESS RELIEF								
OXYMETAZOLINE HCL (OPHTH) SOLUTION	VISINE-LR								
PHENYLEPHRINE-POLYVINYL ALCOHOL SOLUTION	REFRESH REDNESS RELIEF								
TETRAHYDROZOLINE HCL (OPHTH) SOLUTION	ALTAZINE								
TETRAHYDROZOLINE W/ POLYETHYLENE GLYCOL SOLUTION	ADVANCED LUBRICANT								
TETRAHYDROZOLINE W/ ZINC SULFATE SOLUTION	VISINE-AC								
TETRAHYDROZOLINE-DEXTRAN-POLYETHYLENE GLYCOL-POVIDONE SOLUTION	VISINE ADVANCED RELIEF								
TETRAHYDROZOLINE-GLYCERIN-HYPROMELLOSE-PEG 400 SOLUTION	VISINE MAXIMUM REDNESS RELIEF								
TETRAHYDROZOLINE-GLYCERIN-HYPROMELLOSE-PEG 400-ZINC SULFATE SOLUTION	VISINE TOTALITY MULTI-SYMPTOM/HYDROBLEND								
TETRAHYDROZOLINE-POLYVINYL ALCOHOL-POVIDONE SOLUTION	CLEAR EYES TRIPLE ACTION RELIEF								
OPHTHALMIC IMMUNOMODULATORS									
CYCLOSPORINE (OPHTH) EMULSION	RESTASIS			PA Required					
OPHTHALMIC STEROIDS									
BACITRACIN-POLY-NEOMYCIN-HC OINTMENT	NEO-POLYGIN HC								
DEXAMETHASONE (OPHTH) SUSPENSION	MAXIDEX								
DEXAMETHASONE SODIUM PHOSPHATE (OPHTH) SOLUTION	DEXAMETHASONE SODIUM PHOSPHATE								
FLUOROMETHOLONE (OPHTH) OINTMENT	FML								
FLUOROMETHOLONE (OPHTH) SUSPENSION	FML LIQUIFILM								
GENTAMICIN-PREDNISOLONE ACETATE OINTMENT	PRED-G S.O.P.								
GENTAMICIN-PREDNISOLONE ACETATE SUSPENSION	PRED-G								
NEOMYCIN-POLYMY-DEXAMETH OINTMENT	MAXITROL								



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NEOMYCIN-POLYMY-DEXAMETH SUSPENSION	MAXITROL								
NEOMYCIN-POLYMYXIN-HC (OPHTH) SUSPENSION	NEOMYCIN/POLYMYXIN/HYDROCORTISONE								
PREDNISOLONE ACETATE (OPHTH) SUSPENSION	PRED MILD								
PREDNISOLONE SODIUM PHOSPHATE (OPHTH) SOLUTION	PREDNISOLONE SODIUM PHOSPHATE								
SULFACETAMIDE SOD-PREDNISOLONE OINTMENT	BLEPHAMIDE S.O.P.								
SULFACETAMIDE SOD-PREDNISOLONE SOLUTION	SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE								
SULFACETAMIDE SOD-PREDNISOLONE SUSPENSION	BLEPHAMIDE								
TOBRAMYCIN-DEXAMETHASONE OINTMENT	TOBRADEX					3.50	7.00		
TOBRAMYCIN-DEXAMETHASONE SUSPENSION	TOBRADEX ST								
OPHTHALMICS - MISC.									
AZELASTINE HCL (OPHTH) SOLUTION	OPTIVAR								
BRINZOLAMIDE SUSPENSION	AZOPT			PA Required					
BROMFENAC SODIUM (OPHTH) SOLUTION	PROLENSA								
CROMOLYN SODIUM (OPHTH) SOLUTION	CROMOLYN SODIUM								
DICLOFENAC SODIUM (OPHTH) SOLUTION	DICLOFENAC SODIUM								
DORZOLAMIDE HCL SOLUTION	TRUSOPT								
EPINASTINE HCL (OPHTH) SOLUTION	ELESTAT								
FLURBIPROFEN SODIUM SOLUTION	OCUFEN								
KETOROLAC TROMETHAMINE (OPHTH) SOLUTION	ACULAR LS								
KETOTIFEN FUMARATE (OPHTH) SOLUTION	ALAWAY								
LODOXAMIDE TROMETHAMINE SOLUTION	ALOMIDE								
OLOPATADINE HCL SOLUTION	PATANOL								
SODIUM CHLORIDE HYPERTONIC SOLUTION	ALTACHLORE								
PROSTAGLANDINS - OPHTHALMIC									
LATANOPROST SOLUTION	XALATAN					2.50	30.00		
TAFLUPROST SOLUTION	ZIOPTAN			PA Required					
TRAVOPROST SOLUTION	TRAVATAN Z			PA Required					
OTIC AGENTS									
OTIC AGENTS - MISCELLANEOUS									
ACETIC ACID (OTIC) SOLUTION	ACETIC ACID								
OTIC ANTI-INFECTIVES									
CIPROFLOXACIN HCL (OTIC) SOLUTION	VARIOIUS		PREFERRED DRUG						
OTIC COMBINATIONS									
CIPROFLOXACIN-DEXAMETHASONE	CIPRODEX	Brand Only	PREFERRED BRAND						
NEOMYCIN-POLYMYXIN-HC (OTIC) SOLUTION	VARIOUS		PREFERRED BRAND						
NEOMYCIN-POLYMYXIN-HC (OTIC) SUSPENSION	VARIOUS		PREFERRED BRAND						
OTIC STEROIDS									
FLUOCINOLONE ACETONIDE (OTIC) OIL	DERMOTIC								
HYDROCORTISONE W/ACETIC ACID SOLUTION	ACETASOL HC								
OXYTOCICS									
OXYTOCICS									
METHYLERGONOVINE MALEATE TABLETS	METHERGINE								



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PASSIVE IMMUNIZING AGENTS							
MONOCLONAL ANTIBODIES							
PALIVIZUMAB SOLUTION	SYNAGIS			PA Required - if approved the prescriber must buy and bill a medical claim for the drug			
PENICILLINS							
AMINOPENICILLINS							
AMOXICILLIN CAPSULES	AMOXICILLIN						
AMOXICILLIN CHEWABLE TABLETS	AMOXICILLIN						
AMOXICILLIN SUSPENSION	AMOXICILLIN						
AMOXICILLIN TABLETS	AMOXICILLIN						
AMOXICILLIN TABLET 24-HOUR	MOXATAG						
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 TABLETS	AMOXICILLIN/CLAVULANATE POTASSIUM						
AMOXICILLIN & POT CLAVULANATE TABLET 12-HOUR	AUGMENTIN XR						
PENICILLINASE-RESISTANT PENICILLINS							
DICLOXACILLIN SODIUM CAPSULES	DICLOXACILLIN SODIUM						
PROGESTINS							
PROGESTINS							
HYDROXYPROGESTERONE CAPROATE OIL	MAKENA 250 MG/ML	Brand Only		PA Required			
HYDROXYPROGESTERONE CAPROATE SOLUTION AUTOINJECTOR	MAKENA AUTO INJECTOR	Brand Only		PA Required			
MEDROXYPROGESTERONE ACETATE TABLETS	PROVERA						
NORETHINDRONE ACETATE TABLETS	AYGESTIN						
PROGESTERONE MICRONIZED CAPSULES	PROMETRIUM						
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENT							
AGENTS FOR CHEMICAL DEPENDENCY							
ACAMPROSATE CALCIUM TABLET DELAYED RELEASE	VARIOUS						
DISULFIRAM TABLETS	VARIOUS						
ANTIDEMENTIA AGENTS							
DONEPEZIL HYDROCHLORIDE TABLETS	ARICEPT						
DONEPEZIL HYDROCHLORIDE ORALLY DISPERSABLE TABLET	ARICEPT ODT						
GALANTAMINE HYDROBROMIDE CAPSULE 24-HOUR	RAZADYNE ER			PA Required			
GALANTAMINE HYDROBROMIDE SOLUTION	RAZADYNE			PA Required			
GALANTAMINE HYDROBROMIDE TABLETS	RAZADYNE			PA Required			
MEMANTINE HCL CAPSULE 24-HOUR	NAMENDA XR			PA Required			
MEMANTINE HCL SOLUTION	NAMENDA			PA Required			



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MEMANTINE HCL TABLETS	NAMENDA			PA Required			
RIVASTIGMINE PATCH 24-HOUR	EXELON			PA Required			
RIVASTIGMINE TARTRATE CAPSULES	EXELON			PA Required			
RIVASTIGMINE TARTRATE SOLUTION	EXELON			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 TITRATION PACK			PA Required			
INTERFERON BETA-1B KIT	BETASERON			PA Required			
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.							
ERGOLOID MESYLATES TABLETS	ERGOLOID MESYLATES						
PIMOZIDE TABLETS	ORAP				Prior Authorization is required for < 12 years of age.		
SMOKING DETERRENENTS							
BUPROPION HCL (SMOKING DETERRENT) TABLET 12-HOUR	BUPROBAN					168.00	180.00
NICOTINE INHALER	NICOTROL INHALER					1008.00	180.00
NICOTINE KIT	NICOTINE TRANSDERMAL SYSTEM					84.00	180.00
NICOTINE POLACRILEX GUM	KLS QUIT2					540.00	180.00
NICOTINE POLACRILEX LOZENGE	COMMIT					540.00	180.00
NICOTINE PATCH 24-HOUR	NICODERM CQ					84.00	180.00
NICOTINE SOLUTION	NICOTROL NS					120.00	180.00
VARENICLINE TARTRATE TABLETS	CHANTIX					168.00	180.00
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			
IVACAFTOR PACK	KALYDECO			PA Required			
IVACAFTOR TABLETS	KALYDECO			PA Required			
SULFONAMIDES							
SULFONAMIDES							
SULFADIAZINE TABLETS	SULFADIAZINE						
TOXOIDS							
TOXOID COMBINATIONS							
DIPH-AC PERT-TET TOX AD-POLIO IPV-HAEMOPHIL B POLY VAC SUSPENSION	PENTACEL						
DIPH-TETANUS TOX AD-ACELL PERTUSSIS & POLIO VIRUS, IPV VAC SUSPENSION	KINRIX						
DIPH-TETANUS TOX-ACELL PERT-HEPATITIS B RECOMB-POLIO IPV VA SUSPENSION	PEDIARIX						
DIPHTHERIA, ACELLULAR PERTUSSIS & TETANUS TOXOIDS SUSPENSION	INFANRIX						



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DIPHTHERIA-TETANUS TOXOIDS (DT) SUSPENSION	DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC						
TETANUS TOXOID-DIPHTHERIA-ACELLULAR PERTUSSIS ADSORB (TDAP) SUSPENSION	BOOSTRIX						
TETANUS-DIPHTHERIA TOXOIDS (TD) INJECTION	TETANUS/DIPHTHERIA TOXOID- ADSORBED PUROGENATED ADULT						
TETANUS-DIPHTHERIA TOXOIDS (TD) SUSPENSION	TETANUS/DIPHTHERIA TOXOIDS- ADSORBED ADULT						
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							
LEVOTHYROXINE SODIUM CAPSULES	TIROSINT					30.00	30.00
LEVOTHYROXINE SODIUM TABLETS	LEVO-T					30.00	30.00
LIOTHYRONINE SODIUM TABLETS	CYTOMEL					30.00	30.00
THYROID TABLETS	ARMOUR THYROID						
ULCER DRUGS							
ANTISPASMODICS							
DICYCLOMINE HCL CAPSULES	BENTYL						
DICYCLOMINE HCL SOLUTION	DICYCLOMINE HCL						
DICYCLOMINE HCL TABLETS	BENTYL						
GLYCOPYRROLATE SOLUTION	CUVPOSA						
GLYCOPYRROLATE TABLETS	ROBINUL						
HYOSCYAMINE SULFATE ELIXIR	HYOSCYAMINE SULFATE					120.00	30.00
HYOSCYAMINE SULFATE SOLUTION	HYOSCYAMINE SULFATE					120.00	30.00
HYOSCYAMINE SULFATE SUBLINGUAL	HYOMAX-SL					120.00	30.00
HYOSCYAMINE SULFATE TABLETS	LEVSIN					120.00	30.00
HYOSCYAMINE SULFATE TABLET 12-HOUR	LEVBID					120.00	30.00
HYOSCYAMINE SULFATE TABLET CONTROLLED RELEASE	SYMAX DUOTAB					120.00	30.00
HYOSCYAMINE SULFATE ORALLY DISPERSABLE TABLET	ANASPAZ					120.00	30.00
PROPANTHELINE BROMIDE TABLETS	PROPANTHELINE BROMIDE						
H-2 ANTAGONISTS							
FAMOTIDINE CHEWABLE TABLETS	PEPCID AC						
FAMOTIDINE SUSPENSION	PEPCID						



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FAMOTIDINE TABLETS	PEPCID AC						
NIZATIDINE CAPSULES	NIZATIDINE						
NIZATIDINE SOLUTION	AXID						
MISC. ANTI-ULCER							
SUCRALFATE TABLETS	CARAFATE						
PROTON PUMP INHIBITORS							
ESOMEPRAZOLE MAGNESIUM PACKETS	NEXIUM			PA Required for > 18 Years of Age		30.00	30.00
ESOMEPRAZOLE MAGNESIUM CAPSULE DELAYED RELEASE	NEXIUM					60.00	30.00
LANSOPRAZOLE CAPSULE DELAYED RELEASE	HEARTBURN RELIEF 24 HOUR					60.00	30.00
LANSOPRAZOLE ORALLY DISPERSABLE TABLET	PREVACID SOLUTAB			PA Required for > 18 Years of Age		60.00	30.00
OMEPRAZOLE CAPSULE DELAYED RELEASE	VARIOUS					60.00	30.00
PANTOPRAZOLE SODIUM PACK	PROTONIX			PA Required for > 18 Years of Age		30.00	30.00
ULCER DRUGS - PROSTAGLANDINS							
MISOPROSTOL TABLETS	CYTOTEC						
URINARY ANTI-INFECTIVES							
URINARY ANTI-INFECTIVES							
FOSFOMYCIN TROMETHAMINE PACK	MONUROL				Patient must have tried Cipro AND Macrobid		
NITROFURANTOIN MACROCRYSTAL CAPSULES	MACRODANTIN						
NITROFURANTOIN MONOHYD MACRO CAPSULES	MACROBID						
NITROFURANTOIN SUSPENSION	FURADANTIN						
URINARY ANTISPASMODICS							
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)							
FESOTERODINE FUMARATE	TOVIAZ		PREFERRED DRUG				
OXYBUTYNYN CHLORIDE SYRUP	OXYBUTYNYN CHLORIDE		PREFERRED DRUG				
OXYBUTYNYN CHLORIDE TABLETS	OXYBUTYNYN CHLORIDE		PREFERRED DRUG				
OXYBUTYNYN CHLORIDE TABLET 24-HOUR	DITROPAN XL		PREFERRED DRUG				
TOLTERODINE TARTRATE CAPSULE 24-HOUR	DETROL LA	Brand Only	PREFERRED DRUG				
TOLTERODINE TARTRATE TABLETS	DETROL	Brand Only	PREFERRED DRUG				
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS							
BETHANECHOL CHLORIDE TABLETS	URECHOLINE						
VAGINAL PRODUCTS							
SPERMICIDES							
NONOXYNOL-9 FILM	VCF VAGINAL CONTRACEPTIVE FILM						
NONOXYNOL-9 FOAM	VCF VAGINAL CONTRACEPTIVE FOAM						
NONOXYNOL-9 GEL	SHUR-SEAL						
NONOXYNOL-9 MISC	TODAY SPONGE						
NONOXYNOL-9 SUPPOSITORY	ENCARE						
VAGINAL ANTI-INFECTIVES							
CLINDAMYCIN PHOSPHATE VAGINAL CREAM	CLEOCIN						
CLINDAMYCIN PHOSPHATE VAGINAL SUPPOSITORY	CLEOCIN						
CLOTRIMAZOLE VAGINAL CREAM	GYNE-LOTTRIMIN						
METRONIDAZOLE VAGINAL GEL	METROGEL-VAGINAL						
MICONAZOLE NITRATE VAGINAL KIT	MONISTAT 3 COMBINATION PACK						



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MICONAZOLE NITRATE VAGINAL SUPPOSITORY	MICONAZOLE 3						
SULFANILAMIDE VAGINAL CREAM	AVC						
TERCONAZOLE VAGINAL CREAM	TERAZOL 7						
TERCONAZOLE VAGINAL SUPPOSITORY	TERAZOL 3						
TIOCONAZOLE VAGINAL	MONISTAT 1-DAY						
VAGINAL ESTROGENS							
ESTRADIOL ACETATE VAGINAL RING	FEMRING			PA Required		1.00	30.00
ESTRADIOL VAGINAL CREAM	ESTRADIOL						
ESTRADIOL VAGINAL RING	ESTRING					1.00	90.00
ESTRADIOL VAGINAL TABLETS	VAGIFEM						
ESTROGENS, CONJUGATED VAGINAL CREAM	PREMARIN					1.00	30.00
VAGINAL PROGESTINS							
PROGESTERONE (VAGINAL) GEL	CRINONE			PA Required			
VASOPRESSORS							
ANAPHYLAXIS THERAPY AGENTS							
EPINEPHRINE SELF-INJECTABLE	EPINEPHRINE SELF-INJECTABLE (By Mylan)	Mylan Generic	Preferred Drug	PA Required for > 2 Per Month		2.00	30.00
EPINEPHRINE SELF-INJECTABLE	EPINEPHRINE SELF-INJECTABLE (By Mylan)	Mylan Generic	Preferred Drug	PA Required for > 2 Per Month		2.00	30.00
VASOPRESSORS							
MIDODRINE HCL TABLETS	MIDODRINE HCL						
VACCINES							
VIRAL VACCINES							
HEPATITIS B VACCINE (RECOMB) INJECTION	ENGERIX-B						
HEPATITIS B VACCINE (RECOMB) SUSPENSION	RECOMBIVAX HB						
HUMAN PAPILLOMAVIRUS (HPV) 9-VALENT RECOMBINANT VACCINE SUSPENSION	GARDASIL 9						
HUMAN PAPILLOMAVIRUS (HPV) 9-VALENT RECOMBINANT VACCINE SUSPENSION PREFILLED SYRINGE	GARDASIL 9						
HUMAN PAPILLOMAVIRUS (HPV) BIVALENT (TYPES 16, 18) RECMB VA SUSPENSION	CERVARIX						
HUMAN PAPILLOMAVIRUS (HPV) QUADRIVALENT RECOMBINANT VACCINE SUSPENSION	GARDASIL						
INFLUENZA VIRUS VACCINE RECOMBINANT HEMAGGLUTININ (HA) SOLUTION	FLUBLOK						
INFLUENZA VIRUS VACCINE SPLIT SUSPENSION	FLUZONE SPLIT						
INFLUENZA VIRUS VACCINE SPLIT HIGH-DOSE PRESERVATIVE FREE SUSPENSION PREFILLED SYRINGE	FLUZONE HIGH-DOSE PF						
INFLUENZA VIRUS VACCINE SPLIT PRESERVATIVE FREE SUSPENSION PREFILLED SYRINGE	FLUZONE PF						
INFLUENZA VIRUS VACCINE SPLIT QUADRIVALENT SUSPENSION	FLUZONE QUADRIVALENT						
INFLUENZA VIRUS VACCINE SPLIT QUADRIVALENT SUSPENSION PREFILLED SYRINGE	FLUZONE QUADRIVALENT						



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INFLUENZA VIRUS VACCINE TISSUE-CULTURED SUBUNIT PSKT	MEDICAL PROVIDER EZ FLU SHOT						
INFLUENZA VIRUS VACCINE TISSUE-CULTURED SUBUNIT SUSPENSION PREFILLED SYRINGE	FLUCELVAX						
INFLUENZA VIRUS VACCINE TISSUE-CULTURED SUBUNIT QUADRIVALEN SUSPENSION PREFILLED SYRINGE	FLUCELVAX QUADRIVALENT						
INFLUENZA VIRUS VACCINE TYPES A & B PRESERVATIVE FREE PSKT	MEDICAL PROVIDER EZ FLU SHOT PF						
INFLUENZA VIRUS VACCINE TYPES A & B PRESERVATIVE FREE SUSPENSION PREFILLED SYRINGE	FLUVIRIN PF						
INFLUENZA VIRUS VACCINE TYPES A & B SURFACE ANTIGEN PSKT	MEDICAL PROVIDER SINGLE USE EZ FLU SHOT						
INFLUENZA VIRUS VACCINE TYPES A & B SURFACE ANTIGEN SUSPENSION	FLUVIRIN						
INFLUENZA VIRUS VACCINE TYPES A & B SURFACE ANTIGEN SUSPENSION PREFILLED SYRINGE	FLUVIRIN						
INFLUENZA VIRUS VACCINE TYPES A & B SURFACE ANTIGEN ADJUVAN SUSPENSION PREFILLED SYRINGE	FLUAD						
MEASLES, MUMPS & RUBELLA VIRUS VACCINES INJECTION	M-M-R II						
MEASLES-MUMPS-RUBELLA-VARICELLA VIRUS VACCINES INJECTION	PROQUAD						
PNEUMOCOCCAL 13-VALENT CONJUGATE VACCINE SUSPENSION	PREVNAR 13						
PNEUMOCOCCAL VAC POLYVALENT INJECTION	PNEUMOVAX 23/5 DOSE						
ZOSTER VACCINE LIVE SOLUTION RECONSTITUED	ZOSTAVAX						
VITAMINS							
OIL SOLUBLE VITAMINS							
ERGOCALCIFEROL CAPSULES	DRISDOL					12.00	30.00
VITAMIN E CAPSULES	VITAMIN E						
VITAMIN D DROPS 400UNIT	D-VI-SOL			PA Required for > 2 years of age			
WATER SOLUBLE VITAMINS							
NIACIN CAPSULE CONTROLLED RELEASE	VARIOUS						
NIACIN TABLET CONTROLLED RELEASE	VARIOUS						
PYRIDOXINE HCL TABLETS	PYRIDOXINE HCL						
THIAMINE HCL TABLETS	VITAMIN B-1						