

**AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE JANUARY 1, 2023**

- 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 May Be Available Through Prior Authorization
- Drug List Effective Date: January 1, 2023

Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	Preferred Drug Status	Step Therapy Requirements	Quantity Limit (QL)	QL Days
<b>ADHD/ANTI-NARCOLEPSY</b>						
<b>Amphetamines</b>						
AMPHETAMINE-DEXTROAMPHETAMINE CAPSULE 24-HOUR	ADDERALL XR	BRAND ONLY	PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age	30	30
AMPHETAMINE-DEXTROAMPHETAMINE TABLETS	ADDERALL	BRAND & GENERIC	PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age	60	30
DEXTROAMPHETAMINE SULFATE TABLETS	VARIOUS		PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age	60	30
LISDEXAMFETAMINE DIMESYLATE CAPSULES	VYVANSE	BRAND ONLY	PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age	30	30
<b>Stimulants</b>						
DEXMETHYLPHENIDATE HCL CAPSULE 24-HOUR	FOCALIN XR	BRAND ONLY	PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age	60	30
DEXMETHYLPHENIDATE HCL TABLETS	VARIOUS		PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age	60	30
METHYLPHENIDATE HCL CHEWABLE TABLETS	METHYLIN		PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age	90	30
METHYLPHENIDATE HCL CAPSULE 24-HOUR	RITALIN LA 10MG	BRAND ONLY	PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age	30	30
METHYLPHENIDATE HCL CAPSULE CONTROLLED RELEASE CD	VARIOUS		PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age	30	30
METHYLPHENIDATE PATCH	DAYTRANA	BRAND ONLY	PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age	30	30
METHYLPHENIDATE HCL SOLUTION	METHYLIN	BRAND ONLY	PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age	300	30
METHYLPHENIDATE HCL TABLETS	VARIOUS		PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age	90	30
METHYLPHENIDATE HCL TABLET EXTENDED RELEASE	RITALIN LA	BRAND ONLY	PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age	60	30
METHYLPHENIDATE HCL TABLET CONTROLLED RELEASE	CONCERTA	BRAND ONLY	PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age	60	30
<b>Miscellaneous Agents</b>						
ATOMOXETINE HCL CAPSULES	VARIOUS		PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age	30	30
<b>Central Alpha-Agonists</b>						
CLONIDINE HCL	Catapres			PA REQUIRED for Ages < 6 years of age		
CLONIDINE HCL TRANSDERMAL PATCH	Catapres Patches			PA REQUIRED for Ages < 6 years of age	4	28
CLONIDINE HCL (ADHD) TABLET 12-HOUR	Clonidine ER		PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age	120	30
GUANFACINE HCL (ADHD) TABLET 24-HOUR	GUANFACINE ER		PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age	30	30
GUANFACINE HCL	Tenex			PA REQUIRED for Ages < 6 years of age		
<b>AMINOGLYCOSIDES</b>						
<b>AMINOGLYCOSIDES</b>						
NEOMYCIN SULFATE TABLETS	NEOMYCIN SULFATE					
<b>INHALED ANTIBIOTICS</b>						
TOBRAMYCIN NEBULIZED	BETHKIS	BRAND ONLY	PREFERRED DRUG	PA REQUIRED		
TOBRAMYCIN NEBULIZED	KITABIS	BRAND ONLY	PREFERRED DRUG	PA REQUIRED		
<b>ANALGESICS - ANTI-INFLAMMATORY</b>						
<b>ANTIRHEUMATIC ANTIMETABOLITES</b>						
METHOTREXATE SODIUM TABLETS	RHEUMATREX					
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>						
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					

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Drug List Effective Date: January 1, 2023

Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	Preferred Drug Status	Step Therapy Requirements	Quantity Limit (QL)	QL Days
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					
NABUMETONE TABLETS	NABUMETONE					
NAPROXEN SODIUM TABLETS	ALEVE. ANAPROX					
NAPROXEN SUSPENSION	NAPROSYN					
NAPROXEN TABLETS	NAPROSYN					
OXAPROZIN TABLETS	DAYPRO					
PIROXICAM CAPSULES	FELDENE					
SULINDAC TABLETS	SULINDAC					
<b>PYRIMIDINE SYNTHESIS INHIBITORS</b>						
LEFLUNOMIDE TABLETS	ARAVA					
<b>SELECTIVE COSTIMULATION MODULATORS</b>						
ABATACEPT CLICKJECT OR SYRINGE	ORENCIA		PREFERRED DRUG	PA REQUIRED		
<b>CYTOKINE &amp; CAM ANTAGONIST AGENTS</b>						
ADALIMUMAB	HUMIRA	BRAND ONLY	PREFERRED DRUG	PA REQUIRED		
APREMILAST	OTEZLA	BRAND ONLY	PREFERRED DRUG	PA REQUIRED		
ETANERCEPT	ENBREL	BRAND ONLY	PREFERRED DRUG	PA REQUIRED		
TOFACITINIB CITRATE	XELJANZ IMMEDIATE ONLY	RELEASE BRAND ONLY	PREFERRED DRUG	PA REQUIRED		
<b>ANALGESICS - NONNARCOTIC</b>						
<b>ANALGESIC COMBINATIONS</b>						
BUTALBITAL-ACETAMINOPHEN-CAFFEINE TABLETS	VARIOUS				120	30
BUTALBITAL-ASPIRIN-CAFFEINE TABLETS	VARIOUS				120	30
<b>ANALGESICS OTHER</b>						
ACETAMINOPHEN CAPSULES	VARIOUS					
ACETAMINOPHEN CHEWABLE TABLETS	VARIOUS					
ACETAMINOPHEN ELIXIR	VARIOUS					
ACETAMINOPHEN LIQUID	VARIOUS					
ACETAMINOPHEN SUPPOSITORY	FEVERALL INFANTS					
ACETAMINOPHEN SUSPENSION	TYLENOL INFANTS					
<b>SALICYLATES</b>						
ASPIRIN CHEWABLE TABLETS	VARIOUS					
ASPIRIN SUPPOSITORY	VARIOUS					

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<ul style="list-style-type: none"> <li>Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As BRAND ONLY</li> <li>Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List May Be Available Through Prior Authorization</li> </ul>					Drug List Effective Date: January 1, 2023		
Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	Preferred Drug Status	Step Therapy Requirements	Quantity Limit (QL)	QL Days	
ASPIRIN TABLETS	VARIOUS						
DIFLUNISAL TABLETS	DIFLUNISAL						
SALSALATE TABLETS	DISALCID						
<b>ANALGESICS - OPIOID</b>							
<b>LONG-ACTING OPIOID AGONISTS</b>							
FENTANYL PATCH 72-HOUR 12mcg, 25mcg, 50mcg, 75mcg & 100mcg	DURAGESIC 12mcg, 25mcg, 50mcg, 75mcg & 100mcg		PREFERRED DRUG	PA REQUIRED			
MORPHINE-NALTREXONE CAPSULE CONTROLLED RELEASE	EMBEDA	BRAND ONLY	PREFERRED DRUG	PA REQUIRED			
MORPHINE SULFATE TABLET CONTROLLED RELEASE	VARIOUS		PREFERRED DRUG	PA REQUIRED			
OXYCODONE HCL TABLET 12-HOUR ABUSE DETERRANT	XTAMPZA ER	BRAND ONLY	PREFERRED DRUG	PA REQUIRED			
TRAMADOL HCL TABLETS ER	ULTRAM ER		PREFERRED DRUG	PA REQUIRED			
BUPRENORPHINE PATCH WEEKLY	BUTRANS	BRAND ONLY	PREFERRED DRUG	PA REQUIRED			
<b>SHORT-ACTING OPIOID AGONISTS</b>							
HYDROMORPHONE HCL LIQUID	DILAUDID			PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.			
HYDROMORPHONE HCL SUPPOSITORY	HYDROMORPHONE HCL			PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.			
HYDROMORPHONE HCL TABLETS	DILAUDID			PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.			
MEPERIDINE HCL TABLETS	DEMEROL			PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.			
MORPHINE SULFATE SOLUTION	MORPHINE SULFATE			PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.			
MORPHINE SULFATE SUPPOSITORY	MORPHINE SULFATE			PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.			
MORPHINE SULFATE TABLETS	MORPHINE SULFATE			PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.			
OXYCODONE HCL CAPSULES	OXYCODONE HCL			PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.			
OXYCODONE HCL CONCENTRATE	OXYCODONE HCL			PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.			
OXYCODONE HCL SOLUTION	OXYCODONE HCL			PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.			
OXYCODONE HCL TABLETS	ROXICODONE			PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.			
TRAMADOL HCL TABLETS	ULTRAM			PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.			
<b>OPIOID COMBINATIONS</b>							
ACETAMINOPHEN W/ CODEINE SOLUTION	ACETAMINOPHEN/CODEINE			PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.			
ACETAMINOPHEN W/ CODEINE TABLETS	ACETAMINOPHEN/CODEINE			PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.			

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BUTALBITAL-ACETAMINOPHEN-CAFFEINE W/ CODEINE CAPSULES	FIORICET/CODEINE			PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.			
BUTALBITAL-ASPIRIN-CAFFEINE W/COD CAPSULES	ASCOMP/CODEINE			PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.			
HYDROCODONE-ACETAMINOPHEN CAPSULES	HYDROGESIC			PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.			
HYDROCODONE-ACETAMINOPHEN SOLUTION	HYCET			PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.			
HYDROCODONE-ACETAMINOPHEN TABLETS	VERDROCET			PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.			
HYDROCODONE-IBUPROFEN TABLETS	REPREXAIN			PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.			
OXYCODONE W/ ACETAMINOPHEN CAPSULES	OXYCODONE/ ACETAMINOPHEN			PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.			
OXYCODONE W/ ACETAMINOPHEN SOLUTION	ROXICET			PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.			
OXYCODONE W/ ACETAMINOPHEN TABLETS	ENDOCET			PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.			
OXYCODONE-IBUPROFEN TABLETS	OXYCODONE/IBUPROFEN			PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.			
<b>ANTIDOTES</b>							
<b>OPIOID ANTAGONISTS</b>							
NALOXONE HCL SOLUTION + SYRINGE	NALOXONE HCL + SYRINGE		PREFERRED DRUG				
NALOXONE HCL NASAL SPRAY	NARCAN NASAL SPRAY		PREFERRED DRUG				
NALTREXONE HCL TABLETS	NALTREXONE HCL		PREFERRED DRUG				
NALTREXONE SUSPENSION	VIVITROL		PREFERRED DRUG				
<b>OPIOID AGONISTS</b>							
BUPRENORPHINE	VARIOUS			PA REQUIRED unless the member is pregnant or nursing. The prescriber must note the following ICD-10 codes on the prescription: 1. O09.91- Supervision of high risk pregnancy, 1st Trimester. 2. O09.92- Supervision of high risk pregnancy, 2nd Trimester. 3. O09.93- Supervision of high risk pregnancy, 3rd Trimester. 4. O09.91- Supervision of high risk pregnancy- use for Postpartum Nursing Mothers. The first digit of the diagnosis code is the Letter - O and the second is a Zero - 0			
BUPRENORPHINE HCL-NALOXONE HCL DIHYDRATE FILM	SUBOXONE FILM	BRAND ONLY	PREFERRED DRUG				

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<b>BUPRENORPHINE HCL-NALOXONE HCL DIHYDRATE ORALLY DISINTEGRATING TABLETS</b>	<b>VARIOUS</b>	<b>GENERIC FORMULATIONS ONLY</b>	<b>PREFERRED DRUG</b>			
<b>BUPRENORPHINE EXTENDED RELEASE INJECTION</b>	<b>SUBLOCADE</b>	<b>BRAND ONLY</b>	<b>PREFERRED DRUG</b>	<b>PA REQUIRED</b>		
<b>METHADONE</b>	<b>VARIOUS</b>			Only available at an Opioid Treatment Program (OTP) provider.		
<b>MISCELLANEOUS AGENTS</b>						
ACAMPROSATE	VARIOUS					
DISULFIRAM	ANTABUSE					
<b>ANDROGENS-ANABOLIC</b>						
<b>ANDROGENS</b>						
DANAZOL CAPSULES	DANAZOL					
TESTOSTERONE CYPIONATE SOLUTION	DEPO-TESTOSTERONE			<b>PA REQUIRED</b>		
TESTOSTERONE ENANTHATE SOLUTION	TESTOSTERONE ENANTHATE			<b>PA REQUIRED</b>		
TESTOSTERONE GEL	ANDROGEL	<b>BRAND ONLY</b>	<b>PREFERRED DRUG</b>	<b>PA REQUIRED</b>		
TESTOSTERONE PATCH	ANDRODERM			<b>PA REQUIRED</b>		
<b>ANORECTAL AGENTS</b>						
<b>INTRARECTAL STEROIDS</b>						
HYDROCORTISONE (INTRARECTAL) ENEMA	COLOCORT					
HYDROCORTISONE ACETATE (INTRARECTAL) FOAM	CORTIFOAM					
<b>RECTAL STEROIDS</b>						
HYDROCORTISONE (RECTAL) CREAM	PROCTOCORT					
<b>ANTHELMINTICS</b>						
<b>ANTHELMINTICS</b>						
ALBENDAZOLE TABLETS	ALBENZA			<b>PA REQUIRED</b>		
IVERMECTIN TABLETS	STROMECTOL			<b>PA REQUIRED</b>		
PRAZICUANTEL TABLETS	BILTRICIDE					
<b>ANTIANGINAL AGENTS</b>						
<b>ANTIANGINALS-OTHER</b>						
RANOLAZINE TABLET 12-HOUR	RANEXA			<b>PA REQUIRED</b>		
<b>NITRATES</b>						
ISOSORBIDE DINITRATE CAPSULE CONTROLLED RELEASE	DILATRATE SR					
ISOSORBIDE DINITRATE SUBLINGUAL	ISOSORBIDE DINITRATE					
ISOSORBIDE DINITRATE TABLETS	ISORDIL TITRADOSE					
ISOSORBIDE DINITRATE TABLET CONTROLLED RELEASE	ISOSORBIDE DINITRATE ER					
ISOSORBIDE MONONITRATE TABLETS	ISOSORBIDE MONONITRATE					
ISOSORBIDE MONONITRATE TABLET 24-HOUR	IMDUR					
NITROGLYCERIN CAPSULE CONTROLLED RELEASE	NITRO-TIME					
NITROGLYCERIN OINTMENT	NITRO-BID					
NITROGLYCERIN PATCH 24-HOUR	NITRO-DUR					
NITROGLYCERIN SUBLINGUAL	NITROSTAT					
<b>ANTIANKXIETY AGENTS</b>						
<b>ANTIANKXIETY AGENTS - MISC.</b>						

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BUSPIRONE HCL TAB 5 MG	BUSPIRONE HCL			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	30
BUSPIRONE HCL TAB 7.5 MG	BUSPIRONE HCL			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	30
BUSPIRONE HCL TAB 10 MG	BUSPIRONE HCL			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	30
BUSPIRONE HCL TAB 15 MG	BUSPIRONE HCL			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	30
BUSPIRONE HCL TAB 30 MG	BUSPIRONE HCL			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		60	30
HYDROXYZINE HCL SYRUP	HYDROXYZINE SYRUP					300	30
HYDROXYZINE HCL TABLETS	HYDROXYZINE TABLETS					240	30
HYDROXYZINE PAMOATE CAPSULES	VISTARIL					120	30
<b>BENZODIAZEPINES</b>							
ALPRAZOLAM CONC 1 MG/ML	ALPRAZOLAM INTENSOL			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		60	15
ALPRAZOLAM ORALLY DISINTEGRATING TAB 0.25 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	30
ALPRAZOLAM ORALLY DISINTEGRATING TAB 0.5 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	30
ALPRAZOLAM ORALLY DISINTEGRATING TAB 1 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	30
ALPRAZOLAM ORALLY DISINTEGRATING TAB 2 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		60	30
ALPRAZOLAM TAB 0.25 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	30
ALPRAZOLAM TAB 0.5 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	30
ALPRAZOLAM TAB 1 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	30

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ALPRAZOLAM TAB 2 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		60	30
ALPRAZOLAM TAB SR 24HR 0.5 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		30	30
ALPRAZOLAM TAB SR 24HR 1 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		30	30
ALPRAZOLAM TAB SR 24HR 2 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		30	30
ALPRAZOLAM TAB SR 24HR 3 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		30	30
CHLORDIAZEPOXIDE HCL CAP 10 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		60	30
CHLORDIAZEPOXIDE HCL CAP 25 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		60	30
CHLORDIAZEPOXIDE HCL CAP 5 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		60	30
CLONAZEPAM 0.5 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	30
CLONAZEPAM 1.0 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	30
CLONAZEPAM 2 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		60	30
CLONAZEPAM ODT 0.125MG	VARIOUS			PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	30
CLONAZEPAM ODT 0.25MG	VARIOUS			PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	30
CLONAZEPAM ODT 0.5 MG	VARIOUS			PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	30
CLONAZEPAM ODT 1MG	VARIOUS			PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	30
CLONAZEPAM ODT 2MG	VARIOUS			PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		60	30

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CLORAZEPATE DIPOTASSIUM TAB 15 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		60	30
CLORAZEPATE DIPOTASSIUM TAB 3.75 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	30
CLORAZEPATE DIPOTASSIUM TAB 7.5 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	30
DIAZEPAM CONC 5 MG/ML	DIAZEPAM INTENSOL			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		60	30
DIAZEPAM SOLN 1 MG/ML	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		300	30
DIAZEPAM TAB 10 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	30
DIAZEPAM TAB 2 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	30
DIAZEPAM TAB 5 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	30
LORAZEPAM CONC 2 MG/ML	LORAZEPAM INTENSOL			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		60	30
LORAZEPAM TAB 0.5 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	30
LORAZEPAM TAB 1 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	30
LORAZEPAM TAB 2 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		60	30
OXAZEPAM CAP 10 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		60	30
OXAZEPAM CAP 15 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		60	30



**AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE JANUARY 1, 2023**

<ul style="list-style-type: none"> <li>Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As BRAND ONLY</li> <li>Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List May Be Available Through Prior Authorization</li> </ul>					Drug List Effective Date: January 1, 2023		
Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	Preferred Drug Status		Step Therapy Requirements	Quantity Limit (QL)	QL Days
OXAZEPAM CAP 30 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		60	30
<b>ANTIARRHYTHMICS</b>							
<b>ANTIARRHYTHMICS TYPE I-A</b>							
DISOPYRAMIDE PHOSPHATE CAPSULES	NORPACE						
DISOPYRAMIDE PHOSPHATE CAPSULE 12-HOUR	NORPACE CR						
QUINIDINE GLUCONATE TABLET CONTROLLED RELEASE	QUINIDINE GLUCONATE CR						
QUINIDINE SULFATE TABLETS	QUINIDINE SULFATE						
QUINIDINE SULFATE TABLET CONTROLLED RELEASE	QUINIDINE SULFATE ER						
<b>ANTIARRHYTHMICS TYPE I-B</b>							
MEXILETINE HCL CAPSULES	MEXILETINE HCL						
<b>ANTIARRHYTHMICS TYPE I-C</b>							
FLECAINIDE ACETATE TABLETS	TAMBOCOR						
PROPAFENONE HCL CAPSULE 12-HOUR	RYTHMOL SR						
PROPAFENONE HCL TABLETS	RYTHMOL						
<b>ANTIARRHYTHMICS TYPE III</b>							
AMIODARONE HCL TABLETS 100MG & 200MG	PACERONE						
DOFETILIDE CAPSULES	TIKOSYN				PA REQUIRED		
DRONEDARONE HCL TABLETS	MULTAQ				PA REQUIRED		
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>							
<b>ANTI-INFLAMMATORY AGENTS</b>							
CROMOLYN SODIUM NEBULIZER	CROMOLYN SODIUM						
<b>BRONCHODILATORS - ANTICHOLINERGICS</b>							
ACLDINIUM BROMIDE	TUDORZA PRESSAIR		PREFERRED DRUG				
IPRATROPIUM BROMIDE HFA AEROSOL	ATROVENT HFA		PREFERRED DRUG				
IPRATROPIUM BROMIDE SOLUTION	IPRATROPIUM BROMIDE		PREFERRED DRUG				
TIOTROPIUM BROMIDE MONOHYDRATE CAPSULES	SPIRIVA HANDHALER		PREFERRED DRUG				
<b>LEUKOTRIENE MODULATORS</b>							
MONTELUKAST SODIUM CHEWABLE TABLETS	SINGULAIR		PREFERRED DRUG			30	30
MONTELUKAST SODIUM GRANULES	SINGULAIR			PA IS NOT REQUIRED for < 4 Years of Age		30	30
MONTELUKAST SODIUM TABLETS	SINGULAIR		PREFERRED DRUG			30	30
<b>STEROID INHALANTS</b>							
BUDESONIDE (INHALATION) SUSPENSION 0.25MG, 0.50MG & 1.0MG	PULMICORT	VARIOUS	PREFERRED DRUG				
BUDESONIDE INHALATION POWDER	PULMICORT FLEXHALER	BRAND ONLY	PREFERRED DRUG				
FLUTICASONE PROPIONATE HFA AERO	FLOVENT HFA	BRAND ONLY	PREFERRED DRUG				
FLUTICASONE PROPIONATE ORAL INHALATION	FLOVENT DISKUS	BRAND ONLY	PREFERRED DRUG				
MOMETASONE FUROATE (INHALATION) AEPB	ASMANEX TWISTHALER		PREFERRED DRUG				
<b>SYMPATHOMIMETICS</b>							
ALBUTEROL SULFATE INHALER	ALBUTEROL HFA (PROVENTIL) (AG) (INHALATION)	NDC 00254100752 NDC 00781729685	Preferred Albuterol NDCs				

**AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE JANUARY 1, 2023**

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ALBUTEROL SULFATE INHALER	ALBUTEROL HFA (PROVENTIL) (INHALATION)	NDC 00054074287 NDC 69097014260 NDC 72572001401 NDC 76282067942	Preferred Albuterol NDCs				
ALBUTEROL SULFATE INHALER	ALBUTEROL HFA (PROAIR) (AG) (INHALATION)	NDC 00093317431	Preferred Albuterol NDCs				
ALBUTEROL SULFATE INHALER	ALBUTEROL HFA (PROAIR) (INHALATION)	NDC 45802008801 NDC 68180096301	Preferred Albuterol NDCs				
ALBUTEROL SULFATE INHALER	ALBUTEROL HFA (VENTOLIN) (AG) (INHALATION)	NDC 66993001968	Preferred Albuterol NDCs				
ALBUTEROL SULFATE NEBULIZED	ALBUTEROL SULFATE		PREFERRED DRUG				
ALBUTEROL SULFATE SYRUP	ALBUTEROL SULFATE		PREFERRED DRUG				
BUDESONIDE-FORMOTEROL FUMARATE DIHYDRATE AEROSOL	SYMBICORT	BRAND ONLY	PREFERRED DRUG	Step Therapy	Patient must have tried one steroid inhaler: Beclomethasone Dipropionate, Budesonide, Fluticasone Propionate		
FLUTICASONE-SALMETEROL ORAL INHALATION	ADVAIR DISKUS	BRAND ONLY	PREFERRED DRUG	Step Therapy	Patient must have tried one steroid inhaler: Beclomethasone Dipropionate, Budesonide, Fluticasone Propionate		
FLUTICASONE-SALMETEROL AEROSOL	ADVAIR HFA	BRAND ONLY	PREFERRED DRUG	Step Therapy	Patient must have tried one steroid inhaler: Beclomethasone Dipropionate, Budesonide, Fluticasone Propionate		

**AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE JANUARY 1, 2023**

<ul style="list-style-type: none"> <li>Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As BRAND ONLY</li> <li>Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List May Be Available Through Prior Authorization</li> </ul>					Drug List Effective Date: January 1, 2023		
Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	Preferred Drug Status	Step Therapy	Step Therapy Requirements	Quantity Limit (QL)	QL Days
MOMETASONE FUROATE-FORMOTEROL FUMARATE DIHYDRATE AEROSOL	DULERA	BRAND ONLY	PREFERRED DRUG	Step Therapy	Patient must have tried one steroid inhaler: Beclomethasone Dipropionate, Budesonide, Fluticasone Propionate		
IPRATROPIUM-ALBUTEROL AEROSOL	COMBIVENT RESPIMAT		PREFERRED DRUG				
IPRATROPIUM-ALBUTEROL SOLUTION	DUONEB		PREFERRED DRUG				
SALMETEROL XINAFOATE AEROSOL POWDER BREATH ACTIVATED	SEREVENT DISKUS		PREFERRED DRUG	PA REQUIRED			
SALMETEROL XINAFOATE AEROSOL POWDER BREATH ACTIVATED	SEREVENT DISKUS		PREFERRED DRUG	PA REQUIRED			
TIOTROPIUM BROMIDE-OLODATEROL HCL AEROSOL SOLUTION	STIOLTO RESPIMAT		PREFERRED DRUG	PA REQUIRED		1	30
UMECLIDINIUM-VILANTEROL AEROSOL POWDER	ANORO ELLIPTA		PREFERRED DRUG	PA REQUIRED		1	30
<b>ANTICOAGULANTS</b>							
<b>COUMARIN ANTICOAGULANTS</b>							
WARFARIN SODIUM TABLETS	VARIOUS		PREFERRED DRUG				
<b>DIRECT FACTOR XA INHIBITORS</b>							
APIXABAN TABLETS	ELIQUIS	BRAND ONLY	PREFERRED DRUG			60	30
APIXABAN TABLETS STARTER PACK	ELIQUIS STARTER PACK	BRAND ONLY	PREFERRED DRUG			74	365
RIVAROXABAN TABLETS	XARELTO	BRAND ONLY	PREFERRED DRUG			60	30
RIVAROXABAN TABLETS	XARELTO DOSE PACK	BRAND ONLY	PREFERRED DRUG			51	30
<b>HEPARINS AND HEPARINOID-LIKE AGENTS</b>							
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						
<b>THROMBIN INHIBITORS</b>							
DABIGATRAN ETEXILATE MESYLATE CAPSULES	PRADAXA	BRAND ONLY	PREFERRED DRUG			60	30
<b>ANTICONVULSANTS</b>							
<b>ANTICONVULSANTS - BENZODIAZEPINES</b>							
CLOBAZAM SUSPENSION	ONFI			PA REQUIRED			
CLOBAZAM TABLETS	ONFI			PA REQUIRED			

**AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE JANUARY 1, 2023**

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Drug List Effective Date: January 1, 2023

Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	Preferred Drug Status		Step Therapy Requirements	Quantity Limit (QL)	QL Days
CLONAZEPAM TAB 0.5 MG	KLONOPIN			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	30
CLONAZEPAM TAB 1 MG	KLONOPIN			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	30
CLONAZEPAM TAB 2 MG	KLONOPIN			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		60	30
CLONAZEPAM ORALLY DISINTEGRATING TAB 0.125 MG	CLONAZEPAM ODT			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	30
CLONAZEPAM ORALLY DISINTEGRATING TAB 0.25 MG	CLONAZEPAM ODT			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	30
CLONAZEPAM ORALLY DISINTEGRATING TAB 0.5 MG	CLONAZEPAM ODT			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	30
CLONAZEPAM ORALLY DISINTEGRATING TAB 1 MG	CLONAZEPAM ODT			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	30
CLONAZEPAM ORALLY DISINTEGRATING TAB 2 MG	CLONAZEPAM ODT			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		60	30
DIAZEPAM RECTAL GEL DELIVERY SYSTEM 10 MG	DIASTAT					2	30
DIAZEPAM RECTAL GEL DELIVERY SYSTEM 2.5 MG	DIASTAT					2	30
DIAZEPAM RECTAL GEL DELIVERY SYSTEM 20 MG	DIASTAT					2	30
<b>ANTICONVULSANTS - MISC.</b>							
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	<b>GRALISE</b>				PA REQUIRED		
GABAPENTIN TABLETS	NEURONTIN						
GABAPENTIN	<b>HORIZANT</b>				PA REQUIRED		
LACOSAMIDE SOLUTION	VIMPAT				PA REQUIRED		
LACOSAMIDE TABLETS	VIMPAT				PA REQUIRED		
LAMOTRIGINE CHEWABLE TABLETS	LAMICTAL CHEWABLE						
LAMOTRIGINE TABLETS	LAMICTAL						

**AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE JANUARY 1, 2023**

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Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	Preferred Drug Status	Step Therapy Requirements	Quantity Limit (QL)	QL Days
LAMOTRIGINE TABLET 24-HOUR	LAMICTAL XR					
LAMOTRIGINE ORALLY DISINTEGRATING TABLETS	LAMICTAL ODT					
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					
<b>CARBAMATES</b>						
FELBAMATE SUSPENSION	FELBATOL					
FELBAMATE TABLETS	FELBATOL					
<b>GABA MODULATORS</b>						
TIAGABINE HCL TABLETS	GABITRIL			PA REQUIRED		
<b>HYDANTOINS</b>						
PHENYTOIN CHEWABLE TABLETS	DILANTIN INFATABLETS					
PHENYTOIN SODIUM EXTENDED CAPSULES	DILANTIN					
PHENYTOIN SUSPENSION	DILANTIN-125					
<b>SUCCINIMIDES</b>						
ETHOSUXIMIDE CAPSULES	ZARONTIN					
ETHOSUXIMIDE SOLUTION	ZARONTIN					
<b>VALPROIC ACID</b>						
DIVALPROEX SODIUM SPRINKLE CAPSULES	DEPAKOTE SPRINKLES					
DIVALPROEX SODIUM TABLET 24-HOUR	DEPAKOTE ER					
DIVALPROEX SODIUM TABLET ENTERIC COATED	DEPAKOTE					
VALPROATE SODIUM SYRUP	DEPAKENE+B252					
VALPROIC ACID CAPSULES	DEPAKENE					
<b>ANTIDEPRESSANTS</b>						
<b>ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)</b>						
MIRTAZAPINE TABLETS	MIRTAZAPINE			PA REQUIRED for Ages < 6 years of age	30	30
MIRTAZAPINE ORALLY DISINTEGRATING TABLETS	REMERON SOLTAB			PA REQUIRED for Ages < 6 years of age	30	30
<b>N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST</b>						
ESKETAMINE HYDROCHLORIDE	SPRAVATO			PA REQUIRED		
<b>Norepinephrine and Dopamine Reuptake Inhibitors (NDRIs)</b>						
BUPROPION HCL TABLETS	WELLBUTRIN			PA REQUIRED for Ages < 6 years of age	120	30
BUPROPION HCL TABLET 12-HOUR	BUDEPRION SR			PA REQUIRED for Ages < 6 years of age	60	30
BUPROPION HCL TABLET 24-HOUR (150MG & 300MG)	WELLBUTRIN XL			PA REQUIRED for Ages < 6 years of age	30	30

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Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	Preferred Drug Status		Step Therapy Requirements	Quantity Limit (QL)	QL Days	
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)</b>								
CITALOPRAM HYDROBROMIDE SOLUTION	CELEXA				PA REQUIRED for Ages < 6 years of age and greater than 12 years of age	600	30	
CITALOPRAM HYDROBROMIDE TABLETS	CELEXA				PA REQUIRED for Ages < 6 years of age	10mg: 60 20mg: 30 40mg: 30	30 30 30	
ESCITALOPRAM OXALATE TABLETS	LEXAPRO				PA REQUIRED for Ages < 6 years of age	5mg: 60 10mg: 30 20mg: 30	30 30 30	
FLUOXETINE HCL CAPSULES ONLY	PROZAC				PA REQUIRED for Ages < 6 years of age	10mg: 60 20mg: 120 40mg: 60	30 30 30	
FLUOXETINE HCL SOLUTION	PROZAC				PA REQUIRED for Ages < 6 years of age and greater than 12 years of age	600	30	
FLUOXETINE HCL TABLETS - WEEKLY	PROZAC WEEKLY				PA REQUIRED			
FLUVOXAMINE MALEATE TABLETS	LUVOX				PA REQUIRED for Ages < 6 years of age	25mg: 60 50mg: 180 100mg: 90	30 30 30	
PAROXETINE HCL TABLETS	PAXIL				PA REQUIRED for Ages < 6 years of age	10mg: 30 20mg: 30 30mg: 30 40mg: 45	30 30 30 30	
SERTRALINE HCL CONCENTRATE	ZOLOFT				PA REQUIRED for Ages < 6 years of age and greater than 12 years of age	300	30	
SERTRALINE HCL TABLETS	ZOLOFT				PA REQUIRED for Ages < 6 years of age	25mg: 90 50mg: 120 100mg: 60	30 30 30	
<b>SEROTONIN MODULATORS</b>								
TRAZODONE HCL TABLETS	TRAZODONE HCL				PA REQUIRED for Ages < 6 years of age	50mg:90 100mg:120 150mg: 60 300mg 30	30 30 30 30	
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRI)</b>								
DULOXETINE HCL CAPSULE DELAYED RELEASE 20MG, 30MG & 60MG	CYMBALTA 20MG, 30MG & 60MG				PA REQUIRED for Ages < 6 years of age	20mg: 120 30mg: 120 60mg: 60	30 30 30	
VENLAFAXINE HCL CAPSULE CONTROLLED RELEASE	EFFEXOR XR				PA REQUIRED for Ages < 6 years of age	37.5mg: 90 75mg: 90 150mg: 30	30 30 30	

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VENLAFAXINE HCL TABLETS - IMMEDIATE RELEASE ONLY	VENLAFAXINE HCL			PA REQUIRED for Ages < 6 years of age	25mg: 120 37.5mg: 90 50mg: 90 75mg: 150 100mg: 90	30 30 30 30 30
<b>TRICYCLIC AGENTS</b>						
AMITRIPTYLINE HCL TABLETS	AMITRIPTYLINE HCL			PA REQUIRED for Ages < 6 years of age		
AMOXAPINE TABLETS	VARIOUS			PA REQUIRED for Ages < 6 years of age		
CLOMIPRAMINE HCL CAPSULES	ANAFRANIL			PA REQUIRED for Ages < 6 years of age		
DESIPRAMINE HCL TABLETS	NORPRAMIN			PA REQUIRED for Ages < 6 years of age		
DOXEPIN HCL CAPSULES	DOXEPIN HCL			PA REQUIRED for Ages < 6 years of age	90	30
DOXEPIN HCL CONCENTRATE	DOXEPIN HCL			PA REQUIRED for Ages < 6 years of age	180	30
IMIPRAMINE PAMOATE CAPSULES	TORFRANIL-PM			PA REQUIRED for Ages < 6 years of age	30	30
IMIPRAMINE HCL TABLETS	TOFRANIL			PA REQUIRED for Ages < 6 years of age		
MAPROTILINE HCL	VARIOUS			PA REQUIRED for Ages < 6 years of age		
NORTRIPTYLINE HCL CAPSULES	PAMELOR			PA REQUIRED for Ages < 6 years of age		
NORTRIPTYLINE HCL SOLUTION	NORTRIPTYLINE HCL			PA REQUIRED for Ages < 6 years of age		
PROTRIPTYLINE HCL TABLETS	VIVACTIL			PA REQUIRED for Ages < 6 years of age		
TRIMIPRAMINE MALEATE	SURMONTIL			PA REQUIRED for Ages < 6 years of age		
<b>ANTIDIABETICS</b>						
<b>ALPHA-GLUCOSIDASE INHIBITORS</b>						
ACARBOSE TABLETS	PRECOSE					
<b>ANTIDIABETIC - AMLYN ANALOGS</b>						
PRAMLINTIDE ACETATE SOLUTION PEN INJECTION	SYMLINPEN 60		PREFERRED DRUG	PA REQUIRED		
<b>ANTIDIABETIC COMBINATIONS</b>						
ALOGLIPTIN-METFORMIN HCL TABLETS	KAZANO	BRAND ONLY	PREFERRED DRUG	STEP THROUGH METFORMIN		
ALOGLIPTIN-PIOGLITAZONE TABLETS	OSENI	BRAND ONLY	PREFERRED DRUG	STEP THROUGH METFORMIN		
CANAGLIFLOZIN-METFORMIN HCL	INVOKAMET	BRAND ONLY	PREFERRED DRUG	STEP THROUGH METFORMIN		
DAPAGLIFLOZIN - METFORMIN	XIDUO XR	BRAND ONLY	PREFERRED DRUG	STEP THROUGH METFORMIN		
EMPAGLIFLOZIN-LINAGLIPTIN-METFORMIN	TRIJARDY XR	BRAND ONLY	PREFERRED DRUG	STEP THROUGH METFORMIN		
EMPAGLIFLOZIN-METFORMIN HCL	SYNJARDY	BRAND ONLY	PREFERRED DRUG	STEP THROUGH METFORMIN		
GLYBURIDE-METFORMIN HCL TABLETS	GLYBURIDE/METFORMIN HCL					
LINAGLIPTIN-METFORMIN HCL TABLETS	JENTADUETO	BRAND ONLY	PREFERRED DRUG	STEP THROUGH METFORMIN		
LINAGLIPTIN-METFORMIN HCL TABLET 24-HOUR	JENTADUETO XR	BRAND ONLY	PREFERRED DRUG	STEP THROUGH METFORMIN		
PIOGLITAZONE HCL-METFORMIN HCL TABLETS	ACTOPLUS MET					

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PIOGLITAZONE HCL-METFORMIN HCL TABLET 24-HOUR	ACTOPLUS MET XR					
SAXAGLIPTIN-METFORMIN HCL TABLETS	KOMBIGLYZE XR	BRAND ONLY	PREFERRED DRUG	STEP THROUGH METFORMIN		
SITAGLIPTIN-METFORMIN HCL TABLETS	JANUMET	BRAND ONLY	PREFERRED DRUG	STEP THROUGH METFORMIN		
SITAGLIPTIN-METFORMIN HCL TABLET 24-HOUR	JANUMET XR	BRAND ONLY	PREFERRED DRUG	STEP THROUGH METFORMIN		
<b>BIGUANIDES</b>						
METFORMIN HCL TABLETS	GLUCOPHAGE					
METFORMIN HCL TABLET 24-HOUR (GENERIC OF GLUCOPHAGE XR ONLY- 500MG & 750MG)	Various				PA REQUIRED for Osmotic and Modified Release Products	
<b>DIABETIC OTHER</b>						
DIAZOXIDE SUSPENSION	PROGLYCEM	BRAND ONLY				
GLUCAGON (RDNA) KIT	GLUCAGON EMERGENCY KIT	BRAND ONLY BY LILLY	PREFERRED DRUG		1	30
GLUCAGON HCL (RDNA) SOLUTION	GLUCAGEN HYPOKIT		PREFERRED DRUG		1	30
GLUCAGON SOLUTION AUTOINJECTOR - ADULT	GVOKE HYPO		PREFERRED DRUG		1	30
GLUCAGON SOLUTION AUTOINJECTOR - PEDIATRIC	GVOKE HYPO		PREFERRED DRUG		2	30
<b>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>						
ALOGLIPTIN BENZOATE TABLETS	NESINA	BRAND ONLY	PREFERRED DRUG	STEP THROUGH METFORMIN		
LINAGLIPTIN TABLETS	TRADJENTA	BRAND ONLY	PREFERRED DRUG	STEP THROUGH METFORMIN		
SAXAGLIPTIN HCL TABLETS	ONGLYZA	BRAND ONLY	PREFERRED DRUG	STEP THROUGH METFORMIN		
SITAGLIPTIN PHOSPHATE TABLETS	JANUVIA	BRAND ONLY	PREFERRED DRUG	STEP THROUGH METFORMIN		
<b>INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)</b>						
DULAGLUTIDE SOLUTION PEN-INJECTION	TRULICITY		PREFERRED DRUG		PA REQUIRED	
EXENATIDE SOLUTION PEN INJECTION	BYETTA		PREFERRED DRUG		PA REQUIRED	
LIRAGLUTIDE SOLUTION PEN INJECTION	VICTOZA		PREFERRED DRUG		PA REQUIRED	
<b>DIABETIC MISCELLANEOUS AGENT</b>						
PRAMLINTIDE	SYMLIN PEN		PREFERRED DRUG		PA REQUIRED	
<b>INSULIN SENSITIZING AGENTS</b>						
PIOGLITAZONE HCL TABLETS	ACTOS					
<b>INSULIN</b>						
INSULIN LISPRO (HUMAN) SOLUTION	HUMALOG	Authorized Generic Only	PREFERRED DRUG			
INSULIN LISPRO (HUMAN) SOLUTION CARTRIDGE	HUMALOG	BRAND ONLY	PREFERRED DRUG			
INSULIN LISPRO (HUMAN) SOLUTION PEN INJECTION 100/ML	HUMALOG JUNIOR KWIKPEN	Authorized Generic Only	PREFERRED DRUG			
INSULIN LISPRO (HUMAN) SOLUTION PEN INJECTION 100/ML	HUMALOG KWIKPEN	Authorized Generic Only	PREFERRED DRUG			



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INSULIN LISPRO PROTAMINE & LISPRO (HUMAN) SUSPENSION PEN INJECTION (50-50)	HUMALOG MIX 50/50 KWIKPEN	Brand Only	PREFERRED DRUG			
INSULIN LISPRO PROTAMINE & LISPRO SUSPENSION (75-25)	HUMALOG MIX 75/25	Brand Only	PREFERRED DRUG			
INSULIN LISPRO PROTAMINE & LISPRO (HUMAN) SUSPENSION PEN INJECTION (75-25)	HUMALOG MIX 75/25 KWIKPEN	Authorized Generic Only	PREFERRED DRUG			
INSULIN NPH ISOPHANE & REG (HUMAN) SUSPENSION	HUMULIN 70/30	BRAND ONLY	PREFERRED DRUG			
INSULIN NPH ISOPHANE & REG (HUMAN) SUSPENSION	HUMULIN 70/30 KWIKPEN	BRAND ONLY	PREFERRED DRUG			
INSULIN NPH (HUMAN) (ISOPHANE) SUSPENSION	HUMULIN N	BRAND ONLY	PREFERRED DRUG			
INSULIN REGULAR (HUMAN) SOLUTION PEN INJECTION	HUMULIN N KWIKPEN	BRAND ONLY	PREFERRED DRUG			
INSULIN REGULAR (HUMAN) SOLUTION	HUMULIN R U-100	BRAND ONLY	PREFERRED DRUG			
INSULIN REGULAR (HUMAN) SOLUTION	HUMULIN R U-500 (CONCENTRATED)	BRAND ONLY	PREFERRED DRUG	PA REQUIRED		
INSULIN REGULAR (HUMAN) SOLUTION PEN-INJECTION	HUMULIN R U-500 KWIKPEN	BRAND ONLY	PREFERRED DRUG	PA REQUIRED		
INSULIN GLARGINE SOLUTION	LANTUS	BRAND ONLY	PREFERRED DRUG			
INSULIN GLARGINE SUSPENSION	LANTUS SOLOSTAR	BRAND ONLY	PREFERRED DRUG			
INSULIN DETEMIR SOLUTION	LEVEMIR	BRAND ONLY	PREFERRED DRUG			
INSULIN DETEMIR SUSPENSION	LEVEMIR FLEXPEN	BRAND ONLY	PREFERRED DRUG			
INSULIN NPH ISOPHANE & REG (HUMAN) SUSPENSION	NOVOLIN 70/30	BRAND ONLY	PREFERRED DRUG			
INSULIN NPH (HUMAN) (ISOPHANE) SUSPENSION	NOVOLIN N	BRAND ONLY	PREFERRED DRUG			
INSULIN REGULAR (HUMAN) SOLUTION	NOVOLIN R	BRAND ONLY	PREFERRED DRUG			
INSULIN ASPART SOLUTION	NOVOLOG	Authorized Generic Only	PREFERRED DRUG			
INSULIN ASPART SOLUTION PEN-INJECTION	NOVOLOG FLEXPEN	Authorized Generic Only	PREFERRED DRUG			
INSULIN ASPART PROTAMINE & ASPART (HUMAN) SUSPENSION (70/30)	NOVOLOG MIX 70/30	Authorized Generic Only	PREFERRED DRUG			
INSULIN ASPART PROTAMINE & ASPART (HUMAN) SUSPENSION PEN INJECTION (70/30)	NOVOLOG MIX 70/30 FLEXPEN	Authorized Generic Only	PREFERRED DRUG			
INSULIN ASPART SOLUTION CARTRIDGE	NOVOLOG PENFILL	Authorized Generic Only	PREFERRED DRUG			
<b>MEGLITINIDE ANALOGUES</b>						
NATEGLINIDE TABLETS	STARLIX					
REPAGLINIDE TABLETS	PRANDIN					
<b>SGLT2S</b>						
DAPAGLIFLOZIN PROPANEDIOL	FARXIGA		PREFERRED DRUG	STEP THROUGH METFORMIN		
CANAGLIFLOZIN	INVOKANA		PREFERRED DRUG	STEP THROUGH METFORMIN		
EMPAGLIFLOZIN	JARDIANCE		PREFERRED DRUG	STEP THROUGH METFORMIN		
<b>SULFONYLUREAS</b>						
GLIMEPIRIDE TABLETS	AMARYL					
GLIPIZIDE TABLETS	GLUCOTROL					

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GLIPIZIDE TABLET 24-HOUR	GLUCATROL XL					
GLYBURIDE MICRONIZED TABLETS	GLYNASE					
GLYBURIDE TABLETS	DIABETA					
<b>ANTIARRHEALS</b>						
<b>ANTIPERISTALTIC AGENTS</b>						
DIPHENOXYLATE W/ ATROPINE LIQUID	DIPHENOXYLATE/ATROPINE					
DIPHENOXYLATE W/ ATROPINE TABLETS	LOMOTIL					
LOPERAMIDE HCL CAPSULES	LOPERAMIDE HCL					
LOPERAMIDE HCL CHEWABLE TABLETS	IMODIUM A-D					
LOPERAMIDE HCL LIQUID	LOPERAMIDE HCL					
LOPERAMIDE HCL SUSPENSION	IMODIUM A-D					
LOPERAMIDE HCL TABLETS	IMODIUM A-D					
<b>ANTIDOTES</b>						
<b>OPIOID ANTAGONISTS</b>						
NALOXONE HCL SOLUTION + SYRINGE	NALOXONE HCL + SYRINGE		PREFERRED DRUG			
NALOXONE	KLOXXADO	BRAND ONLY	PREFERRED DRUG			
NALOXONE HCL NASAL SPRAY	NARCAN NASAL SPRAY	BRAND ONLY	PREFERRED DRUG			
<b>ANTIEMETICS</b>						
<b>5-HT3 RECEPTOR ANTAGONISTS</b>						
DOLASETRON MESYLATE TABLETS	ANZEMET			PA REQUIRED		
GRANISETRON HCL SOLUTION	VARIOUS			PA REQUIRED		
GRANISETRON HCL TABLETS	VARIOUS			PA REQUIRED		
ONDANSETRON SOLUTION	VARIOUS			PA REQUIRED for tablets > 8mg Per Dose	300	30
ONDANSETRON HCL ODT TABLETS	VARIOUS			PA REQUIRED for tablets > 8mg Per Dose	60	30
ONDANSETRON HCL TABLETS	VARIOUS			PA REQUIRED for tablets > 8mg per Dose	60	30
<b>ANTIEMETICS MISC.</b>						
PROCHLORPERAZINE MALEATE TABLETS	COMPAZINE					
PROCHLORPERAZINE SUPPOSITORY	COMPAZINE					
<b>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONIST</b>						
APREPITANT CAPSULES	EMEND				6	21
<b>ANTIFUNGALS</b>						
<b>ANTIFUNGAL ORAL AGENTS</b>						
CLOTRIMAZOLE TROCHE	VARIOUS					
GRISEOFULVIN SUSPENSION	VARIOUS					
GRISEOFULVIN MICROSIZED TABLETS	GRIFULVIN V					
NYSTATIN SUSPENSION	NYSTATIN					
NYSTATIN TABLETS	NYSTATIN					
TERBINAFINE HCL TABLETS	LAMISIL				90	365
<b>IMIDAZOLE-RELATED ANTIFUNGALS</b>						
FLUCONAZOLE SUSPENSION	DIFLUCAN				600	30
FLUCONAZOLE TABLETS	DIFLUCAN				60	30
VORICONAZOLE SUSPENSION	VFEND	Brand Only		PA Required		
<b>ANTIHISTAMINES</b>						

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<b>ANTI-HISTAMINES - ALKYLAMINES</b>						
BROMPHENIRAMINE MALEATE	J-TAN PD					
CHLORPHENIRAMINE MALEATE	CHLORPHENIRAMINE MALEATE					
DEXCHLORPHENIRAMINE MALEATE SYRUP	DEXCHLORPHENIRAMINE MALEATE					
<b>ANTI-HISTAMINES - ETHANOLAMINES</b>						
CLEMASTINE FUMARATE SYRUP	CLEMASTINE FUMARATE					
CLEMASTINE FUMARATE TABLETS	CLEMASTINE FUMARATE					
DIPHENHYDRAMINE HCL CAPSULES	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					
<b>ANTI-HISTAMINES - NON-SEDATING</b>						
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
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
<b>ANTI-HISTAMINES - PHENOTHIAZINES</b>						
PROMETHAZINE HCL SUPPOSITORY	PHENERGAN					
PROMETHAZINE HCL TABLETS	PROMETHAZINE HCL					
<b>ANTI-HISTAMINES - PIPERIDINES</b>						
CYPROHEPTADINE HCL SYRUP	CYPROHEPTADINE HCL					
CYPROHEPTADINE HCL TABLETS	CYPROHEPTADINE HCL					
<b>ANTIHYPERLIPIDEMICS</b>						
<b>BILE ACID SEQUESTRANTS</b>						
CHOLESTYRAMINE LIGHT PACKETS	PREVALITE					
CHOLESTYRAMINE LIGHT POWDER	PREVALITE					
CHOLESTYRAMINE PACKETS	QUESTRAN					
CHOLESTYRAMINE POWDER	QUESTRAN					
COLESTIPOL HCL TABLETS	COLESTID					
<b>FIBRIC ACID DERIVATIVES</b>						

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FENOFIBRATE MICRONIZED CAPSULES 67MG, 134MG & 200MG	VARIOUS					
FENOFIBRATE TABLETS 48MG, 54MG, 145MG & 160MG	VARIOUS					
FENOFIBRIC ACID TABLETS	FIBRICOR					
GEMFIBROZIL TABLETS	LOPID					
<b>HMG COA REDUCTASE INHIBITORS</b>						
ATORVASTATIN CALCIUM TABLETS	LIPITOR		PREFERRED DRUG		30	30
LOVASTATIN TABLETS	MEVACOR		PREFERRED DRUG		30	30
PRAVASTATIN SODIUM TABLETS	PRAVACOL		PREFERRED DRUG		30	30
ROUVASTATIN TABLETS	CRESTOR		PREFERRED DRUG		30	30
SIMVASTATIN TABLETS	ZOCOR		PREFERRED DRUG		30	30
<b>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS</b>						
EZETIMIBE TABLETS	ZETIA		PREFERRED DRUG	PA REQUIRED		
<b>NICOTINIC ACID DERIVATIVES</b>						
NIACIN CAPSULE CONTROLLED RELEASE	VARIOUS					
NIACIN TABLET CONTROLLED RELEASE	VARIOUS					
<b>MISC. NUTRITIONAL SUBSTANCES</b>						
OMEGA-3 FATTY ACIDS CAPSULES	FISH OIL					
OMEGA-3 FATTY ACIDS CAPSULE DELAYED RELEASE	FISH OIL					
<b>ANTIHYPERTENSIVES</b>						
<b>ACE INHIBITORS</b>						
BENAZEPRIL HCL TABLETS	BENAZEPRIL HCL					
CAPTAPRIL TABLETS	CAPTAPRIL					
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					
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>						
IRBESARTAN TABLETS	AVAPRO					
LOSARTAN POTASSIUM TABLETS	COZAAR					
VALSARTAN SOLUTION	VALSARTAN			PA Required for > 7 Years Old		
VALSARTAN TABLETS	DIOVAN					
<b>ANTIADRENERGIC ANTIHYPERTENSIVES</b>						
CLONIDINE HCL PATCH-WEEKLY	CATAPRES-TTS-1			PA REQUIRED for Ages < 6 years of age	4	28
CLONIDINE HCL TABLETS	CATAPRES					
CLONIDINE HCL (ADHD) TABLET 12-HOUR	CLONIDINE ER			PA REQUIRED for Ages < 6 years of age	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 of age	30	30

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METHYLDOPA TABLETS	METHYLDOPA					
PRAZOSIN HCL CAPSULES	MINIPRESS					
TERAZOSIN HCL CAPSULES	TERAZOSIN HCL					
<b>ANTIHYPERTENSIVE COMBINATIONS</b>						
ATENOLOL & CHLORTHALIDONE TABLETS	VARIOUS					
CAPTOPRIL & HYDROCHLOROTHIAZIDE TABLETS	CAPTOPRIL/ HYDROCHLOROTHIAZIDE					
ENALAPRIL MALEATE & HYDROCHLOROTHIAZIDE TABLETS	ENALAPRIL MALEATE/ HYDROCHLOROTHIAZIDE					
FOSINOPRIL SODIUM & HYDROCHLOROTHIAZIDE TABLETS	FOSINOPRIL SODIUM/ HYDROCHLOROTHIAZIDE					
LISINOPRIL & HYDROCHLOROTHIAZIDE TABLETS	ZESTORETIC					
LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE TABLETS	HYZAAR					
MOEXIPRIL - HYDROCHLOROTHIAZIDE TABLETS	UNIRETIC					
QUINAPRIL - HYDROCHLOROTHIAZIDE TABLETS	ACCURETIC					
VALSARTAN - HYDROCHLOROTHIAZIDE TABLETS	DIOVAN HCT					
<b>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)</b>						
EPLERENONE TABLETS	INSpra			PA REQUIRED		
<b>VASODILATORS</b>						
HYDRALAZINE HCL TABLETS	HYDRALAZINE HCL					
MINOXIDIL TABLETS	MINOXIDIL					
<b>ANTI-INFECTIVE AGENTS - MISCELLANEOUS</b>						
<b>ANTI-INFECTIVE AGENTS - MISC.</b>						
VANCOMYCIN HCL CAPSULES	VANCOCIN HCL			PA REQUIRED		
VANCOMYCIN HCL SOLUTION	Available through a compounding pharmacy			PA REQUIRED		
<b>ANTI-INFECTIVE MISC. - COMBINATIONS</b>						
ERYTHROMYCIN-SULFISOXAZOLE SUSPENSION	E.S.P.					
SULFAMETHOXAZOLE-TRIMETHOPRIM SUSPENSION	SULFATRIM PEDIATRIC					
SULFAMETHOXAZOLE-TRIMETHOPRIM TABLETS	BACTRIM					
<b>LEPROSTATICS</b>						
DAPSONE TABLETS	DAPSONE					
<b>OXAZOLIDINONES</b>						
LINEZOLID SUSPENSION	ZYVOX			PA REQUIRED		
LINEZOLID TABLETS	ZYVOX			PA REQUIRED		
<b>ANTIMALARIALS</b>						
<b>ANTIMALARIAL COMBINATIONS</b>						
ARTEMETHER-LUMEFANTRINE TABLETS	COARTEM					
ATOVAQUONE-PROGUANIL HCL TABLETS	MALARONE					
<b>ANTIMALARIALS</b>						
CHLOROQUINE PHOSPHATE TABLETS	CHLOROQUINE PHOSPHATE					
HYDROXYCHLOROQUINE SULFATE TABLETS	PLAQUENIL					
PRIMAQUINE PHOSPHATE TABLETS	PRIMAQUINE PHOSPHATE					

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QUININE SULFATE CAPSULES	QUALAQUIN					
<b>ANTIMYCOBACTERIAL AGENTS</b>						
ETHAMBUTOL HCL TABLETS	MYAMBUTOL					
ISONIAZID SYRUP	ISONIAZID					
ISONIAZID TABLETS	ISONIAZID					
PYRAZINAMIDE TABLETS	PYRAZINAMIDE					
RIFAMPIN CAPSULES	RIFADIN					
<b>ONCOLOGY - FEDERALLY REIMBURSABLE ANTINEOPLASTIC AGENTS, NOT LISTED BELOW, ARE AVAILABLE THROUGH PRIOR AUTHORIZATION</b>						
<b>ALKYLATING AGENTS</b>						
MELPHALAN TABLETS	ALKERAN	BRAND ONLY		PA REQUIRED		
<b>ANTIMETABOLITES</b>						
MERCAPTOPURINE TABLETS	PURINETHOL					
METHOTREXATE SODIUM TABLETS	METHOTREXATE					
<b>ANTINEOPLASTIC - ANTIBODIES</b>						
RITUXIMAB-ABBS	TRUXIMA			PA REQUIRED		
RITUXIMAB-ARRX	RIABNI			PA REQUIRED		
RITUXIMAB-PVVR	RUXIENCE			PA REQUIRED		
<b>ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS</b>						
BEVACIZUMAB-AWWB INJECTION	MVASI			PA REQUIRED		
BEVACIZUMAB-BVZR INJECTION	ZIRABEV			PA REQUIRED		
<b>ANTINEOPLASTIC - ANTI-HER2 AGENTS</b>						
TRASTUZUMAB-ANNS SOLUTION	KANJINTI			PA REQUIRED		
TRASTUZUMAB-ANNS INJECTION	KANJINTI			PA REQUIRED		
TRASTUZUMAB-DKST INJECTION	OGIVRI			PA REQUIRED		
TRASTUZUMAB-PKRB INJECTION	HERZUMA			PA REQUIRED		
TRASTUZUMAB-QYYP INJECTION	TRAZIMERA			PA REQUIRED		
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS</b>						
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		
<b>ANTINEOPLASTIC ENZYME INHIBITORS</b>						
AXITINIB TABLETS	INLYTA			PA REQUIRED		
CRIZOTINIB CAPSULES	XALKORI			PA REQUIRED		
ERLOTINIB HCL TABLETS	TARCEVA			PA REQUIRED		
EVEROLIMUS TABLETS	AFINITOR			PA REQUIRED		
EVEROLIMUS SOLUBLE TABLET	AFINITOR DISPERZ			PA REQUIRED		

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

**AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE JANUARY 1, 2023**

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Drug List Effective Date: January 1, 2023

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<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS</b>							
<b>ANTIMANIC AGENTS</b>							
LITHIUM CARBONATE CAPSULES	LITHIUM CARBONATE			PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			
LITHIUM CARBONATE TABLETS	LITHIUM CARBONATE			PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			
LITHIUM CARBONATE TABLET CONTROLLED RELEASE	LITHOBID			PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			
LITHIUM SOLUTION	LITHIUM			PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			
<b>ANTIPSYCHOTICS</b>							
<b>ANTIPSYCHOTICS - SECOND GENERATION - ATYPICAL ORAL AGENTS</b>							
ARIPIPIRAZOLE TABLETS	ABILIFY		PREFERRED DRUG	PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.		30	30
CLOZAPINE ORALLY DISPERSABLE TABLET	FAZACLO		PREFERRED DRUG	PA REQUIRED for Ages < 18 years Prior Authorization is not REQUIRED for ages 18 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.		150	30



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CLOZAPINE TABLETS	CLOZARIL		PREFERRED DRUG	PA REQUIRED for Ages < 18 years Prior Authorization is not REQUIRED for ages 18 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.		150	30
LURASIDONE HCL TABS	LATUDA		PREFERRED DRUG	PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.		30	30
OLANZAPINE ORALLY DISPERSABLE TABLET	ZYPREXA ZYDIS		PREFERRED DRUG	PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.		5mg: 60 10mg: 60 15MG: 30 20mg: 30	30 30 30 30
OLANZAPINE TABLETS	ZYPREXA		PREFERRED DRUG	PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.		30	30
QUETIAPINE FUMARATE TABLETS	SEROQUEL		PREFERRED DRUG	PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.		60	30
RISPERIDONE ORALLY DISPERSABLE TABLET	RISPERIDONE ODT		PREFERRED DRUG	PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.		60	30
RISPERIDONE ORAL SOLUTION	RISPERDAL		PREFERRED DRUG	PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.		240	30

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RISPERIDONE TABLETS	RISPERDAL		PREFERRED DRUG	PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.		60	30
ZIPRASIDONE HCL CAPSULES	GEODON		PREFERRED DRUG	PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.		60	30
<b>ANTIPSYCHOTICS - SECOND GENERATION - ATYPICAL LONG ACTING INJECTABLES</b>							
ARIPIRAZOLE LAUROXIL	ARISTADA INITIO		PREFERRED DRUG	PA REQUIRED for Ages < 18 years Prior Authorization is not REQUIRED for ages 18 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.		2	365
ARIPIRAZOLE LAUROXIL	ARISTADA		PREFERRED DRUG	PA REQUIRED for Ages < 18 years Prior Authorization is not REQUIRED for ages 18 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.		1	30
ARIPIRAZOLE SUSPENSION	ABILIFY MAINTENA		PREFERRED DRUG	PA REQUIRED for Ages < 18 years Prior Authorization is not REQUIRED for ages 18 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.		1	30
PALIPERIDONE PALMITATE SUSPENSION	INVEGA HAFYE		PREFERRED DRUG	PA REQUIRED for Ages < 18 years Prior Authorization is not REQUIRED for ages 18 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.		1	170
PALIPERIDONE PALMITATE SUSPENSION	INVEGA SUSTENNA		PREFERRED DRUG	PA REQUIRED for Ages < 18 years Prior Authorization is not REQUIRED for ages 18 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.		1	30

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PALIPERIDONE PALMITATE SUSPENSION	INVEGA TRINZA		PREFERRED DRUG	PA REQUIRED for Ages < 18 years Prior Authorization is not REQUIRED for ages 18 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.		1	90
RISPERIDONE MICROSPHERES SUSPENSION	RISPERDAL CONSTA		PREFERRED DRUG	PA REQUIRED for Ages < 18 years Prior Authorization is not REQUIRED for ages 18 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.		2	28
RISPERIDONE PREFILLED SYRINGE	PERSERIS		PREFERRED DRUG	PA REQUIRED for Ages < 18 years Prior Authorization is not REQUIRED for ages 18 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.		2	28
<b>ANTIPSYCHOTICS - FIRST GENERATION - TYPICAL ORAL AGENTS</b>							
CHLORPROMAZINE HCL SOLUTION	VARIOUS			PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			
CHLORPROMAZINE HCL TABLETS	VARIOUS			PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			
FLUPHENAZINE HCL CONCENTRATE	VARIOUS			PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			
FLUPHENAZINE HCL ELIXIR	VARIOUS			PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			

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FLUPHENAZINE HCL TABLETS	VARIOUS			PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			
HALOPERIDOL LACTATE CONCENTRATE	VARIOUS			PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			
HALOPERIDOL TABLETS	VARIOUS			PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			
LOXAPINE SUCCINATE CAPSULES	LOXITANE			PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			
PERPHENAZINE TABLETS	VARIOUS			PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			
PIMOZIDE	ORAP			PA REQUIRED for Ages < 12 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			
THIORIDAZINE HCL TABLETS	VARIOUS			PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			

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THIOTHIXENE CAPSULES	VARIOUS			PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			
TRIFLUOPERAZINE HCL TABLETS	VARIOUS			PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			
<b>ANTIPSYCHOTICS - FIRST GENERATION - TYPICAL -LONG ACTING INJECTIONS</b>							
FLUPHENAZINE DECANOATE SOLUTION	FLUPHENAZINE DECANOATE			PA REQUIRED for Ages < 18 years Prior Authorization is not REQUIRED for ages 18 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			
HALOPERIDOL DECANOATE SOLUTION	HALDOL DECANOATE 50			PA REQUIRED for Ages < 18 years Prior Authorization is not REQUIRED for ages 18 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			
<b>ANTIVIRALS</b>							
<b>ANTIRETROVIRALS</b>							
ABACAVIR SULFATE SOLUTION	ZIAGEN		Preferred Drug				
ABACAVIR SULFATE TABLETS	ZIAGEN		Preferred Drug				
ABACAVIR SULFATE-LAMIVUDINE TABLETS	EPZICOM		Preferred Drug				
ABACAVIR SULFATE-LAMIVUDINE-ZIDOVUDINE TABLETS	TRIZIVIR		Preferred Drug				
ABACAVIR-DOLUTEGRAVIR-LAMIVUDINE TABLETS	TRIUMEQ		Preferred Drug			30	30
ABACAVIR-DOLUTEGRAVIR-LAMIVUDINE SUSPENSION	TRIUMEQ PD		Preferred Drug			180	30
ABACAVIR-DOLUTEGRAVIR-LAMIVUDINE TABLETS	TRIUMEQ		Preferred Drug				
ATAZANAVIR SULFATE CAPSULES	REYATAZ		Preferred Drug				
ATAZANAVIR SULFATE POWDER PACK	REYATAZ		Preferred Drug				
ATAZANAVIR SULFATE-COBIICISTAT TABLETS	EVOTAZ		Preferred Drug				
BICTEGRAVIR-EMTRICITABINE-TENOFOVIR ALAFENAMIDE FUMARATE TABLETS	BIKTARVY		Preferred Drug			30	30
COBIICISTAT TABLETS	TYBOST		Preferred Drug			30	30
DARUNAVIR ETHANOLATE SUSPENSION	PREZISTA		Preferred Drug				
DARUNAVIR ETHANOLATE TABLETS	PREZISTA		Preferred Drug				
DARUNAVIR-COBIICISTAT TABLETS	PREZCOBIX		Preferred Drug				

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DARUNAVIR-COBIKISTAT-EMTRICITABINE-TENOFOVIR ALAFENAMIDE TABLETS	SYMTUZA		Preferred Drug			
DELAVIRDINE MESYLATE TABLETS	RESCRIPTOR					
DIDANOSINE CAPSULE DELAYED RELEASE	VIDEX EC		Preferred Drug			
DIDANOSINE SOLUTION	VIDEX PEDIATRIC		Preferred Drug			
DOLUTEGRAVIR SODIUM TABLETS	TIVICAY		Preferred Drug			
DOLUTEGRAVIR SODIUM SOLUBLE TABLETS	TIVICAY PD		Preferred Drug			
DOLUTEGRAVIR SODIUM-LAMIVUDINE TABLETS	DOVATO		Preferred Drug			
DOLUTEGRAVIR SODIUM-RILPIVIRINE HCL TABLETS	JULUCA		Preferred Drug			
DORAVIRINE-LAMIVUDINE-TENOFOVIR DISOPROXIL FUMARATE TABLETS	DELSTRIGO		Preferred Drug			
DORAVIRINE TABLETS	PIFELTRO		Preferred Drug			
EFAVIRENZ CAPSULES	SUSTIVA		Preferred Drug			
EFAVIRENZ TABLETS	SUSTIVA		Preferred Drug			
EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TABLETS	ATRIPLA		Preferred Drug			
EFAVIRENZ-LAMIVUDINE-TENOFOVIR DISOPROXIL FUMARATE TABLETS	SYMFI	Brand Only	Preferred Drug		30	30
EFAVIRENZ-LAMIVUDINE-TENOFOVIR DISOPROXIL FUMARATE TABLETS	SYMFI LO	Brand Only	Preferred Drug		30	30
ELVITEGRAVIR TABLETS	VITEKTA					
ELVITEGRAVIR-COBIKISTAT-EMTRICITABINE-TENOFOVIR TABLETS	STRIBILD		Preferred Drug			
ELVITEGRAVIR-COBIKISTAT-EMTRICITABINE-TENOFOVIR ALAFENAMIDE TABLETS	GENVOYA		Preferred Drug		30	30
EMTRICITABINE CAPSULES	EMTRIVA		Preferred Drug			
EMTRICITABINE SOLUTION	EMTRIVA		Preferred Drug			
EMTRICITABINE-RILPIVIRINE-TENOFOVIR ALAFENAMIDE FUMARATE TABLETS	ODEFSEY		Preferred Drug		30	30
EMTRICITABINE-RILPIVIRINE-TENOFOVIR DISOPROXIL FUMARATE TABLETS	COMPLERA		Preferred Drug			
EMTRICITABINE-TENOFOVIR ALAFENAMIDE FUMARATE TABLETS	DESCOVY		Preferred Drug		30	30
<b>EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TABLETS</b>	<b>TRUVADA</b>	<b>Brand Only</b>	Preferred Drug			
ENFUVRTIDE SOLUTION	FUZEON		Preferred Drug	PA REQUIRED	1	30
FOSAMPRENAVIR CALCIUM SUSPENSION	LEXIVA		Preferred Drug			
FOSAMPRENAVIR CALCIUM TABLETS	LEXIVA		Preferred Drug			
INDINAVIR SULFATE CAPSULES	CRIXIVAN					
LAMIVUDINE SOLUTION	EPIVIR		Preferred Drug			
LAMIVUDINE TABLETS	EPIVIR		Preferred Drug			
LAMIVUDINE-ZIDOVUDINE TABLETS	COMBIVIR		Preferred Drug			
LOPINAVIR-RITONAVIR SOLUTION	KALETRA		Preferred Drug			
LOPINAVIR-RITONAVIR TABLETS	KALETRA		Preferred Drug			
<b>MARAVIROC TABLETS</b>	<b>SELZENTRY</b>	<b>Brand Only</b>	Preferred Drug	PA REQUIRED		
NEVIRAPINE SUSPENSION	VIRAMUNE		Preferred Drug			

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NEVIRAPINE TABLETS	VIRAMUNE		Preferred Drug				
NEVIRAPINE TABLET 24-HOUR	VIRAMUNE XR		Preferred Drug				
RALTEGRAVIR POTASSIUM CHEWABLE TABLETS	ISENTRESS		Preferred Drug				
RALTEGRAVIR POTASSIUM PACK	ISENTRESS		Preferred Drug				
RALTEGRAVIR POTASSIUM TABLETS	ISENTRESS		Preferred Drug				
RITONAVIR CAPSULES	NORVIR		Preferred Drug				
RITONAVIR SOLUTION	NORVIR		Preferred Drug				
RITONAVIR TABLETS	NORVIR		Preferred Drug				
RITONAVIR POWDER	NORVIR		Preferred Drug				
TENOFOVIR DISOPROXIL FUMARATE POWDER	VIREAD		Preferred Drug				
TIPRANAVIR CAPSULES	APTIVUS		Preferred Drug				
TIPRANAVIR SOLUTION	APTIVUS		Preferred Drug				
ZIDOVUDINE CAPSULES	RETROVIR		Preferred Drug				
ZIDOVUDINE SYRUP	RETROVIR		Preferred Drug				
ZIDOVUDINE TABLETS	ZIDOVUDINE		Preferred Drug				
<b>CMV AGENTS</b>							
CIDOFOVIR IV	VISTIDE			PA REQUIRED			
FOSCARENT SODIUM	FOSCAVIR			PA REQUIRED			
GANCICLOVIR SODIUM	CYTOVENE			PA REQUIRED			
MARIBAVIR TABLETS	LIVTENCITY			PA REQUIRED			
VALGANCICLOVIR HCL SOLUTION	VALCYTE			PA REQUIRED			
VALGANCICLOVIR HCL TABLETS	VALCYTE			PA REQUIRED			
<b>HEPATITIS B AGENTS</b>							
ADEFOVIR DIPIVOXIL TABLETS	HEPSERA			PA REQUIRED			
ENTECAVIR SOLUTION	BARACLUDE			PA REQUIRED			
ENTECAVIR TABLETS	BARACLUDE			PA REQUIRED			
LAMIVUDINE (HBV) SOLUTION	EPIVIR HBV						
LAMIVUDINE (HBV) TABLETS	EPIVIR HBV						
TELBIVUDINE TABLETS	TYZEKA			PA REQUIRED			
<b>HEPATITIS C AGENTS</b>							
GLECAPREVIR-PIBRENTASVIR TABLETS	MAVYRET		Preferred Drug	PA Required if member has been treated with Direct-Acting Antiviral (DAA) Hep C Regimens in the past.		168	Lifetime
GLECAPREVIR-PIBRENTASVIR PACKETS	MAVYRET		Preferred Drug	PA Required if member has been treated with Direct-Acting Antiviral (DAA) Hep C Regimens in the past.		280	Lifetime
PEGINTERFERON ALFA-2A SOLUTION	PEGASYS		PREFERRED DRUG	PA REQUIRED			
PEGINTERFERON ALFA-2B KIT	PEGINTRON		PREFERRED DRUG	PA REQUIRED			
RIBAVIRIN (HEPATITIS C) CAPSULES	VARIOUS		PREFERRED DRUG	PA REQUIRED			
RIBAVIRIN (HEPATITIS C) TABLETS	VARIOUS		PREFERRED DRUG	PA REQUIRED			
SOFOSBUVIR-VELPATASVIR TABLETS	EPCLUSA	AUTHORIZED GENERIC ONLY	Preferred Drug	PA Required if member has been treated with Direct-Acting Antiviral (DAA) Hep C Regimens in the past.		168	Lifetime

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<b>HERPES AGENTS</b>						
ACYCLOVIR SUSPENSION	ZOVIRAX					
ACYCLOVIR TABLETS	ZOVIRAX					
FAMCICLOVIR TABLETS	FAMVIR			PA REQUIRED		
VALACYCLOVIR HCL TABLETS	VALTREX			PA REQUIRED		
<b>INFLUENZA AGENTS</b>						
OSELTAMIVIR PHOSPHATE CAPSULES	TAMIFLU				20	270
OSELTAMIVIR PHOSPHATE SUSPENSION	TAMIFLU					
RIMANTADINE HYDROCHLORIDE TABLETS	FLUMADINE					
ZANAMIVIR AEROSOL POWDER BREATH ACTIVATED	RELENZA DISKHALER				40	270
<b>MISC. ANTIVIRALS</b>						
MOLNUPIRAVIR CAPSULES	LAGEVRIO			Minimum Patient Age of 18 Years	80	365
NIRMATRELVIR-RITONAVIR	PAXLOVID			Minimum Patient Age of 12 Years	60	365
REMSDESIVIR SOLUTION	VEKLURY			PA Required < 28 days and > 17 Years Old		
REMSDESIVIR FOR SOLUTION	VEKLURY			PA Required < 28 days and > 17 Years Old		
<b>ASSORTED CLASSES</b>						
<b>BLOOD PRODUCTS - IMMUNE GLOBULINS</b>						
IMMUNE GLOBULIN	BIVIGAM (IV)	BRAND ONLY	PREFERRED DRUG	PA REQUIRED		
IMMUNE GLOBULIN	FLEBOGFAMMA DIF (IV)	BRAND ONLY	PREFERRED DRUG	PA REQUIRED		
IMMUNE GLOBULIN	GAMMAGARD LIQUID (INJ)	BRAND ONLY	PREFERRED DRUG	PA REQUIRED		
IMMUNE GLOBULIN	GAMMAKED (INJ)	BRAND ONLY	PREFERRED DRUG	PA REQUIRED		
IMMUNE GLOBULIN	GAMUNEX-C (INJ)	BRAND ONLY	PREFERRED DRUG	PA REQUIRED		
IMMUNE GLOBULIN	HIZENTRA (SUBQ)	BRAND ONLY	PREFERRED DRUG	PA REQUIRED		
IMMUNE GLOBULIN	PRIVIGEN (IV)	BRAND ONLY	PREFERRED DRUG	PA REQUIRED		
<b>CHELATING AGENTS</b>						
PENICILLAMINE CAPSULES	CUPRIMINE					
<b>IMMUNOMODULATORS</b>						
LENALIDOMIDE CAPSULES	REVLIMID	BRAND ONLY		PA REQUIRED		
THALIDOMIDE CAPSULES	THALOMID			PA REQUIRED		
<b>IMMUNOSUPPRESSIVE AGENTS</b>						
AZATHIOPRINE TABLETS	IMURAN					
CYCLOSPORINE CAPSULES	SANDIMMUNE					
CYCLOSPORINE MODIFIED (FOR MICROEMULSION) CAPSULES	GENGRAF					
CYCLOSPORINE MODIFIED (FOR MICROEMULSION) SOLUTION	GENGRAF					
CYCLOSPORINE SOLUTION	SANDIMMUNE					
EVEROLIMUS (IMMUNOSUPPRESSANT) TABLETS	ZORTRESS			PA REQUIRED		
MYCOPHENOLATE MOFETIL CAPSULES	CELLCEPT					
MYCOPHENOLATE MOFETIL SUSPENSION	CELLCEPT					
MYCOPHENOLATE MOFETIL TABLETS	CELLCEPT					
SIROLIMUS SOLUTION	RAPAMUNE					
SIROLIMUS TABLETS	RAPAMUNE					
TACROLIMUS CAPSULES	HECORIA					
TACROLIMUS CAPSULE CONTROLLED RELEASE	ASTAGRAF XL					



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2023

Drug List Effective Date: January 1,

• Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List May Be Available Through Prior Authorization

Drug Class/Drug Name	Reference Brand Name	BRAND ONLY / Generic Notes	Preferred Drug Status	Step Therapy Requirements	Quantity Limit (QL)	QL Days
<b>ROCK2 INHIBITORS</b>						
BELUMOSUDIL MESYLATE	REZUROCK			PA REQUIRED		
<b>POTASSIUM REMOVING RESINS</b>						
SODIUM POLYSTYRENE SULFONATE POWDER	KAYEXALATE					
SODIUM POLYSTYRENE SULFONATE SUSPENSION	KIONEX					
<b>BETA BLOCKERS</b>						
<b>ALPHA-BETA BLOCKERS</b>						
CARVEDILOL TABLETS	COREG		Preferred Drug			
LABELALOL HCL TABLETS	TRANDATE		Preferred Drug			
<b>BETA BLOCKERS CARDIO-SELECTIVE</b>						
ATENOLOL TABLETS	TENORMIN		Preferred Drug			
ATENOLOL/CHLORTHALIDONE	VARIOUS		Preferred Drug			
BISOPRODOL	VARIOUS		Preferred Drug			
BISOPRODOL/HCTZ	VARIOUS		Preferred Drug			
METOPROLOL TARTRATE TABLETS	VARIOUS		Preferred Drug			
METOPROLOL SUCCINATE TABLET XL 24-HOUR	VARIOUS		Preferred Drug			
METOPROLOL TARTRATE/HCTZ	VARIOUS		Preferred Drug			
<b>BETA BLOCKERS NON-SELECTIVE</b>						
NADOLOL	VARIOUS		Preferred Drug	PA NOT REQUIRED FOR CHILDREN AND ADOLESCENTS UNDER 19 YEARS OF AGE		
PROPRANOLOL HCL CAPSULE ER CONTROLLED RELEASE	VARIOUS		Preferred Drug			
PROPRANOLOL HCL SOLUTION	VARIOUS		Preferred Drug			
PROPRANOLOL HCL TABLETS	VARIOUS		Preferred Drug			
PROPRANOLOL / HCTZ	VARIOUS		Preferred Drug			
SOTALOL HCL TABLETS	BETAPACE		Preferred Drug			
<b>CALCIUM CHANNEL BLOCKERS</b>						
<b>CALCIUM CHANNEL BLOCKERS</b>						
AMLODIPINE BESYLATE	VARIOUS		Preferred Drug		30	30
AMLODIPINE BENZOATE SUSPENSION	KATERZIA		Preferred Drug	PA Required for > 7 Years Old	300	30
AMLODIPINE BESYLATE SOLUTION	NORLIQVA		Preferred Drug	PA Required for > 7 Years Old	300	30
DILTIAZEM CAPSULE ER	VARIOUS		Preferred Drug			
DILTIAZEM TABLETS	VARIOUS		Preferred Drug			
FELODIPINE TABLET ER 24-HOUR	VARIOUS		Preferred Drug		30	30
NIFEDIPINE IR CAPSULES	VARIOUS		Preferred Drug			
NIFEDIPINE TABLET ER 24-HOUR	VARIOUS		Preferred Drug		30	30
VERAPAMIL HCL CAPSULE SR	VARIOUS		Preferred Drug		30	30
VERAPAMIL HCL TABLETS	VARIOUS		Preferred Drug			
VERAPAMIL HCL TABLET CONTROLLED RELEASE	VARIOUS		Preferred Drug		30	30
<b>CARDIOTONICS</b>						
<b>CARDIAC GLYCOSIDES</b>						
DIGOXIN SOLUTION	DIGOXIN					
DIGOXIN TABLETS	LANOXIN					
<b>CARDIOVASCULAR AGENTS - MISC.</b>						

**AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE JANUARY 1, 2023**

• Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As BRAND ONLY Drug List Effective Date: January 1, 2023

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<b>ANGIOTENSIN RECEPTOR NEPRILYSIN INHIBITOR</b>						
SACUBITRIL / VALSARTAN	ENTRESTO			PA REQUIRED		
<b>PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAG</b>						
AMBRISENTAN TABLETS	LETAIRIS	BRAND ONLY	PREFERRED DRUG	PA REQUIRED		
BOSENTAN TABLETS	TRACLEER	BRAND ONLY	PREFERRED DRUG	PA REQUIRED		
<b>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBIT</b>						
SILDENAFIL CITRATE (PULMONARY HYPERTENSION) SUSPENSION	REVATIO		PREFERRED DRUG	PA REQUIRED FOR > 12 YEARS OF AGE		
SILDENAFIL CITRATE (PULMONARY HYPERTENSION) TABLETS	VARIOUS		PREFERRED DRUG	PA REQUIRED		
TADALAFIL (PULMONARY HYPERTENSION) TABLETS	ADCIRCA	BRAND ONLY	PREFERRED DRUG	PA REQUIRED		
<b>CEPHALOSPORINS</b>						
<b>CEPHALOSPORINS - 1ST GENERATION</b>						
CEFADROXIL CAPSULES	CEFADROXIL					
CEFADROXIL SUSPENSION	CEFADROXIL					
CEFADROXIL TABLETS	CEFADROXIL					
CEPHALEXIN CAPSULES	KEFLEX					
CEPHALEXIN SUSPENSION	CEPHALEXIN					
CEPHALEXIN TABLETS	CEPHALEXIN					
<b>CEPHALOSPORINS - 2ND GENERATION</b>						
CEFACLOR CAPSULES	CEFACLOR					
CEFACLOR SUSPENSION	CEFACLOR					
CEFPROZIL SUSPENSION	CEFPROZIL					
CEFPROZIL TABLETS	CEFPROZIL					
CEFUROXIME AXETIL SUSPENSION	CEFTIN					
CEFUROXIME AXETIL TABLETS	CEFTIN					
<b>CEPHALOSPORINS - 3RD GENERATION</b>						
CEFDINIR CAPSULES	CEFDINIR					
CEFDINIR SUSPENSION	CEFDINIR					
CEFIXIME CAPSULES	SUPRAX				1	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					
<b>CONTRACEPTION</b>						
<b>COMBINATION CONTRACEPTIVES - ORAL</b>						
DESOGESTREL & ETHINYL ESTRADIOL TABLETS	APRI					
DESOGESTREL-ETHINYL ESTRADIOL (BIPHASIC) TABLETS	AZURETTE					
DESOGESTREL-ETHINYL ESTRADIOL (TRIPHASIC) TABLETS	CAZANT					
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					

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LEVONORGESTREL & ETHINYL ESTRADIOL (CONTINUOUS) TABLETS	AMETHYST					
NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TABLETS	JUNEL FE					
NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE CHEWABLES	MELODETTA 24 FE					
NORETHINDRONE & ETH ESTRADIOL TABLETS	BALZIVA					
NORETHINDRONE & MESTRANOL TABLETS	NECON 1/50-28					
NORETHINDRONE ACET & ETH ESTRA TABLETS	GILDESS 1/20					
NORETHINDRONE ACETATE-ETHINYL ESTRADIOL-FE TABLETS	ESTROSTEP FE					
NORETHIN ACET & ESTRAD-FE TABLETS	LOESTRIN FE TAB 1/20					
NORETHINDRONE-ETH ESTRADIOL (BIPHASIC) TABLETS	NECON 10/11-28					
NORETHINDRONE-ETH ESTRADIOL (TRIPHASIC) TABLETS	CYCLAFEM 7/7/7					
NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEWABLES	KAITLIB FE					
NORGESTIMATE-ETHINYL ESTRADIOL (TRIPHASIC) TABLETS	ORTHO TRI-CYCLEN					
NORGESTIMATE-ETHINYL ESTRADIOL TABLETS	ESTARYLLA					
NORGESTREL & ETHINYL ESTRADIOL TABLETS	CRYSSELLE-28					
<b>COMBINATION CONTRACEPTIVES - VAGINAL</b>						
ETONOGESTREL-ETHINYL ESTRADIOL RING	NUVARING	<b>BRAND ONLY</b>				
<b>COPPER CONTRACEPTIVES - IUD</b>						
COPPER IUD	PARAGARD				1	9 Years
<b>EMERGENCY CONTRACEPTIVES</b>						
LEVONORGESTREL (EMERGENCY OC) TABLETS	PLAN B ONE-STEP OTC		<b>PREFERRED DRUG</b>			
LEVONORGESTREL (EMERGENCY OC) TABLETS	AFTERA OTC		<b>PREFERRED DRUG</b>			
LEVONORGESTREL (EMERGENCY OC) TABLETS	LEVONORGESTREL OTC		<b>PREFERRED DRUG</b>			
LEVONORGESTREL (EMERGENCY OC) TABLETS	MY CHOICE OTC		<b>PREFERRED DRUG</b>			
LEVONORGESTREL (EMERGENCY OC) TABLETS	MY WAY OTC		<b>PREFERRED DRUG</b>			
LEVONORGESTREL (EMERGENCY OC) TABLETS	NEW DAY OTC		<b>PREFERRED DRUG</b>			
LEVONORGESTREL (EMERGENCY OC) TABLETS	OPTION 2 OTC		<b>PREFERRED DRUG</b>			
LEVONORGESTREL (EMERGENCY OC) TABLETS	TAKE ACTION OTC		<b>PREFERRED DRUG</b>			
ULIPRISTAL ACETATE TABLETS	ELLA		<b>PREFERRED DRUG</b>		1	5
<b>PROGESTINS</b>						
HYDROXYPROGESTERONE CAPROATE OIL	MAKENA 250 MG/ML	<b>BRAND ONLY</b>	<b>PREFERRED DRUG</b>			<b>PA REQUIRED</b>
HYDROXYPROGESTERONE CAPROATE SOLUTION AUTOINJECTOR	MAKENA AUTO INJECTOR	<b>BRAND ONLY</b>	<b>PREFERRED DRUG</b>			<b>PA REQUIRED</b>
MEDROXYPROGESTERONE ACETATE TABLETS	PROVERA		<b>PREFERRED DRUG</b>			
NORETHINDRONE ACETATE	AYGESTIN		<b>PREFERRED DRUG</b>			
PROGESTERONE MICRONIZED CAPSULES	PROMETRIUM		<b>PREFERRED DRUG</b>			
<b>PROGESTIN CONTRACEPTIVES - IMPLANTS</b>						
ETONOGESTREL IMPLANT	NEXPLANON					
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE</b>						
MEDROXYPROGESTERONE ACETATE (CONTRACEPTIVE) SUSPENSION	DEPO-PROVERA CONTRACEPTIVE					
<b>PROGESTIN CONTRACEPTIVES - IUD</b>						
LEVONORGESTREL (IUD)	LILETTA				1.00	7 Years
LEVONORGESTREL (IUD)	SKYLA				1.00	2 Years
LEVONORGESTREL (IUD)	MIRENA				1.00	7 Years
LEVONORGESTREL (IUD)	KYLEENA				1.00	4 Years

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<b>PROGESTIN CONTRACEPTIVES - ORAL</b>						
NORETHINDRONE (CONTRACEPTIVE) TABLETS	CAMILA					
<b>PROGESTIN CONTRACEPTIVES - TRANSDERMAL</b>						
NORELGESTROMIN-ETHINYL ESTRADIOL PATCH WEEKLY	XULANE					
<b>CORTICOSTEROIDS</b>						
<b>GLUCOCORTICOSTEROIDS</b>						
DEXAMETHASONE CONCENTRATE	DEXAMETHASONE INTENSOL					
DEXAMETHASONE ELIXIR	VARIOUS					
DEXAMETHASONE SOLUTION	DEXAMETHASONE					
DEXAMETHASONE TABLETS	DEXAMETHASONE					
HYDROCORTISONE SOD SUCCINATE SOLUTION (INJECTABLE)	A-HYDROCORT			PA REQUIRED		
METHYLPREDNISOLONE ACETATE SUSPENSION (INJECTABLE)	DEPO-MEDROL			PA REQUIRED		
METHYLPREDNISOLONE SOD SUCC SOLUTION (INJECTABLE)	A-METHAPRED			PA REQUIRED		
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			PA REQUIRED		
TRIAMCINOLONE DIACETATE SUSPENSION (INJECTABLE)	TRIAMCINOLONE			PA REQUIRED		
TRIAMCINOLONE HEXACETONIDE SUSPENSION (INJECTABLE)	ARISTOSPAN INTRALESIONAL & INTRA-ARTICULAR			PA REQUIRED		
<b>MINERALOCORTICIDS</b>						
FLUDROCORTISONE ACETATE TABLETS	FLORINEF					
<b>NONSTEROIDAL MINERALOCORTICOID RECEPTOR ANTAGONIST</b>						
FINERENONE TABLETS	KERENDIA			PA REQUIRED		
<b>COUGH/COLD/ALLERGY</b>						
<b>ANTITUSSIVES</b>						
BENZONATATE CAPSULES	TESSALON PERLES					
HYDROCODONE W/ HOMETROPINE SYRUP	VARIOUS			PA REQUIRED for < 18 years of age	240	12
HYDROCODONE W/ HOMETROPINE TABLETS	VARIOUS			PA REQUIRED for < 18 years of age		
<b>COUGH/COLD/ALLERGY COMBINATIONS</b>						
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

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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			PA REQUIRED for < 18 years of age	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 age		
PHENYLEPHRINE-CHLORPHENIRAMINE-DEXTROMETHORPHAN SYRUP	VARIOUS				480	30
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			PA REQUIRED for < 18 years of age	240	12
PROMETHAZINE-DEXTROMETHORPHAN SYRUP	PROMETHAZINE/ DEXTROMETHORPHAN				480	30
PSEUDOEPHEDRINE W/ CODEINE-GUAIFENESIN SYRUP	VARIOUS			PA REQUIRED for < 18 years of age	240	12
<b>EXPECTORANTS</b>						
GUAIFENESIN LIQUID	VARIOUS				480	30
GUAIFENESIN SYRUP	VARIOUS				480	30

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GUAIFENESIN TABLETS	VARIOUS					
GUAIFENESIN TABLET 12-HOUR	VARIOUS					
<b>DERMATOLOGICALS</b>						
<b>ACNE PRODUCTS</b>						
BENZOYL PEROXIDE WASH 5% & 10%	VARIOUS					
BENZOYL PEROXIDE CLEANSER 6%	NEUTROGENA ON-THE-SPOT ACNE TREATMENT					
BENZOYL PEROXIDE GEL	BENZOYL PEROXIDE					
BENZOYL PEROXIDE LIQUID	PANOXYL					
BENZOYL PEROXIDE LOTION	BP CLEANSING LOTION					
BENZOYL PEROXIDE-ERYTHROMYCIN PACK	BENZAMYCINPAK					
CLINDAMYCIN PHOSPHATE (TOPICAL) GEL	CLEOCIN-T					
CLINDAMYCIN PHOSPHATE (TOPICAL) LOTION	CLEOCIN-T					
CLINDAMYCIN PHOSPHATE (TOPICAL) SOLUTION	CLEOCIN-T					
CLINDAMYCIN PHOSPHATE (TOPICAL) SWAB	CLEOCIN-T					
CLINDAMYCIN PHOSPHATE-BENZOYL PEROXIDE (REFRIGERATE)	CLINDAMY/BEN					
ERYTHROMYCIN (ACNE AID) SOLUTION	ERYTHROMYCIN					
ISOTRETINOIN CAPSULES	ABSORICA					PA REQUIRED
TRETINOIN CREAM	RETIN-A	BRAND ONLY				PA REQUIRED For > 26 Years of Age
TRETINOIN GEL	RETIN-A	BRAND ONLY				PA REQUIRED For > 26 Years of Age
<b>ANTIBIOTICS - TOPICAL</b>						
BACITRACIN 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					
<b>ANTIFUNGALS - TOPICAL</b>						
BUTENAFINE	LOTRIMIN ULTRA					
CICLOPROX CREAM	VARIOUS	Preferred Drug				
CICLOPROX SOLUTION	VARIOUS	Preferred Drug				
CLOTRIMAZOLE CREAM (RX & OTC)	LOTRIMIN	Preferred Drug				
CLOTRIMAZOLE OINTMENT	LOTRIMIN					
CLOTRIMAZOLE SOLUTION (OTC)	VARIOUS					
CLOTRIMAZOLE W/ BETAMETHASONE CREAM	LOTRISONE	Preferred Drug				
KETOCONAZOLE CREAM	VARIOUS	Preferred Drug				
KETOCONAZOLE SHAMPOO	VARIOUS	Preferred Drug				
MICONAZOLE NITRATE CREAM	VARIOUS	Preferred Drug				
MICONAZOLE NITRATE POWDER	VARIOUS	Preferred Drug				
NYSTATIN CREAM	VARIOUS	Preferred Drug				

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<b>NYSTATIN OINTMENT</b>	<b>VARIOUS</b>	<b>Preferred Drug</b>				
<b>NYSTATIN POWDER</b>	<b>VARIOUS</b>	<b>Preferred Drug</b>				
<b>TOLNAFTATE AERO POWDER</b>	<b>VARIOUS</b>	<b>Preferred Drug</b>				
<b>TOLNAFTATE CREAM</b>	<b>VARIOUS</b>	<b>Preferred Drug</b>				
<b>TOLNAFTATE POWDER</b>	<b>VARIOUS</b>	<b>Preferred Drug</b>				
<b>TERBINAFFINE CREAM</b>	<b>VARIOUS</b>	<b>Preferred Drug</b>				
<b>ANTI-HISTAMINES-TOPICAL</b>						
DIPHENHYDRAMINE HCL CREAM	ANTI-ITCH MAXIMUM STRENGTH					
DIPHENHYDRAMINE HCL GEL	BENADRYL ITCH STOPPING					
DIPHENHYDRAMINE HCL SOLUTION	BENADRYL MAXIMUM STRENGTH					
<b>ANTISEBORRHEIC TOPICAL PRODUCTS</b>						
SELENIUM SULFIDE LOTION	SELSUN SHAMPOO					
<b>ANTIVIRALS - TOPICAL</b>						
DOCOSANOL 10% CREAM	ABREVA		<b>PREFERRED DRUG</b>		2GM	30
<b>ACYCLOVIR OINTMENT</b>	<b>ZOVIRAX</b>	<b>BRAND ONLY</b>	<b>PREFERRED DRUG</b>		<b>15GM</b>	<b>30</b>
<b>ACYCLOVIR OINTMENT</b>	<b>ZOVIRAX</b>		<b>PREFERRED DRUG</b>		15GM	30
<b>BURN PRODUCTS</b>						
SILVER SULFADIAZINE CREAM	SILVADENE					
<b>CORTICOSTEROIDS - TOPICAL LOW POTENCY</b>						
<b>FLUOCINOLONE ACETONIDE</b>	<b>DERMA-SMOOTH FS</b>	<b>BRAND ONLY</b>	<b>PREFERRED DRUG</b>			
<b>HYDROCORTISONE CREAM</b>	<b>VARIOUS</b>		<b>PREFERRED DRUG</b>			
<b>HYDROCORTISONE GEL</b>	<b>VARIOUS</b>		<b>PREFERRED DRUG</b>			
<b>HYDROCORTISONE LOTION</b>	<b>VARIOUS</b>		<b>PREFERRED DRUG</b>			
<b>HYDROCORTISONE OINTMENT</b>	<b>VARIOUS</b>		<b>PREFERRED DRUG</b>			
<b>FLUOCINOLONE 0.01% OIL</b>	<b>VARIOUS</b>		<b>PREFERRED DRUG</b>			
<b>CORTICOSTEROIDS - TOPICAL MEDIUM POTENCY</b>						
<b>FLUTICASONE PROPIONATE CREAM</b>	<b>VARIOUS</b>		<b>PREFERRED DRUG</b>			
<b>FLUTICASONE PROPIONATE OINTMENT</b>	<b>VARIOUS</b>		<b>PREFERRED DRUG</b>			
<b>MOMETASONE FUROATE CREAM</b>	<b>VARIOUS</b>		<b>PREFERRED DRUG</b>			
<b>MOMETASONE FUROATE OINTMENT</b>	<b>VARIOUS</b>		<b>PREFERRED DRUG</b>			
<b>MOMETASONE FUROATE SOLUTION</b>	<b>VARIOUS</b>		<b>PREFERRED DRUG</b>			
<b>CORTICOSTEROIDS - TOPICAL HIGH POTENCY</b>						
<b>BETAMETHASONE DIPROPIONATE LOTION</b>	<b>VARIOUS</b>		<b>PREFERRED DRUG</b>			
<b>BETAMETHASONE DIPROPIONATE CREAM</b>	<b>VARIOUS</b>		<b>PREFERRED DRUG</b>			
<b>BETAMETHASONE DIPROPIONATE/PROPYLENE GLYC. CREAM</b>	<b>VARIOUS</b>		<b>PREFERRED DRUG</b>			
<b>BETAMETHASONE VALERATE CREAM</b>	<b>VARIOUS</b>		<b>PREFERRED DRUG</b>			
<b>BETAMETHASONE VALERATE LOTION</b>	<b>VARIOUS</b>		<b>PREFERRED DRUG</b>			
<b>BETAMETHASONE VALERATE SOLUTION</b>	<b>VARIOUS</b>		<b>PREFERRED DRUG</b>			
<b>FLUOCINONIDE CREAM</b>	<b>VARIOUS</b>		<b>PREFERRED DRUG</b>			
<b>FLUOCINONIDE OINTMENT</b>	<b>VARIOUS</b>		<b>PREFERRED DRUG</b>			
<b>FLUOCINONIDE SOLUTION</b>	<b>VARIOUS</b>		<b>PREFERRED DRUG</b>			
<b>TRIAMCINOLONE ACETONIDE CREAM</b>	<b>VARIOUS</b>		<b>PREFERRED DRUG</b>			
<b>TRIAMCINOLONE ACETONIDE LOTION</b>	<b>VARIOUS</b>		<b>PREFERRED DRUG</b>			

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<b>TRIAMCINOLONE ACETONIDE OINTMENT</b>	VARIOUS		PREFERRED DRUG			
<b>CORTICOSTEROIDS - TOPICAL VERY HIGH POTENCY</b>						
CLOBETASOL PROPIONATE CREAM	VARIOUS		PREFERRED DRUG		100	30
CLOBETASOL PROPIONATE EMOLLIENT	VARIOUS		PREFERRED DRUG		100	30
CLOBETASOL PROPIONATE GEL	VARIOUS		PREFERRED DRUG		118	30
CLOBETASOL PROPIONATE OINTMENT	VARIOUS		PREFERRED DRUG		100	30
CLOBETASOL PROPIONATE SHAMPOO	VARIOUS		PREFERRED DRUG		120	30
CLOBETASOL PROPIONATE SOLUTION	VARIOUS		PREFERRED DRUG		100	30
HALOBETASOL PROPIONATE CREAM	VARIOUS		PREFERRED DRUG		100	30
HALOBETASOL PROPIONATE OINTMENT	VARIOUS		PREFERRED DRUG		100	30
<b>ECZEMA AGENTS</b>						
DUPILUMAB SOLUTION PEN-INJECTION	DUPIXENT		PREFERRED DRUG	PA REQUIRED		
<b>ENZYMES - TOPICAL</b>						
TACROLIMUS (TOPICAL) OINTMENT	PROTOPIC		PREFERRED DRUG	PA REQUIRED		
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>						
PIMECROLIMUS CREAM	VARIOUS		PREFERRED DRUG		60gm	30
<b>KERATOLYTIC/ANTIMITOTIC AGENTS</b>						
SALICYLIC ACID CREAM	SALACYN					
SALICYLIC ACID FOAM	SALVAX					
SALICYLIC ACID GEL	KERALYT					
SALICYLIC ACID LIQUID	VIRASAL					
SALICYLIC ACID LOTION	SALACYN					
SALICYLIC ACID SHAMPOO	SALEX					
SALICYLIC ACID SOLUTION	VARIOUS					
<b>LOCAL ANESTHETICS - TOPICAL</b>						
LIDOCAINE CREAM 4%	ASPERCREME W/LIDOCAINE					
LIDOCAINE HCL GEL 2%	GLYDO					
LIDOCAINE HCL LOTION	LIDOCAINE HCL			PA REQUIRED		
LIDOCAINE OINTMENT	LIDOCAINE			PA REQUIRED		
LIDOCAINE PATCH	LIDODERM			PA REQUIRED		
LIDOCAINE HCL SOLUTION	VARIOUS					
LIDOCAINE-PRILOCAINE CREAM	EMLA					
<b>TOPICAL - MISC.</b>						
ALUMINUM CHLORIDE SOLUTION	DRYSOL					
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL</b>						
CRISABOROLE OINTMENT	EUCRISA		PREFERRED DRUG	PA REQUIRED		
<b>ROSACEA TOPICAL AGENTS</b>						
METRONIDAZOLE CREAM 0.75%	METROCREAM					
METRONIDAZOLE GEL 0.75%	METROGEL					
METRONIDAZOLE LOTION	METROLOTION					
<b>SCABICIDES &amp; PEDICULICIDES TOPICAL AGENTS+A1106</b>						
CROTAMITON CREAM	EURAX					
CROTAMITON LOTION	EURAX					



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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		
<b>DIAGNOSTIC PRODUCTS</b>						
<b>DIAGNOSTIC TESTS</b>						
BLOOD GLUCOSE MONITORS & STRIPS	VARIOUS					
<b>DIGESTIVE AIDS</b>						
<b>DIGESTIVE ENZYMES</b>						
LIPASE-PROTEASE-AMYLASE CAPSULE DELAYED RELEASE	CREON	BRAND ONLY	PREFERRED DRUG		500	30
LIPASE-PROTEASE-AMYLASE CAPSULE DELAYED RELEASE	ZENPEP	BRAND ONLY	PREFERRED DRUG		500	30
LIPASE-PROTEASE-AMYLASE CAPSULE DELAYED RELEASE	PANCREAZE	BRAND ONLY	PREFERRED DRUG		300	30
<b>DIURETICS</b>						
<b>CARBONIC ANHYDRASE INHIBITORS</b>						
ACETAZOLAMIDE CAPSULE 12-HOUR	DIAMOX					
ACETAZOLAMIDE TABLETS	ACETAZOLAMIDE					
METHAZOLAMIDE TABLETS	NEPTAZANE					
<b>DIURETIC COMBINATIONS</b>						
SPIRONOLACTONE & HYDROCHLOROTHIAZIDE TABLETS	ALDACTAZIDE					
TRIAMTERENE & HYDROCHLOROTHIAZIDE CAPSULES	DYAZIDE					
TRIAMTERENE & HYDROCHLOROTHIAZIDE TABLETS	MAXZIDE-25					
<b>LOOP DIURETICS</b>						
BUMETANIDE TABLETS	BUMETANIDE					
FUROSEMIDE SOLUTION	FUROSEMIDE					
FUROSEMIDE TABLETS	LASIX					
TORSEMIDE TABLETS	DEMADEX					
<b>POTASSIUM SPARING DIURETICS</b>						
SPIRONOLACTONE TABLETS	ALDACTONE					
<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS</b>						
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					
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>						
<b>BONE DENSITY REGULATORS</b>						
ALENDRONATE SODIUM SOLUTION	ALENDRONATE SODIUM					

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ALENDRONATE SODIUM TABLETS	ALENDRONATE SODIUM					
CALCITONIN (SALMON) SOLUTION	FORTICAL					
DENOSUMAB	PROLIA			PA REQUIRED		
IBANDRONATE SODIUM	BONIVA					
RALOXIFENE TABLETS	VARIOUS					
TERIPARATIDE (RECOMBINANT)	FORTEO			PA REQUIRED		
<b>GROWTH HORMONES</b>						
SOMATROPIN SOLUTION	NORDITROPIN	BRAND ONLY	PREFERRED DRUG	PA REQUIRED		
SOMATROPIN SOLUTION	GENOTROPIN	BRAND ONLY	PREFERRED DRUG	PA REQUIRED		
<b>HORMONE RECEPTOR MODULATORS</b>						
RALOXIFENE HCL TABLETS	EVISTA					
<b>INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)</b>						
MECASERMIN SOLUTION	INCRELEX			PA REQUIRED		
<b>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS</b>						
LEUPROLIDE ACETATE (CPP) (3 MONTH) KIT	LUPRON DEPOT-PED			PA REQUIRED		
LEUPROLIDE ACETATE (CPP) KIT	LUPRON DEPOT-PED			PA REQUIRED		
<b>METABOLIC MODIFIERS</b>						
CINACALCET HCL TABLETS	SENSIPAR			PA REQUIRED		
IDURSULFASE SOLUTION	ELAPRASE			PA REQUIRED		
<b>POSTERIOR PITUITARY HORMONES</b>						
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		
<b>ESTROGENS</b>						
<b>ESTROGEN COMBINATIONS</b>						
CONJUGATED ESTROGENS-MEDROXYPROGESTERONE ACETATE TABLETS	PREMPRO					
ESTRADIOL-LEVONORGESTREL PATCH-WEEKLY	CLIMARA PATCH					
<b>ESTROGENS</b>						
ESTERIFIED ESTROGENS TABLETS	MENEST					
ESTRADIOL PATCH-TWICE WEEKLY	ALORA					
ESTRADIOL PATCH-WEEKLY	MENOSTAR					
ESTRADIOL TABLETS	ESTRACE					
ESTROGENS, CONJUGATED SYNTHETIC A TABLETS	CENESTIN					
ESTROGENS, CONJUGATED TABLETS	PREMARIN					
ESTROPIPATE TABLETS	ORTHO-EST					
<b>FLUOROQUINOLONES</b>						
<b>FLUOROQUINOLONES</b>						
CIPROFLOXACIN HCL TABLETS	CIPROFLOXACIN HCL					
LEVOFLOXACIN SOLUTION	LEVAQUIN					
LEVOFLOXACIN TABLETS	LEVAQUIN					

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OFLOXACIN TABLETS	OFLOXACIN					
<b>GASTROINTESTINAL AGENTS - MISC.</b>						
<b>GALLSTONE SOLUBILIZING AGENTS</b>						
URSODIOL CAPSULES	ACTIGALL					
URSODIOL TABLETS	URSO 250					
<b>GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS</b>						
LUBIPROSTONE CAPSULES	AMITIZA			PA REQUIRED		
<b>GASTROINTESTINAL STIMULANTS</b>						
METOCLOPRAMIDE HCL SOLUTION	VARIOUS					
METOCLOPRAMIDE HCL TABLETS	VARIOUS					
METOCLOPRAMIDE HCL ORALLY DISINTEGRATING TABLETS	VARIOUS					
<b>INFLAMMATORY BOWEL AGENTS</b>						
BALSALAZIDE DISODIUM TABLETS	GIAZO		PREFERRED DRUG		270	30
INFLIXIMAB-ABDA	AVSOLA	BRAND ONLY	PREFERRED DRUG	PA REQUIRED		
BUDESONIDE CAPSULES	ENTOCORT EC		PREFERRED DRUG			
MESALAMINE CAPSULE CONTROLLED RELEASE	PENTASA	BRAND ONLY	PREFERRED DRUG		270	30
MESALAMINE CAPSULE DELAYED RELEASE CAPSULE	DELZICOL	BRAND ONLY	PREFERRED DRUG		180	30
MESALAMINE CAPSULE DELAYED RELEASE TABLET	ASACOL HD	BRAND ONLY	PREFERRED DRUG		180	30
MESALAMINE CAPSULE 24-HOUR	APRISO	BRAND ONLY	PREFERRED DRUG		120	30
MESALAMINE ENEMA	SFROWASA	BRAND ONLY	PREFERRED DRUG		30	30
MESALAMINE TABLET ENTERIC COATED	LIALDA	BRAND ONLY	PREFERRED DRUG		120	30
MESALAMINE SUPPOSITORY	CANASA	BRAND ONLY	PREFERRED DRUG		30	30
SULFASALAZINE TABLETS	AZULFIDINE		PREFERRED DRUG		240	30
SULFASALAZINE TABLET ENTERIC COATED	AZULFIDINE EN-TABLETS		PREFERRED DRUG		240	30
<b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS</b>						
LINACLOTIDE CAPSULES	LINZESS			PA REQUIRED		
<b>PHOSPHATE BINDER AGENTS</b>						
CALCIUM ACETATE TABLETS	VARIOUS		PREFERRED DRUG			
CALCIUM ACETATE CAPSULES	VARIOUS		PREFERRED DRUG			
SEVELAMER CARBONATE TABLETS	REVELA	VARIOUS	PREFERRED DRUG			
<b>GENITOURINARY AGENTS - MISC.</b>						
<b>INTERSTITIAL CYSTITIS AGENTS</b>						
PENTOSAN POLYSULFATE SODIUM CAPSULES	ELMIRON			PA REQUIRED		
<b>PROSTATIC HYPERTROPHY AGENTS</b>						
ALFUZOSIN ER	VARIOUS		Preferred Drug			
DOXAZOSIN MESYLATE	VARIOUS		Preferred Drug			
DUTASTERIDE	VARIOUS		Preferred Drug			
FINASTERIDE	PROSCAR		Preferred Drug			
TAMSULOSIN HCL	FLOMAX		Preferred Drug			
TERAZOSIN	VARIOUS		Preferred Drug			
<b>URINARY ANALGESICS</b>						
PHENAZOPYRIDINE HCL TABLETS	PYRIDIUM					
<b>GOUT AGENTS</b>						

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<b>GOUT AGENTS</b>							
ALLOPURINOL TABLETS	ZYLOPRIM						
COLCHICINE TABLETS	VARIOUS						
FEBUXOSTAT TABLETS	ULORIC				PA REQUIRED		
<b>URICOSURICS</b>							
PROBENECID TABLETS	PROBENECID						
<b>HEMATOLOGICAL AGENTS - MISC.</b>							
<b>PLATELET AGGREGATION INHIBITORS</b>							
CILOSTAZOL TABLETS	PLETAL						
CLOPIDOGREL BISULFATE TABLETS	PLAVIX						
DIPYRIDAMOLE TABLETS	PERSANTINE						
TICAGRELOR TABLETS	BRILINTA				PA REQUIRED		
<b>HEMATOPOIETIC AGENTS</b>							
<b>AGENTS FOR GAUCHER DISEASE</b>							
ELIGLUSTAT TARTRATE	CERDELGA (oral)	BRAND ONLY			PA REQUIRED		
IMIGLUCERASE SOLUTION	CEREZYME 400 IU (IV)	BRAND ONLY			PA REQUIRED		
TALIGLUCERASE ALFA	ELELYSO (IV)	BRAND ONLY			PA REQUIRED		
MIGLUSTAT	MIGLUSTAT (AG) (oral)	BRAND ONLY			PA REQUIRED		
VELAGLUCERASE ALFA	VPRIV 400 IU	BRAND ONLY			PA REQUIRED		
<b>HEMATOPOIETIC GROWTH FACTORS</b>							
ELTROMBOPAG OLAMINE TABLETS	PROMACTA	BRAND ONLY	PREFERRED DRUG		PA REQUIRED		
EPOETIN ALFA SOLUTION	RETACRIT	BRAND ONLY	PREFERRED DRUG		PA REQUIRED		
FILGRASTIM DISPOSABLE SYRINGE	NEUPOGEN	BRAND ONLY	PREFERRED DRUG		PA REQUIRED		
FILGRASTIM SOLUTION	NEUPOGEN	BRAND ONLY	PREFERRED DRUG		PA REQUIRED		
FILGRASTIM-AAF SOLUTION PREFILLED SYRINGE	NIVESTYM	BRAND ONLY	PREFERRED DRUG		PA REQUIRED		
PEGFILGRASTIM -JMDB PREFILLED SYRINGE	FULPHILA	BRAND ONLY	PREFERRED DRUG		PA REQUIRED		
PEGFILGRASTIM-APGF SOLUTION PREFILLED SYRINGE	NYVEPRIA	BRAND ONLY	PREFERRED DRUG		PA REQUIRED		
PEGFILGRASTIM PREFILLED SYRINGE	UNDENYCA	BRAND ONLY	PREFERRED DRUG		PA REQUIRED		
ROMIPLOSTIM	NPLATE	BRAND ONLY	PREFERRED DRUG		PA REQUIRED		
<b>HEMOSTATICS</b>							
<b>HEMOSTATICS - SYSTEMIC</b>							
AMINOCAPROIC ACID SYRUP	AMICAR						
AMINOCAPROIC ACID TABLETS	AMICAR						
<b>HEREDITARY ANGIOEDEMA AGENTS</b>							
ICATIBANT ACETATE SOLUTION	FIRAZYR	Brand Only	PREFERRED DRUG		PA REQUIRED		
C1 ESTERASE INHIBITOR (HUMAN) SOLUTION	CINRYZE		PREFERRED DRUG		PA REQUIRED		
C1 ESTERASE INHIBITOR (HUMAN) SOLUTION	BERINERT		PREFERRED DRUG		PA REQUIRED		
BEROTRALSTAT HCL CAPSULES	ORLADEYO		PREFERRED DRUG		PA REQUIRED		
ECALLANTIDE SOLUTION	KALBITOR		PREFERRED DRUG		PA REQUIRED		
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENT</b>							
<b>BARBITURATE HYPNOTICS</b>							
PHENOBARBITAL SOLUTION	PHENOBARBITAL						
PHENOBARBITAL TABLETS	PHENOBARBITAL						

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<b>NON-BARBITURATE HYPNOTICS</b>							
ESZOPICLONE	LUNESTA	VARIOUS	PREFERRED DRUG	PA REQUIRED for Ages <6 years PA REQUIRED for > 1 Hypnotic Drug		30	30
TEMAZEPAM CAPSULES 15MG & 30MG	RESTORIL		PREFERRED DRUG	PA REQUIRED for Ages <6 years PA REQUIRED for > 1 Hypnotic Drug		30	30
ZOLPIDEM TARTRATE TABLETS 5MG	AMBIEN		PREFERRED DRUG	PA REQUIRED for Ages <6 years PA REQUIRED for > 1 Hypnotic Drug		60	30
ZOLPIDEM TARTRATE TABLETS 10MG	AMBIEN		PREFERRED DRUG	PA REQUIRED for Ages <6 years PA REQUIRED for > 1 Hypnotic Drug		30	30
<b>SELECTIVE MELATONIN RECEPTOR AGONISTS</b>							
RAMELTEON TABLETS	ROZEREM	BRAND ONLY	PREFERRED DRUG	PA REQUIRED for < 6 years of age	Patient must have tried two preferred agents.	30	30
<b>LAXATIVES</b>							
<b>LAXATIVE COMBINATIONS</b>							
PEG 3350-KCL-SOD BICARB-SOD CHLORIDE-SOD SULFATE SOLUTION	COLYTE						
<b>LAXATIVES - MISC.</b>							
LACTULOSE SOLUTION	LACTULOSE						
<b>MACROLIDES</b>							
<b>AZITHROMYCIN</b>							
AZITHROMYCIN PACKETS	ZITHROMAX						
AZITHROMYCIN SUSPENSION	ZITHROMAX						
AZITHROMYCIN TABLETS	ZITHROMAX						
<b>CLARITHROMYCIN</b>							
CLARITHROMYCIN SUSPENSION	CLARITHROMYCIN						
CLARITHROMYCIN TABLETS	BIAXIN						
CLARITHROMYCIN TABLET 24-HOUR	BIAXIN XL						
<b>MEDICAL DEVICES</b>							
<b>CONTRACEPTIVES</b>							
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						
<b>DIABETIC SUPPLIES</b>							
BLOOD GLUCOSE MONITORING KIT W/ DEVICE	VARIOUS						
BLOOD GLUCOSE MONITORING DEVICES	VARIOUS						
LANCET DEVICES MISC.	VARIOUS						

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LANCETS MISC.	VARIOUS					
DEVICES - MISC.						
ALCOHOL SWABS PADS	ALCOH-GLOVE CONTOURED WIPE					
<b>RESPIRATORY THERAPY SUPPLIES</b>						
SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES - MASKS	MASK VORTEX/ WHIRL DUCKLING	BABY			2	365
SPACER/AEROSOL-HOLDING CHAMBERS DEVICE	AEROCHAMBER AEROCHAMBER	MINI			2	365
<b>MIGRAINE PRODUCTS</b>						
<b>MIGRAINE COMBINATIONS</b>						
ERGOTAMINE W/ CAFFEINE SUPPOSITORY	MIGERGOT				12	30
ERGOTAMINE W/ CAFFEINE TABLETS	CAFERGOT				40	30
<b>MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES</b>						
GALCANEZUMAB-GNLM SOLUTION AUTOINJECTOR / PREFILLED SYRINGE / PEN	EMGALITY		<b>PREFERRED DRUG</b>	<b>PA REQUIRED</b>	1	30
<b>CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONIST</b>						
ERENUMAB-AOOE SOLUTION AUTOINJECTOR	AIMOVIG		<b>PREFERRED DRUG</b>	<b>PA REQUIRED</b>	1	30
FREMANEZUMAB-VFRM SOLUTION AUTOINJECTOR	AJOVY		<b>PREFERRED DRUG</b>	<b>PA REQUIRED</b>	1	30
UBROGEPANT TABLETS	UBRELVY		<b>PREFERRED DRUG</b>	<b>PA REQUIRED</b>	8	30
<b>SEROTONIN AGONISTS</b>						
NARATRIPTAN HCL TABLETS	AMERGE		<b>PREFERRED DRUG</b>		9	30
RIZATRIPTAN BENZOATE ORALLY DISPERSABLE TABLET	MAXALT-MLT		<b>PREFERRED DRUG</b>		9	30
RIZATRIPTAN BENZOATE TABLETS	MAXALT		<b>PREFERRED DRUG</b>		9	30
SUMATRIPTAN NASAL SPRAY	IMITREX	<b>BRAND ONLY</b>	<b>PREFERRED DRUG</b>		6	30
SUMATRIPTAN SUCCINATE SUBCUTANEOUS SOLUTION AUTO INJECTION	IMITREX		<b>PREFERRED DRUG</b>		2	30
SUMATRIPTAN SUCCINATE SUBCUTANEOUS SOLUTION CARTRIDGE	IMITREX		<b>PREFERRED DRUG</b>		2	30
SUMATRIPTAN SUCCINATE TABLETS	IMITREX		<b>PREFERRED DRUG</b>		9	30
ZOLMITRIPTAN NASAL SPRAY	ZOMIG	<b>BRAND ONLY</b>	<b>PREFERRED DRUG</b>		6	30
ZOLMITRIPTAN ORALLY DISPERSABLE TABLET	ZOMIG ZMT		<b>PREFERRED DRUG</b>		9	30
ZOLMITRIPTAN TABLETS	ZOMIG		<b>PREFERRED DRUG</b>		9	30
<b>MINERALS &amp; ELECTROLYTES</b>						
SODIUM FLUORIDE CHEWABLE TABLETS	LUDEXT					
SODIUM FLUORIDE LOZG	LOZI-FLUR					
SODIUM FLUORIDE SOLUTION	FLUOR-A-DAY					
SODIUM FLUORIDE TABLETS	SODIUM FLUORIDE					
<b>MOUTH/THROAT/DENTAL AGENTS</b>						
<b>ANTI-INFECTIVES - THROAT</b>						
CLOTRIMAZOLE TROC	CLOTRIMAZOLE					
<b>STEROIDS - MOUTH/THROAT</b>						
TRIAMCINOLONE ACETONIDE ORAL PASTE	ORALONE					
<b>MULTIVITAMINS</b>						

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<b>PRENATAL VITAMINS</b>						
PRENATAL MULTIVITAMINS WITH OR WITHOUT MINERALS W/ FOLATE	VARIOUS					
PRENATAL MULTIVITAMINES WITH MINERAL W/FE-FA	VARIOUS					
<b>MUSCULOSKELETAL THERAPY AGENTS</b>						
<b>CENTRAL MUSCLE RELAXANTS</b>						
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					
<b>DIRECT MUSCLE RELAXANTS</b>						
DANTROLENE SODIUM CAPSULES	DANTRIUM					
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL</b>						
<b>NASAL ANTIALLERGY</b>						
AZELASTINE HCL SOLUTION 0.10%	ASTELIN					
<b>NASAL ANTICHOLINERGICS</b>						
IPRATROPIUM BROMIDE SOLUTION	ATROVENT					
<b>NASAL STEROIDS</b>						
FLUNISOLIDE SOLUTION	FLUNISOLIDE					
FLUTICASONE PROPIONATE SUSPENSION	FLONASE					
TRIAMCINOLONE ACETONIDE	NASACORT AQ					
<b>SYMPATHOMIMETIC DECONGESTANTS</b>						
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					
<b>OPHTHALMIC AGENTS</b>						
<b>OPHTHALMIC - BETA-BLOCKERS</b>						
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					
TIMOLOL MALEATE SOLUTION	TIMOPTIC					
<b>OPHTHALMIC - CYCLOPLEGIC MYDRIATICS</b>						
ATROPINE SULFATE OINTMENT	ATROPINE SULFATE					
ATROPINE SULFATE SOLUTION	ISOPTO ATROPINE					
CYCLOPENTOLATE HCL SOLUTION	CYCLOGYL					
HOMATROPINE HBR SOLUTION	ISOPTO HOMATROPINE					

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<b>OPHTHALMIC - MIOTICS</b>						
PILOCARPINE HCL GEL	PILOPINE HS					
PILOCARPINE HCL SOLUTION	ISOPTO CARPINE					
<b>OPHTHALMIC - ANTI-INFECTIVES</b>						
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					
<b>OPHTHALMIC - DECONGESTANTS</b>						
NAPHAZOLINE HCL SOLUTION	VASOCLEAR					
NAPHAZOLINE W/ PHENIRAMINE SOLUTION	NAPHCON-A					
<b>OPHTHALMIC - IMMUNOMODULATORS</b>						
CYCLOSPORINE EMULSION	RESTASIS					
<b>OPHTHALMIC - STEROIDS</b>						
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.					



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SULFACETAMIDE SOD-PREDNISOLONE SOLUTION	SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE					
SULFACETAMIDE SOD-PREDNISOLONE SUSPENSION	BLEPHAMIDE					
TOBRAMYCIN-DEXAMETHASONE OINTMENT	TOBRADEX					
TOBRAMYCIN-DEXAMETHASONE SUSPENSION	TOBRADEX ST					
<b>OPHTHALMICS - MISC.</b>						
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					
<b>OPHTHALMIC - PROSTAGLANDINS</b>						
LATANOPROST SOLUTION	XALATAN				2.5	30
TAFLUPROST SOLUTION	ZIOPTAN			PA REQUIRED		
TRAVOPROST SOLUTION	TRAVATAN Z			PA REQUIRED		
<b>OTIC AGENTS</b>						
<b>OTIC AGENTS - MISCELLANEOUS</b>						
ACETIC ACID SOLUTION	ACETIC ACID					
<b>OTIC ANTI-INFECTIVES</b>						
CIPROFLOXACIN SOLUTION	VARIOUS					
OFLOXACIN (OTIC) SOLUTION	VARIOUS					
<b>OTIC COMBINATIONS</b>						
ANTIPYRINE-BENZOCAINE SOLUTION	AURODEX					
ANTIPYRINE-BENZOCAINE-POLYCOSANOL SOLUTION	OTIC CARE					
CIPROFLOXACIN-DEXAMETHASONE	CIPRODEX	BRAND ONLY	PREFERRED DRUG			
CIPROFLOXACIN /HYDROCORTISONE	CIPRO HC	BRAND ONLY	PREFERRED DRUG			
NEOMYCIN-POLYMYXIN-HC SOLUTION	CORTISPORIN		PREFERRED DRUG			
NEOMYCIN-POLYMYXIN-HC SUSPENSION	NEO/POLYMYXIN/HC 5-10000-1		PREFERRED DRUG			
<b>OTIC STEROIDS</b>						
HYDROCORTISONE W/ACETIC ACID SOLUTION	ACETASOL HC					
<b>OXYTOCICS</b>						
<b>OXYTOCICS</b>						
METHYLERGONOVINE MALEATE TABLETS	METHERGINE					
<b>PASSIVE IMMUNIZING AGENTS</b>						
<b>MONOCLONAL ANTIBODIES</b>						
PALIVIZUMAB SOLUTION	SYNAGIS			PA is not Required for children under the age of 2 years. Note: the prescriber must buy and bill a medical claim for the drug		
<b>PENICILLINS</b>						

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<b>AMINOPENICILLINS</b>						
AMOXICILLIN CAPSULES	AMOXICILLIN					
AMOXICILLIN CHEWABLE TABLETS	AMOXICILLIN					
AMOXICILLIN SUSPENSION	AMOXICILLIN					
AMOXICILLIN TABLETS	AMOXICILLIN					
AMPICILLIN CAPSULES	AMPICILLIN					
AMPICILLIN SUSPENSION	AMPICILLIN					
<b>NATURAL PENICILLINS</b>						
PENICILLIN V POTASSIUM SOLUTION	PENICILLIN V POTASSIUM					
PENICILLIN V POTASSIUM TABLETS	PENICILLIN V POTASSIUM					
<b>PENICILLIN COMBINATIONS</b>						
AMOXICILLIN & POT CLAVULANATE CHEWABLE TABLETS	AUGMENTIN					
AMOXICILLIN & POT CLAVULANATE SUSPENSION	AUGMENTIN					
AMOXICILLIN & POT CLAVULANATE TABLET 12-HOUR	AUGMENTIN XR					
<b>PENICILLINASE-RESISTANT PENICILLINS</b>						
DICLOXACILLIN SODIUM CAPSULES	DICLOXACILLIN SODIUM					
<b>PROGESTINS</b>						
<b>PROGESTINS</b>						
MEDROXYPROGESTERONE ACETATE TABLETS	PROVERA					
PROGESTERONE MICRONIZED CAPSULES	PROMETRIUM					
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENT</b>						
<b>ANTIDEMENTIA AGENTS</b>						
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		
<b>MOVEMENT DISORDERS</b>						
DEUTETRABENAZINE TABLETS	AUSTEDO			PA REQUIRED		
VALBENAZINE TOSYLATE CAPSULES	INGREZZA			PA REQUIRED		
<b>MULTIPLE SCLEROSIS AGENTS</b>						
FINGOLIMOD HCL CAPSULES	GILENYA			PA REQUIRED		
GLATIRAMER ACETATE 20MG	COPAXONE 20mg	BRAND ONLY	PREFERRED DRUG	PA REQUIRED		
GLATIRAMER ACETATE 40MG	GLATOPA 40MG	BRAND ONLY	PREFERRED DRUG	PA REQUIRED		
INTERFERON BETA-1A KIT	AVONEX			PA REQUIRED		
INTERFERON BETA-1A SOLUTION	REBIF REBIDOSE			PA REQUIRED		
INTERFERON BETA-1B KIT	BETASERON			PA REQUIRED		
<b>SMOKING DETERRENTS</b>						

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BUPROPION HCL (SMOKING DETERRENT) TABLET 12-HOUR	BUPROBAN				84-day supply	180
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
<b>RESPIRATORY AGENTS - MISC.</b>						
<b>ALPHA-PROTEINASE INHIBITOR (HUMAN)</b>						
ALPHA1-PROTEINASE INHIBITOR (HUMAN) SOLUTION	ARALAST NP			<b>PA REQUIRED</b>		
<b>CYSTIC FIBROSIS AGENTS</b>						
DORNASE ALFA SOLUTION	PULMOZYME			<b>PA REQUIRED</b>		
<b>PULMONARY FIBROSIS AGENTS</b>						
PIRFENIDONE 267MG, 801MG	ESBRIET	Brand Only				
<b>SULFONAMIDES</b>						
<b>SULFONAMIDES</b>						
SULFADIAZINE TABLETS	SULFADIAZINE					
<b>TETRACYCLINES</b>						
<b>TETRACYCLINES</b>						
DEMECLOCYCLINE HCL TABLETS	DEMECLOCYCLINE HCL			<b>PA REQUIRED</b>		
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					
<b>THYROID AGENTS</b>						
<b>ANTITHYROID AGENTS</b>						
METHIMAZOLE TABLETS	TAPAZOLE					
PROPYLTHIOURACIL TABLETS	PROPYLTHIOURACIL					
<b>THYROID HORMONES</b>						
LEVOTHYROXINE SODIUM TABLETS	LEVO-T					
LIOTHYRONINE SODIUM TABLETS	CYTOSEL					
THYROID TABLETS	ARMOUR THYROID					
<b>ULCER DRUGS</b>						
<b>ANTISPASMODICS</b>						
DICYCLOMINE HCL CAPSULES	VARIOUS					

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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					
<b>H-2 ANTAGONISTS</b>						
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					
<b>ANTI-ULCER - MISC.</b>						
SUCRALFATE TABLETS	CARAFATE					
<b>PROTON PUMP INHIBITORS</b>						
ESOMEPRAZOLE MAGNESIUM PACKETS	NEXIUM		PREFERRED DRUG	PA REQUIRED for > 18 Years of Age	30	30
ESOMEPRAZOLE MAGNESIUM CAPSULE DELAYED RELEASE	NEXIUM		PREFERRED DRUG		60	30
LANSOPRAZOLE CAPSULE DELAYED RELEASE	VARIOUS		PREFERRED DRUG		60	30
LANSOPRAZOLE ORALLY DISPERSABLE TABLET (ODT)	PREVACID SOLUTAB		PREFERRED DRUG	PA REQUIRED for > 18 Years of Age	60	30
OMEPRAZOLE ORAL CAPSULES	VARIOUS		PREFERRED DRUG		60	30
PANTOPRAZOLE SODIUM PACKETS	PROTONIX		PREFERRED DRUG	PA REQUIRED for > 18 Years of Age	30	30
PANTOPRAZOLE TABLETS	PROTONIX		PREFERRED DRUG		30	30
<b>URINARY ANTISPASMODICS</b>						
<b>URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLI)</b>						
FESOTERODINE FUMARATE	TOVIAZ	BRAND ONLY	PREFERRED DRUG			
OXYBUTYNIN CHLORIDE SYRUP	VARIOUS		PREFERRED DRUG			
OXYBUTYNIN CHLORIDE TABLETS	VARIOUS		PREFERRED DRUG			
OXYBUTYNIN CHLORIDE TABLET 24-HOUR	DITROPAN XL		PREFERRED DRUG			
TOLTERODINE TARTRATE CAPSULE CONTROLLED RELEASE	DETROL LA	BRAND ONLY	PREFERRED DRUG			
TOLTERODINE TARTRATE TABLETS	DETROL	BRAND ONLY	PREFERRED DRUG			
<b>VAGINAL PRODUCTS</b>						
<b>SPERMICIDES</b>						
NONOXYNOL-9 FOAM	VCF VAGINAL CONTRACEPTIVE FOAM					
NONOXYNOL-9 GEL	SHUR-SEAL					

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<b>VAGINAL ANTI-INFECTIVES</b>							
CLINDAMYCIN PHOSPHATE VAGINAL CREAM	CLEOCIN						
CLINDAMYCIN PHOSPHATE VAGINAL SUPPOSITORY	CLEOCIN						
CLOTRIMAZOLE VAGINAL CREAM	GYNE-LOTRIMIN						
METRONIDAZOLE VAGINAL GEL	METROGEL-VAGINAL						
MICONAZOLE NITRATE VAGINAL	MONISTAT 3 COMBINATION PACKETS						
MICONAZOLE NITRATE VAGINAL SUPPOSITORY	MICONAZOLE 3						
SULFANILAMIDE VAGINAL CREAM	AVC						
<b>VAGINAL ESTROGENS</b>							
ESTRADIOL ACETATE VAGINAL RING	FEMRING				PA REQUIRED		
ESTRADIOL VAGINAL RING	ESTRING						
ESTRADIOL VAGINAL TABLETS	VAGIFEM						
ESTRADIOL VAGINAL CREAM 0.01%	ESTRACE CREAM						
ESTROGENS, CONJUGATED VAGINAL CREAM	PREMARIN VAGINAL CREAM				PA REQUIRED		
<b>VASOPRESSORS</b>							
<b>ANAPHYLAXIS THERAPY AGENTS</b>							
EPINEPHRINE SELF-INJECTABLE 0.15MG AND 0.30MG	EPINEPHRINE SELF-INJECTABLE (By Mylan)	Mylan Generic	PREFERRED DRUG		PA REQUIRED for > 2 Per Month	2	30
COVID AT-HOME TEST KITS							
COVID AT-HOME TEST KITS		VARIOUS				2 TESTS	30