



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

• 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: 10/1/2023

Drug Class/Drug Name	Reference Brand Name	Brand Only / Generic Notes	Preferred Drug Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days
<b>ADHD/ANTI-NARCOLEPSY</b>							
<b>AMPHETAMINES</b>							
AMPHETAMINE-DEXTROAMPHETAMINE CAPSULE 24-HOUR	ADDERALL XR	Brand Only	Preferred Drug	PA Required for Ages < 6 years		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
<b>STIMULANTS</b>							
DESMETHYLPHENIDATE HCL CAPSULE 24-HOUR	FOCALIN XR		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 CAPSULE 24-HOUR	RITALIN LA	Brand Only	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
<b>MISCELLANEOUS AGENTS</b>							
ATOMOXETINE HCL CAPSULES	VARIOUS		Preferred Drug	PA Required for Ages < 6 years		30.00	30.00
<b>CENTRAL ALPHA-AGONISTS</b>							
CLONIDINE HCL TABLETS	CATAPRES			PA Required for Ages < 6 years			
CLONIDINE HCL TD PATCH WEEKLY	CATAPRES PATCHES			PA Required for Ages < 6 years		4.00	28.00
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			
<b>AMINOGLYCOSIDES</b>							
<b>AMINOGLYCOSIDES</b>							
NEOMYCIN SULFATE TABLETS	NEOMYCIN SULFATE						
PAROMOMYCIN SULFATE CAPSULES	PAROMOMYCIN SULFATE						
TOBRAMYCIN NEBULIZED	KITABIS AND BETHKIS	Brand Only	Preferred Drug	PA Required			
<b>ANALGESICS - ANTI-INFLAMMATORY</b>							
<b>ANTIRHEUMATIC ANTIMETABOLITES</b>							
METHOTREXATE SODIUM (ANTIRHEUMATIC) TABLETS	RHEUMATREX						
<b>ANTIRHEUMATIC - ENZYME INHIBITORS</b>							
TOFACITINIB CITRATE	XELJANZ IMMEDIATE RELEASE ONLY	Brand Only	Preferred Drug	PA Required			
<b>ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES</b>							
ADALIMUMAB	HUMIRA		Preferred Drug	PA Required			
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>							
CELECOXIB CAPSULES	CELEBREX						
DICLOFENAC SODIUM TABLET 24-HOUR	VOLTAREN-XR					30.00	30.00
DICLOFENAC SODIUM TABLET ENTERIC COATED	DICLOFENAC SODIUM DR						
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						



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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						
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>							
APREMILAST	OTEZLA	Brand Only	Preferred Drug	PA Required			
<b>PYRIMIDINE SYNTHESIS INHIBITORS</b>							
LEFLUNOMIDE TABLETS	ARAVA						
<b>SELECTIVE COSTIMULATION MODULATORS</b>							
ABATACEPT	ORENCIA		Preferred Drug	PA Required			
<b>SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS</b>							
ETANERCEPT	ENBREL		Preferred Drug	PA Required			
<b>ANALGESICS - NONNARCOTIC</b>							
<b>ANALGESIC COMBINATIONS</b>							
BUTALBITAL-ACETAMINOPHEN-CAFFEINE TABLETS	VARIOIUS					120.00	30.00
BUTALBITAL-ASPIRIN-CAFFEINE TABLETS	VARIOUS					120.00	30.00
<b>ANALGESICS OTHER</b>							
ACETAMINOPHEN CAPSULES	ACETAMINOPHEN						
ACETAMINOPHEN CHEWABLE TABLETS	CHILDRENS MEDI-TABLETS						
ACETAMINOPHEN ELIXIR	MEDI-TABLETS CHILDRENS						
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						
<b>SALICYLATES</b>							
ASPIRIN CHEWABLE TABLETS	ST JOSEPH ADULT						
ASPIRIN SUPPOSITORY	ASPIRIN						
ASPIRIN TABLETS	ASPIRIN						



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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						
<b>ANALGESICS - OPIOID</b>							
<b>LONG-ACTING OPIOID AGONISTS</b>							
FENTANYL PATCH 72-HOUR 12mcg, 25mcg, 50mcg, 75mcg & 100mcg	DURAGESIC 12mcg, 25mcg, 50mcg, 75mcg & 100mcg		Preferred Drug	PA Required			
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			
<b>SHORT-ACTING OPIOID AGONISTS</b>							
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.			
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.			



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TRAMADOL HCL TABLETS	ULTRAM			PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period.			
<b>OPIOID COMBINATIONS</b>							
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.			
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.			
<b>OPIOID PARTIAL AGONISTS</b>							



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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	GENERIC FORMULATIONS ONLY	Preferred Drug				
METHADONE	VARIOUS			Only available at an Opioid Treatment Program (OTP) provider.			
<b>ANDROGENS-ANABOLIC</b>							
<b>ANDROGENS**</b>							
DANAZOL CAPSULES	DANAZOL						
TESTOSTERONE CYPIONATE KIT	TESTONE CIK			PA Required			
TESTOSTERONE CYPIONATE SOLUTION	DEPO-TESTOSTERONE			PA Required			
TESTOSTERONE ENANTHATE SOLUTION	TESTOSTERONE ENANTHATE			PA Required			
TESTOSTERONE GEL	ANDROGEL/TESTIM			PA Required			
TESTOSTERONE PATCH 24-HOUR	ANDRODERM			PA Required			
<b>ANORECTAL AGENTS</b>							
<b>INTRARECTAL STEROIDS</b>							
HYDROCORTISONE (INTRARECTAL) ENEMA	COLOCORT						
HYDROCORTISONE ACETATE (INTRARECTAL) FOAM	CORTIFOAM						
<b>RECTAL STEROIDS</b>							
HYDROCORTISONE (RECTAL) CREAM	PROCTOCORT						
<b>ANTACIDS</b>							
<b>ANTACIDS - CALCIUM SALTS</b>							
CALCIUM CARBONATE (ANTACID) CHEWABLE TABLETS	CHILDRENS MYLANTA UPSET STOMACH RELIEF						
CALCIUM CARBONATE (ANTACID) TABLETS	CALCIUM CARBONATE						
<b>ANTACIDS - BICARBONATE</b>							
SODIUM BICARBONATE (ANTACID) TABLETS	SODIUM BICARBONATE						
<b>ANTACID COMBINATIONS</b>							
ALUM & MAG HYDROX-SIMETHICONE SUSPENSION	ANTACID FAST ACTING						
<b>ANTACIDS - MAGNESIUM SALTS</b>							



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MAGNESIUM OXIDE TABLETS	MAGNESIUM OXIDE						
<b>ANTHELMINTICS</b>							
<b>ANTHELMINTICS</b>							
ALBENDAZOLE TABLETS	ALBENZA			PA Required			
IVERMECTIN TABLETS	STROMECTOL			PA Required			
PRAZQUANTEL TABLETS	BILTRICIDE						
<b>ANTIANGINAL AGENTS</b>							
<b>ANTIANGINALS-OTHER</b>							
RANOLAZINE TABLET 12-HOUR	RANEXA			PA Required			
<b>NITRATES</b>							
ISOSORBIDE DINITRATE CAPSULE CONTROLLED RELEASE	DILATRATE SR						
ISOSORBIDE DINITRATE SUBLINGUAL	ISOSORBIDE DINITRATE						
ISOSORBIDE DINITRATE TABLETS	ISORDIL TITRADOSE						
ISOSORBIDE DINITRATE TABLET CONTROLLED RELEASE	ISOSORBIDE DINITRATE ER						
ISOSORBIDE MONONITRATE TABLETS	ISOSORBIDE MONONITRATE						
ISOSORBIDE MONONITRATE TABLET 24-HOUR	IMDUR						
NITROGLYCERIN CAPSULE CONTROLLED RELEASE	NITRO-TIME						
NITROGLYCERIN OINTMENT	NITRO-BID						
NITROGLYCERIN PATCH 24-HOUR	NITRO-DUR						
NITROGLYCERIN SUBLINGUAL	NITROSTAT						
<b>ANTIANSIETY AGENTS</b>							
<b>ANTIANSIETY AGENTS - MISC.</b>							
HYDROXYZINE HCL SYRUP	ATARAX SYRUP					300.00	30.00
HYDROXYZINE HCL TABLETS	ATARAX TABLETS					240.00	30.00
HYDROXYZINE PAMOATE CAPSULES	VISTARIL					120.00	30.00
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
<b>BENZODIAZEPINES</b>							
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



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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
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



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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
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
<b>ANTIARRHYTHMICS</b>							
<b>ANTIARRHYTHMICS TYPE I-A</b>							
DISOPYRAMIDE PHOSPHATE CAPSULES	NORPACE						
DISOPYRAMIDE PHOSPHATE CAPSULE 12-HOUR	NORPACE CR						
QUINIDINE GLUCONATE TABLET CONTROLLED RELEASE	QUINIDINE GLUCONATE CR						
QUINIDINE SULFATE TABLETS	QUINIDINE SULFATE						
QUINIDINE SULFATE TABLET CONTROLLED RELEASE	QUINIDINE SULFATE ER						
<b>ANTIARRHYTHMICS TYPE I-B</b>							
MEXILETINE HCL CAPSULES	MEXILETINE HCL						
<b>ANTIARRHYTHMICS TYPE I-C</b>							
FLECAINIDE ACETATE TABLETS	TAMBOCOR						
PROPafenone HCL CAPSULE 12-HOUR	RYTHMOL SR						
PROPafenone HCL TABLETS	RYTHMOL						
<b>ANTIARRHYTHMICS TYPE III</b>							
AMIODARONE HCL TABLETS 100MG & 200MG	PACERONE						
DOFETILIDE CAPSULES	TIKOSYN			PA Required			
DRONEDARONE HCL TABLETS	MULTAQ			PA Required			
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>							
<b>ANTI-INFLAMMATORY AGENTS</b>							
CROMOLYN SODIUM NEBULIZED	CROMOLYN SODIUM						
<b>BRONCHODILATORS - ANTICHOLINERGICS</b>							
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 AEROSOL SOLUTION	SPIRIVA AEROSOL		Preferred Drug				
TIOTROPIUM BROMIDE MONOHYDRATE CAPSULES	SPIRIVA HANDIHALER	Brand Only	Preferred Drug				
<b>LEUKOTRIENE MODULATORS</b>							
MONTELUKAST SODIUM CHEWABLE TABLETS	SINGULAIR		Preferred Drug			30.00	30.00
MONTELUKAST SODIUM GRANULES	SINGULAIR		Preferred Drug	PA Required for > 4 Years of Age			
MONTELUKAST SODIUM TABLETS	SINGULAIR		Preferred Drug			30.00	30.00
<b>STEROID INHALANTS</b>							





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BUDESONIDE (INHALATION) SUSPENSION 0.25MG/2ML, 0.5MG/2ML & 1MG/2ML	VARIOUS		Preferred Drug				
BUDESONIDE (INHALATION) AEROSOL POWDER	PULMICORT FLEXHALER	Brand Only	Preferred Drug				
FLUTICASONE PROPIONATE HFA AERO	FLOVENT HFA	Brand Only	Preferred Drug				
FLUTICASONE PROPIONATE ORAL INHALATION	FLOVENT DISKUS	Brand Only	Preferred Drug				
MOMETASONE FUROATE (INHALATION) AEPB	ASMANEX TWISTHALER		Preferred Drug				
<b>SYMPATHOMIMETICS</b>							
ALBUTEROL SULFATE INHALER	ALBUTEROL HFA (PROVENTIL) (AG) (INHALATION)	NDC 00254100752 NDC 00781729685	Preferred Albuterol NDCs				
ALBUTEROL SULFATE INHALER	ALBUTEROL HFA (PROVENTIL) (INHALATION)	NDC 00054074287 NDC 69097014260 NDC 72572001401 NDC 76282067942	Preferred Albuterol NDCs				
ALBUTEROL SULFATE INHALER	ALBUTEROL HFA (PROAIR) (AG) (INHALATION)	NDC 00093317431	Preferred Albuterol NDCs				
ALBUTEROL SULFATE INHALER	ALBUTEROL HFA (PROAIR) (INHALATION)	NDC 45802008801 NDC 68180096301	Preferred Albuterol NDCs				
ALBUTEROL SULFATE INHALER	ALBUTEROL HFA (VENTOLIN) (AG) (INHALATION)	NDC 66993001968	Preferred Albuterol NDCs				
ALBUTEROL SULFATE NEBULIZED	ALBUTEROL SULFATE						
ALBUTEROL SULFATE SYRUP	ALBUTEROL SULFATE						
BUDESONIDE-FORMOTEROL FUMARATE DIHYDRATE INHALER	SYMBICORT	Brand Only	Preferred Drug				
FLUTICASONE-SALMETEROL ORAL INHALATION	ADVAIR DISKUS	Brand Only	Preferred Drug				
FLUTICASONE-SALMETEROL INHALER	ADVAIR HFA	Brand Only	Preferred Drug				
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	Brand Only	Preferred Drug				
SALMETEROL XINAFOATE INHALER BREATH ACTIVATED	SEREVENT DISKUS		Preferred Drug	PA Required			
TIOTROPIUM BROMIDE-OLODATEROL HCL AEROSOL SOLUTION	STIOLTO RESPIMAT		Preferred Drug	PA Required		1.00	30.00
UMECLIDINIUM-VILANTEROL AEROSOL POWDER	ANORO ELLIPT		Preferred Drug	PA Required		1.00	30.00
<b>XANTHINES</b>							
THEOPHYLLINE CAPSULE 24-HOUR	THEO-24						
THEOPHYLLINE ELIXIR	ELIXIROPHYLLIN						
THEOPHYLLINE SOLUTION	THEOPHYLLINE						
THEOPHYLLINE TABLET 12-HOUR	THEOCHRON						
THEOPHYLLINE TABLET 24-HOUR	THEOPHYLLINE ER						
<b>ANTICOAGULANTS</b>							
<b>COUMARIN ANTICOAGULANTS</b>							
WARFARIN SODIUM TABLETS	COUMADIN						
<b>DIRECT FACTOR XA INHIBITORS</b>							
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



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<b>HEPARINS AND HEPARINOID-LIKE AGENTS</b>							
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
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						
HEPARIN SODIUM (PORCINE) LOCK FLUSH & NACL LOCK FLUSH KIT	HEPARIN SODIUM LOCK FLUSH						
HEPARIN SODIUM (PORCINE) LOCK FLUSH SOLUTION	HEPARIN LOCK FLUSH						
<b>THROMBIN INHIBITORS</b>							
DABIGATRAN ETEXILATE MESYLATE CAPSULES	PRADAXA	Brand Only	Preferred Drug			60.00	30.00
<b>ANTICONVULSANTS</b>							
<b>ANTICONVULSANTS - BENZODIAZEPINES</b>							
CLOBAZAM SUSPENSION	ONFI			PA Required			
CLOBAZAM TABLETS	ONFI			PA Required			
CLONAZEPAM TAB 0.5 MG	KLONOPIN			PA Required for > 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
<b>ANTICONVULSANTS - MISC.</b>							
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						



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GABAPENTIN TABLETS	NEURONTIN						
GABAPENTIN (ONCE-DAILY) TABLETS	GRALISE			PA Required			
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						
<b>CARBAMATES</b>							
FELBAMATE SUSPENSION	FELBATOL						
FELBAMATE TABLETS	FELBATOL						
<b>GABA MODULATORS</b>							
TIAGABINE HCL TABLETS	GABITRIL			PA Required			
<b>HYDANTOINS</b>							
PHENYTOIN CHEWABLE TABLETS	DILANTIN INFATABLETS						
PHENYTOIN SODIUM EXTENDED CAPSULES	DILANTIN						
PHENYTOIN SUSPENSION	DILANTIN-125						
<b>SUCCINIMIDES</b>							
ETHOSUXIMIDE CAPSULES	ZARONTIN						
ETHOSUXIMIDE SOLUTION	ZARONTIN						
<b>VALPROIC ACID</b>							
DIVALPROEX SODIUM SPRINKLE CAPSULES	DEPAKOTE SPRINKLES						
DIVALPROEX SODIUM TABLET 24-HOUR	DEPAKOTE ER						
DIVALPROEX SODIUM TABLET ENTERIC COATED	DEPAKOTE						
VALPROATE SODIUM SYRUP	DEPAKENE						
VALPROIC ACID CAPSULES	DEPAKENE						
VALPROIC ACID CAPSULE DELAYED RELEASE	STAVZOR						
<b>ANTIDEPRESSANTS</b>							
<b>ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)</b>							



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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
<b>N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS</b>							
ESKETAMINE HCL SOLUTION	SPRAVATO			PA Required			
<b>NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIBITORS (NDRIS)</b>							
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
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)</b>							
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
<b>SEROTONIN MODULATORS</b>							
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
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRI)</b>							
DULOXETINE HCL CAPSULE DELAYED RELEASE 20MG	CYMBALTA			PA Required for Ages < 6 years		120.00	30.00
DULOXETINE HCL CAPSULE DELAYED RELEASE 30MG	CYMBALTA			PA Required for Ages < 6 years		120.00	30.00
DULOXETINE HCL CAPSULE DELAYED RELEASE 60MG	CYMBALTA			PA Required for Ages < 6 years		60.00	30.00
VENLAFAXINE HCL CONTROLLED RELEASE - CAPSULES ONLY 37.5MG	EFFEXOR XR			PA Required for Ages < 6 years		90.00	30.00
VENLAFAXINE HCL CONTROLLED RELEASE - CAPSULES ONLY 75MG	EFFEXOR XR			PA Required for Ages < 6 years		90.00	30.00



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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
<b>TRICYCLIC AGENTS</b>							
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			
<b>ANTIDIABETICS</b>							
<b>ALPHA-GLUCOSIDASE INHIBITORS</b>							
ACARBOSE TABLETS	PRECOSE						
<b>ANTIDIABETIC - AMYLIN ANALOGS</b>							
PRAMLINTIDE ACETATE SOLUTION PEN INJECTION	SYMLINPEN 60		Preferred Drug	PA Required			
<b>ANTIDIABETIC COMBINATIONS</b>							
ALOGLIPTIN-METFORMIN HCL TABLETS	KAZANO	Brand Only	Preferred Drug		Step Through Metformin		
ALOGLIPTIN-PIOGLITAZONE TABLETS	OSENI	Brand Only	Preferred Drug		Step Through Metformin		
CANAGLIFLOZIN-METFORMIN HCL	INVOKAMET	Brand Only	Preferred Drug		Step Through Metformin		
DAPAGLIFLOZIN - METFORMIN	XIGDUO XR	Brand Only	Preferred Drug		Step Through Metformin		
EMPAGLIFLOZIN-LINAGLIPTIN-METFORMIN	TRIJARDY XR	Brand Only	Preferred Drug		Step Through Metformin		
EMPAGLIFLOZIN-METFORMIN HCL	SYNJARDY	Brand Only	Preferred Drug		Step Through Metformin		
GLYBURIDE-METFORMIN HCL TABLETS	GLYBURIDE/METFORMIN HCL		Preferred Drug				
LINAGLIPTIN-METFORMIN HCL TABLETS	JENTADUETO	Brand Only	Preferred Drug		Step Through Metformin		
LINAGLIPTIN-METFORMIN HCL TABLET 24-HOUR	JENTADUETO XR	Brand Only	Preferred Drug		Step Through Metformin		
PIOGLITAZONE HCL-METFORMIN HCL TABLETS	ACTOPLUS MET		Preferred Drug				
PIOGLITAZONE HCL-METFORMIN HCL TABLET 24-HOUR	ACTOPLUS MET XR		Preferred Drug				
SAXAGLIPTIN-METFORMIN HCL TABLETS	KOMBIGLYZE XR	Brand Only	Preferred Drug		Step Through Metformin		
SITAGLIPTIN-METFORMIN HCL TABLETS	JANUMET	Brand Only	Preferred Drug		Step Through Metformin		
SITAGLIPTIN-METFORMIN HCL TABLET 24-HOUR	JANUMET XR	Brand Only	Preferred Drug		Step Through Metformin		
<b>BIGUANIDES</b>							
METFORMIN HCL TABLETS	GLUCOPHAGE						



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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			
<b>DIABETIC OTHER</b>							
DASIGLUCAGON HCL SOLN AUTO-INJ	ZEGALOGUE		Preferred Drug			1.00	30.00
DIAZOXIDE SUSPENSION	PROGLYCEM	Brand Only	Preferred Drug				
GLUCAGON SOLUTION AUTOINJECTOR - ADULT	GVOKE HYPO		Preferred Drug			1.00	30.00
GLUCAGON SOLUTION AUTOINJECTOR - PEDIATRIC	GVOKE HYPO		Preferred Drug			1.00	30.00
GLUCAGON SOLUTION	GVOKE KIT		Preferred Drug			1.00	30.00
GLUCAGON SOLUTION PREF SYRINGE	GVOKE PFS		Preferred Drug			1.00	30.00
GLUCAGON HCL (RDNA) SOLUTION	GLUCAGEN HYPOKIT		Preferred Drug			2.00	30.00
MIFEPRISTONE (HYPERGLYCEMIA) TABLETS	KORLYM			PA Required			
<b>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>							
ALOGLIPTIN BENZOATE TABLETS	NESINA	Brand Only	Preferred Drug		Step Through Metformin		
LINAGLIPTIN TABLETS	TRADJENTA	Brand Only	Preferred Drug		Step Through Metformin		
SAXAGLIPTIN HCL TABLETS	ONGLYZA	Brand Only	Preferred Drug		Step Through Metformin		
SITAGLIPTIN PHOSPHATE TABLETS	JANUVIA	Brand Only	Preferred Drug		Step Through Metformin		
<b>INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)</b>							
DULAGLUTIDE SOLUTION PEN-INJECTION	TRULICITY		Preferred Drug	PA Required			
EXENATIDE SOLUTION PEN INJECTION	BYETTA		Preferred Drug	PA Required			
EXENATIDE PEN	BYDUREON		Preferred Drug	PA Required			
LIRAGLUTIDE SOLUTION PEN INJECTION	VICTOZA		Preferred Drug	PA Required			
<b>INSULIN SENSITIZING AGENTS</b>							
PIOGLITAZONE HCL TABLETS	ACTOS						
<b>INSULIN</b>							
INSULIN ASPART SOLUTION	NOVOLOG	Authorized Generic Only	Preferred Drug				
INSULIN ASPART SOLUTION CARTRIDGE	NOVOLOG PENFILL	Authorized Generic Only	Preferred Drug				
INSULIN ASPART SOLUTION PEN-INJECTION	NOVOLOG FLEXPEN	Authorized Generic Only	Preferred Drug				
INSULIN ASPART PROTAMINE & ASPART (HUMAN) SUSPENSION (70/30)	NOVOLOG MIX 70/30	Authorized Generic Only	Preferred Drug				
INSULIN ASPART PROTAMINE & ASPART (HUMAN) SUSPENSION PEN INJECTION (70/30)	NOVOLOG MIX 70/30 PREFILLED FLEXPEN	Authorized Generic Only	Preferred Drug				
INSULIN DETEMIR SOLUTION	LEVEMIR	Brand Only	Preferred Drug				
INSULIN DETEMIR SOLUTION PEN-INJECTION	LEVEMIR FLEXTOUCH	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 SOLUTION	HUMALOG	Authorized Generic Only	Preferred Drug				
INSULIN LISPRO SOLUTION CARTRIDGE	HUMALOG	Brand Only	Preferred Drug				
INSULIN LISPRO SOLUTION PEN-INJECTION	HUMALOG JUNIOR KWIKPEN	Authorized Generic Only	Preferred Drug				
INSULIN LISPRO SOLUTION PEN-INJECTION 100/ML	HUMALOG KWIKPEN INJ 100/ML	Authorized Generic Only	Preferred Drug				
INSULIN LISPRO PROTAMINE & LISPRO (HUMAN) SUSPENSION PEN INJECTION (75-25)	HUMALOG MIX 75/25 KWIKPEN	Authorized Generic Only	Preferred Drug				
INSULIN LISPRO PROTAMINE & LISPRO SUSPENSION (50-50)	HUMALOG MIX 50/50	Brand Only	Preferred Drug				



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INSULIN LISPRO PROTAMINE & LISPRO (HUMAN) SUSPENSION PEN INJECTION (50-50)	HUMALOG MIX 50/50 KWIKPEN	Brand Only	Preferred Drug				
INSULIN LISPRO PROTAMINE & LISPRO SUSPENSION (75-25)	HUMALOG MIX 75/25	Brand Only	Preferred Drug				
INSULIN NPH (HUMAN) (ISOPHANE) SUSPENSION	NOVOLIN N	Brand Only	Preferred Drug				
INSULIN NPH ISOPHANE & REG (HUMAN) SUSPENSION	NOVOLIN 70/30	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	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			
<b>MEGLITINIDE ANALOGUES</b>							
NATEGLINIDE TABLETS	STARLIX						
REPAGLINIDE TABLETS	PRANDIN						
<b>SGLT2S</b>							
DAPAGLIFLOZIN PROPANEDIOL	FARXIGA		Preferred Drug		Step Through Metformin		
CANAGLIFLOZIN	INVOKANA		Preferred Drug		Step Through Metformin		
EMPAGLIFLOZIN	JARDIANCE		Preferred Drug		Step Through Metformin		
<b>SULFONYLUREAS</b>							
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						
<b>ANTIDIARRHEALS</b>							
<b>ANTIPERISTALTIC AGENTS</b>							
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						
<b>ANTIDOTES</b>							
<b>OPIOID ANTAGONISTS</b>							
NALOXONE HCL SOLUTION + SYRINGE	NALOXONE HCL + SYRINGE		Preferred Drug				
NALOXONE HCL NASAL SPRAY 4mg	NARCAN NASAL SPRAY	Over-the-Counter & Prescription Only	Preferred Drug			2.00	1.00
NALOXONE HCL NASAL SPRAY 8mg	KLOXXADO NASAL SPRAY		Preferred Drug			2.00	1.00
NALTREXONE HCL TABLETS	NALTREXONE HCL		Preferred Drug				
NALTREXONE SUSPENSION	VIVITROL		Preferred Drug				
<b>ANTIEMETICS</b>							
<b>5-HT3 RECEPTOR ANTAGONISTS</b>							
DOLASETRON MESYLATE TABLETS	ANZEMET			PA Required			
GRANISETRON HCL SOLUTION	GRANISOL			PA Required			



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GRANISETRON HCL TABLETS	GRANISETRON HCL			PA Required			
ONDANSETRON HCL SOLUTION	ZOFTRAN					300.00	30.00
ONDANSETRON HCL TABLETS	ZOFTRAN					60.00	30.00
ONDANSETRON ORALLY DISPERSABLE TABLET	ZOFTRAN ODT					60.00	30.00
<b>ANTIEMETICS - ANTICHOLINERGIC</b>							
MECLIZINE HCL CHEWABLE TABLETS	MECLIZINE HCL						
MECLIZINE HCL TABLETS	MECLIZINE HCL						
TRIMETHOBENZAMIDE HCL CAPSULES	TIGAN						
TRIMETHOBENZAMIDE HCL SOLUTION	TIGAN						
<b>ANTIEMETICS - MISCELLANEOUS</b>							
DRONABINOL CAPSULES	MARINOL			PA Required			
DOXYLAMINE-PYRIDOXINE CAPSULES							
PROCHLORPERAZINE MALEATE TABLETS	COMPAZINE						
PROCHLORPERAZINE SUPPOSITORY	COMPAZINE						
<b>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONIST</b>							
APREPITANT CAPSULES	EMEND					6.00	21.00
<b>ANTIFUNGALS</b>							
<b>ANTIFUNGAL ORAL AGENTS</b>							
CLOTRIMAZOLE TROCHE	VARIOUS		Preferred Drug				
GRISEOFULVIN SUSPENSION	VARIOUS		Preferred Drug				
GRISEOFULVIN MICROSIZED TABLETS	GRIFULVIN V		Preferred Drug				
NYSTATIN SUSPENSION	NYSTATIN		Preferred Drug				
NYSTATIN TABLETS	NYSTATIN		Preferred Drug				
TERBINAFINA HCL TABLETS	LAMISIL		Preferred Drug			90.00	365.00
<b>IMIDAZOLE-RELATED ANTIFUNGALS</b>							
FLUCONAZOLE SUSPENSION	DIFLUCAN		Preferred Drug			600.00	30.00
FLUCONAZOLE TABLETS	DIFLUCAN		Preferred Drug			60.00	30.00
VORICONAZOLE SUSPENSION	VFEND	Brand Only	Preferred Drug	PA Required			
<b>ANTI-HISTAMINES</b>							
<b>ANTI-HISTAMINES - ALKYLAMINES</b>							
BROMPHENIRAMINE MALEATE	J-TAN PD						
CHLORPHENIRAMINE MALEATE TABLETS	CHLORPHENIRAMINE MALEATE						
DEXCHLORPHENIRAMINE MALEATE SYRUP	DEXCHLORPHENIRAMINE MALEATE						
<b>ANTI-HISTAMINES - ETHANOLAMINES</b>							
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						
DIPHENHYDRAMINE HCL SUSPENSION	DICOPANOL FUSEPAQ						
DIPHENHYDRAMINE HCL SYRUP	ALTARYL						
DIPHENHYDRAMINE HCL TABLETS	ALKA-SELTZER PLUS ALLERGY FAST RELIEF FORMULA						





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DIPHENHYDRAMINE HCL ORALLY DISPERSABLE TABLET	WAL-DRYL ALLERGY RELIEF CHILDRENS						
<b>ANTIHISTAMINES - NON-SEDATING</b>							
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
<b>ANTIHISTAMINES - PHENOTHIAZINES</b>							
PROMETHAZINE HCL SOLUTION	PROMETHAZINE HCL						
PROMETHAZINE HCL SUPPOSITORY	PHENADOZ						
PROMETHAZINE HCL TABLETS	PROMETHAZINE HCL						
<b>ANTIHISTAMINES - PIPERIDINES</b>							
CYPROHEPTADINE HCL SYRUP	CYPROHEPTADINE HCL						
CYPROHEPTADINE HCL TABLETS	CYPROHEPTADINE HCL						
<b>ANTIHYPERTENSIVES</b>							
<b>BILE ACID SEQUESTRANTS</b>							
CHOLESTYRAMINE LIGHT PACK	PREVALITE						
CHOLESTYRAMINE LIGHT POWDER	PREVALITE						
CHOLESTYRAMINE PACKETS	QUESTRAN						
CHOLESTYRAMINE POWDER	QUESTRAN						
COLESTIPOL HCL TABLETS	COLESTID						
<b>FIBRIC ACID DERIVATIVES</b>							
FENOFIBRATE MICRONIZED CAPSULES 67MG, 134MG & 200MG	VARIOUS						
FENOFIBRATE TABLETS 48MG, 54MG, 145MG & 160MG	VARIOUS						
FENOFIBRIC ACID TABLETS	FIBRICOR						
GEMFIBROZIL TABLETS	LOPID						
<b>HMG COA REDUCTASE INHIBITORS</b>							
ATORVASTATIN CALCIUM TABLETS	LIPITOR					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
SIMVASTATIN TABLETS	ZOCOR					30.00	30.00
<b>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS</b>							
EZETIMIBE TABLETS	ZETIA						
<b>NICOTINIC ACID DERIVATIVES</b>							
NIACIN CAPSULE CONTROLLED RELEASE	VARIOUS						
NIACIN TABLET CONTROLLED RELEASE	VARIOUS						
<b>ACE INHIBITORS</b>							
BENAZEPRIL HCL TABLETS	BENAZEPRIL HCL						



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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						
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>							
IRBESARTAN TABLETS	AVAPRO						
LOSARTAN POTASSIUM TABLETS	COZAAR						
OLMESARTAN MEDOXOMIL TABLETS	BENICAR						
VALSARTAN TABLETS	DIOVAN						
VALSARTAN SOLUTION	VALSARTAN			PA Required for > 7 Years Old			
<b>ANTIADRENERGIC ANTIHYPERTENSIVES</b>							
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						
<b>ANTIHYPERTENSIVE COMBINATIONS</b>							
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						
METOPROLOL & HYDROCHLOROTHIAZIDE TABLETS	LOPRESSOR HCT						
MOEXIPRIL-HYDROCHLOROTHIAZIDE TABLETS	UNIRETIC						
OLMESARTAN MEDOXOMIL-HYDROCHLOROTHIAZIDE TABLETS	BENICAR HCT						
PROPRANOLOL & HYDROCHLOROTHIAZIDE TABLETS	PROPRANOLOL/HYDROCHLOROTHIAZ IDE						
QUINAPRIL-HYDROCHLOROTHIAZIDE TABLETS	ACCURETIC						
VALSARTAN-HYDROCHLOROTHIAZIDE TABLETS	DIOVAN HCT						
<b>DIRECT RENIN INHIBITORS</b>							
ALISKIREN FUMARATE TABLETS	TEKTRUNA			PA Required			
<b>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)</b>							
EPLERENONE TABLETS	INSPIRA			PA Required			
<b>VASODILATORS</b>							
HYDRALAZINE HCL TABLETS	HYDRALAZINE HCL						



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MINOXIDIL TABLETS	MINOXIDIL						
<b>ANTI-INFECTIVE AGENTS - MISC.</b>							
ANTI-INFECTIVE AGENTS - MISC.							
METRONIDAZOLE CAPSULES	FLAGYL						
METRONIDAZOLE TABLETS	FLAGYL						
RIFAXIMIN TABLETS	XIFAXAN						
TRIMETHOPRIM TABLETS	TRIMETHOPRIM						
VANCOMYCIN HCL CAPSULES	VANCOCIN HCL			PA Required			
VANCOMYCIN HCL SOLUTION	FIRST-VANCOMYCIN 25			PA Required			
<b>ANTI-INFECTIVE MISC. - COMBINATIONS</b>							
ERYTHROMYCIN-SULFISOXAZOLE SUSPENSION	E.S.P.						
SULFAMETHOXAZOLE-TRIMETHOPRIM SUSPENSION	SULFATRIM PEDIATRIC						
SULFAMETHOXAZOLE-TRIMETHOPRIM TABLETS	BACTRIM						
<b>LEPROSTATICS</b>							
DAPSONE TABLETS	DAPSONE						
<b>LINCOSAMIDES</b>							
CLINDAMYCIN HCL CAPSULES	CLEOCIN						
CLINDAMYCIN PALMITATE HYDROCHLORIDE SOLUTION	CLEOCIN PEDIATRIC GRANULES						
<b>OXAZOLIDINONES</b>							
LINEZOLID SUSPENSION	ZYVOX			PA Required			
LINEZOLID TABLETS	ZYVOX			PA Required			
<b>ANTIMALARIALS</b>							
<b>ANTIMALARIAL COMBINATIONS</b>							
ARTEMETHER-LUMEFANTRINE TABLETS	COARTEM						
ATOVAQUONE-PROGUANIL HCL TABLETS	MALARONE						
<b>ANTIMALARIALS</b>							
CHLOROQUINE PHOSPHATE TABLETS	CHLOROQUINE PHOSPHATE						
HYDROXYCHLOROQUINE SULFATE TABLETS	PLAQUENIL						
PRIMAQUINE PHOSPHATE TABLETS	PRIMAQUINE PHOSPHATE						
PYRIMETHAMINE TABLETS	DARAPRIM						
QUININE SULFATE CAPSULES	QUALAQUIN						
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>							
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>							
PYRIDOSTIGMINE BROMIDE SYRUP	MESTINON						
PYRIDOSTIGMINE BROMIDE TABLETS	MESTINON						
PYRIDOSTIGMINE BROMIDE TABLET CONTROLLED RELEASE	MESTINON TIMESPAN						
<b>ANTIMYCOBACTERIAL AGENTS</b>							
<b>ANTI TB COMBINATIONS</b>							
ISONIAZID & RIFAMPIN CAPSULES	RIFAMATE						
<b>ANTIMYCOBACTERIAL AGENTS</b>							
ETHAMBUTOL HCL TABLETS	MYAMBUTOL						
ISONIAZID SYRUP	ISONIAZID						
ISONIAZID TABLETS	ISONIAZID						
PYRAZINAMIDE TABLETS	PYRAZINAMIDE						
RIFAMPIN CAPSULES	RIFADIN						
<b>ONCOLOGY -FEDERALLY REIMBURSABLE ANTINEOPLASTIC AGENTS,NOT LISTED BELOW, ARE AVAILABLE THROUGH PRIOR AUTHORIZATION</b>							
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</b>							



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<b>ALKYLATING AGENTS</b>							
ALTRETAMINE CAPSULES	HEXALEN			PA Required			
CYCLOPHOSPHAMIDE CAPSULES	CYCLOPHOSPHAMIDE						
CYCLOPHOSPHAMIDE TABLETS	CYCLOPHOSPHAMIDE						
LOMUSTINE CAPSULES	CEENU						
<b>MELPHALAN TABLETS</b>	<b>ALKERAN</b>	<b>Brand Only</b>		PA Required			
TEMOZOLOMIDE CAPSULES	TEMODAR			PA Required			
<b>ANTIMETABOLITES</b>							
MERCAPTOPYRINE TABLETS	VARIOUS						
METHOTREXATE SODIUM TABLETS	METHOTREXATE						
<b>ANTINEOPLASTIC - ANTIBODIES</b>							
RITUXIMAB-ABBS	TRUXIMA			PA Required			
RITUXIMAB-ARRX	RIABNI			PA Required			
RITUXIMAB-PVVR	RUXIENCE			PA Required			
<b>ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS</b>							
BEVACIZUMAB-AWWB INJECTION	MVASI			PA Required			
BEVACIZUMAB-BVZR INJECTION	ZIRABEV			PA Required			
<b>ANTINEOPLASTIC - ANTI-HER2 AGENTS</b>							
TRASTUZUMAB-ANNS SOLUTION	KANJINTI			PA Required			
TRASTUZUMAB-ANNS INJECTION	KANJINTI			PA Required			
TRASTUZUMAB-DKST INJECTION	OGIVRI			PA Required			
TRASTUZUMAB-PKRB INJECTION	HERZUMA			PA Required			
TRASTUZUMAB-QYYP INJECTION	TRAZIMERA			PA Required			
<b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS</b>							
VISMODEGIB CAPSULES	ERIVEDGE			PA Required			
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS</b>							
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			
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			
<b>ANTINEOPLASTIC ENZYME INHIBITORS</b>							
ALECTINIB HCL CAPSULES	ALECENSA			PA Required			
AXITINIB TABLETS	INLYTA			PA Required			
COBIMETINIB FUMARATE TABLETS	COTELLIC			PA Required			



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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
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			
IBRUTINIB SUSPENSION	IMBRUVICA			PA Required			
<b>IMATINIB MESYLATE TABLETS</b>	<b>GLEEVEC</b>	<b>Brand Only</b>		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			
<b>ANTINEOPLASTICS MISC.</b>							
BEXAROTENE CAPSULES	TARGRETIN			PA Required			
HYDROXYUREA CAPSULES	HYDREA						
INTERFERON ALFA-2B SOLUTION	INTRON A			PA Required			
INTERFERON ALFA-2B SOLUTION	INTRON A			PA Required			
INTERFERON ALFA-N3 SOLUTION	ALFERON N			PA Required			
INTERFERON GAMMA-1B SOLUTION	ACTIMMUNE			PA Required			
PEGINTERFERON ALFA-2B (ANTINEOPLASTIC) KIT	SYLATRON			PA Required			
PROCARBAZINE HCL CAPSULES	MATULANE						
TRETINOIN (CHEMOTHERAPY) CAPSULES	TRETINOIN			PA Required For > 26 Years of Age			
<b>CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS</b>							
LEUCOVORIN CALCIUM TABLETS	LEUCOVORIN CALCIUM						
<b>MITOTIC INHIBITORS</b>							
ETOPOSIDE CAPSULES	ETOPOSIDE						
<b>ANTIPARKINSON AGENTS</b>							
<b>ANTIPARKINSON ANTICHOLINERGICS</b>							
BENZTROPINE MESYLATE TABLETS	BENZTROPINE MESYLATE						
TRIHEXYPHENIDYL HCL ELIXIR	TRIHEXYPHENIDYL HCL						
TRIHEXYPHENIDYL HCL TABLETS	TRIHEXYPHENIDYL HCL						
<b>ANTIPARKINSON COMT INHIBITORS</b>							
ENTACAPONE TABLETS	COMTAN						
<b>ANTIPARKINSON DOPAMINERGICS</b>							
AMANTADINE HCL CAPSULES	AMANTADINE HCL						
AMANTADINE HCL SYRUP	AMANTADINE HCL						
BROMOCRIPTINE MESYLATE CAPSULES	PARLODEL						
BROMOCRIPTINE MESYLATE TABLETS	PARLODEL						
CARBIDOPA-LEVODOPA TABLETS	SINEMET						



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CARBIDOPA-LEVODOPA TABLET CONTROLLED RELEASE	SINEMET CR						
PRAMIPEXOLE DIHYDROCHLORIDE TABLETS	MIRAPEX						
ROPINIROLE HYDROCHLORIDE TABLETS	REQUIP						
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS</b>							
<b>ANTIMANIC AGENTS</b>							
LITHIUM CARBONATE CAPSULES	LITHIUM CARBONATE			Prior Authorization is not required 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			
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			
<b>ANTIPSYCHOTICS - SECOND GENERATION - ATYPICAL ORAL AGENTS</b>							
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



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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
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



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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
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
<b>ANTIPSYCHOTICS - SECOND GENERATION - ATYPICAL LONG ACTING INJECTABLES</b>							
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





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PALIPERIDONE PALMITATE SUSPENSION	INVEGA HAFYE		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	170.00
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
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	28.00
RISPERIDONE PREFILLED SYRINGE	PERSERIS		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	28.00
ANTIPSYCHOTICS - FIRST GENERATION -TYPICAL ORAL 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.			



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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 < 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.			
HALOPERIDOL TABLETS	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.			
LOXAPINE SUCCINATE CAPSULES	LOXITANE			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.			
MOLINDONE	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.			
PERPHENAZINE TABLETS	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.			



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PIMOZIDE	ORAP			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.			
THIORIDAZINE HCL TABLETS	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.			
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 < 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.			
<b>ANTIPSYCHOTICS - FIRST GENERATION -TYPICAL -LONG ACTING INJECTIONS</b>							
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.			
<b>ANTIVIRALS</b>							
<b>ANTIRETROVIRALS</b>							
ABACAVIR SULFATE SOLUTION	ZIAGEN		Preferred Drug				
ABACAVIR SULFATE TABLETS	ZIAGEN		Preferred Drug				
ABACAVIR SULFATE-LAMIVUDINE TABLETS	EPZICOM		Preferred Drug				
ABACAVIR SULFATE-LAMIVUDINE-ZIDOVUDINE TABLETS	TRIZIVIR		Preferred Drug				
ABACAVIR-DOLUTEGRAVIR-LAMIVUDINE TABLETS	TRIUMEQ		Preferred Drug			30.00	30.00
ABACAVIR-DOLUTEGRAVIR-LAMIVUDINE SUSPENSION	TRIUMEQ PD		Preferred Drug			180.00	30.00
ATAZANAVIR SULFATE CAPSULES	REYATAZ		Preferred Drug				
ATAZANAVIR SULFATE POWDER PACK	REYATAZ		Preferred Drug				
ATAZANAVIR SULFATE-COBIKISTAT TABLETS	EVOTAZ		Preferred Drug				



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BICTEGRAVIR-EMTRICITABINE-TENOFOVIR ALAFENAMIDE FUMARATE TABLETS	BIKTARVY		Preferred Drug			30.00	30.00
COBICISTAT TABLETS	TYBOST		Preferred Drug			30.00	30.00
DARUNAVIR ETHANOLATE SUSPENSION	PREZISTA	Brand Only	Preferred Drug				
DARUNAVIR ETHANOLATE TABLETS	PREZISTA	Brand Only	Preferred Drug				
DARUNAVIR-COBICISTAT TABLETS	PREZCOBIX		Preferred Drug				
DARUNAVIR-COBICISTAT-EMTRICITABINE-TENOFOVIR ALAFENAMIDE TABLETS	SYMITUZA		Preferred Drug				
DELAVIRDINE MESYLATE TABLETS	RESCRIPTOR						
DIDANOSINE CAPSULE DELAYED RELEASE	VIDEX EC		Preferred Drug				
DIDANOSINE SOLUTION	VIDEX PEDIATRIC		Preferred Drug				
DOLUTEGRAVIR SODIUM TABLETS	TIVICAY		Preferred Drug				
DOLUTEGRAVIR SODIUM SOLUBLE TABLETS	TIVICAY PD		Preferred Drug				
DOLUTEGRAVIR SODIUM-LAMIVUDINE TABLETS	DOVATO		Preferred Drug				
DOLUTEGRAVIR SODIUM-RILPIVIRINE HCL TABLETS	JULUCA		Preferred Drug				
DORAVIRINE-LAMIVUDINE-TENOFOVIR DISOPROXIL FUMARATE TABLETS	DELSTRIGO		Preferred Drug				
DORAVIRINE TABLETS	PIFELTRO		Preferred Drug				
EFAVIRENZ CAPSULES	SUSTIVA		Preferred Drug				
EFAVIRENZ TABLETS	SUSTIVA		Preferred Drug				
EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TABLETS	ATRIPLA		Preferred Drug				
EFAVIRENZ-LAMIVUDINE-TENOFOVIR DISOPROXIL FUMARATE TABLETS	SYMFI	Brand Only	Preferred Drug			30.00	30.00
EFAVIRENZ-LAMIVUDINE-TENOFOVIR DISOPROXIL FUMARATE TABLETS	SYMFI LO	Brand Only	Preferred Drug			30.00	30.00
ELVITEGRAVIR TABLETS	VITEKTA						
ELVITEGRAVIR-COBICISTAT-EMTRICITABINE-TENOFOVIR TABLETS	STRIBILD		Preferred Drug				
ELVITEGRAVIR-COBICISTAT-EMTRICITABINE-TENOFOVIR ALAFENAMIDE TABLETS	GENVOYA		Preferred Drug			30.00	30.00
EMTRICITABINE CAPSULES	EMTRIVA		Preferred Drug				
EMTRICITABINE SOLUTION	EMTRIVA		Preferred Drug				
EMTRICITABINE-RILPIVIRINE-TENOFOVIR ALAFENAMIDE FUMARATE TABLETS	ODEFSEY		Preferred Drug			30.00	30.00
EMTRICITABINE-RILPIVIRINE-TENOFOVIR DISOPROXIL FUMARATE TABLETS	COMPLERA		Preferred Drug				
EMTRICITABINE-TENOFOVIR ALAFENAMIDE FUMARATE TABLETS	DESCOVY		Preferred Drug			30.00	30.00
EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TABLETS	TRUVADA	Brand Only	Preferred Drug				
ENFUVRTIDE SOLUTION	FUZEON		Preferred Drug	PA Required		1.00	30.00
FOSAMPRENAVIR CALCIUM SUSPENSION	LEXIVA		Preferred Drug				
FOSAMPRENAVIR CALCIUM TABLETS	LEXIVA		Preferred Drug				
INDINAVIR SULFATE CAPSULES	CRIXIVAN						
LAMIVUDINE SOLUTION	EPIVIR		Preferred Drug				
LAMIVUDINE TABLETS	EPIVIR		Preferred Drug				
LAMIVUDINE-ZIDOVUDINE TABLETS	COMBIVIR		Preferred Drug				
LOPINAVIR-RITONAVIR SOLUTION	KALETRA		Preferred Drug				
LOPINAVIR-RITONAVIR TABLETS	KALETRA		Preferred Drug				



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MARAVIROC TABLETS	SELZENTRY	Brand Only	Preferred Drug	PA Required			
NEVIRAPINE SUSPENSION	VIRAMUNE		Preferred Drug				
NEVIRAPINE TABLETS	VIRAMUNE		Preferred Drug				
NEVIRAPINE TABLET 24-HOUR	VIRAMUNE XR		Preferred Drug				
RALTEGRAVIR POTASSIUM CHEWABLE TABLETS	ISENTRESS		Preferred Drug				
RALTEGRAVIR POTASSIUM PACK	ISENTRESS		Preferred Drug				
RALTEGRAVIR POTASSIUM TABLETS	ISENTRESS		Preferred Drug				
RITONAVIR CAPSULES	NORVIR		Preferred Drug				
RITONAVIR SOLUTION	NORVIR		Preferred Drug				
RITONAVIR TABLETS	NORVIR		Preferred Drug				
RITONAVIR POWDER	NORVIR		Preferred Drug				
TENOFOVIR DISOPROXIL FUMARATE POWDER	VIREAD		Preferred Drug				
TIPRANAVIR CAPSULES	APTIVUS		Preferred Drug				
TIPRANAVIR SOLUTION	APTIVUS		Preferred Drug				
ZIDOVUDINE CAPSULES	RETROVIR		Preferred Drug				
ZIDOVUDINE SYRUP	RETROVIR		Preferred Drug				
ZIDOVUDINE TABLETS	ZIDOVUDINE		Preferred Drug				
<b>CMV AGENTS</b>							
MARIBAVIR TABLETS	LIVTENCITY			PA Required			
VALGANCICLOVIR HCL SOLUTION	VALCYTE			PA Required			
VALGANCICLOVIR HCL TABLETS	VALCYTE			PA Required			
<b>HEPATITIS AGENTS</b>							
ADEFOVIR DIPIVOXIL TABLETS	HEPSERA			PA Required			
ENTECAVIR SOLUTION	BARACLUDE			PA Required			
ENTECAVIR TABLETS	BARACLUDE			PA Required			
GLECAPREVIR-PIBRENTASVIR TABLETS	MAVYRET		Preferred Drug	PA Required if member has been treated with Direct-Acting Antiviral (DAA) Hep C Regimens in the past.		168.00	Lifetime
GLECAPREVIR-PIBRENTASVIR PACKETS	MAVYRET		Preferred Drug	PA Required if member has been treated with Direct-Acting Antiviral (DAA) Hep C Regimens in the past.		280.00	Lifetime
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 if member has been treated with Direct-Acting Antiviral (DAA) Hep C Regimens in the past.		168.00	Lifetime
TELBIVUDINE TABLETS	TYZEKA			PA Required			
<b>HERPES AGENTS</b>							
ACYCLOVIR SUSPENSION	ZOVIRAX						
ACYCLOVIR TABLETS	ZOVIRAX						
FAMCICLOVIR TABLETS	FAMVIR						
VALACYCLOVIR HCL TABLETS	VALTREX					30.00	30.00
<b>INFLUENZA AGENTS</b>							
OSELTAMIVIR PHOSPHATE CAPSULES	TAMIFLU					20.00	270.00
OSELTAMIVIR PHOSPHATE SUSPENSION	TAMIFLU						



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RIMANTADINE HYDROCHLORIDE TABLETS	FLUMADINE						
ZANAMIVIR AEPB	RELENZA DISKHALER					40.00	270.00
<b>MISC. ANTIVIRALS</b>							
MOLNUPIRAVIR CAPSULES	MOLNUPIRAVIR			Minimum Patient Age of 18 Years		80.00	365.00
NIRMATRELVIR-RITONAVIR	PAXLOVID			Minimum Patient Age of 12 Years		60.00	365.00
REMDESIVIR SOLUTION	VEKLURY			PA Required < 28 days and > 17 Years Old			
REMDESIVIR FOR SOLUTION	VEKLURY			PA Required < 28 days and > 17 Years Old			
<b>ASSORTED CLASSES</b>							
<b>BLOOD PRODUCTS - IMMUNE GLOBULINS</b>							
IMMUNE GLOBULIN	BIVIGAM (IV)	Brand Only	Preferred Drug	PA Required			
IMMUNE GLOBULIN	FLEBOGFAMMA DIF (IV)	Brand Only	Preferred Drug	PA Required			
IMMUNE GLOBULIN	GAMMAGARD LIQUID (INJ)	Brand Only	Preferred Drug	PA Required			
IMMUNE GLOBULIN	GAMMAGARD S-D LIQUID (INJ)	Brand Only	Preferred Drug	PA Required			
IMMUNE GLOBULIN	GAMMAKED (INJ)	Brand Only	Preferred Drug	PA Required			
IMMUNE GLOBULIN	GAMUNEX-C (INJ)	Brand Only	Preferred Drug	PA Required			
IMMUNE GLOBULIN	OCTAGAM (IV)	Brand Only	Preferred Drug	PA Required			
IMMUNE GLOBULIN	PRIVIGEN (IV)	Brand Only	Preferred Drug	PA Required			
IMMUNE GLOBULIN	XEMBIFY (SUBQ)	Brand Only	Preferred Drug	PA Required			
<b>CHELATING AGENTS</b>							
PENICILLAMINE CAPSULES	CUPRIMINE						
<b>IMMUNOMODULATORS</b>							
LENALIDOMIDE CAPSULES	REVLIMID	Brand Only		PA Required			
THALIDOMIDE CAPSULES	THALOMID			PA Required			
<b>IMMUNOSUPPRESSIVE AGENTS</b>							
AZATHIOPRINE TABLETS	IMURAN						
CYCLOSPORINE CAPSULES	SANDIMMUNE						
CYCLOSPORINE MODIFIED (FOR MICROEMULSION) CAPSULES	GENGRAF						
CYCLOSPORINE MODIFIED (FOR MICROEMULSION) SOLUTION	GENGRAF						
CYCLOSPORINE SOLUTION	SANDIMMUNE						
EVEROLIMUS (IMMUNOSUPPRESSANT) TABLETS	ZORTRESS			PA Required			
MYCOPHENOLATE MOFETIL CAPSULES	CELLCEPT						
MYCOPHENOLATE MOFETIL SUSPENSION	CELLCEPT						
MYCOPHENOLATE MOFETIL TABLETS	CELLCEPT						
SIROLIMUS SOLUTION	RAPAMUNE						
SIROLIMUS TABLETS	RAPAMUNE						
TACROLIMUS CAPSULES	HECORIA						
TACROLIMUS CAPSULE 24-HOUR	ASTAGRAF XL						
<b>POTASSIUM REMOVING RESINS</b>							
SODIUM POLYSTYRENE SULFONATE POWDER	KAYEXALATE						
SODIUM POLYSTYRENE SULFONATE SUSPENSION	KIONEX						
SODIUM ZIRCONIUM CYCLOSILICATE PACK	LOKELMA					30.00	30.00
<b>BETA BLOCKERS</b>							
<b>ALPHA-BETA BLOCKERS</b>							
CARVEDILOL TABLETS	COREG		Preferred Drug				
LABETALOL HCL TABLETS	TRANDATE		Preferred Drug				



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<b>BETA BLOCKERS CARDIO-SELECTIVE</b>							
ATENOLOL TABLETS	TENORMIN		Preferred Drug				
ATENOLOL/CHLORTHALIDONE	VARIOUS		Preferred Drug				
BISOPROLOL FUMARATE TABLETS	ZEBETA		Preferred Drug				
BISOPROLOL/HCTZ	VARIOUS		Preferred Drug				
METOPROLOL SUCCINATE TABLET 24-HOUR	TOPROL XL		Preferred Drug				
METOPROLOL TARTRATE TABLETS	METOPROLOL TARTRATE		Preferred Drug				
METOPROLOL TARTRATE/HCTZ	VARIOUS		Preferred Drug				
<b>BETA BLOCKERS NON-SELECTIVE</b>							
NADOLOL	VARIOUS		Preferred Drug	PA NOT REQUIRED FOR CHILDREN AND ADOLESCENTS UNDER 19 YEARS OF AGE			
PROPRANOLOL HCL CAPSULE 24-HOUR	INDERAL LA		Preferred Drug				
PROPRANOLOL HCL SOLUTION	PROPRANOLOL HCL		Preferred Drug				
PROPRANOLOL HCL TABLETS	PROPRANOLOL HCL		Preferred Drug				
SOTALOL AF TABLETS	SOTALOL HCL (AF)		Preferred Drug				
SOTALOL HCL SOLUTION	SOTALOL HYDROCHLORIDE		Preferred Drug				
SOTALOL HCL TABLETS	BETAPACE		Preferred Drug				
<b>CALCIUM CHANNEL BLOCKERS</b>							
<b>CALCIUM CHANNEL BLOCKERS</b>							
AMLODIPINE BENZOATE SUSPENSION	KATERZIA		Preferred Drug	PA Required for > 7 Years Old		300.00	30.00
AMLODIPINE BESYLATE TABLETS	NORVASC		Preferred Drug			30.00	30.00
AMLODIPINE BESYLATE SOLUTION	NORLIQVA		Preferred Drug	PA Required for > 7 Years Old		300.00	30.00
DILTIAZEM HCL COATED BEADS CAPSULE 24-HOUR	CARDIZEM CD		Preferred Drug				
DILTIAZEM HCL CAPSULE 12-HOUR	DILTIAZEM HCL ER		Preferred Drug			60.00	30.00
DILTIAZEM HCL CAPSULE 24-HOUR	DILTIAZEM HCL ER		Preferred Drug			30.00	30.00
DILTIAZEM HCL EXTENDED RELEASE BEADS CAPSULE 24-HOUR	TAZTIA XT		Preferred Drug				
DILTIAZEM HCL TABLETS	CARDIZEM		Preferred Drug				
FELODIPINE TABLET 24-HOUR	FELODIPINE ER		Preferred Drug				
NIFEDIPINE CAPSULES	PROCARDIA		Preferred Drug				
NIFEDIPINE TABLET 24-HOUR	ADALAT CC		Preferred Drug			30.00	30.00
NIMODIPINE CAPSULES	NIMODIPINE						
VERAPAMIL HCL CAPSULE SR	VERELAN PM		Preferred Drug				
VERAPAMIL HCL TABLETS	VERAPAMIL HCL		Preferred Drug			30.00	30.00
VERAPAMIL HCL TABLET CONTROLLED RELEASE	CALAN SR		Preferred Drug			30.00	30.00
<b>CARDIOTONICS</b>							
<b>CARDIAC GLYCOSIDES</b>							
DIGOXIN SOLUTION	DIGOXIN						
DIGOXIN TABLETS	LANOXIN						
<b>CARDIOVASCULAR AGENTS - MISC.</b>							
<b>CARDIOVASCULAR AGENTS MISC. - COMBINATIONS</b>							
SACUBITRIL-VALSARTAN TABS	ENTRESTO						
<b>PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONIST</b>							
AMBRISENTAN TABLETS	LETAIRIS		Preferred Drug	PA Required			
BOSENTAN TABLETS (62.5MG AND 125MG)	TRACLEER		Preferred Drug	PA Required			
<b>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITOR</b>							



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SILDENAFIL CITRATE (PULMONARY HYPERTENSION) SUSPENSION	REVATIO SUSPENSION		Preferred for Under the Age of 12	PA Required For > 12 Year of Age			
SILDENAFIL CITRATE (PULMONARY HYPERTENSION) TABLETS	VARIOIUS		Preferred Drug	PA Required			
TADALAFIL (PULMONARY HYPERTENSION) TABLETS	ADCIRCA	Brand Only	Preferred Drug	PA Required			
<b>CEPHALOSPORINS</b>							
<b>CEPHALOSPORINS - 1ST GENERATION</b>							
CEFADROXIL CAPSULES	CEFADROXIL						
CEFADROXIL SUSPENSION	CEFADROXIL						
CEFADROXIL TABLETS	CEFADROXIL						
CEPHALEXIN CAPSULES	KEFLEX						
CEPHALEXIN SUSPENSION	CEPHALEXIN						
CEPHALEXIN TABLETS	CEPHALEXIN						
<b>CEPHALOSPORINS - 2ND GENERATION</b>							
CEFACLOR CAPSULES	CEFACLOR						
CEFACLOR SUSPENSION	CEFACLOR						
CEFPROZIL SUSPENSION	CEFPROZIL						
CEFPROZIL TABLETS	CEFPROZIL						
CEFUROXIME AXETIL SUSPENSION	CEFTIN						
CEFUROXIME AXETIL TABLETS	CEFTIN						
<b>CEPHALOSPORINS - 3RD GENERATION</b>							
CEFDINIR CAPSULES	CEFDINIR						
CEFDINIR SUSPENSION	CEFDINIR						
CEFIXIME CAPSULES	SUPRAX					1.00	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						
<b>CONTRACEPTIVES</b>							
<b>COMBINATION CONTRACEPTIVES - ORAL</b>							
DESOGESTREL & ETHINYL ESTRADIOL TABLETS	APRI						
DESOGESTREL-ETHINYL ESTRADIOL (BIPHASIC) TABLETS	AZURETTE						
DESOGESTREL-ETHINYL ESTRADIOL (TRIPHASIC) TABLETS	CAZIAN						
DROSPIRENONE-ETHINYL ESTRADIOL TABLETS	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						
LEVONORGESTREL-ETHINYL ESTRADIOL (CONTINUOUS) TABLETS	AMETHYST						
NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE CAPSULES	TAYTULLA						
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						





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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						
<b>COMBINATION CONTRACEPTIVES - VAGINAL</b>							
ETONOGESTREL-ETHINYL ESTRADIOL RING	NUVARING	<b>Brand Only</b>					
<b>COPPER CONTRACEPTIVES - IUD</b>							
COPPER (IUD)	PARAGARD					1.00	999 DAYS
<b>EMERGENCY CONTRACEPTIVES</b>							
LEVONORGESTREL (EMERGENCY OC) TABLETS	PLAN B						
ULIPRISTAL ACETATE TABLETS	ELLA					1.00	5.00
<b>PROGESTIN CONTRACEPTIVES - IMPLANTS</b>							
ETONOGESTREL IMPLANT	NEXPLANON					1.00	999 DAYS
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE</b>							
MEDROXYPROGESTERONE ACETATE (CONTRACEPTIVE) SUSPENSION	DEPO-PROVERA CONTRACEPTIVE						
<b>PROGESTIN CONTRACEPTIVES - IUD</b>							
LEVONORGESTREL (IUD)	LILETTA					1.00	999 DAYS
LEVONORGESTREL (IUD)	SKYLA					1.00	999 DAYS
LEVONORGESTREL (IUD)	MIRENA					1.00	999 DAYS
LEVONORGESTREL (IUD)	KYLEENA					1.00	999 DAYS
<b>PROGESTIN CONTRACEPTIVES - ORAL</b>							
NORETHINDRONE (CONTRACEPTIVE) TABLETS	CAMILA						
<b>PROGESTIN CONTRACEPTIVES - TRANSDERMAL</b>							
NORELGESTROMIN-ETHINYL ESTRADIOL PATCH WEEKLY	XULANE						
<b>CORTICOSTEROIDS</b>							
<b>GLUCOCORTICOSTEROIDS</b>							
CORTISONE ACETATE TABLETS	CORTISONE ACETATE						
DEXAMETHASONE CONCENTRATE	DEXAMETHASONE INTENSOL						
DEXAMETHASONE ELIXIR	BAYCADRON						
DEXAMETHASONE SOLUTION	DEXAMETHASONE						
DEXAMETHASONE TABLETS	DEXAMETHASONE						
HYDROCORTISONE SOD SUCCINATE SOLUTION	A-HYDROCORT				<b>Prior Authorization Required</b>		
METHYLPREDNISOLONE ACETATE SUSPENSION	DEPO-MEDROL				<b>Prior Authorization Required</b>		
METHYLPREDNISOLONE SOD SUCC SOLUTION	A-METHAPRED				<b>Prior Authorization Required</b>		
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						
PREDNISONE CONCENTRATE	PREDNISONE INTENSOL						
PREDNISONE SOLUTION	PREDNISONE						
PREDNISONE TABLETS	PREDNISONE						
PREDNISONE TABLET ENTERIC COATED	RAYOS						
TRIAMCINOLONE ACETONIDE SUSPENSION	KENALOG-10				<b>Prior Authorization Required</b>		
TRIAMCINOLONE DIACETATE SUSPENSION	TRIAMCINOLONE				<b>Prior Authorization Required</b>		



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<b>MINERALOCORTICIDS</b>							
FLUDROCORTISONE ACETATE TABLETS	FLUDROCORTISONE ACETATE						
<b>COUGH/COLD/ALLERGY</b>							
<b>ANTITUSSIVES</b>							
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			
<b>COUGH/COLD/ALLERGY COMBINATIONS</b>							
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						
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						
DIPHENHYDRAMINE-PHENYLEPHRINE-ACETAMINOPHEN 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



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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	TRIAMINIC CHEST & NASAL 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/DEXTROMETHORPH AN						
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						
PSEUDOEPHEDRINE-GUAIFENESIN SYRUP	ALTARUSSIN-PE						
PSEUDOEPHEDRINE-GUAIFENESIN TABLETS	AMBI 40PSE/400GFN						
PSEUDOEPHEDRINE-GUAIFENESIN TABLET 12-HOUR	MUCINEX D						
<b>EXPECTORANTS</b>							
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						
<b>MISC. RESPIRATORY INHALANTS</b>							
SODIUM CHLORIDE (INHALANT) NEBULIZED	SODIUM CHLORIDE						
<b>DERMATOLOGICALS</b>							
<b>ACNE PRODUCTS</b>							
BENZOYL PEROXIDE WASH 5% & 10%	VARIOUS						
BENZOYL PEROXIDE CLEANSER 6%	NEUTROGENA ON-THE-SPOT ACNE TREATMENT						
BENZOYL PEROXIDE GEL	BENZOYL PEROXIDE						
BENZOYL PEROXIDE LIQUID	PANOXYL						
BENZOYL PEROXIDE LOTION	BP CLEANSING LOTION						
BENZOYL PEROXIDE-ERYTHROMYCIN PACK	BENZAMYCINPAK						
CLINDAMYCIN PHOSPHATE (TOPICAL) GEL	CLEOCIN-T						
CLINDAMYCIN PHOSPHATE (TOPICAL) LOTION	CLEOCIN-T						
CLINDAMYCIN PHOSPHATE (TOPICAL) SOLUTION	CLEOCIN-T						
CLINDAMYCIN PHOSPHATE (TOPICAL) SWAB	CLEOCIN-T						
CLINDAMYCIN PHOSPHATE-BENZOYL PEROXIDE (REFRIGERATE)	CLINDAMY/BEN						
ERYTHROMYCIN (ACNE AID) SOLUTION	ERYTHROMYCIN						



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ERYTHROMYCIN ACNE Gel	VARIOIUS	NDCs: 45802096694, 45802096696, 63739005366, 63739005368					
ISOTRETINOIN CAPSULES	ABSORICA			PA Required			
TRETINOIN CREAM	RETIN-A	Brand Only		PA Required For > 26 Years of Age			
TRETINOIN GEL	RETIN-A	Brand Only		PA Required For > 26 Years of Age			
<b>ANTIBIOTICS - TOPICAL</b>							
BACITRACIN (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						
<b>ANTIFUNGALS - TOPICAL</b>							
BUTENAFINE CREAM	MENTAX						
CICLOPIROX CREAM	VARIOUS		Preferred Drug				
CICLOPIROX SOLUTION	VARIOUS		Preferred Drug				
CLOTRIMAZOLE CREAM (RX & OTC)	LOTRIMIN		Preferred Drug				
CLOTRIMAZOLE OINTMENT	LOTRIMIN						
CLOTRIMAZOLE SOLUTION (OTC)	VARIOUS						
CLOTRIMAZOLE W/ BETAMETHASONE CREAM	LOTRISONE		Preferred Drug				
KETOCONAZOLE CREAM	VARIOUS		Preferred Drug				
KETOCONAZOLE SHAMPOO	VARIOUS		Preferred Drug				
MICONAZOLE NITRATE CREAM	VARIOUS		Preferred Drug				
MICONAZOLE NITRATE POWDER	VARIOUS		Preferred Drug				
NYSTATIN CREAM	VARIOUS		Preferred Drug				
NYSTATIN OINTMENT	VARIOUS		Preferred Drug				
NYSTATIN POWDER	NYAMYC		Preferred Drug				
TOLNAFTATE AERO POWDER	VARIOUS		Preferred Drug				
TOLNAFTATE CREAM	VARIOUS		Preferred Drug				
TOLNAFTATE POWDER	VARIOUS		Preferred Drug				
TERBINAFFINE CREAM	VARIOUS		Preferred Drug				
<b>ANTIHISTAMINES-TOPICAL</b>							
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
<b>ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOP</b>							
BEXAROTENE (TOPICAL) GEL	TARGRETIN						
FLUOROURACIL (TOPICAL) CREAM	CARAC						
FLUOROURACIL (TOPICAL) SOLUTION	FLUOROURACIL						
<b>ANTIPSORIATICS</b>							
ACITRETIN CAPSULES	SORIATANE						
ANTHRALIN CREAM	DRITHO-CREME HP						



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CALCIPOTRIENE CREAM	DOVONEX						
CALCIPOTRIENE FOAM	SORILUX						
CALCIPOTRIENE OINTMENT	CALCITRENE						
CALCIPOTRIENE SOLUTION	CALCIPOTRIENE						
METHOXSALEN RAPID CAPSULES	OXSORALEN ULTRA						
<b>ANTISEBORRHEIC PRODUCTS</b>							
SELENIUM SULFIDE LOTION	SELSUN SHAMPOO						
<b>ANTIVIRALS - TOPICAL</b>							
DOCOSANOL CREAM	ABREVA						
ACYCLOVIR CREAM	ZOVIRAX	Brand Only				15GM	30.00
ACYCLOVIR OINTMENT	ZOVIRAX	Brand Only				15GM	30.00
<b>BURN PRODUCTS</b>							
SILVER SULFADIAZINE CREAM	SILVADENE						
<b>CORTICOSTEROIDS - TOPICAL LOW POTENCY</b>							
HYDROCORTISONE CREAM	VARIOUS		Preferred Drug				
HYDROCORTISONE GEL	VARIOUS		Preferred Drug				
HYDROCORTISONE KIT	VARIOUS		Preferred Drug				
HYDROCORTISONE LOTION	VARIOUS		Preferred Drug				
HYDROCORTISONE OINTMENT	VARIOUS		Preferred Drug				
HYDROCORTISONE ACETATE CREAM 0.5%	VARIOUS		Preferred Drug				
HYDROCORTISONE ACETATE OINTMENT 1%	VARIOUS		Preferred Drug				
HYDROCORTISONE-ALOE VERA CREAM	VARIOUS		Preferred Drug				
FLUOCINOLONE 0.01% OIL	DERMA-SMOOTH OIL-FS	Brand Only	Preferred Drug				
<b>CORTICOSTEROIDS - TOPICAL MEDIUM POTENCY</b>							
FLUTICASONE PROPIONATE CREAM	VARIOUS		Preferred Drug				
FLUTICASONE PROPIONATE OINTMENT	VARIOUS		Preferred Drug				
MOMETASONE FUROATE CREAM	VARIOUS		Preferred Drug				
MOMETASONE FUROATE OINTMENT	VARIOUS		Preferred Drug				
MOMETASONE FUROATE SOLUTION	VARIOUS		Preferred Drug				
<b>CORTICOSTEROIDS - TOPICAL HIGH POTENCY</b>							
BETAMETHASONE DIPROPIONATE LOTION	VARIOUS		Preferred Drug				
BETAMETHASONE DIPROPIONATE CREAM	VARIOUS		Preferred Drug				
BETAMETHASONE DIPROPIONATE/PROPYLENE GLYC. CREAM	VARIOUS		Preferred Drug				
BETAMETHASONE VALERATE CREAM	VARIOUS		Preferred Drug				
BETAMETHASONE VALERATE LOTION	VARIOUS		Preferred Drug				
BETAMETHASONE VALERATE OINTMENT	VARIOUS		Preferred Drug				
FLUOCINONIDE CREAM	VARIOUS		Preferred Drug				
FLUOCINONIDE OINTMENT	VARIOUS		Preferred Drug				
FLUOCINONIDE SOLUTION	VARIOUS		Preferred Drug				
TRIAMCINOLONE ACETONIDE CREAM	VARIOUS		Preferred Drug				
TRIAMCINOLONE ACETONIDE LOTION	VARIOUS		Preferred Drug				
TRIAMCINOLONE ACETONIDE OINTMENT	VARIOUS		Preferred Drug				
<b>CORTICOSTEROIDS - TOPICAL VERY HIGH POTENCY</b>							
CLOBETASOL PROPIONATE CREAM	VARIOUS		Preferred Drug			100	30
CLOBETASOL PROPIONATE EMOLLIENT	VARIOUS		Preferred Drug			100	30
CLOBETASOL PROPIONATE GEL	VARIOUS		Preferred Drug			118	30
CLOBETASOL PROPIONATE OINTMENT	VARIOUS		Preferred Drug			100	30
CLOBETASOL PROPIONATE SHAMPOO	VARIOUS		Preferred Drug			118	30
CLOBETASOL PROPIONATE SOLUTION	VARIOUS		Preferred Drug			100	30



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HALOBETASOL PROPIONATE CREAM	VARIOUS		Preferred Drug			100	30
HALOBETASOL PROPIONATE OINTMENT	VARIOUS		Preferred Drug			100	30
<b>ECZEMA AGENTS</b>							
DUPILUMAB SOLUTION PEN-INJECTION	DUPIXENT		Preferred Drug	PA Required			
<b>EMOLLIENTS</b>							
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						
<b>ENZYMES - TOPICAL</b>							
TACROLIMUS (TOPICAL) OINTMENT	PROTOPIC		Preferred Drug	PA Required			
VITAMINS A & D (TOPICAL) OINTMENT	CURAD VITAMIN A & D						
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>							
PIMECROLIMUS CREAM	VARIOUS		Preferred Drug			60gm	30.00
<b>KERATOLYTIC/ANTIMITOTIC AGENTS</b>							
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						
SALICYLIC ACID SHAMPOO	SALEX						
SALICYLIC ACID SOLUTION	SALICYLIC ACID						
<b>LOCAL ANESTHETICS - TOPICAL</b>							
CAPSAICIN CREAM	VARIOUS						
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						
<b>MISC. TOPICAL</b>							
ALUMINUM CHLORIDE SOLUTION	DRYSOL						
ZINC OXIDE (TOPICAL) OINTMENT	ZINC OXIDE						
ZINC OXIDE (TOPICAL) PASTE	ZINC OXIDE						
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL</b>							
CRISABOROLE OINTMENT	EUCRISA		Preferred Drug	PA Required			
<b>PIGMENTING-DEPIGMENTING AGENTS</b>							
METHOXSALEN (TOPICAL) LOTION	OXSORALEN						
<b>ROSACEA AGENTS</b>							
METRONIDAZOLE (TOPICAL) CREAM 0.75%	METROCREAM						
METRONIDAZOLE (TOPICAL) GEL 0.75%	ROSDAN						
METRONIDAZOLE (TOPICAL) LOTION	METROLOTION						
<b>SCABICIDES &amp; PEDICULICIDES</b>							
CROTAMITON CREAM	EURAX						
CROTAMITON LOTION	EURAX						
IVERMECTIN (PEDICULICIDE) LOTION	SKLICE			PA Required			
LINDANE LOTION	LINDANE			PA Required			
LINDANE SHAMPOO	LINDANE			PA Required			



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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			
<b>WOUND CARE PRODUCTS</b>							
BECAPLERMIN GEL	REGRANEX			PA Required			
<b>DIAGNOSTIC PRODUCTS</b>							
<b>DIAGNOSTIC TESTS</b>							
GLUCOSE BLOOD STRIPS	TRUETRACK, ACCU-CHEK AVIVA, TRUE METRIX					200.00	30.00
DOCOSANOL CREAM	ABREVA					2 GM	30.00
COVID-19 AT HOME TEST	VARIOUS					2.00	30.00
<b>DIGESTIVE AIDS</b>							
<b>DIGESTIVE ENZYMES</b>							
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	PANCREAZE	Brand Only	Preferred Drug			300.00	30.00
SACROSIDASE SOLUTION	SUCRAID			PA Required			
<b>DIURETICS</b>							
<b>CARBONIC ANHYDRASE INHIBITORS</b>							
ACETAZOLAMIDE CAPSULE 12-HOUR	DIAMOX						
ACETAZOLAMIDE TABLETS	ACETAZOLAMIDE						
METHAZOLAMIDE TABLETS	NEPTAZANE						
<b>DIURETIC COMBINATIONS</b>							
SPIRONOLACTONE & HYDROCHLOROTHIAZIDE TABLETS	ALDACTAZIDE						
TRIAMTERENE & HYDROCHLOROTHIAZIDE CAPSULES	DYAZIDE						
TRIAMTERENE & HYDROCHLOROTHIAZIDE TABLETS	MAXZIDE-25						
<b>LOOP DIURETICS</b>							
BUMETANIDE TABLETS	BUMETANIDE						
FUROSEMIDE SOLUTION	FUROSEMIDE						
FUROSEMIDE TABLETS	LASIX						
TORSEMIDE TABLETS	DEMADEX						
<b>POTASSIUM SPARING DIURETICS</b>							
AMILORIDE HCL TABLETS	AMILORIDE HCL						
SPIRONOLACTONE TABLETS	ALDACTONE						
TRIAMTERENE CAPSULES	DYRENIUM						
<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS</b>							
CHLOROTHIAZIDE SUSPENSION	DIURIL						
CHLOROTHIAZIDE TABLETS	CHLOROTHIAZIDE						
CHLORTHALIDONE TABLETS	CHLORTHALIDONE						
HYDROCHLOROTHIAZIDE 12.5MG CAPSULES	VARIOUS						
HYDROCHLOROTHIAZIDE TABLETS 25MG & 50MG	HYDROCHLOROTHIAZIDE						
INDAPAMIDE TABLETS	INDAPAMIDE						



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METHYCLOTHIAZIDE TABLETS	METHYCLOTHIAZIDE						
METOLAZONE TABLETS	ZAROXOLYN						
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>							
<b>BONE DENSITY REGULATORS</b>							
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			
<b>GROWTH HORMONE RECEPTOR ANTAGONISTS</b>							
PEGVISOMANT SOLUTION	SOMAVERT			PA Required			
<b>GROWTH HORMONES</b>							
SOMATROPIN SOLUTION	NORDITROPIN	Brand Only	Preferred Drug	PA Required			
SOMATROPIN SOLUTION	GENOTROPIN	Brand Only	Preferred Drug	PA Required			
<b>HORMONE RECEPTOR MODULATORS</b>							
RALOXIFENE HCL TABLETS	EVISTA					30.00	30.00
<b>INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)</b>							
MECASERMIN SOLUTION	INCRELEX			PA Required			
<b>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPOSITORYSSENTS</b>							
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			
<b>METABOLIC MODIFIERS</b>							
CALCITRIOL CAPSULES	ROCALTROL						
CALCITRIOL SOLUTION	ROCALTROL						
CINACALCET HCL TABLETS	SENSIPAR						
IDURSULFASE SOLUTION	ELAPRASE			PA Required			
LEVOCARNITINE (METABOLIC MODIFIERS) SOLUTION	CARNITOR						
LEVOCARNITINE (METABOLIC MODIFIERS) TABLETS	CARNITOR						
<b>MINERALOCORTICOID RECEPTOR ANTAGONISTS</b>							
FINERENONE TABLETS	KERENDIA			PA Required			
<b>POSTERIOR PITUITARY HORMONES</b>							
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						
<b>PROLACTIN INHIBITORS</b>							
CABERGOLINE TABLETS	CABERGOLINE			PA Required			
<b>SOMATOSTATIC AGENTS</b>							
LANREOTIDE ACETATE SOLUTION	SOMATULINE DEPOT			PA Required			
OCTREOTIDE ACETATE KIT	SANDOSTATIN LAR DEPOT			PA Required			
OCTREOTIDE ACETATE SOLUTION	SANDOSTATIN			PA Required			
<b>ESTROGENS</b>							
<b>ESTROGEN COMBINATIONS</b>							





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CONJUGATED ESTROGENS-MEDROXYPROGESTERONE ACETATE TABLETS	PREMPRO						
ESTERIFIED ESTROGENS & METHYLTESTOSTERONE TABLETS	COVARYX HS						
ESTRADIOL & NORETHINDRONE ACETATE PATCH TWICE WEEKLY	COMBIPATCH						
ESTRADIOL & NORETHINDRONE ACETATE TABLETS	ACTIVELLA						
ESTRADIOL-LEVONORGESTREL PATCH WEEKLY	CLIMARA PRO						
NORETHINDRONE ACETATE-ETHINYL ESTRADIOL TABLETS	FEMHRT LOW DOSE						
<b>ESTROGENS</b>							
ESTERIFIED ESTROGENS TABLETS	MENEST						
ESTRADIOL PATCH TWICE WEEKLY	ALORA						
ESTRADIOL PATCH WEEKLY	MENOSTAR						
ESTRADIOL TABLETS	ESTRACE						
ESTROGENS, CONJUGATED SYNTHETIC A TABLETS	CENESTIN						
ESTROGENS, CONJUGATED TABLETS	PREMARIN						
ESTROPIRATE TABLETS	ORTHO-EST						
<b>FLUOROQUINOLONES</b>							
<b>FLUOROQUINOLONES</b>							
CIPROFLOXACIN HCL TABLETS	CIPROFLOXACIN HCL						
LEVOFLOXACIN SOLUTION	LEVAQUIN						
LEVOFLOXACIN TABLETS	LEVAQUIN						
OFLOXACIN TABLETS	OFLOXACIN						
<b>GASTROINTESTINAL AGENTS - MISC.</b>							
<b>GALLSTONE SOLUBILIZING AGENTS</b>							
URSODIOL CAPSULES	ACTIGALL						
URSODIOL TABLETS	URSO 250						
<b>GASTROINTESTINAL ANTIALLERGY AGENTS</b>							
CROMOLYN SODIUM (MASTOCYTOSIS) CONCENTRATE	GASTROCROM						
<b>GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS</b>							
LUBIPROSTONE CAPSULES	AMITIZA			PA Required			
<b>GASTROINTESTINAL STIMULANTS</b>							
METOCLOPRAMIDE HCL SOLUTION	METOCLOPRAMIDE HCL						
METOCLOPRAMIDE HCL TABLETS	REGLAN						
METOCLOPRAMIDE HCL ORALLY DISPERSABLE TABLET	METOZOLV ODT						
<b>INFLAMMATORY BOWEL AGENTS</b>							
BALSALAZIDE DISODIUM TABLETS	GIAZO					270.00	30.00
<b>INFLIXIMAB</b>	<b>INFLIXIMAB</b>	<b>JANSSEN PRODUCT ONLY</b>	Preferred Drug	PA Required			
MESALAMINE CAPSULE CONTROLLED RELEASE	PENTASA	Brand Only	Preferred Drug			270.00	30.00
MESALAMINE CAPSULE DELAYED RELEASE	DELZICOL	Brand Only	Preferred Drug			180.00	30.00
MESALAMINE CAPSULE 24-HOUR	APRISO	Brand Only	Preferred Drug			120.00	30.00
MESALAMINE ENEMA	SFROWASA	Brand Only	Preferred Drug			30.00	30.00
MESALAMINE TABLETS	ASACOL HD	Brand Only	Preferred Drug			180.00	30.00
MESALAMINE TABLET ENTERIC COATED	LIALDA	Brand Only	Preferred Drug			120.00	30.00
MESALAMINE SUPPOSITORY	CANASA	Brand Only	Preferred Drug			30.00	30.00
SULFASALAZINE TABLETS	AZULFIDINE					240.00	30.00
SULFASALAZINE TABLET ENTERIC COATED	AZULFIDINE EN-TABLETS					240.00	30.00
<b>INTESTINAL ACIDIFIERS</b>							
LACTULOSE (ENCEPHALOPATHY) SOLUTION	LACTULOSE						



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<b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS</b>							
ALOSETRON HCL TABLETS	LOTRONEX			PA Required			
LINACLOTIDE CAPSULES	LINZESS			PA Required			
<b>PHOSPHATE BINDER AGENTS</b>							
CALCIUM ACETATE (PHOSPHATE BINDER) CAPSULES	VARIOUS		Preferred Drug				
CALCIUM ACETATE (PHOSPHATE BINDER) TABLETS	VARIOUS		Preferred Drug				
SEVELAMER CARBONATE TABLETS	REVELA	VARIOUS	Preferred Drug				
<b>GENITOURINARY AGENTS - MISCELLANEOUS</b>							
<b>ACIDIFIERS</b>							
POTASSIUM & SODIUM ACID PHOSPHATES TABLETS	K-PHOS NO 2						
<b>ALKALINIZERS</b>							
POT & SOD CITRATES W/CITRIC AC SOLUTION	POTASSIUM CITRATE/SODIUM CITRATE/CITRIC ACID						
POT & SOD CITRATES W/CITRIC AC SYRUP	CYTRA-3						
POTASSIUM CITRATE (ALKALINIZER) TABLET CONTROLLED RELEASE	UROCIT-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						
<b>INTERSTITIAL CYSTITIS AGENTS</b>							
PENTOSAN POLYSULFATE SODIUM CAPSULES	ELMIRON			PA Required			
<b>PROSTATIC HYPERTROPHY AGENTS</b>							
ALFUZOSIN HCL TABLET 24-HOUR	VARIOUS		Preferred Drug				
DOXAZOSIN MESYLATE TABLETS	VARIOUS		Preferred Drug				
DUTASTERIDE CAPS	VARIOUS		Preferred Drug				
FINASTERIDE TABLETS	PROSCAR		Preferred Drug				
TAMSULOSIN HCL CAPSULES	FLOMAX		Preferred Drug				
TERAZOSIN HCL CAPSULES	VARIOUS		Preferred Drug				
<b>URINARY ANALGESICS</b>							
SODIUM PHENYLBUTYRATE POWDER	BUPHENYL			PA Required			
SODIUM PHENYLBUTYRATE TABLET	BUPHENYL			PA Required			
<b>URINARY ANALGESICS</b>							
PHENAZOPYRIDINE HCL	BARIDIUM						
PHENAZOPYRIDINE HCL TABLETS	PYRIDIUM						
<b>GOUT AGENTS</b>							
<b>GOUT AGENT COMBINATIONS</b>							
COLCHICINE W/ PROBENECID TABLETS	PROBENECID/COLCHICINE						
<b>GOUT AGENTS</b>							
ALLOPURINOL TABLETS (100MG & 300MG)	ZYLOPRIM						
COLCHICINE TABLETS	COLCRYS						
FEBUXOSTAT TABLETS	ULORIC					30.00	30.00
<b>URICOSURICS</b>							
PROBENECID TABLETS	PROBENECID						
<b>HEMATOLOGICAL AGENTS - MISC.</b>							
<b>BRADYKININ B2 RECEPTOR ANTAGONISTS</b>							
ICATIBANT ACETATE SOLUTION	FIRAZYR	Brand Only	Preferred Drug	PA Required			
<b>COMPLEMENT INHIBITORS</b>							
C1 ESTERASE INHIBITOR (HUMAN) SOLUTION	CINRYZE		Preferred Drug	PA Required			
C1 ESTERASE INHIBITOR (HUMAN) SOLUTION	BERINERT		Preferred Drug	PA Required			



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<b>HEMATORHEOLOGIC AGENTS</b>							
PENTOXIFYLLINE TABLET CONTROLLED RELEASE	TRENTAL						
BEROTRALSTAT HCL CAPSULES	ORLADEYO		Preferred Drug	PA Required			
ECALLANTIDE SOLUTION	KALBITOR		Preferred Drug	PA Required			
<b>PLATELET AGGREGATION INHIBITORS</b>							
ANAGRELIDE HCL CAPSULES	AGRYLIN						
CILOSTAZOL TABLETS	PLETAL						
CLOPIDOGREL BISULFATE TABLETS	PLAVIX						
DIPYRIDAMOLE TABLETS	PERSANTINE						
TICAGRELOR TABLETS	BRILINTA						
TICLOPIDINE HCL TABLETS	TICLOPIDINE HCL						
<b>THROMBOLYTIC ENZYMES</b>							
ALTEPLASE FOR SOLUTION	ACTIVASE					1.00	30.00
<b>GASTROINTESTINAL AGENTS - MISCELLANEOUS</b>							
<b>ANTIFLATULENTS</b>							
SIMETHICONE SUSPENSION	CVS INFANTS GAS RELIEF						
<b>HEMATOPOIETIC AGENTS</b>							
<b>AGENTS FOR GAUCHER DISEASE</b>							
ELIGLUSTAT TARTRATE	CERDELGA (oral)			PA Required			
IMIGLUCERASE SOLUTION	CEREZYME 400 IU (IV)			PA Required			
TALIGLUCERASE ALFA	ELELYSO (IV)			PA Required			
MIGLUSTAT	MIGLUSTAT (oral)			PA Required			
VELAGLUCERASE ALFA	VPRIB 400 IU			PA Required			
<b>FOLIC ACID/FOLATES</b>							
FOLIC ACID CAPSULES	FA-8						
FOLIC ACID TABLETS	FOLIC ACID						
<b>HEMATOPOIETIC GROWTH FACTORS</b>							
DARBEPOETIN ALFA SOLUTION	ARANESP	Brand Only	Preferred Drug	PA Required			
ELTROMBOPAG OLAMINE TABLETS	PROMACTA	Brand Only	Preferred Drug	PA Required			
EPOETIN ALFA-EPBX SOLUTION	RETACRIT	Brand Only	Preferred Drug	PA Required			
FILGRASTIM-AAF SOLUTION PREFILLED SYRINGE	NIVESTYM	Brand Only	Preferred Drug	PA Required			
FILGRASTIM-AAF SOLUTION VIAL	NIVESTYM	Brand Only	Preferred Drug	PA Required			
PEGFILGRASTIM-PBBK SOLUTION PREFILLED SYRINGE	ZIEXTENZO	Brand Only	Preferred Drug	PA Required			
PEGFILGRASTIM-BMEZ SOLUTION PREFILLED SYRINGE	FYLNETRA	Brand Only	Preferred Drug	PA Required			
ROMIPLOSTIM	NPLATE	Brand Only	Preferred Drug	PA Required			
<b>HEMATOPOIETIC MIXTURES</b>							
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						
<b>IRON</b>							
FERROUS FUMARATE CAPSULES	HIGH POTENCY IRON						
FERROUS FUMARATE TABLETS	FEMIRON						
FERROUS FUMARATE TABLET CONTROLLED RELEASE	IRON						



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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						
<b>HEMOSTATICS</b>							
<b>HEMOSTATICS - SYSTEMIC</b>							
AMINOCAPROIC ACID SOLUTION	AMICAR						
AMINOCAPROIC ACID TABLETS	AMICAR						
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENT</b>							
<b>ANTIHISTAMINE HYPNOTICS</b>							
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						
<b>BARBITURATE HYPNOTICS</b>							
PHENOBARBITAL SOLUTION	PHENOBARBITAL						
PHENOBARBITAL TABLETS	PHENOBARBITAL						
<b>NON-BARBITURATE HYPNOTICS</b>							
ESZOPICLONE TABLETS	LUNESTA		PREFERRED DRUG	PA Required for Ages <6 years PA Required for > 1 Hypnotic Drug		30.00	30.00
TEMAZEPAM CAPSULES 15MG & 30MG	RESTORIL		PREFERRED DRUG	PA Required for Ages <6 years PA Required for > 1 Hypnotic Drug		30.00	30.00
ZOLPIDEM TARTRATE TABLETS 5MG	AMBIEN		PREFERRED DRUG	PA Required for Ages <6 years PA Required for > 1 Hypnotic Drug		60.00	30.00
ZOLPIDEM TARTRATE TABLETS 10MG	AMBIEN		PREFERRED DRUG	PA Required for Ages <6 years PA Required for > 1 Hypnotic Drug		30.00	30.00
<b>SELECTIVE MELATONIN RECEPTOR AGONISTS</b>							
RAMELTEON TABLETS	ROZEREM	Brand Only			Patient must have tried two preferred agents (Temazepam, Zolpidem and Eszopiclone)	30.00	30.00
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENT</b>							
<b>ANTIHISTAMINE HYPNOTICS</b>							
DOXYLAMINE SUCCINATE (SLEEP) TABLETS	RA NIGHT SLEEP AID						
<b>LAXATIVES</b>							
<b>BULK LAXATIVES</b>							
FIBER CAPSULES	ADVANCED FIBER 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						



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METHYLCELLULOSE (LAXATIVE) PACKETS	CITRUCEL FIBER LAXATIVE						
PSYLLIUM CAPSULES	NAT-RUL PSYLLIUM SEED HUSKS						
PSYLLIUM PACK	METAMUCIL SMOOTH TEXTURE						
PSYLLIUM POWDER	KONSYL						
PSYLLIUM SUBLINGUAL	METAMUCIL						
<b>LAXATIVE COMBINATIONS</b>							
PEG 3350-KCL-SOD BICARB-SOD CHLORIDE-SOD SULFATE SOLUTION	COLYTE-FLAVOR PACKS						
PEG 3350-POTASSIUM CHLORIDE-SOD BICARBONATE-SOD CHLORIDE SOLUTION	GAVILYTE-N/FLAVOR PACK						
SENNOSIDES-DOCUSATE SODIUM TABLETS	SENNAS						
<b>LAXATIVES - MISCELLANEOUS</b>							
GLYCERIN (LAXATIVE) SUPPOSITORIES	GLYCERIN CHILDREN						
LACTULOSE PACK	KRISTALOSE						
LACTULOSE SOLUTION	LACTULOSE						
POLYETHYLENE GLYCOL 3350 PACK	CLEARLAX						
POLYETHYLENE GLYCOL 3350 POWDER	CLEARLAX						
<b>SALINE LAXATIVES</b>							
MAGNESIUM CITRATE SOLNTION	CITROMA						
MAGNESIUM OXIDE (LAXATIVE) TABLETS	PHILLIPS						
SODIUM PHOSPHATES ENEMA	GNP ENEMA						
<b>STIMULANT LAXATIVES</b>							
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						
SENNAS SYRP	SENNAS						
SENNAS MISC	CORRECTOL HERBAL TEA						
SENNAS LEAV	SENNAS LEAVES						
SENNOSIDES CAPSULES	RA SENNAS						
SENNOSIDES TABLETS	SENNAS-LAX						
SENNOSIDES CHEWABLES	RA LAXATIVE						
SENNOSIDES LIQUID	AGORAL MAXIMUM STRENGTH						
SENNOSIDES SYRUP	SENNAS-GRX						
<b>SURFACTANT LAXATIVES</b>							
DOCUSATE SODIUM CAPSULES	COLACE						
DOCUSATE SODIUM ENEMA	DOCUSOL KIDS						
DOCUSATE SODIUM LIQUID	PEDIA-LAX						
DOCUSATE SODIUM SYRUP	DIOCTO						
DOCUSATE SODIUM TABLETS	DOK						
<b>MACROLIDES</b>							
<b>AZITHROMYCIN</b>							
AZITHROMYCIN PACK	ZITHROMAX						
AZITHROMYCIN SUSPENSION	ZITHROMAX						
AZITHROMYCIN TABLETS	ZITHROMAX						



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<b>CLARITHROMYCIN</b>							
CLARITHROMYCIN SUSPENSION	CLARITHROMYCIN						
CLARITHROMYCIN TABLETS	BIAXIN						
CLARITHROMYCIN TABLET 24-HOUR	BIAXIN XL						
<b>ERYTHROMYCIN PRODUCTS REQUIRE PRIOR AUTHORIZATION</b>							
<b>FIDAXOMICIN</b>							
FIDAXOMICIN TABLETS	DIFICID			<b>PA Required</b>			
<b>MEDICAL DEVICES</b>							
<b>CONTRACEPTIVES</b>							
CONDOMS - FEMALE MISC	FC FEMALE CONDOM					<b>30.00</b>	<b>30.00</b>
CONDOMS - MALE MISC	LIFESTYLES ASSORTED COLORS					<b>30.00</b>	<b>30.00</b>
CONDOMS LATEX LUBRICATED - MALE MISC	ATLAS COLORED LUBRICATED CONDOM					<b>30.00</b>	<b>30.00</b>
CONDOMS LATEX NON-LUBRICATED - MALE MISC	ATLAS COLORED CONDOM/SPERMICIDE					<b>30.00</b>	<b>30.00</b>
CONDOMS NON-LATEX NON-LUBRICATED - MALE MISC	TROJAN NATURALAMB					<b>30.00</b>	<b>30.00</b>
DIAPHRAGM ARC-SPRING DPRH	CAYA					<b>1.00</b>	<b>365.00</b>
DIAPHRAGM COIL SPRING KIT	ORTHO DIAPHRAGM COIL SPRING KIT 50					<b>1.00</b>	<b>365.00</b>
DIAPHRAGM FLAT SPRING KIT	ORTHO DIAPHRAGM FLAT SPRING KIT 55					<b>1.00</b>	<b>365.00</b>
DIAPHRAGM WIDE SEAL DPRH	WIDE-SEAL SILICONE DIAPHRAGM KIT 60					<b>1.00</b>	<b>365.00</b>
DIAPHRAGMS DPRH	OMNIFLEX DIAPHRAGM					<b>1.00</b>	<b>365.00</b>
<b>DIABETIC SUPPLIES</b>							
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						
<b>MISC. DEVICECES</b>							
ALCOHOL SWABS PADS	ALCOH-GLOVE CONTOURED WIPE						
<b>PARENTERAL THERAPY SUPPLIES</b>							
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"						
<b>RESPIRATORY THERAPY SUPPLIES</b>							
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						
<b>MIGRAINE PRODUCTS</b>							
<b>MIGRAINE COMBINATIONS</b>							
ERGOTAMINE W/ CAFFEINE TABLETS	CAFERGOT					40.00	30.00
<b>MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES</b>							
GALCANEZUMAB-GNLM SOLUTION AUTOINJECTOR / PREFILLED SYRINGE / PEN	EMGALITY		Preferred Drug	PA Required			
<b>CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONIST</b>							
FREMANEZUMAB-VFRM SOLUTION AUTOINJECTOR	AJOVY		Preferred Drug	PA Required		1.00	30.00
UBROGEPANT TABLETS	UBRELVY		Preferred Drug	PA Required		10.00	30.00
<b>SEROTONIN AGONISTS</b>							
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
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>							
<b>IMMUNOSUPPRESSIVE AGENTS</b>							
BELUMOSUDIL MESYLATE TABLETS	REZUROCK			PA Required			
<b>MINERALS &amp; ELECTROLYTES</b>							
<b>CALCIUM</b>							
CALCIUM LACTATE CAPSULES	CAL-LAC						
CALCIUM LACTATE TABLETS	CALCIUM LACTATE						
<b>FLUORIDE</b>							
SODIUM FLUORIDE CHEWABLE TABLETS	LUDENT						
SODIUM FLUORIDE LOZG	LOZI-FLUR						
SODIUM FLUORIDE SOLUTION	FLUOR-A-DAY						
SODIUM FLUORIDE TABLETS	SODIUM FLUORIDE						



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<b>MAGNESIUM</b>							
MAGNESIUM OXIDE (MG SUPPLEMENT) CAPSULES	MAGNESIUM						
MAGNESIUM OXIDE (MG SUPPLEMENT) TABLETS	MAG-200						
<b>POTASSIUM</b>							
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						
<b>SODIUM</b>							
SODIUM CHLORIDE FLUSH SOLUTION	NORMAL SALINE FLUSH						
<b>MOUTH/THROAT/DENTAL AGENTS</b>							
<b>ANTISEPTICS - MOUTH/THROAT</b>							
CHLORHEXIDINE GLUCONATE (MOUTH-THROAT) SOLUTION	PAROEX						
<b>STEROIDS - MOUTH/THROAT</b>							
TRIAMCINOLONE ACETONIDE (MOUTH) PASTE	ORALONE					10.00	30.00
<b>ANESTHETICS TOPICAL ORAL</b>							
LIDOCAINE HCL (MOUTH-THROAT) SOLUTION	LIDOCAINE VISCOUS						
<b>THROAT PRODUCTS - MISC.</b>							
ARTIFICIAL SALIVA KIT	ORAL RELIEF FOR DRY MOUTH& DISCOMFORT						
ARTIFICIAL SALIVA LOZENGE	ACT DRY MOUTH						
ARTIFICIAL SALIVA SOLUTION	BIOTENE MOISTURIZING MOUTH SPRAY						
<b>MULTIVITAMINS</b>							
<b>B-COMPLEX VITAMINS</b>							
B-COMPLEX VITAMINS	B-COMPLEX						
<b>B-COMPLEX W/ C</b>							
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>B-COMPLEX W/ FOLIC ACID</b>							
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						
<b>IRON W/ VITAMINS</b>							
IRON W/ VITAMINS TABLETS	GERITOL COMPLETE					30.00	30.00
<b>MULTIPLE VITAMINS W/ IRON</b>							





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MULTIPLE VITAMINS W/ IRON TABLETS	MULTIPLE VITAMINS/IRON						
<b>MULTIPLE VITAMINS W/ MINERALS</b>							
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
<b>PEDIATRIC MULTIPLE VITAMINS</b>							
PEDIATRIC MULTIPLE VITAMIN W/ C SOLUTION	POLY-VITE DROPS						
<b>PED MULTIPLE VITAMINS W/ MINERALS</b>							
PEDIATRIC MULTIPLE VITAMIN W/ MINERALS & C CHEWABLES	CHILDRENS CHEWABLE GUMMIES						
<b>PED MV W/ IRON</b>							
PEDIATRIC MULTIPLE VITAMINS W/ IRON SOLUTION	POLY-VITE SOL /IRON						
<b>PED MULTI VITAMINS W/FL &amp; FE</b>							
PEDIATRIC VITAMINS ACD FLUORIDE & IRON SOLUTION	TRI-VIT/FLUORIDE/IRON						
<b>PED MV W/ FLUORIDE</b>							
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 ACD W/ FLUORIDE SOLUTION	TRIPLE-VITAMIN/FLUORIDE						
<b>PED MULTI VITAMINS W/FL &amp; FE</b>							
PED MULTIVITAMINS W/FL & IRON SOLUTION	MULTI-VIT/IRON/FLUORIDE						
<b>PRENATAL VITAMINS</b>							
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					30.00	30.00
PRENATAL VIT W/ DOCUSATE-FE FUMARATE-FOLIC ACID TABS	PNV FERROUS 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
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



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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
<b>MUSCULOSKELETAL THERAPY AGENTS</b>							
<b>CENTRAL MUSCLE RELAXANTS</b>							
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						
<b>DIRECT MUSCLE RELAXANTS</b>							
DANTROLENE SODIUM CAPSULES	DANTRIUM						
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL</b>							
<b>NASAL AGENTS - MISCELLANEOUS</b>							
SALINE NASAL SPRAY	SALINE NASAL SPRAY						
<b>NASAL ANTIALLERGY</b>							
AZELASTINE HCL SOLUTION 0.10%	ASTELIN						
<b>NASAL ANTICHOLINERGICS</b>							
IPRATROPIUM BROMIDE (NASAL) SOLUTION	ATROVENT						
<b>NASAL STEROIDS</b>							
FLUNISOLIDE (NASAL) SOLUTION	FLUNISOLIDE						
FLUTICASONE PROPIONATE (NASAL) SUSPENSION	FLONASE						
MOMETASONE FUROATE (NASAL) SUSPENSION	NASONEX						
<b>SYMPATHOMIMETIC DECONGESTANTS</b>							
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						
<b>NUTRIENTS</b>							
<b>MISC. NUTRITIONAL SUBSTANCES</b>							
OMEGA-3 FATTY ACIDS CAPSULES	FISH OIL						
OMEGA-3 FATTY ACIDS CAPSULE DELAYED RELEASE	FISH OIL						
OMEGA 3 FATTY ACIDS-OMEGA 6 FATTY ACIDS-OMEGA 9 FATTY ACIDS CAPSULES	OMEGA-3-6-9						
<b>OPHTHALMIC AGENTS</b>							
<b>ARTIFICIAL TEARS AND LUBRICANTS</b>							
ARTIFICIAL TEAR GEL GEL	VARIOUS						
ARTIFICIAL TEAR OINTMENT	VARIOUS						
ARTIFICIAL TEAR SOLUTION SOLUTION	VARIOUS						
CARBOXYMETHYLCELLULOSE-GLYCERIN SOLUTION	VARIOUS						
CARBOXYMETHYLCELLULOSE-HYPROMELLOSE GEL	VARIOUS						
CARBOXYMETHYLCELLULOSE SODIUM (OPHTH) SOUTION	VARIOUS						
CARBOXYMETHYLCELLULOSE SODIUM (OPHTH) GEL	VARIOUS						



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HYPROMELLOSE (GONIOSCOPIE) 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						
<b>BETA-BLOCKERS - OPHTHALMIC</b>							
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						
<b>CYCLOPLEGIC MYDRIATICS</b>							
ATROPINE SULFATE (OPHTHALMIC) OINTMENT	ATROPINE SULFATE						
ATROPINE SULFATE (OPHTHALMIC) SOLUTION	ISOPTO ATROPINE						
CYCLOPENTOLATE HCL SOLUTION	CYCLOGYL						
HOMATROPINE HBR SOLUTION	ISOPTO HOMATROPINE						
TROPICAMIDE SOLUTION	TROPICAMIDE						
<b>MIOTICS</b>							
PILOCARPINE HCL GEL	PILOPINE HS						
PILOCARPINE HCL SOLUTION	ISOPTO CARPINE						
<b>OPHTHALMIC ADRENERGIC AGENTS</b>							
APRACLONIDINE HCL SOLUTION	IOPIDINE						
BRIMONIDINE TARTRATE SOLUTION	ALPHAGAN P						
<b>OPHTHALMIC ANTI-INFECTIVES</b>							
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						
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	TOBEX					3.50	7.00
TOBRAMYCIN (OPHTH) SOLUTION	TOBEX						
TRIFLURIDINE SOLUTION	VIROPTIC						



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<b>OPHTHALMIC DECONGESTANTS</b>							
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						
<b>OPHTHALMIC IMMUNOMODULATORS</b>							
CYCLOSPORINE (OPHTH) EMULSION	RESTASIS						
<b>OPHTHALMIC STEROIDS</b>							
BACITRACIN-POLY-NEOMYCIN-HC OINTMENT	NEO-POLYCIN 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						
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



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TOBRAMYCIN-DEXAMETHASONE SUSPENSION	TOBRADEX ST						
<b>OPHTHALMICS - MISC.</b>							
AZELASTINE HCL (OPHTH) SOLUTION	OPTIVAR						
<b>BRINZOLAMIDE SUSPENSION</b>	<b>AZOPT</b>	<b>Brand Only</b>					
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	MURO						
SODIUM CHLORIDE HYPERTONIC OINTMENT	MURO						
<b>PROSTAGLANDINS - OPHTHALMIC</b>							
LATANOPROST SOLUTION	XALATAN					2.50	30.00
TAFLUPROST SOLUTION	ZIOPATAN			PA Required			
<b>TRAVOPROST SOLUTION</b>	<b>TRAVATAN Z</b>	<b>Brand Only</b>					
<b>OTIC AGENTS</b>							
<b>OTIC AGENTS - MISCELLANEOUS</b>							
ACETIC ACID (OTIC) SOLUTION	ACETIC ACID						
<b>OTIC ANTI-INFECTIVES</b>							
CIPROFLOXACIN HCL (OTIC) SOLUTION	VARIOIUS		Preferred Drug				
OFLOXACIN (OTIC) SOLUTION	VARIOIUS						
<b>OTIC COMBINATIONS</b>							
CIPROFLOXACIN-DEXAMETHASONE	CIPRODEX	Brand Only	Preferred Drug				
CIPROFLOXACIN-HYDROCORTISONE	CIPRO HC	Brand Only					
NEOMYCIN-POLYMYXIN-HC (OTIC) SOLUTION	VARIOUS		Preferred Drug				
NEOMYCIN-POLYMYXIN-HC (OTIC) SUSPENSION	VARIOUS		Preferred Drug				
<b>OTIC STEROIDS</b>							
FLUOCINOLONE ACETONIDE (OTIC) OIL	DERMOTIC						
HYDROCORTISONE W/ACETIC ACID SOLUTION	ACETASOL HC						
<b>OXYTOCICS</b>							
<b>OXYTOCICS</b>							
METHYLERGONOVINE MALEATE TABLETS	METHERGINE						
<b>PASSIVE IMMUNIZING AGENTS</b>							
<b>MONOCLONAL ANTIBODIES</b>							
PALIVIZUMAB SOLUTION	SYNAGIS			PA is not Required for children under the age of 2 years. Note: the prescriber must buy and bill a medical claim for the drug			
<b>PENICILLINS</b>							
<b>AMINOPENICILLINS</b>							
AMOXICILLIN CAPSULES	AMOXICILLIN						
AMOXICILLIN CHEWABLE TABLETS	AMOXICILLIN						
AMOXICILLIN SUSPENSION	AMOXICILLIN						
AMOXICILLIN TABLETS	AMOXICILLIN						



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AMOXICILLIN TABLET 24-HOUR	MOXATAG						
AMPICILLIN CAPSULES	AMPICILLIN						
AMPICILLIN SUSPENSION	AMPICILLIN						
<b>NATURAL PENICILLINS</b>							
PENICILLIN V POTASSIUM SOLUTION	PENICILLIN V POTASSIUM						
PENICILLIN V POTASSIUM TABLETS	PENICILLIN V POTASSIUM						
<b>PENICILLIN COMBINATIONS</b>							
AMOXICILLIN & POT CLAVULANATE CHEWABLE TABLETS	AUGMENTIN						
AMOXICILLIN & POT CLAVULANATE SUSPENSION	AUGMENTIN						
AMOXICILLIN & POT CLAVULANATE TABLETS	AMOXICILLIN/CLAVULANATE POTASSIUM						
AMOXICILLIN & POT CLAVULANATE TABLET 12-HOUR	AUGMENTIN XR						
<b>PENICILLINASE-RESISTANT PENICILLINS</b>							
DICLOXACILLIN SODIUM CAPSULES	DICLOXACILLIN SODIUM						
<b>PROGESTINS</b>							
<b>PROGESTINS</b>							
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						
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENT</b>							
<b>AGENTS FOR CHEMICAL DEPENDENCY</b>							
ACAMPROSATE CALCIUM TABLET DELAYED RELEASE	VARIOUS						
DISULFIRAM TABLETS	VARIOUS						
<b>ANTIDEMENTIA AGENTS</b>							
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			
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			
<b>MOVEMENT DISORDER DRUG THERAPY</b>							
DEUTETRABENAZINE TABLETS	AUSTEDO		Preferred Drug	PA Required			
VALBENAZINE TOSYLATE CAPSULES	INGREZZA		Preferred Drug	PA Required			
<b>MULTIPLE SCLEROSIS AGENTS</b>							
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			
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>							



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ERGOLOID MESYLATES TABLETS	ERGOLOID MESYLATES						
PIMOZIDE TABLETS	ORAP			Prior Authorization is required for < 12 years of age.			
<b>SMOKING DETERRENTS</b>							
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
<b>RESPIRATORY AGENTS - MISC.</b>							
<b>ALPHA-PROTEINASE INHIBITOR (HUMAN)</b>							
ALPHA1-PROTEINASE INHIBITOR (HUMAN) SOLUTION	ARALAST NP			PA Required			
<b>CYSTIC FIBROSIS AGENTS</b>							
DORNASE ALFA SOLUTION	PULMOZYME			PA Required			
IVACAFTOR PACK	KALYDECO			PA Required			
IVACAFTOR TABLETS	KALYDECO			PA Required			
<b>PULMONARY FIBROSIS AGENTS</b>							
PIRFENIDONE 267MG, 801MG	ESBRIET	Brand Only					
<b>SULFONAMIDES</b>							
<b>SULFONAMIDES</b>							
SULFADIAZINE TABLETS	SULFADIAZINE						
<b>TOXOIDS</b>							
<b>TOXOID COMBINATIONS</b>							
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						
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						
<b>TETRACYCLINES</b>							
<b>TETRACYCLINES</b>							
DEMECLOCYCLINE HCL TABLETS	DEMECLOCYCLINE HCL			PA Required			
DOXYCYCLINE HYCLATE CAPSULES - 50MG AND 100MG CAPSULES ONLY	VARIOUS						
DOXYCYCLINE HYCLATE TABLETS - 20MG AND 100MG TABLETS ONLY	VARIOUS						



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DOXYCYCLINE MONOHYDRATE - CAPSULES 50MG & 100MG ONLY	VARIOUS						
MINOCYCLINE HCL - 50MG, 75MG & 100MG CAPSULES ONLY	MINOCIN						
<b>THYROID AGENTS</b>							
<b>ANTITHYROID AGENTS</b>							
METHIMAZOLE TABLETS	TAPAZOLE						
PROPYLTHIOURACIL TABLETS	PROPYLTHIOURACIL						
<b>THYROID HORMONES</b>							
LEVOTHYROXINE SODIUM 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						
<b>ULCER DRUGS</b>							
<b>ANTISPASMODICS</b>							
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						
<b>H-2 ANTAGONISTS</b>							
FAMOTIDINE CHEWABLE TABLETS	PEPCID AC						
FAMOTIDINE SUSPENSION	PEPCID						
FAMOTIDINE TABLETS	PEPCID AC						
NIZATIDINE CAPSULES	NIZATIDINE						
NIZATIDINE SOLUTION	AXID						
<b>MISC. ANTI-ULCER</b>							
SUCRALFATE TABLETS	CARAFATE						
<b>PROTON PUMP INHIBITORS</b>							
ESOMEPRAZOLE MAGNESIUM PACKETS	NEXIUM			PA Required for > 18 Years of Age		30.00	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
<b>ULCER DRUGS - PROSTAGLANDINS</b>							
MISOPROSTOL TABLETS	CYTOTEC						
<b>URINARY ANTI-INFECTIVES</b>							
<b>URINARY ANTI-INFECTIVES</b>							
FOSFOMYCIN TROMETHAMINE PACK	MONUROL				Patient must have tried Cipro AND Macrobid		
NITROFURANTOIN MACROCRYSTAL CAPSULES	MACRODANTIN						
NITROFURANTOIN MONOHYD MACRO CAPSULES	MACROBID						





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NITROFURANTOIN SUSPENSION	FURADANTIN						
<b>URINARY ANTISPASMODICS</b>							
<b>URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)</b>							
FESOTERODINE FUMARATE	TOVIAZ	Brand Only	Preferred Drug				
OXYBUTYNIN CHLORIDE SYRUP	OXYBUTYNIN CHLORIDE		Preferred Drug				
OXYBUTYNIN CHLORIDE 5MG TABLETS	OXYBUTYNIN CHLORIDE		Preferred Drug				
OXYBUTYNIN 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				
<b>URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS</b>							
BETHANECHOL CHLORIDE TABLETS	URECHOLINE						
<b>VAGINAL PRODUCTS</b>							
<b>SPERMICIDES</b>							
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						
<b>VAGINAL ANTI-INFECTIVES</b>							
CLINDAMYCIN PHOSPHATE VAGINAL CREAM	CLEOCIN						
CLINDAMYCIN PHOSPHATE VAGINAL SUPPOSITORY	CLEOCIN						
CLOTRIMAZOLE VAGINAL CREAM	GYNE-LOTRIMIN						
METRONIDAZOLE VAGINAL GEL	METROGEL-VAGINAL						
MICONAZOLE NITRATE VAGINAL KIT	MONISTAT 3 COMBINATION PACK						
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						
<b>VAGINAL ESTROGENS</b>							
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
<b>VAGINAL PROGESTINS</b>							
<b>VASOPRESSORS</b>							
<b>ANAPHYLAXIS THERAPY AGENTS</b>							
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
<b>VASOPRESSORS</b>							
MIDODRINE HCL TABLETS	MIDODRINE HCL						
<b>VACCINES</b>							
<b>VIRAL VACCINES</b>							



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

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• **Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List Are Available Through Prior Authorization**

**Effective Date: 10/1/2023**

Drug Class/Drug Name	Reference Brand Name	Brand Only / Generic Notes	Preferred Drug Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days
COVID-19 AD26 VECTOR VACCINE	JANSSEN						
COVID-19 MRNA VIRUS VACCINE	MODERNA/PFIZER						
HEPATITIS B VACCINE (RECOMB) INJECTION	ENGERIX-B						
HEPATITIS B VACCINE (RECOMB) SUSPENSION	RECOMBIVAX HB						
HUMAN PAPILOMAVIRUS (HPV) 9-VALENT RECOMBINANT VACCINE SUSPENSION	GARDASIL 9						
HUMAN PAPILOMAVIRUS (HPV) 9-VALENT RECOMBINANT VACCINE SUSPENSION PREFILLED SYRINGE	GARDASIL 9						
HUMAN PAPILOMAVIRUS (HPV) BIVALENT (TYPES 16, 18) RECMB VA SUSPENSION	CERVARIX						
HUMAN PAPILOMAVIRUS (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						
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 15-VALENT CONJUGATE VACCINE	VAXNEUVANCE						
PNEUMOCOCCAL 20-VALENT CONJUGATE VACCINE	PREVNAR 20						
PNEUMOCOCCAL VAC POLYVALENT INJECTION	PNEUMOVAX 23/5 DOSE						
ZOSTER VACCINE RECOMBINANT ADJUVANTED	SHINGRIX						



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<b>VITAMINS</b>							
<b>OIL SOLUBLE VITAMINS</b>							
ERGOCALCIFEROL CAPSULES	DRISDOL					<b>12.00</b>	<b>30.00</b>
VITAMIN E CAPSULES	VITAMIN E						
VITAMIN D DROPS 400UNIT	D-VI-SOL			<b>PA Required for &gt; 2 years of age</b>			
<b>WATER SOLUBLE VITAMINS</b>							
NIACIN CAPSULE CONTROLLED RELEASE	VARIOUS						
NIACIN TABLET CONTROLLED RELEASE	VARIOUS						
PYRIDOXINE HCL TABLETS	PYRIDOXINE HCL						
THIAMINE HCL TABLETS	VITAMIN B-1						