



## AHCCCS Fee-For-Service TRBHA Behavioral Health Drug List

- Generic Preferred Over Brand, Unless Specified as Brand Only
- Drugs Not On The List Are Message Back To The Pharmacy As PA Required

AHCCCS TRBHA Program Drug List Effective Date: 10/1/2018

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



## AHCCCS Fee-For-Service TRBHA Behavioral Health Drug List

- Generic Preferred Over Brand, Unless Specified as Brand Only
- Drugs Not On The List Are Message Back To The Pharmacy As PA Required

AHCCCS TRBHA Program Drug List Effective Date: 10/1/2018

Drug Class/Drug Name	Reference Brand Name	Brand Only	Preferred Drug Status	PRIOR AUTHORIZATION REQUIRED	Quantity Limit	QL Days
BUPRENORPHINE	VARIOUS			PA Required unless the member is pregnant- the prescriber must note the following ICD-10 codes on the prescription: <ol style="list-style-type: none"> <li>1. O09.91- Supervision of high risk pregnancy, 1st Trimester.</li> <li>2. O09.92- Supervision of high risk pregnancy, 2nd Trimester.</li> <li>3. O09.93- Supervision of high risk pregnancy, 3rd Trimester.</li> <li>4. O09.91- Supervision of high risk pregnancy- use for Post-Partum Nursing Mothers.</li> </ol>		
<b>BUPRENORPHINE HCL-NALOXONE HCL DIHYDRATE FILM</b>	<i>SUBOXONE FILM</i>	<b>Brand Only</b>	<b>Preferred Drug</b>			
METHADONE	VARIOUS			Only available at an Opioid Treatment Program (OTP) provider.		
<b>ANTIANSXIETY AGENTS</b>						
<b>ANTIANSXIETY AGENTS - MISCELLANEOUS.</b>						
BUSPIRONE HCL TAB 5 MG	BUSPIRONE HCL			PA Required for > 1 Anxiolytic drug in a 30-day time period.	120.00	30.00
BUSPIRONE HCL TAB 7.5 MG	BUSPIRONE HCL			PA Required for > 1 Anxiolytic drug in a 30-day time period.	120.00	30.00
BUSPIRONE HCL TAB 10 MG	BUSPIRONE HCL			PA Required for > 1 Anxiolytic drug in a 30-day time period.	120.00	30.00
BUSPIRONE HCL TAB 15 MG	BUSPIRONE HCL			PA Required for > 1 Anxiolytic drug in a 30-day time period.	120.00	30.00
BUSPIRONE HCL TAB 30 MG	BUSPIRONE HCL			PA Required for > 1 Anxiolytic drug in a 30-day time period.	60.00	30.00
HYDROXYZINE HCL SYRUP	ATARAX SYRUP				300.00	30.00
HYDROXYZINE HCL TABLETS	ATARAX TABLETS				240.00	30.00
HYDROXYZINE PAMOATE CAPSULES	VISTARIL				120.00	30.00
<b>BENZODIAZEPINES</b>						
ALPRAZOLAM CONC 1 MG/ML	ALPRAZOLAM INTENSOL			PA Required for > 1 Anxiolytic drug in a 30-day time period.	60.00	15.00
ALPRAZOLAM ORALLY DISINTEGRATING TAB 0.25 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	120.00	30.00
ALPRAZOLAM ORALLY DISINTEGRATING TAB 0.5 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	120.00	30.00
ALPRAZOLAM ORALLY DISINTEGRATING TAB 1 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	120.00	30.00
ALPRAZOLAM ORALLY DISINTEGRATING TAB 2 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	60.00	30.00



## AHCCCS Fee-For-Service TRBHA Behavioral Health Drug List

- Generic Preferred Over Brand, Unless Specified as Brand Only
- Drugs Not On The List Are Message Back To The Pharmacy As PA Required

AHCCCS TRBHA Program Drug List Effective Date: 10/1/2018

Drug Class/Drug Name	Reference Brand Name	Brand Only	Preferred Drug Status	PRIOR AUTHORIZATION REQUIRED	Quantity Limit	QL Days
ALPRAZOLAM TAB 0.25 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	120.00	30.00
ALPRAZOLAM TAB 0.5 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	120.00	30.00
ALPRAZOLAM TAB 1 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	120.00	30.00
ALPRAZOLAM TAB 2 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	60.00	30.00
ALPRAZOLAM TAB SR 24HR 0.5 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	30.00	30.00
ALPRAZOLAM TAB SR 24HR 1 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	30.00	30.00
ALPRAZOLAM TAB SR 24HR 2 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	30.00	30.00
ALPRAZOLAM TAB SR 24HR 3 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	30.00	30.00
CHLORDIAZEPOXIDE HCL CAP 10 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	60.00	30.00
CHLORDIAZEPOXIDE HCL CAP 25 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	60.00	30.00
CHLORDIAZEPOXIDE HCL CAP 5 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	60.00	30.00
CLONAZEPAM 0.5 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	120.00	30.00
CLONAZEPAM 1.0 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	120.00	30.00
CLONAZEPAM 2 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	60.00	30.00
CLONAZEPAM ORALLY DISINTEGRATING TAB 0.125 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	120.00	30.00
CLONAZEPAM ORALLY DISINTEGRATING TAB 0.25 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	120.00	30.00
CLONAZEPAM ORALLY DISINTEGRATING TAB 0.5 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	120.00	30.00
CLONAZEPAM ORALLY DISINTEGRATING TAB 1 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	120.00	30.00
CLONAZEPAM ORALLY DISINTEGRATING TAB 2 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	60.00	30.00
CLORAZEPATE DIPOTASSIUM TAB 15 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	60.00	30.00
CLORAZEPATE DIPOTASSIUM TAB 3.75 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	120.00	30.00



## AHCCCS Fee-For-Service TRBHA Behavioral Health Drug List

- Generic Preferred Over Brand, Unless Specified as Brand Only
- Drugs Not On The List Are Message Back To The Pharmacy As PA Required

AHCCCS TRBHA Program Drug List Effective Date: 10/1/2018

Drug Class/Drug Name	Reference Brand Name	Brand Only	Preferred Drug Status	PRIOR AUTHORIZATION REQUIRED	Quantity Limit	QL Days
CLORAZEPATE DIPOTASSIUM TAB 7.5 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	120.00	30.00
DIAZEPAM CONC 5 MG/ML	DIAZEPAM INTENSOL			PA Required for > 1 Anxiolytic drug in a 30-day time period.	60.00	30.00
DIAZEPAM SOLN 1 MG/ML	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	300.00	30.00
DIAZEPAM TAB 10 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	120.00	30.00
DIAZEPAM TAB 2 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	120.00	30.00
DIAZEPAM TAB 5 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	120.00	30.00
LORAZEPAM CONC 2 MG/ML	LORAZEPAM INTENSOL			PA Required for > 1 Anxiolytic drug in a 30-day time period.	60.00	30.00
LORAZEPAM TAB 0.5 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	120.00	30.00
LORAZEPAM TAB 1 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	120.00	30.00
LORAZEPAM TAB 2 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	60.00	30.00
OXAZEPAM CAP 10 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	60.00	30.00
OXAZEPAM CAP 15 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	60.00	30.00
OXAZEPAM CAP 30 MG	VARIOUS			PA Required for > 1 Anxiolytic drug in a 30-day time period.	60.00	30.00
<b>ANTICONVULSANTS</b>						
<b>ANTICONVULSANTS - BENZODIAZEPINES</b>						
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



## AHCCCS Fee-For-Service TRBHA Behavioral Health Drug List

- Generic Preferred Over Brand, Unless Specified as Brand Only
- Drugs Not On The List Are Message Back To The Pharmacy As PA Required

AHCCCS TRBHA Program Drug List Effective Date: 10/1/2018

Drug Class/Drug Name	Reference Brand Name	Brand Only	Preferred Drug Status	PRIOR AUTHORIZATION REQUIRED	Quantity Limit	QL Days
CLONAZEPAM ORALLY DISINTEGRATING TAB 2 MG	VARIOUS			PA Required for > 1 Anxiolytic Medication in a 30-day time period.	60.00	30.00
<b>ANTICONVULSANTS - MISCELLANEOUS.</b>						
CARBAMAZEPINE CHEWABLE TABLETS	CARBAMAZEPINE					
CARBAMAZEPINE CAPSULE 12-HOUR	CARBATROL					
CARBAMAZEPINE SUSPENSION	TEGRETOL					
CARBAMAZEPINE TABLETS	EPITOL					
CARBAMAZEPINE (ANTIPSYCHOTIC) CAPSULE 12-HOUR	EQUETRO					
CARBAMAZEPINE TABLET 12-HOUR	TEGRETOL-XR					
GABAPENTIN CAPSULES	NEURONTIN					
GABAPENTIN SOLUTION	NEURONTIN					
GABAPENTIN TABLETS	NEURONTIN					
LAMOTRIGINE CHEWABLE TABLETS	LAMICTAL					
LAMOTRIGINE TABLETS	LAMICTAL					
LAMOTRIGINE TABLET 24-HOUR	LAMICTAL XR					
OXCARBAZEPINE SUSPENSION	TRILEPTAL					
OXCARBAZEPINE TABLETS	TRILEPTAL					
TOPIRAMATE TABLETS	TOPAMAX					
DIVALPROEX SODIUM CAPSULE SPRINKLE	DEPAKOTE SPRINKLES					
DIVALPROEX SODIUM TABLET 24-HOUR	DEPAKOTE ER					
DIVALPROEX SODIUM TABLET ENTERIC COATED	DEPAKOTE					
VALPROATE SODIUM SYRUP	DEPAKENE					
VALPROIC ACID CAPSULES	DEPAKENE					
<b>ANTIDEPRESSANTS</b>						
<b>ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)</b>						
MIRTAZAPINE TABLETS	REMERON			PA Required for ages < 6 years	30.00	30.00
MIRTAZAPINE TABLET DISPERSIBLE	REMERON SOLTAB			PA Required for ages < 6 years	30.00	30.00
<b>MONOAMINE OXIDASE INHIBITORS (MAOIS)</b>						
ISOCARBOXAZID TABLETS	MARPLAN			PA Required for ages < 6 years		
PHENELZINE SULFATE TABLETS	NARDIL			PA Required for ages < 6 years		
SELEGILINE PATCH 24-HOUR	EMSAM			PA Required		
TRANLYCPROMINE SULFATE TABLETS	PARNATE			PA Required for ages < 6 years		
<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	BUDEPROPION SR			PA Required for ages < 6 years	60.00	30.00
BUPROPION HCL TABLET 24-HOUR	WELLBUTRIN XL			PA Required for ages < 6 years	30.00	30.00
MAPROTILINE HCL TABLETS	MAPROTILINE HCL			PA Required for ages < 6 years		
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)</b>						
CITALOPRAM HYDROBROMIDE SOLUTION	CITALOPRAM HYDROBROMIDE			PA Required for ages < 6 years	600.00	30.00
CITALOPRAM HYDROBROMIDE TABLETS 10MG	CELEXA			PA Required for Ages < 6 years	60.00	30.00
CITALOPRAM HYDROBROMIDE TABLETS 20MG	CELEXA			PA Required for Ages < 6 years	30.00	30.00
CITALOPRAM HYDROBROMIDE TABLETS 40MG	CELEXA			PA Required for Ages < 6 years	30.00	30.00
ESCITALOPRAM OXALATE SOLUTION	LEXAPRO			PA Required for ages < 6 years	600.00	30.00



## AHCCCS Fee-For-Service TRBHA Behavioral Health Drug List

- Generic Preferred Over Brand, Unless Specified as Brand Only
- Drugs Not On The List Are Message Back To The Pharmacy As PA Required

AHCCCS TRBHA Program Drug List Effective Date: 10/1/2018

Drug Class/Drug Name	Reference Brand Name	Brand Only	Preferred Drug Status	PRIOR AUTHORIZATION REQUIRED	Quantity Limit	QL Days
ESCITALOPRAM OXALATE TABLETS 5MG	LEXAPRO			PA Required for Ages < 6 years	60.00	30.00
ESCITALOPRAM OXALATE TABLETS 10MG	LEXAPRO			PA Required for Ages < 6 years	30.00	30.00
ESCITALOPRAM OXALATE TABLETS 20MG	LEXAPRO			PA Required for Ages < 6 years	30.00	30.00
FLUOXETINE HCL CAPSULES ONLY 10MG	PROZAC			PA Required for Ages < 6 years	60.00	30.00
FLUOXETINE HCL CAPSULES ONLY 20MG	PROZAC			PA Required for Ages < 6 years	120.00	30.00
FLUOXETINE HCL CAPSULES ONLY 40MG	PROZAC			PA Required for Ages < 6 years	60.00	30.00
FLUOXETINE HCL SOLUTION	FLUOXETINE HCL			PA Required for Ages < 6 years	600.00	30.00
FLUOXETINE HCL TABLETS - WEEKLY	PROZAC WEEKLY			PA Required		
FLUVOXAMINE MALEATE CAPSULE 24-HOUR 100MG	LUVOX CR			PA Required for Ages < 6 years	90.00	30.00
FLUVOXAMINE MALEATE CAPSULE 24-HOUR 150MG	LUVOX CR			PA Required for Ages < 6 years	60.00	30.00
FLUVOXAMINE MALEATE TABLETS 25MG	LUVOX			PA Required for Ages < 6 years	60.00	30.00
FLUVOXAMINE MALEATE TABLETS 50MG	LUVOX			PA Required for Ages < 6 years	180.00	30.00
FLUVOXAMINE MALEATE TABLETS 100MG	LUVOX			PA Required for Ages < 6 years	90.00	30.00
PAROXETINE HCL SUSPENSION	PAXIL			PA Required for Ages < 6 years	900.00	30.00
PAROXETINE HCL TABLETS 10MG	PAXIL			PA Required for Ages < 6 years	30.00	30.00
PAROXETINE HCL TABLETS 20MG	PAXIL			PA Required for Ages < 6 years	30.00	30.00
PAROXETINE HCL TABLETS 30MG	PAXIL			PA Required for Ages < 6 years	30.00	30.00
PAROXETINE HCL TABLETS 40MG	PAXIL			PA Required for Ages < 6 years	45.00	30.00
PAROXETINE HCL TABLET 24-HOUR	PAXIL CR			PA Required for Ages < 6 years	90.00	30.00
PAROXETINE MESYLATE TABLETS	PEXEVA			PA Required		
SERTRALINE HCL CONCENTRATE	ZOLOFT			PA Required for Ages < 6 years	300.00	30.00
SERTRALINE HCL TABLETS 25MG	ZOLOFT			PA Required for Ages < 6 years	90.00	30.00
SERTRALINE HCL TABLETS 50MG	ZOLOFT			PA Required for Ages < 6 years	120.00	30.00
SERTRALINE HCL TABLETS 100MG	ZOLOFT			PA Required for Ages < 6 years	60.00	30.00
VILAZODONE HCL TABLETS	VIIBRYD			PA Required		
<b>SEROTONIN MODULATORS</b>						
NEFAZODONE 50MG	VARIOUS			PA Required for Ages < 6 years	60.00	30.00
NEFAZODONE 100MG	VARIOUS			PA Required for Ages < 6 years	60.00	30.00
NEFAZODONE 150MG	VARIOUS			PA Required for Ages < 6 years	120.00	30.00
NEFAZODONE 200MG	VARIOUS			PA Required for Ages < 6 years	90.00	30.00
NEFAZODONE 250MG	VARIOUS			PA Required for Ages < 6 years	60.00	30.00
TRAZODONE HCL TABLETS 50MG	TRAZODONE HCL			PA Required for Ages < 6 years	90.00	30.00
TRAZODONE HCL TABLETS 100MG	TRAZODONE HCL			PA Required for Ages < 6 years	120.00	30.00
TRAZODONE HCL TABLETS 150MG	TRAZODONE HCL			PA Required for Ages < 6 years	60.00	30.00
TRAZODONE HCL TABLETS 300MG	TRAZODONE HCL			PA Required for Ages < 6 years	30.00	30.00
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRI)</b>						
DESVENLAFAXINE SUCCINATE TABLET SR 24HR 25 MG (BASE EQUIV)	PRISTIQ			PA Required for Ages < 6 years	120.00	30.00
DESVENLAFAXINE SUCCINATE TABLET SR 24HR 50 MG (BASE EQUIV)	PRISTIQ			PA Required for Ages < 6 years	120.00	30.00
DESVENLAFAXINE SUCCINATE TABLET SR 24HR 100 MG (BASE EQUIV)	PRISTIQ			PA Required for Ages < 6 years	120.00	30.00
DULOXETINE HCL CAPSULE DELAYED RELEASE 20MG	CYMBALTA			PA Required for Ages < 6 years	120.00	30.00
DULOXETINE HCL CAPSULE DELAYED RELEASE 30MG	CYMBALTA			PA Required for Ages < 6 years	120.00	30.00
DULOXETINE HCL CAPSULE DELAYED RELEASE 60MG	CYMBALTA			PA Required for Ages < 6 years	60.00	30.00
VENLAFAXINE HCL CONTROLLED RELEASE - CAPSULES ONLY 37.5MG	EFFEXOR XR			PA Required for Ages < 6 years	90.00	30.00



# AHCCCS Fee-For-Service TRBHA Behavioral Health Drug List

• Generic Preferred Over Brand, Unless Specified as Brand Only

AHCCCS TRBHA Program Drug List Effective Date: 10/1/2018

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

Drug Class/Drug Name	Reference Brand Name	Brand Only	Preferred Drug Status	PRIOR AUTHORIZATION REQUIRED	Quantity Limit	QL Days
VENLAFAXINE HCL CONTROLLED RELEASE - CAPSULES ONLY 75MG	EFFEXOR XR			PA Required for Ages < 6 years	90.00	30.00
VENLAFAXINE HCL CONTROLLED RELEASE - CAPSULES ONLY 150MG	EFFEXOR XR			PA Required for Ages < 6 years	30.00	30.00
VENLAFAXINE HCL TABLETS - IMMEDIATE RELEASE ONLY 25MG	VENLAFAXINE HCL			PA Required for Ages < 6 years	120.00	30.00
VENLAFAXINE HCL TABLETS - IMMEDIATE RELEASE ONLY 37.5MG	VENLAFAXINE HCL			PA Required for Ages < 6 years	90.00	30.00
VENLAFAXINE HCL TABLETS - IMMEDIATE RELEASE ONLY 50MG	VENLAFAXINE HCL			PA Required for Ages < 6 years	90.00	30.00
VENLAFAXINE HCL TABLETS - IMMEDIATE RELEASE ONLY 75MG	VENLAFAXINE HCL			PA Required for Ages < 6 years	150.00	30.00
VENLAFAXINE HCL TABLETS - IMMEDIATE RELEASE ONLY 100MG	VENLAFAXINE HCL			PA Required for Ages < 6 years	90.00	30.00
<b>TRICYCLIC AGENTS</b>						
AMITRIPTYLINE HCL TABLETS	AMITRIPTYLINE HCL			PA Required for ages < 6 years		
AMOXAPINE TABLETS	AMOXAPINE			PA Required for ages < 6 years		
CLOMIPRAMINE HCL CAPSULES	ANAFRANIL			PA Required for ages < 6 years		
DESIPRAMINE HCL TABLETS	NORPRAMIN			PA Required for ages < 6 years		
DOXEPIN HCL CAPSULES	DOXEPIN HCL			PA Required for ages < 6 years	90.00	30.00
DOXEPIN HCL CONCENTRATE	DOXEPIN HCL			PA Required for ages < 6 years	180.00	30.00
IMIPRAMINE HCL TABLETS	TOFRANIL			PA Required for ages < 6 years		
IMIPRAMINE PAMOATE CAPSULES	TOFRANIL-PM			PA Required for ages < 6 years		
NORTRIPTYLINE HCL CAPSULES	PAMELOR			PA Required for ages < 6 years		
NORTRIPTYLINE HCL SOLUTION	NORTRIPTYLINE HCL			PA Required for ages < 6 years		
PROTRIPTYLINE HCL TABLETS	VIVACTIL			PA Required for ages < 6 years		
TRIMIPRAMINE MALEATE CAPSULES	SURMONTIL			PA Required for ages < 6 years		
<b>ANTIDOTES</b>						
<b>OPIOID ANTAGONISTS</b>						
NALOXONE HCL SOLUTION + SYRINGE	NALOXONE HCL + SYRINGE		Preferred Drug			
NALOXONE HCL NASAL SPRAY	NARCAN NASAL SPRAY		Preferred Drug			
NALTREXONE HCL TABLETS	NALTREXONE HCL		Preferred Drug			
NALTREXONE SUSPENSION	VIVITROL		Preferred Drug			
<b>ANTIHISTAMINES</b>						
<b>ANTIHISTAMINES - ETHANOLAMINES</b>						
DIPHENHYDRAMINE HCL CAPSULES	VARIOUS					
DIPHENHYDRAMINE HCL CHEWABLE TABLETS	VARIOUS					
DIPHENHYDRAMINE HCL ELIXIR	VARIOUS					
DIPHENHYDRAMINE HCL LIQUID	VARIOUS					
DIPHENHYDRAMINE HCL STRIP - REMOVE	VARIOUS					
DIPHENHYDRAMINE HCL SUSPENSION	VARIOUS					
DIPHENHYDRAMINE HCL SYRUP	VARIOUS					
DIPHENHYDRAMINE HCL TABLETS	VARIOUS					
DIPHENHYDRAMINE HCL TABLET DISPERSIBLE - REMOVE	VARIOUS					
<b>ANTIHISTAMINES - PIPERIDINES</b>						
CYPROHEPTADINE HCL SYRUP	CYPROHEPTADINE HCL					
CYPROHEPTADINE HCL TABLETS	CYPROHEPTADINE HCL					
<b>ANTIHYPERTENSIVES</b>						
<b>ANTIADRENERGIC ANTIHYPERTENSIVES</b>						
PRAZOSIN HCL CAPSULES	MINIPRESS					



## AHCCCS Fee-For-Service TRBHA Behavioral Health Drug List

- Generic Preferred Over Brand, Unless Specified as Brand Only
- Drugs Not On The List Are Message Back To The Pharmacy As PA Required

AHCCCS TRBHA Program Drug List Effective Date: 10/1/2018

Drug Class/Drug Name	Reference Brand Name	Brand Only	Preferred Drug Status	PRIOR AUTHORIZATION REQUIRED	Quantity Limit	QL Days
<b>ANTIPARKINSON AGENTS</b>						
<b>ANTIPARKINSON ANTICHOLINERGICS</b>						
BENZTROPINE MESYLATE SOLUTION	COGENTIN					
BENZTROPINE MESYLATE TABLETS	BENZTROPINE MESYLATE					
TRIHEXYPHENIDYL HCL ELIXIR	TRIHEXYPHENIDYL HCL					
TRIHEXYPHENIDYL HCL TABLETS	TRIHEXYPHENIDYL HCL					
<b>ANTIPARKINSON DOPAMINERGICS</b>						
AMANTADINE HCL CAPSULES	AMANTADINE HCL					
AMANTADINE HCL SYRUP	AMANTADINE HCL					
AMANTADINE HCL TABLETS	AMANTADINE HCL					
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS</b>						
<b>ANTIMANIC AGENTS</b>						
LITHIUM CARBONATE CAPSULES	LITHIUM CARBONATE					
LITHIUM CARBONATE TABLETS	LITHIUM CARBONATE					
LITHIUM CARBONATE TABLE CONTROLLED RELEASE	LITHOBID					
LITHIUM SOLUTION	LITHIUM					
<b>ANTIPSYCHOTICS - SECOND GENERATION - ATYPICAL ORAL AGENTS</b>						
ARIPIRAZOLE TABLETS	ABILIFY		Preferred Drug	PA Required for Ages < 6 years	30.00	30.00
ARIPIRAZOLE ORALLY DISPERSABLE TABLET	ABILIFY		Preferred Drug	PA Required for Ages < 6 years	30.00	30.00
ARIPIRAZOLE SOLUTION	ABILIFY		Preferred Drug	PA Required for Ages < 6 years	150.00	30.00
<b>ASENAPINE MALEATE SUBLINGUAL</b>	<b>SAPHRIS</b>	Brand Only	Preferred Drug	PA Required for Ages < 6 years	60.00	30.00
CLOZAPINE ORALLY DISPERSABLE TABLET	FAZACLO		Preferred Drug	PA Required for Ages < 18 years	150.00	30.00
CLOZAPINE TABLETS	CLOZARIL		Preferred Drug	PA Required for Ages < 18 years	150.00	30.00
<b>LURASIDONE HCL TABS</b>	<b>LATUDA</b>	Brand Only	Preferred Drug	PA Required for Ages < 6 years	30.00	30.00
OLANZAPINE ORALLY DISPERSABLE TABLET 5MG	ZYPREXA ZYDIS		Preferred Drug	PA Required for Ages < 6 years	60.00	30.00
OLANZAPINE ORALLY DISPERSABLE TABLET 10MG	ZYPREXA ZYDIS		Preferred Drug	PA Required for Ages < 6 years	60.00	30.00
OLANZAPINE ORALLY DISPERSABLE TABLET 15MG	ZYPREXA ZYDIS		Preferred Drug	PA Required for Ages < 6 years	30.00	30.00
OLANZAPINE ORALLY DISPERSABLE TABLET 20MG	ZYPREXA ZYDIS		Preferred Drug	PA Required for Ages < 6 years	30.00	30.00
OLANZAPINE TABLETS	ZYPREXA		Preferred Drug	PA Required for Ages < 6 years	30.00	30.00
QUETIAPINE FUMARATE TABLETS	SEROQUEL		Preferred Drug	PA Required for Ages < 6 years	60.00	30.00
RISPERIDONE ORALLY DISPERSABLE TABLET	RISPERIDONE ODT		Preferred Drug	PA Required for Ages < 6 years	60.00	30.00
RISPERIDONE ORAL SOLUTION	RISPERDAL		Preferred Drug	PA Required for Ages < 6 years	240.00	30.00
RISPERIDONE TABLETS	RISPERDAL		Preferred Drug	PA Required for Ages < 6 years	60.00	30.00
ZIPRASIDONE HCL CAPSULES	GEODON		Preferred Drug	PA Required for Ages < 6 years	60.00	30.00
<b>ANTIPSYCHOTICS - SECOND GENERATION - ATYPICAL LONG ACTING INJECTABLES</b>						
ARIPIRAZOLE LAUROXIL	ARISTADA	Brand Only	Preferred Drug	PA Required for Ages < 18 years	1.00	30.00
ARIPIRAZOLE LAUROXIL PREFILLED SYRINGE	ARISTADA INITIO	Brand Only	Preferred Drug	PA Required for Ages < 18 years	2.00	365.00
ARIPIRAZOLE SUSPENSION	ABILIFY MAINTENA	Brand Only	Preferred Drug	PA Required for Ages < 18 years	1.00	30.00
PALIPERIDONE PALMITATE SUSPENSION	INVEGA SUSTENNA	Brand Only	Preferred Drug	PA Required for Ages < 18 years	1.00	30.00
PALIPERIDONE PALMITATE SUSPENSION	INVEGA TRINZA	Brand Only	Preferred Drug	PA Required for Ages < 18 years	1.00	90.00
RISPERIDONE MICROSPHERES SUSPENSION	RISPERDAL CONSTA	Brand Only	Preferred Drug	PA Required for Ages < 18 years	2.00	30.00
<b>ANTIPSYCHOTICS - FIRST GENERATION - TYPICAL ORAL AGENTS</b>						
CHLORPROMAZINE HCL SOLUTION	VARIOUS			PA Required for Ages < 6 years		





## AHCCCS Fee-For-Service TRBHA Behavioral Health Drug List

- Generic Preferred Over Brand, Unless Specified as Brand Only
- Drugs Not On The List Are Message Back To The Pharmacy As PA Required

AHCCCS TRBHA Program Drug List Effective Date: 10/1/2018

Drug Class/Drug Name	Reference Brand Name	Brand Only	Preferred Drug Status	PRIOR AUTHORIZATION REQUIRED	Quantity Limit	QL Days
CHLORPROMAZINE HCL TABLETS	VARIOUS			PA Required for Ages < 6 years		
FLUPHENAZINE HCL CONCENTRATE	VARIOUS			PA Required for Ages < 6 years		
FLUPHENAZINE HCL ELIXIR	VARIOUS			PA Required for Ages < 6 years		
FLUPHENAZINE HCL TABLETS	VARIOUS			PA Required for Ages < 6 years		
HALOPERIDOL LACTATE CONCENTRATE	VARIOUS			PA Required for Ages < 6 years		
HALOPERIDOL TABLETS	VARIOUS			PA Required for Ages < 6 years		
LOXAPINE SUCCINATE CAPSULES	LOXITANE			PA Required for Ages < 6 years		
PERPHENAZINE TABLETS	VARIOUS			PA Required for Ages < 6 years		
PIMOZIDE	ORAP			PA Required for Ages < 6 years		
THIORIDAZINE HCL TABLETS	VARIOUS			PA Required for Ages < 6 years		
THIOTHIXENE CAPSULES	VARIOUS			PA Required for Ages < 6 years		
TRIFLUOPERAZINE HCL TABLETS	VARIOUS			PA Required for Ages < 6 years		
<b>ANTIPSYCHOTICS - FIRST GENERATION - TYPICAL -LONG ACTING INJECTIONS</b>						
FLUPHENAZINE DECANOATE SOLUTION	FLUPHENAZINE DECANOATE			PA Required for Ages < 18 years		
HALOPERIDOL DECANOATE SOLUTION	HALDOL DECANOATE			PA Required for Ages < 18 years		
<b>BETA BLOCKERS</b>						
<b>BETA BLOCKERS NON-SELECTIVE</b>						
NADOLOL TABLETS	CORGARD					
PROPRANOLOL HCL CAPSULE 24-HOUR	INDERAL LA				30.00	30.00
PROPRANOLOL HCL SOLUTION	PROPRANOLOL HCL					
PROPRANOLOL HCL TABLETS	PROPRANOLOL HCL					
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENT</b>						
<b>ANTI-HISTAMINE HYPNOTICS</b>						
DIPHENHYDRAMINE HCL (SLEEP) CAPSULES	VARIOUS					
DIPHENHYDRAMINE HCL (SLEEP) LIQUID	VARIOUS					
DIPHENHYDRAMINE HCL (SLEEP) TABLETS	VARIOUS					
DIPHENHYDRAMINE HCL (SLEEP) TABLET DISPERSIBLE	VARIOUS					
<b>HYPNOTICS - TRICYCLIC AGENTS</b>						
DOXEPIN HCL (SLEEP) TABLETS	SILENOR			PA Required		
<b>NON-BARBITURATE HYPNOTICS</b>						
TEMAZEPAM CAPSULES 15MG & 30MG	RESTORIL			PA Required for > 1 Hypnotic	30.00	30.00
ZOLPIDEM TARTRATE TABLETS 5MG	AMBIEN			PA Required for > 1 Hypnotic	60.00	30.00
ZOLPIDEM TARTRATE TABLETS 10MG	AMBIEN			PA Required for > 1 Hypnotic	30.00	30.00
<b>SELECTIVE MELATONIN RECEPTOR AGONISTS</b>						
RAMELTEON TABLETS	ROZEREM			Patient must have tried Temazepam and Zolpidem		
<b>LAXATIVES</b>						
<b>BULK LAXATIVES</b>						
FIBER CAPSULES	ADVANCED FIBER COMPLEX/ACIDOPHILUS					
FIBER CHEWABLE TABLETS	FIBER SELECT GUMMIES					
FIBER POWDER	FIBER					
FIBER TABLETS	FIBER COMPLETE					



## AHCCCS Fee-For-Service TRBHA Behavioral Health Drug List

- Generic Preferred Over Brand, Unless Specified as Brand Only
- Drugs Not On The List Are Message Back To The Pharmacy As PA Required

AHCCCS TRBHA Program Drug List Effective Date: 10/1/2018

Drug Class/Drug Name	Reference Brand Name	Brand Only	Preferred Drug Status	PRIOR AUTHORIZATION REQUIRED	Quantity Limit	QL Days
METHYLCELLULOSE (LAXATIVE) POWDER	CITRUCEL FIBER LAXATIVE					
METHYLCELLULOSE (LAXATIVE) TABLETS	CITRUCEL					
PSYLLIUM CAPSULES	NAT-RUL PSYLLIUM SEED HUSKS					
PSYLLIUM PACK	METAMUCIL SMOOTH TEXTURE					
PSYLLIUM WAFER	METAMUCIL					
<b>LAXATIVES - MISCELLANEOUS</b>						
LACTULOSE SOLUTION	LACTULOSE					
<b>SALINE LAXATIVES</b>						
MAGNESIUM CITRATE SOLUTION	CITROMA					
MAGNESIUM OXIDE (LAXATIVE) TABLETS	PHILLIPS					
<b>STIMULANT LAXATIVES</b>						
BISACODYL ENEMA	FLEET BISACODYL					
BISACODYL SUPPOSITORY	BISAC-EVAC					
BISACODYL TABLET ENTERIC COATED	ALOPHEN					
CASCARA SAGRADA CAPSULES	CASCARA SAGRADA					
CASCARA SAGRADA TABLETS	CASCARA SAGRADA					
SENNA LEAV	SENNA LEAVES					
SENNA SYRUP	SENNA					
SENNOSIDES CAPSULES	SENNA					
<b>SURFACTANT LAXATIVES</b>						
DOCUSATE SODIUM CAPSULES	COLACE					
DOCUSATE SODIUM TABLETS	DOK					
DOCUSATE SODIUM LIQUID	PEDIA-LAX					
DOCUSATE SODIUM SYRUP	DIOCTO					
<b>MOUTH/THROAT/DENTAL AGENTS</b>						
<b>THROAT PRODUCTS - MISCELLANEOUS.</b>						
ARTIFICIAL SALIVA KIT	ORAL RELIEF FOR DRY MOUTH & DISCOMFORT					
ARTIFICIAL SALIVA LOZENGE	ACT DRY MOUTH					
ARTIFICIAL SALIVA SOLUTION	BIOTENE MOISTURIZING MOUTH SPRAY					
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENT</b>						
<b>AGENTS FOR CHEMICAL DEPENDENCY</b>						
ACAMPROSATE CALCIUM TABLET ENTERIC COATED	VARIOUS					
DISULFIRAM TABLETS	VARIOUS					
<b>POSTHERPETIC NEURALGIA (PHN) AGENTS</b>						
GABAPENTIN (ONCE-DAILY) TABLETS	GRALISE			PA Required		
<b>RESTLESS LEG SYNDROME (RLS) AGENTS</b>						
GABAPENTIN ENACARBIL TABLETS ER	HORIZANT			PA Required		
PIMOZIDE TABLETS	ORAP			PA Required for < 12 Years of Age		
<b>THYROID AGENTS</b>						
<b>THYROID HORMONES</b>						
LEVOTHYROXINE SODIUM TABLETS	LEVO-T				30.00	30.00



## AHCCCS Fee-For-Service TRBHA Behavioral Health Drug List

- Generic Preferred Over Brand, Unless Specified as Brand Only
- Drugs Not On The List Are Message Back To The Pharmacy As PA Required

AHCCCS TRBHA Program Drug List Effective Date: 10/1/2018

Drug Class/Drug Name	Reference Brand Name	Brand Only	Preferred Drug Status	PRIOR AUTHORIZATION REQUIRED	Quantity Limit	QL Days
LIOTHYRONINE SODIUM TABLETS	CYTOMEL				30.00	30.00
<b>VITAMINS</b>						
<b>OIL SOLUBLE VITAMINS</b>						
VITAMIN E CAPSULES	VITAMIN E					
VITAMIN E CHEWABLE TABLETS	KEY-E					
<b>WATER SOLUBLE VITAMINS</b>						
NIACIN CAPSULE CONTROLLED RELEASE	NIACIN					
NIACIN TABLETS	NIACIN					
NIACIN TABLET CONTROLLED RELEASE	ENDUR-ACIN					
PYRIDOXINE HCL CAPSULES	NEURO-K-250 T.D.					
PYRIDOXINE HCL TABLETS	PYRIDOXINE HCL					
THIAMINE HCL TABLETS	VITAMIN B-1					