

**AHCCCS COMPLETE CARE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2018**

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

Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Type	Step Therapy Requirements	Quantity Limit (QL)	QL Days
<b>ADHD/ANTI-NARCOLEPSY</b>							
<b>ADHD AGENTS</b>							
<b>Amphetamines</b>							
AMPHETAMINE-DEXTROAMPHETAMINE CAPSULE 24-HOUR	ADDERALL XR	Brand Only	Preferred Drug	PA Required for Ages < 6 years of age		30	30
AMPHETAMINE-DEXTROAMPHETAMINE TABLETS	ADDERALL	Brand & Generic	Preferred Drug	PA Required for Ages < 6 years of age		60	30
DEXTROAMPHETAMINE SULFATE CAPSULE 24-HOUR	VARIOUS		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
<b>Stimulants</b>							
DEXMETHYLPHENIDATE HCL CAPSULE 24-HOUR	FOCALIN XR	Brand Only	Preferred Drug	PA Required for Ages < 6 years of age		60	30
DEXMETHYLPHENIDATE HCL TABLETS	FOCALIN	Brand Only	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 CHEWABLE TABLETS EXTENDED RELEASE	QUILLICHEW ER	Brand Only	Preferred Drug	PA Required for Ages < 6 years of age		30	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	METADATE CD		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 SUSPENSION	QUILLIVANT XR	Brand Only	Preferred Drug	PA Required for Ages < 6 years of age		150	30
METHYLPHENIDATE HCL TABLETS	VARIOUS		Preferred Drug	PA Required for Ages < 6 years of age		90	30
METHYLPHENIDATE HCL TABLET 24-HOUR	METHYLPHENIDATE HCL ER		Preferred Drug	PA Required for Ages < 6 years of age		60	30
METHYLPHENIDATE HCL TABLET CONTROLLED RELEASE	METHYLPHENIDATE HCL ER		Preferred Drug	PA Required for Ages < 6 years of age		60	30
<b>Miscellaneous Agents</b>							
ATOMOXETINE HCL CAPSULES	VARIOUS		Preferred Drug	PA Required for Ages < 6 years of age		30	30
<b>Central Alpha-Agonists</b>							
clonidine hcl	Catapres			PA Required for Ages < 6 years of age			
clonidine hcl transdermal patch	Catapres Patches			PA Required for Ages < 6 years of age		4	28
CLONIDINE HCL (ADHD) TABLET 12-HOUR	KAPVAY	Brand Only	Preferred Drug	PA Required for Ages < 6 years of age		120	30

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<b>GUANFACINE HCL (ADHD) TABLET 24-HOUR</b>	<b>GUANFACINE ER</b>		<b>Preferred Drug</b>	PA Required for Ages < 6 years of age		<b>30</b>	<b>30</b>
guanfacine hcl	Tenex			PA Required for Ages < 6 years of age			
<b>AMINOGLYCOSIDES</b>							
<b>AMINOGLYCOSIDES</b>							
NEOMYCIN SULFATE TABLETS	NEOMYCIN SULFATE						
<b>INHALED ANTIBIOTICS</b>							
<b>TOBRAMYCIN NEBULIZED</b>	<b>BETHKIS</b>		<b>Preferred Drug</b>	<b>PA Required</b>			
<b>TOBRAMYCIN NEBULIZED</b>	<b>KITABIS</b>		<b>Preferred Drug</b>	<b>PA Required</b>			
<b>ANALGESICS - ANTI-INFLAMMATORY</b>							
<b>ANTIRHEUMATIC ANTIMETABOLITES</b>							
METHOTREXATE SODIUM TABLETS	RHEUMATREX						
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>							
CELECOXIB CAPSULES	CELEBREX			PA Required			
DICLOFENAC SODIUM TABLET 24-HOUR	VOLTAREN-XR						
DICLOFENAC SODIUM TABLET ENTERIC COATED	VOLTAREN						
ETODOLAC CAPSULES	VARIOUS						
ETODOLAC TABLETS	VARIOUS						
FENOPROFEN CALCIUM CAPSULES	NALFON						
FENOPROFEN CALCIUM TABLETS	FENOPROFEN CALCIUM						
FLURBIPROFEN TABLETS	FLURBIPROFEN						
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						

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NAPROXEN TABLETS	NAPROSYN						
OXAPROZIN TABLETS	DAYPRO						
PIROXICAM CAPSULES	FELDENE						
SULINDAC TABLETS	SULINDAC						
<b>PYRIMIDINE SYNTHESIS INHIBITORS</b>							
LEFLUNOMIDE TABLETS	ARAVA						
<b>CYTOKINE &amp; CAM ANTAGONIST AGENTS</b>							
<b>ADALIMUMAB</b>	<b>HUMIRA</b>		<b>Preferred Drug</b>	<b>PA Required</b>			
<b>ETANERCEPT</b>	<b>ENBREL</b>		<b>Preferred Drug</b>	<b>PA Required</b>			
<b>ANALGESICS - NONNARCOTIC</b>							
<b>ANALGESIC COMBINATIONS</b>							
BUTALBITAL-ACETAMINOPHEN-CAFFEINE CAPSULES	FIORICET						
BUTALBITAL-ACETAMINOPHEN-CAFFEINE TABLETS	ESGIC						
BUTALBITAL-ASPIRIN-CAFFEINE CAPSULES	FIORINAL						
BUTALBITAL-ASPIRIN-CAFFEINE TABLETS	BUTAL/ASA/CAFF						
<b>ANALGESICS OTHER</b>							
ACETAMINOPHEN CAPSULES	VARIOUS						
ACETAMINOPHEN CHEWABLE TABLETS	VARIOUS						
ACETAMINOPHEN ELIXIR	VARIOUS						
ACETAMINOPHEN LIQUID	VARIOUS						
ACETAMINOPHEN SUPPOSITORY	FEVERALL INFANTS						
ACETAMINOPHEN SUSPENSION	TYLENOL INFANTS						
<b>SALICYLATES</b>							
ASPIRIN CHEWABLE TABLETS	VARIOUS						
ASPIRIN SUPPOSITORY	VARIOUS						
ASPIRIN TABLETS	VARIOUS						
DIFLUNISAL TABLETS	DIFLUNISAL						
SALSALATE TABLETS	DISALCID						
<b>ANALGESICS - OPIOID</b>							
<b>LONG-ACTING OPIOID AGONISTS</b>							
FENTANYL PATCH 72-HOUR 12mcg, 25mcg, 50mcg, 75mcg & 100mcg	DURAGESIC 12mcg, 25mcg, 50mcg, 75mcg & 100mcg		<b>Preferred Drug</b>	<b>PA Required</b>			
MORPHINE-NALTREXONE CAPSULE CONTROLLED RELEASE	EMBEDA	<b>Brand Only</b>	<b>Preferred Drug</b>	<b>PA Required</b>			
MORPHINE SULFATE TABLET CONTROLLED RELEASE	VARIOUS		<b>Preferred Drug</b>	<b>PA Required</b>			
OXYCODONE HCL TABLET 12-HOUR ABUSE DETERRANT	XTAMPZA ER	<b>Brand Only</b>	<b>Preferred Drug</b>	<b>PA Required</b>			

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TRAMADOL HCL TABLETS ER	ULTRAM ER		Preferred Drug	PA Required			
BUPRENORPHINE PATCH WEEKLY	BUTRANS		Preferred Drug	PA Required			
<b>SHORT-ACTING OPIOID AGONISTS</b>							
HYDROMORPHONE HCL LIQUID	DILAUDID			PA Required for > 2 Short Acting Opioid Medications in a 30-day time period.			
HYDROMORPHONE HCL SUPPOSITORY	HYDROMORPHONE HCL			PA Required for > 2 Short Acting Opioid Medications in a 30-day time period.			
HYDROMORPHONE HCL TABLETS	DILAUDID			PA Required for > 2 Short Acting Opioid Medications in a 30-day time period.			
MEPERIDINE HCL TABLETS	DEMEROL			PA Required for > 2 Short Acting Opioid Medications in a 30-day time period.			
MORPHINE SULFATE SOLUTION	MORPHINE SULFATE			PA Required for > 2 Short Acting Opioid Medications in a 30-day time period.			
MORPHINE SULFATE SUPPOSITORY	MORPHINE SULFATE			PA Required for > 2 Short Acting Opioid Medications in a 30-day time period.			
MORPHINE SULFATE TABLETS	MORPHINE SULFATE			PA Required for > 2 Short Acting Opioid Medications in a 30-day time period.			
OXYCODONE HCL CAPSULES	OXYCODONE HCL			PA Required for > 2 Short Acting Opioid Medications in a 30-day time period.			
OXYCODONE HCL CONCENTRATE	OXYCODONE HCL			PA Required for > 2 Short Acting Opioid Medications in a 30-day time period.			
OXYCODONE HCL SOLUTION	OXYCODONE HCL			PA Required for > 2 Short Acting Opioid Medications in a 30-day time period.			
OXYCODONE HCL TABLETS	ROXICODONE			PA Required for > 2 Short Acting Opioid Medications in a 30-day time period.			
TRAMADOL HCL TABLETS	ULTRAM			PA Required for > 2 Short Acting Opioid Medications in a 30-day time period.			
<b>OPIOID COMBINATIONS</b>							
ACETAMINOPHEN W/ CODEINE SOLUTION	ACETAMINOPHEN/CODEINE			PA Required for > 2 Short Acting Opioid Medications in a 30-day time period.			
ACETAMINOPHEN W/ CODEINE TABLETS	ACETAMINOPHEN/CODEINE			PA Required for > 2 Short Acting Opioid Medications in a 30-day time period.			
BUTALBITAL-ACETAMINOPHEN-CAFFEINE W/ CODEINE CAPSULES	FIORICET/CODEINE			PA Required for > 2 Short Acting Opioid Medications in a 30-day time period.			

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BUTALBITAL-ASPIRIN-CAFFEINE W/COD CAPSULES	ASCOMP/CODEINE			PA Required for > 2 Short Acting Opioid Medications in a 30-day time period.			
HYDROCODONE-ACETAMINOPHEN CAPSULES	HYDROGESIC			PA Required for > 2 Short Acting Opioid Medications in a 30-day time period.			
HYDROCODONE-ACETAMINOPHEN SOLUTION	HYCET			PA Required for > 2 Short Acting Opioid Medications in a 30-day time period.			
HYDROCODONE-ACETAMINOPHEN TABLETS	VERDROCET			PA Required for > 2 Short Acting Opioid Medications in a 30-day time period.			
HYDROCODONE-IBUPROFEN TABLETS	REPREXAIN			PA Required for > 2 Short Acting Opioid Medications in a 30-day time period.			
OXYCODONE W/ ACETAMINOPHEN CAPSULES	OXYCODONE/ ACETAMINOPHEN			PA Required for > 2 Short Acting Opioid Medications in a 30-day time period.			
OXYCODONE W/ ACETAMINOPHEN SOLUTION	ROXICET			PA Required for > 2 Short Acting Opioid Medications in a 30-day time period.			
OXYCODONE W/ ACETAMINOPHEN TABLETS	ENDOCET			PA Required for > 2 Short Acting Opioid Medications in a 30-day time period.			
OXYCODONE-IBUPROFEN TABLETS	OXYCODONE/IBUPROFEN			PA Required for > 2 Short Acting Opioid Medications in a 30-day time period.			
<b>ANTIDOTES</b>							
<b>OPIOID ANTAGONISTS</b>							
<b>NALOXONE HCL SOLUTION + SYRINGE</b>	<b>NALOXONE HCL + SYRINGE</b>		<b>Preferred Drug</b>				
<b>NALOXONE HCL NASAL SPRAY</b>	<b>NARCAN NASAL SPRAY</b>		<b>Preferred Drug</b>				
<b>NALTREXONE HCL TABLETS</b>	<b>NALTREXONE HCL</b>		<b>Preferred Drug</b>				
<b>NALTREXONE SUSPENSION</b>	<b>VIVITROL</b>		<b>Preferred Drug</b>				
<b>OPIOID AGONISTS</b>							

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BUPRENORPHINE	VARIOUS			PA Required unless the member is pregnant- 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 Post-Partum Nursing Mothers.			
<b>BUPRENORPHINE HCL-NALOXONE HCL DIHYDRATE FILM</b>	<b>SUBOXONE FILM</b>	<b>Brand Only</b>	<b>Preferred Drug</b>				
<b>METHADONE</b>	<b>VARIOUS</b>			Only available at an Opioid Treatment Program (OTP) provider.			
MISCELLANEOUS AGENTS							
ACAMPROSATE	VARIOUS						
DISULFIRAM	ANTABUSE						
<b>ANDROGENS-ANABOLIC</b>							
<b>ANDROGENS</b>							
DANAZOL CAPSULES	DANAZOL						
FLUOXYMESTERONE TABLETS	ANDROXY						
TESTOSTERONE CYPIONATE SOLUTION	DEPO-TESTOSTERONE			PA Required			
TESTOSTERONE ENANTHATE SOLUTION	TESTOSTERONE ENANTHATE			PA Required			
TESTOSTERONE GEL	ANDROGEL			PA Required			
TESTOSTERONE PATCH	ANDRODERM			PA Required			
TESTOSTERONE SOLUTION	AXIRON			PA Required			
<b>ANORECTAL AGENTS</b>							
<b>INTRARECTAL STEROIDS</b>							
HYDROCORTISONE (INTRARECTAL) ENEMA	COLOCORT						
HYDROCORTISONE ACETATE (INTRARECTAL) FOAM	CORTIFOAM						
<b>RECTAL STEROIDS</b>							
HYDROCORTISONE (RECTAL) CREAM	PROCTOCORT						

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<b>ANTHELMINTICS</b>							
<b>ANTHELMINTICS</b>							
ALBENDAZOLE TABLETS	ALBENZA			PA Required			
IVERMECTIN TABLETS	STROMEKTOL			PA Required			
PRAZICUANTEL TABLETS	BILTRICIDE						
<b>ANTIANGINAL AGENTS</b>							
<b>ANTIANGINALS-OTHER</b>							
RANOLAZINE TABLET 12-HOUR	RANEXA			PA Required			
<b>NITRATES</b>							
ISOSORBIDE DINITRATE CAPSULE CONTROLLED RELEASE	DILATRATE SR						
ISOSORBIDE DINITRATE SUBLINGUAL	ISOSORBIDE DINITRATE						
ISOSORBIDE DINITRATE TABLETS	ISORDIL TITRADOSE						
ISOSORBIDE DINITRATE TABLET CONTROLLED RELEASE	ISOSORBIDE DINITRATE ER						
ISOSORBIDE MONONITRATE TABLETS	ISOSORBIDE MONONITRATE						
ISOSORBIDE MONONITRATE TABLET 24-HOUR	IMDUR						
NITROGLYCERIN CAPSULE CONTROLLED RELEASE	NITRO-TIME						
NITROGLYCERIN OINTMENT	NITRO-BID						
NITROGLYCERIN PATCH 24-HOUR	NITRO-DUR						
NITROGLYCERIN SUBLINGUAL	NITROSTAT						
<b>ANTIANSIETY AGENTS</b>							
<b>ANTIANSIETY AGENTS - MISC.</b>							
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

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



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

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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
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

**AHCCCS COMPLETE CARE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2018**

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Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Type	Step Therapy Requirements	Quantity Limit (QL)	QL Days
DIAZEPAM TAB 5 MG	VARIOUS			PA Required for Ages < 6 years. PA Required for > 1 Anxiolytic Medication in a 30-day time period.		120	30
LORAZEPAM CONC 2 MG/ML	LORAZEPAM INTENSOL			PA Required for Ages < 6 years. PA Required for > 1 Anxiolytic Medication in a 30-day time period.		60	30
LORAZEPAM TAB 0.5 MG	VARIOUS			PA Required for Ages < 6 years. PA Required for > 1 Anxiolytic Medication in a 30-day time period.		120	30
LORAZEPAM TAB 1 MG	VARIOUS			PA Required for Ages < 6 years. PA Required for > 1 Anxiolytic Medication in a 30-day time period.		120	30
LORAZEPAM TAB 2 MG	VARIOUS			PA Required for Ages < 6 years. PA Required for > 1 Anxiolytic Medication in a 30-day time period.		60	30
OXAZEPAM CAP 10 MG	VARIOUS			PA Required for Ages < 6 years. PA Required for > 1 Anxiolytic Medication in a 30-day time period.		60	30
OXAZEPAM CAP 15 MG	VARIOUS			PA Required for Ages < 6 years. PA Required for > 1 Anxiolytic Medication in a 30-day time period.		60	30
OXAZEPAM CAP 30 MG	VARIOUS			PA Required for Ages < 6 years. PA Required for > 1 Anxiolytic Medication in a 30-day time period.		60	30
<b>ANTIARRHYTHMICS</b>							
<b>ANTIARRHYTHMICS TYPE I-A</b>							
DISOPYRAMIDE PHOSPHATE CAPSULES	NORPACE						
DISOPYRAMIDE PHOSPHATE CAPSULE 12-HOUR	NORPACE CR						
QUINIDINE GLUCONATE TABLET CONTROLLED RELEASE	QUINIDINE GLUCONATE CR						
QUINIDINE SULFATE TABLETS	QUINIDINE SULFATE						
QUINIDINE SULFATE TABLET CONTROLLED RELEASE	QUINIDINE SULFATE ER						
<b>ANTIARRHYTHMICS TYPE I-B</b>							
MEXILETINE HCL CAPSULES	MEXILETINE HCL						
<b>ANTIARRHYTHMICS TYPE I-C</b>							
FLECAINIDE ACETATE TABLETS	TAMBOCOR						

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PROPAFENONE HCL CAPSULE 12-HOUR	RYTHMOL SR						
PROPAFENONE HCL TABLETS	RYTHMOL						
<b>ANTIARRHYTHMICS TYPE III</b>							
AMIODARONE HCL TABLETS 100MG & 200MG	PACERONE						
DOFETILIDE CAPSULES	TIKOSYN			PA Required			
DRONEDARONE HCL TABLETS	MULTAQ			PA Required			
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>							
<b>ANTI-INFLAMMATORY AGENTS</b>							
CROMOLYN SODIUM NEBULIZER	CROMOLYN SODIUM						
<b>BRONCHODILATORS - ANTICHOLINERGICS</b>							
IPRATROPIUM BROMIDE HFA AEROSOL	ATROVENT HFA		Preferred Drug				
IPRATROPIUM BROMIDE SOLUTION	IPRATROPIUM BROMIDE		Preferred Drug				
TIOTROPIUM BROMIDE MONOHYDRATE CAPSULES	SPIRIVA HANDIHALER		Preferred Drug				
<b>LEUKOTRIENE MODULATORS</b>							
MONTELUKAST SODIUM CHEWABLE TABLETS	SINGULAIR		Preferred Drug			30	30
MONTELUKAST SODIUM GRANULES	SINGULAIR			PA Required for > 4 Years of Age		30	30
MONTELUKAST SODIUM TABLETS	SINGULAIR		Preferred Drug			30	30
<b>STEROID INHALANTS</b>							
BECLOMETHASONE DIPROPIONATE INHALER	QVAR		Preferred Drug	While Supplies Last			
BUDESONIDE (INHALATION) SUSPENSION	PULMICORT	Brand Only	Preferred Drug	PA Required for > 4 Years of Age			
BUDESONIDE INHALATION POWDER	PULMICORT FLEXHALER	Brand Only	Preferred Drug				
FLUTICASONE PROPIONATE HFA AERO	FLOVENT HFA		Preferred Drug				
MOMETASONE FUROATE (INHALATION) AEPB	ASMANEX TWISTHALER		Preferred Drug				
<b>SYMPATHOMIMETICS</b>							
ALBUTEROL SULFATE AEROSOL	PROAIR HFA, PROVENTIL HFA, VENTOLIN HFA		Preferred Drug (All)	AHCCCS Contractors may designate a Preferred Albuterol Inhaler			
ALBUTEROL SULFATE NEBULIZED	ALBUTEROL SULFATE		Preferred Drug				
ALBUTEROL SULFATE SYRUP	ALBUTEROL SULFATE		Preferred Drug				

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BUDESONIDE-FORMOTEROL FUMARATE DIHYDRATE AEROSOL	SYMBICORT		Preferred Drug	Step Therapy	Patient must have tried one steroid inhaler: Beclomethasone Dipropionate, Budesonide, Fluticasone Propionate, or Mometasone		
FLUTICASONE-SALMETEROL AEROSOL POWDER BREATH ACTIVATED	ADVAIR DISKUS		Preferred Drug	Step Therapy	Patient must have tried one steroid inhaler: Beclomethasone Dipropionate, Budesonide, Fluticasone Propionate, or Mometasone		
FLUTICASONE-SALMETEROL AEROSOL	ADVAIR HFA		Covered for Ages 4 - 12 ONLY	Step Therapy	Patient must have tried one steroid inhaler: Beclomethasone Dipropionate, Budesonide, Fluticasone Propionate, or Mometasone		

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MOMETASONE FUROATE-FORMOTEROL FUMARATE DIHYDRATE AEROSOL	DULERA		Preferred Drug	Step Therapy	Patient must have tried one steroid inhaler: Beclomethasone Dipropionate, Budesonide, Fluticasone Propionate, or Mometasone		
IPRATROPIUM-ALBUTEROL AEROSOL	COMBIVENT RESPIMAT		Preferred Drug				
IPRATROPIUM-ALBUTEROL SOLUTION	DUONEB		Preferred Drug				
LEVALBUTEROL HCL NEBULIZED	XOPENEX			PA Required for > 4 Years of Age			
SALMETEROL XINAFOATE AEROSOL POWDER BREATH ACTIVATED	SEREVENT DISKUS		Preferred Drug	PA Required			
GLYCOPYRROLATE-FORMOTEROL FUMARATE AEROSOL SOLUTION	BEVESPI AEROSPHERE		Preferred Drug	PA Required			
TIOTROPIUM BROMIDE-OLODATEROL HCL AEROSOL SOLUTION	STIOLTO RESPIMAT		Preferred Drug	PA Required			
SALMETEROL XINAFOATE AEROSOL POWDER BREATH ACTIVATED	SEREVENT DISKUS		Preferred Drug	PA Required			
<b>ANTICOAGULANTS</b>							
COUMARIN ANTICOAGULANTS							
WARFARIN SODIUM TABLETS	VARIOUS		Preferred Drug				
DIRECT FACTOR XA INHIBITORS							
APIXABAN TABLETS	ELIQUIS		Preferred Drug			60	30
RIVAROXABAN TABLETS	XARELTO		Preferred Drug			60	30
RIVAROXABAN TABLETS	XARELTO DOSE PACK		Preferred Drug			51	30
HEPARINS AND HEPARINOID-LIKE AGENTS							
ENOXAPARIN SODIUM INJ 100 MG/ML	VARIOUS VIAL OR SYRINGE		Preferred Drug			60	30
ENOXAPARIN SODIUM INJ 120 MG/0.8ML	VARIOUS VIAL OR SYRINGE		Preferred Drug			60	30
ENOXAPARIN SODIUM INJ 150 MG/ML	VARIOUS VIAL OR SYRINGE		Preferred Drug			60	30
ENOXAPARIN SODIUM INJ 30 MG/0.3ML	VARIOUS VIAL OR SYRINGE		Preferred Drug			60	30
ENOXAPARIN SODIUM INJ 300 MG/3ML	VARIOUS VIAL OR SYRINGE		Preferred Drug			60	30
ENOXAPARIN SODIUM INJ 40 MG/0.4ML	VARIOUS VIAL OR SYRINGE		Preferred Drug			60	30
ENOXAPARIN SODIUM INJ 60 MG/0.6ML	VARIOUS VIAL OR SYRINGE		Preferred Drug			60	30

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<b>ENOXAPARIN SODIUM INJ 80 MG/0.8ML</b>	<b>VARIOUS VIAL OR SYRINGE</b>		<b>Preferred Drug</b>			<b>60</b>	<b>30</b>
HEPARIN (PORCINE) IN SODIUM CHLORIDE SOLUTION	HEPARIN SODIUM/NACL 0.9%						
HEPARIN SOD (PORCINE) IN D5W SOLUTION	HEPARIN SODIUM/D5W						
HEPARIN SODIUM (PORCINE) LOCK FLUSH & NACL LOCK FLUSH KIT	HEPARIN SODIUM LOCK FLUSH						
HEPARIN SODIUM (PORCINE) LOCK FLUSH SOLUTION	HEPARIN LOCK FLUSH						
<b>THROMBIN INHIBITORS</b>							
<b>DABIGATRAN ETEXILATE MESYLATE CAPSULES</b>	<b>PRADAXA</b>		<b>Preferred Drug</b>			<b>60</b>	<b>30</b>
<b>ANTICONVULSANTS</b>							
<b>ANTICONVULSANTS - BENZODIAZEPINES</b>							
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	DIASTAT					2	30
DIAZEPAM RECTAL GEL DELIVERY SYSTEM 2.5 MG	DIASTAT					2	30
DIAZEPAM RECTAL GEL DELIVERY SYSTEM 20 MG	DIASTAT					2	30
<b>ANTICONVULSANTS - MISC.</b>							
CARBAMAZEPINE CHEWABLE TABLETS	CARBAMAZEPINE						
CARBAMAZEPINE CAPSULE 12-HOUR	CARBATROL						
CARBAMAZEPINE SUSPENSION	TEGRETOL						
CARBAMAZEPINE TABLETS	EPITOL						
CARBAMAZEPINE CAPSULE 12-HOUR	EQUETRO						
CARBAMAZEPINE TABLET 12-HOUR	TEGRETOL-XR						
GABAPENTIN CAPSULES	NEURONTIN						
GABAPENTIN SOLUTION	NEURONTIN						
GABAPENTIN	<b>GRALISE</b>			PA Required			
GABAPENTIN TABLETS	NEURONTIN						
GABAPENTIN	<b>HORIZANT</b>			PA Required			
LACOSAMIDE SOLUTION	VIMPAT			PA Required			
LACOSAMIDE TABLETS	VIMPAT			PA Required			
LAMOTRIGINE CHEWABLE TABLETS	LAMICTAL CHEWABLE						
LAMOTRIGINE TABLETS	LAMICTAL						
LAMOTRIGINE TABLET 24-HOUR	LAMICTAL XR						
LAMOTRIGINE ORALLY DISINTEGRATING TABLETS	LAMICTAL ODT						
LEVETIRACETAM SOLUTION	KEPPRA						
LEVETIRACETAM TABLETS	KEPPRA						
LEVETIRACETAM TABLET 24-HOUR	KEPPRA XR						
OXCARBAZEPINE SUSPENSION	TRILEPTAL						
OXCARBAZEPINE TABLETS	TRILEPTAL						
PREGABALIN CAPSULES	LYRICA			PA Required			
PREGABALIN SOLUTION	LYRICA			PA Required			
PRIMIDONE TABLETS	MYSOLINE						
RUFINAMIDE SUSPENSION	BANZEL			PA Required			
RUFINAMIDE TABLETS	BANZEL			PA Required			
TOPIRAMATE SPRINKLE CAPSULES	TOPAMAX SPRINKLES						



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TOPIRAMATE TABLETS	TOPAMAX						
ZONISAMIDE CAPSULES	ZONEGRAN						
<b>CARBAMATES</b>							
FELBAMATE SUSPENSION	FELBATOL						
FELBAMATE TABLETS	FELBATOL						
<b>GABA MODULATORS</b>							
TIAGABINE HCL TABLETS	GABITRIL			PA Required			
<b>HYDANTOINS</b>							
PHENYTOIN CHEWABLE TABLETS	DILANTIN INFATABLETS						
PHENYTOIN SODIUM EXTENDED CAPSULES	DILANTIN						
PHENYTOIN SUSPENSION	DILANTIN-125						
<b>SUCCINIMIDES</b>							
ETHOSUXIMIDE CAPSULES	ZARONTIN						
ETHOSUXIMIDE SOLUTION	ZARONTIN						
<b>VALPROIC ACID</b>							
DIVALPROEX SODIUM SPRINKLE CAPSULES	DEPAKOTE SPRINKLES						
DIVALPROEX SODIUM TABLET 24-HOUR	DEPAKOTE ER						
DIVALPROEX SODIUM TABLET ENTERIC COATED	DEPAKOTE						
VALPROATE SODIUM SYRUP	DEPAKENE+B252						
VALPROIC ACID CAPSULES	DEPAKENE						
<b>ANTIDEPRESSANTS</b>							
<b>ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)</b>							
MIRTAZAPINE TABLETS	MIRTAZAPINE			PA Required for Ages < 6 years of age		30	30
MIRTAZAPINE ORALLY DISINTEGRATING TABLETS	REMERON SOLTAB			PA Required for Ages < 6 years of age		30	30
<b>Monoamine Oxidase Inhibitors (MAOIs)</b>							
selegilene	<b>EMSAM</b>			PA Required			
isocarboxazid	Marplan			PA Required for Ages < 6 years of age			
phenelzine sulfate	Nardil			PA Required for Ages < 6 years of age			
tranylcypromine sulfate	Parnate			PA Required for Ages < 6 years of age			
<b>Norepinephrine and Dopamine Reuptake Inhibitors (NDRIs)</b>							
BUPROPION HCL TABLETS	WELLBUTRIN			PA Required for Ages < 6 years of age		120	30

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BUPROPION HCL TABLET 12-HOUR	BUDEPRION SR			PA Required for Ages < 6 years of age		60	30
BUPROPION HCL TABLET 24-HOUR	WELLBUTRIN XL			PA Required for Ages < 6 years of age		30	30
MAPROTILINE HCL TABLETS	MAPROTILINE HCL			PA Required for Ages < 6 years of age			
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)</b>							
CITALOPRAM HYDROBROMIDE SOLUTION	CELEXA			PA Required for Ages < 6 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 SOLUTION	LEXAPRO			PA Required for Ages < 6 years of age		600ml	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		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
FLUVOXAMINE MALEATE TABLETS EXTENDED RELEASE	LUVOX CR			PA Required for Ages < 6 years of age		100mg: 90 150mg: 60	30 30
PAROXETINE HCL SUSPENSION	<b>PAXIL</b>			PA Required for Ages < 6 years of age		900	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
PAROXETINE HCL TABLETS	Paxil CR			PA Required for Ages < 6 years of age		90	30
PAROXETINE MESYLATE	<b>PEXEVA</b>			PA Required			
SERTRALINE HCL CONCENTRATE	ZOLOFT			PA Required for Ages < 6 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

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VILAZODONE HCL	<i>VIIBRYD</i>			PA Required			
<b>SEROTONIN MODULATORS</b>							
NEFAZODONE	VARIOUS			PA Required for Ages < 6 years of age		50mg: 60 100mg: 60 150mg: 120 200mg: 90 250mg: 60	30 30 30 30 30
TRAZODONE HCL TABLETS	TRAZODONE HCL			PA Required for Ages < 6 years of age		50mg:90 100mg:120 150mg: 60 300mg 30	30 30 30 30
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRI)</b>							
DESVENLAFAXINE	PRISTIQ			PA Required for Ages < 6 years of age		25mg:120 50mg: 120 100mg: 120	30 30 30
DULOXETINE HCL CAPSULE DELAYED RELEASE 20MG, 30MG & 60MG	CYMBALTA			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
<b>TRICYCLIC AGENTS</b>							

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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
<b>IMIPRAMINE PAMOATE CAPSULES</b>	<b>TORFRANIL-PM</b>			<b>PA Required for Ages &lt; 6 years of age</b>		<b>30</b>	<b>30</b>
IMIPRAMINE HCL TABLETS	TOFRANIL			PA Required for Ages < 6 years of age			
MAPROTIline HCL	VARIOUS			PA Required for Ages < 6 years of age			
NORTRIPTYLINE HCL CAPSULES	PAMELOR			PA Required for Ages < 6 years of age			
NORTRIPTYLINE HCL SOLUTION	NORTRIPTYLINE HCL			PA Required for Ages < 6 years of age			
PROTRIPTYLINE HCL TABLETS	VIVACTIL			PA Required for Ages < 6 years of age			
TRIMIPRAMINE MALEATE	SURMONTIL			PA Required for Ages < 6 years of age			
<b>ANTIDIABETICS</b>							
<b>ALPHA-GLUCOSIDASE INHIBITORS</b>							
ACARBOSE TABLETS	PRECOSE						
<b>ANTIDIABETIC - AMLYN ANALOGS</b>							
<b>PRAMLINTIDE ACETATE SOLUTION PEN INJECTION</b>	<b>SYMLINPEN 60</b>		<b>Preferred Drug</b>	<b>PA Required</b>			
<b>ANTIDIABETIC COMBINATIONS</b>							
GLIPIZIDE-METFORMIN HCL TABLETS	GLIPIZIDE/METFORMIN HCL						
GLYBURIDE-METFORMIN HCL TABLETS	GLUCOVANCE						
PIOGLITAZONE HCL-METFORMIN HCL TABLETS	ACTOPLUS MET						
PIOGLITAZONE HCL-METFORMIN HCL TABLET 24-HOUR	ACTOPLUS MET XR						
<b>SITAGLIPTIN-METFORMIN HCL TABLETS</b>	<b>JANUMET</b>		<b>Preferred Drug</b>	<b>PA Required</b>			
<b>LINAGLIPTIN - METFORMIN TABLETS</b>	<b>JENTADUETO</b>		<b>Preferred Drug</b>	<b>PA Required</b>			
<b>SITAGLIPTIN-METFORMIN HCL TABLET 24-HOUR</b>	<b>JANUMET XR</b>		<b>Preferred Drug</b>	<b>PA Required</b>			
<b>BIGUANIDES</b>							
METFORMIN HCL SOLUTION	RIOMET						
METFORMIN HCL TABLETS	GLUCOPHAGE						
METFORMIN HCL TABLET 24-HOUR (GENERIC OF GLUCOPHAGE XR ONLY-500MG & 750MG)	Various			PA Required for Osmotic and Modified Release Products			
<b>DIABETIC OTHER</b>							
GLUCAGON (RDNA) KIT	GLUCAGON EMERGENCY KIT					1	30

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<b>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>							
LINAGLIPTIN TABLETS	TRAJENTA		Preferred Drug	PA Required			
EMPAGLIFLOZIN-LINAGLIPTIN TABLETS	GLYXAMBI		Preferred Drug	PA Required			
SAXAGLIPTIN HCL TABLETS	ONGLYZA		Preferred Drug	PA Required			
SAXAGLIPTIN-METFORMIN HCL TABLETS	KOMBIGLYZE		Preferred Drug	PA Required			
SITAGLIPTIN PHOSPHATE TABLETS	JANUVIA		Preferred Drug	PA Required			
<b>INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)</b>							
EXENATIDE SOLUTION PEN INJECTION	BYETTA		Preferred Drug	PA Required			
EXENATIDE PEN	BYDUREON		Preferred Drug	PA Required			
EXENATIDE SUSPENSION EXTENDED RELEASE	BYDUREON		Preferred Drug	PA Required			
LIRAGLUTIDE SOLUTION PEN INJECTION	VICTOZA		Preferred Drug	PA Required			
<b>DIABETIC MISCELLANEOUS AGENT</b>							
PRAMLINTIDE	SYMLINPEN		Preferred Drug	PA Required			
<b>INSULIN SENSITIZING AGENTS</b>							
PIOGLITAZONE HCL TABLETS	ACTOS						
<b>INSULIN</b>							
INSULIN ASPART	NOVOLOG		Preferred Drug				
INSULIN ASPART	NOVOLOG CARTRIDGE		Preferred Drug				
INSULIN ASPART	NOVOLOG FLEXPEN		Preferred Drug				
INSULIN ASPART PROTAMINE SUSPENSION & INSULIN ASPART	NOVOLOG MIX 70/30		Preferred Drug				
INSULIN ASPART PROTAMINE SUSPENSION & INSULIN ASPART	NOVOLOG MIX 70/30 FLEXPEN		Preferred Drug				
INSULIN DETEMIR SOLUTION	LEVEMIR		Preferred Drug				
INSULIN DETEMIR SUSPENSION	LEVEMIR FLEXPEN		Preferred Drug				
INSULIN GLARGINE SOLUTION	LANTUS		Preferred Drug				
INSULIN GLARGINE SUSPENSION	LANTUS SOLOSTAR		Preferred Drug				
INSULIN LISPRO (HUMAN) SOLUTION	HUMALOG		Preferred Drug				
INSULIN LISPRO (HUMAN) SUSPENSION	HUMALOG KWIKPEN		Preferred Drug				
INSULIN LISPRO PROTAMINE & LISPRO (HUMAN) SUSPENSION	HUMALOG MIX 50/50		Preferred Drug				
INSULIN LISPRO PROTAMINE & LISPRO (HUMAN) SUSPENSION	HUMALOG MIX 50/50 KWIKPEN		Preferred Drug				
INSULIN LISPRO PROTAMINE & LISPRO (HUMAN) SUSPENSION	HUMALOG MIX 75/25		Preferred Drug				
INSULIN LISPRO PROTAMINE & LISPRO (HUMAN) SUSPENSION	HUMALOG MIX 75/25 KWIKPEN		Preferred Drug				
INSULIN NPH (HUMAN) (ISOPHANE) SUSPENSION	HUMULIN N		Preferred Drug				
INSULIN NPH ISOPHANE & REG (HUMAN) SUSPENSION	HUMULIN 70/30		Preferred Drug				
INSULIN REGULAR (HUMAN) SOLUTION	HUMULIN R U-100		Preferred Drug				

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INSULIN REGULAR (HUMAN) SOLUTION	HUMULIN R U-500 (CONCENTRATEENTRATED)		Preferred Drug	PA REQUIRED			
INSULIN REGULAR (HUMAN) PEN	HUMULIN R U-500 PEN (CONCENTRATEENTRATED)		Preferred Drug	PA REQUIRED			
<b>MEGLITINIDE ANALOGUES</b>							
NATEGLINIDE TABLETS	STARLIX						
REPAGLINIDE TABLETS	PRANDIN						
<b>SULFONYLUREAS</b>							
GLIMEPIRIDE TABLETS	AMARYL						
GLIPIZIDE TABLETS	GLUCOTROL						
GLIPIZIDE TABLET 24-HOUR	GLUCATROL XL						
GLYBURIDE MICRONIZED TABLETS	GLYNASE						
GLYBURIDE TABLETS	DIABETA						
<b>ANTIDIARRHEALS</b>							
<b>ANTIPERISTALTIC AGENTS</b>							
DIPHENOXYLATE W/ ATROPINE LIQUID	DIPHENOXYLATE/ATROPINE						
DIPHENOXYLATE W/ ATROPINE TABLETS	LOMOTIL						
LOPERAMIDE HCL CAPSULES	LOPERAMIDE HCL						
LOPERAMIDE HCL CHEWABLE TABLETS	IMODIUM A-D						
LOPERAMIDE HCL LIQUID	LOPERAMIDE HCL						
LOPERAMIDE HCL SUSPENSION	IMODIUM A-D						
LOPERAMIDE HCL TABLETS	IMODIUM A-D						
<b>ANTIDOTES</b>							
<b>OPIOID ANTAGONISTS</b>							
NALOXONE HCL SOLUTION + SYRINGE	NALOXONE HCL + SYRINGE		Preferred Drug				
NALOXONE HCL NASAL SPRAY	NARCAN NASAL SPRAY		Preferred Drug				
<b>ANTIEMETICS</b>							
<b>5-HT3 RECEPTOR ANTAGONISTS</b>							
DOLASETRON MESYLATE TABLETS	ANZEMET			PA Required			
GRANISETRON HCL SOLUTION	VARIOUS			PA Required			
GRANISETRON HCL TABLETS	VARIOUS			PA Required			
ONDANSETRON HCL TABLETS	ZOFRAN			PA Required for tablets > 8mg		30	30
<b>ANTIEMETICS MISC.</b>							
PROCHLORPERAZINE MALEATE TABLETS	COMPAZINE						

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PROCHLORPERAZINE SUPPOSITORY	COMPAZINE						
<b>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONIST</b>							
APREPITANT CAPSULES	EMEND					6	21
<b>ANTIFUNGALS</b>							
<b>ANTIFUNGAL ORAL AGENTS</b>							
CLOTRIMAZOLE TROCHE	VARIOUS						
GRISEOFULVIN SUSPENSION	VARIOUS						
GRISEOFULVIN MICROSIZE TABLETS	GRIFULVIN V						
NYSTATIN SUSPENSION	NYSTATIN						
NYSTATIN TABLETS	NYSTATIN						
TERBINAFINE HCL TABLETS	LAMISIL					90	365
<b>IMIDAZOLE-RELATED ANTIFUNGALS</b>							
FLUCONAZOLE SUSPENSION	DIFLUCAN					600	30
FLUCONAZOLE TABLETS	DIFLUCAN					60	30
<b>ANTIHISTAMINES</b>							
<b>ANTIHISTAMINES - ALKYLAMINES</b>							
BROMPHENIRAMINE MALEATE	J-TAN PD						
CHLORPHENIRAMINE MALEATE	CHLORPHENIRAMINE MALEATE						
DEXCHLORPHENIRAMINE MALEATE SYRUP	DEXCHLORPHENIRAMINE MALEATE						
<b>ANTIHISTAMINES - ETHANOLAMINES</b>							
CLEMASTINE FUMARATE SYRUP	CLEMASTINE FUMARATE						
CLEMASTINE FUMARATE TABLETS	CLEMASTINE FUMARATE						
DIPHENHYDRAMINE HCL CAPSULES	VARIOUS						
DIPHENHYDRAMINE HCL CHEWABLE TABLETS	VARIOUS						
DIPHENHYDRAMINE HCL ELIXIR	VARIOUS						
DIPHENHYDRAMINE HCL LIQUID	VARIOUS						
DIPHENHYDRAMINE HCL SOLUTION	VARIOUS						
DIPHENHYDRAMINE HCL SUSPENSION	VARIOUS						
DIPHENHYDRAMINE HCL SYRUP	VARIOUS						
DIPHENHYDRAMINE HCL TABLETS	VARIOUS						
<b>ANTIHISTAMINES - NON-SEDATING</b>							
CETIRIZINE HCL CAPSULES	ZYRTEC ALLERGY					30	30
CETIRIZINE HCL CHEWABLE TABLETS	VARIOUS					30	30
CETIRIZINE HCL SYRUP	VARIOUS					150	30

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CETIRIZINE HCL TABLETS	VARIOUS					30	30
CETIRIZINE HCL ORALLY DISINTEGRATING TABLETS	ZYRTEC ALLERGY					30	30
FEXOFENADINE HCL SUSPENSION	ALLEGRA ALLERGY CHILDRENS					150	30
FEXOFENADINE HCL TABLETS	ALLEGRA ALLERGY CHILDRENS					30	30
FEXOFENADINE HCL ORALLY DISINTEGRATING TABLETS	ALLEGRA ALLERGY CHILDRENS					30	30
LORATADINE CAPSULES	CLARITIN					30	30
LORATADINE CHEWABLE TABLETS	CLARITIN					30	30
LORATADINE SYRUP	CLARITIN					150	30
LORATADINE TABLETS	ALAVERT					30	30
LORATADINE ORALLY DISINTEGRATING TABLETS	CLARITIN REDITABS					30	30
<b>ANTIHISTAMINES - PHENOTHIAZINES</b>							
PROMETHAZINE HCL SUPPOSITORY	PHENERGAN						
PROMETHAZINE HCL TABLETS	PROMETHAZINE HCL						
<b>ANTIHISTAMINES - PIPERIDINES</b>							
CYPROHEPTADINE HCL SYRUP	CYPROHEPTADINE HCL						
CYPROHEPTADINE HCL TABLETS	CYPROHEPTADINE HCL						
<b>ANTIHYPERLIPIDEMICS</b>							
<b>BILE ACID SEQUESTRANTS</b>							
CHOLESTYRAMINE LIGHT PACKETS	PREVALITE						
CHOLESTYRAMINE LIGHT POWDER	PREVALITE						
CHOLESTYRAMINE PACKETS	QUESTRAN						
CHOLESTYRAMINE POWDER	QUESTRAN						
COLESTIPOL HCL GRANULES	COLESTID						
COLESTIPOL HCL PACKETS	COLESTID						
COLESTIPOL HCL TABLETS	COLESTID						
<b>FIBRIC ACID DERIVATIVES</b>							
FENOFIBRATE MICRONIZED CAPSULES 67MG, 134MG & 200MG	VARIOUS						
FENOFIBRATE TABLETS 48MG, 54MG, 145MG & 160MG	VARIOUS						
FENOFIBRIC ACID TABLETS	FIBRICOR						
GEMFIBROZIL TABLETS	LOPID						
<b>HMG COA REDUCTASE INHIBITORS</b>							
ATORVASTATIN CALCIUM TABLETS	LIPITOR					30	30
LOVASTATIN TABLETS	MEVACOR					30	30
PRAVASTATIN SODIUM TABLETS	PRAVACOL					30	30



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SIMVASTATIN TABLETS	ZOCOR					30	30
<b>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS</b>							
EZETIMIBE TABLETS	ZETIA			PA Required			
<b>NICOTINIC ACID DERIVATIVES</b>							
NIACIN (ANTHYPERLIPIDEMIC) TABLETS (250MG, 500MG, & 750MG)	NIACIN CR						
<b>ANTHYPERTENSIVES</b>							
<b>ACE INHIBITORS</b>							
BENAZEPRIL HCL TABLETS	BENAZEPRIL HCL						
CAPTAPRIL TABLETS	CAPTAPRIL						
ENALAPRIL MALEATE SOLUTION	EPANED						
ENALAPRIL MALEATE TABLETS	VASOTEC						
FOSINOPRIL SODIUM TABLETS	FOSINOPRIL SODIUM						
LISINOPRIL TABLETS	ZESTRIL						
MOEXIPRIL HCL TABLETS	UNIVASC						
PERINDOPRIL ERBUMINE TABLETS	ACEON						
QUINAPRIL HCL TABLETS	ACCUPRIL						
RAMIPRIL CAPSULES	ALTACE						
TRANDOLAPRIL TABLETS	MAVIK						
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>							
IRBESARTAN TABLETS	AVAPRO						
LOSARTAN POTASSIUM TABLETS	COZAAR						
VALSARTAN TABLETS	DIOVAN						
<b>ANTIADRENERGIC ANTHYPERTENSIVES</b>							
CLONIDINE HCL PATCH-WEEKLY	CATAPRES-TTS-1			PA Required for Ages < 6 years of age		4	28
CLONIDINE HCL TABLETS	CATAPRES						
<b>CLONIDINE HCL (ADHD) TABLET 12-HOUR</b>	<b>KAPVAY</b>	<b>Brand Only</b>	<b>Preferred Drug</b>	PA Required for Ages < 6 years of age		<b>120</b>	30
DOXAZOSIN MESYLATE TABLETS	CARDURA						
GUANFACINE HCL TABLETS	TENEX						
<b>GUANFACINE HCL (ADHD) TABLET 24-HOUR</b>	<b>GUANFACINE ER</b>		<b>Preferred Drug</b>	PA Required for Ages < 6 years of age		<b>30</b>	30
METHYLDOPA TABLETS	METHYLDOPA						
PRAZOSIN HCL CAPSULES	MINIPRESS						
TERAZOSIN HCL CAPSULES	TERAZOSIN HCL						
<b>ANTHYPERTENSIVE COMBINATIONS</b>							

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<b>ATENOLOL &amp; CHLORTHALIDONE TABLETS</b>	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						
<b>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)</b>							
EPLERENONE TABLETS	INSPIRA			PA Required			
<b>VASODILATORS</b>							
HYDRALAZINE HCL TABLETS	HYDRALAZINE HCL						
MINOXIDIL TABLETS	MINOXIDIL						
<b>ANTI-INFECTIVE AGENTS - MISCELLANEOUS</b>							
<b>ANTI-INFECTIVE AGENTS - MISC.</b>							
VANCOMYCIN HCL CAPSULES	VANCOCIN HCL			PA Required			
VANCOMYCIN HCL SOLUTION	Available through a compounding pharmacy			PA Required			
<b>ANTI-INFECTIVE MISC. - COMBINATIONS</b>							
ERYTHROMYCIN-SULFISOXAZOLE SUSPENSION	E.S.P.						
SULFAMETHOXAZOLE-TRIMETHOPRIM SUSPENSION	SULFATRIM PEDIATRIC						
SULFAMETHOXAZOLE-TRIMETHOPRIM TABLETS	BACTRIM						
<b>LEPROSTATICS</b>							
DAPSONE TABLETS	DAPSONE						
<b>OXAZOLIDINONES</b>							
LINEZOLID SUSPENSION	ZYVOX			PA Required			
LINEZOLID TABLETS	ZYVOX			PA Required			
<b>ANTIMALARIALS</b>							
<b>ANTIMALARIAL COMBINATIONS</b>							
ARTEMETHER-LUMEFANTRINE TABLETS	COARTEM						
ATOVAQUONE-PROGUANIL HCL TABLETS	MALARONE						

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<b>ANTIMALARIALS</b>							
CHLOROQUINE PHOSPHATE TABLETS	CHLOROQUINE PHOSPHATE						
HYDROXYCHLOROQUINE SULFATE TABLETS	PLAQUENIL						
PRIMAQUINE PHOSPHATE TABLETS	PRIMAQUINE PHOSPHATE						
QUININE SULFATE CAPSULES	QUALAQUIN						
<b>ANTIMYCOBACTERIAL AGENTS</b>							
ETHAMBUTOL HCL TABLETS	MYAMBUTOL						
ISONIAZID SYRUP	ISONIAZID						
ISONIAZID TABLETS	ISONIAZID						
PYRAZINAMIDE TABLETS	PYRAZINAMIDE						
RIFAMPIN CAPSULES	RIFADIN						
<b>ONCOLOGY -FEDERALLY REIMBURSABLE ANTINEOPLASTIC AGENTS,NOT LISTED BELOW, ARE AVAILABLE THROUGH PRIOR AUTHORIZATION</b>							
<b>ANTIMETABOLITES</b>							
MERCAPTOPYRINE SUSPENSION	PURIXAN						
MERCAPTOPYRINE TABLETS	PURINETHOL						
METHOTREXATE SODIUM TABLETS	METHOTREXATE						
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS</b>							
ANASTROZOLE TABLETS	ARIMIDEX			PA Required			
EXEMESTANE TABLETS	AROMASIN			PA Required			
FLUTAMIDE CAPSULES	FLUTAMIDE						
LEUPROLIDE ACETATE (3 MONTH) KIT	LUPRON DEPOT			PA Required			
LEUPROLIDE ACETATE (4 MONTH) KIT	LUPRON DEPOT			PA Required			
LEUPROLIDE ACETATE KIT	LUPRON DEPOT			PA Required			
TAMOXIFEN CITRATE TABLETS	TAMOXIFEN CITRATE						
TOREMIFENE CITRATE TABLETS	FARESTON			PA Required			
<b>ANTINEOPLASTIC ENZYME INHIBITORS</b>							
AXITINIB TABLETS	INLYTA			PA Required			
CRIZOTINIB CAPSULES	XALKORI			PA Required			
ERLOTINIB HCL TABLETS	TARCEVA			PA Required			
EVEROLIMUS TABLETS	AFINITOR			PA Required			
EVEROLIMUS SOLUBLE TABLET	AFINITOR DISPERZ			PA Required			
GEFITINIB TABLETS	IRESSA			PA Required			

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IBRUTINIB CAPSULES	IMBRUVICA			PA Required			
IMATINIB MESYLATE TABLETS	GLEEVEC			PA Required			
LAPATINIB DITOSYLATE TABLETS	TYKERB			PA Required			
NILOTINIB HCL CAPSULES	TASIGNA			PA Required			
PAZOPANIB HCL TABLETS	VOTRIENT			PA Required			
PONATINIB HCL TABLETS	ICLUSIG			PA Required			
RUXOLITINIB PHOSPHATE TABLETS	JAKAFI			PA Required			
SORAFENIB TOSYLATE TABLETS	NEXAVAR			PA Required			
SUNITINIB MALATE CAPSULES	SUTENT			PA Required			
VANDETANIB TABLETS	CAPRELSA			PA Required			
VEMURAFENIB TABLETS	ZELBORAF			PA Required			
VORINOSTAT CAPSULES	ZOLINZA			PA Required			
<b>ANTINEOPLASTICS - MISC.</b>							
BEXAROTENE CAPSULES	TARGRETIN			PA Required			
HYDROXYUREA CAPSULES	HYDREA						
INTERFERON ALFA-2B SOLUTION	INTRON A			PA Required			
INTERFERON ALFA-2B SOLUTION	INTRON A			PA Required			
INTERFERON ALFA-N3 SOLUTION	ALFERON N			PA Required			
INTERFERON ALFACON-1	INFERGEN			PA Required			
INTERFERON GAMMA-1B SOLUTION	ACTIMMUNE			PA Required			
PEGINTERFERON ALFA-2B (ANTINEOPLASTIC) KIT	SYLATRON			PA Required			
PROCARBAZINE HCL CAPSULES	MATULANE						
TRETINOIN (CHEMOTHERAPY) CAPSULES	TRETINOIN			PA Required For > 26 Years of Age			
<b>CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS</b>							
LEUCOVORIN CALCIUM TABLETS	LEUCOVORIN CALCIUM			PA Required			
<b>MITOTIC INHIBITORS</b>							
ETOPOSIDE CAPSULES	ETOPOSIDE			PA Required			
<b>ANTIPARKINSON AGENTS</b>							
<b>ANTIPARKINSON ANTICHOLINERGICS</b>							
BENZTROPINE MESYLATE TABLETS	BENZTROPINE MESYLATE						
TRIHEXYPHENIDYL HCL ELIXIR	TRIHEXYPHENIDYL HCL						
TRIHEXYPHENIDYL HCL TABLETS	TRIHEXYPHENIDYL HCL						
<b>ANTIPARKINSON COMT INHIBITORS</b>							

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Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Type	Step Therapy Requirements	Quantity Limit (QL)	QL Days
ENTACAPONE TABLETS	COMTAN						
<b>ANTIPARKINSON DOPAMINERGICS</b>							
AMANTADINE HCL CAPSULES	AMANTADINE HCL						
AMANTADINE HCL SYRUP	AMANTADINE HCL						
AMANTADINE HCL TABLETS	AMANTADINE HCL						
BROMOCRIPTINE MESYLATE CAPSULES	PARLODEL						
BROMOCRIPTINE MESYLATE TABLETS	PARLODEL						
CARBIDOPA-LEVODOPA TABLETS	SINEMET						
CARBIDOPA-LEVODOPA ORALLY DISINTEGRATING TABLETS	VARIOUS						
PRAMIPEXOLE DIHYDROCHLORIDE TABLETS	MIRAPEX						
ROPINIROLE HYDROCHLORIDE TABLETS	REQUIP						
<b>ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS</b>							
SELEGILINE HCL CAPSULES	ELDEPRYL						
SELEGILINE HCL TABLETS	VARIOUS						
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS</b>							
<b>ANTIMANIC AGENTS</b>							
LITHIUM CARBONATE CAPSULES	LITHIUM CARBONATE			"PA Required for Ages < 6 years Prior Authorization is not required for ages 6 and greater when prescribed by a psychiatric clinician, a behavioral health 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 behavioral health pediatrician or other prescribers as approved by the MCO Contractors.			

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Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Type	Step Therapy Requirements	Quantity Limit (QL)	QL Days
LITHIUM 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 behavioral health 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 behavioral health pediatrician or other prescribers as approved by the MCO Contractors.			
<b>ANTIPSYCHOTICS</b>							
<b>ANTIPSYCHOTICS - SECOND GENERATION - ATYPICAL ORAL AGENTS</b>							
ARIPIPIRAZOLE TABLETS	ABILIFY		Preferred Drug	PA Required for Ages < 6 years Prior Authorization is not required for ages 6 and greater when prescribed by a psychiatric clinician, a behavioral health pediatrician or other prescribers as approved by the MCO Contractors.		<b>30</b>	<b>30</b>
ARIPIPIRAZOLE ORALLY DISPERSIBLE TABLET (ODT)	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 behavioral health pediatrician or other prescribers as approved by the MCO Contractors.		<b>30</b>	<b>30</b>
ARIPIPIRAZOLE SOLUTION	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 behavioral health pediatrician or other prescribers as approved by the MCO Contractors.		<b>150</b>	<b>30</b>

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<ul style="list-style-type: none"> <li>• Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As Brand Only</li> <li>• Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List Are Available Through Prior Authorization</li> </ul>							
Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Type	Step Therapy Requirements	Quantity Limit (QL)	QL Days
ASENAPINE MALEATE SUBLINGUAL	SAPHRIS		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 behavioral health pediatrician or other prescribers as approved by the MCO Contractors.		60	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 behavioral health pediatrician or other prescribers as approved by the MCO Contractors.		150	30
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 behavioral health 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 behavioral health 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 behavioral health pediatrician or other prescribers as approved by the MCO Contractors.		5mg: 60 10mg: 60 15MG: 30 20mg: 30	30 30 30 30

**AHCCCS COMPLETE CARE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2018**

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Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Type	Step Therapy Requirements	Quantity Limit (QL)	QL Days
OLANZAPINE 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 behavioral health pediatrician or other prescribers as approved by the MCO Contractors.		30	30
QUETIAPINE FUMARATE TABLETS	SEROQUEL		Preferred Drug	PA Required for Ages < 6 years Prior Authorization is not required for ages 6 and greater when prescribed by a psychiatric clinician, a behavioral health 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 behavioral health 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 behavioral health 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 behavioral health pediatrician or other prescribers as approved by the MCO Contractors.		60	30



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Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Type	Step Therapy Requirements	Quantity Limit (QL)	QL Days
ZIPRASIDONE HCL CAPSULES	GEODON		Preferred Drug	PA Required for Ages < 6 years Prior Authorization is not required for ages 6 and greater when prescribed by a psychiatric clinician, a behavioral health pediatrician or other prescribers as approved by the MCO Contractors.		60	30
<b>ANTIPSYCHOTICS - SECOND GENERATION - ATYPICAL LONG ACTING INJECTABLES</b>							
ARIPIPIRAZOLE 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 behavioral health pediatrician or other prescribers as approved by the MCO Contractors.		2	365
ARIPIPIRAZOLE 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 behavioral health pediatrician or other prescribers as approved by the MCO Contractors.		1	30
ARIPIPIRAZOLE 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 behavioral health pediatrician or other prescribers as approved by the MCO Contractors.		1	30
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 behavioral health pediatrician or other prescribers as approved by the MCO Contractors.		1	30

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Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Type	Step Therapy Requirements	Quantity Limit (QL)	QL Days
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 behavioral health 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 behavioral health pediatrician or other prescribers as approved by the MCO Contractors.		2	30
<b>ANTIPSYCHOTICS - FIRST GENERATION - TYPICAL ORAL AGENTS</b>							
CHLORPROMAZINE HCL SOLUTION	VARIOUS			PA Required for Ages < 6 years Prior Authorization is not required for ages 6 and greater when prescribed by a psychiatric clinician, a behavioral health pediatrician or other prescribers as approved by the MCO Contractors.			
CHLORPROMAZINE HCL TABLETS	VARIOUS			PA Required for Ages < 6 years Prior Authorization is not required for ages 6 and greater when prescribed by a psychiatric clinician, a behavioral health 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 behavioral health pediatrician or other prescribers as approved by the MCO Contractors.			

**AHCCCS COMPLETE CARE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2018**

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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 behavioral health 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 behavioral health pediatrician or other prescribers as approved by the MCO Contractors.			
HALOPERIDOL LACTATE CONCENTRATE	VARIOUS			PA Required for Ages < 6 years Prior Authorization is not required for ages 6 and greater when prescribed by a psychiatric clinician, a behavioral health 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 behavioral health 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 behavioral health pediatrician or other prescribers as approved by the MCO Contractors.			

**AHCCCS COMPLETE CARE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2018**

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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 behavioral health pediatrician or other prescribers as approved by the MCO Contractors.			
PIMOZIDE	ORAP			PA Required for Ages < 12 years Prior Authorization is not required for ages 6 and greater when prescribed by a psychiatric clinician, a behavioral health 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 behavioral health 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 behavioral health 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 behavioral health pediatrician or other prescribers as approved by the MCO Contractors.			
<b>ANTIPSYCHOTICS - FIRST GENERATION -TYPICAL -LONG ACTING INJECTIONS</b>							

**AHCCCS COMPLETE CARE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2018**

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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 behavioral health 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 behavioral health pediatrician or other prescribers as approved by the MCO Contractors.			
<b>ANTIVIRALS</b>							
<b>ANTIRETROVIRALS</b>							
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						
DIDANOSINE SOLUTION	VIDEX PEDIATRIC						
DOLUTEGRAVIR SODIUM TABLETS	TIVICAY						

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EFAVIRENZ CAPSULES	SUSTIVA						
EFAVIRENZ TABLETS	SUSTIVA						
EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TABLETS	ATRIPLA						
ELVITEGRAVIR TABLETS	VITEKTA						
ELVITEGRAVIR-COBIKISTAT-EMTRICITABINE-TENOFOVIR TABLETS	STRIBILD						
ELVITEGRAVIR-COBIKISTAT-EMTRICITABINE-TENOFOVIR ALAFENAMIDE TABLETS	GENVOYA						
EMTRICITABINE CAPSULES	EMTRIVA						
EMTRICITABINE SOLUTION	EMTRIVA						
EMTRICITABINE-RILPIVIRINE-TENOFOVIR ALAFENAMIDE FUMARATE TABLETS	ODEFSEY						
EMTRICITABINE-RILPIVIRINE-TENOFOVIR DISOPROXIL FUMARATE TABLETS	COMPLERA						
EMTRICITABINE-TENOFOVIR ALAFENAMIDE FUMARATE TABLETS	DESCOVY						
EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TABLETS	TRUVADA			PA Required			
ENFUVIRTIDE SOLUTION	FUZEON			PA Required		1	30
ETRAVIRINE TABLETS	INTELENCE						
FOSAMPRENAVIR CALCIUM SUSPENSION	LEXIVA						
FOSAMPRENAVIR CALCIUM TABLETS	LEXIVA						
INDINAVIR SULFATE CAPSULES	CRIXIVAN						
LAMIVUDINE SOLUTION	EPIVIR						
LAMIVUDINE TABLETS	EPIVIR						
LAMIVUDINE-ZIDOVUDINE TABLETS	COMBIVIR						
LOPINAVIR-RITONAVIR SOLUTION	KALETRA						
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						
<b>CMV AGENTS</b>							
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			
<b>HEPATITIS B AGENTS</b>							
ADEFOVIR DIPIVOXIL TABLETS	HEPSERA			PA Required			
ENTECAVIR SOLUTION	BARACLUDE			PA Required			
ENTECAVIR TABLETS	BARACLUDE			PA Required			
TELBIVUDINE TABLETS	TYZEKA			PA Required			
<b>HEPATITIS C AGENTS</b>							

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ADEFOVIR DIPIVOXIL TABLETS	HEPSERA			PA Required			
ENTECAVIR SOLUTION	BARACLUDE			PA Required			
ENTECAVIR TABLETS	BARACLUDE			PA Required			
GLECAPREVIR-PIBRENTASVIR TABLETS	MAVYRET		<b>Preferred Drug</b>	PA Required			
LAMIVUDINE (HBV) SOLUTION	EPIVIR HBV						
LAMIVUDINE (HBV) TABLETS	EPIVIR HBV						
<b>PEGINTERFERON ALFA-2A SOLUTION</b>	<b>PEGASYS</b>		<b>Preferred Drug</b>	<b>PA Required</b>			
<b>PEGINTERFERON ALFA-2B KIT</b>	<b>PEGINTRON</b>		<b>Preferred Drug</b>	<b>PA Required</b>			
<b>RIBAVIRIN (HEPATITIS C) CAPSULES</b>	<b>VARIOUS</b>		<b>Preferred Drug</b>	<b>PA Required</b>			
<b>RIBAVIRIN (HEPATITIS C) TABLETS</b>	<b>VARIOUS</b>		<b>Preferred Drug</b>	<b>PA Required</b>			
TELBIVUDINE TABLETS	TYZEKA			PA Required			
<b>HERPES AGENTS</b>							
ACYCLOVIR SUSPENSION	ZOVIRAX						
ACYCLOVIR TABLETS	ZOVIRAX						
FAMCICLOVIR TABLETS	FAMVIR			PA Required			
VALACYCLOVIR HCL TABLETS	VALTREX			PA Required			
<b>INFLUENZA AGENTS</b>							
OSELTAMIVIR PHOSPHATE CAPSULES	TAMIFLU					20	270
OSELTAMIVIR PHOSPHATE SUSPENSION	TAMIFLU						
RIMANTADINE HYDROCHLORIDE TABLETS	FLUMADINE						
ZANAMIVIR AEROSOL POWDER BREATH ACTIVATED	RELENZA DISKHALER					40	270
<b>ASSORTED CLASSES</b>							
<b>CHELATING AGENTS</b>							
PENICILLAMINE CAPSULES	CUPRIMINE						
<b>IMMUNOMODULATORS</b>							
LENALIDOMIDE CAPSULES	REVLIMID			PA Required			
THALIDOMIDE CAPSULES	THALOMID			PA Required			
<b>IMMUNOSUPPOSITORYRESSIVE AGENTS</b>							
AZATHIOPRINE TABLETS	IMURAN						
CYCLOSPORINE CAPSULES	SANDIMMUNE						
CYCLOSPORINE MODIFIED (FOR MICROEMULSION) CAPSULES	GENGRAF						
CYCLOSPORINE MODIFIED (FOR MICROEMULSION) SOLUTION	GENGRAF						
CYCLOSPORINE SOLUTION	SANDIMMUNE						



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EVEROLIMUS (IMMUNOSUPPOSITORY/RESSANT) 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						
<b>POTASSIUM REMOVING RESINS</b>							
SODIUM POLYSTYRENE SULFONATE POWDER	KAYEXALATE						
SODIUM POLYSTYRENE SULFONATE SUSPENSION	KIONEX						
<b>BETA BLOCKERS</b>							
<b>ALPHA-BETA BLOCKERS</b>							
CARVEDILOL TABLETS	COREG						
LABETALOL HCL TABLETS	TRANDATE						
<b>BETA BLOCKERS CARDIO-SELECTIVE</b>							
ATENOLOL TABLETS	TENORMIN						
ATENOLOL/CHLORTHALIDONE	VARIOUS						
BISOPRODOL	VARIOUS						
BISOPRODOL/HCTZ	VARIOUS						
METOPROLOL TARTRATE TABLETS	VARIOUS						
METOPROLOL SUCCINATE TABLET 24-HOUR	VARIOUS						
METOPROLOL TARTRATE/HCTZ	VARIOUS						
<b>BETA BLOCKERS NON-SELECTIVE</b>							
NADOLOL TABLETS	VARIOUS						
NADOLOL /BENDROFLUMETHIAZIDE	VARIOUS						
PROPRANOLOL HCL CAPSULE CONTROLLED RELEASE	VARIOUS						
PROPRANOLOL HCL SOLUTION	VARIOUS						
PROPRANOLOL HCL TABLETS	VARIOUS						
PROPRANOLOL / HCTZ	VARIOUS						
SOTALOL HCL TABLETS	BETAPACE						
<b>CALCIUM CHANNEL BLOCKERS</b>							
<b>CALCIUM CHANNEL BLOCKERS</b>							
AMLODIPINE BESYLATE	VARIOUS					30	30
DILTIAZEM CAPSULE ER	VARIOUS						

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DILTIAZEM TABLETS	VARIOUS						
FELODIPINE TABLET 24-HOUR	VARIOUS						
NIFEDIPINE IR CAPSULES	VARIOUS						
NIFEDIPINE TABLET 24-HOUR	VARIOUS					30	30
VERAPAMIL HCL CAPSULE CONTROLLED RELEASE	VARIOUS					30	30
VERAPAMIL HCL ER PM	VARIOUS					30	30
VERAPAMIL HCL TABLETS	VARIOUS						
VERAPAMIL HCL TABLET CONTROLLED RELEASE	VARIOUS					30	30
<b>CARDIOTONICS</b>							
<b>CARDIAC GLYCOSIDES</b>							
DIGOXIN SOLUTION	DIGOXIN						
DIGOXIN TABLETS	LANOXIN						
<b>CARDIOVASCULAR AGENTS - MISC.</b>							
<b>ANGIOTENSTIN RECEPTOR NEPRILYSIN INHIBITOR</b>							
SACUBITRIL / VALSARTAN	ENTRESTO			PA Required			
<b>PROSTAGLANDIN VASODILATORS</b>							
EPOPROSTENOL SODIUM SOLUTION	FLOLAN			PA Required			
ILOPROST SOLUTION	VENTAVIS			PA Required			
TREPROSTINIL SODIUM SOLUTION	REMODULIN			PA Required			
TREPROSTINIL SOLUTION	TYVASO			PA Required			
<b>PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAG</b>							
AMBRISENTAN TABLETS	LETAIRIS			PA Required			
BOSENTAN TABLETS	TRACLEER			PA Required			
<b>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBIT</b>							
SILDENAFIL CITRATE (PULMONARY HYPERTENSION) SUSPENSION	REVATIO			PA Required			
SILDENAFIL CITRATE (PULMONARY HYPERTENSION) TABLETS	REVATIO			PA Required			
TADALAFIL (PULMONARY HYPERTENSION) TABLETS	ADCIRCA			PA Required			
<b>CEPHALOSPORINS</b>							
<b>CEPHALOSPORINS - 1ST GENERATION</b>							
CEFADROXIL CAPSULES	CEFADROXIL						
CEFADROXIL SUSPENSION	CEFADROXIL						
CEFADROXIL TABLETS	CEFADROXIL						
CEPHALEXIN CAPSULES	KEFLEX						
CEPHALEXIN SUSPENSION	CEPHALEXIN						
CEPHALEXIN TABLETS	CEPHALEXIN						

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<b>CEPHALOSPORINS - 2ND GENERATION</b>							
CEFACLOR CAPSULES	CEFACLOR						
CEFACLOR SUSPENSION	CEFACLOR						
CEFPROZIL SUSPENSION	CEFPROZIL						
CEFPROZIL TABLETS	CEFPROZIL						
CEFUROXIME AXETIL SUSPENSION	CEFTIN						
CEFUROXIME AXETIL TABLETS	CEFTIN						
<b>CEPHALOSPORINS - 3RD GENERATION</b>							
CEFDINIR CAPSULES	CEFDINIR						
CEFDINIR SUSPENSION	CEFDINIR						
CEFIXIME CAPSULES	SUPRAX					1	30
CEFIXIME CHEWABLE TABLETS	SUPRAX					1	30
CEFIXIME SUSPENSION	SUPRAX					1	30
CEFIXIME TABLETS	SUPRAX					1	30
CEFPODOXIME PROXETIL SUSPENSION	CEFPODOXIME PROXETIL						
CEFPODOXIME PROXETIL TABLETS	CEFPODOXIME PROXETIL						
<b>CONTRACEPTIVES</b>							
<b>COMBINATION CONTRACEPTIVES - ORAL</b>							
DESOGESTREL & ETHINYL ESTRADIOL TABLETS	APRI						
DESOGESTREL-ETHINYL ESTRADIOL (BIPHASIC) TABLETS	AZURETTE						
DESOGESTREL-ETHINYL ESTRADIOL (TRIPHASIC) TABLETS	CAZIAN						
DROSPIRENONE-ETHINYL ESTRADIOL TABLETS	OCELLA						
ETHYNODIOL DIACET & ETHINYL ESTRADIOL TABLETS	KELNOR 1/35						
LEVONORGESTREL & ETHINYL ESTRADIOL TABLETS	AUBRA						
LEVONORGESTREL-ETHINYL ESTRADIOL (TRIPHASIC) TABLETS	ENPRESSE-28						
LEVONORGESTREL-ETHINYL ESTRADIOL (91-DAY) TABLETS	AMETHIA LO						
NORETHINDRONE & ETHINYL ESTRADIOL TABLETS	BALZIVA						
NORETHINDRONE & MESTRANOL TABLETS	NECON 1/50-28						
NORETHINDRONE ACETATE & ETHINYL ESTRADIOL TABLETS	GILDESS 1/20						
NORETHINDRONE ACETATE-ETHINYL ESTRADIOL-FE TABLETS	ESTROSTEP FE						
NORETHINDRONE-ETHINYL ESTRADIOL (BIPHASIC) TABLETS	NECON 10/11-28						
NORETHINDRONE-ETHINYL ESTRADIO+A894L (TRIPHASIC) TABLETS	CYCLAFEM 7/7/7						
NORGESTIMATE-ETHINYL ESTRADIOL (TRIPHASIC) TABLETS	ORTHO TRI-CYCLEN						
NORGESTIMATE-ETHINYL ESTRADIOL TABLETS	ESTARYLLA						
NORGESTREL & ETHINYL ESTRADIOL TABLETS	CRYSSELLE-28						

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<b>COMBINATION CONTRACEPTIVES - VAGINAL</b>							
ETONOGESTREL-ETHINYL ESTRADIOL RING	NUVARING						
<b>EMERGENCY CONTRACEPTIVES</b>							
LEVONORGESTREL TABLETS	PLAN B						
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE</b>							
HYDROXYPROGESTERONE CAPROATE OIL	MAKENA 250 MG/ML			PA Required			
<b>HYDROXYPROGESTERONE CAPROATE SOLUTION AUTOINJECTOR</b>	<b>MAKENA AUTO INJECTOR</b>			<b>PA Required</b>			
MEDROXYPROGESTERONE ACETATE SUSPENSION	DEPO-PROVERA CONTRACEPTIVE						
<b>PROGESTIN CONTRACEPTIVES - ORAL</b>							
NORETHINDRONE TABLETS	CAMILA						
<b>CORTICOSTEROIDS</b>							
<b>GLUCOCORTICOSTEROIDS</b>							
DEXAMETHASONE CONCENTRATE	DEXAMETHASONE INTENSOL						
DEXAMETHASONE ELIXIR	VARIOUS						
DEXAMETHASONE SOLUTION	DEXAMETHASONE						
DEXAMETHASONE TABLETS	DEXAMETHASONE						
<b>HYDROCORTISONE SOD SUCCINATE SOLUTION (INJECTABLE)</b>	<b>A-HYDROCORT</b>			<b>PA Required</b>			
<b>METHYLPREDNISOLONE ACETATE SUSPENSION (INJECTABLE)</b>	<b>DEPO-MEDROL</b>			<b>PA Required</b>			
<b>METHYLPREDNISOLONE SOD SUCC SOLUTION (INJECTABLE)</b>	<b>A-METHAPRED</b>			<b>PA Required</b>			
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						
<b>TRIAMCINOLONE ACETONIDE SUSPENSION (INJECTABLE)</b>	<b>KENALOG-10</b>			<b>PA Required</b>			
<b>TRIAMCINOLONE DIACETATE SUSPENSION (INJECTABLE)</b>	<b>TRIAMCINOLONE</b>			<b>PA Required</b>			
<b>TRIAMCINOLONE HEXACETONIDE SUSPENSION (INJECTABLE)</b>	<b>ARISTOSPAN INTRALESIONAL &amp; INTRA-ARTICULAR</b>			<b>PA Required</b>			
<b>MINERALOCORTICIDS</b>							
FLUDROCORTISONE ACETATE TABLETS	FLORINEF						
<b>COUGH/COLD/ALLERGY</b>							
<b>ANTITUSSIVES</b>							

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BENZONATATE CAPSULES	TESSALON PERLES						
HYDROCODONE W/ HOMATROPINE SYRUP	VARIOUS			PA Required for < 18 years of age		240	12
HYDROCODONE W/ HOMATROPINE TABLETS	VARIOUS			PA Required for < 18 years of age			
<b>COUGH/COLD/ALLERGY COMBINATIONS</b>							
BROMPHENIRAMINE & PSEUDOEPHEDRINE LIQUID	VARIOUS						
BROMPHENIRAMINE &PSEUDOEPHEDRINE TABLET 12-HOUR	VARIOUS						
BROMPHENIRAMINE-DEXTROMETHORPHAN-PHENYLEPHRINE LIQUID/TABLETS	VARIOUS						
CETIRIZINE-PSEUDOEPHEDRINE TABLET 12-HOUR	VARIOUS					30	30
CHLORPHENIRAMINE &PSEUDOEPHEDRINE CHEWABLE TABLETS	VARIOUS						
CHLORPHENIRAMINE &PSEUDOEPHEDRINE LIQUID	VARIOUS					480	30
CHLORPHENIRAMINE &PSEUDOEPHEDRINE SOLUTION	VARIOUS					480	30
CHLORPHENIRAMINE &PSEUDOEPHEDRINE SYRUP	VARIOUS					480	30
CHLORPHENIRAMINE &PSEUDOEPHEDRINE TABLETS	VARIOUS						
DEXTROMETHORPHAN-GUAIFENESIN TABLET	VARIOUS						
DEXTROMETHORPHAN-GUAIFENESIN LIQUID	VARIOUS					480	30
DEXTROMETHORPHAN-GUAIFENESIN TABLET 12-HOUR	MUCINEX DM						
FEXOFENADINE-PSEUDOEPHEDRINE TABLET 12-HOUR	VARIOUS					30	30
FEXOFENADINE-PSEUDOEPHEDRINE TABLET 24-HOUR	VARIOUS					30	30
GUAIFENESIN-CODEINE SYRUP	ROBITUSSIN AC			PA Required for < 18 years of age		240	12
LORATADINE & PSEUDOEPHEDRINE TABLET 12-HOUR	ALAVERT ALLERGY/SINUS					30	30
LORATADINE & PSEUDOEPHEDRINE TABLET 24-HOUR	CLARITIN-D 24 HOUR					30	30
PHENYLEPHRINE W/ DEXTROMETHORPHAN-GUAIFENESIN CAPSULES	VARIOUS						
PHENYLEPHRINE W/ DEXTROMETHORPHAN-GUAIFENESIN LIQUID	ROBITUSSIN CHILDRENS COUGH & COLD CF					480	30
PHENYLEPHRINE W/ DEXTROMETHORPHAN-GUAIFENESIN SYRUP	VARIOUS					480	30
PHENYLEPHRINE W/ DEXTROMETHORPHAN-GUAIFENESIN TABLETS	VARIOUS						
PHENYLEPHRINE W/ DEXTROMETHORPHAN-GUAIFENESIN TABLET 12-HOUR	VARIOUS						
PHENYLEPHRINE-BROMPHENIRAMINE-DEXTROMETHORPHAN ELIXIR	VARIOUS					480	30
PHENYLEPHRINE-BROMPHENIRAMINE-DEXTROMETHORPHAN LIQUID	DIMETAPP DEXTROMETHORPHAN COLD & COUGH					480	30
PHENYLEPHRINE-BROMPHENIRAMINE-DEXTROMETHORPHAN SYRUP	VARIOUS					480	30
PHENYLEPHRINE-CHLORPHENIRAMINE-DEXTROMETHORPHAN LIQUID	VARIOUS					480	30
PHENYLEPHRINE-CHLORPHENIRAMINE-DEXTROMETHORPHAN DROPS	VARIOUS			PA Required for < 6 years age			
PHENYLEPHRINE-CHLORPHENIRAMINE-DEXTROMETHORPHAN SYRUP	VARIOUS					480	30

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PHENYLEPHRINE-CHLORPHENIRAMINE-DEXTROMETHORPHAN TABLETS	VARIOUS						
PHENYLEPHRINE-GUAIFENESIN CAPSULES	VARIOUS						
PHENYLEPHRINE-GUAIFENESIN LIQUID	TRIAMINIC CHEST/ NASAL CONGESTION					480	30
PHENYLEPHRINE-GUAIFENESIN SYRUP	TRIAMINIC CHEST & NASAL CONGESTION					480	30
PHENYLEPHRINE-GUAIFENESIN TABLETS	VARIOUS						
PROMETHAZINE & PHENYLEPHRINE SYRUP	PROMETHAZINE/ PHENYLEPHRINE					480	30
PROMETHAZINE W/CODEINE SYRUP	PROMETHAZINE/CODEINE			PA Required for < 18 years of age		240	12
PROMETHAZINE-DEXTROMETHORPHAN SYRUP	PROMETHAZINE/ DEXTROMETHORPHAN					480	30
PSEUDOEPHEDRINE W/ CODEINE-GUAIFENESIN SYRUP	VARIOUS			PA Required for < 18 years of age		240	12
<b>EXPECTORANTS</b>							
GUAIFENESIN LIQUID	VARIOUS					480	30
GUAIFENESIN SYRUP	VARIOUS					480	30
GUAIFENESIN TABLETS	VARIOUS						
GUAIFENESIN TABLET 12-HOUR	VARIOUS						
<b>DERMATOLOGICALS</b>							
<b>ACNE PRODUCTS</b>							
BENZOYL PEROXIDE BAR	VARIOUS						
BENZOYL PEROXIDE CREAM	VARIOUS						
BENZOYL PEROXIDE FOAM	VARIOUS						
BENZOYL PEROXIDE GEL	VARIOUS						
BENZOYL PEROXIDE LIQUID	VARIOUS						
BENZOYL PEROXIDE LOTION	VARIOUS						
CLINDAMYCIN PHOSPHATE GEL	CLEOCIN-T						
CLINDAMYCIN PHOSPHATE LOTION	CLEOCIN-T						
CLINDAMYCIN PHOSPHATE SOLUTION	CLEOCIN-T						
ERYTHROMYCIN GEL	ERYGEL						
ERYTHROMYCIN SOLUTION	ERYTHROMYCIN						
ISOTRETINOIN CAPSULES	AMNESTEEM			PA Required			
SULFACETAMIDE SODIUM LOTION	KLARON						
TRETINOIN CREAM	RETIN-A			PA Required FOR > 26 Years of Age			
TRETINOIN GEL	RETIN-A			PA Required FOR > 26 Years of Age			
<b>ANTIBIOTICS - TOPICAL</b>							

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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						
<b>ANTIFUNGALS - TOPICAL</b>							
<b>BUTENAFINE</b>	<b>LOTRIMIN ULTRA</b>		<b>PREFERRED BRAND</b>				
<b>CICLOPROX CREAM</b>	<b>VARIOUS</b>						
<b>CICLOPROX SOLUTION</b>	<b>VARIOUS</b>						
<b>CICLOPROX SUSPENSION</b>	<b>VARIOUS</b>						
<b>CLOTRIMAZOLE CREAM (RX &amp; OTC)</b>	<b>LOTRIMIN</b>						
<b>CLOTRIMAZOLE OINTMENT</b>	<b>LOTRIMIN</b>						
<b>CLOTRIMAZOLE SOLUTION ( RX &amp; OTC)</b>	<b>VARIOUS</b>						
<b>CLOTRIMAZOLE W/ BETAMETHASONE CREAM</b>	<b>LOTRISONE</b>						
<b>KETOCONAZOLE CREAM</b>	<b>VARIOUS</b>						
<b>KETOCONAZOLE SHAMPOO</b>	<b>VARIOUS</b>						
<b>MICONAZOLE NITRATE CREAM</b>	<b>VARIOUS</b>						
<b>MICONAZOLE NITRATE LIQUID/SPRAY</b>	<b>VARIOUS</b>						
<b>MICONAZOLE NITRATE OINTMENT</b>	<b>VARIOUS</b>						
<b>MICONAZOLE NITRATE POWDER</b>	<b>VARIOUS</b>						
<b>NYSTATIN CREAM</b>	<b>VARIOUS</b>						
<b>NYSTATIN OINTMENT</b>	<b>VARIOUS</b>						
<b>NYSTATIN POWDER</b>	<b>NYAMYC</b>						
<b>TOLNAFTATE AERO POWDER</b>	<b>VARIOUS</b>						
<b>TOLNAFTATE CREAM</b>	<b>VARIOUS</b>						
<b>TOLNAFTATE POWDER</b>	<b>VARIOUS</b>						
<b>TOLNAFTATE SPRAY</b>	<b>VARIOUS</b>						
<b>TERBINAFINE CREAM</b>	<b>VARIOUS</b>						
<b>ANTIHISTAMINES-TOPICAL</b>							
DIPHENHYDRAMINE HCL CREAM	ANTI-ITCH MAXIMUM STRENGTH						
DIPHENHYDRAMINE HCL GEL	BENADRYL ITCH STOPPING						

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DIPHENHYDRAMINE HCL SOLUTION	BENADRYL MAXIMUM STRENGTH						
<b>ANTISEBORRHEIC TOPICAL PRODUCTS</b>							
SELENIUM SULFIDE LOTION	SELSUN SHAMPOOPOO						
<b>ANTIVIRALS - TOPICAL</b>							
DOCOSANOL 10% CREAM	ABREVA					15GM	30
ACYCLOVIR OINTMENT	ZOVIRAX						
<b>BURN PRODUCTS</b>							
SILVER SULFADIAZINE CREAM	SILVADENE						
<b>CORTICOSTEROIDS - TOPICAL LOW POTENCY</b>							
<b>HYDROCORTISONE CREAM</b>	VARIOUS						
<b>HYDROCORTISONE GEL</b>	VARIOUS						
<b>HYDROCORTISONE LOTION</b>	VARIOUS						
<b>HYDROCORTISONE OINTMENT</b>	VARIOUS						
<b>FLUOCINOLONE 0.01% OIL</b>	VARIOUS						
<b>CORTICOSTEROIDS - TOPICAL MEDIUM POTENCY</b>							
<b>FLUTICASONE PROPIONATE CREAM</b>	VARIOUS						
<b>FLUTICASONE PROPIONATE OINTMENT</b>	VARIOUS						
<b>MOMETASONE FUROATE CREAM</b>	VARIOUS						
<b>MOMETASONE FUROATE OINTMENT</b>	VARIOUS						
<b>MOMETASONE FUROATE SOLUTION</b>	VARIOUS						
<b>CORTICOSTEROIDS - TOPICAL HIGH POTENCY</b>							
<b>BETAMETHASONE DIPROPIONATE LOTION</b>	VARIOUS						
<b>BETAMETHASONE DIPROPIONATE/PROPYLENE GLYC. CREAM</b>	VARIOUS						
<b>BETAMETHASONE VALERATE CREAM</b>	VARIOUS						
<b>BETAMETHASONE VALERATE LOTION</b>	VARIOUS						
<b>BETAMETHASONE VALERATE SOLUTION</b>	VARIOUS						
<b>FLUOCINONIDE CREAM</b>	VARIOUS						
<b>FLUOCINONIDE OINTMENT</b>	VARIOUS						
<b>FLUOCINONIDE SOLUTION</b>	VARIOUS						
<b>TRIAMCINOLONE ACETONIDE CREAM</b>	VARIOUS						
<b>TRIAMCINOLONE ACETONIDE LOTION</b>	VARIOUS						
<b>TRIAMCINOLONE ACETONIDE OINTMENT</b>	VARIOUS						
<b>CORTICOSTEROIDS - TOPICAL VERY HIGH POTENCY</b>							
<b>CLOBETASOL PROPIONATE CREAM</b>	VARIOUS					100	30



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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
<b>KERATOLYTIC/ANTIMITOTIC AGENTS</b>							
SALICYLIC ACID CREAM	SALACYN						
SALICYLIC ACID FOAM	SALVAX						
SALICYLIC ACID GEL	KERALYT						
SALICYLIC ACID LIQUID	VIRASAL						
SALICYLIC ACID LOTION	SALACYN						
SALICYLIC ACID SHAMPOO	SALEX						
SALICYLIC ACID SOLUTION	VARIOUS						
<b>LOCAL ANESTHETICS - TOPICAL</b>							
LIDOCAINE CREAM 4%	ASPERCREME W/LIDOCAINE						
LIDOCAINE HCL GEL 2%	GLYDO						
LIDOCAINE HCL LOTION	LIDOCAINE HCL				PA Required		
LIDOCAINE OINTMENT	LIDOCAINE				PA Required		
LIDOCAINE PATCH	LIDODERM				PA Required		
LIDOCAINE HCL SOLUTION	VARIOUS						
LIDOCAINE-PRILOCAINE CREAM	EMLA						
<b>TOPICAL - MISC.</b>							
ALUMINUM CHLORIDE SOLUTION	DRYSOL						
<b>ROSACEA TOPICAL AGENTS</b>							
METRONIDAZOLE CREAM 0.75%	METROCREAM						
METRONIDAZOLE GEL 0.75%	METROGEL						
METRONIDAZOLE LOTION	METROLOTION						
<b>SCABICIDES &amp; PEDICULICIDES TOPICAL AGENTS+A1106</b>							
CROTAMITON CREAM	EURAX						
CROTAMITON LOTION	EURAX						
IVERMECTIN LOTION	SKLICE				PA Required		
PERMETHRIN CREAM	ACTICIN						

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PERMETHRIN 1%, 5%	NIX, ELIMITE						
PERMETHRIN LIQUID	NIX CREME RINSE						
PYRETHRINS-PIPERONYL BUTOXIDE GEL	A-200						
PYRETHRINS-PIPERONYL BUTOXIDE LIQUID	BARC						
PYRETHRINS-PIPERONYL BUTOXIDE SHAMPOO	LICIDE						
SPINOSAD SUSPENSION	NATROBA			PA Required			
<b>DIAGNOSTIC PRODUCTS</b>							
<b>DIAGNOSTIC TESTS</b>							
BLOOD GLUCOSE MONITORS & STRIPS	VARIOUS						
<b>DIGESTIVE AIDS</b>							
<b>DIGESTIVE ENZYMES</b>							
LIPASE-PROTEASE-AMYLASE CAPSULE DELAYED RELEASE	CREON	Brand Only	Preferred Drug			500	30
LIPASE-PROTEASE-AMYLASE CAPSULE DELAYED RELEASE 5000 U	PANCRELIPASE 5000 U	Brand Only	Preferred Drug			500	30
LIPASE-PROTEASE-AMYLASE CAPSULE DELAYED RELEASE	ZENPEP	Brand Only	Preferred Drug			500	30
SACROSIDASE SOLUTION	SUCRAID			PA Required			
<b>DIURETICS</b>							
<b>CARBONIC ANHYDRASE INHIBITORS</b>							
ACETAZOLAMIDE CAPSULE 12-HOUR	DIAMOX						
ACETAZOLAMIDE TABLETS	ACETAZOLAMIDE						
METHAZOLAMIDE TABLETS	NEPTAZANE						
<b>DIURETIC COMBINATIONS</b>							
SPIRONOLACTONE & HYDROCHLOROTHIAZIDE TABLETS	ALDACTAZIDE						
TRIAMTERENE & HYDROCHLOROTHIAZIDE CAPSULES	DYAZIDE						
TRIAMTERENE & HYDROCHLOROTHIAZIDE TABLETS	MAXZIDE-25						
<b>LOOP DIURETICS</b>							
BUMETANIDE TABLETS	BUMETANIDE						
FUROSEMIDE SOLUTION	FUROSEMIDE						
FUROSEMIDE TABLETS	LASIX						
TORSEMIDE TABLETS	DEMADEX						
<b>POTASSIUM SPARING DIURETICS</b>							
SPIRONOLACTONE TABLETS	ALDACTONE						
<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS</b>							
CHLOROTHIAZIDE SUSPENSION	DIURIL						
CHLOROTHIAZIDE TABLETS	CHLOROTHIAZIDE						

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CHLORTHALIDONE TABLETS	CHLORTHALIDONE						
HYDROCHLOROTHIAZIDE CAPSULES 12.5MG	VARIOUS						
HYDROCHLOROTHIAZIDE TABLETS 25MG & 50MG	HYDROCHLOROTHIAZIDE						
INDAPAMIDE TABLETS	INDAPAMIDE						
METOLAZONE TABLETS	ZAROXOLYN						
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>							
<b>BONE DENSITY REGULATORS</b>							
ALENDRONATE SODIUM TABLETS	ALENDRONATE SODIUM						
CALCITONIN (SALMON) SOLUTION	MIACALCIN						
<b>GROWTH HORMONES</b>							
<b>SOMATROPIN</b>	<b>NORDITROPIN</b>		Preferred Drug	PA Required			
<b>SOMATROPIN</b>	<b>GENOTROPIN</b>		Preferred Drug	PA Required			
<b>HORMONE RECEPTOR MODULATORS</b>							
RALOXIFENE HCL TABLETS	EVISTA						
<b>INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)</b>							
MECASERMIN SOLUTION	INCRELEX			PA Required			
<b>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPOSITORYRESSANTS</b>							
LEUPROLIDE ACETATE (CPP) (3 MONTH) KIT	LUPRON DEPOT-PED			PA Required			
LEUPROLIDE ACETATE (CPP) KIT	LUPRON DEPOT-PED			PA Required			
<b>METABOLIC MODIFIERS</b>							
CINACALCET HCL TABLETS	SENSIPAR			PA Required			
IDURSULFASE SOLUTION	ELAPRASE			PA Required			
<b>POSTERIOR PITUITARY HORMONES</b>							
DESMOPRESSIN ACETATE REFRIGERATED SOLUTION	VARIOUS						
DESMOPRESSIN ACETATE SOLUTION	VARIOUS						
DESMOPRESSIN ACETATE SPRAY REFRIGERATED SOLUTION	VARIOUS						
DESMOPRESSIN ACETATE SPRAY SOLUTION	VARIOUS						
DESMOPRESSIN ACETATE TABLETS	VARIOUS			PA Required			
<b>ESTROGENS</b>							
<b>ESTROGEN COMBINATIONS</b>							
CONJUGATED ESTROGENS-MEDROXYPROGESTERONE ACETATE TABLETS	PREMPRO						
ESTRADIOL-LEVONORGESTREL PATCH-WEEKLY	CLIMARA PATCH						
<b>ESTROGENS</b>							
ESTERIFIED ESTROGENS TABLETS	MENEST						
ESTRADIOL PATCH-TWICE WEEKLY	ALORA						

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ESTRADIOL PATCH-WEEKLY	MENOSTAR						
ESTRADIOL TABLETS	ESTRACE						
ESTROGENS, CONJUGATED SYNTHETIC A TABLETS	CENESTIN						
ESTROGENS, CONJUGATED TABLETS	PREMARIN						
ESTROPIPATE TABLETS	ORTHO-EST						
<b>FLUOROQUINOLONES</b>							
<b>FLUOROQUINOLONES</b>							
CIPROFLOXACIN HCL TABLETS	CIPROFLOXACIN HCL						
LEVOFLOXACIN SOLUTION	LEVAQUIN						
LEVOFLOXACIN TABLETS	LEVAQUIN						
OFLOXACIN TABLETS	OFLOXACIN						
<b>GASTROINTESTINAL AGENTS - MISC.</b>							
<b>GALLSTONE SOLUBILIZING AGENTS</b>							
URSODIOL CAPSULES	ACTIGALL						
URSODIOL TABLETS	URSO 250						
<b>GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS</b>							
LUBIPROSTONE CAPSULES	AMITIZA			PA Required			
<b>GASTROINTESTINAL STIMULANTS</b>							
METOCLOPRAMIDE HCL SOLUTION	VARIOUS						
METOCLOPRAMIDE HCL TABLETS	VARIOUS						
METOCLOPRAMIDE HCL ORALLY DISINTEGRATING TABLETS	VARIOUS						
<b>INFLAMMATORY BOWEL AGENTS</b>							
BALSALAZIDE DISODIUM CAPSULES	COLAZAL					270	30
BALSALAZIDE DISODIUM TABLETS	GIAZO					270	30
BUDESONIDE CAPSULES	ENTOCORT EC						
MESALAMINE CAPSULE CONTROLLED RELEASE	PENTASA					270	30
MESALAMINE ENEMA	MESALAMINE					240	30
MESALAMINE TABLET ENTERIC COATED	ASACOL HD					120	30
OLSALAZINE SODIUM CAPSULES	DIPENTUM					120	30
SULFASALAZINE TABLETS	AZULFIDINE					240	30
SULFASALAZINE TABLET ENTERIC COATED	AZULFIDINE EN-TABLETS					240	30
<b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS</b>							
LINACLOTIDE CAPSULES	LINZESS			PA Required			
<b>PHOSPHATE BINDER AGENTS</b>							
<b>CALCIUM ACETATE TABLETS</b>	<b>VARIOUS</b>		<b>PREFERRED DRUG</b>				

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<b>CALCIUM ACETATE CAPSULES</b>	VARIOUS		PREFERRED DRUG				
<b>SEVELAMER CARBONATE PACKETS</b>	RENVELA	BRAND ONLY	PREFERRED DRUG				
<b>SEVELAMER CARBONATE TABLETS</b>	RENAGEL		PREFERRED DRUG				
<b>GENITOURINARY AGENTS - MISC.</b>							
<b>INTERSTITIAL CYSTITIS AGENTS</b>							
PENTOSAN POLYSULFATE SODIUM CAPSULES	ELMIRON			PA Required			
<b>PROSTATIC HYPERTROPHY AGENTS</b>							
ALFUZOSIN ER	VARIOUS						
DOXAZOSIN MESYLATE	VARIOUS						
DUTASTERIDE	VARIOUS						
FINASTERIDE	PROSCAR						
TAMSULOSIN HCL	FLOMAX						
TERAZOSIN	VARIOUS						
<b>URINARY ANALGESICS</b>							
PHENAZOPYRIDINE HCL TABLETS	PYRIDIUM						
<b>GOUT AGENTS</b>							
<b>GOUT AGENTS</b>							
ALLOPURINOL TABLETS	ZYLOPRIM						
COLCHICINE TABLETS	COLCRYS			PA Required			
FEBUXOSTAT TABLETS	ULORIC			PA Required			
<b>URICOSURICS</b>							
PROBENECID TABLETS	PROBENECID						
<b>HEMATOLOGICAL AGENTS - MISC.</b>							
<b>PLATELET AGGREGATION INHIBITORS</b>							
CILOSTAZOL TABLETS	PLETAL						
CLOPIDOGREL BISULFATE TABLETS	PLAVIX						
DIPYRIDAMOLE TABLETS	PERSANTINE						
TICAGRELOR TABLETS	BRILINTA			PA Required			
<b>HEMATOPOIETIC AGENTS</b>							
<b>AGENTS FOR GAUCHER DISEASE</b>							
IMIGLUCERASE SOLUTION	CEREZYME			PA Required			
<b>HEMATOPOIETIC GROWTH FACTORS</b>							
ELTROMBOPAG OLAMINE TABLETS	PROMACTA			PA Required			
<b>EPOETIN ALFA SOLUTION</b>	<b>EPOGEN / PROCRIT</b>	<b>BRAND ONLY</b>	<b>PREFERRED DRUG</b>	<b>PA Required</b>			
<b>FILGRASTIM SOLUTION</b>	<b>NEUPOGEN</b>	<b>BRAND ONLY</b>	<b>PREFERRED DRUG</b>	<b>PA Required</b>			

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<b>PEGFILGRASTIM SOLUTION</b>	<b>NEULASTA</b>	<b>BRAND ONLY</b>	<b>PREFERRED DRUG</b>	<b>PA Required</b>			
<b>HEMOSTATICS</b>							
<b>HEMOSTATICS - SYSTEMIC</b>							
AMINOCAPROIC ACID SYRUP	AMICAR						
AMINOCAPROIC ACID TABLETS	AMICAR						
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENT</b>							
<b>BARBITURATE HYPNOTICS</b>							
PHENOBARBITAL SOLUTION	PHENOBARBITAL						
PHENOBARBITAL TABLETS	PHENOBARBITAL						
<b>NON-BARBITURATE HYPNOTICS</b>							
TEMAZEPAM CAPSULES 15MG & 30MG	RESTORIL		Preferred Drug	PA Required for Ages <6 years PA Required for > 1 Hypnotic Drug		30	30
ZOLPIDEM TARTRATE TABLETS 5MG	AMBIEN		Preferred Drug	PA Required for Ages <6 years PA Required for > 1 Hypnotic Drug		60	30
ZOLPIDEM TARTRATE TABLETS 10MG	AMBIEN		Preferred Drug	PA Required for Ages <6 years PA Required for > 1 Hypnotic Drug		30	30
<b>SELECTIVE MELATONIN RECEPTOR AGONISTS</b>							
RAMELTEON TABLETS	ROZEREM	Brand ONLY	Preferred Drug	PA Required for < 6 years of age	Patient must have tried Temezepam and Zolpidem	30	30
<b>LAXATIVES</b>							
<b>LAXATIVE COMBINATIONS</b>							
PEG 3350-KCL-SOD BICARB-SOD CHLORIDE-SOD SULFATE SOLUTION	COLYTE						
<b>LAXATIVES - MISC.</b>							
LACTULOSE SOLUTION	LACTULOSE						
<b>MACROLIDES</b>							
<b>AZITHROMYCIN</b>							
AZITHROMYCIN PACKETS	ZITHROMAX						
AZITHROMYCIN SUSPENSION	ZITHROMAX						
AZITHROMYCIN TABLETS	ZITHROMAX						
<b>CLARITHROMYCIN</b>							

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CLARITHROMYCIN SUSPENSION	CLARITHROMYCIN						
CLARITHROMYCIN TABLETS	BIAXIN						
CLARITHROMYCIN TABLET 24-HOUR	BIAXIN XL						
<b>MEDICAL DEVICES</b>							
<b>CONTRACEPTIVES</b>							
CONDOMS - FEMALE MISC.	FC FEMALE CONDOM						
CONDOMS - MALE MISC.	LIFESTYLES ASSORTED COLORS						
DIAPHRAGM ARC-SPRING DPRH	CAYA						
DIAPHRAGM COIL SPRING KIT	ORTHO DIAPHRAGM COIL SPRING KIT 50						
DIAPHRAGM FLAT SPRING KIT	ORTHO DIAPHRAGM FLAT SPRING KIT 55						
DIAPHRAGM WIDE SEAL DPRH	WIDE-SEAL SILICONE DIAPHRAGM KIT 60						
DIAPHRAGMS - OTHER+A1294	OMNIFLEX DIAPHRAGM						
<b>DIABETIC SUPPOSITORYLIES</b>							
BLOOD GLUCOSE MONITORING KIT W/ DEVICE	VARIOUS						
BLOOD GLUCOSE MONITORING DEVICES	VARIOUS						
LANCET DEVICES MISC.	VARIOUS						
LANCETS MISC.	VARIOUS						
<b>DEVICES - MISC.</b>							
ALCOHOL SWABS PADS	ALCOH-GLOVE CONTOURED WIPE						
<b>RESPIRATORY THERAPY SUPPOSITORYLIES</b>							
SPACER/AEROSOL-HOLDING CHAMBER SUPPOSITORYLIES - MASKS	MASK VORTEX/ BABY WHIRL DUCKLING					2	365
SPACER/AEROSOL-HOLDING CHAMBERS DEVICE	AEROCHAMBER MINI AEROCHAMBER					2	365
<b>MIGRAINE PRODUCTS</b>							
<b>MIGRAINE COMBINATIONS</b>							
ERGOTAMINE W/ CAFFEINE SUPPOSITORY	MIGERGOT					12	30
ERGOTAMINE W/ CAFFEINE TABLETS	CAFERGOT						
<b>SEROTONIN AGONISTS</b>							

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NARATRIPTAN HCL TABLETS	AMERGE		PREFERRED DRUG			9	30
RIZATRIPTAN BENZOATE TABLETS	MAXALT		PREFERRED DRUG			9	30
RIZATRIPTAN BENZOATE ORALLY DISPERSABLE TABLET	MAXALT-MLT		PREFERRED DRUG			9	30
SUMATRIPTAN NASAL SPRAY	IMITREX		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 TABLETS	ZOMIG		PREFERRED DRUG			9	30
ZOLMITRIPTAN ORALLY DISPERSABLE TABLET	ZOMIG ZMT		PREFERRED DRUG			9	30
<b>MINERALS &amp; ELECTROLYTES</b>							
SODIUM FLUORIDE CHEWABLE TABLETS	LUDENT						
SODIUM FLUORIDE LOZG	LOZI-FLUR						
SODIUM FLUORIDE SOLUTION	FLUOR-A-DAY						
SODIUM FLUORIDE TABLETS	SODIUM FLUORIDE						
<b>MOUTH/THROAT/DENTAL AGENTS</b>							
<b>ANTI-INFECTIVES - THROAT</b>							
CLOTRIMAZOLE TROC	CLOTRIMAZOLE						
<b>STEROIDS - MOUTH/THROAT</b>							
TRIAMCINOLONE ACETONIDE ORAL PASTE	ORALONE						
<b>MULTIVITAMINS</b>							
<b>PRENATAL VITAMINS</b>							
PRENATAL MULTIVITAMINS WITH OR WITHOUT MINERALS W/ FOLATE	VARIOUS						



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PRENATAL MULTIVITAMINES WITH MINERAL W/FE-FA	VARIOUS						
<b>MUSCULOSKELETAL THERAPY AGENTS</b>							
<b>CENTRAL MUSCLE RELAXANTS</b>							
BACLOFEN TABLETS	BACLOFEN						
CYCLOBENZAPRINE HCL TABLETS 5MG & 10MG	FLEXERIL			PA Required for dosages other than 5mg and 10mg tablets			
METHOCARBAMOL TABLETS	ROBAXIN						
TIZANIDINE HCL TABLETS - 2MG & 4MG ONLY	TIZANIDINE HCL						
<b>DIRECT MUSCLE RELAXANTS</b>							
DANTROLENE SODIUM CAPSULES	DANTRIUM						
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL</b>							
<b>NASAL ANTIALLERGY</b>							
AZELASTINE HCL SOLUTION 0.10%	ASTELIN						
<b>NASAL ANTICHOLINERGICS</b>							
IPRATROPIUM BROMIDE SOLUTION	ATROVENT						
<b>NASAL STEROIDS</b>							
FLUNISOLIDE SOLUTION	FLUNISOLIDE						
FLUTICASONE PROPIONATE SUSPENSION	FLONASE						
TRIAMCINOLONE ACETONIDE	NASACORT AQ						
<b>SYMPATHOMIMETIC DECONGESTANTS</b>							
PSEUDOEPHEDRINE HCL LIQUID	SUDAFED CHILDRENS						
PSEUDOEPHEDRINE HCL SYRUP	PSEUDOEPHEDRINE						
PSEUDOEPHEDRINE HCL TABLETS	SUDAFED						
PSEUDOEPHEDRINE HCL TABLET 12-HOUR	NASAL DECONGESTANT						
PSEUDOEPHEDRINE HCL TABLET 24-HOUR	SUDAFED 24 HOUR						
<b>OPHTHALMIC AGENTS</b>							
<b>OPHTHALMIC - BETA-BLOCKERS</b>							
BETAXOLOL HCL SOLUTION	BETAXOLOL HCL						
BETAXOLOL HCL SUSPENSION	BETOPTIC-S						
CARTEOLOL HCL SOLUTION	CARTEOLOL HCL						
DORZOLAMIDE HCL-TIMOLOL MALEATE SOLUTION	COSOPT						
LEVOBUNOLOL HCL SOLUTION	LEVOBUNOLOL HCL						
METIPRANOLOL SOLUTION	METIPRANOLOL						
TIMOLOL MALEATE SOLUTION	TIMOPTIC-XE						
TIMOLOL MALEATE SOLUTION	TIMOPTIC						

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<b>OPHTHALMIC - CYCLOPLEGIC MYDRIATICS</b>							
ATROPINE SULFATE OINTMENT	ATROPINE SULFATE						
ATROPINE SULFATE SOLUTION	ISOPTO ATROPINE						
CYCLOPENTOLATE HCL SOLUTION	CYCLOGYL						
HOMATROPINE HBR SOLUTION	ISOPTO HOMATROPINE						
<b>OPHTHALMIC - MIOTICS</b>							
PILOCARPINE HCL GEL	PILOPINE HS						
PILOCARPINE HCL SOLUTION	ISOPTO CARPINE						
<b>OPHTHALMIC - ANTI-INFECTIVES</b>							
BACITRACIN OINTMENT	BACITRACIN					3.5GM	7
BACITRACIN-POLYMYXIN B OINTMENT	POLYCIN						
CIPROFLOXACIN HCL OINTMENT	CILOXAN						
CIPROFLOXACIN HCL SOLUTION	CILOXAN						
ERYTHROMYCIN OINTMENT	ILOTYCIN						
GENTAMICIN SULFATE OINTMENT	GARAMYCIN						
GENTAMICIN SULFATE SOLUTION	GARAMYCIN						
MOXIFLOXACIN HCL SOLUTION	VIGAMOX						
NATAMYCIN SUSPENSION	NATACYN						
NEOMYCIN-BACITRACIN ZN-POLYMYXIN OINTMENT	NEO-POLYCIN						
NEOMYCIN-POLYMYXIN-GRAMICIDIN SOLUTION	NEOSPORIN						
OFLOXACIN SOLUTION	OCUFLOX						
POLYMYXIN B-TRIMETHOPRIM SOLUTION	POLYTRIM						
SULFACETAMIDE SODIUM OINTMENT	SULFACETAMIDE SODIUM						
SULFACETAMIDE SODIUM SOLUTION	BLEPH-10						
TOBRAMYCIN OINTMENT	TOBREX					3.5GM	7
TOBRAMYCIN SOLUTION	TOBREX						
TRIFLURIDINE SOLUTION	VIROPTIC						
<b>OPHTHALMIC - DECONGESTANTS</b>							
NAPHAZOLINE HCL SOLUTION	VASOCLEAR						
NAPHAZOLINE W/ PHENIRAMINE SOLUTION	NAPHCON-A						
<b>OPHTHALMIC - IMMUNOMODULATORS</b>							
CYCLOSPORINE EMULSION	RESTASIS			PA Required			
<b>OPHTHALMIC - STEROIDS</b>							
BACITRACIN-POLY-NEOMYCIN-HC OINTMENT	NEO-POLYCIN HC						
DEXAMETHASONE SUSPENSION	MAXIDEX						

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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						
<b>OPHTHALMICS - MISC.</b>							
BRINZOLAMIDE SUSPENSION	AZOPT			PA Required			
CROMOLYN SODIUM SOLUTION	CROMOLYN SODIUM						
DICLOFENAC SODIUM SOLUTION	DICLOFENAC SODIUM						
DORZOLAMIDE HCL SOLUTION	TRUSOPT						
FLURBIPROFEN SODIUM SOLUTION	OCUFEN						
KETOROLAC TROMETHAMINE SOLUTION	ACULAR LS						
KETOTIFEN FUMARATE SOLUTION	ALAWAY						
<b>OPHTHALMIC - PROSTAGLANDINS</b>							
LATANOPROST SOLUTION	XALATAN					2.5	30
TAFLUPROST SOLUTION	ZIOPTAN			PA Required			
TRAVOPROST SOLUTION	TRAVATAN Z			PA Required			
<b>OTIC AGENTS</b>							
<b>OTIC AGENTS - MISCELLANEOUS</b>							
ACETIC ACID SOLUTION	ACETIC ACID						
<b>OTIC ANTI-INFECTIVES</b>							
OFLOXACIN SOLUTION	OFLOXACIN						

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<b>OTIC COMBINATIONS</b>							
ANTIPYRINE-BENZOCAINE SOLUTION	AURODEX						
ANTIPYRINE-BENZOCAINE-POLYCOSANOL SOLUTION	OTIC CARE						
CIPROFLOXACIN-DEXAMETHASONE	CIPRODEX						
NEOMYCIN-POLYMYXIN-HC SOLUTION	CORTISPORIN						
NEOMYCIN-POLYMYXIN-HC SUSPENSION	NEO/POLYMYXIN/HC 5-10000-1						
<b>OTIC STEROIDS</b>							
HYDROCORTISONE W/ACETIC ACID SOLUTION	ACETASOL HC						
<b>OXYTOCICS</b>							
<b>OXYTOCICS</b>							
METHYLERGONOVINE MALEATE TABLETS	METHERGINE						
<b>PASSIVE IMMUNIZING AGENTS</b>							
<b>MONOCLONAL ANTIBODIES</b>							
PALIVIZUMAB SOLUTION	SYNAGIS			PA Required - if approved the prescriber may be required to buy and bill a medical claim for the drug			
<b>PENICILLINS</b>							
<b>AMINOPENICILLINS</b>							
AMOXICILLIN CAPSULES	AMOXICILLIN						
AMOXICILLIN CHEWABLE TABLETS	AMOXICILLIN						
AMOXICILLIN SUSPENSION	AMOXICILLIN						
AMOXICILLIN TABLETS	AMOXICILLIN						
AMPICILLIN CAPSULES	AMPICILLIN						
AMPICILLIN SUSPENSION	AMPICILLIN						
<b>NATURAL PENICILLINS</b>							
PENICILLIN V POTASSIUM SOLUTION	PENICILLIN V POTASSIUM						
PENICILLIN V POTASSIUM TABLETS	PENICILLIN V POTASSIUM						
<b>PENICILLIN COMBINATIONS</b>							
AMOXICILLIN & POT CLAVULANATE CHEWABLE TABLETS	AUGMENTIN						
AMOXICILLIN & POT CLAVULANATE SUSPENSION	AUGMENTIN						
AMOXICILLIN & POT CLAVULANATE TABLET 12-HOUR	AUGMENTIN XR						
<b>PENICILLINASE-RESISTANT PENICILLINS</b>							
DICLOXACILLIN SODIUM CAPSULES	DICLOXACILLIN SODIUM						
<b>PROGESTINS</b>							

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<b>PROGESTINS</b>							
MEDROXYPROGESTERONE ACETATE TABLETS	PROVERA						
NORETHINDRONE ACETATE TABLETS	AYGESTIN						
PROGESTERONE MICRONIZED CAPSULES	PROMETRIUM						
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENT</b>							
<b>ANTIDEMENTIA AGENTS</b>							
DONEPEZIL HYDROCHLORIDE TABLETS	ARICEPT			PA Required			
DONEPEZIL HYDROCHLORIDE ORALLY DISINTEGRATING TABLETS	ARICEPT ODT			PA Required			
GALANTAMINE HYDROBROMIDE CAPSULE CONTROLLED RELEASE	RAZADYNE ER			PA Required			
GALANTAMINE HYDROBROMIDE SOLUTION	RAZADYNE			PA Required			
GALANTAMINE HYDROBROMIDE TABLETS	RAZADYNE			PA Required			
MEMANTINE HCL SOLUTION	NAMENDA			PA Required			
MEMANTINE HCL TABLETS	NAMENDA			PA Required			
RIVASTIGMINE PATCH	EXELON			PA Required			
RIVASTIGMINE TARTRATE CAPSULES	EXELON			PA Required			
RIVASTIGMINE TARTRATE SOLUTION	EXELON			PA Required			
<b>MULTIPLE SCLEROSIS AGENTS</b>							
FINGOLIMOD HCL CAPSULES	GILENYA			PA Required			
<b>GLATIRAMER ACETATE 20MG</b>	<b>COPAXONE 20mg</b>	BRAND ONLY	Preferred Drug	PA Required			
<b>GLATIRAMER ACETATE 40MG</b>	<b>GLATOPA 40MG</b>	BRAND ONLY	Preferred Drug	PA Required			
INTERFERON BETA-1A KIT	AVONEX			PA Required			
INTERFERON BETA-1A SOLUTION	REBIF REBIDOSE			PA Required			
INTERFERON BETA-1B KIT	BETASERON			PA Required			
<b>SMOKING DETERRENTS</b>							
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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Drug Class/Drug Name	Reference Brand Name	Use Brand Only	Preferred Drug Status	Prior Authorization Type	Step Therapy Requirements	Quantity Limit (QL)	QL Days
NICOTINE SOLUTION	NICOTROL NS					84-day supply	180
VARENICLINE TARTRATE TABLETS	CHANTIX					84-day supply	180
<b>RESPIRATORY AGENTS - MISC.</b>							
<b>ALPHA-PROTEINASE INHIBITOR (HUMAN)</b>							
ALPHA1-PROTEINASE INHIBITOR (HUMAN) SOLUTION	ARALAST NP			PA Required			
<b>CYSTIC FIBROSIS AGENTS</b>							
DORNASE ALFA SOLUTION	PULMOZYME			PA Required			
<b>SULFONAMIDES</b>							
<b>SULFONAMIDES</b>							
SULFADIAZINE TABLETS	SULFADIAZINE						
<b>TETRACYCLINES</b>							
<b>TETRACYCLINES</b>							
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						
<b>THYROID AGENTS</b>							
<b>ANTITHYROID AGENTS</b>							
METHIMAZOLE TABLETS	TAPAZOLE						
PROPYLTHIOURACIL TABLETS	PROPYLTHIOURACIL						
<b>THYROID HORMONES</b>							
LEVOTHYROXINE SODIUM TABLETS	LEVO-T						
LIOthyRONINE SODIUM TABLETS	CYTOMEL						
THYROID TABLETS	ARMOUR THYROID						
<b>ULCER DRUGS</b>							
<b>ANTISPASMODICS</b>							
DICYCLOMINE HCL CAPSULES	VARIOUS						
DICYCLOMINE HCL SOLUTION	VARIOUS						
DICYCLOMINE HCL TABLETS	VARIOUS						

**AHCCCS COMPLETE CARE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2018**

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GLYCOPYRROLATE SOLUTION	VARIOUS						
GLYCOPYRROLATE TABLETS	VARIOUS						
HYOSCYAMINE SULFATE ELIXIR	VARIOUS						
HYOSCYAMINE SULFATE SOLUTION	VARIOUS						
HYOSCYAMINE SULFATE SUBLINGUAL	VARIOUS						
HYOSCYAMINE SULFATE TABLETS	VARIOUS						
HYOSCYAMINE SULFATE TABLET 12-HOUR	VARIOUS						
HYOSCYAMINE SULFATE CONTROLLED RELEASE TABLET	VARIOUS						
HYOSCYAMINE SULFATE ORALLY DISINTEGRATING TABLETS	VARIOUS						
PROPANTHELINE BROMIDE TABLETS	VARIOUS						
<b>H-2 ANTAGONISTS</b>							
FAMOTIDINE CHEWABLE TABLETS	PEPCID AC						
FAMOTIDINE SUSPENSION	PEPCID						
FAMOTIDINE TABLETS	PEPCID AC						
RANITIDINE HCL CAPSULES	RANITIDINE HCL						
RANITIDINE HCL SUSPENSION	DEPRIZINE FUSEPAQ						
RANITIDINE HCL SYRUP	ZANTAC						
RANITIDINE HCL TABLETS	ZANTAC 75						
<b>ANTI-ULCER - MISC.</b>							
SUCRALFATE TABLETS	CARAFATE						
<b>PROTON PUMP INHIBITORS</b>							
LANSOPRAZOLE CAPSULE DELAYED RELEASE	PREVACID						
LANSOPRAZOLE SUSPENSION	Available through a compounding pharmacy						
OMEPRAZOLE CAPSULE DELAYED RELEASE	PRILOSEC						
OMEPRAZOLE SUSPENSION	Available through a compounding pharmacy						
PANTOPRAZOLE SODIUM TABLET ENTERIC COATED	PROTONIX						
<b>URINARY ANTISPASMODICS</b>							
<b>URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLI)</b>							
OXYBUTYNIN CHLORIDE SYRUP	VARIOUS						
OXYBUTYNIN CHLORIDE TABLETS	VARIOUS						
OXYBUTYNIN CHLORIDE TABLET 24-HOUR	DITROPAN XL						

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TOLTERODINE TARTRATE CAPSULE CONTROLLED RELEASE	DETROL LA			Step Therapy	Member must have tried oxybutynin & tolterodine		
TOLTERODINE TARTRATE TABLETS	DETROL			Step Therapy	Member must have tried oxybutynin		
TROSPIDIUM CHLORIDE TABLETS	SANCTURA						
<b>VAGINAL PRODUCTS</b>							
<b>SPERMICIDES</b>							
NONOXYNOL-9 FOAM	VCF VAGINAL CONTRACEPTIVE FOAM						
NONOXYNOL-9 GEL	SHUR-SEAL						
<b>VAGINAL ANTI-INFECTIVES</b>							
CLINDAMYCIN PHOSPHATE VAGINAL CREAM	CLEOCIN						
CLINDAMYCIN PHOSPHATE VAGINAL SUPPOSITORY	CLEOCIN						
CLOTRIMAZOLE VAGINAL CREAM	GYNE-LOTRIMIN						
METRONIDAZOLE VAGINAL GEL	METROGEL-VAGINAL						
MICONAZOLE NITRATE VAGINAL	MONISTAT 3 COMBINATION PACKETS						
MICONAZOLE NITRATE VAGINAL SUPPOSITORY	MICONAZOLE 3						
SULFANILAMIDE VAGINAL CREAM	AVC						
<b>VAGINAL ESTROGENS</b>							
ESTRADIOL ACETATE VAGINAL RING	FEMRING			PA Required			
ESTRADIOL VAGINAL RING	ESTRING						
ESTRADIOL VAGINAL TABLETS	VAGIFEM						
ESTRADIOL VAGINAL CREAM 0.01%	ESTRACE CREAM						
ESTROGENS, CONJUGATED VAGINAL CREAM	PREMARIN VAGINAL CREAM			PA Required			
<b>VASOPRESSORS</b>							
<b>ANAPHYLAXIS THERAPY AGENTS</b>							
EPINEPHRINE SELF-INJECTABLE	(By Mylan)		Preferred Drug	PA Required for > 2 Per Month		2.00	30.00