

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2017

- Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As Brand Only
- Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List Are Available Through Prior Authorization

Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Type	Step Therapy Requirements	Quantity Limit (QL)	QL Days
ADHD/ANTI-NARCOLEPSY							
ADHD AGENTS							
Amphetamines							
AMPHETAMINE-DEXTROAMPHETAMINE CAPSULE 24-HOUR	ADDERALL XR	Brand Only	Preferred Drug	PA Required for Ages < 6 years		30	30
AMPHETAMINE-DEXTROAMPHETAMINE TABLETS	ADDERALL	Brand & Generic	Preferred Drug	PA Required for Ages < 6 years		60	30
DEXTROAMPHETAMINE SULFATE CAPSULE 24-HOUR	VARIOUS		Preferred Drug	PA Required for Ages < 6 years		60	30
DEXTROAMPHETAMINE SULFATE TABLETS	VARIOUS		Preferred Drug	PA Required for Ages < 6 years		60	30
LISDEXAMFETAMINE DIMESYLATE CAPSULES	VYVANSE	Brand Only	Preferred Drug	PA Required for Ages < 6 years		30	30
Stimulants							
DEXMETHYLPHENIDATE HCL CAPSULE 24-HOUR	FOCALIN XR	Brand Only	Preferred Drug	PA Required for Ages < 6 years		60	30
DEXMETHYLPHENIDATE HCL TABLETS	FOCALIN	Brand Only	Preferred Drug	PA Required for Ages < 6 years		60	30
METHYLPHENIDATE HCL CHEWABLE TABLETS	METHYLIN	Brand Only	Preferred Drug	PA Required for Ages < 6 years		90	30
METHYLPHENIDATE HCL CHEWABLE TABLETS EXTENDED RELEASE	QUILLICHEW ER	Brand Only	Preferred Drug	PA Required for Ages < 6 years		30	30
METHYLPHENIDATE HCL CAPSULE 24-HOUR	RITALIN LA 10MG	Brand Only	Preferred Drug	PA Required for Ages < 6 years		30	30
METHYLPHENIDATE HCL CAPSULE 24-HOUR	APTENSIO XR	Brand Only	Preferred Drug	PA Required for Ages < 6 years		30	30
METHYLPHENIDATE HCL CAPSULE CONTROLLED RELEASE	METADATE CD		Preferred Drug	PA Required for Ages < 6 years		30	30
METHYLPHENIDATE PATCH	DAYTRANA	Brand Only	Preferred Drug	PA Required for Ages < 6 years		30	30
METHYLPHENIDATE HCL SOLUTION	METHYLIN	Brand Only	Preferred Drug	PA Required for Ages < 6 years		300	30
METHYLPHENIDATE HCL SUSPENSION	QUILLIVANT XR	Brand Only	Preferred Drug	PA Required for Ages < 6 years		150	30
METHYLPHENIDATE HCL TABLETS	VARIOUS		Preferred Drug	PA Required for Ages < 6 years		90	30
METHYLPHENIDATE HCL TABLET 24-HOUR	METHYLPHENIDATE HCL ER		Preferred Drug	PA Required for Ages < 6 years		60	30
METHYLPHENIDATE HCL TABLET CONTROLLED RELEASE	METHYLPHENIDATE HCL ER		Preferred Drug	PA Required for Ages < 6 years		60	30
Miscellaneous Agents							
ATOMOXETINE HCL CAPSULES	STRATTERA	Brand Only	Preferred Drug	PA Required for Ages < 6 years		30	30
Central Alpha-Agonists							
clonidine hcl	Catapres			PA Required for Ages < 6 years			
clonidine hcl transdermal patch	Catapres Patches			PA Required for Ages < 6 years		4	28

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2017

- Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As Brand Only
- Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List Are Available Through Prior Authorization

Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Type	Step Therapy Requirements	Quantity Limit (QL)	QL Days
CLONIDINE HCL (ADHD) TABLET 12-HOUR	KAPVAY	Brand Only	Preferred Drug	PA Required for Ages < 6 years		120	30
GUANFACINE HCL (ADHD) TABLET 24-HOUR	GUANFACINE ER		Preferred Drug	PA Required for Ages < 6 years		30	30
guanfacine hcl	Tenex			PA Required for Ages < 6 years			
AMINOGLYCOSIDES							
AMINOGLYCOSIDES							
NEOMYCIN SULFATE TABLETS	NEOMYCIN SULFATE						
INHALED ANTIBIOTICS							
TOBRAMYCIN NEBULIZED	BETHKIS		Preferred Drug	PA Required			
TOBRAMYCIN NEBULIZED	KITABIS		Preferred Drug	PA Required			
ANALGESICS - ANTI-INFLAMMATORY							
ANTIRHEUMATIC ANTIMETABOLITES							
METHOTREXATE SODIUM TABLETS	RHEUMATREX						
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)							
CELECOXIB CAPSULES	CELEBREX			PA Required			
DICLOFENAC SODIUM TABLET 24-HOUR	VOLTAREN-XR						
DICLOFENAC SODIUM TABLET ENTERIC COATED	VOLTAREN						
ETODOLAC CAPSULES	VARIOUS						
ETODOLAC TABLETS	VARIOUS						
FENOPROFEN CALCIUM CAPSULES	NALFON						
FENOPROFEN CALCIUM TABLETS	FENOPROFEN CALCIUM						
FLURBIPROFEN TABLETS	FLURBIPROFEN						
IBUPROFEN CAPSULES	ADVIL						
IBUPROFEN CHEWABLE TABLETS	CHILDRENS MOTRIN						
IBUPROFEN SUSPENSION	CHILDRENS MOTRIN						
IBUPROFEN TABLETS	ADVIL						
INDOMETHACIN CAPSULES	VARIOUS						
INDOMETHACIN CAPSULE CONTROLLED RELEASE	INDOMETHACIN CR						
INDOMETHACIN SUPPOSITORY	INDOCIN						
INDOMETHACIN SUSPENSION	INDOCIN						
KETOPROFEN CAPSULES	ORUDIS						
KETOROLAC TROMETHAMINE TABLETS	KETOROLAC TROMETHAMINE					20	30
MELOXICAM SUSPENSION	MOBIC						
MELOXICAM TABLETS	MOBIC						

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2017

- Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As Brand Only
- Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List Are Available Through Prior Authorization

Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Type	Step Therapy Requirements	Quantity Limit (QL)	QL Days
NABUMETONE TABLETS	NABUMETONE						
NAPROXEN SODIUM TABLETS	ALEVE. ANAPROX						
NAPROXEN SUSPENSION	NAPROSYN						
NAPROXEN TABLETS	NAPROSYN						
OXAPROZIN TABLETS	DAYPRO						
PIROXICAM CAPSULES	FELDENE						
SULINDAC TABLETS	SULINDAC						
PYRIMIDINE SYNTHESIS INHIBITORS							
LEFLUNOMIDE TABLETS	ARAVA						
CYTOKINE & CAM ANTAGONIST AGENTS							
ADALIMUMAB	HUMIRA		Preferred Drug	PA Required			
ETANERCEPT	ENBREL		Preferred Drug	PA Required			
ANALGESICS - NONNARCOTIC							
ANALGESIC COMBINATIONS							
BUTALBITAL-ACETAMINOPHEN-CAFFEINE CAPSULES	FIORICET						
BUTALBITAL-ACETAMINOPHEN-CAFFEINE TABLETS	ESGIC						
BUTALBITAL-ASPIRIN-CAFFEINE CAPSULES	FIORINAL						
BUTALBITAL-ASPIRIN-CAFFEINE TABLETS	BUTAL/ASA/CAFF						
ANALGESICS OTHER							
ACETAMINOPHEN CAPSULES	VARIOUS						
ACETAMINOPHEN CHEWABLE TABLETS	VARIOUS						
ACETAMINOPHEN ELIXIR	VARIOUS						
ACETAMINOPHEN LIQUID	VARIOUS						
ACETAMINOPHEN SUPPOSITORY	FEVERALL INFANTS						
ACETAMINOPHEN SUSPENSION	TYLENOL INFANTS						
SALICYLATES							
ASPIRIN CHEWABLE TABLETS	VARIOUS						
ASPIRIN SUPPOSITORY	VARIOUS						
ASPIRIN TABLETS	VARIOUS						
DIFLUNISAL TABLETS	DIFLUNISAL						
SALSALATE TABLETS	DISALCID						
ANALGESICS - OPIOID							
LONG-ACTING OPIOID AGONISTS							

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2017

- Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As Brand Only
- Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List Are Available Through Prior Authorization

Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Type	Step Therapy Requirements	Quantity Limit (QL)	QL Days
FENTANYL PATCH 72-HOUR 12mcg, 25mcg, 50mcg, 75mcg & 100mcg	DURAGESIC 12mcg, 25mcg, 50mcg, 75mcg & 100mcg		Preferred Drug	PA Required			
HYDROCODONE BITARTRATE TABLET ER 24 HOUR ABUSE DETERRENT	HYSINGLA ER	Brand Only	Preferred Drug	PA Required			
MORPHINE-NALTREXONE CAPSULE CONTROLLED RELEASE RELEASE	EMBEDA		Preferred Drug	PA Required			
MORPHINE SULFATE TABLET CONTROLLED RELEASE	MS CONTIN		Preferred Drug	PA Required			
OXYCODONE HCL TABLET 12-HOUR ABUSE DETERRANT	OXYCONTIN	Brand Only	Preferred Drug	PA Required			
BUPRENORPHINE PATCH WEEKLY	BUTRANS		Preferred Drug	PA Required			
SHORT-ACTING OPIOID AGONISTS							
HYDROMORPHONE HCL LIQUID	DILAUDID			PA Required for > 2 Short Acting Narcotics			
HYDROMORPHONE HCL SUPPOSITORY	HYDROMORPHONE HCL			PA Required for > 2 Short Acting Narcotics			
HYDROMORPHONE HCL TABLETS	DILAUDID			PA Required for > 2 Short Acting Narcotics			
MEPERIDINE HCL TABLETS	DEMEROL			PA Required for > 2 Short Acting Narcotics			
MORPHINE SULFATE SOLUTION	MORPHINE SULFATE			PA Required for > 2 Short Acting Narcotics			
MORPHINE SULFATE SUPPOSITORY	MORPHINE SULFATE			PA Required for > 2 Short Acting Narcotics			
MORPHINE SULFATE TABLETS	MORPHINE SULFATE			PA Required for > 2 Short Acting Narcotics			
OXYCODONE HCL CAPSULES	OXYCODONE HCL			PA Required for > 2 Short Acting Narcotics			
OXYCODONE HCL CONCENTRATE	OXYCODONE HCL			PA Required for > 2 Short Acting Narcotics			
OXYCODONE HCL SOLUTION	OXYCODONE HCL			PA Required for > 2 Short Acting Narcotics			

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2017

- Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As Brand Only
- Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List Are Available Through Prior Authorization

Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Type	Step Therapy Requirements	Quantity Limit (QL)	QL Days
OXYCODONE HCL TABLETS	ROXICODONE			PA Required for > 2 Short Acting Narcotics			
TRAMADOL HCL TABLETS	ULTRAM			PA Required for > 2 Short Acting Narcotics			
OPIOID COMBINATIONS							
ACETAMINOPHEN W/ CODEINE SOLUTION	ACETAMINOPHEN/CODEINE			PA Required for > 2 Short Acting Narcotics			
ACETAMINOPHEN W/ CODEINE TABLETS	ACETAMINOPHEN/CODEINE			PA Required for > 2 Short Acting Narcotics			
BUTALBITAL-ACETAMINOPHEN-CAFFEINE W/ CODEINE CAPSULES	FIORICET/CODEINE			PA Required for > 2 Short Acting Narcotics			
BUTALBITAL-ASPIRIN-CAFFEINE W/COD CAPSULES	ASCOMP/CODEINE			PA Required for > 2 Short Acting Narcotics			
HYDROCODONE-ACETAMINOPHEN CAPSULES	HYDROGESIC			PA Required for > 2 Short Acting Narcotics			
HYDROCODONE-ACETAMINOPHEN SOLUTION	HYCET			PA Required for > 2 Short Acting Narcotics			
HYDROCODONE-ACETAMINOPHEN TABLETS	VERDROCET			PA Required for > 2 Short Acting Narcotics			
HYDROCODONE-IBUPROFEN TABLETS	REPREXAIN			PA Required for > 2 Short Acting Narcotics			
OXYCODONE W/ ACETAMINOPHEN CAPSULES	OXYCODONE/ ACETAMINOPHEN			PA Required for > 2 Short Acting Narcotics			
OXYCODONE W/ ACETAMINOPHEN SOLUTION	ROXICET			PA Required for > 2 Short Acting Narcotics			
OXYCODONE W/ ACETAMINOPHEN TABLETS	ENDOCET			PA Required for > 2 Short Acting Narcotics			

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2017

- Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As Brand Only
- Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List Are Available Through Prior Authorization

Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Type	Step Therapy Requirements	Quantity Limit (QL)	QL Days
OXYCODONE-IBUPROFEN TABLETS	OXYCODONE/IBUPROFEN			PA Required for > 2 Short Acting Narcotics			
OPIOID AGONISTS							
NALOXONE VIAL AND SYRINGE	VARIOUS		Preferred Drug				
NALOXONE NASAL SPRAY	NARCAN NASAL SPRAY		Preferred Drug				
NALTREXONE	REVIA			Long Term Care Only			
NALTREXONE	VIVITROL			Long Term Care Only			
OPIOID AGONISTS/PARTIAL AGONISTS							
BUPRENORPHINE/Naloxine	SUBOXONE FILM			Long Term Care Only			
METHADONE	VARIOUS			Long Term Care Only -Please refer to the AHCCCS Behavioral Health Drug List. Only available at an Opioid Treatment Center			
MISCELLANEOUS AGENTS							
ACAMPROSATE	CAMPRAL			Long Term Care Only			
DISULFIRAM	ANTABUSE			Long Term Care Only			
ANDROGENS-ANABOLIC							
ANDROGENS							
DANAZOL CAPSULES	DANAZOL						
FLUOXYMESTERONE TABLETS	ANDROXY						
TESTOSTERONE CYPIONATE SOLUTION	DEPO-TESTOSTERONE			PA Required			
TESTOSTERONE ENANTHATE SOLUTION	TESTOSTERONE ENANTHATE			PA Required			
TESTOSTERONE GEL	ANDROGEL			PA Required			
TESTOSTERONE PATCH	ANDRODERM			PA Required			
TESTOSTERONE SOLUTION	AXIRON			PA Required			
ANORECTAL AGENTS							
INTRARECTAL STEROIDS							
HYDROCORTISONE (INTRARECTAL) ENEMA	COLOCORT						
HYDROCORTISONE ACETATE (INTRARECTAL) FOAM	CORTIFOAM						
RECTAL STEROIDS							
HYDROCORTISONE (RECTAL) CREAM	PROCTOCORT						

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2017

- Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As Brand Only
- Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List Are Available Through Prior Authorization

Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Type	Step Therapy Requirements	Quantity Limit (QL)	QL Days
ANTHELMINTICS							
ANTHELMINTICS							
ALBENDAZOLE TABLETS	ALBENZA			PA Required			
IVERMECTIN TABLETS	STROMECTOL			PA Required			
PRAZICQUANTEL TABLETS	BILTRICIDE						
ANTIANGINAL AGENTS							
ANTIANGINALS-OTHER							
RANOLAZINE TABLET 12-HOUR	RANEXA			PA Required			
NITRATES							
ISOSORBIDE DINITRATE CAPSULE CONTROLLED RELEASE	DILATRATE SR						
ISOSORBIDE DINITRATE SUBLINGUAL	ISOSORBIDE DINITRATE						
ISOSORBIDE DINITRATE TABLETS	ISORDIL TITRADOSE						
ISOSORBIDE DINITRATE TABLET CONTROLLED RELEASE	ISOSORBIDE DINITRATE ER						
ISOSORBIDE MONONITRATE TABLETS	ISOSORBIDE MONONITRATE						
ISOSORBIDE MONONITRATE TABLET 24-HOUR	IMDUR						
NITROGLYCERIN CAPSULE CONTROLLED RELEASE	NITRO-TIME						
NITROGLYCERIN OINTMENT	NITRO-BID						
NITROGLYCERIN PATCH 24-HOUR	NITRO-DUR						
NITROGLYCERIN SUBLINGUAL	NITROSTAT						
ANTIANGIETY AGENTS							
ANTIANGIETY AGENTS - MISC.							
BUSPIRONE HCL TAB 5 MG	BUSPIRONE HCL			PA Required for Ages < 6 years PA Required for > 1 Anxiolytic		120	30
BUSPIRONE HCL TAB 7.5 MG	BUSPIRONE HCL			PA Required for Ages < 6 years PA Required for > 1 Anxiolytic		120	30
BUSPIRONE HCL TAB 10 MG	BUSPIRONE HCL			PA Required for Ages < 6 years PA Required for > 1 Anxiolytic		120	30
BUSPIRONE HCL TAB 15 MG	BUSPIRONE HCL			PA Required for Ages < 6 years PA Required for > 1 Anxiolytic		120	30
BUSPIRONE HCL TAB 30 MG	BUSPIRONE HCL			PA Required for Ages < 6 years PA Required for > 1 Anxiolytic		60	30
HYDROXYZINE HCL SYRUP	HYDROXYZINE SYRUP					300	30
HYDROXYZINE HCL TABLETS	HYDROXYZINE TABLETS					240	30

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2017

- Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As Brand Only
- Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List Are Available Through Prior Authorization

Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Type	Step Therapy Requirements	Quantity Limit (QL)	QL Days
HYDROXYZINE PAMOATE CAPSULES	VISTARIL					120	30
BENZODIAZEPINES							
ALPRAZOLAM CONC 1 MG/ML	ALPRAZOLAM INTENSOL			PA Required for Ages < 6 years PA Required for > 1 Anxiolytic		60	15
ALPRAZOLAM ORALLY DISINTEGRATING TAB 0.25 MG	VARIOUS			PA Required for Ages < 6 years PA Required for > 1 Anxiolytic		120	30
ALPRAZOLAM ORALLY DISINTEGRATING TAB 0.5 MG	VARIOUS			PA Required for Ages < 6 years PA Required for > 1 Anxiolytic		120	30
ALPRAZOLAM ORALLY DISINTEGRATING TAB 1 MG	VARIOUS			PA Required for Ages < 6 years PA Required for > 1 Anxiolytic		120	30
ALPRAZOLAM ORALLY DISINTEGRATING TAB 2 MG	VARIOUS			PA Required for Ages < 6 years PA Required for > 1 Anxiolytic		60	30
ALPRAZOLAM TAB 0.25 MG	VARIOUS			PA Required for Ages < 6 years PA Required for > 1 Anxiolytic		120	30
ALPRAZOLAM TAB 0.5 MG	VARIOUS			PA Required for Ages < 6 years PA Required for > 1 Anxiolytic		120	30
ALPRAZOLAM TAB 1 MG	VARIOUS			PA Required for Ages < 6 years PA Required for > 1 Anxiolytic		120	30
ALPRAZOLAM TAB 2 MG	VARIOUS			PA Required for Ages < 6 years PA Required for > 1 Anxiolytic		60	30
ALPRAZOLAM TAB SR 24HR 0.5 MG	VARIOUS			PA Required for Ages < 6 years PA Required for > 1 Anxiolytic		30	30
ALPRAZOLAM TAB SR 24HR 1 MG	VARIOUS			PA Required for Ages < 6 years PA Required for > 1 Anxiolytic		30	30
ALPRAZOLAM TAB SR 24HR 2 MG	VARIOUS			PA Required for Ages < 6 years PA Required for > 1 Anxiolytic		30	30
ALPRAZOLAM TAB SR 24HR 3 MG	VARIOUS			PA Required for Ages < 6 years PA Required for > 1 Anxiolytic		30	30
CHLORDIAZEPOXIDE HCL CAP 10 MG	VARIOUS			PA Required for Ages < 6 years PA Required for > 1 Anxiolytic		60	30
CHLORDIAZEPOXIDE HCL CAP 25 MG	VARIOUS			PA Required for Ages < 6 years PA Required for > 1 Anxiolytic		60	30

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2017

- Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As Brand Only
- Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List Are Available Through Prior Authorization

Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Type	Step Therapy Requirements	Quantity Limit (QL)	QL Days
CHLORDIAZEPOXIDE HCL CAP 5 MG	VARIOUS			PA Required for Ages < 6 years PA Required for > 1 Anxiolytic		60	30
CLONAZEPAM 0.5 MG	VARIOUS			PA Required for Ages < 6 years PA Required for > 1 Anxiolytic		120	30
CLONAZEPAM 1.0 MG	VARIOUS			PA Required for Ages < 6 years PA Required for > 1 Anxiolytic		120	30
CLONAZEPAM 2 MG	VARIOUS			PA Required for Ages < 6 years PA Required for > 1 Anxiolytic		60	30
CLONAZEPAM ODT 0.125MG	VARIOUS			PA Required for Ages < 6 years PA Required for > 1 Anxiolytic		120	30
CLONAZEPAM ODT 0.25MG	VARIOUS			PA Required for Ages < 6 years PA Required for > 1 Anxiolytic		120	30
CLONAZEPAM ODT 0.5 MG	VARIOUS			PA Required for Ages < 6 years PA Required for > 1 Anxiolytic		120	30
CLONAZEPAM ODT 1MG	VARIOUS			PA Required for Ages < 6 years PA Required for > 1 Anxiolytic		120	30
CLONAZEPAM ODT 2MG	VARIOUS			PA Required for Ages < 6 years PA Required for > 1 Anxiolytic		60	30
CLORAZEPATE DIPOTASSIUM TAB 15 MG	VARIOUS			PA Required for Ages < 6 years PA Required for > 1 Anxiolytic		60	30
CLORAZEPATE DIPOTASSIUM TAB 3.75 MG	VARIOUS			PA Required for Ages < 6 years PA Required for > 1 Anxiolytic		120	30
CLORAZEPATE DIPOTASSIUM TAB 7.5 MG	VARIOUS			PA Required for Ages < 6 years PA Required for > 1 Anxiolytic		120	30
DIAZEPAM CONC 5 MG/ML	DIAZEPAM INTENSOL			PA Required for Ages < 6 years PA Required for > 1 Anxiolytic		60	30
DIAZEPAM SOLN 1 MG/ML	VARIOUS			PA Required for Ages < 6 years PA Required for > 1 Anxiolytic		300	30
DIAZEPAM TAB 10 MG	VARIOUS			PA Required for Ages < 6 years PA Required for > 1 Anxiolytic		120	30
DIAZEPAM TAB 2 MG	VARIOUS			PA Required for Ages < 6 years PA Required for > 1 Anxiolytic		120	30

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2017

- Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As Brand Only
- Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List Are Available Through Prior Authorization

Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Type	Step Therapy Requirements	Quantity Limit (QL)	QL Days
DIAZEPAM TAB 5 MG	VARIOUS			PA Required for Ages < 6 years PA Required for > 1 Anxiolytic		120	30
LORAZEPAM CONC 2 MG/ML	LORAZEPAM INTENSOL			PA Required for Ages < 6 years PA Required for > 1 Anxiolytic		60	30
LORAZEPAM TAB 0.5 MG	VARIOUS			PA Required for Ages < 6 years PA Required for > 1 Anxiolytic		120	30
LORAZEPAM TAB 1 MG	VARIOUS			PA Required for Ages < 6 years PA Required for > 1 Anxiolytic		120	30
LORAZEPAM TAB 2 MG	VARIOUS			PA Required for Ages < 6 years PA Required for > 1 Anxiolytic		60	30
OXAZEPAM CAP 10 MG	VARIOUS			PA Required for Ages < 6 years PA Required for > 1 Anxiolytic		60	30
OXAZEPAM CAP 15 MG	VARIOUS			PA Required for Ages < 6 years PA Required for > 1 Anxiolytic		60	30
OXAZEPAM CAP 30 MG	VARIOUS			PA Required for Ages < 6 years PA Required for > 1 Anxiolytic		60	30
ANTIARRHYTHMICS							
ANTIARRHYTHMICS TYPE I-A							
DISOPYRAMIDE PHOSPHATE CAPSULES	NORPACE						
DISOPYRAMIDE PHOSPHATE CAPSULE 12-HOUR	NORPACE CR						
QUINIDINE GLUCONATE TABLET CONTROLLED RELEASE	QUINIDINE GLUCONATE CR						
QUINIDINE SULFATE TABLETS	QUINIDINE SULFATE						
QUINIDINE SULFATE TABLET CONTROLLED RELEASE	QUINIDINE SULFATE ER						
ANTIARRHYTHMICS TYPE I-B							
MEXILETINE HCL CAPSULES	MEXILETINE HCL						
ANTIARRHYTHMICS TYPE I-C							
FLECAINIDE ACETATE TABLETS	TAMBOCOR						
PROPAFENONE HCL CAPSULE 12-HOUR	RYTHMOL SR						
PROPAFENONE HCL TABLETS	RYTHMOL						
ANTIARRHYTHMICS TYPE III							
AMIODARONE HCL TABLETS 100MG & 200MG	PACERONE						
DOFETILIDE CAPSULES	TIKOSYN				PA Required		
DRONEDARONE HCL TABLETS	MULTAQ				PA Required		

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2017

- Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As Brand Only
- Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List Are Available Through Prior Authorization

Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Type	Step Therapy Requirements	Quantity Limit (QL)	QL Days
ANTIASTHMATIC AND BRONCHODILATOR AGENTS							
ANTI-INFLAMMATORY AGENTS							
CROMOLYN SODIUM NEBULIZER	CROMOLYN SODIUM						
BRONCHODILATORS - ANTICHOLINERGICS							
IPRATROPIUM BROMIDE HFA AEROSOL	ATROVENT HFA		Preferred Drug				
IPRATROPIUM BROMIDE SOLUTION	IPRATROPIUM BROMIDE		Preferred Drug				
TIOTROPIUM BROMIDE MONOHYDRATE CAPSULES	SPIRIVA HANDIHALER		Preferred Drug				
LEUKOTRIENE MODULATORS							
MONTELUKAST SODIUM CHEWABLE TABLETS	SINGULAIR					30	30
MONTELUKAST SODIUM TABLETS	SINGULAIR					30	30
ZAFIRLUKAST TABLETS	ACCOLATE						
STEROID INHALANTS							
BECLOMETHASONE DIPROPIONATE INHALER	QVAR		Preferred Drug				
BUDESONIDE (INHALATION) SUSPENSION	PULMICORT	Brand Only	Preferred Drug	PA Required			
FLUTICASONE PROPIONATE HFA AERO	FLOVENT HFA		Preferred Drug				
MOMETASONE FUROATE (INHALATION) AEPB	ASMANEX TWISTHALER		Preferred Drug				
SYMPATHOMIMETICS							
ALBUTEROL SULFATE AEROSOL	PROAIR HFA						
ALBUTEROL SULFATE NEBULIZER	ALBUTEROL SULFATE						
ALBUTEROL SULFATE SYRUP	ALBUTEROL SULFATE						
BUDESONIDE-FORMOTEROL FUMARATE DIHYDRATE AEROSOL	SYMBICORT		Preferred Drug	Step Therapy	Patient must have tried one steroid inhaler: Beclomethasone Dipropionate, Budesonide, Fluticasone Propionate, or Mometasone		

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2017

- Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As Brand Only
- Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List Are Available Through Prior Authorization

Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Type	Step Therapy Requirements	Quantity Limit (QL)	QL Days
FLUTICASONE-SALMETEROL AEROSOL POWDER BREATH ACTIVATED	ADVAIR DISKUS		Preferred Drug	Step Therapy	Patient must have tried one steroid inhaler: Beclomethasone Dipropionate, Budesonide, Fluticasone Propionate, or Mometasone		
FLUTICASONE-SALMETEROL AEROSOL	ADVAIR HFA		Covered for Ages 4-12 ONLY	Step Therapy	Patient must have tried one steroid inhaler: Beclomethasone Dipropionate, Budesonide, Fluticasone Propionate, or Mometasone		
MOMETASONE FUROATE-FORMOTEROL FUMARATE DIHYDRATE AEROSOL	DULERA		Preferred Drug	Step Therapy	Patient must have tried one steroid inhaler: Beclomethasone Dipropionate, Budesonide, Fluticasone Propionate, or Mometasone		
FORMOTEROL FUMARATE CAPSULES	FORADIL AEROSOLLIZER			PA Required			
IPRATROPIUM-ALBUTEROL AEROSOL	COMBIVENT RESPIMAT		Preferred Drug				
IPRATROPIUM-ALBUTEROL SOLUTION	DUONEB		Preferred Drug				
METAPROTERENOL SULFATE TABLETS	METAPROTERENOL SULFATE						
SALMETEROL XINAFOATE AEROSOL POWDER BREATH ACTIVATED	SEREVENT DISKUS			PA Required			
ANTICOAGULANTS							

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2017

- Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As Brand Only
- Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List Are Available Through Prior Authorization

Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Type	Step Therapy Requirements	Quantity Limit (QL)	QL Days
COUMARIN ANTICOAGULANTS							
WARFARIN SODIUM TABLETS	COUMADIN	Brand or Generic	Preferred Drug				
DIRECT FACTOR XA INHIBITORS							
APIXABAN TABLETS	ELIQUIS		Preferred Drug			60	30
RIVAROXABAN TABLETS	XARELTO		Preferred Drug			60	30
RIVAROXABAN TABLETS	XARELTO DOSE PACK		Preferred Drug			51	30
HEPARINS AND HEPARINOID-LIKE AGENTS							
ENOXAPARIN SODIUM INJ 100 MG/ML	VARIOUS VIAL OR SYRINGE		Preferred Drug			60	30
ENOXAPARIN SODIUM INJ 120 MG/0.8ML	VARIOUS VIAL OR SYRINGE		Preferred Drug			60	30
ENOXAPARIN SODIUM INJ 150 MG/ML	VARIOUS VIAL OR SYRINGE		Preferred Drug			60	30
ENOXAPARIN SODIUM INJ 30 MG/0.3ML	VARIOUS VIAL OR SYRINGE		Preferred Drug			60	30
ENOXAPARIN SODIUM INJ 300 MG/3ML	VARIOUS VIAL OR SYRINGE		Preferred Drug			60	30
ENOXAPARIN SODIUM INJ 40 MG/0.4ML	VARIOUS VIAL OR SYRINGE		Preferred Drug			60	30
ENOXAPARIN SODIUM INJ 60 MG/0.6ML	VARIOUS VIAL OR SYRINGE		Preferred Drug			60	30
ENOXAPARIN SODIUM INJ 80 MG/0.8ML	VARIOUS VIAL OR SYRINGE		Preferred Drug			60	30
HEPARIN (PORCINE) IN SODIUM CHLORIDE SOLUTION	HEPARIN SODIUM/NACL 0.9%						
HEPARIN SOD (PORCINE) IN D5W SOLUTION	HEPARIN SODIUM/D5W						
HEPARIN SODIUM (PORCINE) LOCK FLUSH & NACL LOCK FLUSH KIT	HEPARIN SODIUM LOCK FLUSH						
HEPARIN SODIUM (PORCINE) LOCK FLUSH SOLUTION	HEPARIN LOCK FLUSH						
THROMBIN INHIBITORS							
DABIGATRAN ETEXILATE MESYLATE CAPSULES	PRADAXA		Preferred Drug			60	30
ANTICONVULSANTS							
ANTICONVULSANTS - BENZODIAZEPINES							
CLOBAZAM SUSPENSION	ONFI			PA Required			
CLOBAZAM TABLETS	ONFI			PA Required			
CLONAZEPAM TAB 0.5 MG	KLONOPIN			PA Required for Ages < 6 years PA Required for > 1 Anxiolytic		120	30
CLONAZEPAM TAB 1 MG	KLONOPIN			PA Required for Ages < 6 years PA Required for > 1 Anxiolytic		120	30

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2017

- Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As Brand Only
- Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List Are Available Through Prior Authorization

Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Type	Step Therapy Requirements	Quantity Limit (QL)	QL Days
CLONAZEPAM TAB 2 MG	KLONOPIN			PA Required for Ages < 6 years PA Required for > 1 Anxiolytic		60	30
CLONAZEPAM ORALLY DISINTEGRATING TAB 0.125 MG	CLONAZEPAM ODT			PA Required for Ages < 6 years PA Required for > 1 Anxiolytic		120	30
CLONAZEPAM ORALLY DISINTEGRATING TAB 0.25 MG	CLONAZEPAM ODT			PA Required for Ages < 6 years PA Required for > 1 Anxiolytic		120	30
CLONAZEPAM ORALLY DISINTEGRATING TAB 0.5 MG	CLONAZEPAM ODT			PA Required for Ages < 6 years PA Required for > 1 Anxiolytic		120	30
CLONAZEPAM ORALLY DISINTEGRATING TAB 1 MG	CLONAZEPAM ODT			PA Required for Ages < 6 years PA Required for > 1 Anxiolytic		120	30
CLONAZEPAM ORALLY DISINTEGRATING TAB 2 MG	CLONAZEPAM ODT			PA Required for Ages < 6 years PA Required for > 1 Anxiolytic		60	30
DIAZEPAM RECTAL GEL DELIVERY SYSTEM 10 MG	DIASAT					2	30
DIAZEPAM RECTAL GEL DELIVERY SYSTEM 2.5 MG	DIASAT					2	30
DIAZEPAM RECTAL GEL DELIVERY SYSTEM 20 MG	DIASAT					2	30
ANTICONVULSANTS - MISC.							
CARBAMAZEPINE CHEWABLE TABLETS	CARBAMAZEPINE						
CARBAMAZEPINE CAPSULE 12-HOUR	CARBATROL						
CARBAMAZEPINE SUSPENSION	TEGRETOL						
CARBAMAZEPINE TABLETS	EPITOL						
CARBAMAZEPINE CAPSULE 12-HOUR	EQUETRO						
CARBAMAZEPINE TABLET 12-HOUR	TEGRETOL-XR						
GABAPENTIN CAPSULES	NEURONTIN						
GABAPENTIN SOLUTION	NEURONTIN						
GABAPENTIN	Gralise			PA Required			
GABAPENTIN TABLETS	NEURONTIN						
GABAPENTIN	HORIZANT			PA Required			
LACOSAMIDE SOLUTION	VIMPAT			PA Required			
LACOSAMIDE TABLETS	VIMPAT			PA Required			
LAMOTRIGINE CHEWABLE TABLETS	LAMICTAL+B135						
LAMOTRIGINE TABLETS	LAMICTAL						
LAMOTRIGINE TABLET 24-HOUR	LAMICTAL XR						
LAMOTRIGINE ORALLY DISINTEGRATING TABLETS	LAMICTAL ODT						

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2017

- Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As Brand Only
- Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List Are Available Through Prior Authorization

Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Type	Step Therapy Requirements	Quantity Limit (QL)	QL Days
LEVETIRACETAM SOLUTION	KEPPRA						
LEVETIRACETAM TABLETS	KEPPRA						
LEVETIRACETAM TABLET 24-HOUR	KEPPRA XR						
OXCARBAZEPINE SUSPENSION	TRILEPTAL						
OXCARBAZEPINE TABLETS	TRILEPTAL						
PREGABALIN CAPSULES	LYRICA			PA Required			
PREGABALIN SOLUTION	LYRICA			PA Required			
PRIMIDONE TABLETS	MYSOLINE						
RUFINAMIDE SUSPENSION	BANZEL			PA Required			
RUFINAMIDE TABLETS	BANZEL			PA Required			
TOPIRAMATE SPRINKLE CAPSULES	TOPAMAX SPRINKLES						
TOPIRAMATE TABLETS	TOPAMAX						
ZONISAMIDE CAPSULES	ZONEGRAN						
CARBAMATES							
FELBAMATE SUSPENSION	FELBATOL						
FELBAMATE TABLETS	FELBATOL						
GABA MODULATORS							
TIAGABINE HCL TABLETS	GABITRIL			PA Required			
HYDANTOINS							
PHENYTOIN CHEWABLE TABLETS	DILANTIN INFATABLETS						
PHENYTOIN SODIUM EXTENDED CAPSULES	DILANTIN						
PHENYTOIN SUSPENSION	DILANTIN-125						
SUCCINIMIDES							
ETHOSUXIMIDE CAPSULES	ZARONTIN						
ETHOSUXIMIDE SOLUTION	ZARONTIN						
VALPROIC ACID							
DIVALPROEX SODIUM SPRINKLE CAPSULES	DEPAKOTE SPRINKLES						
DIVALPROEX SODIUM TABLET 24-HOUR	DEPAKOTE ER						
DIVALPROEX SODIUM TABLET ENTERIC COATED	DEPAKOTE						
VALPROATE SODIUM SYRUP	DEPAKENE+B252						
VALPROIC ACID CAPSULES	DEPAKENE						
ANTIDEPRESSANTS							
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)							

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2017

- Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As Brand Only
- Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List Are Available Through Prior Authorization

Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Type	Step Therapy Requirements	Quantity Limit (QL)	QL Days
MIRTAZAPINE TABLETS	MIRTAZAPINE			PA Required for Ages < 6 years		30	30
MIRTAZAPINE ORALLY DISINTEGRATING TABLETS	REMERON SOLTAB			PA Required for Ages < 6 years		30	30
Monoamine Oxidase Inhibitors (MAOIs)							
seligilene	EMSAM			PA Required			
isocarboxazid	Marplan			PA Required for Ages < 6 years			
phenelzine sulfate	Nardil			PA Required for Ages < 6 years			
tranylcypromine sulfate	Parnate			PA Required for Ages < 6 years			
Norepinephrine and Dopamine Reuptake Inhibitors (NDRIs)							
BUPROPION HCL TABLETS	WELLBUTRIN			PA Required for Ages < 6 years		120	30
BUPROPION HCL TABLET 12-HOUR	BUDEPRION SR			PA Required for Ages < 6 years		60	30
BUPROPION HCL TABLET 24-HOUR	WELLBUTRIN XL			PA Required for Ages < 6 years		30	30
MAPROTILINE HCL TABLETS	MAPROTILINE HCL			PA Required for Ages < 6 years			
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)							
CITALOPRAM HYDROBROMIDE SOLUTION	CELEXA			PA Required for Ages < 6 years		600	30
CITALOPRAM HYDROBROMIDE TABLETS	CELEXA			PA Required for Ages < 6 years		10mg: 60 20mg: 30 40mg: 30	30 30 30
ESCITALOPRAM OXALATE SOLUTION	LEXAPRO			PA Required for Ages < 6 years		600ml	30
ESCITALOPRAM OXALATE TABLETS	LEXAPRO			PA Required for Ages < 6 years		5mg: 60 10mg: 30 20mg: 30	30 30 30
FLUOXETINE HCL CAPSULES ONLY	PROZAC			PA Required for Ages < 6 years		10mg: 60 20mg: 120 40mg: 60	30 30 30
FLUOXETINE HCL SOLUTION	PROZAC			PA Required for Ages < 6 years		600	30
FLUOXETINE HCL TABLETS - WEEKLY	PROZAC WEEKLY			PA Required			
FLUVOXAMINE MALEATE TABLETS	LUVOX			PA Required for Ages < 6 years		25mg: 60 50mg: 180 100mg: 90	30 30 30

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2017

- Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As Brand Only
- Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List Are Available Through Prior Authorization

Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Type	Step Therapy Requirements	Quantity Limit (QL)	QL Days
FLUVOXAMINE MALEATE TABLETS EXTENDED RELEASE	LUVOX CR			PA Required for Ages < 6 years		100mg: 90 150mg: 60	30 30
PAROXETINE HCL SUSPENSION	PAXIL			PA Required for Ages < 6 years		900	30
PAROXETINE HCL TABLETS	PAXIL			PA Required for Ages < 6 years		10mg: 30 20mg: 30 30mg: 30 40mg: 45	30 30 30 30
PAROXETINE HCL TABLETS	Paxil CR		Paxil CR	PA Required for Ages < 6 years		90	30
PAROXETINE MESYLATE	PEXEVA			PA Required			
SERTRALINE HCL CONCENTRATE	ZOLOFT			PA Required for Ages < 6 years		300	30
SERTRALINE HCL TABLETS	ZOLOFT			PA Required for Ages < 6 years		25mg: 90 50mg: 120 100mg: 60	30 30 30
VILAZODONE HCL	VIIBRYD			PA Required			
SEROTONIN MODULATORS							
NEFAZODONE	VARIOUS			PA Required for Ages < 6 years		50mg: 60 100mg: 60 150mg: 120 200mg: 90 250mg: 60	30 30 30 30 30
TRAZODONE HCL TABLETS	TRAZODONE HCL			PA Required for Ages < 6 years		50mg:90 100mg:120 150mg: 60 300mg 30	30 30 30 30
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRI)							
DESVENLAFAXINE	PRISTIQ			PA Required for Ages < 6 years		25mg:120 50mg: 120 100mg: 120	30 30 30

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2017

- Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As Brand Only
- Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List Are Available Through Prior Authorization

Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Type	Step Therapy Requirements	Quantity Limit (QL)	QL Days
DULOXETINE HCL CAPSULE DELAYED RELEASE 20MG, 30MG & 60MG	CYMBALTA			PA Required for Ages < 6 years		20mg: 120 30mg: 120 60mg: 60	30 30 30
VENLAFAXINE HCL CAPSULE CONTROLLED RELEASE	EFFEXOR XR			PA Required for Ages < 6 years		37.5mg: 90 75mg: 90 150mg: 30	30 30 30
VENLAFAXINE HCL TABLETS - IMMEDIATE RELEASE ONLY	VENLAFAXINE HCL			PA Required for Ages < 6 years		25mg: 120 37.5mg: 90 50mg: 90 75mg: 150 100mg: 90	30 30 30 30 30
TRICYCLIC AGENTS							
AMITRIPTYLINE HCL TABLETS	AMITRIPTYLINE HCL			PA Required for ages < 6 years			
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	30
DOXEPIN HCL CONCENTRATE	DOXEPIN HCL			PA Required for ages < 6 years		180	30
IMIPRAMINE PAMOATE CAPSULES	TORFRANIL-PM			PA Required for ages < 6 years			
IMIPRAMINE HCL TABLETS	TOFRANIL			PA Required for ages < 6 years			
MAPROTILINE HCL	VARIOUS			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	SURMONTIL			PA Required for ages < 6 years			
ANTIDIABETICS							
ALPHA-GLUCOSIDASE INHIBITORS							
ACARBOSE TABLETS	PRECOSE						
ANTIDIABETIC - AMLYN ANALOGS							
PRAMLINTIDE ACETATE SOLUTION PEN INJECTION	SYMLINPEN 60		Preferred Drug	PA Required			

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2017

- Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As Brand Only
- Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List Are Available Through Prior Authorization

Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Type	Step Therapy Requirements	Quantity Limit (QL)	QL Days
ANTIDIABETIC COMBINATIONS							
GLIPIZIDE-METFORMIN HCL TABLETS	GLIPIZIDE/METFORMIN HCL						
GLYBURIDE-METFORMIN HCL TABLETS	GLUCOVANCE						
PIOGLITAZONE HCL-METFORMIN HCL TABLETS	ACTOPLUS MET						
PIOGLITAZONE HCL-METFORMIN HCL TABLET 24-HOUR	ACTOPLUS MET XR						
SITAGLIPTIN-METFORMIN HCL TABLETS	JANUMET		Preferred Drug	PA Required			
LINAGLIPTIN - METFORMIN TABLETS	JENTADUETO		Preferred Drug	PA Required			
SITAGLIPTIN-METFORMIN HCL TABLET 24-HOUR	JANUMET XR		Preferred Drug	PA Required			
BIGUANIDES							
METFORMIN HCL SOLUTION	RIOMET						
METFORMIN HCL TABLETS	GLUCOPHAGE						
METFORMIN HCL TABLET 24-HOUR (GENERIC OF GLUCOPHAGE XR ONLY-500MG & 750MG)	Various			PA Required for Osmotic and Modified Release Products			
DIABETIC OTHER							
GLUCAGON (RDNA) KIT	GLUCAGON EMERGENCY KIT					1	30
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS							
LINAGLIPTIN TABLETS	TRADJENTA		Preferred Drug	PA Required			
SAXAGLIPTIN HCL TABLETS	ONGLYZA		Preferred Drug	PA Required			
SAXAGLIPTIN-METFORMIN HCL TABLETS	KOMBIGLYZE		Preferred Drug	PA Required			
SITAGLIPTIN PHOSPHATE TABLETS	JANUVIA		Preferred Drug	PA Required			
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)							
EXENATIDE SOLUTION PEN INJECTION	BYETTA		Preferred Drug	PA Required			
EXENATIDE PEN	BYDUREON		Preferred Drug	PA Required			
EXENATIDE SUSPENSION EXTENDED RELEASE	BYDUREON		Preferred Drug	PA Required			
LIRAGLUTIDE SOLUTION PEN INJECTION	VICTOZA		Preferred Drug	PA Required			
DIABETIC MISCELLANEOUS AGENT							
PRAMLINTIDE	SYMLINPEN		Preferred Drug	PA Required			
INSULIN SENSITIZING AGENTS							
PIOGLITAZONE HCL TABLETS	ACTOS						
INSULIN							
INSULIN ASPART	NOVOLOG		Preferred Drug				
INSULIN ASPART	NOVOLOG CARTRIDGE		Preferred Drug				

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2017

- Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As Brand Only
- Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List Are Available Through Prior Authorization

Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Type	Step Therapy Requirements	Quantity Limit (QL)	QL Days
INSULIN ASPART	NOVOLOG FLEXPEN		Preferred Drug				
INSULIN ASPART PROTAMINE SUSPENSION & INSULIN ASPART	NOVOLOG MIX 70/30		Preferred Drug				
INSULIN ASPART PROTAMINE SUSPENSION & INSULIN ASPART	NOVOLOG MIX 70/30 FLEXPEN		Preferred Drug				
INSULIN DETEMIR SOLUTION	LEVEMIR		Preferred Drug				
INSULIN DETEMIR SUSPENSION	LEVEMIR FLEXPEN		Preferred Drug				
INSULIN GLARGINE SOLUTION	LANTUS		Preferred Drug				
INSULIN GLARGINE SUSPENSION	LANTUS SOLOSTAR		Preferred Drug				
INSULIN LISPRO (HUMAN) SOLUTION	HUMALOG		Preferred Drug				
INSULIN LISPRO (HUMAN) SUSPENSION	HUMALOG KWIKPEN		Preferred Drug				
INSULIN LISPRO PROTAMINE & LISPRO (HUMAN) SUSPENSION	HUMALOG MIX 50/50		Preferred Drug				
INSULIN LISPRO PROTAMINE & LISPRO (HUMAN) SUSPENSION	HUMALOG MIX 50/50 KWIKPEN		Preferred Drug				
INSULIN LISPRO PROTAMINE & LISPRO (HUMAN) SUSPENSION	HUMALOG MIX 75/25		Preferred Drug				
INSULIN LISPRO PROTAMINE & LISPRO (HUMAN) SUSPENSION	HUMALOG MIX 75/25 KWIKPEN		Preferred Drug				
INSULIN NPH (HUMAN) (ISOPHANE) SUSPENSION	HUMULIN N		Preferred Drug				
INSULIN NPH ISOPHANE & REG (HUMAN) SUSPENSION	HUMULIN 70/30		Preferred Drug				
INSULIN REGULAR (HUMAN) SOLUTION	HUMULIN R U-100		Preferred Drug				
INSULIN REGULAR (HUMAN) SOLUTION	HUMULIN R U-500 (CONCENTRATEENTRATED)		Preferred Drug	PA REQUIRED			
INSULIN REGULAR (HUMAN) PEN	HUMULIN R U-500 PEN (CONCENTRATEENTRATED)		Preferred Drug	PA REQUIRED			
MEGLITINIDE ANALOGUES							
NATEGLINIDE TABLETS	STARLIX						
REPAGLINIDE TABLETS	PRANDIN						
SULFONYLUREAS							
GLIMEPIRIDE TABLETS	AMARYL						
GLIPIZIDE TABLETS	GLUCOTROL						
GLIPIZIDE TABLET 24-HOUR	GLUCATROL XL						
GLYBURIDE MICRONIZED TABLETS	GLYNASE						
GLYBURIDE TABLETS	DIABETA						
ANTIDIARRHEALS							
ANTIPERISTALTIC AGENTS							
DIPHENOXYLATE W/ ATROPINE LIQUID	DIPHENOXYLATE/ATROPINE						
DIPHENOXYLATE W/ ATROPINE TABLETS	LOMOTIL						

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2017

- Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As Brand Only
- Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List Are Available Through Prior Authorization

Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Type	Step Therapy Requirements	Quantity Limit (QL)	QL Days
LOPERAMIDE HCL CAPSULES	LOPERAMIDE HCL						
LOPERAMIDE HCL CHEWABLE TABLETS	IMODIUM A-D						
LOPERAMIDE HCL LIQUID	LOPERAMIDE HCL						
LOPERAMIDE HCL SUSPENSION	IMODIUM A-D						
LOPERAMIDE HCL TABLETS	IMODIUM A-D						
ANTIDOTES							
OPIOID ANTAGONISTS							
NALOXONE HCL SOLUTION + SYRINGE	NALOXONE HCL + SYRINGE		Preferred Drug				
NALOXONE HCL NASAL SPRAY	NARCAN NASAL SPRAY		Preferred Drug				
ANTIEMETICS							
5-HT3 RECEPTOR ANTAGONISTS							
DOLASETRON MESYLATE TABLETS	ANZEMET			PA Required			
GRANISETRON HCL SOLUTION	VARIOUS			PA Required			
GRANISETRON HCL TABLETS	VARIOUS			PA Required			
ONDANSETRON HCL TABLETS	ZOFRAN			PA Required for tablets > 8mg		30	30
ANTIEMETICS MISC.							
PROCHLORPERAZINE MALEATE TABLETS	COMPAZINE						
PROCHLORPERAZINE SUPPOSITORY	COMPAZINE						
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONIST							
APREPITANT CAPSULES	EMEND					6	21
ANTIFUNGALS							
ANTIFUNGALS							
FLUCYTOSINE CAPSULES	ANCOBON			PA Required			
GRISEOFULVIN MICROSIZED SUSPENSION	GRISEOFULVIN MICROSIZED						
GRISEOFULVIN MICROSIZED TABLETS	GRIFULVIN V						
GRISEOFULVIN ULTRAMICROSIZED TABLETS	GRIS-PEG						
NYSTATIN CAPSULES	BIO-STATIN						
NYSTATIN POWDER	NYSTATIN						
NYSTATIN TABLETS	NYSTATIN						
TERBINAFINE HCL PACKETS	LAMISIL					90	365
TERBINAFINE HCL TABLETS	LAMISIL					90	365
IMIDAZOLE-RELATED ANTIFUNGALS							
FLUCONAZOLE SUSPENSION	DIFLUCAN					600	30

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2017

- Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As Brand Only
- Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List Are Available Through Prior Authorization

Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Type	Step Therapy Requirements	Quantity Limit (QL)	QL Days
FLUCONAZOLE TABLETS	DIFLUCAN					60	30
ITRACONAZOLE CAPSULES	SPORANOX			PA Required			
ITRACONAZOLE SOLUTION	SPORANOX			PA Required			
ITRACONAZOLE TABLETS	ONMEL			PA Required			
KETOCONAZOLE TABLETS	KETOCONAZOLE						
POSACONAZOLE SUSPENSION	NOXAFIL			PA Required			
POSACONAZOLE TABLET ENTERIC COATED	NOXAFIL			PA Required			
VORICONAZOLE SUSPENSION	VFEND			PA Required			
VORICONAZOLE TABLETS	VFEND			PA Required			
ANTIHISTAMINES							
ANTIHISTAMINES - ALKYLAMINES							
BROMPHENIRAMINE MALEATE	J-TAN PD						
CHLORPHENIRAMINE MALEATE	CHLORPHENIRAMINE MALEATE						
DEXCHLORPHENIRAMINE MALEATE SYRUP	DEXCHLORPHENIRAMINE MALEATE						
ANTIHISTAMINES - ETHANOLAMINES							
CLEMASTINE FUMARATE SYRUP	CLEMASTINE FUMARATE						
CLEMASTINE FUMARATE TABLETS	CLEMASTINE FUMARATE						
DIPHENHYDRAMINE HCL CAPSULES	VARIOUS						
DIPHENHYDRAMINE HCL CHEWABLE TABLETS	VARIOUS						
DIPHENHYDRAMINE HCL ELIXIR	VARIOUS						
DIPHENHYDRAMINE HCL LIQUID	VARIOUS						
DIPHENHYDRAMINE HCL SOLUTION	VARIOUS						
DIPHENHYDRAMINE HCL SUSPENSION	VARIOUS						
DIPHENHYDRAMINE HCL SYRUP	VARIOUS						
DIPHENHYDRAMINE HCL TABLETS	VARIOUS						
ANTIHISTAMINES - NON-SEDATING							
CETIRIZINE HCL CAPSULES	ZYRTEC ALLERGY					30	30
CETIRIZINE HCL CHEWABLE TABLETS	VARIOUS					30	30
CETIRIZINE HCL SYRUP	VARIOUS					150	30
CETIRIZINE HCL TABLETS	VARIOUS					30	30
CETIRIZINE HCL ORALLY DISINTEGRATING TABLETS	ZYRTEC ALLERGY					30	30
FEXOFENADINE HCL SUSPENSION	ALLEGRA ALLERGY CHILDRENS					150	30
FEXOFENADINE HCL TABLETS	ALLEGRA ALLERGY CHILDRENS					30	30

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2017

- Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As Brand Only
- Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List Are Available Through Prior Authorization

Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Type	Step Therapy Requirements	Quantity Limit (QL)	QL Days
FEXOFENADINE HCL ORALLY DISINTEGRATING TABLETS	ALLEGRA ALLERGY CHILDRENS					30	30
LORATADINE CAPSULES	CLARITIN					30	30
LORATADINE CHEWABLE TABLETS	CLARITIN					30	30
LORATADINE SYRUP	CLARITIN					150	30
LORATADINE TABLETS	ALAVERT					30	30
LORATADINE ORALLY DISINTEGRATING TABLETS	CLARITIN REDITABS					30	30
ANTIHISTAMINES - PHENOTHIAZINES							
PROMETHAZINE HCL SUPPOSITORY	PHENERGAN						
PROMETHAZINE HCL TABLETS	PROMETHAZINE HCL						
ANTIHISTAMINES - PIPERIDINES							
CYPROHEPTADINE HCL SYRUP	CYPROHEPTADINE HCL						
CYPROHEPTADINE HCL TABLETS	CYPROHEPTADINE HCL						
ANTIHYPERLIPIDEMICS							
BILE ACID SEQUESTRANTS							
CHOLESTYRAMINE LIGHT PACKETS	PREVALITE						
CHOLESTYRAMINE LIGHT POWDER	PREVALITE						
CHOLESTYRAMINE PACKETS	QUESTRAN						
CHOLESTYRAMINE POWDER	QUESTRAN						
COLESTIPOL HCL GRANULES	COLESTID						
COLESTIPOL HCL PACKETS	COLESTID						
COLESTIPOL HCL TABLETS	COLESTID						
FIBRIC ACID DERIVATIVES							
FENOFIBRATE MICRONIZED CAPSULES 67MG, 134MG & 200MG	VARIOUS						
FENOFIBRATE TABLETS 48MG, 54MG, 145MG & 160MG	VARIOUS						
FENOFIBRIC ACID TABLETS	FIBRICOR						
GEMFIBROZIL TABLETS	LOPID						
HMG COA REDUCTASE INHIBITORS							
ATORVASTATIN CALCIUM TABLETS	LIPITOR					30	30
LOVASTATIN TABLETS	MEVACOR					30	30
PRAVASTATIN SODIUM TABLETS	PRAVACOL					30	30
SIMVASTATIN TABLETS	ZOCOR					30	30
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS							
EZETIMIBE TABLETS	ZETIA			PA Required			

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2017

- Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As Brand Only
- Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List Are Available Through Prior Authorization

Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Type	Step Therapy Requirements	Quantity Limit (QL)	QL Days
NICOTINIC ACID DERIVATIVES							
NIACIN (ANTIHYPERTENSIVE) TABLETS (250MG, 500MG, & 750MG)	NIACIN CR						
ANTIHYPERTENSIVES							
ACE INHIBITORS							
BENAZEPRIL HCL TABLETS	BENAZEPRIL HCL						
CAPTOPRIL TABLETS	CAPTOPRIL						
ENALAPRIL MALEATE SOLUTION	EPANED						
ENALAPRIL MALEATE TABLETS	VASOTEC						
FOSINOPRIL SODIUM TABLETS	FOSINOPRIL SODIUM						
LISINOPRIL TABLETS	ZESTRIL						
MOEXIPRIL HCL TABLETS	UNIVASC						
PERINDOPRIL ERBUMINE TABLETS	ACEON						
QUINAPRIL HCL TABLETS	ACCUPRIL						
RAMIPRIL CAPSULES	ALTACE						
TRANDOLAPRIL TABLETS	MAVIK						
ANGIOTENSIN II RECEPTOR ANTAGONISTS							
IRBESARTAN TABLETS	AVAPRO						
LOSARTAN POTASSIUM TABLETS	COZAAR						
VALSARTAN TABLETS	DIOVAN						
ANTIADRENERGIC ANTIHYPERTENSIVES							
CLONIDINE HCL PATCH-WEEKLY	CATAPRES-TTS-1			PA Required for Ages < 6 years		4	28
CLONIDINE HCL TABLETS	CATAPRES						
CLONIDINE HCL (ADHD) TABLET 12-HOUR	KAPVAY	Brand Only	Preferred Drug	PA Required for Ages < 6 years		120	30
DOXAZOSIN MESYLATE TABLETS	CARDURA						
GUANFACINE HCL TABLETS	TENEX						
GUANFACINE HCL (ADHD) TABLET 24-HOUR	GUANFACINE ER		Preferred Drug	PA Required for Ages < 6 years		30	30
METHYLDOPA TABLETS	METHYLDOPA						
PRAZOSIN HCL CAPSULES	MINIPRESS						
TERAZOSIN HCL CAPSULES	TERAZOSIN HCL						

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2017

- Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As Brand Only
- Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List Are Available Through Prior Authorization

Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Type	Step Therapy Requirements	Quantity Limit (QL)	QL Days
ANTIHYPERTENSIVE COMBINATIONS							
ATENOLOL & CHLORTHALIDONE TABLETS	TENORETIC 50						
CAPTOPRIL & HYDROCHLOROTHIAZIDE TABLETS	CAPTOPRIL/ HYDROCHLOROTHIAZIDE						
ENALAPRIL MALEATE & HYDROCHLOROTHIAZIDE TABLETS	ENALAPRIL MALEATE/ HYDROCHLOROTHIAZIDE						
FOSINOPRIL SODIUM & HYDROCHLOROTHIAZIDE TABLETS	FOSINOPRIL SODIUM/ HYDROCHLOROTHIAZIDE						
LISINAPRIL & HYDROCHLOROTHIAZIDE TABLETS	ZESTORETIC						
LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE TABLETS	HYZAAR						
MOEXIPRIL - HYDROCHLOROTHIAZIDE TABLETS	UNIRETIC						
QUINAPRIL - HYDROCHLOROTHIAZIDE TABLETS	ACCURETIC						
VALSARTAN - HYDROCHLOROTHIAZIDE TABLETS	DIOVAN HCT						
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)							
EPLERENONE TABLETS	INSPIRA			PA Required			
VASODILATORS							
HYDRALAZINE HCL TABLETS	HYDRALAZINE HCL						
MINOXIDIL TABLETS	MINOXIDIL						
ANTI-INFECTIVE AGENTS - MISCELLANEOUS							
ANTI-INFECTIVE AGENTS - MISC.							
VANCOMYCIN HCL CAPSULES	VANCOCIN HCL			PA Required			
VANCOMYCIN HCL SOLUTION	Available through a compounding pharmacy			PA Required			
ANTI-INFECTIVE MISC. - COMBINATIONS							
ERYTHROMYCIN-SULFISOXAZOLE SUSPENSION	E.S.P.						
SULFAMETHOXAZOLE-TRIMETHOPRIM SUSPENSION	SULFATRIM PEDIATRIC						
SULFAMETHOXAZOLE-TRIMETHOPRIM TABLETS	BACTRIM						
LEPROSTATICS							
DAPSONE TABLETS	DAPSONE						
OXAZOLIDINONES							
LINEZOLID SUSPENSION	ZYVOX			PA Required			
LINEZOLID TABLETS	ZYVOX			PA Required			
ANTIMALARIALS							
ANTIMALARIAL COMBINATIONS							

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2017

- Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As Brand Only
- Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List Are Available Through Prior Authorization

Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Type	Step Therapy Requirements	Quantity Limit (QL)	QL Days
ARTEMETHER-LUMEFANTRINE TABLETS	COARTEM						
ATOVAQUONE-PROGUANIL HCL TABLETS	MALARONE						
ANTIMALARIALS							
CHLOROQUINE PHOSPHATE TABLETS	CHLOROQUINE PHOSPHATE						
HYDROXYCHLOROQUINE SULFATE TABLETS	PLAQUENIL						
PRIMAQUINE PHOSPHATE TABLETS	PRIMAQUINE PHOSPHATE						
QUININE SULFATE CAPSULES	QUALAQUIN						
ANTIMYCOBACTERIAL AGENTS							
ETHAMBUTOL HCL TABLETS	MYAMBUTOL						
ISONIAZID SYRUP	ISONIAZID						
ISONIAZID TABLETS	ISONIAZID						
PYRAZINAMIDE TABLETS	PYRAZINAMIDE						
RIFAMPIN CAPSULES	RIFADIN						
ONCOLOGY -FEDERALLY REIMBURSABLE ANTINEOPLASTIC AGENTS,NOT LISTED BELOW, ARE AVAILABLE THROUGH PRIOR AUTHORIZATION							
ANTIMETABOLITES							
MERCAPTOPURINE SUSPENSION	PURIXAN						
MERCAPTOPURINE TABLETS	PURINETHOL						
METHOTREXATE SODIUM TABLETS	METHOTREXATE						
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS							
ANASTROZOLE TABLETS	ARIMIDEX			PA Required			
EXEMESTANE TABLETS	AROMASIN			PA Required			
FLUTAMIDE CAPSULES	FLUTAMIDE						
LEUPROLIDE ACETATE (3 MONTH) KIT	LUPRON DEPOT			PA Required			
LEUPROLIDE ACETATE (4 MONTH) KIT	LUPRON DEPOT			PA Required			
LEUPROLIDE ACETATE KIT	LUPRON DEPOT			PA Required			
TAMOXIFEN CITRATE TABLETS	TAMOXIFEN CITRATE						
TOREMIFENE CITRATE TABLETS	FARESTON			PA Required			
ANTINEOPLASTIC ENZYME INHIBITORS							
AXITINIB TABLETS	INLYTA			PA Required			
CRIZOTINIB CAPSULES	XALKORI			PA Required			

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2017

- Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As Brand Only
- Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List Are Available Through Prior Authorization

Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Type	Step Therapy Requirements	Quantity Limit (QL)	QL Days
ERLOTINIB HCL TABLETS	TARCEVA			PA Required			
EVEROLIMUS TABLETS	AFINITOR			PA Required			
EVEROLIMUS SOLUBLE TABLET	AFINITOR DISPERZ			PA Required			
GEFITINIB TABLETS	IRESSA			PA Required			
IBRUTINIB CAPSULES	IMBRUVICA			PA Required			
IMATINIB MESYLATE TABLETS	GLEEVEC			PA Required			
LAPATINIB DITOSYLATE TABLETS	TYKERB			PA Required			
NILOTINIB HCL CAPSULES	TASIGNA			PA Required			
PAZOPANIB HCL TABLETS	VOTRIENT			PA Required			
PONATINIB HCL TABLETS	ICLUSIG			PA Required			
RUXOLITINIB PHOSPHATE TABLETS	JAKAFI			PA Required			
SORAFENIB TOSYLATE TABLETS	NEXAVAR			PA Required			
SUNITINIB MALATE CAPSULES	SUTENT			PA Required			
VANDETANIB TABLETS	CAPRELSA			PA Required			
VEMURAFENIB TABLETS	ZELBORAF			PA Required			
VORINOSTAT CAPSULES	ZOLINZA			PA Required			
ANTINEOPLASTICS - MISC.							
BEXAROTENE CAPSULES	TARGRETIN			PA Required			
HYDROXYUREA CAPSULES	HYDREA						
INTERFERON ALFA-2B SOLUTION	INTRON A			PA Required			
INTERFERON ALFA-2B SOLUTION	INTRON A			PA Required			
INTERFERON ALFA-N3 SOLUTION	ALFERON N			PA Required			
INTERFERON ALFACON-1	INFERGEN			PA Required			
INTERFERON GAMMA-1B SOLUTION	ACTIMMUNE			PA Required			
PEGINTERFERON ALFA-2B (ANTINEOPLASTIC) KIT	SYLATRON			PA Required			
PROCARBAZINE HCL CAPSULES	MATULANE						
TRETINOIN (CHEMOTHERAPY) CAPSULES	TRETINOIN			PA Required For > 26 Years of Age			
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS							
LEUCOVORIN CALCIUM TABLETS	LEUCOVORIN CALCIUM			PA Required			
MITOTIC INHIBITORS							
ETOPOSIDE CAPSULES	ETOPOSIDE			PA Required			
ANTIPARKINSON AGENTS							
ANTIPARKINSON ANTICHOLINERGICS							

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2017

- Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As Brand Only
- Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List Are Available Through Prior Authorization

Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Type	Step Therapy Requirements	Quantity Limit (QL)	QL Days
BENZTROPINE MESYLATE TABLETS	BENZTROPINE MESYLATE						
TRIHEXYPHENIDYL HCL ELIXIR	TRIHEXYPHENIDYL HCL						
TRIHEXYPHENIDYL HCL TABLETS	TRIHEXYPHENIDYL HCL						
ANTIPARKINSON COMT INHIBITORS							
ENTACAPONE TABLETS	COMTAN						
ANTIPARKINSON DOPAMINERGICS							
AMANTADINE HCL CAPSULES	AMANTADINE HCL						
AMANTADINE HCL SYRUP	AMANTADINE HCL						
AMANTADINE HCL TABLETS	AMANTADINE HCL						
BROMOCRIPTINE MESYLATE CAPSULES	PARLODEL						
BROMOCRIPTINE MESYLATE TABLETS	PARLODEL						
CARBIDOPA-LEVODOPA TABLETS	SINEMET						
CARBIDOPA-LEVODOPA ORALLY DISINTEGRATING TABLETS	VARIOUS						
PRAMIPEXOLE DIHYDROCHLORIDE TABLETS	MIRAPEX						
ROPINIROLE HYDROCHLORIDE TABLETS	REQUIP						
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS							
SELEGILINE HCL CAPSULES	ELDEPRYL						
SELEGILINE HCL TABLETS	VARIOUS						
ANTIPSYCHOTICS/ANTIMANIC AGENTS							
ANTIMANIC AGENTS							
LITHIUM CARBONATE CAPSULES	LITHIUM CARBONATE				Long Term Care Only -Please refer to the AHCCCS Behavioral Health Drug List for additional medications		
LITHIUM CARBONATE TABLETS	LITHIUM CARBONATE				Long Term Care Only -Please refer to the AHCCCS Behavioral Health Drug List for additional medications		
LITHIUM CARBONATE TABLET CONTROLLED RELEASE	LITHOBID				Long Term Care Only -Please refer to the AHCCCS Behavioral Health Drug List for additional medications		

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2017

<ul style="list-style-type: none"> • Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As Brand Only • Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List Are Available Through Prior Authorization 							
Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Type	Step Therapy Requirements	Quantity Limit (QL)	QL Days
LITHIUM SOLUTION	LITHIUM			Long Term Care Only -Please refer to the AHCCCS Behavioral Health Drug List for additional medications			
ANTIPSYCHOTICS							
ANTIPSYCHOTICS - SECOND GENERATION - ATYPICAL ORAL AGENTS							
ARIPIRAZOLE TABLETS	ABILIFY		Preferred Drug	PA Required for Ages < 6 years Long Term Care Only -Please refer to the AHCCCS Behavioral Health Drug List for additional medications		30	30
ASENAPINE MALEATE SUBLINGUAL	SAPHRIS		Preferred Drug	PA Required for Ages < 6 years Long Term Care Only -Please refer to the AHCCCS Behavioral Health Drug List for additional medications		60	30
CLOZAPINE ORALLY DISPERSABLE TABLET	FAZACLO		Preferred Drug	PA Required for Ages < 18 years Long Term Care Only -Please refer to the AHCCCS Behavioral Health Drug List for additional medications		150	30
CLOZAPINE TABLETS	CLOZARIL		Preferred Drug	PA Required for Ages < 18 years Long Term Care Only -Please refer to the AHCCCS Behavioral Health Drug List for additional medications		150	30
LURASIDONE HCL TABS	LATUDA		Preferred Drug	PA Required for Ages < 18 years Long Term Care Only -Please refer to the AHCCCS Behavioral Health Drug List for additional medications		30	30

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2017

- Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As Brand Only
- Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List Are Available Through Prior Authorization

Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Type	Step Therapy Requirements	Quantity Limit (QL)	QL Days
OLANZAPINE ORALLY DISPERSABLE TABLET	ZYPREXA ZYDIS		Preferred Drug	PA Required for Ages < 6 years Long Term Care Only -Please refer to the AHCCCS Behavioral Health Drug List for additional medications		5mg: 60 10mg: 60 15MG: 30 20mg: 30	30 30 30 30
OLANZAPINE TABLETS	ZYPREXA		Preferred Drug	PA Required for Ages < 6 years Long Term Care Only -Please refer to the AHCCCS Behavioral Health Drug List for additional medications		30	30
QUETIAPINE FUMARATE TABLETS	SEROQUEL		Preferred Drug	PA Required for Ages < 6 years Long Term Care Only -Please refer to the AHCCCS Behavioral Health Drug List for additional medications		60	30
RISPERIDONE ORALLY DISPERSABLE TABLET	RISPERIDONE ODT		Preferred Drug	PA Required for Ages < 6 years Long Term Care Only -Please refer to the AHCCCS Behavioral Health Drug List for additional medications		60	30
RISPERIDONE ORAL SOLUTION	RISPERDAL		Preferred Drug	PA Required for Ages < 6 years Long Term Care Only -Please refer to the AHCCCS Behavioral Health Drug List for additional medications		240	30
RISPERIDONE TABLETS	RISPERDAL		Preferred Drug	PA Required for Ages < 6 years Long Term Care Only -Please refer to the AHCCCS Behavioral Health Drug List for additional medications		60	30

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2017

- Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As Brand Only
- Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List Are Available Through Prior Authorization

Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Type	Step Therapy Requirements	Quantity Limit (QL)	QL Days
ZIPRASIDONE HCL CAPSULES	GEODON		Preferred Drug	PA Required for Ages < 6 years Long Term Care Only -Please refer to the AHCCCS Behavioral Health Drug List for additional medications		60	30
ANTIPSYCHOTICS - SECOND GENERATION - ATYPICAL LONG ACTING INJECTABLES							
ARIPIRAZOLE LAUROXIL	ARISTADA		Preferred Drug	PA Required for Ages < 18 years Long Term Care Only -Please refer to the AHCCCS Behavioral Health Drug List for additional medications		1	30
ARIPIRAZOLE SUSPENSION	ABILIFY MAINTENA		Preferred Drug	PA Required for Ages < 18 years Long Term Care Only -Please refer to the AHCCCS Behavioral Health Drug List for additional medications		1	30
PALIPERIDONE PALMITATE SUSPENSION	INVEGA SUSTENNA		Preferred Drug	PA Required for Ages < 18 years Long Term Care Only -Please refer to the AHCCCS Behavioral Health Drug List for additional medications		1	30
PALIPERIDONE PALMITATE SUSPENSION	INVEGA TRINZA		Preferred Drug	PA Required for Ages < 18 years Long Term Care Only -Please refer to the AHCCCS Behavioral Health Drug List for additional medications		1	90
RISPERIDONE MICROSPHERES SUSPENSION	RISPERDAL CONSTA		Preferred Drug	PA Required for Ages < 18 years Long Term Care Only -Please refer to the AHCCCS Behavioral Health Drug List for additional medications		2	30
ANTIPSYCHOTICS - FIRST GENERATION -TYPICAL ORAL AGENTS							

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2017

- Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As Brand Only
- Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List Are Available Through Prior Authorization

Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Type	Step Therapy Requirements	Quantity Limit (QL)	QL Days
CHLORPROMAZINE HCL SOLUTION	VARIOUS			PA Required for Ages < 6 years Long Term Care Only -Please refer to the AHCCCS Behavioral Health Drug List for additional medications			
CHLORPROMAZINE HCL TABLETS	VARIOUS			PA Required for Ages < 6 years Long Term Care Only -Please refer to the AHCCCS Behavioral Health Drug List for additional medications			
FLUPHENAZINE HCL CONCENTRATE	VARIOUS			PA Required for Ages < 6 years Long Term Care Only -Please refer to the AHCCCS Behavioral Health Drug List for additional medications			
FLUPHENAZINE HCL ELIXIR	VARIOUS			PA Required for Ages < 6 years Long Term Care Only -Please refer to the AHCCCS Behavioral Health Drug List for additional medications			
FLUPHENAZINE HCL TABLETS	VARIOUS			PA Required for Ages < 6 years Long Term Care Only -Please refer to the AHCCCS Behavioral Health Drug List for additional medications			
HALOPERIDOL LACTATE CONCENTRATE	VARIOUS			PA Required for Ages < 6 years Long Term Care Only -Please refer to the AHCCCS Behavioral Health Drug List for additional medications			

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2017

- Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As Brand Only
- Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List Are Available Through Prior Authorization

Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Type	Step Therapy Requirements	Quantity Limit (QL)	QL Days
HALOPERIDOL TABLETS	VARIOUS			PA Required for Ages < 6 years Long Term Care Only -Please refer to the AHCCCS Behavioral Health Drug List for additional medications			
LOXAPINE SUCCINATE CAPSULES	LOXITANE			PA Required for Ages < 6 years Long Term Care Only -Please refer to the AHCCCS Behavioral Health Drug List for additional medications			
PERPHENAZINE TABLETS	VARIOUS			PA Required for Ages < 6 years Long Term Care Only -Please refer to the AHCCCS Behavioral Health Drug List for additional medications			
PIMOZIDE	ORAP			PA Required for Ages < 6 years Long Term Care Only -Please refer to the AHCCCS Behavioral Health Drug List for additional medications			
THIORIDAZINE HCL TABLETS	VARIOUS			PA Required for Ages < 6 years Long Term Care Only -Please refer to the AHCCCS Behavioral Health Drug List for additional medications			
THIOTHIXENE CAPSULES	VARIOUS			PA Required for Ages < 6 years Long Term Care Only -Please refer to the AHCCCS Behavioral Health Drug List for additional medications			

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2017

- Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As Brand Only
- Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List Are Available Through Prior Authorization

Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Type	Step Therapy Requirements	Quantity Limit (QL)	QL Days
TRIFLUOPERAZINE HCL TABLETS	VARIOUS			PA Required for Ages < 6 years Long Term Care Only -Please refer to the AHCCCS Behavioral Health Drug List for additional medications			
ANTIPSYCHOTICS - FIRST GENERATION -TYPICAL -LONG ACTING INJECTIONS							
FLUPHENAZINE DECANOATE SOLUTION	FLUPHENAZINE DECANOATE			PA Required for Ages < 18 years Long Term Care Only -Please refer to the AHCCCS Behavioral Health Drug List for additional medications			
HALOPERIDOL DECANOATE SOLUTION	HALDOL DECANOATE 50			PA Required for Ages < 18 years Long Term Care Only -Please refer to the AHCCCS Behavioral Health Drug List for additional medications			
ANTIVIRALS							
ANTIRETROVIRALS							
ABACAVIR SULFATE SOLUTION	ZIAGEN						
ABACAVIR SULFATE TABLETS	ZIAGEN						
ABACAVIR SULFATE-LAMIVUDINE TABLETS	EPZICOM						
ABACAVIR SULFATE-LAMIVUDINE-ZIDOVUDINE TABLETS	TRIZIVIR						
ABACAVIR-DOLUTEGRAVIR-LAMIVUDINE TABLETS	TRIUMEQ						
ATAZANAVIR SULFATE CAPSULES	REYATAZ						
ATAZANAVIR SULFATE PACK	REYATAZ						
ATAZANAVIR SULFATE-COBICISTAT TABLETS	EVOTAZ						
COBICISTAT TABLETS	TYBOST					30	30
DARUNAVIR ETHANOLATE SUSPENSION	PREZISTA						
DARUNAVIR ETHANOLATE TABLETS	PREZISTA						
DARUNAVIR-COBICISTAT TABLETS	PREZCOBIX						
DELAVIRDINE MESYLATE TABLETS	RESCRIPTOR						

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2017

- Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As Brand Only
- Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List Are Available Through Prior Authorization

Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Type	Step Therapy Requirements	Quantity Limit (QL)	QL Days
DIDANOSINE CAPSULE DELAYED RELEASE	VIDEX EC						
DIDANOSINE SOLUTION	VIDEX PEDIATRIC						
DOLUTEGRAVIR SODIUM TABLETS	TIVICAY						
EFAVIRENZ CAPSULES	SUSTIVA						
EFAVIRENZ TABLETS	SUSTIVA						
EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TABLETS	ATRIPLA						
ELVITEGRAVIR TABLETS	VITEKTA						
ELVITEGRAVIR-COBIKISTAT-EMTRICITABINE-TENOFOVIR TABLETS	STRIBILD						
ELVITEGRAVIR-COBIKISTAT-EMTRICITABINE-TENOFOVIR ALAFENAMIDE TABLETS	GENVOYA						
EMTRICITABINE CAPSULES	EMTRIVA						
EMTRICITABINE SOLUTION	EMTRIVA						
EMTRICITABINE-RILPIVIRINE-TENOFOVIR ALAFENAMIDE FUMARATE TABLETS	ODEFSEY						
EMTRICITABINE-RILPIVIRINE-TENOFOVIR DISOPROXIL FUMARATE TABLETS	COMPLERA						
EMTRICITABINE-TENOFOVIR ALAFENAMIDE FUMARATE TABLETS	DESCOVY						
EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TABLETS	TRUVADA			PA Required			
ENFUVIRTIDE SOLUTION	FUZEON			PA Required		1	30
ETRAVIRINE TABLETS	INTELENCE						
FOSAMPRENAVIR CALCIUM SUSPENSION	LEXIVA						
FOSAMPRENAVIR CALCIUM TABLETS	LEXIVA						
INDINAVIR SULFATE CAPSULES	CRIXIVAN						
LAMIVUDINE SOLUTION	EPIVIR						
LAMIVUDINE TABLETS	EPIVIR						
LAMIVUDINE-ZIDOVUDINE TABLETS	COMBIVIR						
LOPINAVIR-RITONAVIR SOLUTION	KALETRA						

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2017

- **Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As Brand Only**
- **Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List Are Available Through Prior Authorization**

Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Type	Step Therapy Requirements	Quantity Limit (QL)	QL Days
LOPINAVIR-RITONAVIR TABLETS	KALETRA						
MARAVIROC TABLETS	SELZENTRY			PA Required			
NELFINAVIR MESYLATE TABLETS	VIRACEPT						
NEVIRAPINE SUSPENSION	VIRAMUNE						
NEVIRAPINE TABLETS	VIRAMUNE						
NEVIRAPINE TABLET 24-HOUR	VIRAMUNE XR						
RALTEGRAVIR POTASSIUM CHEWABLE TABLETS	ISENTRESS						
RALTEGRAVIR POTASSIUM PACK	ISENTRESS						
RALTEGRAVIR POTASSIUM TABLETS	ISENTRESS						
RILPIVIRINE HCL TABLETS	EDURANT						
RITONAVIR CAPSULES	NORVIR						
RITONAVIR SOLUTION	NORVIR						
RITONAVIR TABLETS	NORVIR						
SAQUINAVIR MESYLATE CAPSULES	INVIRASE						
SAQUINAVIR MESYLATE TABLETS	INVIRASE						
STAVUDINE CAPSULES	ZERIT						
STAVUDINE SOLUTION	ZERIT						
TENOFOVIR DISOPROXIL FUMARATE POWDER	VIREAD						
TENOFOVIR DISOPROXIL FUMARATE TABLETS	VIREAD						
TIPRANAVIR CAPSULES	APTIVUS						
TIPRANAVIR SOLUTION	APTIVUS						
ZIDOVUDINE CAPSULES	RETROVIR						
ZIDOVUDINE SYRUP	RETROVIR						
ZIDOVUDINE TABLETS	ZIDOVUDINE						
CMV AGENTS							
CIDOFOVIR IV	VISTIDE			PA Required			
FOSCARENT SODIUM	FOSCAVIR			PA Required			
GANCICLOVIR SODIUM	CYTOVENE			PA Required			
VALGANCICLOVIR HCL SOLUTION	VALCYTE			PA Required			

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2017

- Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As Brand Only
- Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List Are Available Through Prior Authorization

Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Type	Step Therapy Requirements	Quantity Limit (QL)	QL Days
VALGANCICLOVIR HCL TABLETS	VALCYTE			PA Required			
HEPATITIS B AGENTS							
ADEFOVIR DIPIVOXIL TABLETS	HEPSERA			PA Required			
ENTECAVIR SOLUTION	BARACLUDE			PA Required			
ENTECAVIR TABLETS	BARACLUDE			PA Required			
TELBIVUDINE TABLETS	TYZEKA			PA Required			
HEPATITIS C AGENTS							
ADEFOVIR DIPIVOXIL TABLETS	HEPSERA			PA Required			
ELBASVIR-GRAZOPREVIR TABLETS	ZEPATIER		Preferred Drug	PA Required			
ENTECAVIR SOLUTION	BARACLUDE			PA Required			
ENTECAVIR TABLETS	BARACLUDE			PA Required			
LAMIVUDINE (HBV) SOLUTION	EPIVIR HBV						
LAMIVUDINE (HBV) TABLETS	EPIVIR HBV						
LEDIPASVIR-SOFOSBUVIR TABLETS	HARVONI		Preferred Drug	PA Required			
OMBITASVIR-PARITAPREVIR-RITONAVIR TABLETS	TECHNIVIE		Preferred Drug	PA Required			
OMBITASVIR-PARITAPREVIR-RITONAVIR & DASABUVIR TABLET THERAPY PACK	VIEKIRA PAK		Preferred Drug	PA Required			
OMBITASVIR-PARITAPREVIR-RITONAVIR & DASABUVIR TABLET 24-HOUR	VIEKIRA XR		Preferred Drug	PA Required			
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			
SOFOBUVIR-VELPATASVIR TABLETS	EPCLUSA		Preferred Drug for: 1. Genotypes 2 2. Genotype 3	PA Required			
TELBIVUDINE TABLETS	TYZEKA			PA Required			
HERPES AGENTS							
ACYCLOVIR SUSPENSION	ZOVIRAX						

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2017

- Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As Brand Only
- Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List Are Available Through Prior Authorization

Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Type	Step Therapy Requirements	Quantity Limit (QL)	QL Days
ACYCLOVIR TABLETS	ZOVIRAX						
FAMCICLOVIR TABLETS	FAMVIR			PA Required			
VALACYCLOVIR HCL TABLETS	VALTREX			PA Required			
INFLUENZA AGENTS							
OSELTAMIVIR PHOSPHATE CAPSULES	TAMIFLU					20	270
OSELTAMIVIR PHOSPHATE SUSPENSION	TAMIFLU						
RIMANTADINE HYDROCHLORIDE TABLETS	FLUMADINE						
ZANAMIVIR AEROSOL POWDER BREATH ACTIVATED	RELENZA DISKHALER					40	270
ASSORTED CLASSES							
CHELATING AGENTS							
PENICILLAMINE CAPSULES	CUPRIMINE						
IMMUNOMODULATORS							
LENALIDOMIDE CAPSULES	REVLIMID			PA Required			
THALIDOMIDE CAPSULES	THALOMID			PA Required			
IMMUNOSUPPOSITORYRESSIVE AGENTS							
AZATHIOPRINE TABLETS	IMURAN						
CYCLOSPORINE CAPSULES	SANDIMMUNE						
CYCLOSPORINE MODIFIED (FOR MICROEMULSION) CAPSULES	GENGRAF						
CYCLOSPORINE MODIFIED (FOR MICROEMULSION) SOLUTION	GENGRAF						
CYCLOSPORINE SOLUTION	SANDIMMUNE						
EVEROLIMUS (IMMUNOSUPPOSITORYRESSANT) TABLETS	ZORTRESS			PA Required			
MYCOPHENOLATE MOFETIL CAPSULES	CELLCEPT						
MYCOPHENOLATE MOFETIL SUSPENSION	CELLCEPT						
MYCOPHENOLATE MOFETIL TABLETS	CELLCEPT						
SIROLIMUS SOLUTION	RAPAMUNE						
SIROLIMUS TABLETS	RAPAMUNE						
TACROLIMUS CAPSULES	HECORIA						
TACROLIMUS CAPSULE CONTROLLED RELEASE	ASTAGRAF XL						
POTASSIUM REMOVING RESINS							
SODIUM POLYSTYRENE SULFONATE POWDER	KAYEXALATE						
SODIUM POLYSTYRENE SULFONATE SUSPENSION	KIONEX						
BETA BLOCKERS							
ALPHA-BETA BLOCKERS							

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2017

- Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As Brand Only
- Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List Are Available Through Prior Authorization

Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Type	Step Therapy Requirements	Quantity Limit (QL)	QL Days
CARVEDILOL TABLETS	COREG						
LABETALOL HCL TABLETS	TRANDATE						
BETA BLOCKERS CARDIO-SELECTIVE							
ATENOLOL TABLETS	TENORMIN						
METOPROLOL SUCCINATE TABLET 24-HOUR	TOPROL XL						
METOPROLOL TARTRATE TABLETS	METOPROLOL TARTRATE						
BETA BLOCKERS NON-SELECTIVE							
NADOLOL TABLETS	CORGARD						
PINDOLOL TABLETS	PINDOLOL						
PROPRANOLOL HCL CAPSULE CONTROLLED RELEASE	INDERAL LA						
PROPRANOLOL HCL SOLUTION	PROPRANOLOL HCL						
PROPRANOLOL HCL TABLETS	INDERAL						
SOTALOL HCL SOLUTION	SOTYLIZE						
SOTALOL HCL TABLETS	BETAPACE						
CALCIUM CHANNEL BLOCKERS							
CALCIUM CHANNEL BLOCKERS							
AMLODIPINE BESYLATE TABLETS	NORVASC					30	30
DILTIAZEM HCL COATED BEADS CAPSULE CONTROLLED RELEASE	CARDIZEM CD					30	30
DILTIAZEM HCL COATED BEADS TABLET 24-HOUR	CARDIZEM LA						
DILTIAZEM HCL CAPSULE 12-HOUR	DILTIAZEM HCL ER						
DILTIAZEM HCL CAPSULE CONTROLLED RELEASE	DILTIAZEM HCL ER						
DILTIAZEM HCL EXTENDED RELEASE BEADS CAPSULE CONTROLLED RELEASE	TAZTIA XT					30	30
DILTIAZEM HCL TABLETS	CARDIZEM						
FELODIPINE TABLET 24-HOUR	FELODIPINE ER						
ISRADIPINE CAPSULES	ISRADIPINE						
NICARDIPINE HCL CAPSULES	NICARDIPINE HCL						
NICARDIPINE HCL CAPSULE 12-HOUR	CARDENE SR						
NIFEDIPINE CAPSULES	PROCARDIA						
NIFEDIPINE TABLET 24-HOUR	ADALAT CC					30	30
NIMODIPINE CAPSULES	NIMODIPINE						
NIMODIPINE SOLUTION	NYMALIZE						
NISOLDIPINE TABLET 24-HOUR	SULAR						
VERAPAMIL HCL CAPSULE CONTROLLED RELEASE	VERELAN PM					30	30

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2017

- Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As Brand Only
- Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List Are Available Through Prior Authorization

Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Type	Step Therapy Requirements	Quantity Limit (QL)	QL Days
VERAPAMIL HCL TABLETS	VERAPAMIL HCL						
VERAPAMIL HCL TABLET CONTROLLED RELEASE	CALAN SR					30	30
CARDIOTONICS							
CARDIAC GLYCOSIDES							
DIGOXIN SOLUTION	DIGOXIN						
DIGOXIN TABLETS	LANOXIN						
CARDIOVASCULAR AGENTS - MISC.							
ANGIOTENSTIN RECEPTOR NEPRILYSIN INHIBITOR							
SACUBITRIL / VALSARTAN	ENTRESTO			PA Required			
PROSTAGLANDIN VASODILATORS							
EPOPROSTENOL SODIUM SOLUTION	FLOLAN			PA Required			
ILOPROST SOLUTION	VENTAVIS			PA Required			
TREPROSTINIL SODIUM SOLUTION	REMODULIN			PA Required			
TREPROSTINIL SOLUTION	TYVASO			PA Required			
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAG							
AMBRISENTAN TABLETS	LETAIRIS			PA Required			
BOSENTAN TABLETS	TRACLEER			PA Required			
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBIT							
SILDENAFIL CITRATE (PULMONARY HYPERTENSION) SUSPENSION	REVATIO			PA Required			
SILDENAFIL CITRATE (PULMONARY HYPERTENSION) TABLETS	REVATIO			PA Required			
TADALAFIL (PULMONARY HYPERTENSION) TABLETS	ADCIRCA			PA Required			
CEPHALOSPORINS							
CEPHALOSPORINS - 1ST GENERATION							
CEFADROXIL CAPSULES	CEFADROXIL						
CEFADROXIL SUSPENSION	CEFADROXIL						
CEFADROXIL TABLETS	CEFADROXIL						
CEPHALEXIN CAPSULES	KEFLEX						
CEPHALEXIN SUSPENSION	CEPHALEXIN						
CEPHALEXIN TABLETS	CEPHALEXIN						
CEPHALOSPORINS - 2ND GENERATION							
CEFACLOR CAPSULES	CEFACLOR						
CEFACLOR SUSPENSION	CEFACLOR						
CEFPROZIL SUSPENSION	CEFPROZIL						

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2017

- Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As Brand Only
- Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List Are Available Through Prior Authorization

Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Type	Step Therapy Requirements	Quantity Limit (QL)	QL Days
CEFPROZIL TABLETS	CEFPROZIL						
CEFUROXIME AXETIL SUSPENSION	CEFTIN						
CEFUROXIME AXETIL TABLETS	CEFTIN						
CEPHALOSPORINS - 3RD GENERATION							
CEFDINIR CAPSULES	CEFDINIR						
CEFDINIR SUSPENSION	CEFDINIR						
CEFIXIME CAPSULES	SUPRAX					1	30
CEFIXIME CHEWABLE TABLETS	SUPRAX					1	30
CEFIXIME SUSPENSION	SUPRAX					1	30
CEFIXIME TABLETS	SUPRAX					1	30
CEFPODOXIME PROXETIL SUSPENSION	CEFPODOXIME PROXETIL						
CEFPODOXIME PROXETIL TABLETS	CEFPODOXIME PROXETIL						
CONTRACEPTIVES							
COMBINATION CONTRACEPTIVES - ORAL							
DESOGESTREL & ETHINYL ESTRADIOL TABLETS	APRI						
DESOGESTREL-ETHINYL ESTRADIOL (BIPHASIC) TABLETS	AZURETTE						
DESOGESTREL-ETHINYL ESTRADIOL (TRIPHASIC) TABLETS	CAZIAN						
DROSPIRENONE-ETHINYL ESTRADIOL TABLETS	OCELLA						
ETHYNODIOL DIACET & ETHINYL ESTRADIOL TABLETS	KELNOR 1/35						
LEVONORGESTREL & ETHINYL ESTRADIOL TABLETS	AUBRA						
LEVONORGESTREL-ETHINYL ESTRADIOL (TRIPHASIC) TABLETS	ENPRESSE-28						
LEVONORGESTREL-ETHINYL ESTRADIOL (91-DAY) TABLETS	AMETHIA LO						
NORETHINDRONE & ETHINYL ESTRADIOL TABLETS	BALZIVA						
NORETHINDRONE & MESTRANOL TABLETS	NECON 1/50-28						
NORETHINDRONE ACETATE & ETHINYL ESTRADIOL TABLETS	GILDESS 1/20						
NORETHINDRONE ACETATE-ETHINYL ESTRADIOL-FE TABLETS	ESTROSTEP FE						
NORETHINDRONE-ETHINYL ESTRADIOL (BIPHASIC) TABLETS	NECON 10/11-28						
NORETHINDRONE-ETHINYL ESTRADIO+A894L (TRIPHASIC) TABLETS	CYCLAFEM 7/7/7						
NORGESTIMATE-ETHINYL ESTRADIOL (TRIPHASIC) TABLETS	ORTHO TRI-CYCLEN						
NORGESTIMATE-ETHINYL ESTRADIOL TABLETS	ESTARYLLA						
NORGESTREL & ETHINYL ESTRADIOL TABLETS	CRYSSELLE-28						
COMBINATION CONTRACEPTIVES - VAGINAL							
ETONOGESTREL-ETHINYL ESTRADIOL RING	NUVARING						

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2017

- Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As Brand Only
- Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List Are Available Through Prior Authorization

Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Type	Step Therapy Requirements	Quantity Limit (QL)	QL Days
EMERGENCY CONTRACEPTIVES							
LEVONORGESTREL TABLETS	PLAN B						
PROGESTIN CONTRACEPTIVES - INJECTABLE							
HYDROXYPROGESTERONE CAPROATE OIL	MAKENA 250 MG/ML			PA Required			
MEDROXYPROGESTERONE ACETATE SUSPENSION	DEPO-PROVERA CONTRACEPTIVE						
PROGESTIN CONTRACEPTIVES - ORAL							
NORETHINDRONE TABLETS	CAMILA						
CORTICOSTEROIDS							
GLUCOCORTICOSTEROIDS							
DEXAMETHASONE CONCENTRATE	DEXAMETHASONE INTENSOL						
DEXAMETHASONE ELIXIR	VARIOUS						
DEXAMETHASONE SOLUTION	DEXAMETHASONE						
DEXAMETHASONE TABLETS	DEXAMETHASONE						
HYDROCORTISONE SOD SUCCINATE SOLUTION (INJECTABLE)	A-HYDROCORT			Long Term Care Only			
METHYLPREDNISOLONE ACETATE SUSPENSION (INJECTABLE)	DEPO-MEDROL			Long Term Care Only			
METHYLPREDNISOLONE SOD SUCC SOLUTION (INJECTABLE)	A-METHAPRED			Long Term Care Only			
METHYLPREDNISOLONE TABLETS	MEDROL						
PREDNISOLONE SODIUM PHOSPHATE SOLUTION	ORAPRED						
PREDNISOLONE SODIUM PHOSPHATE ORALLY DISINTEGRATING TABLETS	ORAPRED ODT						
PREDNISOLONE SYRUP	PRELONE						
PREDNISOLONE TABLETS	VARIOUS						
PREDNISONE CONCENTRATE	PREDNISONE INTENSOL						
PREDNISONE SOLUTION	PREDNISONE						
PREDNISONE TABLETS	PREDNISONE						
TRIAMCINOLONE ACETONIDE SUSPENSION (INJECTABLE)	KENALOG-10			Long Term Care Only			
TRIAMCINOLONE DIACETATE SUSPENSION (INJECTABLE)	TRIAMCINOLONE			Long Term Care Only			
TRIAMCINOLONE HEXACETONIDE SUSPENSION (INJECTABLE)	ARISTOSPAN INTRALESIONAL & INTRA-ARTICULAR			Long Term Care Only			
MINERALOCORTICIDS							
FLUDROCORTISONE ACETATE TABLETS	FLORINEF						
COUGH/COLD/ALLERGY							
ANTITUSSIVES							
BENZONATATE CAPSULES	TESSALON PERLES						

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2017

- Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As Brand Only
- Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List Are Available Through Prior Authorization

Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Type	Step Therapy Requirements	Quantity Limit (QL)	QL Days
HYDROCODONE W/ HOMATROPINE SYRUP	VARIOUS					240	12
HYDROCODONE W/ HOMATROPINE TABLETS	VARIOUS						
COUGH/COLD/ALLERGY COMBINATIONS							
BROMPHENIRAMINE & PSEUDOEPHEDRINE LIQUID	VARIOUS						
BROMPHENIRAMINE & PSEUDOEPHEDRINE TABLET 12-HOUR	VARIOUS						
BROMPHENIRAMINE-DEXTROMETHORPHAN-PHENYLEPHRINE LIQUID/TABLETS	VARIOUS						
CETIRIZINE-PSEUDOEPHEDRINE TABLET 12-HOUR	VARIOUS					30	30
CHLORPHENIRAMINE & PSEUDOEPHEDRINE CHEWABLE TABLETS	VARIOUS						
CHLORPHENIRAMINE & PSEUDOEPHEDRINE LIQUID	VARIOUS					480	30
CHLORPHENIRAMINE & PSEUDOEPHEDRINE SOLUTION	VARIOUS					480	30
CHLORPHENIRAMINE & PSEUDOEPHEDRINE SYRUP	VARIOUS					480	30
CHLORPHENIRAMINE & PSEUDOEPHEDRINE TABLETS	VARIOUS						
DEXTROMETHORPHAN-GUAIFENESIN TABLET	VARIOUS						
DEXTROMETHORPHAN-GUAIFENESIN LIQUID	VARIOUS					480	30
DEXTROMETHORPHAN-GUAIFENESIN TABLET 12-HOUR	MUCINEX DM						
FEXOFENADINE-PSEUDOEPHEDRINE TABLET 12-HOUR	VARIOUS					30	30
FEXOFENADINE-PSEUDOEPHEDRINE TABLET 24-HOUR	VARIOUS					30	30
GUAIFENESIN-CODEINE SYRUP	ROBITUSSIN AC					240	12
LORATADINE & PSEUDOEPHEDRINE TABLET 12-HOUR	ALAVERT ALLERGY/SINUS					30	30
LORATADINE & PSEUDOEPHEDRINE TABLET 24-HOUR	CLARITIN-D 24 HOUR					30	30
PHENYLEPHRINE W/ DEXTROMETHORPHAN-GUAIFENESIN CAPSULES	VARIOUS						
PHENYLEPHRINE W/ DEXTROMETHORPHAN-GUAIFENESIN LIQUID	ROBITUSSIN CHILDRENS COUGH & COLD CF					480	30
PHENYLEPHRINE W/ DEXTROMETHORPHAN-GUAIFENESIN SYRUP	VARIOUS					480	30
PHENYLEPHRINE W/ DEXTROMETHORPHAN-GUAIFENESIN TABLETS	VARIOUS						
PHENYLEPHRINE W/ DEXTROMETHORPHAN-GUAIFENESIN TABLET 12-HOUR	VARIOUS						
PHENYLEPHRINE-BROMPHENIRAMINE-DEXTROMETHORPHAN ELIXIR	VARIOUS					480	30
PHENYLEPHRINE-BROMPHENIRAMINE-DEXTROMETHORPHAN LIQUID	DIMETAPP DEXTROMETHORPHAN COLD & COUGH					480	30
PHENYLEPHRINE-BROMPHENIRAMINE-DEXTROMETHORPHAN SYRUP	VARIOUS					480	30
PHENYLEPHRINE-CHLORPHENIRAMINE-DEXTROMETHORPHAN LIQUID	VARIOUS					480	30
PHENYLEPHRINE-CHLORPHENIRAMINE-DEXTROMETHORPHAN DROPS	VARIOUS			PA Required for < 6 years old			
PHENYLEPHRINE-CHLORPHENIRAMINE-DEXTROMETHORPHAN SYRUP	VARIOUS					480	30

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2017

- Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As Brand Only
- Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List Are Available Through Prior Authorization

Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Type	Step Therapy Requirements	Quantity Limit (QL)	QL Days
PHENYLEPHRINE-CHLORPHENIRAMINE-DEXTROMETHORPHAN TABLETS	VARIOUS						
PHENYLEPHRINE-GUAIFENESIN CAPSULES	VARIOUS						
PHENYLEPHRINE-GUAIFENESIN LIQUID	TRIAMINIC CHEST/ NASAL CONGESTION					480	30
PHENYLEPHRINE-GUAIFENESIN SYRUP	TRIAMINIC CHEST & NASAL CONGESTION					480	30
PHENYLEPHRINE-GUAIFENESIN TABLETS	VARIOUS						
PROMETHAZINE & PHENYLEPHRINE SYRUP	PROMETHAZINE/ PHENYLEPHRINE					480	30
PROMETHAZINE W/CODEINE SYRUP	PROMETHAZINE/CODEINE					240	12
PROMETHAZINE-DEXTROMETHORPHAN SYRUP	PROMETHAZINE/ DEXTROMETHORPHAN					480	30
PSEUDOEPHEDRINE W/ CODEINE-GUAIFENESIN SYRUP	VARIOUS					240	12
EXPECTORANTS							
GUAIFENESIN LIQUID	VARIOUS					480	30
GUAIFENESIN SYRUP	VARIOUS					480	30
GUAIFENESIN TABLETS	VARIOUS						
GUAIFENESIN TABLET 12-HOUR	VARIOUS						
DERMATOLOGICALS							
ACNE PRODUCTS							
BENZOYL PEROXIDE BAR	VARIOUS						
BENZOYL PEROXIDE CREAM	VARIOUS						
BENZOYL PEROXIDE FOAM	VARIOUS						
BENZOYL PEROXIDE GEL	VARIOUS						
BENZOYL PEROXIDE LIQUID	VARIOUS						
BENZOYL PEROXIDE LOTION	VARIOUS						
CLINDAMYCIN PHOSPHATE GEL	CLEOCIN-T						
CLINDAMYCIN PHOSPHATE LOTION	CLEOCIN-T						
CLINDAMYCIN PHOSPHATE SOLUTION	CLEOCIN-T						
ERYTHROMYCIN GEL	ERYGEL						
ERYTHROMYCIN SOLUTION	ERYTHROMYCIN						
ISOTRETINOIN CAPSULES	AMNESTEEM				PA Required		
SULFACETAMIDE SODIUM LOTION	KLARON						
TRETINOIN CREAM	RETIN-A				PA Required FOR > 26 Years of Age		

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2017

- Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As Brand Only
- Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List Are Available Through Prior Authorization

Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Type	Step Therapy Requirements	Quantity Limit (QL)	QL Days
TRETINOIN GEL	RETIN-A			PA Required FOR > 26 Years of Age			
ANTIBIOTICS - TOPICAL							
BACITRACIN OINTMENT	BACIGUENT						
BACITRACIN ZINC OINTMENT	BACITRACIN						
BACITRACIN-POLYMYXIN B OINTMENT	POLYSPORIN						
BACITRACIN-POLYMYXIN-NEOMYCIN HC OINTMENT	CORTISPORIN						
GENTAMICIN SULFATE CREAM	GENTAMICIN SULFATE						
GENTAMICIN SULFATE OINTMENT	GENTAMICIN SULFATE						
MUPIROCIIN CALCIUM CREAM	BACTROBAN						
MUPIROCIIN OINTMENT	BACTROBAN						
NEOMYCIN-BACITRACIN-POLYMYXIN OINTMENT	NEOSPORIN						
ANTIFUNGALS - TOPICAL							
CLOTRIMAZOLE CREAM	LOTRIMIN						
CLOTRIMAZOLE OINTMENT	LOTRIMIN						
CLOTRIMAZOLE SOLUTION	VARIOUS						
CLOTRIMAZOLE W/ BETAMETHASONE CREAM	LOTRISONE						
CLOTRIMAZOLE W/ BETAMETHASONE LOTION	CLOTRIMAZOLE/ BETAMETHASONE DIPROPIONATE						
KETOCONAZOLE CREAM	VARIOUS						
KETOCONAZOLE GEL	VARIOUS						
KETOCONAZOLE SHAMPOO	VARIOUS						
MICONAZOLE NITRATE CREAM	VARIOUS						
MICONAZOLE NITRATE LIQUID	VARIOUS						
MICONAZOLE NITRATE POWDER	VARIOUS						
NYSTATIN CREAM	VARIOUS						
NYSTATIN OINTMENT	VARIOUS						
NYSTATIN POWDER	NYAMYC						
ANTI-HISTAMINES-TOPICAL							
DIPHENHYDRAMINE HCL CREAM	ANTI-ITCH MAXIMUM STRENGTH						
DIPHENHYDRAMINE HCL GEL	BENADRYL ITCH STOPPING						
DIPHENHYDRAMINE HCL SOLUTION	BENADRYL MAXIMUM STRENGTH						
ANTISEBORRHEIC TOPICAL PRODUCTS							
SELENIUM SULFIDE LOTION	SELSUN SHAMPOOPOO						

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2017

- Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As Brand Only
- Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List Are Available Through Prior Authorization

Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Type	Step Therapy Requirements	Quantity Limit (QL)	QL Days
ANTIVIRALS - TOPICAL							
DOCOSANOL 10% CREAM	ABREVA						
ACYCLOVIR OINTMENT	ZOVIRAX					15GM	30
BURN PRODUCTS							
SILVER SULFADIAZINE CREAM	SILVADENE						
CORTICOSTEROIDS - TOPICAL							
ALCLOMETASONE DIPROPIONATE CREAM	ACLOVATE						
ALCLOMETASONE DIPROPIONATE OINTMENT	ACLOVATE						
BETAMETHASONE DIPROPIONATE AUGMENTED CREAM	DIPROLENE AF						
BETAMETHASONE DIPROPIONATE AUGMENTED GEL	DIPROLENE AF					50	30
BETAMETHASONE DIPROPIONATE AUGMENTED LOTION	DIPROLENE						
BETAMETHASONE DIPROPIONATE AUGMENTED OINTMENT	DIPROLENE					50	30
BETAMETHASONE VALERATE CREAM	VARIOUS						
BETAMETHASONE VALERATE LOTION	VARIOUS						
BETAMETHASONE VALERATE OINTMENT	VARIOUS						
CLOBETASOL PROPIONATE CREAM	TEMOVATE					60	30
CLOBETASOL PROPIONATE EMULSION FOAM	OLUX-E					100	30
CLOBETASOL PROPIONATE FOAM	OLUX					100	30
CLOBETASOL PROPIONATE GEL	TEMOVATE					60	30
CLOBETASOL PROPIONATE LOTION	CLOBEX					118	30
CLOBETASOL PROPIONATE OINTMENT	TEMOVATE					60	30
CLOBETASOL PROPIONATE SHAMPOO	VARIOUS						
CLOBETASOL PROPIONATE SOLUTION	VARIOUS						
DESONIDE CREAM	DESOWEN						
DESONIDE GEL	DESONATE						
DESONIDE LOTION	DESOWEN						
DESONIDE OINTMENT	DESOWEN						
FLUOCINOLONE ACETONIDE CREAM	FLUOCINOLONE ACETONIDE						
FLUOCINOLONE ACETONIDE OIL	DERMA-SMOOTH/FS BODY						
FLUOCINOLONE ACETONIDE OINTMENT	SYNALAR						
FLUOCINOLONE ACETONIDE SHAMPOO	CAPEX						
FLUOCINOLONE ACETONIDE SOLUTION	SYNALAR						

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2017

- Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As Brand Only
- Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List Are Available Through Prior Authorization

Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Type	Step Therapy Requirements	Quantity Limit (QL)	QL Days
FLUOCINONIDE CREAM 0.05%	VARIOUS						
FLUOCINONIDE EMULSIFIED BASE CREAM 0.05%	VARIOUS						
FLUOCINONIDE GEL 0.05%	VARIOUS						
FLUOCINONIDE OINTMENT 0.05%	VARIOUS						
FLUOCINONIDE SOLUTION 0.05%	VARIOUS						
FLURANDRENOLIDE CREAM	CORDRAN						
FLURANDRENOLIDE LOTION	CORDRAN						
FLURANDRENOLIDE OINTMENT	CORDRAN						
FLUTICASONE PROPIONATE CREAM	VARIOUS						
FLUTICASONE PROPIONATE LOTION	VARIOUS						
FLUTICASONE PROPIONATE OINTMENT	VARIOUS						
HYDROCORTISONE CREAM	VARIOUS						
HYDROCORTISONE LOTION	VARIOUS						
HYDROCORTISONE OINTMENT	VARIOUS						
HYDROCORTISONE SOLUTION	VARIOUS						
HYDROCORTISONE BUTYRATE CREAM	VARIOUS						
HYDROCORTISONE BUTYRATE LOTION	VARIOUS						
HYDROCORTISONE BUTYRATE OINTMENT	VARIOUS						
HYDROCORTISONE BUTYRATE SOLUTION	VARIOUS						
HYDROCORTISONE VALERATE CREAM	VARIOUS						
HYDROCORTISONE VALERATE OINTMENT	VARIOUS						
MOMETASONE FUROATE CREAM	ELOCON						
MOMETASONE FUROATE OINTMENT	ELOCON						
MOMETASONE FUROATE SOLUTION	ELOCON						
PRAMOXINE-HC FOAM	EPIFOAM						
TRIAMCINOLONE ACETONIDE (TOPICAL) AEROSOL	VARIOUS						
TRIAMCINOLONE ACETONIDE (TOPICAL) CREAM	VARIOUS						
TRIAMCINOLONE ACETONIDE (TOPICAL) LOTION	VARIOUS						
TRIAMCINOLONE ACETONIDE (TOPICAL) OINTMENT	VARIOUS						
KERATOLYTIC/ANTIMITOTIC AGENTS							
SALICYLIC ACID CREAM	SALACYN						
SALICYLIC ACID FOAM	SALVAX						

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2017

- Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As Brand Only
- Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List Are Available Through Prior Authorization

Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Type	Step Therapy Requirements	Quantity Limit (QL)	QL Days
SALICYLIC ACID GEL	KERALYT						
SALICYLIC ACID LIQUID	VIRASAL						
SALICYLIC ACID LOTION	SALACYN						
SALICYLIC ACID SHAMPOO	SALEX						
SALICYLIC ACID SOLUTION	VARIOUS						
LOCAL ANESTHETICS - TOPICAL							
LIDOCAINE CREAM 4%	ASPERCREME W/LIDOCAINE						
LIDOCAINE HCL GEL 2%	GLYDO						
LIDOCAINE HCL LOTION	LIDOCAINE HCL						
LIDOCAINE OINTMENT	LIDOCAINE			PA Required			
LIDOCAINE PATCH	LIDODERM			PA Required			
LIDOCAINE HCL SOLUTION	VARIOUS						
LIDOCAINE OINTMENT	VARIOUS						
LIDOCAINE PATCH	LIDODERM			PA Required			
LIDOCAINE-PRILOCAINE CREAM	EMLA						
TOPICAL - MISC.							
ALUMINUM CHLORIDE SOLUTION	DRYSOL						
ROSACEA TOPICAL AGENTS							
METRONIDAZOLE CREAM 0.75%	METROCREAM						
METRONIDAZOLE GEL 0.75%	METROGEL						
METRONIDAZOLE LOTION	METROLOTION						
SCABICIDES & PEDICULICIDES TOPICAL AGENTS+A1106							
CROTAMITON CREAM	EURAX						
CROTAMITON LOTION	EURAX						
IVERMECTIN LOTION	SKLICE			PA Required			
PERMETHRIN CREAM	ACTICIN						
PERMETHRIN 1%, 5%	NIX, ELIMITE						
PERMETHRIN LIQUID	NIX CREME RINSE						
PYRETHRINS-PIPERONYL BUTOXIDE GEL	A-200						
PYRETHRINS-PIPERONYL BUTOXIDE LIQUID	BARC						
PYRETHRINS-PIPERONYL BUTOXIDE SHAMPOO	LICIDE						
SPINOSAD SUSPENSION	NATROBA			PA Required			

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2017

- Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As Brand Only
- Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List Are Available Through Prior Authorization

Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Type	Step Therapy Requirements	Quantity Limit (QL)	QL Days
DIAGNOSTIC PRODUCTS							
DIAGNOSTIC TESTS							
BLOOD GLUCOSE MONITORS & STRIPS	VARIOUS						
DIGESTIVE AIDS							
DIGESTIVE ENZYMES							
LIPASE-PROTEASE-AMYLASE CAPSULE DELAYED RELEASE	CREON	Brand Only	Preferred Drug			500	30
LIPASE-PROTEASE-AMYLASE CAPSULE DELAYED RELEASE 5000 U	PANCRELIPASE 5000 U	Brand Only	Preferred Drug			500	30
LIPASE-PROTEASE-AMYLASE CAPSULE DELAYED RELEASE	ZENPEP	Brand Only	Preferred Drug			500	30
SACROSIDASE SOLUTION	SUCRAID			PA Required			
DIURETICS							
CARBONIC ANHYDRASE INHIBITORS							
ACETAZOLAMIDE CAPSULE 12-HOUR	DIAMOX						
ACETAZOLAMIDE TABLETS	ACETAZOLAMIDE						
METHAZOLAMIDE TABLETS	NEPTAZANE						
DIURETIC COMBINATIONS							
SPIRONOLACTONE & HYDROCHLOROTHIAZIDE TABLETS	ALDACTAZIDE						
TRIAMTERENE & HYDROCHLOROTHIAZIDE CAPSULES	DYAZIDE						
TRIAMTERENE & HYDROCHLOROTHIAZIDE TABLETS	MAXZIDE-25						
LOOP DIURETICS							
BUMETANIDE TABLETS	BUMETANIDE						
FUROSEMIDE SOLUTION	FUROSEMIDE						
FUROSEMIDE TABLETS	LASIX						
TORSEMIDE TABLETS	DEMADEX						
POTASSIUM SPARING DIURETICS							
SPIRONOLACTONE TABLETS	ALDACTONE						
THIAZIDES AND THIAZIDE-LIKE DIURETICS							
CHLOROTHIAZIDE SUSPENSION	DIURIL						
CHLOROTHIAZIDE TABLETS	CHLOROTHIAZIDE						
CHLORTHALIDONE TABLETS	CHLORTHALIDONE						
HYDROCHLOROTHIAZIDE CAPSULES 12.5MG	VARIOUS						
HYDROCHLOROTHIAZIDE TABLETS 25MG & 50MG	HYDROCHLOROTHIAZIDE						
INDAPAMIDE TABLETS	INDAPAMIDE						
METOLAZONE TABLETS	ZAROXOLYN						

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2017

- Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As Brand Only
- Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List Are Available Through Prior Authorization

Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Type	Step Therapy Requirements	Quantity Limit (QL)	QL Days
ENDOCRINE AND METABOLIC AGENTS - MISC.							
BONE DENSITY REGULATORS							
ALENDRONATE SODIUM TABLETS	ALENDRONATE SODIUM						
CALCITONIN (SALMON) SOLUTION	MIACALCIN						
GROWTH HORMONES							
SOMATROPIN	NORDITROPIN		Preferred Drug	PA Required			
SOMATROPIN	GENOTROPIN		Preferred Drug	PA Required			
HORMONE RECEPTOR MODULATORS							
RALOXIFENE HCL TABLETS	EVISTA						
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)							
MECASERMIN SOLUTION	INCRELEX			PA Required			
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPOSITORYRESSANTS							
LEUPROLIDE ACETATE (CPP) (3 MONTH) KIT	LUPRON DEPOT-PED			PA Required			
LEUPROLIDE ACETATE (CPP) KIT	LUPRON DEPOT-PED			PA Required			
METABOLIC MODIFIERS							
CINACALCET HCL TABLETS	SENSIPAR			PA Required			
IDURSULFASE SOLUTION	ELAPRASE			PA Required			
POSTERIOR PITUITARY HORMONES							
DESMOPRESSIN ACETATE REFRIGERATED SOLUTION	VARIOUS						
DESMOPRESSIN ACETATE SOLUTION	VARIOUS						
DESMOPRESSIN ACETATE SPRAY REFRIGERATED SOLUTION	VARIOUS						
DESMOPRESSIN ACETATE SPRAY SOLUTION	VARIOUS						
DESMOPRESSIN ACETATE TABLETS	VARIOUS			PA Required			
ESTROGENS							
ESTROGEN COMBINATIONS							
CONJUGATED ESTROGENS-MEDROXYPROGESTERONE ACETATE TABLETS	PREMPRO						
ESTRADIOL-LEVONORGESTREL PATCH-WEEKLY	CLIMARA PATCH						
ESTROGENS							
ESTERIFIED ESTROGENS TABLETS	MENEST						
ESTRADIOL PATCH-TWICE WEEKLY	ALORA						
ESTRADIOL PATCH-WEEKLY	MENOSTAR						
ESTRADIOL TABLETS	ESTRACE						
ESTROGENS, CONJUGATED SYNTHETIC A TABLETS	CENESTIN						

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2017

- Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As Brand Only
- Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List Are Available Through Prior Authorization

Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Type	Step Therapy Requirements	Quantity Limit (QL)	QL Days
ESTROGENS, CONJUGATED TABLETS	PREMARIN						
ESTROPIRATE TABLETS	ORTHO-EST						
FLUOROQUINOLONES							
FLUOROQUINOLONES							
CIPROFLOXACIN HCL TABLETS	CIPROFLOXACIN HCL						
LEVOFLOXACIN SOLUTION	LEVAQUIN						
LEVOFLOXACIN TABLETS	LEVAQUIN						
OFLOXACIN TABLETS	OFLOXACIN						
GASTROINTESTINAL AGENTS - MISC.							
GALLSTONE SOLUBILIZING AGENTS							
URSODIOL CAPSULES	ACTIGALL						
URSODIOL TABLETS	URSO 250						
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS							
LUBIPROSTONE CAPSULES	AMITIZA			PA Required			
GASTROINTESTINAL STIMULANTS							
METOCLOPRAMIDE HCL SOLUTION	VARIOUS						
METOCLOPRAMIDE HCL TABLETS	VARIOUS						
METOCLOPRAMIDE HCL ORALLY DISINTEGRATING TABLETS	VARIOUS						
INFLAMMATORY BOWEL AGENTS							
BALSALAZIDE DISODIUM CAPSULES	COLAZAL					270	30
BALSALAZIDE DISODIUM TABLETS	GIAZO					270	30
BUDESONIDE CAPSULES	ENTOCORT EC						
MESALAMINE CAPSULE CONTROLLED RELEASE	PENTASA					270	30
MESALAMINE ENEMA	MESALAMINE					240	30
MESALAMINE TABLET ENTERIC COATED	ASACOL HD					120	30
OLSALAZINE SODIUM CAPSULES	DIPENTUM					120	30
SULFASALAZINE TABLETS	AZULFIDINE					240	30
SULFASALAZINE TABLET ENTERIC COATED	AZULFIDINE EN-TABLETS					240	30
IRRITABLE BOWEL SYNDROME (IBS) AGENTS							
LINACLOTIDE CAPSULES	LINZESS			PA Required			
PHOSPHATE BINDER AGENTS							
CALCIUM ACETATE (PHOSPHATE BINDER) CAPSULES	PHOSLO						
CALCIUM ACETATE (PHOSPHATE BINDER) SOLUTION	PHOSLYRA						

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2017

- Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As Brand Only
- Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List Are Available Through Prior Authorization

Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Type	Step Therapy Requirements	Quantity Limit (QL)	QL Days
CALCIUM ACETATE (PHOSPHATE BINDER) TABLETS	ELIPHOS						
LANTHANUM CARBONATE CHEWABLE TABLETS	FOSRENOL			PA Required			
LANTHANUM CARBONATE PACKETS	FOSRENOL			PA Required			
SEVELAMER CARBONATE PACKETS	REVELA			PA Required			
SEVELAMER CARBONATE TABLETS	REVELA			PA Required			
SEVELAMER HCL TABLETS	RENAGEL			PA Required			
GENITOURINARY AGENTS - MISC.							
INTERSTITIAL CYSTITIS AGENTS							
PENTOSAN POLYSULFATE SODIUM CAPSULES	ELMIRON			PA Required			
PROSTATIC HYPERTROPHY AGENTS							
DOXAZOSIN MESYLATE TABLET 24-HOUR	CARDURA XL						
FINASTERIDE TABLETS	PROSCAR						
TAMSULOSIN HCL CAPSULES	FLOMAX						
URINARY ANALGESICS							
PHENAZOPYRIDINE HCL TABLETS	PYRIDIUM						
GOUT AGENTS							
GOUT AGENTS							
ALLOPURINOL TABLETS	ZYLOPRIM						
COLCHICINE TABLETS	COLCRYS			PA Required			
FEBUXOSTAT TABLETS	ULORIC			PA Required			
URICOSURICS							
PROBENECID TABLETS	PROBENECID						
HEMATOLOGICAL AGENTS - MISC.							
PLATELET AGGREGATION INHIBITORS							
CILOSTAZOL TABLETS	PLETAL						
CLOPIDOGREL BISULFATE TABLETS	PLAVIX						
DIPYRIDAMOLE TABLETS	PERSANTINE						
TICAGRELOR TABLETS	BRILINTA			PA Required			
HEMATOPOIETIC AGENTS							
AGENTS FOR GAUCHER DISEASE							
IMIGLUCERASE SOLUTION	CEREZYME			PA Required			
HEMATOPOIETIC GROWTH FACTORS							
ELTROMBOPAG OLAMINE TABLETS	PROMACTA			PA Required			

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2017

- Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As Brand Only
- Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List Are Available Through Prior Authorization

Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Type	Step Therapy Requirements	Quantity Limit (QL)	QL Days
EPOETIN ALFA SOLUTION	EPOGEN			PA Required			
FILGRASTIM SOLUTION	NEUPOGEN	BRAND ONLY		PA Required			
PEGFILGRASTIM SOLUTION	NEULASTA			PA Required			
HEMOSTATICS							
HEMOSTATICS - SYSTEMIC							
AMINOCAPROIC ACID SYRUP	AMICAR						
AMINOCAPROIC ACID TABLETS	AMICAR						
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENT							
BARBITURATE HYPNOTICS							
PHENOBARBITAL SOLUTION	PHENOBARBITAL						
PHENOBARBITAL TABLETS	PHENOBARBITAL						
NON-BARBITURATE HYPNOTICS							
DOXEPIN	SILENOR			PA Required			
ESZOPICLONE	LUNESTA			PA Required for Ages <6 years PA Required for > 1 Hypnotic Drug		30	30
ESTAZOLAM TABLETS	ESTAZOLAM			PA Required for Ages <6 years PA Required for > 1 Hypnotic Drug		30	30
FLURAZEPAM HCL CAPSULES	FLURAZEPAM HCL			PA Required for Ages <6 years PA Required for > 1 Hypnotic Drug		30	30
MEPROBAMATE	VARIOUS			PA Required for Ages <6 years PA Required for > 1 Hypnotic Drug		30	30
RAMELTEON	ROZEREM			PA Required			
TEMAZEPAM CAPSULES 15MG & 30MG	RESTORIL			PA Required for Ages <6 years PA Required for > 1 Hypnotic Drug		30	30
TRIAZOLAM	HALCION			PA Required for Ages <6 years PA Required for > 1 Hypnotic Drug		30	30
ZALEPLON CAPSULES	SONATA			PA Required for Ages <6 years PA Required for > 1 Hypnotic Drug		30	30
ZOLPIDEM TARTRATE TABLETS	AMBIEN			PA Required for Ages <6 years PA Required for > 1 Hypnotic Drug		5MG: 60 10MG: 30	30 30
ZOLPIDEM	AMBIEN CR			PA Required			
ZOLPIDEM	INTERMEZZO SL			PA Required			
ZOLPIDEM	EDULAR			PA Required			

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2017

- Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As Brand Only
- Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List Are Available Through Prior Authorization

Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Type	Step Therapy Requirements	Quantity Limit (QL)	QL Days
ZOLPIDEM	ZOLPIMIST			PA Required			
SELECTIVE MELATONIN RECEPTOR AGONISTS							
RAMELTEON TABLETS	ROZEREM			PA Required			
LAXATIVES							
LAXATIVE COMBINATIONS							
PEG 3350-KCL-SOD BICARB-SOD CHLORIDE-SOD SULFATE SOLUTION	COLYTE						
LAXATIVES - MISC.							
LACTULOSE SOLUTION	LACTULOSE						
MACROLIDES							
AZITHROMYCIN							
AZITHROMYCIN PACKETS	ZITHROMAX						
AZITHROMYCIN SUSPENSION	ZITHROMAX						
AZITHROMYCIN TABLETS	ZITHROMAX						
CLARITHROMYCIN							
CLARITHROMYCIN SUSPENSION	CLARITHROMYCIN						
CLARITHROMYCIN TABLETS	BIAXIN						
CLARITHROMYCIN TABLET 24-HOUR	BIAXIN XL						
MEDICAL DEVICES							
CONTRACEPTIVES							
CONDOMS - FEMALE MISC.	FC FEMALE CONDOM						
CONDOMS - MALE MISC.	LIFESTYLES ASSORTED COLORS						
DIAPHRAGM ARC-SPRING DPRH	CAYA						
DIAPHRAGM COIL SPRING KIT	ORTHO DIAPHRAGM COIL SPRING KIT 50						
DIAPHRAGM FLAT SPRING KIT	ORTHO DIAPHRAGM FLAT SPRING KIT 55						
DIAPHRAGM WIDE SEAL DPRH	WIDE-SEAL SILICONE DIAPHRAGM KIT 60						
DIAPHRAGMS - OTHER+A1294	OMNIFLEX DIAPHRAGM						
DIABETIC SUPPOSITORYLIES							
BLOOD GLUCOSE MONITORING KIT W/ DEVICE	VARIOUS						
BLOOD GLUCOSE MONITORING DEVICES	VARIOUS						
LANCET DEVICES MISC.	VARIOUS						

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2017

- Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As Brand Only
- Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List Are Available Through Prior Authorization

Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Type	Step Therapy Requirements	Quantity Limit (QL)	QL Days
LANCETS MISC.	VARIOUS						
DEVICES - MISC.							
ALCOHOL SWABS PADS	ALCOH-GLOVE CONTOURED WIPE						
RESPIRATORY THERAPY SUPPOSITORYLIES							
SPACER/AEROSOL-HOLDING CHAMBER SUPPOSITORYLIES - MASKS	MASK VORTEX/ BABY WHIRL DUCKLING					2	365
SPACER/AEROSOL-HOLDING CHAMBERS DEVICE	AEROCHAMBER MINI AEROCHAMBER					2	365
MIGRAINE PRODUCTS							
MIGRAINE COMBINATIONS							
ERGOTAMINE W/ CAFFEINE SUPPOSITORY	MIGERGOT					12	30
ERGOTAMINE W/ CAFFEINE TABLETS	CAFERGOT						
SEROTONIN AGONISTS							
RIZATRIPTAN BENZOATE TABLETS	MAXALT					9	30
RIZATRIPTAN BENZOATE ORALLY DISPERSABLE TABLET	MAXALT-MLT					9	30
SUMATRIPTAN NASAL SOLUTION	IMITREX					6	30
SUMATRIPTAN SUCCINATE SUBCUTANEOUS SOLUTION	IMITREX					2	30
SUMATRIPTAN SUCCINATE TABLETS	IMITREX					9	30
MINERALS & ELECTROLYTES							
SODIUM FLUORIDE CHEWABLE TABLETS	LUIDENT						
SODIUM FLUORIDE LOZG	LOZI-FLUR						
SODIUM FLUORIDE SOLUTION	FLUOR-A-DAY						
SODIUM FLUORIDE TABLETS	SODIUM FLUORIDE						
MOUTH/THROAT/DENTAL AGENTS							
ANTI-INFECTIVES - THROAT							
CLOTRIMAZOLE TROC	CLOTRIMAZOLE						
STEROIDS - MOUTH/THROAT							
TRIAMCINOLONE ACETONIDE ORAL PASTE	ORALONE						
MULTIVITAMINS							
PRENATAL VITAMINS							
PRENATAL MULTIVITAMINS WITH OR WITHOUT MINERALS W/ FOLATE	VARIOUS						
PRENATAL MULTIVITAMINES WITH MINERAL W/FE-FA	VARIOUS						

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2017

- Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As Brand Only
- Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List Are Available Through Prior Authorization

Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Type	Step Therapy Requirements	Quantity Limit (QL)	QL Days
MUSCULOSKELETAL THERAPY AGENTS							
CENTRAL MUSCLE RELAXANTS							
BACLOFEN TABLETS	BACLOFEN						
CYCLOBENZAPRINE HCL TABLETS 5MG & 10MG	FLEXERIL			PA Required for dosages other than 5mg and 10mg tablets			
METHOCARBAMOL TABLETS	ROBAXIN						
TIZANIDINE HCL TABLETS - 2MG & 4MG ONLY	TIZANIDINE HCL						
DIRECT MUSCLE RELAXANTS							
DANTROLENE SODIUM CAPSULES	DANTRIUM						
NASAL AGENTS - SYSTEMIC AND TOPICAL							
NASAL ANTIALLERGY							
AZELASTINE HCL SOLUTION 0.10%	ASTELIN						
NASAL ANTICHOLINERGICS							
IPRATROPIUM BROMIDE SOLUTION	ATROVENT						
NASAL STEROIDS							
FLUNISOLIDE SOLUTION	FLUNISOLIDE						
FLUTICASONE PROPIONATE SUSPENSION	FLONASE						
TRIAMCINOLONE ACETONIDE	NASACORT AQ						
SYMPATHOMIMETIC DECONGESTANTS							
PSEUDOEPHEDRINE HCL LIQUID	SUDAFED CHILDRENS						
PSEUDOEPHEDRINE HCL SYRUP	PSEUDOEPHEDRINE						
PSEUDOEPHEDRINE HCL TABLETS	SUDAFED						
PSEUDOEPHEDRINE HCL TABLET 12-HOUR	NASAL DECONGESTANT						
PSEUDOEPHEDRINE HCL TABLET 24-HOUR	SUDAFED 24 HOUR						
OPHTHALMIC AGENTS							
OPHTHALMIC - BETA-BLOCKERS							
BETAXOLOL HCL SOLUTION	BETAXOLOL HCL						
BETAXOLOL HCL SUSPENSION	BETOPTIC-S						
CARTEOLOL HCL SOLUTION	CARTEOLOL HCL						
DORZOLAMIDE HCL-TIMOLOL MALEATE SOLUTION	COSOPT						
LEVOBUNOLOL HCL SOLUTION	LEVOBUNOLOL HCL						
METIPRANOLOL SOLUTION	METIPRANOLOL						
TIMOLOL MALEATE SOLUTION	TIMOPTIC-XE						

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2017

- Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As Brand Only
- Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List Are Available Through Prior Authorization

Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Type	Step Therapy Requirements	Quantity Limit (QL)	QL Days
TIMOLOL MALEATE SOLUTION	TIMOPTIC						
OPHTHALMIC - CYCLOPLEGIC MYDRIATICS							
ATROPINE SULFATE OINTMENT	ATROPINE SULFATE						
ATROPINE SULFATE SOLUTION	ISOPTO ATROPINE						
CYCLOPENTOLATE HCL SOLUTION	CYCLOGYL						
HOMATROPINE HBR SOLUTION	ISOPTO HOMATROPINE						
OPHTHALMIC - MIOTICS							
PILOCARPINE HCL GEL	PILOPINE HS						
PILOCARPINE HCL SOLUTION	ISOPTO CARPINE						
OPHTHALMIC - ANTI-INFECTIVES							
BACITRACIN OINTMENT	BACITRACIN					3.5GM	7
BACITRACIN-POLYMYXIN B OINTMENT	POLYCIN						
CIPROFLOXACIN HCL OINTMENT	CILOXAN						
CIPROFLOXACIN HCL SOLUTION	CILOXAN						
ERYTHROMYCIN OINTMENT	ILOTYCIN						
GENTAMICIN SULFATE OINTMENT	GARAMYCIN						
GENTAMICIN SULFATE SOLUTION	GARAMYCIN						
MOXIFLOXACIN HCL SOLUTION	VIGAMOX						
NATAMYCIN SUSPENSION	NATACYN						
NEOMYCIN-BACITRACIN ZN-POLYMYXIN OINTMENT	NEO-POLYCIN						
NEOMYCIN-POLYMYXIN-GRAMICIDIN SOLUTION	NEOSPORIN						
OFLOXACIN SOLUTION	OCUFLOX						
POLYMYXIN B-TRIMETHOPRIM SOLUTION	POLYTRIM						
SULFACETAMIDE SODIUM OINTMENT	SULFACETAMIDE SODIUM						
SULFACETAMIDE SODIUM SOLUTION	BLEPH-10						
TOBRAMYCIN OINTMENT	TOBREX					3.5GM	7
TOBRAMYCIN SOLUTION	TOBREX						
TRIFLURIDINE SOLUTION	VIROPTIC						
OPHTHALMIC - DECONGESTANTS							
NAPHAZOLINE HCL SOLUTION	VASCLEAR						
NAPHAZOLINE W/ PHENIRAMINE SOLUTION	NAPHCON-A						
OPHTHALMIC - IMMUNOMODULATORS							
CYCLOSPORINE EMULSION	RESTASIS			PA Required			

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2017

- Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As Brand Only
- Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List Are Available Through Prior Authorization

Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Type	Step Therapy Requirements	Quantity Limit (QL)	QL Days
OPHTHALMIC - STEROIDS							
BACITRACIN-POLY-NEOMYCIN-HC OINTMENT	NEO-POLYCIN HC						
DEXAMETHASONE SUSPENSION	MAXIDEX						
DEXAMETHASONE SODIUM PHOSPHATE SOLUTION	DEXAMETHASONE SODIUM PHOSPHATE						
FLUOROMETHOLONE OINTMENT	FML						
FLUOROMETHOLONE SUSPENSION	FML LIQUIFILM						
GENTAMICIN-PREDNISOLONE ACETATE OINTMENT	PRED-G S.O.P.						
GENTAMICIN-PREDNISOLONE ACETATE SUSPENSION	PRED-G						
NEOMYCIN-POLYMY-DEXAMETH OINTMENT	MAXITROL						
NEOMYCIN-POLYMY-DEXAMETH SUSPENSION	MAXITROL						
PREDNISOLONE ACETATE SUSPENSION	PRED MILD						
PREDNISOLONE SODIUM PHOSPHATE SOLUTION	PREDNISOLONE SODIUM PHOSPHATE						
SULFACETAMIDE SOD-PREDNISOLONE OINTMENT	BLEPHAMIDE S.O.P.						
SULFACETAMIDE SOD-PREDNISOLONE SOLUTION	SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE						
SULFACETAMIDE SOD-PREDNISOLONE SUSPENSION	BLEPHAMIDE						
TOBRAMYCIN-DEXAMETHASONE OINTMENT	TOBRADEX						
TOBRAMYCIN-DEXAMETHASONE SUSPENSION	TOBRADEX ST						
OPHTHALMICS - MISC.							
BRINZOLAMIDE SUSPENSION	AZOPT			PA Required			
CROMOLYN SODIUM SOLUTION	CROMOLYN SODIUM						
DICLOFENAC SODIUM SOLUTION	DICLOFENAC SODIUM						
DORZOLAMIDE HCL SOLUTION	TRUSOPT						
FLURBIPROFEN SODIUM SOLUTION	OCUFEN						
KETOROLAC TROMETHAMINE SOLUTION	ACULAR LS						
KETOTIFEN FUMARATE SOLUTION	ALAWAY						
OPHTHALMIC - PROSTAGLANDINS							
LATANOPROST SOLUTION	XALATAN					2.5	30
TAFLUPROST SOLUTION	ZIOPTAN			PA Required			
TRAVOPROST SOLUTION	TRAVATAN Z			PA Required			

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2017

- Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As Brand Only
- Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List Are Available Through Prior Authorization

Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Type	Step Therapy Requirements	Quantity Limit (QL)	QL Days
OTIC AGENTS							
OTIC AGENTS - MISCELLANEOUS							
ACETIC ACID SOLUTION	ACETIC ACID						
OTIC ANTI-INFECTIVES							
OFLOXACIN SOLUTION	OFLOXACIN						
OTIC COMBINATIONS							
ANTIPYRINE-BENZOCAINE SOLUTION	AURODEX						
ANTIPYRINE-BENZOCAINE-POLYCOSANOL SOLUTION	OTIC CARE						
CIPROFLOXACIN-DEXAMETHASONE	CIPRODEX						
NEOMYCIN-POLYMYXIN-HC SOLUTION	CORTISPORIN						
NEOMYCIN-POLYMYXIN-HC SUSPENSION	NEO/POLYMYXIN/HC 5-10000-1						
OTIC STEROIDS							
HYDROCORTISONE W/ACETIC ACID SOLUTION	ACETASOL HC						
OXYTOCICS							
OXYTOCICS							
METHYLERGONOVINE MALEATE TABLETS	METHERGINE						
PASSIVE IMMUNIZING AGENTS							
MONOCLONAL ANTIBODIES							
PALIVIZUMAB SOLUTION	SYNAGIS			PA Required - if approved the prescriber may be required to buy and bill a medical claim for the drug			
PENICILLINS							
AMINOPENICILLINS							
AMOXICILLIN CAPSULES	AMOXICILLIN						
AMOXICILLIN CHEWABLE TABLETS	AMOXICILLIN						
AMOXICILLIN SUSPENSION	AMOXICILLIN						
AMOXICILLIN TABLETS	AMOXICILLIN						
AMPICILLIN CAPSULES	AMPICILLIN						
AMPICILLIN SUSPENSION	AMPICILLIN						
NATURAL PENICILLINS							
PENICILLIN V POTASSIUM SOLUTION	PENICILLIN V POTASSIUM						
PENICILLIN V POTASSIUM TABLETS	PENICILLIN V POTASSIUM						

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2017

- Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As Brand Only
- Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List Are Available Through Prior Authorization

Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Type	Step Therapy Requirements	Quantity Limit (QL)	QL Days
PENICILLIN COMBINATIONS							
AMOXICILLIN & POT CLAVULANATE CHEWABLE TABLETS	AUGMENTIN						
AMOXICILLIN & POT CLAVULANATE SUSPENSION	AUGMENTIN						
AMOXICILLIN & POT CLAVULANATE TABLET 12-HOUR	AUGMENTIN XR						
PENICILLINASE-RESISTANT PENICILLINS							
DICLOXACILLIN SODIUM CAPSULES	DICLOXACILLIN SODIUM						
PROGESTINS							
PROGESTINS							
MEDROXYPROGESTERONE ACETATE TABLETS	PROVERA						
NORETHINDRONE ACETATE TABLETS	AYGESTIN						
PROGESTERONE MICRONIZED CAPSULES	PROMETRIUM						
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENT							
ANTIDEMENTIA AGENTS							
DONEPEZIL HYDROCHLORIDE TABLETS	ARICEPT			PA Required			
DONEPEZIL HYDROCHLORIDE ORALLY DISINTEGRATING TABLETS	ARICEPT ODT			PA Required			
GALANTAMINE HYDROBROMIDE CAPSULE CONTROLLED RELEASE	RAZADYNE ER			PA Required			
GALANTAMINE HYDROBROMIDE SOLUTION	RAZADYNE			PA Required			
GALANTAMINE HYDROBROMIDE TABLETS	RAZADYNE			PA Required			
MEMANTINE HCL SOLUTION	NAMENDA			PA Required			
MEMANTINE HCL TABLETS	NAMENDA			PA Required			
RIVASTIGMINE PATCH	EXELON			PA Required			
RIVASTIGMINE TARTRATE CAPSULES	EXELON			PA Required			
RIVASTIGMINE TARTRATE SOLUTION	EXELON			PA Required			
MULTIPLE SCLEROSIS AGENTS							
FINGOLIMOD HCL CAPSULES	GILENYA			PA Required			
GLATIRAMER ACETATE	COPAXONE	BRAND ONLY		PA Required			
INTERFERON BETA-1A KIT	AVONEX			PA Required			
INTERFERON BETA-1A SOLUTION	REBIF REBIDOSE			PA Required			
INTERFERON BETA-1B KIT	BETASERON			PA Required			
SMOKING DETERRENTS							
BUPROPION HCL (SMOKING DETERRENT) TABLET 12-HOUR	BUPROBAN					84-day supply	180

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2017

- Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As Brand Only
- Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List Are Available Through Prior Authorization

Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Type	Step Therapy Requirements	Quantity Limit (QL)	QL Days
NICOTINE INHA	NICOTROL INHALER					84-day supply	180
NICOTINE POLACRILEX GUM	NICORETTE GUM					84-day supply	180
NICOTINE POLACRILEX LOZENGE	COMMIT					84-day supply	180
NICOTINE PATCH	NICODERM CQ					84-day supply	180
NICOTINE SOLUTION	NICOTROL NS					84-day supply	180
VARENICLINE TARTRATE TABLETS	CHANTIX					84-day supply	180
RESPIRATORY AGENTS - MISC.							
ALPHA-PROTEINASE INHIBITOR (HUMAN)							
ALPHA1-PROTEINASE INHIBITOR (HUMAN) SOLUTION	ARALAST NP			PA Required			
CYSTIC FIBROSIS AGENTS							
DORNASE ALFA SOLUTION	PULMOZYME			PA Required			
SULFONAMIDES							
SULFONAMIDES							
SULFADIAZINE TABLETS	SULFADIAZINE						
TETRACYCLINES							
TETRACYCLINES							
DEMECLOCYCLINE HCL TABLETS	DEMECLOCYCLINE HCL			PA Required			
DOXYCYCLINE HYCLATE CAPSULES - 50MG AND 100MG CAPSULES ONLY	VARIOUS						
DOXYCYCLINE HYCLATE TABLETS - 20MG AND 100MG TABLETS ONLY	VARIOUS						
DOXYCYCLINE MONOHYDRATE - CAPSULES 50MG & 100MG ONLY	VARIOUS						
MINOCYCLINE HCL - 50MG, 75MG & 100MG CAPSULES ONLY	MINOCIN						
THYROID AGENTS							
ANTITHYROID AGENTS							
METHIMAZOLE TABLETS	TAPAZOLE						
PROPYLTHIOURACIL TABLETS	PROPYLTHIOURACIL						

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2017

- Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As Brand Only
- Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List Are Available Through Prior Authorization

Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Type	Step Therapy Requirements	Quantity Limit (QL)	QL Days
THYROID HORMONES							
LEVOTHYROXINE SODIUM TABLETS	LEVO-T						
LIOthyRONINE SODIUM TABLETS	CYTOMEL						
THYROID TABLETS	ARMOUR THYROID						
ULCER DRUGS							
ANTISPASMODICS							
DICYCLOMINE HCL CAPSULES	VARIOUS						
DICYCLOMINE HCL SOLUTION	VARIOUS						
DICYCLOMINE HCL TABLETS	VARIOUS						
GLYCOPYRROLATE SOLUTION	VARIOUS						
GLYCOPYRROLATE TABLETS	VARIOUS						
HYOSCYAMINE SULFATE ELIXIR	VARIOUS						
HYOSCYAMINE SULFATE SOLUTION	VARIOUS						
HYOSCYAMINE SULFATE SUBLINGUAL	VARIOUS						
HYOSCYAMINE SULFATE TABLETS	VARIOUS						
HYOSCYAMINE SULFATE TABLET 12-HOUR	VARIOUS						
HYOSCYAMINE SULFATE CONTROLLED RELEASE TABLET	VARIOUS						
HYOSCYAMINE SULFATE ORALLY DISINTEGRATING TABLETS	VARIOUS						
PROPANTHELINE BROMIDE TABLETS	VARIOUS						
H-2 ANTAGONISTS							
FAMOTIDINE CHEWABLE TABLETS	PEPCID AC						
FAMOTIDINE SUSPENSION	PEPCID						
FAMOTIDINE TABLETS	PEPCID AC						
RANITIDINE HCL CAPSULES	RANITIDINE HCL						
RANITIDINE HCL SUSPENSION	DEPRIZINE FUSEPAQ						
RANITIDINE HCL SYRUP	ZANTAC						
RANITIDINE HCL TABLETS	ZANTAC 75						
ANTI-ULCER - MISC.							
SUCRALFATE TABLETS	CARAFATE						
PROTON PUMP INHIBITORS							
LANSOPRAZOLE CAPSULE DELAYED RELEASE	PREVACID						
LANSOPRAZOLE SUSPENSION	Available through a compounding pharmacy						

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2017

- Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As Brand Only
- Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List Are Available Through Prior Authorization

Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Type	Step Therapy Requirements	Quantity Limit (QL)	QL Days
OMEPRAZOLE CAPSULE DELAYED RELEASE	PRILOSEC						
OMEPRAZOLE SUSPENSION	Available through a compounding pharmacy						
PANTOPRAZOLE SODIUM TABLET ENTERIC COATED	PROTONIX						
URINARY ANTISPASMODICS							
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLI)							
OXYBUTYNIN CHLORIDE SYRUP	VARIOUS						
OXYBUTYNIN CHLORIDE TABLETS	VARIOUS						
OXYBUTYNIN CHLORIDE TABLET 24-HOUR	DITROPAN XL						
TOLTERODINE TARTRATE CAPSULE CONTROLLED RELEASE	DETROL LA			Step Therapy	Member must have tried oxybutynin & tolterodine		
TOLTERODINE TARTRATE TABLETS	DETROL			Step Therapy	Member must have tried oxybutynin		
TROSPIUM CHLORIDE TABLETS	SANCTURA						
VAGINAL PRODUCTS							
SPERMICIDES							
NONOXYNOL-9 FOAM	VCF VAGINAL CONTRACEPTIVE FOAM						
NONOXYNOL-9 GEL	SHUR-SEAL						
VAGINAL ANTI-INFECTIVES							
CLINDAMYCIN PHOSPHATE VAGINAL CREAM	CLEOCIN						
CLINDAMYCIN PHOSPHATE VAGINAL SUPPOSITORY	CLEOCIN						
CLOTRIMAZOLE VAGINAL CREAM	GYNE-LOTTRIMIN						
METRONIDAZOLE VAGINAL GEL	METROGEL-VAGINAL						
MICONAZOLE NITRATE VAGINAL	MONISTAT 3 COMBINATION PACKETS						
MICONAZOLE NITRATE VAGINAL SUPPOSITORY	MICONAZOLE 3						
SULFANILAMIDE VAGINAL CREAM	AVC						
VAGINAL ESTROGENS							
ESTRADIOL ACETATE VAGINAL RING	FEMRING			PA Required			

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2017

- Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As Brand Only
- Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List Are Available Through Prior Authorization

Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Type	Step Therapy Requirements	Quantity Limit (QL)	QL Days
ESTRADIOL VAGINAL RING	ESTRING						
ESTRADIOL VAGINAL TABLETS	VAGIFEM						
ESTRADIOL VAGINAL CREAM 0.01%	ESTRACE CREAM						
ESTROGENS, CONJUGATED VAGINAL CREAM	PREMARIN VAGINAL CREAM			PA Required			
VASOPRESSORS							
ANAPHYLAXIS THERAPY AGENTS							
EPINEPHRINE SELF-INJECTED	EPIPEN-JR 2-PAK		Preferred Drug	PA Required for > 2 Per Month		2	30
EPINEPHRINE SELF-INJECTED	EPIPEN 2-PAK		Preferred Drug	PA Required for > 2 Per Month		2	30