

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE April 1, 2021

- 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 Class/Drug Name | Reference Brand Name | BRAND ONLY / Generic Notes | Preferred Drug Status | Prior Authorization Type | Step Therapy Requirements | Quantity Limit (QL) | QL Days |
|---|----------------------|----------------------------|-----------------------|---------------------------------------|---------------------------|---------------------|---------|
| ADHD/ANTI-NARCOLEPSY | | | | | | | |
| Amphetamines | | | | | | | |
| 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 CHEWABLES | BRAND ONLY | PREFERRED DRUG | PA Required for Ages < 6 years of age | | 30 | 30 |
| LISDEXAMFETAMINE DIMESYLATE CAPSULES | VYVANSE | BRAND ONLY | PREFERRED DRUG | PA Required for Ages < 6 years of age | | 30 | 30 |
| Stimulants | | | | | | | |
| 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 24-HOUR | APTENSIO XR | 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 HCL CAPSULE CONTROLLED RELEASE | 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 |

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| 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 |
| Miscellaneous Agents | | | | | | | |
| ATOMOXETINE HCL CAPSULES | VARIOUS | | PREFERRED DRUG | PA Required for Ages < 6 years of age | | 30 | 30 |
| Central Alpha-Agonists | | | | | | | |
| 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 | | | |
| AMINOGLYCOSIDES | | | | | | | |
| AMINOGLYCOSIDES | | | | | | | |
| NEOMYCIN SULFATE TABLETS | NEOMYCIN SULFATE | | | | | | |
| INHALED ANTIBIOTICS | | | | | | | |
| TOBRAMYCIN NEBULIZED | BETHKIS | BRAND ONLY | PREFERRED DRUG | PA Required | | | |
| TOBRAMYCIN NEBULIZED | KITABIS | BRAND ONLY | PREFERRED DRUG | PA Required | | | |
| ANALGESICS - ANTI-INFLAMMATORY | | | | | | | |
| ANTIRHEUMATIC ANTIMETABOLITES | | | | | | | |
| METHOTREXATE SODIUM TABLETS | RHEUMATREX | | | | | | |
| NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) | | | | | | | |
| CELECOXIB CAPSULES | CELEBREX | | | PA Required | | | |
| DICLOFENAC SODIUM TABLET 24-HOUR | VOLTAREN-XR | | | | | | |
| DICLOFENAC SODIUM TABLET ENTERIC COATED | VOLTAREN | | | | | | |
| ETODOLAC CAPSULES | VARIOUS | | | | | | |
| ETODOLAC TABLETS | VARIOUS | | | | | | |

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| FENOPROFEN CALCIUM CAPSULES | NALFON | | | | | | |
| FENOPROFEN CALCIUM TABLETS | FENOPROFEN CALCIUM | | | | | | |
| FLURBIPROFEN TABLETS | FLURBIPROFEN | | | | | | |
| IBUPROFEN CAPSULES | ADVIL | | | | | | |
| IBUPROFEN CHEWABLE TABLETS | CHILDRENS MOTRIN | | | | | | |
| IBUPROFEN SUSPENSION | CHILDRENS MOTRIN | | | | | | |
| IBUPROFEN TABLETS | ADVIL | | | | | | |
| INDOMETHACIN CAPSULES | VARIOUS | | | | | | |
| INDOMETHACIN CAPSULE CONTROLLED RELEASE | INDOMETHACIN CR | | | | | | |
| INDOMETHACIN SUPPOSITORY | INDOCIN | | | | | | |
| INDOMETHACIN SUSPENSION | INDOCIN | | | | | | |
| KETOPROFEN CAPSULES | ORUDIS | | | | | | |
| KETOROLAC TROMETHAMINE TABLETS | KETOROLAC TROMETHAMINE | | | | | 20 | 30 |
| MELOXICAM SUSPENSION | MOBIC | | | | | | |
| MELOXICAM TABLETS | MOBIC | | | | | | |
| NABUMETONE TABLETS | NABUMETONE | | | | | | |
| NAPROXEN SODIUM TABLETS | ALEVE. ANAPROX | | | | | | |
| NAPROXEN SUSPENSION | NAPROSYN | | | | | | |
| NAPROXEN TABLETS | NAPROSYN | | | | | | |
| OXAPROZIN TABLETS | DAYPRO | | | | | | |
| PIROXICAM CAPSULES | FELDENE | | | | | | |
| SULINDAC TABLETS | SULINDAC | | | | | | |
| PYRIMIDINE SYNTHESIS INHIBITORS | | | | | | | |
| LEFLUNOMIDE TABLETS | ARAVA | | | | | | |
| CYTOKINE & CAM ANTAGONIST AGENTS | | | | | | | |
| ADALIMUMAB | HUMIRA | BRAND ONLY | PREFERRED DRUG | PA Required | | | |
| APREMILAST | OTEZLA | BRAND ONLY | PREFERRED DRUG | PA Required | | | |

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|--|---|----------------------------|-----------------------|--------------------------|---------------------------|---------------------|---------|
| ETANERCEPT | ENBREL | BRAND ONLY | PREFERRED DRUG | PA Required | | | |
| TOFACITINIB CITRATE | XELJANZ IMMEDIATE RELEASE ONLY | BRAND ONLY | PREFERRED DRUG | PA Required | | | |
| ANALGESICS - NONNARCOTIC | | | | | | | |
| ANALGESIC COMBINATIONS | | | | | | | |
| BUTALBITAL-ACETAMINOPHEN-CAFFEINE TABLETS | VARIOUS | | | | | 120 | 30 |
| BUTALBITAL-ASPIRIN-CAFFEINE TABLETS | VARIOUS | | | | | 120 | 30 |
| ANALGESICS OTHER | | | | | | | |
| ACETAMINOPHEN CAPSULES | VARIOUS | | | | | | |
| ACETAMINOPHEN CHEWABLE TABLETS | VARIOUS | | | | | | |
| ACETAMINOPHEN ELIXIR | VARIOUS | | | | | | |
| ACETAMINOPHEN LIQUID | VARIOUS | | | | | | |
| ACETAMINOPHEN SUPPOSITORY | FEVERALL INFANTS | | | | | | |
| ACETAMINOPHEN SUSPENSION | TYLENOL INFANTS | | | | | | |
| SALICYLATES | | | | | | | |
| ASPIRIN CHEWABLE TABLETS | VARIOUS | | | | | | |
| ASPIRIN SUPPOSITORY | VARIOUS | | | | | | |
| ASPIRIN TABLETS | VARIOUS | | | | | | |
| DIFLUNISAL TABLETS | DIFLUNISAL | | | | | | |
| SALSALATE TABLETS | DISALCID | | | | | | |
| ANALGESICS - OPIOID | | | | | | | |
| LONG-ACTING OPIOID AGONISTS | | | | | | | |
| 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 | | | |

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| 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 | | | |
| SHORT-ACTING OPIOID AGONISTS | | | | | | | |
| 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. | | | |

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| TRAMADOL HCL TABLETS | ULTRAM | | | PA Required for > 2 Short Acting Opioid Medications in a 30-day time period. | | | |
| OPIOID COMBINATIONS | | | | | | | |
| 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. | | | |
| 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. | | | |
| ANTIDOTES | | | | | | | |
| OPIOID ANTAGONISTS | | | | | | | |

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| 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 | | | | |
| OPIOID AGONISTS | | | | | | | |
| 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 | | | | |
| BUPRENORPHINE HCL-NALOXONE HCL DIHYDRATE ORALLY DISINTEGRATING TABLETS | VARIOUS | GENERIC FORMULATIONS ONLY | PREFERRED DRUG | | | | |
| BUPRENORPHINE EXTENDED RELEASE INJECTION | SUBLOCADE | BRAND ONLY | PREFERRED DRUG | PA Required | | | |
| METHADONE | VARIOUS | | | Only available at an Opioid Treatment Program (OTP) provider. | | | |
| MISCELLANEOUS AGENTS | | | | | | | |

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| ACAMPROSATE | VARIOUS | | | | | | |
| DISULFIRAM | ANTABUSE | | | | | | |
| ANDROGENS-ANABOLIC | | | | | | | |
| ANDROGENS | | | | | | | |
| DANAZOL CAPSULES | DANAZOL | | | | | | |
| TESTOSTERONE CYPIONATE SOLUTION | DEPO-TESTOSTERONE | | | PA Required | | | |
| TESTOSTERONE ENANTHATE SOLUTION | TESTOSTERONE ENANTHATE | | | PA Required | | | |
| TESTOSTERONE GEL | ANDROGEL | BRAND ONLY | PREFERRED DRUG | PA Required | | | |
| TESTOSTERONE PATCH | ANDRODERM | | | PA Required | | | |
| ANORECTAL AGENTS | | | | | | | |
| INTRARECTAL STEROIDS | | | | | | | |
| HYDROCORTISONE (INTRARECTAL) ENEMA | COLOCORT | | | | | | |
| HYDROCORTISONE ACETATE (INTRARECTAL) FOAM | CORTIFOAM | | | | | | |
| RECTAL STEROIDS | | | | | | | |
| HYDROCORTISONE (RECTAL) CREAM | PROCTOCORT | | | | | | |
| ANTHELMINTICS | | | | | | | |
| ANTHELMINTICS | | | | | | | |
| ALBENDAZOLE TABLETS | ALBENZA | | | PA Required | | | |
| IVERMECTIN TABLETS | STROMEKTOL | | | PA Required | | | |
| PRAZIQUANTEL TABLETS | BILTRICIDE | | | | | | |
| ANTIANGINAL AGENTS | | | | | | | |
| ANTIANGINALS-OTHER | | | | | | | |
| RANOLAZINE TABLET 12-HOUR | RANEXA | | | PA Required | | | |
| NITRATES | | | | | | | |
| ISOSORBIDE DINITRATE CAPSULE CONTROLLED RELEASE | DILATRATE SR | | | | | | |
| ISOSORBIDE DINITRATE SUBLINGUAL | ISOSORBIDE DINITRATE | | | | | | |
| ISOSORBIDE DINITRATE TABLETS | ISORDIL TITRADOSE | | | | | | |
| ISOSORBIDE DINITRATE TABLET CONTROLLED RELEASE | ISOSORBIDE DINITRATE ER | | | | | | |

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| 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 | | | | | | |
| ANTIANSXIETY AGENTS | | | | | | | |
| ANTIANSXIETY AGENTS - MISC. | | | | | | | |
| 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 |
| BENZODIAZEPINES | | | | | | | |

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| 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 |
| 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 |

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| Drug Class/Drug Name | Reference Brand Name | BRAND ONLY / Generic Notes | Preferred Drug Status | Prior Authorization Type | Step Therapy Requirements | Quantity Limit (QL) | QL Days |
|--------------------------------|----------------------|----------------------------|-----------------------|---|---------------------------|---------------------|---------|
| 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 |

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE April 1, 2021

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|-------------------------------------|----------------------|----------------------------|-----------------------|---|---------------------------|---------------------|---------|
| CLONAZEPAM ODT 0.125MG | VARIOUS | | | PA Required for Ages < 6 years. PA Required for > 1 Anxiolytic Medication in a 30-day time period. | | 120 | 30 |
| CLONAZEPAM ODT 0.25MG | VARIOUS | | | PA Required for Ages < 6 years. PA Required for > 1 Anxiolytic Medication in a 30-day time period. | | 120 | 30 |
| CLONAZEPAM ODT 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 ODT 1MG | VARIOUS | | | PA Required for Ages < 6 years. PA Required for > 1 Anxiolytic Medication in a 30-day time period. | | 120 | 30 |
| CLONAZEPAM ODT 2MG | VARIOUS | | | PA Required for Ages < 6 years. PA Required for > 1 Anxiolytic Medication in a 30-day time period. | | 60 | 30 |
| 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 |

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|------------------------|----------------------|----------------------------|-----------------------|---|---------------------------|---------------------|---------|
| 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 |

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|--|------------------------|----------------------------|-----------------------|---|---------------------------|---------------------|---------|
| 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 |
| 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 |
| ANTIARRHYTHMICS | | | | | | | |
| ANTIARRHYTHMICS TYPE I-A | | | | | | | |
| DISOPYRAMIDE PHOSPHATE CAPSULES | NORPACE | | | | | | |
| DISOPYRAMIDE PHOSPHATE CAPSULE 12-HOUR | NORPACE CR | | | | | | |
| QUINIDINE GLUCONATE TABLET CONTROLLED RELEASE | QUINIDINE GLUCONATE CR | | | | | | |
| QUINIDINE SULFATE TABLETS | QUINIDINE SULFATE | | | | | | |
| QUINIDINE SULFATE TABLET CONTROLLED RELEASE | QUINIDINE SULFATE ER | | | | | | |
| ANTIARRHYTHMICS TYPE I-B | | | | | | | |
| MEXILETINE HCL CAPSULES | MEXILETINE HCL | | | | | | |
| ANTIARRHYTHMICS TYPE I-C | | | | | | | |
| FLECAINIDE ACETATE TABLETS | TAMBOCOR | | | | | | |
| PROPAFENONE HCL CAPSULE 12-HOUR | RYTHMOL SR | | | | | | |
| PROPAFENONE HCL TABLETS | RYTHMOL | | | | | | |
| ANTIARRHYTHMICS TYPE III | | | | | | | |
| AMIODARONE HCL TABLETS 100MG & 200MG | PACERONE | | | | | | |
| DOFETILIDE CAPSULES | TIKOSYN | | | PA Required | | | |
| DRONEDARONE HCL TABLETS | MULTAQ | | | PA Required | | | |
| ANTIASTHMATIC AND BRONCHODILATOR AGENTS | | | | | | | |
| ANTI-INFLAMMATORY AGENTS | | | | | | | |
| CROMOLYN SODIUM NEBULIZER | CROMOLYN SODIUM | | | | | | |
| BRONCHODILATORS - ANTICHOLINERGICS | | | | | | | |
| ACLIDINIUM BROMIDE | TUDORZA PRESSAIR | | PREFERRED DRUG | | | | |
| IPRATROPIUM BROMIDE HFA AEROSOL | ATROVENT HFA | | PREFERRED DRUG | | | | |

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|---|------------------------|----------------------------|-----------------------|---|---|---------------------|---------|
| IPRATROPIUM BROMIDE SOLUTION | IPRATROPIUM BROMIDE | | PREFERRED DRUG | | | | |
| TIOTROPIUM BROMIDE MONOHYDRATE CAPSULES | SPIRIVA HANDIHALER | | PREFERRED DRUG | | | | |
| LEUKOTRIENE MODULATORS | | | | | | | |
| 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 |
| STEROID INHALANTS | | | | | | | |
| BUDESONIDE (INHALATION) SUSPENSION 0.25MG, 0.50MG & 1.0MG | PULMICORT | VARIOUS | PREFERRED DRUG | PA IS NOT Required for < 4 Years of Age | | | |
| 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 | | | | |
| SYMPATHOMIMETICS | | | | | | | |
| ALBUTEROL SULFATE AEROSOL | PROAIR HFA- BRAND ONLY | BRAND Only | PREFERRED DRUG | PROAIR IS THE ONLY PREFERRED ALBUTEROL INHALER ON THE AHCCCS DRUG LIST. | | | |
| 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, or Mometasone | | |

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|--|----------------------|----------------------------|-----------------------|--------------------------|--|---------------------|---------|
| FLUTICASONE-SALMETEROL ORAL INHALATION | ADVAIR DISKUS | Brand Only | Preferred Drug | Step Therapy | Patient must have tried one steroid inhaler: Beclomethasone Dipropionate, Budesonide, Fluticasone Propionate, or Mometasone | | |
| FLUTICASONE-SALMETEROL AEROSOL | ADVAIR HFA | BRAND ONLY | PREFERRED DRUG | Step Therapy | Patient must have tried one steroid inhaler: Beclomethasone Dipropionate, Budesonide, Fluticasone Propionate, or Mometasone | | |
| 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, or Mometasone | | |
| 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 | | | |
| GLYCOPYRROLATE-FORMOTEROL FUMARATE AEROSOL SOLUTION | BEVESPI AEROSPHERE | | PREFERRED DRUG | PA Required | | | |

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|---|---------------------------|----------------------------|-----------------------|--------------------------|---------------------------|---------------------|---------|
| TIOTROPIUM BROMIDE-OLODATEROL HCL AEROSOL SOLUTION | STIOLTO RESPIMAT | | PREFERRED DRUG | PA Required | | | |
| SALMETEROL XINAFOATE AEROSOL POWDER BREATH ACTIVATED | SEREVENT DISKUS | | PREFERRED DRUG | PA Required | | | |
| ANTICOAGULANTS | | | | | | | |
| COUMARIN ANTICOAGULANTS | | | | | | | |
| WARFARIN SODIUM TABLETS | VARIOUS | | PREFERRED DRUG | | | | |
| DIRECT FACTOR XA INHIBITORS | | | | | | | |
| 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 |
| HEPARINS AND HEPARINOID-LIKE AGENTS | | | | | | | |
| ENOXAPARIN SODIUM INJ 100 MG/ML | VARIOUS VIAL OR SYRINGE | | PREFERRED DRUG | | | 60 | 30 |
| ENOXAPARIN SODIUM INJ 120 MG/0.8ML | VARIOUS VIAL OR SYRINGE | | PREFERRED DRUG | | | 60 | 30 |
| ENOXAPARIN SODIUM INJ 150 MG/ML | VARIOUS VIAL OR SYRINGE | | PREFERRED DRUG | | | 60 | 30 |
| ENOXAPARIN SODIUM INJ 30 MG/0.3ML | VARIOUS VIAL OR SYRINGE | | PREFERRED DRUG | | | 60 | 30 |
| ENOXAPARIN SODIUM INJ 300 MG/3ML | VARIOUS VIAL OR SYRINGE | | PREFERRED DRUG | | | 60 | 30 |
| ENOXAPARIN SODIUM INJ 40 MG/0.4ML | VARIOUS VIAL OR SYRINGE | | PREFERRED DRUG | | | 60 | 30 |
| ENOXAPARIN SODIUM INJ 60 MG/0.6ML | VARIOUS VIAL OR SYRINGE | | PREFERRED DRUG | | | 60 | 30 |
| ENOXAPARIN SODIUM INJ 80 MG/0.8ML | VARIOUS VIAL OR SYRINGE | | PREFERRED DRUG | | | 60 | 30 |
| HEPARIN (PORCINE) IN SODIUM CHLORIDE SOLUTION | HEPARIN SODIUM/NACL 0.9% | | | | | | |
| HEPARIN SOD (PORCINE) IN D5W SOLUTION | HEPARIN SODIUM/D5W | | | | | | |
| HEPARIN SODIUM (PORCINE) LOCK FLUSH & NACL LOCK FLUSH KIT | HEPARIN SODIUM LOCK FLUSH | | | | | | |
| HEPARIN SODIUM (PORCINE) LOCK FLUSH SOLUTION | HEPARIN LOCK FLUSH | | | | | | |
| THROMBIN INHIBITORS | | | | | | | |

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE April 1, 2021

| <ul style="list-style-type: none"> • Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As BRAND ONLY • Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List May Be Available Through Prior Authorization | | | | | | | |
|--|----------------------|----------------------------|-----------------------|---|---------------------------|---------------------|---------|
| Drug Class/Drug Name | Reference Brand Name | BRAND ONLY / Generic Notes | Preferred Drug Status | Prior Authorization Type | Step Therapy Requirements | Quantity Limit (QL) | QL Days |
| DABIGATRAN ETEXILATE MESYLATE CAPSULES | PRADAXA | BRAND ONLY | PREFERRED DRUG | | | 60 | 30 |
| ANTICONVULSANTS | | | | | | | |
| ANTICONVULSANTS - BENZODIAZEPINES | | | | | | | |
| CLOBAZAM SUSPENSION | ONFI | | | PA Required | | | |
| CLOBAZAM TABLETS | ONFI | | | PA Required | | | |
| CLONAZEPAM TAB 0.5 MG | KLONOPIN | | | PA Required for Ages < 6 years. PA Required for > 1 Anxiolytic 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 |

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| 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 | DIASAT | | | | | 2 | 30 |
| DIAZEPAM RECTAL GEL DELIVERY SYSTEM 2.5 MG | DIASAT | | | | | 2 | 30 |
| DIAZEPAM RECTAL GEL DELIVERY SYSTEM 20 MG | DIASAT | | | | | 2 | 30 |
| ANTICONVULSANTS - MISC. | | | | | | | |
| CARBAMAZEPINE CHEWABLE TABLETS | CARBAMAZEPINE | | | | | | |
| CARBAMAZEPINE CAPSULE 12-HOUR | CARBATROL | | | | | | |
| CARBAMAZEPINE SUSPENSION | TEGRETOL | | | | | | |
| CARBAMAZEPINE TABLETS | EPITOL | | | | | | |
| CARBAMAZEPINE CAPSULE 12-HOUR | EQUETRO | | | | | | |
| CARBAMAZEPINE TABLET 12-HOUR | TEGRETOL-XR | | | | | | |
| GABAPENTIN CAPSULES | NEURONTIN | | | | | | |
| GABAPENTIN SOLUTION | NEURONTIN | | | | | | |
| GABAPENTIN | GRALISE | | | PA Required | | | |
| GABAPENTIN TABLETS | NEURONTIN | | | | | | |
| GABAPENTIN | HORIZANT | | | PA Required | | | |
| LACOSAMIDE SOLUTION | VIMPAT | | | PA Required | | | |
| LACOSAMIDE TABLETS | VIMPAT | | | PA Required | | | |
| LAMOTRIGINE CHEWABLE TABLETS | LAMICTAL CHEWABLE | | | | | | |
| LAMOTRIGINE TABLETS | LAMICTAL | | | | | | |
| 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 | | | | | | |

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| PREGABALIN CAPSULES | LYRICA | | | PA Required | | | |
| PREGABALIN SOLUTION | LYRICA | | | PA Required | | | |
| PRIMIDONE TABLETS | MYSOLINE | | | | | | |
| RUFINAMIDE SUSPENSION | BANZEL | | | PA Required | | | |
| RUFINAMIDE TABLETS | BANZEL | | | PA Required | | | |
| TOPIRAMATE SPRINKLE CAPSULES | TOPAMAX SPRINKLES | | | | | | |
| TOPIRAMATE TABLETS | TOPAMAX | | | | | | |
| ZONISAMIDE CAPSULES | ZONEGRAN | | | | | | |
| CARBAMATES | | | | | | | |
| FELBAMATE SUSPENSION | FELBATOL | | | | | | |
| FELBAMATE TABLETS | FELBATOL | | | | | | |
| GABA MODULATORS | | | | | | | |
| TIAGABINE HCL TABLETS | GABITRIL | | | PA Required | | | |
| HYDANTOINS | | | | | | | |
| PHENYTOIN CHEWABLE TABLETS | DILANTIN INFATABLETS | | | | | | |
| PHENYTOIN SODIUM EXTENDED CAPSULES | DILANTIN | | | | | | |
| PHENYTOIN SUSPENSION | DILANTIN-125 | | | | | | |
| SUCCINIMIDES | | | | | | | |
| ETHOSUXIMIDE CAPSULES | ZARONTIN | | | | | | |
| ETHOSUXIMIDE SOLUTION | ZARONTIN | | | | | | |
| VALPROIC ACID | | | | | | | |
| DIVALPROEX SODIUM SPRINKLE CAPSULES | DEPAKOTE SPRINKLES | | | | | | |
| DIVALPROEX SODIUM TABLET 24-HOUR | DEPAKOTE ER | | | | | | |
| DIVALPROEX SODIUM TABLET ENTERIC COATED | DEPAKOTE | | | | | | |
| VALPROATE SODIUM SYRUP | DEPAKENE+B252 | | | | | | |
| VALPROIC ACID CAPSULES | DEPAKENE | | | | | | |
| ANTIDEPRESSANTS | | | | | | | |
| ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS) | | | | | | | |

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|--|----------------------|----------------------------|-----------------------|--|---------------------------|--|----------------------|
| 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 |
| N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST | | | | | | | |
| ESKETAMINE HYDROCHLORIDE | SPRAVATO | | | PA Required | | | |
| Norepinephrine and Dopamine Reuptake Inhibitors (NDRIs) | | | | | | | |
| 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 |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) | | | | | | | |
| 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 |

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE April 1, 2021

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|--|-------------------------------|----------------------------|-----------------------|--|---------------------------|---|----------------------------|
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| 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 |
| SEROTONIN MODULATORS | | | | | | | |
| 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 |
| SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRI) | | | | | | | |
| 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 |
| 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 |
| TRICYCLIC AGENTS | | | | | | | |
| 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 | | | |

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| 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 | | | |
| ANTIDIABETICS | | | | | | | |
| ALPHA-GLUCOSIDASE INHIBITORS | | | | | | | |
| ACARBOSE TABLETS | PRECOSE | | | | | | |
| ANTIDIABETIC - AMLYN ANALOGS | | | | | | | |
| PRAMLINTIDE ACETATE SOLUTION PEN INJECTION | SYMLINPEN 60 | | PREFERRED DRUG | PA Required | | | |
| ANTIDIABETIC COMBINATIONS | | | | | | | |
| CANAGLIFLOZIN-METFORMIN HCL | INVOKAMET | BRAND ONLY | Preferred Drug | PA Required | | | |
| DAPAGLIFLOZIN - METFORMIN | XIDUO XR | BRAND ONLY | PREFERRED DRUG | PA Required | | | |
| EMPAGLIFLOZIN-LINAGLIPTIN TABLETS | GLYXAMBI | BRAND ONLY | Preferred Drug | PA Required | | | |
| EMPAGLIFLOZIN-LINAGLIPTIN-METFORMIN | TRIJARDY XR | BRAND ONLY | Preferred Drug | PA Required | | | |
| EMPAGLIFLOZIN-METFORMIN HCL | SYNJARDY | BRAND ONLY | Preferred Drug | PA Required | | | |
| GLYBURIDE-METFORMIN HCL TABLETS | GLYBURIDE/METFORMIN HCL | | | | | | |
| LINAGLIPTIN-METFORMIN HCL TABLETS | JENTADUETO | BRAND ONLY | Preferred Drug | PA Required | | | |
| PIOGLITAZONE HCL-METFORMIN HCL TABLETS | ACTOPLUS MET | | | | | | |
| PIOGLITAZONE HCL-METFORMIN HCL TABLET 24-HOUR | ACTOPLUS MET XR | | | | | | |
| SAXAGLIPTIN-METFORMIN HCL TABLETS | KOMBIGLYZE XR | BRAND ONLY | Preferred Drug | PA Required | | | |

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| SITAGLIPTIN-METFORMIN HCL TABLETS | JANUMET | BRAND ONLY | Preferred Drug | PA Required | | | |
| SITAGLIPTIN-METFORMIN HCL TABLET 24-HOUR | JANUMET XR | BRAND ONLY | Preferred Drug | PA Required | | | |
| BIGUANIDES | | | | | | | |
| METFORMIN HCL TABLETS | GLUCOPHAGE | | | | | | |
| METFORMIN HCL TABLET 24-HOUR (GENERIC OF GLUCOPHAGE XR ONLY-500MG & 750MG) | Various | | | PA Required for Osmotic and Modified Release Products | | | |
| DIABETIC OTHER | | | | | | | |
| GLUCAGON (RDNA) KIT | GLUCAGON EMERGENCY KIT | | | | | 1 | 30 |
| DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS | | | | | | | |
| LINAGLIPTIN TABLETS | TRADJENTA | BRAND ONLY | PREFERRED DRUG | PA Required | | | |
| SAXAGLIPTIN HCL TABLETS | ONGLYZA | BRAND ONLY | PREFERRED DRUG | PA Required | | | |
| SAXAGLIPTIN-METFORMIN HCL TABLETS | KOMBIGLYZE XR | BRAND ONLY | PREFERRED DRUG | PA Required | | | |
| SITAGLIPTIN PHOSPHATE TABLETS | JANUVIA | BRAND ONLY | PREFERRED DRUG | PA Required | | | |
| INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) | | | | | | | |
| DULAGLUTIDE SOLUTION PEN-INJECTION | TRULICITY | | PREFERRED DRUG | PA Required | | | |
| EXENATIDE SOLUTION PEN INJECTION | BYETTA | | PREFERRED DRUG | PA Required | | | |
| EXENATIDE PEN | BYDUREON | | PREFERRED DRUG | PA Required | | | |
| LIRAGLUTIDE SOLUTION PEN INJECTION | VICTOZA | | PREFERRED DRUG | PA Required | | | |
| DIABETIC MISCELLANEOUS AGENT | | | | | | | |
| PRAMLINTIDE | SYMLIN PEN | | PREFERRED DRUG | PA Required | | | |
| INSULIN SENSITIZING AGENTS | | | | | | | |
| PIOGLITAZONE HCL TABLETS | ACTOS | | | | | | |
| INSULIN | | | | | | | |

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| INSULIN ASPART | NOVOLOG | BRAND ONLY | PREFERRED DRUG | | | | |
| INSULIN ASPART | NOVOLOG PENFILL | BRAND ONLY | PREFERRED DRUG | | | | |
| INSULIN ASPART | NOVOLOG FLEXPEN | BRAND ONLY | PREFERRED DRUG | | | | |
| INSULIN ASPART PROTAMINE SUSPENSION & INSULIN ASPART | NOVOLOG MIX 70/30 | BRAND ONLY | PREFERRED DRUG | | | | |
| INSULIN ASPART PROTAMINE SUSPENSION & INSULIN ASPART | NOVOLOG MIX 70/30 FLEXPEN | BRAND ONLY | PREFERRED DRUG | | | | |
| INSULIN DETEMIR SOLUTION | LEVEMIR | BRAND ONLY | PREFERRED DRUG | | | | |
| INSULIN DETEMIR SUSPENSION | LEVEMIR FLEXPEN | BRAND ONLY | PREFERRED DRUG | | | | |
| INSULIN GLARGINE SOLUTION | LANTUS | BRAND ONLY | PREFERRED DRUG | | | | |
| INSULIN GLARGINE SUSPENSION | LANTUS SOLOSTAR | BRAND ONLY | PREFERRED DRUG | | | | |
| INSULIN LISPRO (HUMAN) SOLUTION | HUMALOG | BRAND ONLY | PREFERRED DRUG | | | | |
| INSULIN LISPRO (HUMAN) SUSPENSION | HUMALOG KWIKPEN | BRAND ONLY | PREFERRED DRUG | | | | |
| INSULIN LISPRO (HUMAN) SOLUTION PEN INJECTION 100/ML | HUMALOG JUNIOR KWIKPEN | BRAND ONLY | PREFERRED DRUG | | | | |
| INSULIN LISPRO PROTAMINE & LISPRO (HUMAN) SUSPENSION | HUMALOG MIX 50/50 | BRAND ONLY | PREFERRED DRUG | | | | |
| INSULIN LISPRO PROTAMINE & LISPRO (HUMAN) SUSPENSION | HUMALOG MIX 50/50 KWIKPEN | BRAND ONLY | PREFERRED DRUG | | | | |

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| INSULIN LISPRO PROTAMINE & LISPRO (HUMAN) SUSPENSION | HUMALOG MIX 75/25 | BRAND ONLY | PREFERRED DRUG | | | | |
| INSULIN LISPRO PROTAMINE & LISPRO (HUMAN) SUSPENSION | HUMALOG MIX 75/25 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 NPH (HUMAN) (ISOPHANE) SUSPENSION | NOVOLIN N | BRAND ONLY | PREFERRED DRUG | | | | |
| INSULIN NPH ISOPHANE & REG (HUMAN) SUSPENSION | HUMULIN 70/30 | BRAND ONLY | PREFERRED DRUG | | | | |
| INSULIN NPH ISOPHANE & REG (HUMAN) SUSPENSION | HUMULIN 70/30 KWIKPEN | BRAND ONLY | PREFERRED DRUG | | | | |
| INSULIN REGULAR (HUMAN) SOLUTION | HUMULIN R U-100 | BRAND ONLY | PREFERRED DRUG | | | | |
| INSULIN REGULAR (HUMAN) SOLUTION | NOVOLIN R | BRAND ONLY | PREFERRED DRUG | | | | |
| INSULIN REGULAR (HUMAN) SOLUTION | HUMULIN R U-500 (CONCENTRATED) | BRAND ONLY | PREFERRED DRUG | PA REQUIRED | | | |
| INSULIN REGULAR (HUMAN) PEN | HUMULIN R U-500 PEN (CONCENTRATED) | BRAND ONLY | PREFERRED DRUG | PA REQUIRED | | | |
| MEGLITINIDE ANALOGUES | | | | | | | |
| NATEGLINIDE TABLETS | STARLIX | | | | | | |
| REPAGLINIDE TABLETS | PRANDIN | | | | | | |
| SGLT2S | | | | | | | |
| DAPAGLIFLOZIN PROPANEDIOL | FARXIGA | | PREFERRED DRUG | PA Required | | | |
| CANAGLIFLOZIN | INVOKANA | | PREFERRED DRUG | PA Required | | | |
| EMPAGLIFLOZIN | JARDIANCE | | PREFERRED DRUG | PA Required | | | |

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| SULFONYLUREAS | | | | | | | |
| GLIMEPIRIDE TABLETS | AMARYL | | | | | | |
| GLIPIZIDE TABLETS | GLUCOTROL | | | | | | |
| GLIPIZIDE TABLET 24-HOUR | GLUCATROL XL | | | | | | |
| GLYBURIDE MICRONIZED TABLETS | GLYNASE | | | | | | |
| GLYBURIDE TABLETS | DIABETA | | | | | | |
| ANTIDIARRHEALS | | | | | | | |
| ANTIPERISTALTIC AGENTS | | | | | | | |
| DIPHENOXYLATE W/ ATROPINE LIQUID | DIPHENOXYLATE/ATROPINE | | | | | | |
| DIPHENOXYLATE W/ ATROPINE TABLETS | LOMOTIL | | | | | | |
| LOPERAMIDE HCL CAPSULES | LOPERAMIDE HCL | | | | | | |
| LOPERAMIDE HCL CHEWABLE TABLETS | IMODIUM A-D | | | | | | |
| LOPERAMIDE HCL LIQUID | LOPERAMIDE HCL | | | | | | |
| LOPERAMIDE HCL SUSPENSION | IMODIUM A-D | | | | | | |
| LOPERAMIDE HCL TABLETS | IMODIUM A-D | | | | | | |
| ANTIDOTES | | | | | | | |
| OPIOID ANTAGONISTS | | | | | | | |
| NALOXONE HCL SOLUTION + SYRINGE | NALOXONE HCL + SYRINGE | | PREFERRED DRUG | | | | |
| NALOXONE HCL NASAL SPRAY | NARCAN NASAL SPRAY | | PREFERRED DRUG | | | | |
| ANTIEMETICS | | | | | | | |
| 5-HT3 RECEPTOR ANTAGONISTS | | | | | | | |
| DOLASETRON MESYLATE TABLETS | ANZEMET | | | PA Required | | | |
| GRANISETRON HCL SOLUTION | VARIOUS | | | PA Required | | | |
| GRANISETRON HCL TABLETS | VARIOUS | | | PA Required | | | |
| ONDANSETRON HCL TABLETS | ZOFRAN | | | PA Required for tablets > 8mg | | 30 | 30 |
| ANTIEMETICS MISC. | | | | | | | |
| PROCHLORPERAZINE MALEATE TABLETS | COMPazine | | | | | | |
| PROCHLORPERAZINE SUPPOSITORY | COMPazine | | | | | | |
| SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONIST | | | | | | | |

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| APREPITANT CAPSULES | EMEND | | | | | 6 | 21 |
| ANTIFUNGALS | | | | | | | |
| ANTIFUNGAL ORAL AGENTS | | | | | | | |
| CLOTRIMAZOLE TROCHE | VARIOUS | | | | | | |
| GRISEOFULVIN SUSPENSION | VARIOUS | | | | | | |
| GRISEOFULVIN MICROSIZED TABLETS | GRIFULVIN V | | | | | | |
| NYSTATIN SUSPENSION | NYSTATIN | | | | | | |
| NYSTATIN TABLETS | NYSTATIN | | | | | | |
| TERBINAFINE HCL TABLETS | LAMISIL | | | | | 90 | 365 |
| IMIDAZOLE-RELATED ANTIFUNGALS | | | | | | | |
| FLUCONAZOLE SUSPENSION | DIFLUCAN | | | | | 600 | 30 |
| FLUCONAZOLE TABLETS | DIFLUCAN | | | | | 60 | 30 |
| ANTIHISTAMINES | | | | | | | |
| ANTIHISTAMINES - ALKYLAMINES | | | | | | | |
| BROMPHENIRAMINE MALEATE | J-TAN PD | | | | | | |
| CHLORPHENIRAMINE MALEATE | CHLORPHENIRAMINE MALEATE | | | | | | |
| DEXCHLORPHENIRAMINE MALEATE SYRUP | DEXCHLORPHENIRAMINE MALEATE | | | | | | |
| ANTIHISTAMINES - ETHANOLAMINES | | | | | | | |
| CLEMASTINE FUMARATE SYRUP | CLEMASTINE FUMARATE | | | | | | |
| CLEMASTINE FUMARATE TABLETS | CLEMASTINE FUMARATE | | | | | | |
| DIPHENHYDRAMINE HCL CAPSULES | VARIOUS | | | | | | |
| DIPHENHYDRAMINE HCL CHEWABLE TABLETS | VARIOUS | | | | | | |
| DIPHENHYDRAMINE HCL ELIXIR | VARIOUS | | | | | | |
| DIPHENHYDRAMINE HCL LIQUID | VARIOUS | | | | | | |
| DIPHENHYDRAMINE HCL SOLUTION | VARIOUS | | | | | | |
| DIPHENHYDRAMINE HCL SUSPENSION | VARIOUS | | | | | | |
| DIPHENHYDRAMINE HCL SYRUP | VARIOUS | | | | | | |
| DIPHENHYDRAMINE HCL TABLETS | VARIOUS | | | | | | |
| ANTIHISTAMINES - NON-SEDATING | | | | | | | |

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| 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 |
| ANTIHISTAMINES - PHENOTHIAZINES | | | | | | | |
| PROMETHAZINE HCL SUPPOSITORY | PHENERGAN | | | | | | |
| PROMETHAZINE HCL TABLETS | PROMETHAZINE HCL | | | | | | |
| ANTIHISTAMINES - PIPERIDINES | | | | | | | |
| CYPROHEPTADINE HCL SYRUP | CYPROHEPTADINE HCL | | | | | | |
| CYPROHEPTADINE HCL TABLETS | CYPROHEPTADINE HCL | | | | | | |
| ANTHYPERLIPIDEMICS | | | | | | | |
| BILE ACID SEQUESTRANTS | | | | | | | |
| CHOLESTYRAMINE LIGHT PACKETS | PREVALITE | | | | | | |
| CHOLESTYRAMINE LIGHT POWDER | PREVALITE | | | | | | |
| CHOLESTYRAMINE PACKETS | QUESTRAN | | | | | | |
| CHOLESTYRAMINE POWDER | QUESTRAN | | | | | | |
| COLESTIPOL HCL TABLETS | COLESTID | | | | | | |
| FIBRIC ACID DERIVATIVES | | | | | | | |
| FENOFIBRATE MICRONIZED CAPSULES 67MG, 134MG & 200MG | VARIOUS | | | | | | |
| FENOFIBRATE TABLETS 48MG, 54MG, 145MG & 160MG | VARIOUS | | | | | | |

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| FENOFIBRIC ACID TABLETS | FIBRICOR | | | | | | |
| GEMFIBROZIL TABLETS | LOPID | | | | | | |
| HMG COA REDUCTASE INHIBITORS | | | | | | | |
| 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 |
| INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS | | | | | | | |
| EZETIMIBE TABLETS | ZETIA | | PREFERRED DRUG | PA Required | | | |
| NICOTINIC ACID DERIVATIVES | | | | | | | |
| NIACIN CAPSULE CONTROLLED RELEASE | VARIOUS | | | | | | |
| NIACIN TABLET CONTROLLED RELEASE | VARIOUS | | | | | | |
| MISC. NUTRITIONAL SUBSTANCES | | | | | | | |
| OMEGA-3 FATTY ACIDS CAPSULES | FISH OIL | | | | | | |
| OMEGA-3 FATTY ACIDS CAPSULE DELAYED RELEASE | FISH OIL | | | | | | |
| ANTIHYPERTENSIVES | | | | | | | |
| ACE INHIBITORS | | | | | | | |
| 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 | | | | | | |

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| ANGIOTENSIN II RECEPTOR ANTAGONISTS | | | | | | | |
| IRBESARTAN TABLETS | AVAPRO | | | | | | |
| LOSARTAN POTASSIUM TABLETS | COZAAR | | | | | | |
| VALSARTAN TABLETS | DIOVAN | | | | | | |
| ANTIADRENERGIC ANTIHYPERTENSIVES | | | | | | | |
| CLONIDINE HCL PATCH-WEEKLY | CATAPRES-TTS-1 | | | PA Required for Ages < 6 years 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 |
| METHYLDOPA TABLETS | METHYLDOPA | | | | | | |
| PRAZOSIN HCL CAPSULES | MINIPRESS | | | | | | |
| TERAZOSIN HCL CAPSULES | TERAZOSIN HCL | | | | | | |
| ANTIHYPERTENSIVE COMBINATIONS | | | | | | | |
| ATENOLOL & CHLORTHALIDONE TABLETS | VARIOUS | | | | | | |
| CAPTOPRIL & HYDROCHLOROTHIAZIDE TABLETS | CAPTOPRIL/ HYDROCHLOROTHIAZIDE | | | | | | |
| ENALAPRIL MALEATE & HYDROCHLOROTHIAZIDE TABLETS | ENALAPRIL MALEATE/ HYDROCHLOROTHIAZIDE | | | | | | |
| FOSINOPRIL SODIUM & HYDROCHLOROTHIAZIDE TABLETS | FOSINOPRIL SODIUM/ HYDROCHLOROTHIAZIDE | | | | | | |
| LISINAPRIL & HYDROCHLOROTHIAZIDE TABLETS | ZESTORETIC | | | | | | |
| LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE TABLETS | HYZAAR | | | | | | |
| MOEXIPRIL - HYDROCHLOROTHIAZIDE TABLETS | UNIRETIC | | | | | | |
| QUINAPRIL - HYDROCHLOROTHIAZIDE TABLETS | ACCURETIC | | | | | | |
| VALSARTAN - HYDROCHLOROTHIAZIDE TABLETS | DIOVAN HCT | | | | | | |
| SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS) | | | | | | | |
| EPLERENONE TABLETS | INSpra | | | PA Required | | | |
| VASODILATORS | | | | | | | |

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE April 1, 2021

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|--|--|----------------------------|-----------------------|--------------------------|---------------------------|---------------------|---------|
| Drug Class/Drug Name | Reference Brand Name | BRAND ONLY / Generic Notes | Preferred Drug Status | Prior Authorization Type | Step Therapy Requirements | Quantity Limit (QL) | QL Days |
| HYDRALAZINE HCL TABLETS | HYDRALAZINE HCL | | | | | | |
| MINOXIDIL TABLETS | MINOXIDIL | | | | | | |
| ANTI-INFECTIVE AGENTS - MISCELLANEOUS | | | | | | | |
| ANTI-INFECTIVE AGENTS - MISC. | | | | | | | |
| VANCOMYCIN HCL CAPSULES | VANCOCIN HCL | | | PA Required | | | |
| VANCOMYCIN HCL SOLUTION | Available through a compounding pharmacy | | | PA Required | | | |
| ANTI-INFECTIVE MISC. - COMBINATIONS | | | | | | | |
| ERYTHROMYCIN-SULFISOXAZOLE SUSPENSION | E.S.P. | | | | | | |
| SULFAMETHOXAZOLE-TRIMETHOPRIM SUSPENSION | SULFATRIM PEDIATRIC | | | | | | |
| SULFAMETHOXAZOLE-TRIMETHOPRIM TABLETS | BACTRIM | | | | | | |
| LEPROSTATICS | | | | | | | |
| DAPSONE TABLETS | DAPSONE | | | | | | |
| OXAZOLIDINONES | | | | | | | |
| LINEZOLID SUSPENSION | ZYVOX | | | PA Required | | | |
| LINEZOLID TABLETS | ZYVOX | | | PA Required | | | |
| ANTIMALARIALS | | | | | | | |
| ANTIMALARIAL COMBINATIONS | | | | | | | |
| ARTEMETHER-LUMEFANTRINE TABLETS | COARTEM | | | | | | |
| ATOVAQUONE-PROGUANIL HCL TABLETS | MALARONE | | | | | | |
| ANTIMALARIALS | | | | | | | |
| CHLOROQUINE PHOSPHATE TABLETS | CHLOROQUINE PHOSPHATE | | | | | | |
| HYDROXYCHLOROQUINE SULFATE TABLETS | PLAQUENIL | | | | | | |
| PRIMAQUINE PHOSPHATE TABLETS | PRIMAQUINE PHOSPHATE | | | | | | |
| QUININE SULFATE CAPSULES | QUALAQUIN | | | | | | |
| ANTIMYCOBACTERIAL AGENTS | | | | | | | |
| ETHAMBUTOL HCL TABLETS | MYAMBUTOL | | | | | | |
| ISONIAZID SYRUP | ISONIAZID | | | | | | |
| ISONIAZID TABLETS | ISONIAZID | | | | | | |

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE April 1, 2021

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|--|----------------------|----------------------------|-----------------------|--------------------------|---------------------------|---------------------|---------|
| Drug Class/Drug Name | Reference Brand Name | BRAND ONLY / Generic Notes | Preferred Drug Status | Prior Authorization Type | Step Therapy Requirements | Quantity Limit (QL) | QL Days |
| PYRAZINAMIDE TABLETS | PYRAZINAMIDE | | | | | | |
| RIFAMPIN CAPSULES | RIFADIN | | | | | | |
| ONCOLOGY -FEDERALLY REIMBURSABLE ANTINEOPLASTIC AGENTS,NOT LISTED BELOW, ARE AVAILABLE THROUGH PRIOR AUTHORIZATION | | | | | | | |
| ALKYLATING AGENTS | | | | | | | |
| MELPHALAN TABLETS | ALKERAN | Brand Only | | PA Required | | | |
| ANTIMETABOLITES | | | | | | | |
| MERCAPTOPYRINE TABLETS | PURINETHOL | | | | | | |
| METHOTREXATE SODIUM TABLETS | METHOTREXATE | | | | | | |
| ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS | | | | | | | |
| ANASTROZOLE TABLETS | ARIMIDEX | | | PA Required | | | |
| EXEMESTANE TABLETS | AROMASIN | | | PA Required | | | |
| FLUTAMIDE CAPSULES | FLUTAMIDE | | | | | | |
| LEUPROLIDE ACETATE (3 MONTH) KIT | LUPRON DEPOT | | | PA Required | | | |
| LEUPROLIDE ACETATE (4 MONTH) KIT | LUPRON DEPOT | | | PA Required | | | |
| LEUPROLIDE ACETATE KIT | LUPRON DEPOT | | | PA Required | | | |
| TAMOXIFEN CITRATE TABLETS | TAMOXIFEN CITRATE | | | | | | |
| TOREMIFENE CITRATE TABLETS | FARESTON | | | PA Required | | | |
| ANTINEOPLASTIC ENZYME INHIBITORS | | | | | | | |
| AXITINIB TABLETS | INLYTA | | | PA Required | | | |
| CRIZOTINIB CAPSULES | XALKORI | | | PA Required | | | |
| ERLOTINIB HCL TABLETS | TARCEVA | | | PA Required | | | |
| EVEROLIMUS TABLETS | AFINITOR | | | PA Required | | | |
| EVEROLIMUS SOLUBLE TABLET | AFINITOR DISPERZ | | | PA Required | | | |
| GEFITINIB TABLETS | IRESSA | | | PA Required | | | |
| IBRUTINIB CAPSULES | IMBRUVICA | | | PA Required | | | |
| IMATINIB MESYLATE TABLETS | GLEEVEC | BRAND ONLY | | PA Required | | | |
| LAPATINIB DITOSYLATE TABLETS | TYKERB | | | PA Required | | | |

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE April 1, 2021

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| Drug Class/Drug Name | Reference Brand Name | BRAND ONLY / Generic Notes | Preferred Drug Status | Prior Authorization Type | Step Therapy Requirements | Quantity Limit (QL) | QL Days |
|--|----------------------|----------------------------|-----------------------|-----------------------------------|---------------------------|---------------------|---------|
| NILOTINIB HCL CAPSULES | TASIGNA | | | PA Required | | | |
| PAZOPANIB HCL TABLETS | VOTRIENT | | | PA Required | | | |
| PONATINIB HCL TABLETS | ICLUSIG | | | PA Required | | | |
| RUXOLITINIB PHOSPHATE TABLETS | JAKAFI | | | PA Required | | | |
| SORAFENIB TOSYLATE TABLETS | NEXAVAR | | | PA Required | | | |
| SUNITINIB MALATE CAPSULES | SUTENT | | | PA Required | | | |
| VANDETANIB TABLETS | CAPRELSA | | | PA Required | | | |
| VEMURAFENIB TABLETS | ZELBORAF | | | PA Required | | | |
| VORINOSTAT CAPSULES | ZOLINZA | | | PA Required | | | |
| ANTINEOPLASTICS - MISC. | | | | | | | |
| BEXAROTENE CAPSULES | TARGRETIN | | | PA Required | | | |
| HYDROXYUREA CAPSULES | HYDREA | | | | | | |
| INTERFERON ALFA-2B SOLUTION | INTRON A | | | PA Required | | | |
| INTERFERON ALFA-2B SOLUTION | INTRON A | | | PA Required | | | |
| INTERFERON ALFA-N3 SOLUTION | ALFERON N | | | PA Required | | | |
| INTERFERON GAMMA-1B SOLUTION | ACTIMMUNE | | | PA Required | | | |
| PEGINTERFERON ALFA-2B (ANTINEOPLASTIC) KIT | SYLATRON | | | PA Required | | | |
| PROCARBAZINE HCL CAPSULES | MATULANE | | | | | | |
| TRETINOIN (CHEMOTHERAPY) CAPSULES | TRETINOIN | | | PA Required For > 26 Years of Age | | | |
| CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS | | | | | | | |
| LEUCOVORIN CALCIUM TABLETS | LEUCOVORIN CALCIUM | | | PA Required | | | |
| MITOTIC INHIBITORS | | | | | | | |
| ETOPOSIDE CAPSULES | ETOPOSIDE | | | PA Required | | | |
| ANTIPARKINSON AGENTS | | | | | | | |
| ANTIPARKINSON ANTICHOLINERGICS | | | | | | | |
| BENZTROPINE MESYLATE TABLETS | BENZTROPINE MESYLATE | | | | | | |
| TRIHEXYPHENIDYL HCL ELIXIR | TRIHEXYPHENIDYL HCL | | | | | | |
| TRIHEXYPHENIDYL HCL TABLETS | TRIHEXYPHENIDYL HCL | | | | | | |
| ANTIPARKINSON COMT INHIBITORS | | | | | | | |

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE April 1, 2021

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|--|----------------------|----------------------------|-----------------------|--|---------------------------|---------------------|---------|
| Drug Class/Drug Name | Reference Brand Name | BRAND ONLY / Generic Notes | Preferred Drug Status | Prior Authorization Type | Step Therapy Requirements | Quantity Limit (QL) | QL Days |
| ENTACAPONE TABLETS | COMTAN | | | | | | |
| ANTIPARKINSON DOPAMINERGICS | | | | | | | |
| 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 | | | | | | |
| ANTIPSYCHOTICS/ANTIMANIC AGENTS | | | | | | | |
| ANTIMANIC AGENTS | | | | | | | |
| 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. | | | |

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE April 1, 2021

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|--|----------------------|----------------------------|-----------------------|--|---------------------------|---------------------|-----------|
| Drug Class/Drug Name | Reference Brand Name | BRAND ONLY / Generic Notes | Preferred Drug Status | Prior Authorization Type | Step Therapy Requirements | Quantity Limit (QL) | QL Days |
| 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. | | | |
| ANTIPSYCHOTICS | | | | | | | |
| ANTIPSYCHOTICS - SECOND GENERATION - ATYPICAL ORAL AGENTS | | | | | | | |
| 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 |

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE April 1, 2021

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| Drug Class/Drug Name | Reference Brand Name | BRAND ONLY / Generic Notes | Preferred Drug Status | Prior Authorization Type | Step Therapy Requirements | Quantity Limit (QL) | QL Days |
|--------------------------------------|----------------------|----------------------------|-----------------------|--|---------------------------|---|----------------------|
| 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 |

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE April 1, 2021

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| Drug Class/Drug Name | Reference Brand Name | BRAND ONLY / Generic Notes | Preferred Drug Status | Prior Authorization Type | Step Therapy Requirements | Quantity Limit (QL) | QL Days |
|---------------------------------------|----------------------|----------------------------|-----------------------|--|---------------------------|---------------------|---------|
| 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 |
| 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 |

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|--|----------------------|----------------------------|-----------------------|--|---------------------------|---------------------|---------|
| Drug Class/Drug Name | Reference Brand Name | BRAND ONLY / Generic Notes | Preferred Drug Status | Prior Authorization Type | Step Therapy Requirements | Quantity Limit (QL) | QL Days |
| ZIPRASIDONE HCL CAPSULES | GEODON | | PREFERRED DRUG | PA Required for Ages < 6 years 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 |
| ANTIPSYCHOTICS - SECOND GENERATION - ATYPICAL LONG ACTING INJECTABLES | | | | | | | |
| 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 |

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|--|----------------------|----------------------------|-----------------------|--|---------------------------|---------------------|---------|
| Drug Class/Drug Name | Reference Brand Name | BRAND ONLY / Generic Notes | Preferred Drug Status | Prior Authorization Type | Step Therapy Requirements | Quantity Limit (QL) | QL Days |
| 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 |
| 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 | 30 |
| ANTIPSYCHOTICS - FIRST GENERATION - TYPICAL ORAL AGENTS | | | | | | | |
| 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. | | | |

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|--|----------------------|----------------------------|-----------------------|--|---------------------------|---------------------|---------|
| Drug Class/Drug Name | Reference Brand Name | BRAND ONLY / Generic Notes | Preferred Drug Status | Prior Authorization Type | Step Therapy Requirements | Quantity Limit (QL) | QL Days |
| 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. | | | |
| 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. | | | |

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|---------------------------------|----------------------|----------------------------|-----------------------|--|---------------------------|---------------------|---------|
| 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. | | | |

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| Drug Class/Drug Name | Reference Brand Name | BRAND ONLY / Generic Notes | Preferred Drug Status | Prior Authorization Type | Step Therapy Requirements | Quantity Limit (QL) | QL Days |
|---|----------------------|----------------------------|-----------------------|---|---------------------------|---------------------|---------|
| 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. | | | |
| 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. | | | |
| ANTIPSYCHOTICS - FIRST GENERATION -TYPICAL -LONG ACTING INJECTIONS | | | | | | | |

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| 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. | | | |
| ANTIVIRALS | | | | | | | |
| ANTIRETROVIRALS | | | | | | | |
| ABACAVIR SULFATE SOLUTION | ZIAGEN | | | | | | |
| ABACAVIR SULFATE TABLETS | ZIAGEN | | | | | | |
| ABACAVIR SULFATE-LAMIVUDINE TABLETS | EPZICOM | | | | | | |
| ABACAVIR SULFATE-LAMIVUDINE-ZIDOVUDINE TABLETS | TRIZIVIR | | | | | | |
| ABACAVIR-DOLUTEGRAVIR-LAMIVUDINE TABLETS | TRIUMEQ | | | | | | |
| ATAZANAVIR SULFATE CAPSULES | REYATAZ | | | | | | |
| ATAZANAVIR SULFATE PACK | REYATAZ | | | | | | |
| ATAZANAVIR SULFATE-COBICISTAT TABLETS | EVOTAZ | | | | | | |
| BICTEGRAVIR-EMTRICITABINE-TENOFOVIR ALAFENAMIDE FUMARATE TABLETS | BIKTARVY | | | | | 30 | 30 |
| COBICISTAT TABLETS | TYBOST | | | | | 30 | 30 |
| DARUNAVIR ETHANOLATE SUSPENSION | PREZISTA | | | | | | |
| DARUNAVIR ETHANOLATE TABLETS | PREZISTA | | | | | | |
| DARUNAVIR-COBICISTAT TABLETS | PREZCOBIX | | | | | | |
| DELAVIRDINE MESYLATE TABLETS | RESCRIPTOR | | | | | | |
| DIDANOSINE CAPSULE DELAYED RELEASE | VIDEX EC | | | | | | |

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| DIDANOSINE SOLUTION | VIDEX PEDIATRIC | | | | | | |
| DOLUTEGRAVIR SODIUM TABLETS | TIVICAY | | | | | | |
| DORAVIRINE TABLETS | PIFELTRO | | | | | | |
| EFAVIRENZ CAPSULES | SUSTIVA | | | | | | |
| EFAVIRENZ TABLETS | SUSTIVA | | | | | | |
| EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TABLETS | ATRIPLA | BRAND ONLY | | | | | |
| ELVITEGRAVIR TABLETS | VITEKTA | | | | | | |
| ELVITEGRAVIR-COBIICISTAT-EMTRICITABINE-TENOFOVIR TABLETS | STRIBILD | | | | | | |
| ELVITEGRAVIR-COBIICISTAT-EMTRICITABINE-TENOFOVIR ALAFENAMIDE TABLETS | GENVOYA | | | | | | |
| EMTRICITABINE CAPSULES | EMTRIVA | | | | | | |
| EMTRICITABINE SOLUTION | EMTRIVA | | | | | | |
| EMTRICITABINE-RILPIVIRINE-TENOFOVIR ALAFENAMIDE FUMARATE TABLETS | ODEFSEY | | | | | | |
| EMTRICITABINE-RILPIVIRINE-TENOFOVIR DISOPROXIL FUMARATE TABLETS | COMPLERA | | | | | | |
| EMTRICITABINE-TENOFOVIR ALAFENAMIDE FUMARATE TABLETS | DESCOVY | | | | | | |
| EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TABLETS | TRUVADA | BRAND ONLY | | | | | |
| ENFUVIRTIDE SOLUTION | FUZEON | | | PA Required | | 1 | 30 |
| ETRAVIRINE TABLETS | INTELENCE | | | | | | |
| FOSAMPRENAVIR CALCIUM SUSPENSION | LEXIVA | | | | | | |
| FOSAMPRENAVIR CALCIUM TABLETS | LEXIVA | | | | | | |
| INDINAVIR SULFATE CAPSULES | CRIXIVAN | | | | | | |
| LAMIVUDINE SOLUTION | EPIVIR | | | | | | |
| LAMIVUDINE TABLETS | EPIVIR | | | | | | |
| LAMIVUDINE-ZIDOVUDINE TABLETS | COMBIVIR | | | | | | |
| LOPINAVIR-RITONAVIR SOLUTION | KALETRA | | | | | | |
| LOPINAVIR-RITONAVIR TABLETS | KALETRA | | | | | | |
| MARAVIROC TABLETS | SELZENTRY | | | PA Required | | | |
| NELFINAVIR MESYLATE TABLETS | VIRACEPT | | | | | | |
| NEVIRAPINE SUSPENSION | VIRAMUNE | | | | | | |
| NEVIRAPINE TABLETS | VIRAMUNE | | | | | | |

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| NEVIRAPINE TABLET 24-HOUR | VIRAMUNE XR | | | | | | |
| RALTEGRAVIR POTASSIUM CHEWABLE TABLETS | ISENTRESS | | | | | | |
| RALTEGRAVIR POTASSIUM PACK | ISENTRESS | | | | | | |
| RALTEGRAVIR POTASSIUM TABLETS | ISENTRESS | | | | | | |
| RILPIVIRINE HCL TABLETS | EDURANT | | | | | | |
| RITONAVIR CAPSULES | NORVIR | | | | | | |
| RITONAVIR SOLUTION | NORVIR | | | | | | |
| RITONAVIR TABLETS | NORVIR | | | | | | |
| SAQUINAVIR MESYLATE CAPSULES | INVIRASE | | | | | | |
| SAQUINAVIR MESYLATE TABLETS | INVIRASE | | | | | | |
| STAVUDINE CAPSULES | ZERIT | | | | | | |
| STAVUDINE SOLUTION | ZERIT | | | | | | |
| TENOFOVIR DISOPROXIL FUMARATE POWDER | VIREAD | | | | | | |
| TENOFOVIR DISOPROXIL FUMARATE TABLETS | VIREAD | | | | | | |
| TIPRANAVIR CAPSULES | APTIVUS | | | | | | |
| TIPRANAVIR SOLUTION | APTIVUS | | | | | | |
| ZIDOVUDINE CAPSULES | RETROVIR | | | | | | |
| ZIDOVUDINE SYRUP | RETROVIR | | | | | | |
| ZIDOVUDINE TABLETS | ZIDOVUDINE | | | | | | |
| CMV AGENTS | | | | | | | |
| CIDOFOVIR IV | VISTIDE | | | PA Required | | | |
| FOSCARENT SODIUM | FOSCAVIR | | | PA Required | | | |
| GANCICLOVIR SODIUM | CYTOVENE | | | PA Required | | | |
| VALGANCICLOVIR HCL SOLUTION | VALCYTE | | | PA Required | | | |
| VALGANCICLOVIR HCL TABLETS | VALCYTE | | | PA Required | | | |
| HEPATITIS B AGENTS | | | | | | | |
| ADEFOVIR DIPIVOXIL TABLETS | HEPSERA | | | PA Required | | | |
| ENTECAVIR SOLUTION | BARACLUDE | | | PA Required | | | |
| ENTECAVIR TABLETS | BARACLUDE | | | PA Required | | | |

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| LAMIVUDINE (HBV) SOLUTION | EPIVIR HBV | | | | | | |
| LAMIVUDINE (HBV) TABLETS | EPIVIR HBV | | | | | | |
| TELBIVUDINE TABLETS | TYZEKA | | | PA Required | | | |
| HEPATITIS C AGENTS | | | | | | | |
| GLECAPREVIR-PIBRENTASVIR TABLETS | MAVYRET | | PREFERRED DRUG | PA Required | | | |
| PEGINTERFERON ALFA-2A SOLUTION | PEGASYS | | PREFERRED DRUG | PA Required | | | |
| PEGINTERFERON ALFA-2B KIT | PEGINTRON | | PREFERRED DRUG | PA Required | | | |
| RIBAVIRIN (HEPATITIS C) CAPSULES | VARIOUS | | PREFERRED DRUG | PA Required | | | |
| RIBAVIRIN (HEPATITIS C) TABLETS | VARIOUS | | PREFERRED DRUG | PA Required | | | |
| SOFOSBUVIR/VELPATASVIR | EPCLUSA | AUTHORIZED GENERIC BRAND ONLY | PREFERRED DRUG | PA Required | | | |
| HERPES AGENTS | | | | | | | |
| ACYCLOVIR SUSPENSION | ZOVIRAX | | | | | | |
| ACYCLOVIR TABLETS | ZOVIRAX | | | | | | |
| FAMCICLOVIR TABLETS | FAMVIR | | | PA Required | | | |
| VALACYCLOVIR HCL TABLETS | VALTREX | | | PA Required | | | |
| INFLUENZA AGENTS | | | | | | | |
| OSELTAMIVIR PHOSPHATE CAPSULES | TAMIFLU | | | | | 20 | 270 |
| OSELTAMIVIR PHOSPHATE SUSPENSION | TAMIFLU | | | | | | |
| RIMANTADINE HYDROCHLORIDE TABLETS | FLUMADINE | | | | | | |
| ZANAMIVIR AEROSOL POWDER BREATH ACTIVATED | RELENZA DISKHALER | | | | | 40 | 270 |
| ASSORTED CLASSES | | | | | | | |
| BLOOD PRODUCTS - IMMUNE GLOBULINS | | | | | | | |
| 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 | | | |

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| 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 | | | |
| CHELATING AGENTS | | | | | | | |
| PENICILLAMINE CAPSULES | CUPRIMINE | | | | | | |
| IMMUNOMODULATORS | | | | | | | |
| LENALIDOMIDE CAPSULES | REVLIMID | | | PA Required | | | |
| THALIDOMIDE CAPSULES | THALOMID | | | PA Required | | | |
| IMMUNOSUPPRESSIVE AGENTS | | | | | | | |
| 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 | | | | | | |
| POTASSIUM REMOVING RESINS | | | | | | | |
| SODIUM POLYSTYRENE SULFONATE POWDER | KAYEXALATE | | | | | | |

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| SODIUM POLYSTYRENE SULFONATE SUSPENSION | KIONEX | | | | | | |
| BETA BLOCKERS | | | | | | | |
| ALPHA-BETA BLOCKERS | | | | | | | |
| CARVEDILOL TABLETS | COREG | | | | | | |
| LABETALOL HCL TABLETS | TRANDATE | | | | | | |
| BETA BLOCKERS CARDIO-SELECTIVE | | | | | | | |
| ATENOLOL TABLETS | TENORMIN | | | | | | |
| ATENOLOL/CHLORTHALIDONE | VARIOUS | | | | | | |
| BISOPRODOL | VARIOUS | | | | | | |
| BISOPRODOL/HCTZ | VARIOUS | | | | | | |
| METOPROLOL TARTRATE TABLETS | VARIOUS | | | | | | |
| METOPROLOL SUCCINATE TABLET XL 24-HOUR | VARIOUS | | | | | | |
| METOPROLOL TARTRATE/HCTZ | VARIOUS | | | | | | |
| BETA BLOCKERS NON-SELECTIVE | | | | | | | |
| NADOLOL | VARIOUS | | | PA NOT REQUIRED FOR CHILDREN AND ADOLESCENTS UNDER 19 YEARS OF AGE | | | |
| PROPRANOLOL HCL CAPSULE ER CONTROLLED RELEASE | VARIOUS | | | | | | |
| PROPRANOLOL HCL SOLUTION | VARIOUS | | | | | | |
| PROPRANOLOL HCL TABLETS | VARIOUS | | | | | | |
| PROPRANOLOL / HCTZ | VARIOUS | | | | | | |
| SOTALOL HCL TABLETS | BETAPACE | | | | | | |
| CALCIUM CHANNEL BLOCKERS | | | | | | | |
| CALCIUM CHANNEL BLOCKERS | | | | | | | |
| AMLODIPINE BESYLATE | VARIOUS | | | | | 30 | 30 |
| DILTIAZEM CAPSULE ER | VARIOUS | | | | | | |
| DILTIAZEM TABLETS | VARIOUS | | | | | | |
| FELODIPINE TABLET ER 24-HOUR | VARIOUS | | | | | 30 | 30 |
| NIFEDIPINE IR CAPSULES | VARIOUS | | | | | | |
| NIFEDIPINE TABLET ER 24-HOUR | VARIOUS | | | | | 30 | 30 |

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| VERAPAMIL HCL CAPSULE SR | VARIOUS | | | | | 30 | 30 |
| VERAPAMIL HCL TABLETS | VARIOUS | | | | | | |
| VERAPAMIL HCL TABLET CONTROLLED RELEASE | VARIOUS | | | | | 30 | 30 |
| CARDIOTONICS | | | | | | | |
| CARDIAC GLYCOSIDES | | | | | | | |
| DIGOXIN SOLUTION | DIGOXIN | | | | | | |
| DIGOXIN TABLETS | LANOXIN | | | | | | |
| CARDIOVASCULAR AGENTS - MISC. | | | | | | | |
| ANGIOTENSTIN RECEPTOR NEPRILYSIN INHIBITOR | | | | | | | |
| SACUBITRIL / VALSARTAN | ENTRESTO | | | PA Required | | | |
| PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAG | | | | | | | |
| AMBRISENTAN TABLETS | LETAIRIS | BRAND ONLY | PREFERRED DRUG | PA Required | | | |
| BOSENTAN TABLETS | TRACLEER | BRAND ONLY | PREFERRED DRUG | PA Required | | | |
| PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBIT | | | | | | | |
| SILDENAFIL CITRATE (PULMONARY HYPERTENSION) SUSPENSION | REVATIO | BRAND ONLY | 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 | | | |
| CEPHALOSPORINS | | | | | | | |
| CEPHALOSPORINS - 1ST GENERATION | | | | | | | |
| CEFADROXIL CAPSULES | CEFADROXIL | | | | | | |
| CEFADROXIL SUSPENSION | CEFADROXIL | | | | | | |
| CEFADROXIL TABLETS | CEFADROXIL | | | | | | |
| CEPHALEXIN CAPSULES | KEFLEX | | | | | | |
| CEPHALEXIN SUSPENSION | CEPHALEXIN | | | | | | |
| CEPHALEXIN TABLETS | CEPHALEXIN | | | | | | |

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| CEPHALOSPORINS - 2ND GENERATION | | | | | | | |
| CEFACLOR CAPSULES | CEFACLOR | | | | | | |
| CEFACLOR SUSPENSION | CEFACLOR | | | | | | |
| CEFPROZIL SUSPENSION | CEFPROZIL | | | | | | |
| CEFPROZIL TABLETS | CEFPROZIL | | | | | | |
| CEFUROXIME AXETIL SUSPENSION | CEFTIN | | | | | | |
| CEFUROXIME AXETIL TABLETS | CEFTIN | | | | | | |
| CEPHALOSPORINS - 3RD GENERATION | | | | | | | |
| CEFDINIR CAPSULES | CEFDINIR | | | | | | |
| CEFDINIR SUSPENSION | CEFDINIR | | | | | | |
| CEFIXIME CAPSULES | SUPRAX | | | | | 1 | 30 |
| CEFIXIME CHEWABLE TABLETS | SUPRAX | | | | | 1 | 30 |
| CEFIXIME SUSPENSION | SUPRAX | | | | | 1 | 30 |
| CEFIXIME TABLETS | SUPRAX | | | | | 1 | 30 |
| CEFPODOXIME PROXETIL SUSPENSION | CEFPODOXIME PROXETIL | | | | | | |
| CEFPODOXIME PROXETIL TABLETS | CEFPODOXIME PROXETIL | | | | | | |
| CONTRACEPTION | | | | | | | |
| COMBINATION CONTRACEPTIVES - ORAL | | | | | | | |
| DESOGESTREL & ETHINYL ESTRADIOL TABLETS | APRI | | | | | | |
| DESOGESTREL-ETHINYL ESTRADIOL (BIPHASIC) TABLETS | AZURETTE | | | | | | |
| DESOGESTREL-ETHINYL ESTRADIOL (TRIPHASIC) TABLETS | CAZIAN | | | | | | |
| DROSPIRENONE-ETHINYL ESTRADIOL TABLETS | OCELLA | | | | | | |
| ETHYNODIOL DIACET & ETHINYL ESTRADIOL TABLETS | KELNOR 1/35 | | | | | | |
| LEVONORGESTREL & ETHINYL ESTRADIOL TABLETS | AUBRA | | | | | | |
| LEVONORGESTREL-ETHINYL ESTRADIOL (TRIPHASIC) TABLETS | ENPRESSE-28 | | | | | | |
| LEVONORGESTREL-ETHINYL ESTRADIOL (91-DAY) TABLETS | AMETHIA LO | | | | | | |
| LEVONORGESTREL & ETHINYL ESTRADIOL (CONTINUOUS) TABLETS | AMETHYST | | | | | | |
| NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TABLETS | JUNEL FE | | | | | | |
| NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE CHEWABLES | MELODETTA 24 FE | | | | | | |

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| 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 | | | | | | |
| COMBINATION CONTRACEPTIVES - VAGINAL | | | | | | | |
| ETONOGESTREL-ETHINYL ESTRADIOL RING | NUVARING | BRAND ONLY | | | | | |
| COPPER CONTRACEPTIVES - IUD | | | | | | | |
| COPPER (IUD) | PARAGARD | | | Buy and Bill Under Medical Benefit | | | |
| EMERGENCY CONTRACEPTIVES | | | | | | | |
| LEVONORGESTREL (EMERGENCY OC) TABLETS | PLAN B ONE-STEP OTC | | PREFERRED DRUG | | | | |
| LEVONORGESTREL (EMERGENCY OC) TABLETS | AFTERA OTC | | PREFERRED DRUG | | | | |
| LEVONORGESTREL (EMERGENCY OC) TABLETS | LEVONORGESTREL OTC | | PREFERRED DRUG | | | | |

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| LEVONORGESTREL (EMERGENCY OC) TABLETS | MY CHOICE OTC | | PREFERRED DRUG | | | | |
| LEVONORGESTREL (EMERGENCY OC) TABLETS | MY WAY OTC | | PREFERRED DRUG | | | | |
| LEVONORGESTREL (EMERGENCY OC) TABLETS | NEW DAY OTC | | PREFERRED DRUG | | | | |
| LEVONORGESTREL (EMERGENCY OC) TABLETS | OPTION 2 OTC | | PREFERRED DRUG | | | | |
| LEVONORGESTREL (EMERGENCY OC) TABLETS | TAKE ACTION OTC | | PREFERRED DRUG | | | | |
| PROGESTIN CONTRACEPTIVES - IMPLANTS | | | | | | | |
| ETONOGESTREL IMPLANT | NEXPLANON | | PREFERRED DRUG | | | | |
| PROGESTIN CONTRACEPTIVES - INJECTABLE | | | | | | | |
| MEDROXYPROGESTERONE ACETATE (CONTRACEPTIVE) SUSPENSION | CONTRACEPTIVE | | | | | | |
| PROGESTIN CONTRACEPTIVES - IUD | | | | | | | |
| LEVONORGESTREL (IUD) | LILETTA | | | Buy and Bill Under Medical Benefit | | | |
| LEVONORGESTREL (IUD) | SKYLA | | | Buy and Bill Under Medical Benefit | | | |
| LEVONORGESTREL (IUD) | MIRENA | | | Buy and Bill Under Medical Benefit | | | |
| LEVONORGESTREL (IUD) | KYLEENA | | | Buy and Bill Under Medical Benefit | | | |
| PROGESTIN CONTRACEPTIVES - ORAL | | | | | | | |
| NORETHINDRONE (CONTRACEPTIVE) TABLETS | CAMILA | | | | | | |

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|---|--|----------------------------|-----------------------|-----------------------------------|---------------------------|---------------------|---------|
| PROGESTIN CONTRACEPTIVES - TRANSDERMAL | | | | | | | |
| NORELGESTROMIN-ETHINYL ESTRADIOL PATCH WEEKLY | XULANE | | | | | | |
| CORTICOSTEROIDS | | | | | | | |
| GLUCOCORTICOSTEROIDS | | | | | | | |
| 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 | | | |
| MINERALOCORTICIDS | | | | | | | |
| FLUDROCORTISONE ACETATE TABLETS | FLORINEF | | | | | | |
| COUGH/COLD/ALLERGY | | | | | | | |
| ANTITUSSIVES | | | | | | | |
| BENZONATATE CAPSULES | TESSALON PERLES | | | | | | |
| HYDROCODONE W/ HOMATROPINE SYRUP | VARIOUS | | | PA Required for < 18 years of age | | 240 | 12 |

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| HYDROCODONE W/ HOMATROPINE TABLETS | VARIOUS | | | PA Required for < 18 years of age | | | |
| COUGH/COLD/ALLERGY COMBINATIONS | | | | | | | |
| BROMPHENIRAMINE & PSEUDOEPHEDRINE LIQUID | VARIOUS | | | | | | |
| BROMPHENIRAMINE & PSEUDOEPHEDRINE TABLET 12-HOUR | VARIOUS | | | | | | |
| BROMPHENIRAMINE-DEXTROMETHORPHAN-PHENYLEPHRINE LIQUID/TABLETS | VARIOUS | | | | | | |
| CETIRIZINE-PSEUDOEPHEDRINE TABLET 12-HOUR | VARIOUS | | | | | 30 | 30 |
| CHLORPHENIRAMINE & PSEUDOEPHEDRINE CHEWABLE TABLETS | VARIOUS | | | | | | |
| CHLORPHENIRAMINE & PSEUDOEPHEDRINE LIQUID | VARIOUS | | | | | 480 | 30 |
| CHLORPHENIRAMINE & PSEUDOEPHEDRINE SOLUTION | VARIOUS | | | | | 480 | 30 |
| CHLORPHENIRAMINE & PSEUDOEPHEDRINE SYRUP | VARIOUS | | | | | 480 | 30 |
| CHLORPHENIRAMINE & PSEUDOEPHEDRINE TABLETS | VARIOUS | | | | | | |
| DEXTROMETHORPHAN-GUAIFENESIN TABLET | VARIOUS | | | | | | |
| DEXTROMETHORPHAN-GUAIFENESIN LIQUID | VARIOUS | | | | | 480 | 30 |
| DEXTROMETHORPHAN-GUAIFENESIN TABLET 12-HOUR | MUCINEX DM | | | | | | |
| FEXOFENADINE-PSEUDOEPHEDRINE TABLET 12-HOUR | VARIOUS | | | | | 30 | 30 |
| FEXOFENADINE-PSEUDOEPHEDRINE TABLET 24-HOUR | VARIOUS | | | | | 30 | 30 |
| GUAIFENESIN-CODEINE SYRUP | ROBITUSSIN AC | | | 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 |

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| 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 |
| EXPECTORANTS | | | | | | | |
| GUAIFENESIN LIQUID | VARIOUS | | | | | 480 | 30 |
| GUAIFENESIN SYRUP | VARIOUS | | | | | 480 | 30 |
| GUAIFENESIN TABLETS | VARIOUS | | | | | | |
| GUAIFENESIN TABLET 12-HOUR | VARIOUS | | | | | | |
| DERMATOLOGICALS | | | | | | | |
| ACNE PRODUCTS | | | | | | | |
| 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 | | | | | | |

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| 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 | | | |
| ANTIBIOTICS - TOPICAL | | | | | | | |
| BACITRACIN OINTMENT | BACIGUENT | | | | | | |
| BACITRACIN ZINC OINTMENT | BACITRACIN | | | | | | |
| BACITRACIN-POLYMYXIN B OINTMENT | POLYSPORIN | | | | | | |
| BACITRACIN-POLYMYXIN-NEOMYCIN HC OINTMENT | CORTISPORIN | | | | | | |
| GENTAMICIN SULFATE CREAM | GENTAMICIN SULFATE | | | | | | |
| GENTAMICIN SULFATE OINTMENT | GENTAMICIN SULFATE | | | | | | |
| MUPIROCIN CALCIUM CREAM | BACTROBAN | | | | | | |
| MUPIROCIN OINTMENT | BACTROBAN | | | | | | |
| NEOMYCIN-BACITRACIN-POLYMYXIN OINTMENT | NEOSPORIN | | | | | | |
| ANTIFUNGALS - TOPICAL | | | | | | | |
| BUTENAFINE | LOTRIMIN ULTRA | | | | | | |
| CICLOPROX CREAM | VARIOUS | | | | | | |
| CICLOPROX SOLUTION | VARIOUS | | | | | | |
| CLOTRIMAZOLE CREAM (RX & OTC) | LOTRIMIN | | | | | | |
| CLOTRIMAZOLE OINTMENT | LOTRIMIN | | | | | | |
| CLOTRIMAZOLE SOLUTION (OTC) | VARIOUS | | | | | | |
| CLOTRIMAZOLE W/ BETAMETHASONE CREAM | LOTRISONE | | | | | | |
| KETOCONAZOLE CREAM | VARIOUS | | | | | | |
| KETOCONAZOLE SHAMPOO | VARIOUS | | | | | | |

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| MICONAZOLE NITRATE CREAM | VARIOUS | | | | | | |
| MICONAZOLE NITRATE POWDER | VARIOUS | | | | | | |
| NYSTATIN CREAM | VARIOUS | | | | | | |
| NYSTATIN OINTMENT | VARIOUS | | | | | | |
| NYSTATIN POWDER | VARIOUS | | | | | | |
| TOLNAFTATE AERO POWDER | VARIOUS | | | | | | |
| TOLNAFTATE CREAM | VARIOUS | | | | | | |
| TOLNAFTATE POWDER | VARIOUS | | | | | | |
| TERBINAFINE CREAM | VARIOUS | | | | | | |
| ANTIHISTAMINES-TOPICAL | | | | | | | |
| DIPHENHYDRAMINE HCL CREAM | ANTI-ITCH MAXIMUM STRENGTH | | | | | | |
| DIPHENHYDRAMINE HCL GEL | BENADRYL ITCH STOPPING | | | | | | |
| DIPHENHYDRAMINE HCL SOLUTION | BENADRYL MAXIMUM STRENGTH | | | | | | |
| ANTISEBORRHEIC TOPICAL PRODUCTS | | | | | | | |
| SELENIUM SULFIDE LOTION | SELSUN SHAMPOO | | | | | | |
| ANTIVIRALS - TOPICAL | | | | | | | |
| DOCOSANOL 10% CREAM | ABREVA | | PREFERRED AGENT | | | 15GM | 30 |
| ACYCLOVIR OINTMENT | ZOVIRAX | | PREFERRED AGENT | | | | |
| BURN PRODUCTS | | | | | | | |
| SILVER SULFADIAZINE CREAM | SILVADENE | | | | | | |
| CORTICOSTEROIDS - TOPICAL LOW POTENCY | | | | | | | |
| FLUOCINOLONE ACETONIDE | DERMA-SMOOTH FS | BRAND ONLY | | | | | |
| HYDROCORTISONE CREAM | VARIOUS | | | | | | |
| HYDROCORTISONE GEL | VARIOUS | | | | | | |
| HYDROCORTISONE LOTION | VARIOUS | | | | | | |
| HYDROCORTISONE OINTMENT | VARIOUS | | | | | | |
| FLUOCINOLONE 0.01% OIL | VARIOUS | | | | | | |
| CORTICOSTEROIDS - TOPICAL MEDIUM POTENCY | | | | | | | |

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| FLUTICASONE PROPIONATE CREAM | VARIOUS | | | | | | |
| FLUTICASONE PROPIONATE OINTMENT | VARIOUS | | | | | | |
| MOMETASONE FUROATE CREAM | VARIOUS | | | | | | |
| MOMETASONE FUROATE OINTMENT | VARIOUS | | | | | | |
| MOMETASONE FUROATE SOLUTION | VARIOUS | | | | | | |
| CORTICOSTEROIDS - TOPICAL HIGH POTENCY | | | | | | | |
| BETAMETHASONE DIPROPIONATE LOTION | VARIOUS | | | | | | |
| BETAMETHASONE DIPROPIONATE/PROPYLENE GLYC. CREAM | VARIOUS | | | | | | |
| BETAMETHASONE VALERATE CREAM | VARIOUS | | | | | | |
| BETAMETHASONE VALERATE LOTION | VARIOUS | | | | | | |
| BETAMETHASONE VALERATE SOLUTION | VARIOUS | | | | | | |
| FLUOCINONIDE CREAM | VARIOUS | | | | | | |
| FLUOCINONIDE OINTMENT | VARIOUS | | | | | | |
| FLUOCINONIDE SOLUTION | VARIOUS | | | | | | |
| TRIAMCINOLONE ACETONIDE CREAM | VARIOUS | | | | | | |
| TRIAMCINOLONE ACETONIDE LOTION | VARIOUS | | | | | | |
| TRIAMCINOLONE ACETONIDE OINTMENT | VARIOUS | | | | | | |
| CORTICOSTEROIDS - TOPICAL VERY HIGH POTENCY | | | | | | | |
| CLOBETASOL PROPIONATE CREAM | VARIOUS | | | | | 100 | 30 |
| CLOBETASOL PROPIONATE EMOLLIENT | VARIOUS | | | | | 100 | 30 |
| CLOBETASOL PROPIONATE GEL | VARIOUS | | | | | 118 | 30 |
| CLOBETASOL PROPIONATE OINTMENT | VARIOUS | | | | | 100 | 30 |
| CLOBETASOL PROPIONATE SOLUTION | VARIOUS | | | | | 100 | 30 |
| HALOBETASOL PROPIONATE CREAM | VARIOUS | | | | | 100 | 30 |
| HALOBETASOL PROPIONATE OINTMENT | VARIOUS | | | | | 100 | 30 |
| KERATOLYTIC/ANTIMITOTIC AGENTS | | | | | | | |
| SALICYLIC ACID CREAM | SALACYN | | | | | | |
| SALICYLIC ACID FOAM | SALVAX | | | | | | |
| SALICYLIC ACID GEL | KERALYT | | | | | | |

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| SALICYLIC ACID LIQUID | VIRASAL | | | | | | |
| SALICYLIC ACID LOTION | SALACYN | | | | | | |
| SALICYLIC ACID SHAMPOO | SALEX | | | | | | |
| SALICYLIC ACID SOLUTION | VARIOUS | | | | | | |
| LOCAL ANESTHETICS - TOPICAL | | | | | | | |
| LIDOCAINE CREAM 4% | ASPERCREME W/LIDOCAINE | | | | | | |
| LIDOCAINE HCL GEL 2% | GLYDO | | | | | | |
| LIDOCAINE HCL LOTION | LIDOCAINE HCL | | | PA Required | | | |
| LIDOCAINE OINTMENT | LIDOCAINE | | | PA Required | | | |
| LIDOCAINE PATCH | LIDODERM | | | PA Required | | | |
| LIDOCAINE HCL SOLUTION | VARIOUS | | | | | | |
| LIDOCAINE-PRILOCAINE CREAM | EMLA | | | | | | |
| TOPICAL - MISC. | | | | | | | |
| ALUMINUM CHLORIDE SOLUTION | DRYSOL | | | | | | |
| ROSACEA TOPICAL AGENTS | | | | | | | |
| METRONIDAZOLE CREAM 0.75% | METROCREAM | | | | | | |
| METRONIDAZOLE GEL 0.75% | METROGEL | | | | | | |
| METRONIDAZOLE LOTION | METROLOTION | | | | | | |
| SCABICIDES & PEDICULICIDES TOPICAL AGENTS+A1106 | | | | | | | |
| CROTAMITON CREAM | EURAX | | | | | | |
| CROTAMITON LOTION | EURAX | | | | | | |
| IVERMECTIN LOTION | SKLICE | | | PA Required | | | |
| PERMETHRIN CREAM | ACTICIN | | | | | | |
| PERMETHRIN 1%, 5% | NIX, ELIMITE | | | | | | |
| PERMETHRIN LIQUID | NIX CREME RINSE | | | | | | |
| PYRETHRINS-PIPERONYL BUTOXIDE GEL | A-200 | | | | | | |
| PYRETHRINS-PIPERONYL BUTOXIDE LIQUID | BARC | | | | | | |
| PYRETHRINS-PIPERONYL BUTOXIDE SHAMPOO | LICIDE | | | | | | |
| SPINOSAD SUSPENSION | NATROBA | | | PA Required | | | |

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| DIAGNOSTIC PRODUCTS | | | | | | | |
| DIAGNOSTIC TESTS | | | | | | | |
| BLOOD GLUCOSE MONITORS & STRIPS | VARIOUS | | | | | | |
| DIGESTIVE AIDS | | | | | | | |
| DIGESTIVE ENZYMES | | | | | | | |
| LIPASE-PROTEASE-AMYLASE CAPSULE DELAYED RELEASE | CREON | BRAND ONLY | PREFERRED DRUG | | | 500 | 30 |
| LIPASE-PROTEASE-AMYLASE CAPSULE DELAYED RELEASE | ZENPEP | BRAND ONLY | PREFERRED DRUG | | | 500 | 30 |
| LIPASE-PROTEASE-AMYLASE CAPSULE DELAYED RELEASE 5000 UNITS | PANCRELIPASE 5000 UNITS | | PREFERRED DRUG | | | 300 | 30 |
| DIURETICS | | | | | | | |
| CARBONIC ANHYDRASE INHIBITORS | | | | | | | |
| ACETAZOLAMIDE CAPSULE 12-HOUR | DIAMOX | | | | | | |
| ACETAZOLAMIDE TABLETS | ACETAZOLAMIDE | | | | | | |
| METHAZOLAMIDE TABLETS | NEPTAZANE | | | | | | |
| DIURETIC COMBINATIONS | | | | | | | |
| SPIRONOLACTONE & HYDROCHLOROTHIAZIDE TABLETS | ALDACTAZIDE | | | | | | |
| TRIAMTERENE & HYDROCHLOROTHIAZIDE CAPSULES | DYAZIDE | | | | | | |
| TRIAMTERENE & HYDROCHLOROTHIAZIDE TABLETS | MAXZIDE-25 | | | | | | |
| LOOP DIURETICS | | | | | | | |
| BUMETANIDE TABLETS | BUMETANIDE | | | | | | |
| FUROSEMIDE SOLUTION | FUROSEMIDE | | | | | | |
| FUROSEMIDE TABLETS | LASIX | | | | | | |
| TORSEMIDE TABLETS | DEMADEX | | | | | | |
| POTASSIUM SPARING DIURETICS | | | | | | | |
| SPIRONOLACTONE TABLETS | ALDACTONE | | | | | | |
| THIAZIDES AND THIAZIDE-LIKE DIURETICS | | | | | | | |
| CHLOROTHIAZIDE SUSPENSION | DIURIL | | | | | | |
| CHLOROTHIAZIDE TABLETS | CHLOROTHIAZIDE | | | | | | |

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| CHLORTHALIDONE TABLETS | CHLORTHALIDONE | | | | | | |
| HYDROCHLOROTHIAZIDE CAPSULES 12.5MG | VARIOUS | | | | | | |
| HYDROCHLOROTHIAZIDE TABLETS 25MG & 50MG | HYDROCHLOROTHIAZIDE | | | | | | |
| INDAPAMIDE TABLETS | INDAPAMIDE | | | | | | |
| METOLAZONE TABLETS | ZAROXOLYN | | | | | | |
| ENDOCRINE AND METABOLIC AGENTS - MISC. | | | | | | | |
| BONE DENSITY REGULATORS | | | | | | | |
| ALENDRONATE SODIUM SOLUTION | ALENDRONATE SODIUM | | | | | | |
| ALENDRONATE SODIUM TABLETS | ALENDRONATE SODIUM | | | | | | |
| CALCITONIN (SALMON) SOLUTION | FORTICAL | | | | | | |
| DENOSUMAB | PROLIA | | | PA Required | | | |
| IBANDRONATE SODIUM | BONIVA | | | | | | |
| RALOXIFENE TABLETS | VARIOUS | | | | | | |
| TERIPARATIDE (RECOMBINANT) | FORTEO | | | PA Required | | | |
| GROWTH HORMONES | | | | | | | |
| SOMATROPIN SOLUTION | NORDITROPIN | BRAND ONLY | PREFERRED DRUG | PA Required | | | |
| SOMATROPIN SOLUTION | GENOTROPIN | BRAND ONLY | PREFERRED DRUG | PA Required | | | |
| HORMONE RECEPTOR MODULATORS | | | | | | | |
| RALOXIFENE HCL TABLETS | EVISTA | | | | | | |
| INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS) | | | | | | | |
| MECASERMIN SOLUTION | INCRELEX | | | PA Required | | | |
| LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS | | | | | | | |
| LEUPROLIDE ACETATE (CPP) (3 MONTH) KIT | LUPRON DEPOT-PED | | | PA Required | | | |
| LEUPROLIDE ACETATE (CPP) KIT | LUPRON DEPOT-PED | | | PA Required | | | |
| METABOLIC MODIFIERS | | | | | | | |
| CINACALCET HCL TABLETS | SENSIPAR | | | PA Required | | | |
| IDURSULFASE SOLUTION | ELAPRASE | | | PA Required | | | |

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE April 1, 2021

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| POSTERIOR PITUITARY HORMONES | | | | | | | |
| DESMOPRESSIN ACETATE REFRIGERATED SOLUTION | VARIOUS | | | | | | |
| DESMOPRESSIN ACETATE SOLUTION | VARIOUS | | | | | | |
| DESMOPRESSIN ACETATE SPRAY REFRIGERATED SOLUTION | VARIOUS | | | | | | |
| DESMOPRESSIN ACETATE SPRAY SOLUTION | VARIOUS | | | | | | |
| DESMOPRESSIN ACETATE TABLETS | VARIOUS | | | PA Required | | | |
| ESTROGENS | | | | | | | |
| ESTROGEN COMBINATIONS | | | | | | | |
| CONJUGATED ESTROGENS-MEDROXYPROGESTERONE ACETATE TABLETS | PREMPRO | | | | | | |
| ESTRADIOL-LEVONORGESTREL PATCH-WEEKLY | CLIMARA PATCH | | | | | | |
| ESTROGENS | | | | | | | |
| ESTERIFIED ESTROGENS TABLETS | MENEST | | | | | | |
| ESTRADIOL PATCH-TWICE WEEKLY | ALORA | | | | | | |
| ESTRADIOL PATCH-WEEKLY | MENOSTAR | | | | | | |
| ESTRADIOL TABLETS | ESTRACE | | | | | | |
| ESTROGENS, CONJUGATED SYNTHETIC A TABLETS | CENESTIN | | | | | | |
| ESTROGENS, CONJUGATED TABLETS | PREMARIN | | | | | | |
| ESTROPIPATE TABLETS | ORTHO-EST | | | | | | |
| FLUOROQUINOLONES | | | | | | | |
| FLUOROQUINOLONES | | | | | | | |
| CIPROFLOXACIN HCL TABLETS | CIPROFLOXACIN HCL | | | | | | |
| LEVOFLOXACIN SOLUTION | LEVAQUIN | | | | | | |
| LEVOFLOXACIN TABLETS | LEVAQUIN | | | | | | |
| OFLOXACIN TABLETS | OFLOXACIN | | | | | | |
| GASTROINTESTINAL AGENTS - MISC. | | | | | | | |
| GALLSTONE SOLUBILIZING AGENTS | | | | | | | |
| URSODIOL CAPSULES | ACTIGALL | | | | | | |
| URSODIOL TABLETS | URSO 250 | | | | | | |
| GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS | | | | | | | |

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| LUBIPROSTONE CAPSULES | AMITIZA | | | PA Required | | | |
| GASTROINTESTINAL STIMULANTS | | | | | | | |
| METOCLOPRAMIDE HCL SOLUTION | VARIOUS | | | | | | |
| METOCLOPRAMIDE HCL TABLETS | VARIOUS | | | | | | |
| METOCLOPRAMIDE HCL ORALLY DISINTEGRATING TABLETS | VARIOUS | | | | | | |
| INFLAMMATORY BOWEL AGENTS | | | | | | | |
| BALSALAZIDE DISODIUM TABLETS | GIAZO | | | | | 270 | 30 |
| INFLIXIMAB-ABDA | RENFLIXIS | | | PA Required | | | |
| BUDESONIDE CAPSULES | ENTOCORT EC | | | | | | |
| MESALAMINE CAPSULE CONTROLLED RELEASE | PENTASA | | | | | 270 | 30 |
| MESALAMINE CAPSULE DELAYED RELEASE | DELZICOL | Brand Only | | | | 180 | 30 |
| MESALAMINE CAPSULE 24-HOUR | APRISO | Brand Only | | | | 30 | 30 |
| MESALAMINE ENEMA | SFROWASA | Brand Only | | | | 30 | 30 |
| MESALAMINE TABLET ENTERIC COATED | LIALDA | Brand Only | | | | 120 | 30 |
| MESALAMINE SUPPOSITORY | CANASA | Brand Only | | | | 30 | 30 |
| SULFASALAZINE TABLETS | AZULFIDINE | | | | | 240 | 30 |
| SULFASALAZINE TABLET ENTERIC COATED | AZULFIDINE EN-TABLETS | | | | | 240 | 30 |
| IRRITABLE BOWEL SYNDROME (IBS) AGENTS | | | | | | | |
| LINACLOTIDE CAPSULES | LINZESS | | | PA Required | | | |
| PHOSPHATE BINDER AGENTS | | | | | | | |
| CALCIUM ACETATE TABLETS | VARIOUS | | PREFERRED DRUG | | | | |
| CALCIUM ACETATE CAPSULES | VARIOUS | | PREFERRED DRUG | | | | |
| SEVELAMER CARBONATE | REVELA | VARIOUS | PREFERRED DRUG | | | | |
| GENITOURINARY AGENTS - MISC. | | | | | | | |
| INTERSTITIAL CYSTITIS AGENTS | | | | | | | |
| PENTOSAN POLYSULFATE SODIUM CAPSULES | ELMIRON | | | PA Required | | | |
| PROSTATIC HYPERTROPHY AGENTS | | | | | | | |
| ALFUZOSIN ER | VARIOUS | | | | | | |
| DOXAZOSIN MESYLATE | VARIOUS | | | | | | |

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| DUTASTERIDE | VARIOUS | | | | | | |
| FINASTERIDE | PROSCAR | | | | | | |
| TAMSULOSIN HCL | FLOMAX | | | | | | |
| TERAZOSIN | VARIOUS | | | | | | |
| URINARY ANALGESICS | | | | | | | |
| PHENAZOPYRIDINE HCL TABLETS | PYRIDIUM | | | | | | |
| GOUT AGENTS | | | | | | | |
| GOUT AGENTS | | | | | | | |
| ALLOPURINOL TABLETS | ZYLOPRIM | | | | | | |
| COLCHICINE TABLETS | VARIOUS | | | | | | |
| FEBUXOSTAT TABLETS | ULORIC | | | PA Required | | | |
| URICOSURICS | | | | | | | |
| PROBENECID TABLETS | PROBENECID | | | | | | |
| HEMATOLOGICAL AGENTS - MISC. | | | | | | | |
| PLATELET AGGREGATION INHIBITORS | | | | | | | |
| CILOSTAZOL TABLETS | PLETAL | | | | | | |
| CLOPIDOGREL BISULFATE TABLETS | PLAVIX | | | | | | |
| DIPYRIDAMOLE TABLETS | PERSANTINE | | | | | | |
| TICAGRELOR TABLETS | BRILINTA | | | PA Required | | | |
| HEMATOPOIETIC AGENTS | | | | | | | |
| AGENTS FOR GAUCHER DISEASE | | | | | | | |
| 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 | | | |
| HEMATOPOIETIC GROWTH FACTORS | | | | | | | |
| ELTROMBOPAG OLAMINE TABLETS | PROMACTA | BRAND ONLY | PREFERRED DRUG | PA Required | | | |

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| 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 | | | |
| HEMOSTATICS | | | | | | | |
| HEMOSTATICS - SYSTEMIC | | | | | | | |
| AMINOCAPROIC ACID SYRUP | AMICAR | | | | | | |
| AMINOCAPROIC ACID TABLETS | AMICAR | | | | | | |
| HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENT | | | | | | | |
| BARBITURATE HYPNOTICS | | | | | | | |
| PHENOBARBITAL SOLUTION | PHENOBARBITAL | | | | | | |
| PHENOBARBITAL TABLETS | PHENOBARBITAL | | | | | | |
| NON-BARBITURATE HYPNOTICS | | | | | | | |
| ESZOPICLONE | LUNESTA | VARIOUS | PREFERRED DRUG | PA Required for Ages <6 years PA Required for > 1 Hypnotic Drug | | 30 | 30 |

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| 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 |
| SELECTIVE MELATONIN RECEPTOR AGONISTS | | | | | | | |
| RAMELTEON TABLETS | ROZEREM | BRAND ONLY | PREFERRED DRUG | PA Required for < 6 years of age | Patient must have tried two preferred agents. | 30 | 30 |
| LAXATIVES | | | | | | | |
| LAXATIVE COMBINATIONS | | | | | | | |
| PEG 3350-KCL-SOD BICARB-SOD CHLORIDE-SOD SULFATE SOLUTION | COLYTE | | | | | | |
| LAXATIVES - MISC. | | | | | | | |
| LACTULOSE SOLUTION | LACTULOSE | | | | | | |
| MACROLIDES | | | | | | | |
| AZITHROMYCIN | | | | | | | |
| AZITHROMYCIN PACKETS | ZITHROMAX | | | | | | |
| AZITHROMYCIN SUSPENSION | ZITHROMAX | | | | | | |
| AZITHROMYCIN TABLETS | ZITHROMAX | | | | | | |
| CLARITHROMYCIN | | | | | | | |
| CLARITHROMYCIN SUSPENSION | CLARITHROMYCIN | | | | | | |
| CLARITHROMYCIN TABLETS | BIAXIN | | | | | | |
| CLARITHROMYCIN TABLET 24-HOUR | BIAXIN XL | | | | | | |
| MEDICAL DEVICES | | | | | | | |
| CONTRACEPTIVES | | | | | | | |
| CONDOMS - FEMALE MISC. | FC FEMALE CONDOM | | | | | | |
| CONDOMS - MALE MISC. | LIFESTYLES ASSORTED COLORS | | | | | | |
| DIAPHRAGM ARC-SPRING DPRH | CAYA | | | | | | |

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| DIAPHRAGM COIL SPRING KIT | ORTHO DIAPHRAGM COIL SPRING KIT 50 | | | | | | |
| DIAPHRAGM FLAT SPRING KIT | ORTHO DIAPHRAGM FLAT SPRING KIT 55 | | | | | | |
| DIAPHRAGM WIDE SEAL DPRH | WIDE-SEAL SILICONE DIAPHRAGM KIT 60 | | | | | | |
| DIAPHRAGMS - OTHER+A1294 | OMNIFLEX DIAPHRAGM | | | | | | |
| DIABETIC SUPPLIES | | | | | | | |
| BLOOD GLUCOSE MONITORING KIT W/ DEVICE | VARIOUS | | | | | | |
| BLOOD GLUCOSE MONITORING DEVICES | VARIOUS | | | | | | |
| LANCET DEVICES MISC. | VARIOUS | | | | | | |
| LANCETS MISC. | VARIOUS | | | | | | |
| DEVICES - MISC. | | | | | | | |
| ALCOHOL SWABS PADS | ALCOH-GLOVE CONTOURED WIPE | | | | | | |
| RESPIRATORY THERAPY SUPPLIES | | | | | | | |
| SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES - MASKS | MASK VORTEX/ BABY WHIRL DUCKLING | | | | | 2 | 365 |
| SPACER/AEROSOL-HOLDING CHAMBERS DEVICE | AEROCHAMBER MINI AEROCHAMBER | | | | | 2 | 365 |
| MIGRAINE PRODUCTS | | | | | | | |
| MIGRAINE COMBINATIONS | | | | | | | |
| ERGOTAMINE W/ CAFFEINE SUPPOSITORY | MIGERGOT | | | | | 12 | 30 |
| ERGOTAMINE W/ CAFFEINE TABLETS | CAFERGOT | | | | | | |
| MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES | | | | | | | |
| FREMANEZUMAB-VFRM SOLUTION AUTOINJECTOR | AJOVY | | Preferred Drug | PA Required | | 1.00 | 30.00 |
| GALCANEZUMAB-GNLM SOLUTION AUTOINJECTOR / PREFILLED SYRINGE / PEN | EMGALITY | | Preferred Drug | PA Required | | | |
| SEROTONIN AGONISTS | | | | | | | |
| NARATRIPTAN HCL TABLETS | AMERGE | | PREFERRED DRUG | | | 9 | 30 |

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| RIZATRIPTAN BENZOATE ORALLY DISPERSABLE TABLET | MAXALT-MLT | | PREFERRED DRUG | | | 9 | 30 |
| RIZATRIPTAN BENZOATE TABLETS | MAXALT | | PREFERRED DRUG | | | 9 | 30 |
| SUMATRIPTAN NASAL SPRAY | IMITREX | BRAND ONLY | PREFERRED DRUG | | | 6 | 30 |
| SUMATRIPTAN SUCCINATE SUBCUTANEOUS SOLUTION AUTO INJECTION | IMITREX | | PREFERRED DRUG | | | 2 | 30 |
| SUMATRIPTAN SUCCINATE SUBCUTANEOUS SOLUTION CARTRIDGE | IMITREX | | PREFERRED DRUG | | | 2 | 30 |
| SUMATRIPTAN SUCCINATE TABLETS | IMITREX | | PREFERRED DRUG | | | 9 | 30 |
| ZOLMITRIPTAN NASAL SPRAY | ZOMIG | BRAND ONLY | PREFERRED DRUG | | | 6 | 30 |
| ZOLMITRIPTAN ORALLY DISPERSABLE TABLET | ZOMIG ZMT | | PREFERRED DRUG | | | 9 | 30 |
| ZOLMITRIPTAN TABLETS | ZOMIG | | PREFERRED DRUG | | | 9 | 30 |
| MINERALS & ELECTROLYTES | | | | | | | |
| SODIUM FLUORIDE CHEWABLE TABLETS | LUDENT | | | | | | |
| SODIUM FLUORIDE LOZG | LOZI-FLUR | | | | | | |
| SODIUM FLUORIDE SOLUTION | FLUOR-A-DAY | | | | | | |
| SODIUM FLUORIDE TABLETS | SODIUM FLUORIDE | | | | | | |
| MOUTH/THROAT/DENTAL AGENTS | | | | | | | |
| ANTI-INFECTIVES - THROAT | | | | | | | |
| CLOTRIMAZOLE TROC | CLOTRIMAZOLE | | | | | | |
| STEROIDS - MOUTH/THROAT | | | | | | | |
| TRIAMCINOLONE ACETONIDE ORAL PASTE | ORALONE | | | | | | |
| MULTIVITAMINS | | | | | | | |
| PRENATAL VITAMINS | | | | | | | |
| PRENATAL MULTIVITAMINS WITH OR WITHOUT MINERALS W/ FOLATE | VARIOUS | | | | | | |
| PRENATAL MULTIVITAMINES WITH MINERAL W/FE-FA | VARIOUS | | | | | | |
| MUSCULOSKELETAL THERAPY AGENTS | | | | | | | |
| CENTRAL MUSCLE RELAXANTS | | | | | | | |

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| BACLOFEN TABLETS | BACLOFEN | | | | | | |
| CYCLOBENZAPRINE HCL TABLETS 5MG & 10MG | FLEXERIL | | | PA Required for dosages other than 5mg and 10mg tablets | | | |
| METHOCARBAMOL TABLETS | ROBAXIN | | | | | | |
| TIZANIDINE HCL TABLETS - 2MG & 4MG ONLY | TIZANIDINE HCL | | | | | | |
| DIRECT MUSCLE RELAXANTS | | | | | | | |
| DANTROLENE SODIUM CAPSULES | DANTRIUM | | | | | | |
| NASAL AGENTS - SYSTEMIC AND TOPICAL | | | | | | | |
| NASAL ANTIALLERGY | | | | | | | |
| AZELASTINE HCL SOLUTION 0.10% | ASTELIN | | | | | | |
| NASAL ANTICHOLINERGICS | | | | | | | |
| IPRATROPIUM BROMIDE SOLUTION | ATROVENT | | | | | | |
| NASAL STEROIDS | | | | | | | |
| FLUNISOLIDE SOLUTION | FLUNISOLIDE | | | | | | |
| FLUTICASON PROPIONATE SUSPENSION | FLONASE | | | | | | |
| TRIAMCINOLONE ACETONIDE | NASACORT AQ | | | | | | |
| SYMPATHOMIMETIC DECONGESTANTS | | | | | | | |
| PSEUDOEPHEDRINE HCL LIQUID | SUDAFED CHILDRENS | | | | | | |
| PSEUDOEPHEDRINE HCL SYRUP | PSEUDOEPHEDRINE | | | | | | |
| PSEUDOEPHEDRINE HCL TABLETS | SUDAFED | | | | | | |
| PSEUDOEPHEDRINE HCL TABLET 12-HOUR | NASAL DECONGESTANT | | | | | | |
| PSEUDOEPHEDRINE HCL TABLET 24-HOUR | SUDAFED 24 HOUR | | | | | | |
| OPHTHALMIC AGENTS | | | | | | | |
| OPHTHALMIC - BETA-BLOCKERS | | | | | | | |
| BETAXOLOL HCL SOLUTION | BETAXOLOL HCL | | | | | | |
| BETAXOLOL HCL SUSPENSION | BETOPTIC-S | | | | | | |
| CARTEOLOL HCL SOLUTION | CARTEOLOL HCL | | | | | | |
| DORZOLAMIDE HCL-TIMOLOL MALEATE SOLUTION | COSOPT | | | | | | |
| LEVOBUNOLOL HCL SOLUTION | LEVOBUNOLOL HCL | | | | | | |

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| METIPRANOLOL SOLUTION | METIPRANOLOL | | | | | | |
| TIMOLOL MALEATE SOLUTION | TIMOPTIC-XE | | | | | | |
| TIMOLOL MALEATE SOLUTION | TIMOPTIC | | | | | | |
| OPHTHALMIC - CYCLOPLEGIC MYDRIATICS | | | | | | | |
| ATROPINE SULFATE OINTMENT | ATROPINE SULFATE | | | | | | |
| ATROPINE SULFATE SOLUTION | ISOPTO ATROPINE | | | | | | |
| CYCLOPENTOLATE HCL SOLUTION | CYCLOGYL | | | | | | |
| HOMATROPINE HBR SOLUTION | ISOPTO HOMATROPINE | | | | | | |
| OPHTHALMIC - MIOTICS | | | | | | | |
| PILOCARPINE HCL GEL | PILOPINE HS | | | | | | |
| PILOCARPINE HCL SOLUTION | ISOPTO CARPINE | | | | | | |
| OPHTHALMIC - ANTI-INFECTIVES | | | | | | | |
| BACITRACIN OINTMENT | BACITRACIN | | | | | 3.5GM | 7 |
| BACITRACIN-POLYMYXIN B OINTMENT | POLYCIN | | | | | | |
| CIPROFLOXACIN HCL OINTMENT | CILOXAN | | | | | | |
| CIPROFLOXACIN HCL SOLUTION | CILOXAN | | | | | | |
| ERYTHROMYCIN OINTMENT | ILOTYCIN | | | | | | |
| GENTAMICIN SULFATE OINTMENT | GARAMYCIN | | | | | | |
| GENTAMICIN SULFATE SOLUTION | GARAMYCIN | | | | | | |
| MOXIFLOXACIN HCL SOLUTION | VIGAMOX | | | | | | |
| NATAMYCIN SUSPENSION | NATACYN | | | | | | |
| NEOMYCIN-BACITRACIN ZN-POLYMYXIN OINTMENT | NEO-POLYCIN | | | | | | |
| NEOMYCIN-POLYMYXIN-GRAMICIDIN SOLUTION | NEOSPORIN | | | | | | |
| OFLOXACIN SOLUTION | OCUFLOX | | | | | | |
| POLYMYXIN B-TRIMETHOPRIM SOLUTION | POLYTRIM | | | | | | |
| SULFACETAMIDE SODIUM OINTMENT | SULFACETAMIDE SODIUM | | | | | | |
| SULFACETAMIDE SODIUM SOLUTION | BLEPH-10 | | | | | | |
| TOBRAMYCIN OINTMENT | TOBEX | | | | | 3.5GM | 7 |
| TOBRAMYCIN SOLUTION | TOBEX | | | | | | |

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| TRIFLURIDINE SOLUTION | VIROPTIC | | | | | | |
| OPHTHALMIC - DECONGESTANTS | | | | | | | |
| NAPHAZOLINE HCL SOLUTION | VASOCLEAR | | | | | | |
| NAPHAZOLINE W/ PHENIRAMINE SOLUTION | NAPHCON-A | | | | | | |
| OPHTHALMIC - IMMUNOMODULATORS | | | | | | | |
| CYCLOSPORINE EMULSION | RESTASIS | | | PA Required | | | |
| OPHTHALMIC - STEROIDS | | | | | | | |
| BACITRACIN-POLY-NEOMYCIN-HC OINTMENT | NEO-POLYCIN HC | | | | | | |
| DEXAMETHASONE SUSPENSION | MAXIDEX | | | | | | |
| DEXAMETHASONE SODIUM PHOSPHATE SOLUTION | DEXAMETHASONE SODIUM PHOSPHATE | | | | | | |
| FLUOROMETHOLONE OINTMENT | FML | | | | | | |
| FLUOROMETHOLONE SUSPENSION | FML LIQUIFILM | | | | | | |
| GENTAMICIN-PREDNISOLONE ACETATE OINTMENT | PRED-G S.O.P. | | | | | | |
| GENTAMICIN-PREDNISOLONE ACETATE SUSPENSION | PRED-G | | | | | | |
| NEOMYCIN-POLYMY-DEXAMETH OINTMENT | MAXITROL | | | | | | |
| NEOMYCIN-POLYMY-DEXAMETH SUSPENSION | MAXITROL | | | | | | |
| PREDNISOLONE ACETATE SUSPENSION | PRED MILD | | | | | | |
| PREDNISOLONE SODIUM PHOSPHATE SOLUTION | PREDNISOLONE SODIUM PHOSPHATE | | | | | | |
| SULFACETAMIDE SOD-PREDNISOLONE OINTMENT | BLEPHAMIDE S.O.P. | | | | | | |
| SULFACETAMIDE SOD-PREDNISOLONE SOLUTION | SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE | | | | | | |
| SULFACETAMIDE SOD-PREDNISOLONE SUSPENSION | BLEPHAMIDE | | | | | | |
| TOBRAMYCIN-DEXAMETHASONE OINTMENT | TOBRADEX | | | | | | |
| TOBRAMYCIN-DEXAMETHASONE SUSPENSION | TOBRADEX ST | | | | | | |
| OPHTHALMICS - MISC. | | | | | | | |
| BRINZOLAMIDE SUSPENSION | AZOPT | | | PA Required | | | |
| CROMOLYN SODIUM SOLUTION | CROMOLYN SODIUM | | | | | | |

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE April 1, 2021

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| DICLOFENAC SODIUM SOLUTION | DICLOFENAC SODIUM | | | | | | |
| DORZOLAMIDE HCL SOLUTION | TRUSOPT | | | | | | |
| FLURBIPROFEN SODIUM SOLUTION | OCUFEN | | | | | | |
| KETOROLAC TROMETHAMINE SOLUTION | ACULAR LS | | | | | | |
| KETOTIFEN FUMARATE SOLUTION | ALAWAY | | | | | | |
| OPHTHALMIC - PROSTAGLANDINS | | | | | | | |
| LATANOPROST SOLUTION | XALATAN | | | | | 2.5 | 30 |
| TAFLUPROST SOLUTION | ZIOPTAN | | | PA Required | | | |
| TRAVOPROST SOLUTION | TRAVATAN Z | | | PA Required | | | |
| OTIC AGENTS | | | | | | | |
| OTIC AGENTS - MISCELLANEOUS | | | | | | | |
| ACETIC ACID SOLUTION | ACETIC ACID | | | | | | |
| OTIC ANTI-INFECTIVES | | | | | | | |
| CIPROFLOXACIN SOLUTION | VARIOUS | | | | | | |
| OFLOXACIN (OTIC) SOLUTION | VARIOUS | | | | | | |
| OTIC COMBINATIONS | | | | | | | |
| ANTIPYRINE-BENZOCAINE SOLUTION | AURODEX | | | | | | |
| ANTIPYRINE-BENZOCAINE-POLYDOSANOL SOLUTION | OTIC CARE | | | | | | |
| CIPROFLOXACIN-DEXAMETHASONE | CIPRODEX | BRAND ONLY | PREFERRED DRUG | | | | |
| NEOMYCIN-POLYMYXIN-HC SOLUTION | CORTISPORIN | | PREFERRED DRUG | | | | |
| NEOMYCIN-POLYMYXIN-HC SUSPENSION | NEO/POLYMYXIN/HC 5-10000-1 | | PREFERRED DRUG | | | | |
| OTIC STEROIDS | | | | | | | |
| HYDROCORTISONE W/ACETIC ACID SOLUTION | ACETASOL HC | | | | | | |
| OXYTOCICS | | | | | | | |
| OXYTOCICS | | | | | | | |
| METHYLERGONOVINE MALEATE TABLETS | METHERGINE | | | | | | |
| PASSIVE IMMUNIZING AGENTS | | | | | | | |
| MONOCLONAL ANTIBODIES | | | | | | | |

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| PALIVIZUMAB SOLUTION | SYNAGIS | | | PA Required - if approved the prescriber may be required to buy and bill a medical claim for the drug | | | |
| PENICILLINS | | | | | | | |
| AMINOPENICILLINS | | | | | | | |
| AMOXICILLIN CAPSULES | AMOXICILLIN | | | | | | |
| AMOXICILLIN CHEWABLE TABLETS | AMOXICILLIN | | | | | | |
| AMOXICILLIN SUSPENSION | AMOXICILLIN | | | | | | |
| AMOXICILLIN TABLETS | AMOXICILLIN | | | | | | |
| AMPICILLIN CAPSULES | AMPICILLIN | | | | | | |
| AMPICILLIN SUSPENSION | AMPICILLIN | | | | | | |
| NATURAL PENICILLINS | | | | | | | |
| PENICILLIN V POTASSIUM SOLUTION | PENICILLIN V POTASSIUM | | | | | | |
| PENICILLIN V POTASSIUM TABLETS | PENICILLIN V POTASSIUM | | | | | | |
| PENICILLIN COMBINATIONS | | | | | | | |
| AMOXICILLIN & POT CLAVULANATE CHEWABLE TABLETS | AUGMENTIN | | | | | | |
| AMOXICILLIN & POT CLAVULANATE SUSPENSION | AUGMENTIN | | | | | | |
| AMOXICILLIN & POT CLAVULANATE TABLET 12-HOUR | AUGMENTIN XR | | | | | | |
| PENICILLINASE-RESISTANT PENICILLINS | | | | | | | |
| DICLOXACILLIN SODIUM CAPSULES | DICLOXACILLIN SODIUM | | | | | | |
| PROGESTINS | | | | | | | |
| PROGESTINS | | | | | | | |
| MEDROXYPROGESTERONE ACETATE TABLETS | PROVERA | | | | | | |
| NORETHINDRONE ACETATE TABLETS | AYGESTIN | | | | | | |
| PROGESTERONE MICRONIZED CAPSULES | PROMETRIUM | | | | | | |
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENT | | | | | | | |
| ANTIDEMENTIA AGENTS | | | | | | | |
| DONEPEZIL HYDROCHLORIDE TABLETS | ARICEPT | | | PA Required | | | |

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| DONEPEZIL HYDROCHLORIDE ORALLY DISINTEGRATING TABLETS | ARICEPT ODT | | | PA Required | | | |
| GALANTAMINE HYDROBROMIDE CAPSULE CONTROLLED RELEASE | RAZADYNE ER | | | PA Required | | | |
| GALANTAMINE HYDROBROMIDE SOLUTION | RAZADYNE | | | PA Required | | | |
| GALANTAMINE HYDROBROMIDE TABLETS | RAZADYNE | | | PA Required | | | |
| MEMANTINE HCL SOLUTION | NAMENDA | | | PA Required | | | |
| MEMANTINE HCL TABLETS | NAMENDA | | | PA Required | | | |
| RIVASTIGMINE PATCH | EXELON | | | PA Required | | | |
| RIVASTIGMINE TARTRATE CAPSULES | EXELON | | | PA Required | | | |
| RIVASTIGMINE TARTRATE SOLUTION | EXELON | | | PA Required | | | |
| MULTIPLE SCLEROSIS AGENTS | | | | | | | |
| FINGOLIMOD HCL CAPSULES | GILENYA | | | PA Required | | | |
| GLATIRAMER ACETATE 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 | | | |
| SMOKING DETERRENENTS | | | | | | | |
| 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 |

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| NICOTINE SOLUTION | NICOTROL NS | | | | | 84-day supply | 180 |
| VARENICLINE TARTRATE TABLETS | CHANTIX | | | | | 84-day supply | 180 |
| RESPIRATORY AGENTS - MISC. | | | | | | | |
| ALPHA-PROTEINASE INHIBITOR (HUMAN) | | | | | | | |
| ALPHA1-PROTEINASE INHIBITOR (HUMAN) SOLUTION | ARALAST NP | | | PA Required | | | |
| CYSTIC FIBROSIS AGENTS | | | | | | | |
| DORNASE ALFA SOLUTION | PULMOZYME | | | PA Required | | | |
| SULFONAMIDES | | | | | | | |
| SULFONAMIDES | | | | | | | |
| SULFADIAZINE TABLETS | SULFADIAZINE | | | | | | |
| TETRACYCLINES | | | | | | | |
| TETRACYCLINES | | | | | | | |
| DEMECLOCYCLINE HCL TABLETS | DEMECLOCYCLINE HCL | | | PA Required | | | |
| DOXYCYCLINE HYCLATE CAPSULES - 50MG AND 100MG CAPSULES ONLY | VARIOUS | | | | | | |
| DOXYCYCLINE HYCLATE TABLETS - 20MG AND 100MG TABLETS ONLY | VARIOUS | | | | | | |
| DOXYCYCLINE MONOHYDRATE - CAPSULES 50MG & 100MG ONLY | VARIOUS | | | | | | |
| MINOCYCLINE HCL - 50MG, 75MG & 100MG CAPSULES ONLY | MINOCIN | | | | | | |
| THYROID AGENTS | | | | | | | |
| ANTITHYROID AGENTS | | | | | | | |
| METHIMAZOLE TABLETS | TAPAZOLE | | | | | | |
| PROPYLTHIOURACIL TABLETS | PROPYLTHIOURACIL | | | | | | |
| THYROID HORMONES | | | | | | | |
| LEVOTHYROXINE SODIUM TABLETS | LEVO-T | | | | | | |
| LIOTHYRONINE SODIUM TABLETS | CYTOMEL | | | | | | |
| THYROID TABLETS | ARMOUR THYROID | | | | | | |
| ULCER DRUGS | | | | | | | |
| ANTISPASMODICS | | | | | | | |

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| DICYCLOMINE HCL CAPSULES | VARIOUS | | | | | | |
| DICYCLOMINE HCL SOLUTION | VARIOUS | | | | | | |
| DICYCLOMINE HCL TABLETS | VARIOUS | | | | | | |
| GLYCOPYRROLATE SOLUTION | VARIOUS | | | | | | |
| GLYCOPYRROLATE TABLETS | VARIOUS | | | | | | |
| HYOSCYAMINE SULFATE ELIXIR | VARIOUS | | | | | | |
| HYOSCYAMINE SULFATE SOLUTION | VARIOUS | | | | | | |
| HYOSCYAMINE SULFATE SUBLINGUAL | VARIOUS | | | | | | |
| HYOSCYAMINE SULFATE TABLETS | VARIOUS | | | | | | |
| HYOSCYAMINE SULFATE TABLET 12-HOUR | VARIOUS | | | | | | |
| HYOSCYAMINE SULFATE CONTROLLED RELEASE TABLET | VARIOUS | | | | | | |
| HYOSCYAMINE SULFATE ORALLY DISINTEGRATING TABLETS | VARIOUS | | | | | | |
| PROPANTHELINE BROMIDE TABLETS | VARIOUS | | | | | | |
| H-2 ANTAGONISTS | | | | | | | |
| FAMOTIDINE CHEWABLE TABLETS | PEPCID AC | | | | | | |
| FAMOTIDINE SUSPENSION | PEPCID | | | | | | |
| FAMOTIDINE TABLETS | PEPCID AC | | | | | | |
| RANITIDINE HCL CAPSULES | RANITIDINE HCL | | | | | | |
| RANITIDINE HCL SUSPENSION | DEPRIZINE FUSEPAQ | | | | | | |
| RANITIDINE HCL SYRUP | ZANTAC | | | | | | |
| RANITIDINE HCL TABLETS | ZANTAC 75 | | | | | | |
| ANTI-ULCER - MISC. | | | | | | | |
| SUCRALFATE TABLETS | CARAFATE | | | | | | |
| PROTON PUMP INHIBITORS | | | | | | | |
| ESOMEPRAZOLE MAGNESIUM PACKETS | NEXIUM | | PREFERRED DRUG | PA Required for > 18 Years of Age | | 30.00 | 30.00 |
| ESOMEPRAZOLE MAGNESIUM CAPSULE DELAYED RELEASE | NEXIUM | | PREFERRED DRUG | | | 60.00 | 30.00 |
| LANSOPRAZOLE CAPSULE DELAYED RELEASE | VARIOUS | | PREFERRED DRUG | | | 60.00 | 30.00 |
| LANSOPRAZOLE ORALLY DISPERSABLE TABLET (ODT) | PREVACID SOLUTAB | | PREFERRED DRUG | PA Required for > 18 Years of Age | | 60.00 | 30.00 |
| OMEPRAZOLE ORAL CAPSULES | VARIOUS | | PREFERRED DRUG | | | 60.00 | 30.00 |

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| PANTOPRAZOLE SODIUM PACKETS | PROTONIX | | PREFERRED DRUG | PA Required for > 18 Years of Age | | 30.00 | 30.00 |
| PANTOPRAZOLE TABLETS | PROTONIX | | PREFERRED DRUG | | | 30.00 | 30.00 |
| URINARY ANTISPASMODICS | | | | | | | |
| URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLI) | | | | | | | |
| 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 | | | | |
| VAGINAL PRODUCTS | | | | | | | |
| SPERMICIDES | | | | | | | |
| NONOXYNOL-9 FOAM | VCF VAGINAL CONTRACEPTIVE FOAM | | | | | | |
| NONOXYNOL-9 GEL | SHUR-SEAL | | | | | | |
| VAGINAL ANTI-INFECTIVES | | | | | | | |
| CLINDAMYCIN PHOSPHATE VAGINAL CREAM | CLEOCIN | | | | | | |
| CLINDAMYCIN PHOSPHATE VAGINAL SUPPOSITORY | CLEOCIN | | | | | | |
| CLOTRIMAZOLE VAGINAL CREAM | GYNE-LOTTRIMIN | | | | | | |
| METRONIDAZOLE VAGINAL GEL | METROGEL-VAGINAL | | | | | | |
| MICONAZOLE NITRATE VAGINAL | MONISTAT 3 COMBINATION PACKETS | | | | | | |
| MICONAZOLE NITRATE VAGINAL SUPPOSITORY | MICONAZOLE 3 | | | | | | |
| SULFANILAMIDE VAGINAL CREAM | AVC | | | | | | |
| VAGINAL ESTROGENS | | | | | | | |
| ESTRADIOL ACETATE VAGINAL RING | FEMRING | | | PA Required | | | |
| ESTRADIOL VAGINAL RING | ESTRING | | | | | | |
| ESTRADIOL VAGINAL TABLETS | VAGIFEM | | | | | | |
| ESTRADIOL VAGINAL CREAM 0.01% | ESTRACE CREAM | | | | | | |

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| ESTROGENS, CONJUGATED VAGINAL CREAM | PREMARIN VAGINAL CREAM | | | PA Required | | | |
| VASOPRESSORS | | | | | | | |
| ANAPHYLAXIS THERAPY AGENTS | | | | | | | |
| EPINEPHRINE SELF-INJECTABLE 0.15MG AND 0.30MG | EPINEPHRINE SELF-INJECTABLE (By Mylan) | Mylan Generic | PREFERRED DRUG | PA Required for > 2 Per Month | | 2.00 | 30.00 |