

## AHCCCS BEHAVIORAL HEALTH DRUG LIST EFFECTIVE JANUARY 1, 2018

- 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 Required	Quantity Limits	Days Supply
<b>ANTIDEPRESSANTS</b>						
<b>ALPHA-2 RECEPTOR ANTAGONIST ANTIDEPRESSANTS</b>						
MIRTAZAPINE	REMERON			PA Required for Ages < 6 years	30	30
MIRTAZAPINE	REMERON SOLTAB			PA Required for Ages < 6 years	30	30
<b>MONOAMINE OXIDASE INHIBITORS (MAOIs)</b>						
SELIGILENE	<i>EMSAM</i>			PA Required		
ISOCARBOXAZID	MARPLAN			PA Required for Ages < 6 years		
PHENELZINE SULFATE	NARDIL			PA Required for Ages < 6 years		
TRANLYCYPROMINE SULFATE	PARNATE			PA Required for Ages < 6 years		
<b>NOREPINEPHRINE &amp; DOPAMINE REUPTAKE INHIITORS (NDRIs)</b>						
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		
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)</b>						
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
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		

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FLUVOXAMINE MALEATE TABLETS	LUVOX			PA Required for Ages < 6 years	25mg: 60 50mg:180 100mg: 90	30 30 30
FLUVOXAMINE MALEATE TABLETS EXTENDED RELEASE	LUVOX CR			PA Required for Ages < 6 years	100mg: 90 150mg: 60	30 30
PAROXETINE HCL SUSPENSION	<b>PAXIL</b>			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			PA Required for Ages < 6 years	90	30
PAROXETINE MESYLATE	<b>PEXEVA</b>			PA Required		
SERTRALINE HCL Concentrate	ZOLOFT			PA Required for Ages < 6 years	300	30
SERTRALINE HCL	ZOLOFT			PA Required for Ages < 6 years	25mg: 90 50mg : 120 100mg: 60	30 30 30
VILAZODONE HCL	<b>VIIBRYD</b>			PA Required		
<b>SEROTONIN-2 ANTAGONIST/REUPTAKE INHIBITORS (SARIs)</b>						
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	VARIOUS			PA Required for Ages < 6 years	50mg:90 100mg:120 150mg: 60 300mg 30	30 30 30 30
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIs)</b>						

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DESVENLAFAXINE	<i>PRISTIQ</i>				25mg:120 50mg: 120 100mg: 120	30 30 30
DULOXETINE HCL 20MG, 30MG & 60MG ONLY	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
<b>TRICYCLIC ANTIDEPRESSANTS &amp; RELATED NON-SELECTIVE REUPTAKE INHIBIT</b>						
AMITRIPTYLINE HCL TABLETS	AMITRIPTYLINE HCL			PA Required for ages < 6 years		
AMOXAPINE TABLETS	VARIOUS			PA Required for ages < 6 years		
CLOMIPRAMINE HCL CAPSULES	ANAFRANIL			PA Required for ages < 6 years		
DESIPRAMINE HCL TABLETS	NORPRAMIN			PA Required for ages < 6 years		
DOXEPIN HCL CAPSULES	DOXEPIN HCL			PA Required for ages < 6 years		
DOXEPIN HCL CONCENTRATE	DOXEPIN HCL			PA Required for ages < 6 years		
IMIPRAMINE PAMOATE CAPSULES	TOFRANIL-PM			PA Required for ages < 6 years		
IMIPRAMINE HCL TABLETS	TOFRANIL			PA Required for ages < 6 years		
IMIPRAMINE PAMOATE CAPSULES	TOFRANIL-PM			PA Required for ages < 6 years		
NORTRIPTYLINE HCL CAPSULES	PAMELOR			PA Required for ages < 6 years		
NORTRIPTYLINE HCL SOLUTION	NORTRIPTYLINE HCL			PA Required for ages < 6 years		
PROTRIPTYLINE HCL TABLETS	VIVACTIL			PA Required for ages < 6 years		
TRIMIPRAMINE MALEATE	SURMONTIL			PA Required for ages < 6 years		
<b>ANTIPSYCHOTICS</b>						

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<b>ANTIPSYCHOTICS - SECOND GENERATION - ATYPICAL ORAL AGENTS</b>						
ARIPRAZOLE TABLETS	ABILIFY		Preferred Drug	PA Required for Ages < 6 years	30	30
ASENAPINE MALEATE SUBLINGUAL	SAPHRIS	Brand Only	Preferred Drug	PA Required for Ages < 6 years	60	30
CLOZAPINE ORALLY DISPERSABLE TABLET	FAZACLO		Preferred Drug	PA Required for Ages < 18 years	150	30
CLOZAPINE TABLETS	CLOZARIL		Preferred Drug	PA Required for Ages < 18 years	150	30
LURASIDONE HCL TABS	LATUDA	Brand Only	Preferred Drug	PA Required for Ages < 6 years	30	30
OLANZAPINE TABLET	ZYPREXA		Preferred Drug	PA Required for Ages < 6 years	5MG :60	30
					10mg: 60	30
					15MG: 30	30
					20mg: 30	30
OLANZAPINE ORALLY DISPERSABLE TABLET	ZYPREXA ZYDIS		Preferred Drug	PA Required for Ages < 6 years	5MG :60	30
					10mg: 60	30
					15MG: 30	30
					20mg: 30	30
QUETIAPINE FUMARATE TABLETS	SEROQUEL		Preferred Drug	PA Required for Ages < 6 years	60	30
RISPERIDONE ORALLY DISPERSABLE TABLET	RISPERIDONE ODT		Preferred Drug	PA Required for Ages < 6 years	60	30
RISPERIDONE ORAL SOLUTION	RISPERDAL		Preferred Drug	PA Required for Ages < 6 years	240	30
RISPERIDONE TABLETS	RISPERDAL		Preferred Drug	PA Required for Ages < 6 years	60	30
ZIPRASIDONE HCL CAPSULES	GEODON		Preferred Drug	PA Required for Ages < 6 years	60	30
<b>ANTIPSYCHOTICS - SECOND GENERATION - ATYPICAL LONG ACTING INJECTABLES</b>						
ARIPRAZOLE LAUROXIL	ARISTADA	Brand Only	Preferred Drug	PA Required for Ages < 18 years	1	30
ARIPRAZOLE SUSPENSION	ABILIFY MAINTENA	Brand Only	Preferred Drug	PA Required for Ages < 18 years	1	30
PALIPERIDONE PALMITATE SUSPENSION	INVEGA SUSTENNA	Brand Only	Preferred Drug	PA Required for Ages < 18 years	1	30
PALIPERIDONE PALMITATE SUSPENSION	INVEGA TRINZA	Brand Only	Preferred Drug	PA Required for Ages < 18 years	1	90
RISPERIDONE MICROSPHERES SUSPENSION	RISPERDAL CONSTA	Brand Only	Preferred Drug	PA Required for Ages < 18 years	2	30
<b>ANTIPSYCHOTICS - FIRST GENERATION - TYPICAL ORAL AGENTS</b>						
CHLORPROMAZINE HCL SOLUTION	VARIOUS			PA Required for Ages < 6 years		
CHLORPROMAZINE HCL TABLETS	VARIOUS			PA Required for Ages < 6 years		
FLUPHENAZINE HCL CONCENTRATE	VARIOUS			PA Required for Ages < 6 years		

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FLUPHENAZINE HCL ELIXIR	VARIOUS			PA Required for Ages < 6 years		
FLUPHENAZINE HCL TABLETS	VARIOUS			PA Required for Ages < 6 years		
HALOPERIDOL LACTATE CONCENTRATE	VARIOUS			PA Required for Ages < 6 years		
HALOPERIDOL TABLETS	VARIOUS			PA Required for Ages < 6 years		
LOXAPINE SUCCINATE CAPSULES	LOXITANE			PA Required for Ages < 6 years		
PERPHENAZINE TABLETS	VARIOUS			PA Required for Ages < 6 years		
PIMOZIDE	ORAP			PA Required for Ages < 6 years		
THIORIDAZINE HCL TABLETS	VARIOUS			PA Required for Ages < 6 years		
THIOTHIXENE CAPSULES	VARIOUS			PA Required for Ages < 6 years		
TRIFLUOPERAZINE HCL TABLETS	VARIOUS			PA Required for Ages < 6 years		
<b>ANTIPSYCHOTICS - FIRST GENERATION -TYPICAL -LONG ACTING INJECTIONS</b>						
FLUPHENAZINE DECANOATE SOLUTION	FLUPHENAZINE DECANOATE			PA Required for Ages < 18 years		
HALOPERIDOL DECANOATE SOLUTION	HALDOL DECANOATE			PA Required for Ages < 18 years		
<b>ANTICONVULSANTS</b>						
CARBAMAZEPINE	TEGRETOL, EPITROL					
CARBAMAZEPINE	TEGRETOL, EPITROL					
CARBAMAZEPINE	CARBATROL, EQUETRO					
CARBAMAZEPINE	TEGRETOL XR,					
CARBAMAZEPINE	TEGRETOL					
DIVALPROEX	DEPAKOTE					
DIVALPROEX	DEPAKOTE SPRINKLES					
GABAPENTIN	NEURONTIN					
GABAPENTIN	<b>HORIZANT</b>			PA Required		
GABAPENTIN	NEURONTIN					
GABAPENTIN	<b>GRALISE</b>			PA Required		
LAMOTRIGINE CHEWABLE TABLETS	LAMICTAL CHEWABLE TABLETS					
LAMOTRIGINE	LAMICTAL					
LAMOTRIGINE	LAMICTAL XR			Remove PA		
OXCARBAZEPINE	TRILEPTAL					

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OXCARBAZEPINE	TRILEPTAL					
TOPIRAMATE	TOPAMAX					
VALPROATE SODIUM	VARIOUS					
VALPROATE SODIUM	DEPAKENE					
<b>ANTIMANIC AGENTS</b>						
LITHIUM CARBONATE	VARIOUS					
LITHIUM CARBONATE	LITHOBID					
LITHIUM CITRATE	VARIOUS					
<b>ADHD AGENTS</b>						
<b>AMPHETAMINES</b>						
AMPHETAMINE-DEXTROAMPHETAMINE CAPSULE 24-HOUR	ADDERALL XR	Brand Only	Preferred Drug	PA Required for Ages < 6 years	30	30
AMPHETAMINE-DEXTROAMPHETAMINE TABLETS	ADDERALL	BRAND AND 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
<b>STIMULANTS</b>						
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		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	REMOVE "Brand Only"	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

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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
<b>MISCELLANEOUS AGENTS</b>						
ATOMOXETINE HCL CAPSULES	STRATTERA	Brand Only	Preferred Drug	PA Required for Ages < 6 years	30	30
<b>CENTRAL ALPHA-AGONISTS</b>						
CLONIDINE HCL	CATAPRES			PA Required for Ages < 6 years		
CLONIDINE HCL Transdermal Patch	CATAPRES PATCHES			PA Required for Ages < 6 years	4	28
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		
<b>SUBSTANCE USE DISORDER TREATMENT</b>						
<b>OPIOID AGONISTS/PARTIAL AGONISTS</b>						
BUPRENORPHINE/NALOXONE	<i>SUBOXONE FILM</i>	Brand Only	Preferred Drug			
METHADONE*	DOLOPHINE*					
<b>OPIOID AGONISTS</b>						
NALOXONE VIAL & SYRINGE	VARIOUS		Preferred Drug			
NALOXONE NASAL SPRAY	<i>NARCAN NASAL SPRAY</i>		Preferred Drug			
NALTREXONE	RE VIA		Preferred Drug			
NALTREXONE	<i>VIVITROL</i>		Preferred Drug			
<b>MISCELLANEOUS AGENTS</b>						
ACAMPROSATE	<i>CAMPRAL</i>					
DISULFIRAM	ANTABUSE					
<b>ANXIOLYTICS AND HYPNOTICS</b>						
<b>BENZODIAZEPINES</b>						

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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



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CHLORDIAZEPOXIDE HCL CAP 25 MG	VARIOUS			PA Required for Ages < 6 years PA Required for > 1 Anxiolytic	60	30
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

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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
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
<b>MISCELLANEOUS ANXIOLYTICS</b>						
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

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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 HCL SYRUP				300ml	30
HYDROXYZINE HCL TABLETS	HYDROXYZINE HCL TABLETS				240	30
HYDROXYZINE PAMOATE	VISTARIL				120	30
<b>MISCELLANEOUS SEDATIVES &amp; HYPNOTICS</b>						
DOXEPIN HCL	<b>SILENOR</b>			PA Required		
ESZOPICLONE	LUNESTA			PA Required for Ages < 6 years PA Required for > 1 Hypnotic	30	30
ESTAZOLAM	VARIOUS			PA Required for Ages < 6 years PA Required for > 1 Hypnotic	30	30
FLURAZEPAM HCL	DALMANE			PA Required for Ages < 6 years PA Required for > 1 Hypnotic	30	30
MEPROBAMATE	VARIOUS			PA Required for Ages < 6 years PA Required for > 1 Hypnotic	30	30
RAMELTEON	<b>ROZEREM</b>			PA Required		
TEMAZEPAM	RESTORIL			PA Required for Ages < 6 years PA Required for > 1 Hypnotic	30	30
TRIAZOLAM	HALCION			PA Required for Ages < 6 years PA Required for > 1 Hypnotic	30	30
ZALEPLON	SONATA			PA Required for Ages < 6 years PA Required for > 1 Hypnotic	30	30
ZOLPIDEM	AMBIEN			PA Required for Ages < 6 years PA Required for > 1 Hypnotic	5mg:60 10mg: 30	30 30
ZOLPIDEM	AMBIEN CR			PA Required		
ZOLPIDEM	<b>INTERMEZZO SL</b>			PA Required		
ZOLPIDEM	<b>EDULAR</b>			PA Required		

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<b>ZOLPIDEM</b>	<b>ZOLPIMIST</b>			PA Required		
<b>ANTIHISTAMINES</b>						
CYPROHEPTADINE HCL	VARIOUS					
DIPHENHYDRAMINE HCL CAPSULES	VARIOUS					
DIPHENHYDRAMINE HCL CHEWABLE TABLETS	VARIOUS					
DIPHENHYDRAMINE HCL ELIXIR	VARIOUS					
DIPHENHYDRAMINE HCL LIQUID	VARIOUS					
DIPHENHYDRAMINE HCL SYRUP	VARIOUS					
DIPHENHYDRAMINE HCL TABLETS	VARIOUS					
<b>DOPAMINE AGONISTS</b>						
AMANTADINE HCL	VARIOUS					
<b>AUTONOMIC AGONISTS</b>						
<b>PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS</b>						
BETHANECHOL CHLORIDE	URECHOLINE					
<b>ANTICHOLINERGIC AGENTS</b>						
BENZOTROPINE MESYLATE	COGENTIN					
TRIHEXYPHENIDYL HCL	ARTANE					
<b>CARDIOVASCULAR DRUGS</b>						
<b>ALPHA-1 ADRENERGIC BLOCKING AGENTS</b>						
PRAZOSIN HCL	MINIPRESS					
<b>BETA-ADRENERGIC BLOCKING AGENTS</b>						
NADOLOL TAB	CORGARD					
PROPRANOLOL HCL	INDERAL					
<b>THYROID AGENTS</b>						
LEVOTHYROXINE SODIUM	LEVOTHROID/SYNTHROID					
LIOthyRONINE	CYTOMEL					
<b>VITAMINS AND OTHER MISCELLANEOUS AGENTS</b>						
ALPHA-TOCOPHEROL	VITAMIN E – VARIOUS					
CYANOCOBALAMIN	VITAMIN B12 - VARIOUS					

## AHCCCS BEHAVIORAL HEALTH DRUG LIST EFFECTIVE JANUARY 1, 2018

- 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 Required	Quantity Limits	Days Supply
FOLIC ACID	VARIOUS					
OMEGA 3 FATTY ACIDS	VARIOUS					
PYRIDOXINE HCL	VITAMIN B6 - VARIOUS					
THIAMINE HCL	VITAMIN B1 - VARIOUS					
MULTIPLE VITAMIN	VARIOUS					
MULTIPLE VITAMIN / MINERALS	VARIOUS					
SALIVA SUBSTITUTE	SALIVART					
DOCUSATE SODIUM	COLACE					
PSYLLIUM	METAMUCIL					

**KEY:**

Drugs listed in **Bold/Italic CAPITAL LETTERS** indicate the medication is only available as a brand name product.

(\*) Indicates that medication can only be obtained from an Opioid Treatment Program (OTP) provider.

(X) Indicates that the medication requires prior authorization.

**Abbreviations:**

Cap = capsule	HCL = hydrochloride	SOLN = solution
Chew = chewable	IM = intramuscular	SR = sustained release
Conc = concentrate	Inj = injectable	Susp = suspension
DR = Delayed Release	IR = Immediate release	Syr = Syrup
Elix = Elixir	LA = long acting	Tab = tablet
ER = extended release	ODT = orally disintegrating tablet	TD = transdermal
hbr = hydrobromide	SL = sublingual	XL = extended release