

**AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2019**

- 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 | Brand Only /<br>Generic Notes | Preferred Drug<br>Status | Prior Authorization Type              | Step Therapy<br>Requirements | Quantity<br>Limit (QL) | QL<br>Days |
|---|----------------------|-------------------------------|--------------------------|---------------------------------------|------------------------------|------------------------|------------|
| <b>ADHD/ANTI-NARCOLEPSY</b>                           |                      |                               |                          |                                       |                              |                        |            |
| <b>ADHD AGENTS</b>                                    |                      |                               |                          |                                       |                              |                        |            |
| <b>Amphetamines</b>                                   |                      |                               |                          |                                       |                              |                        |            |
| AMPHETAMINE SOLUTION                                  | DYANAVEL XR          | Brand Only                    | Preferred Drug           | PA Required for Ages < 6 years of age |                              |                        |            |
| AMPHETAMINE-DEXTROAMPHETAMINE CAPSULE 24-HOUR         | ADDERALL XR          | Brand Only                    | Preferred Drug           | PA Required for Ages < 6 years of age |                              | 30                     | 30         |
| AMPHETAMINE-DEXTROAMPHETAMINE TABLETS                 | ADDERALL             | Brand & Generic               | Preferred Drug           | PA Required for Ages < 6 years of age |                              | 60                     | 30         |
| DEXTROAMPHETAMINE SULFATE TABLETS                     | VARIOUS              |                               | Preferred Drug           | PA Required for Ages < 6 years of age |                              | 60                     | 30         |
| LISDEXAMFETAMINE DIMESYLATE CAPSULES                  | VYVANSE CHEWABLES    | Brand Only                    | Preferred Drug           | PA Required for Ages < 6 years of age |                              | 30                     | 30         |
| LISDEXAMFETAMINE DIMESYLATE CAPSULES                  | VYVANSE              | Brand Only                    | Preferred Drug           | PA Required for Ages < 6 years of age |                              | 30                     | 30         |
| <b>Stimulants</b>                                     |                      |                               |                          |                                       |                              |                        |            |
| DESMETHYLPHENIDATE HCL CAPSULE 24-HOUR                | FOCALIN XR           | Brand Only                    | Preferred Drug           | PA Required for Ages < 6 years of age |                              | 60                     | 30         |
| DESMETHYLPHENIDATE HCL TABLETS                        | VARIOUS              |                               | Preferred Drug           | PA Required for Ages < 6 years of age |                              | 60                     | 30         |
| METHYLPHENIDATE HCL CHEWABLE TABLETS                  | METHYLIN             |                               | Preferred Drug           | PA Required for Ages < 6 years of age |                              | 90                     | 30         |
| METHYLPHENIDATE HCL 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 CD     | VARIOUS              |                               | Preferred Drug           | PA Required for Ages < 6 years of age |                              | 30                     | 30         |
| METHYLPHENIDATE HCL CAPSULE CONTROLLED RELEASE        | VARIOUS              |                               | Preferred Drug           | PA Required for Ages < 6 years of age |                              | 30                     | 30         |
| METHYLPHENIDATE PATCH                                 | DAYTRANA             | Brand Only                    | Preferred Drug           | PA Required for Ages < 6 years of age |                              | 30                     | 30         |
| METHYLPHENIDATE HCL SOLUTION                          | METHYLIN             | Brand Only                    | Preferred Drug           | PA Required for Ages < 6 years of age |                              | 300                    | 30         |
| METHYLPHENIDATE HCL 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 EXTENDED RELEASE           | RITALIN LA           | Brand Only                    | Preferred Drug           | PA Required for Ages < 6 years of age |                              | 60                     | 30         |
| METHYLPHENIDATE HCL TABLET CONTROLLED RELEASE         | CONCERTA             | Brand Only                    | Preferred Drug           | PA Required for Ages < 6 years of age |                              | 60                     | 30         |
| <b>Miscellaneous Agents</b>                           |                      |                               |                          |                                       |                              |                        |            |
| ATOMOXETINE HCL CAPSULES                              | VARIOUS              |                               | Preferred Drug           | PA Required for Ages < 6 years of age |                              | 30                     | 30         |
| <b>Central Alpha-Agonists</b>                         |                      |                               |                          |                                       |                              |                        |            |
| clonidine hcl   | Catapres             |                               |                          | PA Required for Ages < 6 years of age |                              |                        |            |
| clonidine hcl transdermal patch                       | Catapres Patches     |                               |                          | PA Required for Ages < 6 years of age |                              | 4                      | 28         |
| CLONIDINE HCL (ADHD) TABLET 12-HOUR                   | Clonidine ER         |                               | Preferred Drug           | PA Required for Ages < 6 years of age |                              | 120                    | 30         |
| GUANFACINE HCL (ADHD) TABLET 24-HOUR                  | GUANFACINE ER        |                               | Preferred Drug           | PA Required for Ages < 6 years of age |                              | 30                     | 30         |

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|---|------------------------|-------------------------------|--------------------------|---------------------------------------|------------------------------|------------------------|------------|
| 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>         |                               | Preferred Drug           | PA Required                           |                              |                        |            |
| <b>TOBRAMYCIN NEBULIZED</b>                           | <b>KITABIS</b>         |                               | Preferred Drug           | PA Required                           |                              |                        |            |
| <b>ANALGESICS - ANTI-INFLAMMATORY</b>                 |                        |                               |                          |                                       |                              |                        |            |
| <b>ANTIRHEUMATIC ANTIMETABOLITES</b>                  |                        |                               |                          |                                       |                              |                        |            |
| METHOTREXATE SODIUM TABLETS                           | RHEUMATREX             |                               |                          |                                       |                              |                        |            |
| <b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b> |                        |                               |                          |                                       |                              |                        |            |
| CELECOXIB CAPSULES                                    | CELEBREX               |                               |                          | PA Required                           |                              |                        |            |
| DICLOFENAC SODIUM TABLET 24-HOUR                      | VOLTAREN-XR            |                               |                          |                                       |                              |                        |            |
| DICLOFENAC SODIUM TABLET ENTERIC COATED               | VOLTAREN               |                               |                          |                                       |                              |                        |            |
| ETODOLAC CAPSULES                                     | VARIOUS                |                               |                          |                                       |                              |                        |            |
| ETODOLAC TABLETS                                      | VARIOUS                |                               |                          |                                       |                              |                        |            |
| FENOPROFEN CALCIUM CAPSULES                           | NALFON                 |                               |                          |                                       |                              |                        |            |
| FENOPROFEN CALCIUM TABLETS                            | FENOPROFEN CALCIUM     |                               |                          |                                       |                              |                        |            |
| FLURBIPROFEN TABLETS                                  | FLURBIPROFEN           |                               |                          |                                       |                              |                        |            |
| IBUPROFEN CAPSULES                                    | ADVIL                  |                               |                          |                                       |                              |                        |            |
| IBUPROFEN CHEWABLE TABLETS                            | CHILDRENS MOTRIN       |                               |                          |                                       |                              |                        |            |
| IBUPROFEN SUSPENSION                                  | CHILDRENS MOTRIN       |                               |                          |                                       |                              |                        |            |
| IBUPROFEN TABLETS                                     | ADVIL                  |                               |                          |                                       |                              |                        |            |
| INDOMETHACIN CAPSULES                                 | VARIOUS                |                               |                          |                                       |                              |                        |            |
| INDOMETHACIN CAPSULE CONTROLLED RELEASE               | INDOMETHACIN CR        |                               |                          |                                       |                              |                        |            |
| INDOMETHACIN SUPPOSITORY                              | INDOCIN                |                               |                          |                                       |                              |                        |            |
| INDOMETHACIN SUSPENSION                               | INDOCIN                |                               |                          |                                       |                              |                        |            |
| KETOPROFEN CAPSULES                                   | ORUDIS                 |                               |                          |                                       |                              |                        |            |
| KETOROLAC TROMETHAMINE TABLETS                        | KETOROLAC TROMETHAMINE |                               |                          |                                       |                              | 20                     | 30         |
| MELOXICAM SUSPENSION                                  | MOBIC                  |                               |                          |                                       |                              |                        |            |
| MELOXICAM TABLETS                                     | MOBIC                  |                               |                          |                                       |                              |                        |            |
| NABUMETONE TABLETS                                    | NABUMETONE             |                               |                          |                                       |                              |                        |            |
| NAPROXEN SODIUM TABLETS                               | ALEVE. ANAPROX         |                               |                          |                                       |                              |                        |            |
| NAPROXEN SUSPENSION                                   | NAPROSYN               |                               |                          |                                       |                              |                        |            |
| NAPROXEN TABLETS                                      | NAPROSYN               |                               |                          |                                       |                              |                        |            |
| OXAPROZIN TABLETS                                     | DAYPRO                 |                               |                          |                                       |                              |                        |            |

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| PIROXICAM CAPSULES   | FELDENE  |                               |                          |                          |                              |                        |            |
| SULINDAC TABLETS   | SULINDAC   |                               |                          |                          |                              |                        |            |
| <b>PYRIMIDINE SYNTHESIS INHIBITORS</b>                     |  |                               |                          |                          |                              |                        |            |
| LEFLUNOMIDE TABLETS  | ARAVA  |                               |                          |                          |                              |                        |            |
| <b>CYTOKINE &amp; CAM ANTAGONIST AGENTS</b>                |  |                               |                          |                          |                              |                        |            |
| ADALIMUMAB   | HUMIRA   | Brand Only                    | Preferred Drug           | PA Required              |                              |                        |            |
| APREMILAST   | OTEZLA   | Brand Only                    | Preferred Drug           | PA Required              |                              |                        |            |
| ETANERCEPT   | ENBREL   | Brand Only                    | Preferred Drug           | PA Required              |                              |                        |            |
| TOFACITINIB CITRATE  | XELJANZ IMMEDIATE<br>RELEASE ONLY                | Brand Only                    | Preferred Drug           | PA Required              |                              |                        |            |
| <b>ANALGESICS - NONNARCOTIC</b>                            |  |                               |                          |                          |                              |                        |            |
| <b>ANALGESIC COMBINATIONS</b>                              |  |                               |                          |                          |                              |                        |            |
| BUTALBITAL-ACETAMINOPHEN-CAFFEINE TABLETS                  | VARIOUS  |                               |                          |                          |                              | 120                    | 30         |
| BUTALBITAL-ASPIRIN-CAFFEINE TABLETS                        | VARIOUS  |                               |                          |                          |                              | 120                    | 30         |
| <b>ANALGESICS OTHER</b>                                    |  |                               |                          |                          |                              |                        |            |
| ACETAMINOPHEN CAPSULES                                     | VARIOUS  |                               |                          |                          |                              |                        |            |
| ACETAMINOPHEN CHEWABLE TABLETS                             | VARIOUS  |                               |                          |                          |                              |                        |            |
| ACETAMINOPHEN ELIXIR                                       | VARIOUS  |                               |                          |                          |                              |                        |            |
| ACETAMINOPHEN LIQUID                                       | VARIOUS  |                               |                          |                          |                              |                        |            |
| ACETAMINOPHEN SUPPOSITORY                                  | FEVERALL INFANTS                                 |                               |                          |                          |                              |                        |            |
| ACETAMINOPHEN SUSPENSION                                   | TYLENOL INFANTS                                  |                               |                          |                          |                              |                        |            |
| <b>SALICYLATES</b>   |  |                               |                          |                          |                              |                        |            |
| ASPIRIN CHEWABLE TABLETS                                   | VARIOUS  |                               |                          |                          |                              |                        |            |
| ASPIRIN SUPPOSITORY  | VARIOUS  |                               |                          |                          |                              |                        |            |
| 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,<br>75mcg & 100mcg |                               | Preferred Drug           | PA Required              |                              |                        |            |
| MORPHINE-NALTREXONE CAPSULE CONTROLLED RELEASE             | EMBEDA   | Brand Only                    | Preferred Drug           | PA Required              |                              |                        |            |
| MORPHINE SULFATE TABLET CONTROLLED RELEASE                 | VARIOUS  |                               | Preferred Drug           | PA Required              |                              |                        |            |
| OXYCODONE HCL TABLET 12-HOUR ABUSE DETERRANT               | XTAMPZA ER                                       | Brand Only                    | Preferred Drug           | PA Required              |                              |                        |            |
| TRAMADOL HCL TABLETS ER                                    | ULTRAM ER  |                               | Preferred Drug           | PA Required              |                              |                        |            |

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|---|-----------------------|-------------------------------|--------------------------|--|------------------------------|------------------------|------------|
| <b>BUPRENORPHINE PATCH WEEKLY</b>                     | <b>BUTRANS</b>        |                               | 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. |                              |                        |            |
| BUTALBITAL-ASPIRIN-CAFFEINE W/COD CAPSULES            | ASCOMP/CODEINE        |                               |                          | PA Required for > 2 Short Acting Opioid Medications in a 30-day time period. |                              |                        |            |

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|--|-------------------------------|-------------------------------|--------------------------|--|------------------------------|------------------------|------------|
| 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/<br>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-<br>the prescriber must note the following ICD-10<br>codes on the prescription:<br>1. O09.91- Supervision of high risk pregnancy,<br>1st Trimester.<br>2. O09.92- Supervision of high risk pregnancy,<br>2nd Trimester.<br>3. O09.93- Supervision of high risk pregnancy,<br>3rd Trimester.<br>4. O09.91- Supervision of high risk pregnancy-<br>use for Post-Partum Nursing Mothers.<br><b>The first digit of the diagnosis code is the<br/>Letter - O and the second is a Zero - 0</b> |                              |                        |            |
| BUPRENORPHINE HCL-NALOXONE HCL DIHYDRATE FILM                          | SUBOXONE FILM          | Brand Only                    | Preferred Drug           |  |                              |                        |            |
| BUPRENORPHINE HCL-NALOXONE HCL DIHYDRATE ORALLY DISINTEGRATING TABLETS | VARIOUS                | GENERIC FORMULATIONS ONLY     | Preferred Drug           |  |                              |                        |            |
| BUPRENORPHINE EXTENDED RELEASE INJECTION                               | SUBLOCADE              | Brand Only                    | Preferred Drug           | PA Required  |                              |                        |            |
| METHADONE  | VARIOUS                |                               |                          | Only available at an Opioid Treatment Program (OTP) provider.  |                              |                        |            |
| MISCELLANEOUS AGENTS   |                        |                               |                          |  |                              |                        |            |
| 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  |                              |                        |            |

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|---|-------------------------|-------------------------------|--------------------------|---|------------------------------|------------------------|------------|
| <b>ANORECTAL AGENTS</b>                         |                         |                               |                          |   |                              |                        |            |
| <b>INTRARECTAL STEROIDS</b>                     |                         |                               |                          |   |                              |                        |            |
| HYDROCORTISONE (INTRARECTAL) ENEMA              | COLOCORT                |                               |                          |   |                              |                        |            |
| HYDROCORTISONE ACETATE (INTRARECTAL) FOAM       | CORTIFOAM               |                               |                          |   |                              |                        |            |
| <b>RECTAL STEROIDS</b>                          |                         |                               |                          |   |                              |                        |            |
| HYDROCORTISONE (RECTAL) CREAM                   | PROCTOCORT              |                               |                          |   |                              |                        |            |
| <b>ANTHELMINTICS</b>                            |                         |                               |                          |   |                              |                        |            |
| <b>ANTHELMINTICS</b>                            |                         |                               |                          |   |                              |                        |            |
| ALBENDAZOLE TABLETS                             | ALBENZA                 |                               |                          | PA Required   |                              |                        |            |
| IVERMECTIN TABLETS                              | STROMECTOL              |                               |                          | PA Required   |                              |                        |            |
| PRAZIQUANTEL 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>ANTIANKXIETY AGENTS</b>                      |                         |                               |                          |   |                              |                        |            |
| <b>ANTIANKXIETY AGENTS - MISC.</b>              |                         |                               |                          |   |                              |                        |            |
| BUSPIRONE HCL TAB 5 MG                          | BUSPIRONE HCL           |                               |                          | PA Required for Ages < 6 years.<br>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.<br>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.<br>PA Required for > 1 Anxiolytic Medication in a 30-day time period. |                              | 120                    | 30         |

**AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2019**

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| Drug Class/Drug Name                         | Reference Brand Name | Brand Only /<br>Generic Notes | Preferred Drug<br>Status | Prior Authorization Type  | Step Therapy<br>Requirements | Quantity<br>Limit (QL) | QL<br>Days |
|--|----------------------|-------------------------------|--------------------------|---|------------------------------|------------------------|------------|
| BUSPIRONE HCL TAB 15 MG                      | BUSPIRONE HCL        |                               |                          | PA Required for Ages < 6 years.<br>PA Required for > 1 Anxiolytic Medication in a 30-day time period. |                              | 120                    | 30         |
| BUSPIRONE HCL TAB 30 MG                      | BUSPIRONE HCL        |                               |                          | PA Required for Ages < 6 years.<br>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.<br>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.<br>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.<br>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.<br>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.<br>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.<br>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.<br>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.<br>PA Required for > 1 Anxiolytic Medication in a 30-day time period. |                              | 60                     | 30         |



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| Drug Class/Drug Name           | Reference Brand Name | Brand Only /<br>Generic Notes | Preferred Drug<br>Status | Prior Authorization Type  | Step Therapy<br>Requirements | Quantity<br>Limit (QL) | QL<br>Days |
|--------------------------------|----------------------|-------------------------------|--------------------------|---|------------------------------|------------------------|------------|
| ALPRAZOLAM TAB SR 24HR 0.5 MG  | VARIOUS              |                               |                          | PA Required for Ages < 6 years.<br>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.<br>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.<br>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.<br>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.<br>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.<br>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.<br>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.<br>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.<br>PA Required for > 1 Anxiolytic Medication in a 30-day time period. |                              | 120                    | 30         |
| CLONAZEPAM 2 MG                | VARIOUS              |                               |                          | PA Required for Ages < 6 years.<br>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.<br>PA Required for > 1 Anxiolytic Medication in a 30-day time period. |                              | 120                    | 30         |
| CLONAZEPAM ODT 0.25MG          | VARIOUS              |                               |                          | PA Required for Ages < 6 years.<br>PA Required for > 1 Anxiolytic Medication in a 30-day time period. |                              | 120                    | 30         |

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| Drug Class/Drug Name                | Reference Brand Name | Brand Only /<br>Generic Notes | Preferred Drug<br>Status | Prior Authorization Type  | Step Therapy<br>Requirements | Quantity<br>Limit (QL) | QL<br>Days |
|-------------------------------------|----------------------|-------------------------------|--------------------------|---|------------------------------|------------------------|------------|
| CLONAZEPAM ODT 0.5 MG               | VARIOUS              |                               |                          | PA Required for Ages < 6 years.<br>PA Required for > 1 Anxiolytic Medication in a 30-day time period. |                              | 120                    | 30         |
| CLONAZEPAM ODT 1MG                  | VARIOUS              |                               |                          | PA Required for Ages < 6 years.<br>PA Required for > 1 Anxiolytic Medication in a 30-day time period. |                              | 120                    | 30         |
| CLONAZEPAM ODT 2MG                  | VARIOUS              |                               |                          | PA Required for Ages < 6 years.<br>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.<br>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.<br>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.<br>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.<br>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.<br>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.<br>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.<br>PA Required for > 1 Anxiolytic Medication in a 30-day time period. |                              | 120                    | 30         |
| DIAZEPAM TAB 5 MG                   | VARIOUS              |                               |                          | PA Required for Ages < 6 years.<br>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.<br>PA Required for > 1 Anxiolytic Medication in a 30-day time period. |                              | 60                     | 30         |

**AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2019**

| <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   | Brand Only /<br>Generic Notes | Preferred Drug<br>Status | Prior Authorization Type  | Step Therapy<br>Requirements | Quantity<br>Limit (QL) | QL<br>Days |
| LORAZEPAM TAB 0.5 MG  | VARIOUS                |                               |                          | PA Required for Ages < 6 years.<br>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.<br>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.<br>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.<br>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.<br>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.<br>PA Required for > 1 Anxiolytic Medication in a 30-day time period. |                              | 60                     | 30         |
| <b>ANTIARRHYTHMICS</b>  |                        |                               |                          |   |                              |                        |            |
| <b>ANTIARRHYTHMICS TYPE I-A</b>   |                        |                               |                          |   |                              |                        |            |
| DISOPYRAMIDE PHOSPHATE CAPSULES   | NORPACE                |                               |                          |   |                              |                        |            |
| DISOPYRAMIDE PHOSPHATE CAPSULE 12-HOUR  | NORPACE CR             |                               |                          |   |                              |                        |            |
| QUINIDINE GLUCONATE TABLET CONTROLLED RELEASE   | QUINIDINE GLUCONATE CR |                               |                          |   |                              |                        |            |
| QUINIDINE SULFATE TABLETS   | QUINIDINE SULFATE      |                               |                          |   |                              |                        |            |
| QUINIDINE SULFATE TABLET CONTROLLED RELEASE   | QUINIDINE SULFATE ER   |                               |                          |   |                              |                        |            |
| <b>ANTIARRHYTHMICS TYPE I-B</b>   |                        |                               |                          |   |                              |                        |            |
| MEXILETINE HCL CAPSULES   | MEXILETINE HCL         |                               |                          |   |                              |                        |            |
| <b>ANTIARRHYTHMICS TYPE I-C</b>   |                        |                               |                          |   |                              |                        |            |
| FLECAINIDE ACETATE TABLETS  | TAMBOCOR               |                               |                          |   |                              |                        |            |
| PROPAFENONE HCL CAPSULE 12-HOUR   | RYTHMOL SR             |                               |                          |   |                              |                        |            |
| PROPAFENONE HCL TABLETS   | RYTHMOL                |                               |                          |   |                              |                        |            |
| <b>ANTIARRHYTHMICS TYPE III</b>   |                        |                               |                          |   |                              |                        |            |
| AMIODARONE HCL TABLETS 100MG & 200MG  | PACERONE               |                               |                          |   |                              |                        |            |
| DOFETILIDE CAPSULES   | TIKOSYN                |                               |                          |   | PA Required                  |                        |            |
| DRONEDARONE HCL TABLETS   | MULTAQ                 |                               |                          |   | PA Required                  |                        |            |
| <b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>  |                        |                               |                          |   |                              |                        |            |

**AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2019**

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| Drug Class/Drug Name                                | Reference Brand Name   | Brand Only / Generic Notes | Preferred Drug Status | Prior Authorization Type  | Step Therapy Requirements   | Quantity Limit (QL) | QL Days |
|---|------------------------|----------------------------|-----------------------|---|---|---------------------|---------|
| <b>ANTI-INFLAMMATORY AGENTS</b>                     |                        |                            |                       |   |   |                     |         |
| CROMOLYN SODIUM NEBULIZER                           | CROMOLYN SODIUM        |                            |                       |   |   |                     |         |
| <b>BRONCHODILATORS - ANTICHOLINERGICS</b>           |                        |                            |                       |   |   |                     |         |
| ACLIDINIUM BROMIDE                                  | TUDORZA PRESSAIR       |                            | Preferred Drug        |   |   |                     |         |
| IPRATROPIUM BROMIDE HFA AEROSOL                     | ATROVENT HFA           |                            | Preferred Drug        |   |   |                     |         |
| IPRATROPIUM BROMIDE SOLUTION                        | IPRATROPIUM BROMIDE    |                            | Preferred Drug        |   |   |                     |         |
| TIOTROPIUM BROMIDE MONOHYDRATE CAPSULES             | SPIRIVA 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>                            |                        |                            |                       |   |   |                     |         |
| BUDESONIDE (INHALATION) SUSPENSION 0.25MG AND 0.5MG | PULMICORT              | Brand Only                 | Preferred Drug        | PA Required for > 4 Years of Age  |   |                     |         |
| BUDESONIDE (INHALATION) SUSPENSION 1.0MG            | PULMICORT              | VARIOUS                    | 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- BRAND ONLY | BRAND Only                 | Preferred Drug        | PROAIR IS THE ONLY PREFERRED ALBUTEROL INHALER ON THE AHCCCS DRUG LIST. |   |                     |         |
| ALBUTEROL SULFATE NEBULIZED                         | ALBUTEROL SULFATE      |                            | Preferred Drug        |   |   |                     |         |
| ALBUTEROL SULFATE SYRUP                             | ALBUTEROL SULFATE      |                            | Preferred Drug        |   |   |                     |         |
| BUDESONIDE-FORMOTEROL FUMARATE DIHYDRATE AEROSOL    | SYMBICORT              | Brand Only                 | Preferred Drug        | Step Therapy  | Patient must have tried one steroid inhaler:<br>Beclomethasone Dipropionate,<br>Budesonide,<br>Fluticasone Propionate, or<br>Mometasone |                     |         |

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|--|----------------------|-------------------------------|--------------------------|----------------------------------|--|------------------------|------------|
| FLUTICASONE-SALMETEROL AEROSOL                           | ADVAIR HFA           | Brand Only                    | Preferred Drug           | Step Therapy                     | Patient must have tried one steroid inhaler:<br>Beclomethasone Dipropionate, Budesonide, Fluticasone Propionate, or Mometasone |                        |            |
| MOMETASONE FUROATE-FORMOTEROL FUMARATE DIHYDRATE AEROSOL | DULERA               | Brand Only                    | Preferred Drug           | Step Therapy                     | Patient must have tried one steroid inhaler:<br>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              | Brand Only                    | Preferred Drug           |                                  |  | 60                     | 30         |
| APIXABAN TABLETS STARTER PACK                            | ELIQUIS STARTER PACK | Brand Only                    | Preferred Drug           |                                  |  | 74.00                  | 365.00     |
| RIVAROXABAN TABLETS                                      | XARELTO              | Brand Only                    | Preferred Drug           |                                  |  | 60                     | 30         |
| RIVAROXABAN TABLETS                                      | XARELTO DOSE PACK    | Brand Only                    | Preferred Drug           |                                  |  | 51                     | 30         |
| HEPARINS AND HEPARINOID-LIKE AGENTS                      |                      |                               |                          |                                  |  |                        |            |

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|---|---------------------------|-------------------------------|--------------------------|---|------------------------------|------------------------|------------|
| ENOXAPARIN SODIUM INJ 100 MG/ML                           | VARIOUS VIAL OR SYRINGE   |                               | Preferred Drug           |   |                              | 60                     | 30         |
| ENOXAPARIN SODIUM INJ 120 MG/0.8ML                        | VARIOUS VIAL OR SYRINGE   |                               | Preferred Drug           |   |                              | 60                     | 30         |
| ENOXAPARIN SODIUM INJ 150 MG/ML                           | VARIOUS VIAL OR SYRINGE   |                               | Preferred Drug           |   |                              | 60                     | 30         |
| ENOXAPARIN SODIUM INJ 30 MG/0.3ML                         | VARIOUS VIAL OR SYRINGE   |                               | Preferred Drug           |   |                              | 60                     | 30         |
| ENOXAPARIN SODIUM INJ 300 MG/3ML                          | VARIOUS VIAL OR SYRINGE   |                               | Preferred Drug           |   |                              | 60                     | 30         |
| ENOXAPARIN SODIUM INJ 40 MG/0.4ML                         | VARIOUS VIAL OR SYRINGE   |                               | Preferred Drug           |   |                              | 60                     | 30         |
| ENOXAPARIN SODIUM INJ 60 MG/0.6ML                         | VARIOUS VIAL OR SYRINGE   |                               | Preferred Drug           |   |                              | 60                     | 30         |
| ENOXAPARIN SODIUM INJ 80 MG/0.8ML                         | VARIOUS VIAL OR SYRINGE   |                               | Preferred Drug           |   |                              | 60                     | 30         |
| HEPARIN (PORCINE) IN SODIUM CHLORIDE SOLUTION             | HEPARIN SODIUM/NACL 0.9%  |                               |                          |   |                              |                        |            |
| HEPARIN SOD (PORCINE) IN D5W SOLUTION                     | HEPARIN SODIUM/D5W        |                               |                          |   |                              |                        |            |
| HEPARIN SODIUM (PORCINE) LOCK FLUSH & NACL LOCK FLUSH KIT | HEPARIN SODIUM LOCK FLUSH |                               |                          |   |                              |                        |            |
| HEPARIN SODIUM (PORCINE) LOCK FLUSH SOLUTION              | HEPARIN LOCK FLUSH        |                               |                          |   |                              |                        |            |
| <b>THROMBIN INHIBITORS</b>                                |                           |                               |                          |   |                              |                        |            |
| <b>DABIGATRAN ETEXILATE MESYLATE CAPSULES</b>             | <b>PRADAXA</b>            | <b>Brand Only</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.<br>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.<br>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.<br>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.<br>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.<br>PA Required for > 1 Anxiolytic Medication in a 30-day time period. |                              | 120                    | 30         |

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|---|----------------------|-------------------------------|--------------------------|---|------------------------------|------------------------|------------|
| CLONAZEPAM ORALLY DISINTEGRATING TAB 0.5 MG | CLONAZEPAM ODT       |                               |                          | PA Required for Ages < 6 years.<br>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.<br>PA Required for > 1 Anxiolytic Medication in a 30-day time period. |                              | 120                    | 30         |
| CLONAZEPAM ORALLY DISINTEGRATING TAB 2 MG   | CLONAZEPAM ODT       |                               |                          | PA Required for Ages < 6 years.<br>PA Required for > 1 Anxiolytic Medication in a 30-day time period. |                              | 60                     | 30         |
| DIAZEPAM RECTAL GEL DELIVERY SYSTEM 10 MG   | DIASAT               |                               |                          |   |                              | 2                      | 30         |
| DIAZEPAM RECTAL GEL DELIVERY SYSTEM 2.5 MG  | DIASAT               |                               |                          |   |                              | 2                      | 30         |
| DIAZEPAM RECTAL GEL DELIVERY SYSTEM 20 MG   | DIASAT               |                               |                          |   |                              | 2                      | 30         |
| <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   |                              |                        |            |

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|--|----------------------|-------------------------------|--------------------------|---------------------------------------|------------------------------|------------------------|------------|
| PREGABALIN SOLUTION  | LYRICA               |                               |                          | PA Required                           |                              |                        |            |
| PRIMIDONE TABLETS  | MYSOLINE             |                               |                          |                                       |                              |                        |            |
| RUFINAMIDE SUSPENSION  | BANZEL               |                               |                          | PA Required                           |                              |                        |            |
| RUFINAMIDE TABLETS   | BANZEL               |                               |                          | PA Required                           |                              |                        |            |
| TOPIRAMATE SPRINKLE CAPSULES                                   | TOPAMAX SPRINKLES    |                               |                          |                                       |                              |                        |            |
| TOPIRAMATE TABLETS   | TOPAMAX              |                               |                          |                                       |                              |                        |            |
| ZONISAMIDE CAPSULES  | ZONEGRAN             |                               |                          |                                       |                              |                        |            |
| <b>CARBAMATES</b>  |                      |                               |                          |                                       |                              |                        |            |
| FELBAMATE SUSPENSION   | FELBATOL             |                               |                          |                                       |                              |                        |            |
| FELBAMATE TABLETS  | FELBATOL             |                               |                          |                                       |                              |                        |            |
| <b>GABA MODULATORS</b>   |                      |                               |                          |                                       |                              |                        |            |
| TIAGABINE HCL TABLETS  | GABITRIL             |                               |                          | PA Required                           |                              |                        |            |
| <b>HYDANTOINS</b>  |                      |                               |                          |                                       |                              |                        |            |
| PHENYTOIN CHEWABLE TABLETS                                     | DILANTIN INFATABLETS |                               |                          |                                       |                              |                        |            |
| PHENYTOIN SODIUM EXTENDED CAPSULES                             | DILANTIN             |                               |                          |                                       |                              |                        |            |
| PHENYTOIN SUSPENSION   | DILANTIN-125         |                               |                          |                                       |                              |                        |            |
| <b>SUCCINIMIDES</b>  |                      |                               |                          |                                       |                              |                        |            |
| ETHOSUXIMIDE CAPSULES  | ZARONTIN             |                               |                          |                                       |                              |                        |            |
| ETHOSUXIMIDE SOLUTION  | ZARONTIN             |                               |                          |                                       |                              |                        |            |
| <b>VALPROIC ACID</b>   |                      |                               |                          |                                       |                              |                        |            |
| DIVALPROEX SODIUM SPRINKLE CAPSULES                            | DEPAKOTE SPRINKLES   |                               |                          |                                       |                              |                        |            |
| DIVALPROEX SODIUM TABLET 24-HOUR                               | DEPAKOTE ER          |                               |                          |                                       |                              |                        |            |
| DIVALPROEX SODIUM TABLET ENTERIC COATED                        | DEPAKOTE             |                               |                          |                                       |                              |                        |            |
| VALPROATE SODIUM SYRUP   | DEPAKENE+B252        |                               |                          |                                       |                              |                        |            |
| VALPROIC ACID CAPSULES   | DEPAKENE             |                               |                          |                                       |                              |                        |            |
| <b>ANTIDEPRESSANTS</b>   |                      |                               |                          |                                       |                              |                        |            |
| <b>ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)</b>             |                      |                               |                          |                                       |                              |                        |            |
| MIRTAZAPINE TABLETS  | MIRTAZAPINE          |                               |                          | PA Required for Ages < 6 years of age |                              | 30                     | 30         |
| MIRTAZAPINE ORALLY DISINTEGRATING TABLETS                      | REMERON SOLTAB       |                               |                          | PA Required for Ages < 6 years of age |                              | 30                     | 30         |
| <b>Norepinephrine and Dopamine Reuptake Inhibitors (NDRIs)</b> |                      |                               |                          |                                       |                              |                        |            |
| BUPROPION HCL TABLETS  | WELLBUTRIN           |                               |                          | PA Required for Ages < 6 years of age |                              | 120                    | 30         |
| BUPROPION HCL TABLET 12-HOUR                                   | BUDEPRION SR         |                               |                          | PA Required for Ages < 6 years of age |                              | 60                     | 30         |
| BUPROPION HCL TABLET 24-HOUR                                   | WELLBUTRIN XL        |                               |                          | PA Required for Ages < 6 years of age |                              | 30                     | 30         |
| <b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)</b>         |                      |                               |                          |                                       |                              |                        |            |



## AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2019

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

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|--|----------------------|-------------------------------|--------------------------|---------------------------------------|------------------------------|---|----------------------------|
| VENLAFAXINE HCL CAPSULE CONTROLLED RELEASE       | EFFEXOR XR           |                               |                          | PA Required for Ages < 6 years of age |                              | 37.5mg: 90<br>75mg: 90<br>150mg: 30                           | 30<br>30<br>30             |
| VENLAFAXINE HCL TABLETS - IMMEDIATE RELEASE ONLY | VENLAFAXINE HCL      |                               |                          | PA Required for Ages < 6 years of age |                              | 25mg: 120<br>37.5mg: 90<br>50mg: 90<br>75mg: 150<br>100mg: 90 | 30<br>30<br>30<br>30<br>30 |
| <b>TRICYCLIC AGENTS</b>                          |                      |                               |                          |                                       |                              |   |                            |
| AMITRIPTYLINE HCL TABLETS                        | AMITRIPTYLINE HCL    |                               |                          | PA Required for Ages < 6 years of age |                              |   |                            |
| AMOXAPINE TABLETS                                | VARIOUS              |                               |                          | PA Required for Ages < 6 years of age |                              |   |                            |
| CLOMIPRAMINE HCL CAPSULES                        | ANAFRANIL            |                               |                          | PA Required for Ages < 6 years of age |                              |   |                            |
| DESIPRAMINE HCL TABLETS                          | NORPRAMIN            |                               |                          | PA Required for Ages < 6 years of age |                              |   |                            |
| DOXEPIN HCL CAPSULES                             | DOXEPIN HCL          |                               |                          | PA Required for Ages < 6 years of age |                              | 90  | 30                         |
| DOXEPIN HCL CONCENTRATE                          | DOXEPIN HCL          |                               |                          | PA Required for Ages < 6 years of age |                              | 180   | 30                         |
| IMIPRAMINE PAMOATE CAPSULES                      | TORFRANIL-PM         |                               |                          | PA Required for Ages < 6 years of age |                              | 30  | 30                         |
| IMIPRAMINE HCL TABLETS                           | TOFRANIL             |                               |                          | PA Required for Ages < 6 years of age |                              |   |                            |
| MAPROTILINE HCL                                  | VARIOUS              |                               |                          | PA Required for Ages < 6 years of age |                              |   |                            |
| NORTRIPTYLINE HCL CAPSULES                       | PAMELOR              |                               |                          | PA Required for Ages < 6 years of age |                              |   |                            |
| NORTRIPTYLINE HCL SOLUTION                       | NORTRIPTYLINE HCL    |                               |                          | PA Required for Ages < 6 years of age |                              |   |                            |
| PROTRIPTYLINE HCL TABLETS                        | VIVACTIL             |                               |                          | PA Required for Ages < 6 years of age |                              |   |                            |
| TRIMIPRAMINE MALEATE                             | SURMONTIL            |                               |                          | PA Required for Ages < 6 years of age |                              |   |                            |
| <b>ANTIDIABETICS</b>                             |                      |                               |                          |                                       |                              |   |                            |
| <b>ALPHA-GLUCOSIDASE INHIBITORS</b>              |                      |                               |                          |                                       |                              |   |                            |
| ACARBOSE TABLETS                                 | PRECOSE              |                               |                          |                                       |                              |   |                            |
| <b>ANTIDIABETIC - AMLYN ANALOGS</b>              |                      |                               |                          |                                       |                              |   |                            |
| PRAMLINTIDE ACETATE SOLUTION PEN INJECTION       | SYMLINPEN 60         |                               | Preferred Drug           | PA Required                           |                              |   |                            |
| <b>ANTIDIABETIC COMBINATIONS</b>                 |                      |                               |                          |                                       |                              |   |                            |
| GLYBURIDE-METFORMIN HCL TABLETS                  | GLUCOVANCE           |                               |                          |                                       |                              |   |                            |
| PIOGLITAZONE HCL-METFORMIN HCL TABLETS           | ACTOPLUS MET         |                               |                          |                                       |                              |   |                            |
| PIOGLITAZONE HCL-METFORMIN HCL TABLET 24-HOUR    | ACTOPLUS MET XR      |                               |                          |                                       |                              |   |                            |
| SITAGLIPTIN-METFORMIN HCL TABLETS                | JANUMET              |                               | Preferred Drug           | PA Required                           |                              |   |                            |
| LINAGLIPTIN - METFORMIN TABLETS                  | JENTADUETO           |                               | Preferred Drug           | PA Required                           |                              |   |                            |
| SITAGLIPTIN-METFORMIN HCL TABLET 24-HOUR         | JANUMET XR           |                               | Preferred Drug           | PA Required                           |                              |   |                            |
| <b>BIGUANIDES</b>                                |                      |                               |                          |                                       |                              |   |                            |

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|--|---------------------------|-------------------------------|--------------------------|--|------------------------------|------------------------|------------|
| METFORMIN HCL TABLETS  | GLUCOPHAGE                |                               |                          |  |                              |                        |            |
| METFORMIN HCL TABLET 24-HOUR (GENERIC OF GLUCOPHAGE XR ONLY-<br>500MG & 750MG) | Various                   |                               |                          | PA Required for Osmotic and Modified Release<br>Products |                              |                        |            |
| <b>DIABETIC OTHER</b>  |                           |                               |                          |  |                              |                        |            |
| GLUCAGON (RDNA) KIT  | GLUCAGON EMERGENCY KIT    |                               |                          |  |                              | 1                      | 30         |
| <b>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>                               |                           |                               |                          |  |                              |                        |            |
| LINAGLIPTIN TABLETS  | TRADJENTA                 |                               | 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 XR             |                               | 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  |                              |                        |            |
| LIRAGLUTIDE SOLUTION PEN INJECTION   | VICTOZA                   |                               | Preferred Drug           | PA Required  |                              |                        |            |
| <b>DIABETIC MISCELLANEOUS AGENT</b>  |                           |                               |                          |  |                              |                        |            |
| PRAMLINTIDE  | SYMLIN PEN                |                               | Preferred Drug           | PA Required  |                              |                        |            |
| <b>INSULIN SENSITIZING AGENTS</b>  |                           |                               |                          |  |                              |                        |            |
| PIOGLITAZONE HCL TABLETS   | ACTOS                     |                               |                          |  |                              |                        |            |
| <b>INSULIN</b>   |                           |                               |                          |  |                              |                        |            |
| INSULIN 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           |  |                              |                        |            |

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| Drug Class/Drug Name                          | Reference Brand Name                         | Brand Only /<br>Generic Notes | Preferred Drug<br>Status | Prior Authorization Type | Step Therapy<br>Requirements | Quantity<br>Limit (QL) | QL<br>Days |
|---|--|-------------------------------|--------------------------|--------------------------|------------------------------|------------------------|------------|
| INSULIN NPH ISOPHANE & REG (HUMAN) SUSPENSION | HUMULIN 70/30                                |                               | Preferred Drug           |                          |                              |                        |            |
| INSULIN REGULAR (HUMAN) SOLUTION              | HUMULIN R U-100                              |                               | Preferred Drug           |                          |                              |                        |            |
| INSULIN REGULAR (HUMAN) SOLUTION              | HUMULIN R U-500<br>(CONCENTRATEENTRATED)     |                               | Preferred Drug           | PA REQUIRED              |                              |                        |            |
| INSULIN REGULAR (HUMAN) PEN                   | HUMULIN R U-500 PEN<br>(CONCENTRATEENTRATED) |                               | Preferred Drug           | PA REQUIRED              |                              |                        |            |
| <b>MEGLITINIDE ANALOGUES</b>                  |  |                               |                          |                          |                              |                        |            |
| NATEGLINIDE TABLETS                           | STARLIX                                      |                               |                          |                          |                              |                        |            |
| REPAGLINIDE TABLETS                           | PRANDIN                                      |                               |                          |                          |                              |                        |            |
| <b>SGLT2S</b>                                 |  |                               |                          |                          |                              |                        |            |
| DAPAGLIFLOZIN PROPANEDIOL                     | FARXIGA                                      |                               | Preferred Drug           | PA Required              |                              |                        |            |
| CANAGLIFLOZIN                                 | INVOKANA                                     |                               | Preferred Drug           | PA Required              |                              |                        |            |
| EMPAGLIFLOZIN                                 | JARDIANCE                                    |                               | Preferred Drug           | PA Required              |                              |                        |            |
| <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              |                              |                        |            |

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|---|-----------------------------|-------------------------------|--------------------------|-------------------------------|------------------------------|------------------------|------------|
| 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                   |                               |                          |                               |                              |                        |            |
| PROCHLORPERAZINE SUPPOSITORY                              | COMPAZINE                   |                               |                          |                               |                              |                        |            |
| <b>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONIST</b> |                             |                               |                          |                               |                              |                        |            |
| APREPITANT CAPSULES                                       | EMEND                       |                               |                          |                               |                              | 6                      | 21         |
| <b>ANTIFUNGALS</b>  |                             |                               |                          |                               |                              |                        |            |
| <b>ANTIFUNGAL ORAL AGENTS</b>                             |                             |                               |                          |                               |                              |                        |            |
| CLOTRIMAZOLE TROCHE                                       | VARIOUS                     |                               |                          |                               |                              |                        |            |
| GRISEOFULVIN SUSPENSION                                   | VARIOUS                     |                               |                          |                               |                              |                        |            |
| GRISEOFULVIN MICROSIZED TABLETS                           | GRIFULVIN V                 |                               |                          |                               |                              |                        |            |
| NYSTATIN SUSPENSION                                       | NYSTATIN                    |                               |                          |                               |                              |                        |            |
| NYSTATIN TABLETS  | NYSTATIN                    |                               |                          |                               |                              |                        |            |
| TERBINAFINE HCL TABLETS                                   | LAMISIL                     |                               |                          |                               |                              | 90                     | 365        |
| <b>IMIDAZOLE-RELATED ANTIFUNGALS</b>                      |                             |                               |                          |                               |                              |                        |            |
| FLUCONAZOLE SUSPENSION                                    | DIFLUCAN                    |                               |                          |                               |                              | 600                    | 30         |
| FLUCONAZOLE TABLETS                                       | DIFLUCAN                    |                               |                          |                               |                              | 60                     | 30         |
| <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>                      |                             |                               |                          |                               |                              |                        |            |

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|---|---------------------------|----------------------------|-----------------------|--------------------------|---------------------------|---------------------|---------|
| CETIRIZINE HCL CAPSULES                             | ZYRTEC ALLERGY            |                            |                       |                          |                           | 30                  | 30      |
| CETIRIZINE HCL CHEWABLE TABLETS                     | VARIOUS                   |                            |                       |                          |                           | 30                  | 30      |
| CETIRIZINE HCL SYRUP                                | VARIOUS                   |                            |                       |                          |                           | 150                 | 30      |
| CETIRIZINE HCL TABLETS                              | VARIOUS                   |                            |                       |                          |                           | 30                  | 30      |
| CETIRIZINE HCL ORALLY DISINTEGRATING TABLETS        | ZYRTEC ALLERGY            |                            |                       |                          |                           | 30                  | 30      |
| FEXOFENADINE HCL SUSPENSION                         | ALLEGRA ALLERGY CHILDRENS |                            |                       |                          |                           | 150                 | 30      |
| FEXOFENADINE HCL TABLETS                            | ALLEGRA ALLERGY CHILDRENS |                            |                       |                          |                           | 30                  | 30      |
| FEXOFENADINE HCL ORALLY DISINTEGRATING TABLETS      | ALLEGRA ALLERGY CHILDRENS |                            |                       |                          |                           | 30                  | 30      |
| LORATADINE CAPSULES                                 | CLARITIN                  |                            |                       |                          |                           | 30                  | 30      |
| LORATADINE CHEWABLE TABLETS                         | CLARITIN                  |                            |                       |                          |                           | 30                  | 30      |
| LORATADINE SYRUP                                    | CLARITIN                  |                            |                       |                          |                           | 150                 | 30      |
| LORATADINE TABLETS                                  | ALAVERT                   |                            |                       |                          |                           | 30                  | 30      |
| LORATADINE ORALLY DISINTEGRATING TABLETS            | CLARITIN REDITABS         |                            |                       |                          |                           | 30                  | 30      |
| <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      |

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|--|----------------------|----------------------------|-----------------------|---------------------------------------|---------------------------|---------------------|---------|
| PRAVASTATIN SODIUM TABLETS                                 | PRAVACOL             |                            |                       |                                       |                           | 30                  | 30      |
| 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             |                            |                       |                                       |                           |                     |         |
| CLONIDINE HCL (ADHD) TABLET 12-HOUR                        | CLONIDINE ER         |                            |                       | PA Required for Ages < 6 years of age |                           | 120                 | 30      |
| DOXAZOSIN MESYLATE TABLETS                                 | CARDURA              |                            |                       |                                       |                           |                     |         |
| GUANFACINE HCL TABLETS                                     | TENEX                |                            |                       |                                       |                           |                     |         |
| <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>                        |                      |                            |                       |                                       |                           |                     |         |
| ATENOLOL & CHLORTHALIDONE TABLETS                          | VARIOUS              |                            |                       |                                       |                           |                     |         |

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|---|---|-------------------------------|--------------------------|--------------------------|------------------------------|------------------------|------------|
| Drug Class/Drug Name  | Reference Brand Name                        | Brand Only /<br>Generic Notes | Preferred Drug<br>Status | Prior Authorization Type | Step Therapy<br>Requirements | Quantity<br>Limit (QL) | QL<br>Days |
| CAPTOPRIL & HYDROCHLOROTHIAZIDE TABLETS   | CAPTOPRIL/<br>HYDROCHLOROTHIAZIDE           |                               |                          |                          |                              |                        |            |
| ENALAPRIL MALEATE & HYDROCHLOROTHIAZIDE TABLETS   | ENALAPRIL MALEATE/<br>HYDROCHLOROTHIAZIDE   |                               |                          |                          |                              |                        |            |
| FOSINOPRIL SODIUM & HYDROCHLOROTHIAZIDE TABLETS   | FOSINOPRIL SODIUM/<br>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  | INSPRA                                      |                               |                          | PA Required              |                              |                        |            |
| <b>VASODILATORS</b>   |   |                               |                          |                          |                              |                        |            |
| HYDRALAZINE HCL TABLETS   | HYDRALAZINE HCL                             |                               |                          |                          |                              |                        |            |
| MINOXIDIL TABLETS   | MINOXIDIL                                   |                               |                          |                          |                              |                        |            |
| <b>ANTI-INFECTIVE AGENTS - MISCELLANEOUS</b>  |   |                               |                          |                          |                              |                        |            |
| <b>ANTI-INFECTIVE AGENTS - MISC.</b>  |   |                               |                          |                          |                              |                        |            |
| VANCOMYCIN HCL CAPSULES   | VANCOCIN HCL                                |                               |                          | PA Required              |                              |                        |            |
| VANCOMYCIN HCL SOLUTION   | Available through a compounding<br>pharmacy |                               |                          | PA Required              |                              |                        |            |
| <b>ANTI-INFECTIVE MISC. - COMBINATIONS</b>  |   |                               |                          |                          |                              |                        |            |
| ERYTHROMYCIN-SULFISOXAZOLE SUSPENSION   | E.S.P.                                      |                               |                          |                          |                              |                        |            |
| SULFAMETHOXAZOLE-TRIMETHOPRIM SUSPENSION  | SULFATRIM PEDIATRIC                         |                               |                          |                          |                              |                        |            |
| SULFAMETHOXAZOLE-TRIMETHOPRIM TABLETS   | BACTRIM                                     |                               |                          |                          |                              |                        |            |
| <b>LEPROSTATICS</b>   |   |                               |                          |                          |                              |                        |            |
| DAPSONE TABLETS   | DAPSONE                                     |                               |                          |                          |                              |                        |            |
| <b>OXAZOLIDINONES</b>   |   |                               |                          |                          |                              |                        |            |
| LINEZOLID SUSPENSION  | ZYVOX                                       |                               |                          | PA Required              |                              |                        |            |
| LINEZOLID TABLETS   | ZYVOX                                       |                               |                          | PA Required              |                              |                        |            |
| <b>ANTIMALARIALS</b>  |   |                               |                          |                          |                              |                        |            |
| <b>ANTIMALARIAL COMBINATIONS</b>  |   |                               |                          |                          |                              |                        |            |
| ARTEMETHER-LUMEFANTRINE TABLETS   | COARTEM                                     |                               |                          |                          |                              |                        |            |
| ATOVAQUONE-PROGUANIL HCL TABLETS  | MALARONE                                    |                               |                          |                          |                              |                        |            |
| <b>ANTIMALARIALS</b>  |   |                               |                          |                          |                              |                        |            |
| CHLOROQUINE PHOSPHATE TABLETS   | CHLOROQUINE PHOSPHATE                       |                               |                          |                          |                              |                        |            |



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| Drug Class/Drug Name  | Reference Brand Name | Brand Only / Generic Notes | Preferred Drug Status | Prior Authorization Type | Step Therapy Requirements | Quantity Limit (QL) | QL Days |
|---|----------------------|----------------------------|-----------------------|--------------------------|---------------------------|---------------------|---------|
| 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 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              |                           |                     |         |
| IBRUTINIB CAPSULES  | IMBRUVICA            |                            |                       | PA Required              |                           |                     |         |
| <b>IMATINIB MESYLATE TABLETS</b>  | <b>GLEEVEC</b>       | <b>BRAND ONLY</b>          |                       | <b>PA Required</b>       |                           |                     |         |
| LAPATINIB DITOSYLATE TABLETS  | TYKERB               |                            |                       | PA Required              |                           |                     |         |
| NILOTINIB HCL CAPSULES  | TASIGNA              |                            |                       | PA Required              |                           |                     |         |
| PAZOPANIB HCL TABLETS   | VOTRIENT             |                            |                       | PA Required              |                           |                     |         |
| PONATINIB HCL TABLETS   | ICLUSIG              |                            |                       | PA Required              |                           |                     |         |

**AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2019**

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|--|----------------------|-------------------------------|--------------------------|-----------------------------------|------------------------------|------------------------|------------|
| 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>             |                      |                               |                          |                                   |                              |                        |            |
| 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              |                               |                          |                                   |                              |                        |            |

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|---|----------------------|----------------------------|-----------------------|--|---------------------------|---------------------|---------|
| Drug Class/Drug Name  | Reference Brand Name | Brand Only / Generic Notes | Preferred Drug Status | Prior Authorization Type   | Step Therapy Requirements | Quantity Limit (QL) | QL Days |
| 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<br>Prior Authorization is not required for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors." |                           |                     |         |
| LITHIUM CARBONATE TABLETS   | LITHIUM CARBONATE    |                            |                       | PA Required for Ages < 6 years<br>Prior Authorization is not required for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.   |                           |                     |         |
| LITHIUM CARBONATE TABLET CONTROLLED RELEASE   | LITHOBID             |                            |                       | PA Required for Ages < 6 years<br>Prior Authorization is not required for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.   |                           |                     |         |
| LITHIUM SOLUTION  | LITHIUM              |                            |                       | PA Required for Ages < 6 years<br>Prior Authorization is not required for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.   |                           |                     |         |
| <b>ANTIPSYCHOTICS</b>   |                      |                            |                       |  |                           |                     |         |
| <b>ANTIPSYCHOTICS - SECOND GENERATION - ATYPICAL ORAL AGENTS</b>  |                      |                            |                       |  |                           |                     |         |

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|--------------------------------------|----------------------|-------------------------------|--------------------------|--|------------------------------|---|----------------------|
| ARIPIPIRAZOLE TABLETS                | ABILIFY              |                               | Preferred Drug           | PA Required for Ages < 6 years<br>Prior Authorization is not required for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.   |                              | 30  | 30                   |
| CLOZAPINE ORALLY DISPERSABLE TABLET  | FAZACLO              |                               | Preferred Drug           | PA Required for Ages < 18 years<br>Prior Authorization is not required for ages 18 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors. |                              | 150   | 30                   |
| CLOZAPINE TABLETS                    | CLOZARIL             |                               | Preferred Drug           | PA Required for Ages < 18 years<br>Prior Authorization is not required for ages 18 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors. |                              | 150   | 30                   |
| LURASIDONE HCL TABS                  | LATUDA               |                               | Preferred Drug           | PA Required for Ages < 6 years<br>Prior Authorization is not required for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.   |                              | 30  | 30                   |
| OLANZAPINE ORALLY DISPERSABLE TABLET | ZYPREXA ZYDIS        |                               | Preferred Drug           | PA Required for Ages < 6 years<br>Prior Authorization is not required for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.   |                              | 5mg: 60<br>10mg: 60<br>15MG: 30<br>20mg: 30 | 30<br>30<br>30<br>30 |
| OLANZAPINE TABLETS                   | ZYPREXA              |                               | Preferred Drug           | PA Required for Ages < 6 years<br>Prior Authorization is not required for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.   |                              | 30  | 30                   |

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|---|----------------------|----------------------------|-----------------------|--|---------------------------|---------------------|---------|
| Drug Class/Drug Name  | Reference Brand Name | Brand Only / Generic Notes | Preferred Drug Status | Prior Authorization Type   | Step Therapy Requirements | Quantity Limit (QL) | QL Days |
| QUETIAPINE FUMARATE TABLETS   | SEROQUEL             |                            | <b>Preferred Drug</b> | PA Required for Ages < 6 years<br>Prior Authorization is not required for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors. |                           | 60                  | 30      |
| RISPERIDONE ORALLY DISPERSABLE TABLET   | RISPERIDONE ODT      |                            | <b>Preferred Drug</b> | PA Required for Ages < 6 years<br>Prior Authorization is not required for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors. |                           | 60                  | 30      |
| RISPERIDONE ORAL SOLUTION   | RISPERDAL            |                            | <b>Preferred Drug</b> | PA Required for Ages < 6 years<br>Prior Authorization is not required for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors. |                           | 240                 | 30      |
| RISPERIDONE TABLETS   | RISPERDAL            |                            | <b>Preferred Drug</b> | PA Required for Ages < 6 years<br>Prior Authorization is not required for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors. |                           | 60                  | 30      |
| ZIPRASIDONE HCL CAPSULES  | GEODON               |                            | <b>Preferred Drug</b> | PA Required for Ages < 6 years<br>Prior Authorization is not required for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors. |                           | 60                  | 30      |
| <b>ANTIPSYCHOTICS - SECOND GENERATION - ATYPICAL LONG ACTING INJECTABLES</b>  |                      |                            |                       |  |                           |                     |         |

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|-------------------------------------|----------------------|-------------------------------|--------------------------|--|------------------------------|------------------------|------------|
| ARIPIRAZOLE LAUROXIL                | ARISTADA INITIO      |                               | Preferred Drug           | PA Required for Ages < 18 years<br>Prior Authorization is not required for ages 18 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors. |                              | 2                      | 365        |
| ARIPIRAZOLE LAUROXIL                | ARISTADA             |                               | Preferred Drug           | PA Required for Ages < 18 years<br>Prior Authorization is not required for ages 18 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors. |                              | 1                      | 30         |
| ARIPIRAZOLE SUSPENSION              | ABILIFY MAINTENA     |                               | Preferred Drug           | PA Required for Ages < 18 years<br>Prior Authorization is not required for ages 18 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors. |                              | 1                      | 30         |
| PALIPERIDONE PALMITATE SUSPENSION   | INVEGA SUSTENNA      |                               | Preferred Drug           | PA Required for Ages < 18 years<br>Prior Authorization is not required for ages 18 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors. |                              | 1                      | 30         |
| PALIPERIDONE PALMITATE SUSPENSION   | INVEGA TRINZA        |                               | Preferred Drug           | PA Required for Ages < 18 years<br>Prior Authorization is not required for ages 18 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors. |                              | 1                      | 90         |
| RISPERIDONE MICROSPHERES SUSPENSION | RISPERDAL CONSTA     |                               | Preferred Drug           | PA Required for Ages < 18 years<br>Prior Authorization is not required for ages 18 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors. |                              | 2                      | 30         |

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

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



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|---|------------------------|-------------------------------|--------------------------|--|------------------------------|------------------------|------------|
| THIOTHIXENE CAPSULES  | VARIOUS                |                               |                          | PA Required for Ages < 6 years<br>Prior Authorization is not required for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.   |                              |                        |            |
| TRIFLUOPERAZINE HCL TABLETS   | VARIOUS                |                               |                          | PA Required for Ages < 6 years<br>Prior Authorization is not required for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.   |                              |                        |            |
| <b>ANTIPSYCHOTICS - FIRST GENERATION -TYPICAL -LONG ACTING INJECTIONS</b> |                        |                               |                          |  |                              |                        |            |
| FLUPHENAZINE DECANOATE SOLUTION   | FLUPHENAZINE DECANOATE |                               |                          | PA Required for Ages < 18 years<br>Prior Authorization is not required for ages 18 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors. |                              |                        |            |
| HALOPERIDOL DECANOATE SOLUTION  | HALDOL DECANOATE 50    |                               |                          | PA Required for Ages < 18 years<br>Prior Authorization is not required for ages 18 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors. |                              |                        |            |
| <b>ANTIVIRALS</b>   |                        |                               |                          |  |                              |                        |            |
| <b>ANTIRETROVIRALS</b>  |                        |                               |                          |  |                              |                        |            |
| ABACAVIR SULFATE SOLUTION   | ZIAGEN                 |                               |                          |  |                              |                        |            |
| 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                 |                               |                          |  |                              |                        |            |

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|---|----------------------|-------------------------------|--------------------------|--------------------------|------------------------------|------------------------|------------|
| 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              |                               |                          |                          |                              |                        |            |
| DORAVIRINE TABLETS  | PIFELTRO             |                               |                          |                          |                              |                        |            |
| EFAVIRENZ CAPSULES  | SUSTIVA              |                               |                          |                          |                              |                        |            |
| EFAVIRENZ TABLETS   | SUSTIVA              |                               |                          |                          |                              |                        |            |
| EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TABLETS       | ATRIPLA              |                               |                          |                          |                              |                        |            |
| ELVITEGRAVIR TABLETS  | VITEKTA              |                               |                          |                          |                              |                        |            |
| ELVITEGRAVIR-COBICISTAT-EMTRICITABINE-TENOFOVIR TABLETS             | STRIBILD             |                               |                          |                          |                              |                        |            |
| ELVITEGRAVIR-COBICISTAT-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              |                               |                          |                          |                              |                        |            |
| ENFUVRTIDE 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              |                               |                          |                          |                              |                        |            |

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|--|----------------------|-------------------------------|--------------------------|--------------------------|------------------------------|------------------------|------------|
| LOPINAVIR-RITONAVIR TABLETS            | KALETRA              |                               |                          |                          |                              |                        |            |
| MARAVIROC TABLETS                      | SELZENTRY            |                               |                          | PA Required              |                              |                        |            |
| NELFINAVIR MESYLATE TABLETS            | VIRACEPT             |                               |                          |                          |                              |                        |            |
| NEVIRAPINE SUSPENSION                  | VIRAMUNE             |                               |                          |                          |                              |                        |            |
| NEVIRAPINE TABLETS                     | VIRAMUNE             |                               |                          |                          |                              |                        |            |
| NEVIRAPINE TABLET 24-HOUR              | VIRAMUNE XR          |                               |                          |                          |                              |                        |            |
| RALTEGRAVIR POTASSIUM CHEWABLE TABLETS | ISENTRESS            |                               |                          |                          |                              |                        |            |
| RALTEGRAVIR POTASSIUM PACK             | ISENTRESS            |                               |                          |                          |                              |                        |            |
| RALTEGRAVIR POTASSIUM TABLETS          | ISENTRESS            |                               |                          |                          |                              |                        |            |
| RILPIVIRINE HCL TABLETS                | EDURANT              |                               |                          |                          |                              |                        |            |
| RITONAVIR CAPSULES                     | NORVIR               |                               |                          |                          |                              |                        |            |
| RITONAVIR SOLUTION                     | NORVIR               |                               |                          |                          |                              |                        |            |
| RITONAVIR TABLETS                      | NORVIR               |                               |                          |                          |                              |                        |            |
| SAQUINAVIR MESYLATE CAPSULES           | INVIRASE             |                               |                          |                          |                              |                        |            |
| SAQUINAVIR MESYLATE TABLETS            | INVIRASE             |                               |                          |                          |                              |                        |            |
| STAVUDINE CAPSULES                     | ZERIT                |                               |                          |                          |                              |                        |            |
| STAVUDINE SOLUTION                     | ZERIT                |                               |                          |                          |                              |                        |            |
| TENOFOVIR DISOPROXIL FUMARATE POWDER   | VIREAD               |                               |                          |                          |                              |                        |            |
| TENOFOVIR DISOPROXIL FUMARATE TABLETS  | VIREAD               |                               |                          |                          |                              |                        |            |
| TIPRANAVIR CAPSULES                    | APTIVUS              |                               |                          |                          |                              |                        |            |
| TIPRANAVIR SOLUTION                    | APTIVUS              |                               |                          |                          |                              |                        |            |
| ZIDOVUDINE CAPSULES                    | RETROVIR             |                               |                          |                          |                              |                        |            |
| ZIDOVUDINE SYRUP                       | RETROVIR             |                               |                          |                          |                              |                        |            |
| ZIDOVUDINE TABLETS                     | ZIDOVUDINE           |                               |                          |                          |                              |                        |            |
| <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              |                              |                        |            |

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|---|----------------------|-------------------------------|--------------------------|--------------------------|------------------------------|------------------------|------------|
| ENTECAVIR SOLUTION                        | BARACLUDE            |                               |                          | PA Required              |                              |                        |            |
| ENTECAVIR TABLETS                         | BARACLUDE            |                               |                          | PA Required              |                              |                        |            |
| TELBIVUDINE TABLETS                       | TYZEKA               |                               |                          | PA Required              |                              |                        |            |
| <b>HEPATITIS C AGENTS</b>                 |                      |                               |                          |                          |                              |                        |            |
| ADEFOVIR DIPIVOXIL TABLETS                | HEPSERA              |                               |                          | PA Required              |                              |                        |            |
| ENTECAVIR SOLUTION                        | BARACLUDE            |                               |                          | PA Required              |                              |                        |            |
| ENTECAVIR TABLETS                         | BARACLUDE            |                               |                          | PA Required              |                              |                        |            |
| GLECAPREVIR-PIBRENTASVIR TABLETS          | MAVYRET              |                               | Preferred Drug           | PA Required              |                              |                        |            |
| LAMIVUDINE (HBV) SOLUTION                 | EPIVIR HBV           |                               |                          |                          |                              |                        |            |
| LAMIVUDINE (HBV) TABLETS                  | EPIVIR HBV           |                               |                          |                          |                              |                        |            |
| PEGINTERFERON ALFA-2A SOLUTION            | PEGASYS              |                               | Preferred Drug           | PA Required              |                              |                        |            |
| PEGINTERFERON ALFA-2B KIT                 | PEGINTRON            |                               | Preferred Drug           | PA Required              |                              |                        |            |
| RIBAVIRIN (HEPATITIS C) CAPSULES          | VARIOUS              |                               | Preferred Drug           | PA Required              |                              |                        |            |
| RIBAVIRIN (HEPATITIS C) TABLETS           | VARIOUS              |                               | Preferred Drug           | PA Required              |                              |                        |            |
| SOFOSBUVIR/VELPATASVIR                    | EPCLUSA              | AUTHORIZED<br>GENERIC ONLY    | Preferred Drug           | PA Required              |                              |                        |            |
| 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>BLOOD PRODUCTS - IMMUNE GLOBULINS</b>  |                      |                               |                          |                          |                              |                        |            |
| IMMUNE GLOBULIN                           | BIVIGAM (IV)         | BRAND ONLY                    | PREFERRED DRUG           | PA REQUIRED              |                              |                        |            |
| IMMUNE GLOBULIN                           | (IV)                 | BRAND ONLY                    | PREFERRED DRUG           | PA REQUIRED              |                              |                        |            |
| IMMUNE GLOBULIN                           | FLEBOGFAMMA DIF (IV) | BRAND ONLY                    | PREFERRED DRUG           | PA REQUIRED              |                              |                        |            |
| IMMUNE GLOBULIN                           | GAMASTAN S/D (IM)    | BRAND ONLY                    | PREFERRED DRUG           | PA REQUIRED              |                              |                        |            |

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|--|----------------------------|-------------------------------|--------------------------|--------------------------|------------------------------|------------------------|------------|
| IMMUNE GLOBULIN                                    | GAMMAGARD LIQUID (INJ)     | BRAND ONLY                    | PREFERRED DRUG           | PA REQUIRED              |                              |                        |            |
| IMMUNE GLOBULIN                                    | GAMMAGARD S-D LIQUID (INJ) | BRAND ONLY                    | PREFERRED DRUG           | PA REQUIRED              |                              |                        |            |
| IMMUNE GLOBULIN                                    | GAMUNEX-C (INJ)            | BRAND ONLY                    | PREFERRED DRUG           | PA REQUIRED              |                              |                        |            |
| IMMUNE GLOBULIN                                    | HIZENTRAL (SUBQ)           | BRAND ONLY                    | PREFERRED DRUG           | PA REQUIRED              |                              |                        |            |
| <b>CHELATING AGENTS</b>                            |                            |                               |                          |                          |                              |                        |            |
| PENICILLAMINE CAPSULES                             | CUPRIMINE                  |                               |                          |                          |                              |                        |            |
| <b>IMMUNOMODULATORS</b>                            |                            |                               |                          |                          |                              |                        |            |
| LENALIDOMIDE CAPSULES                              | REVLIMID                   |                               |                          | PA Required              |                              |                        |            |
| THALIDOMIDE CAPSULES                               | THALOMID                   |                               |                          | PA Required              |                              |                        |            |
| <b>IMMUNOSUPPRESSIVE AGENTS</b>                    |                            |                               |                          |                          |                              |                        |            |
| AZATHIOPRINE TABLETS                               | IMURAN                     |                               |                          |                          |                              |                        |            |
| CYCLOSPORINE CAPSULES                              | SANDIMMUNE                 |                               |                          |                          |                              |                        |            |
| CYCLOSPORINE MODIFIED (FOR MICROEMULSION) CAPSULES | GENGRAF                    |                               |                          |                          |                              |                        |            |
| CYCLOSPORINE MODIFIED (FOR MICROEMULSION) SOLUTION | GENGRAF                    |                               |                          |                          |                              |                        |            |
| CYCLOSPORINE SOLUTION                              | SANDIMMUNE                 |                               |                          |                          |                              |                        |            |
| EVEROLIMUS (IMMUNOSUPPRESSANT) TABLETS             | ZORTRESS                   |                               |                          | PA Required              |                              |                        |            |
| MYCOPHENOLATE MOFETIL CAPSULES                     | CELLCEPT                   |                               |                          |                          |                              |                        |            |
| MYCOPHENOLATE MOFETIL SUSPENSION                   | CELLCEPT                   |                               |                          |                          |                              |                        |            |
| MYCOPHENOLATE MOFETIL TABLETS                      | CELLCEPT                   |                               |                          |                          |                              |                        |            |
| SIROLIMUS SOLUTION                                 | RAPAMUNE                   |                               |                          |                          |                              |                        |            |
| SIROLIMUS TABLETS                                  | RAPAMUNE                   |                               |                          |                          |                              |                        |            |
| TACROLIMUS CAPSULES                                | HECORIA                    |                               |                          |                          |                              |                        |            |
| TACROLIMUS CAPSULE CONTROLLED RELEASE              | ASTAGRAF XL                |                               |                          |                          |                              |                        |            |
| <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                    |                               |                          |                          |                              |                        |            |

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| 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              |                               |   |                                   |                              |                        |            |
| 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>PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAG</b> |                      |                               |   |                                   |                              |                        |            |
| AMBRISENTAN TABLETS                                       | LETAIRIS             | BRAND Only                    | PREFERRED DRUG                          | PA Required                       |                              |                        |            |
| BOSENTAN TABLETS  | TRACLEER             | BRAND Only                    | PREFERRED DRUG                          | PA Required                       |                              |                        |            |
| <b>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBIT</b> |                      |                               |   |                                   |                              |                        |            |
| SILDENAFIL CITRATE (PULMONARY HYPERTENSION) SUSPENSION    | REVATIO              | BRAND Only                    | PREFERRED FOR<br>UNDER THE AGE<br>OF 12 | PA Required FOR > 12 YEARS OF AGE |                              |                        |            |

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| SILDENAFIL CITRATE (PULMONARY HYPERTENSION) TABLETS  | VARIOUS              |                               | PREFERRED DRUG           | PA Required              |                              |                        |            |
| TADALAFIL (PULMONARY HYPERTENSION) TABLETS           | ADCIRCA              | BRAND Only                    | PREFERRED DRUG           | PA Required              |                              |                        |            |
| <b>CEPHALOSPORINS</b>                                |                      |                               |                          |                          |                              |                        |            |
| <b>CEPHALOSPORINS - 1ST GENERATION</b>               |                      |                               |                          |                          |                              |                        |            |
| CEFADROXIL CAPSULES                                  | CEFADROXIL           |                               |                          |                          |                              |                        |            |
| CEFADROXIL SUSPENSION                                | CEFADROXIL           |                               |                          |                          |                              |                        |            |
| CEFADROXIL TABLETS                                   | CEFADROXIL           |                               |                          |                          |                              |                        |            |
| CEPHALEXIN CAPSULES                                  | KEFLEX               |                               |                          |                          |                              |                        |            |
| CEPHALEXIN SUSPENSION                                | CEPHALEXIN           |                               |                          |                          |                              |                        |            |
| CEPHALEXIN TABLETS                                   | CEPHALEXIN           |                               |                          |                          |                              |                        |            |
| <b>CEPHALOSPORINS - 2ND GENERATION</b>               |                      |                               |                          |                          |                              |                        |            |
| CEFACLOR CAPSULES                                    | CEFACLOR             |                               |                          |                          |                              |                        |            |
| CEFACLOR SUSPENSION                                  | CEFACLOR             |                               |                          |                          |                              |                        |            |
| CEFPROZIL SUSPENSION                                 | CEFPROZIL            |                               |                          |                          |                              |                        |            |
| CEFPROZIL TABLETS                                    | CEFPROZIL            |                               |                          |                          |                              |                        |            |
| CEFUROXIME AXETIL SUSPENSION                         | CEFTIN               |                               |                          |                          |                              |                        |            |
| CEFUROXIME AXETIL TABLETS                            | CEFTIN               |                               |                          |                          |                              |                        |            |
| <b>CEPHALOSPORINS - 3RD GENERATION</b>               |                      |                               |                          |                          |                              |                        |            |
| CEFDINIR CAPSULES                                    | CEFDINIR             |                               |                          |                          |                              |                        |            |
| CEFDINIR SUSPENSION                                  | CEFDINIR             |                               |                          |                          |                              |                        |            |
| CEFIXIME CAPSULES                                    | SUPRAX               |                               |                          |                          |                              | 1                      | 30         |
| CEFIXIME CHEWABLE TABLETS                            | SUPRAX               |                               |                          |                          |                              | 1                      | 30         |
| CEFIXIME SUSPENSION                                  | SUPRAX               |                               |                          |                          |                              | 1                      | 30         |
| CEFIXIME TABLETS                                     | SUPRAX               |                               |                          |                          |                              | 1                      | 30         |
| CEFPODOXIME PROXETIL SUSPENSION                      | CEFPODOXIME PROXETIL |                               |                          |                          |                              |                        |            |
| CEFPODOXIME PROXETIL TABLETS                         | CEFPODOXIME PROXETIL |                               |                          |                          |                              |                        |            |
| <b>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           |                               |                          |                          |                              |                        |            |

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|---|-----------------------------|-------------------------------|--------------------------|--------------------------|------------------------------|------------------------|------------|
| 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                      | CRYSELLE-28                 |                               |                          |                          |                              |                        |            |
| <b>COMBINATION CONTRACEPTIVES - VAGINAL</b>                 |                             |                               |                          |                          |                              |                        |            |
| ETONOGESTREL-ETHINYL ESTRADIOL RING                         | NUVARING                    |                               |                          |                          |                              |                        |            |
| <b>EMERGENCY CONTRACEPTIVES</b>                             |                             |                               |                          |                          |                              |                        |            |
| LEVONORGESTREL TABLETS                                      | PLAN B                      |                               |                          |                          |                              |                        |            |
| <b>PROGESTIN CONTRACEPTIVES - INJECTABLE</b>                |                             |                               |                          |                          |                              |                        |            |
| <b>HYDROXYPROGESTERONE CAPROATE OIL</b>                     | <b>MAKENA 250 MG/ML</b>     | <b>Brand Only</b>             | <b>PREFERRED DRUG</b>    | <b>PA Required</b>       |                              |                        |            |
| <b>HYDROXYPROGESTERONE CAPROATE SOLUTION AUTOINJECTOR</b>   | <b>MAKENA AUTO INJECTOR</b> | <b>Brand Only</b>             | <b>PREFERRED DRUG</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               |                               |                          |                          |                              |                        |            |
| HYDROCORTISONE SOD SUCCINATE SOLUTION (INJECTABLE)          | A-HYDROCORT                 |                               |                          |                          | PA Required                  |                        |            |
| METHYLPREDNISOLONE ACETATE SUSPENSION (INJECTABLE)          | DEPO-MEDROL                 |                               |                          |                          | PA Required                  |                        |            |
| METHYLPREDNISOLONE SOD SUCC SOLUTION (INJECTABLE)           | A-METHAPRED                 |                               |                          |                          | PA Required                  |                        |            |
| METHYLPREDNISOLONE TABLETS                                  | MEDROL                      |                               |                          |                          |                              |                        |            |
| PREDNISOLONE SODIUM PHOSPHATE SOLUTION                      | ORAPRED                     |                               |                          |                          |                              |                        |            |
| PREDNISOLONE SODIUM PHOSPHATE ORALLY DISINTEGRATING TABLETS | ORAPRED ODT                 |                               |                          |                          |                              |                        |            |
| PREDNISOLONE SYRUP  | PRELONE                     |                               |                          |                          |                              |                        |            |
| PREDNISOLONE TABLETS  | VARIOUS                     |                               |                          |                          |                              |                        |            |
| PREDNISONE CONCENTRATE                                      | PREDNISONE INTENSOL         |                               |                          |                          |                              |                        |            |
| PREDNISONE SOLUTION   | PREDNISONE                  |                               |                          |                          |                              |                        |            |
| PREDNISONE TABLETS  | PREDNISONE                  |                               |                          |                          |                              |                        |            |



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| TRIAMCINOLONE ACETONIDE SUSPENSION (INJECTABLE)               | KENALOG-10                                    |                               |                          | PA Required                       |                              |                        |            |
| TRIAMCINOLONE DIACETATE SUSPENSION (INJECTABLE)               | TRIAMCINOLONE                                 |                               |                          | PA Required                       |                              |                        |            |
| TRIAMCINOLONE HEXACETONIDE SUSPENSION (INJECTABLE)            | ARISTOSPAN INTRALESIONAL &<br>INTRA-ARTICULAR |                               |                          | PA Required                       |                              |                        |            |
| <b>MINERALOCORTICOIDS</b>                                     |   |                               |                          |                                   |                              |                        |            |
| FLUDROCORTISONE ACETATE TABLETS                               | FLORINEF                                      |                               |                          |                                   |                              |                        |            |
| <b>COUGH/COLD/ALLERGY</b>                                     |   |                               |                          |                                   |                              |                        |            |
| <b>ANTITUSSIVES</b>   |   |                               |                          |                                   |                              |                        |            |
| 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 &<br>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         |

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| PHENYLEPHRINE-BROMPHENIRAMINE-DEXTROMETHORPHAN LIQUID   | DIMETAPP DEXTROMETHORPHAN<br>COLD & COUGH |                               |                          |                                   |                              | 480                    | 30         |
| PHENYLEPHRINE-BROMPHENIRAMINE-DEXTROMETHORPHAN SYRUP    | VARIOUS                                   |                               |                          |                                   |                              | 480                    | 30         |
| PHENYLEPHRINE-CHLORPHENIRAMINE-DEXTROMETHORPHAN LIQUID  | VARIOUS                                   |                               |                          |                                   |                              | 480                    | 30         |
| PHENYLEPHRINE-CHLORPHENIRAMINE-DEXTROMETHORPHAN DROPS   | VARIOUS                                   |                               |                          | PA Required for < 6 years age     |                              |                        |            |
| PHENYLEPHRINE-CHLORPHENIRAMINE-DEXTROMETHORPHAN SYRUP   | VARIOUS                                   |                               |                          |                                   |                              | 480                    | 30         |
| PHENYLEPHRINE-CHLORPHENIRAMINE-DEXTROMETHORPHAN TABLETS | VARIOUS                                   |                               |                          |                                   |                              |                        |            |
| PHENYLEPHRINE-GUAIFENESIN CAPSULES                      | VARIOUS                                   |                               |                          |                                   |                              |                        |            |
| PHENYLEPHRINE-GUAIFENESIN LIQUID                        | TRIAMINIC CHEST/<br>NASAL CONGESTION      |                               |                          |                                   |                              | 480                    | 30         |
| PHENYLEPHRINE-GUAIFENESIN SYRUP                         | TRIAMINIC CHEST & NASAL<br>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/<br>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                              |                               |                          |                                   |                              |                        |            |

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| 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>              |                      |                               |                          |                                   |                              |                        |            |
| 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   |                               |                          |                                   |                              |                        |            |
| MUIROCIIN CALCIUM CREAM                   | BACTROBAN            |                               |                          |                                   |                              |                        |            |
| MUIROCIIN OINTMENT                        | BACTROBAN            |                               |                          |                                   |                              |                        |            |
| NEOMYCIN-BACITRACIN-POLYMYXIN OINTMENT    | NEOSPORIN            |                               |                          |                                   |                              |                        |            |
| <b>ANTIFUNGALS - TOPICAL</b>              |                      |                               |                          |                                   |                              |                        |            |
| BUTENAFINE                                | LOTRIMIN ULTRA       |                               | PREFERRED BRAND          |                                   |                              |                        |            |
| CICLOPROX CREAM                           | VARIOUS              |                               |                          |                                   |                              |                        |            |
| CICLOPROX SOLUTION                        | VARIOUS              |                               |                          |                                   |                              |                        |            |
| CICLOPROX SUSPENSION                      | VARIOUS              |                               |                          |                                   |                              |                        |            |
| CLOTRIMAZOLE CREAM (RX & OTC)             | LOTRIMIN             |                               |                          |                                   |                              |                        |            |
| CLOTRIMAZOLE OINTMENT                     | LOTRIMIN             |                               |                          |                                   |                              |                        |            |
| CLOTRIMAZOLE SOLUTION ( RX & OTC)         | VARIOUS              |                               |                          |                                   |                              |                        |            |
| CLOTRIMAZOLE W/ BETAMETHASONE CREAM       | LOTRISONE            |                               |                          |                                   |                              |                        |            |
| KETOCONAZOLE CREAM                        | VARIOUS              |                               |                          |                                   |                              |                        |            |
| KETOCONAZOLE SHAMPOO                      | VARIOUS              |                               |                          |                                   |                              |                        |            |
| MICONAZOLE NITRATE CREAM                  | VARIOUS              |                               |                          |                                   |                              |                        |            |
| MICONAZOLE NITRATE LIQUID/SPRAY           | VARIOUS              |                               |                          |                                   |                              |                        |            |
| MICONAZOLE NITRATE OINTMENT               | VARIOUS              |                               |                          |                                   |                              |                        |            |
| MICONAZOLE NITRATE POWDER                 | VARIOUS              |                               |                          |                                   |                              |                        |            |
| NYSTATIN CREAM                            | VARIOUS              |                               |                          |                                   |                              |                        |            |
| NYSTATIN OINTMENT                         | VARIOUS              |                               |                          |                                   |                              |                        |            |
| NYSTATIN POWDER                           | NYAMYC               |                               |                          |                                   |                              |                        |            |
| TOLNAFTATE AERO POWDER                    | VARIOUS              |                               |                          |                                   |                              |                        |            |
| TOLNAFTATE CREAM                          | VARIOUS              |                               |                          |                                   |                              |                        |            |
| TOLNAFTATE POWDER                         | VARIOUS              |                               |                          |                                   |                              |                        |            |
| TOLNAFTATE SPRAY                          | VARIOUS              |                               |                          |                                   |                              |                        |            |

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| TERBINAFINE CREAM                                | VARIOUS                    |                               |                          |                          |                              |                        |            |
| <b>ANTIHISTAMINES-TOPICAL</b>                    |                            |                               |                          |                          |                              |                        |            |
| DIPHENHYDRAMINE HCL CREAM                        | ANTI-ITCH MAXIMUM STRENGTH |                               |                          |                          |                              |                        |            |
| DIPHENHYDRAMINE HCL GEL                          | BENADRYL ITCH STOPPING     |                               |                          |                          |                              |                        |            |
| DIPHENHYDRAMINE HCL SOLUTION                     | BENADRYL MAXIMUM STRENGTH  |                               |                          |                          |                              |                        |            |
| <b>ANTISEBORRHEIC TOPICAL PRODUCTS</b>           |                            |                               |                          |                          |                              |                        |            |
| SELENIUM SULFIDE LOTION                          | SELSUN 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>     |                            |                               |                          |                          |                              |                        |            |
| HYDROCORTISONE CREAM                             | VARIOUS                    |                               |                          |                          |                              |                        |            |
| HYDROCORTISONE GEL                               | VARIOUS                    |                               |                          |                          |                              |                        |            |
| HYDROCORTISONE LOTION                            | VARIOUS                    |                               |                          |                          |                              |                        |            |
| HYDROCORTISONE OINTMENT                          | VARIOUS                    |                               |                          |                          |                              |                        |            |
| FLUOCINOLONE 0.01% OIL                           | VARIOUS                    |                               |                          |                          |                              |                        |            |
| <b>CORTICOSTEROIDS - TOPICAL MEDIUM POTENCY</b>  |                            |                               |                          |                          |                              |                        |            |
| FLUTICASONE PROPIONATE CREAM                     | VARIOUS                    |                               |                          |                          |                              |                        |            |
| FLUTICASONE PROPIONATE OINTMENT                  | VARIOUS                    |                               |                          |                          |                              |                        |            |
| MOMETASONE FUROATE CREAM                         | VARIOUS                    |                               |                          |                          |                              |                        |            |
| MOMETASONE FUROATE OINTMENT                      | VARIOUS                    |                               |                          |                          |                              |                        |            |
| MOMETASONE FUROATE SOLUTION                      | VARIOUS                    |                               |                          |                          |                              |                        |            |
| <b>CORTICOSTEROIDS - TOPICAL HIGH POTENCY</b>    |                            |                               |                          |                          |                              |                        |            |
| BETAMETHASONE DIPROPIONATE LOTION                | VARIOUS                    |                               |                          |                          |                              |                        |            |
| BETAMETHASONE DIPROPIONATE/PROPYLENE GLYC. CREAM | VARIOUS                    |                               |                          |                          |                              |                        |            |
| BETAMETHASONE VALERATE CREAM                     | VARIOUS                    |                               |                          |                          |                              |                        |            |
| BETAMETHASONE VALERATE LOTION                    | VARIOUS                    |                               |                          |                          |                              |                        |            |
| BETAMETHASONE VALERATE SOLUTION                  | VARIOUS                    |                               |                          |                          |                              |                        |            |
| FLUOCINONIDE CREAM                               | VARIOUS                    |                               |                          |                          |                              |                        |            |
| FLUOCINONIDE OINTMENT                            | VARIOUS                    |                               |                          |                          |                              |                        |            |
| FLUOCINONIDE SOLUTION                            | VARIOUS                    |                               |                          |                          |                              |                        |            |
| TRIAMCINOLONE ACETONIDE CREAM                    | VARIOUS                    |                               |                          |                          |                              |                        |            |
| TRIAMCINOLONE ACETONIDE LOTION                   | VARIOUS                    |                               |                          |                          |                              |                        |            |
| TRIAMCINOLONE ACETONIDE OINTMENT                 | VARIOUS                    |                               |                          |                          |                              |                        |            |

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| <b>CORTICOSTEROIDS - TOPICAL VERY HIGH POTENCY</b>         |                        |                               |                          |                          |                              |                        |            |
| CLOBETASOL PROPIONATE CREAM                                | VARIOUS                |                               |                          |                          |                              | 100                    | 30         |
| CLOBETASOL PROPIONATE EMOLLIENT                            | VARIOUS                |                               |                          |                          |                              | 100                    | 30         |
| CLOBETASOL PROPIONATE GEL                                  | VARIOUS                |                               |                          |                          |                              | 118                    | 30         |
| CLOBETASOL PROPIONATE OINTMENT                             | VARIOUS                |                               |                          |                          |                              | 100                    | 30         |
| CLOBETASOL PROPIONATE SOLUTION                             | VARIOUS                |                               |                          |                          |                              | 100                    | 30         |
| HALOBETASOL PROPIONATE CREAM                               | VARIOUS                |                               |                          |                          |                              | 100                    | 30         |
| HALOBETASOL PROPIONATE OINTMENT                            | VARIOUS                |                               |                          |                          |                              | 100                    | 30         |
| <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                |                               |                          |                          |                              |                        |            |
| PERMETHRIN 1%, 5%  | NIX, ELIMITE           |                               |                          |                          |                              |                        |            |

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| PERMETHRIN LIQUID  | NIX CREME RINSE         |                            |                       |                          |                           |                     |         |
| PYRETHRINS-PIPERONYL BUTOXIDE GEL                          | A-200                   |                            |                       |                          |                           |                     |         |
| PYRETHRINS-PIPERONYL BUTOXIDE LIQUID                       | BARC                    |                            |                       |                          |                           |                     |         |
| PYRETHRINS-PIPERONYL BUTOXIDE SHAMPOO                      | LICIDE                  |                            |                       |                          |                           |                     |         |
| SPINOSAD SUSPENSION  | NATROBA                 |                            |                       | PA Required              |                           |                     |         |
| <b>DIAGNOSTIC PRODUCTS</b>                                 |                         |                            |                       |                          |                           |                     |         |
| <b>DIAGNOSTIC TESTS</b>                                    |                         |                            |                       |                          |                           |                     |         |
| BLOOD GLUCOSE MONITORS & STRIPS                            | VARIOUS                 |                            |                       |                          |                           |                     |         |
| <b>DIGESTIVE AIDS</b>                                      |                         |                            |                       |                          |                           |                     |         |
| <b>DIGESTIVE ENZYMES</b>                                   |                         |                            |                       |                          |                           |                     |         |
| LIPASE-PROTEASE-AMYLASE CAPSULE DELAYED RELEASE            | CREON                   | Brand Only                 | Preferred Drug        |                          |                           | 500                 | 30      |
| LIPASE-PROTEASE-AMYLASE CAPSULE DELAYED RELEASE            | ZENPEP                  | Brand Only                 | Preferred Drug        |                          |                           | 500                 | 30      |
| LIPASE-PROTEASE-AMYLASE CAPSULE DELAYED RELEASE 5000 UNITS | PANCRELIPASE 5000 UNITS |                            | Preferred Drug        |                          |                           | 300                 | 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          |                            |                       |                          |                           |                     |         |
| CHLOROTHALIDONE TABLETS                                    | CHLOROTHALIDONE         |                            |                       |                          |                           |                     |         |
| HYDROCHLOROTHIAZIDE CAPSULES 12.5MG                        | VARIOUS                 |                            |                       |                          |                           |                     |         |
| HYDROCHLOROTHIAZIDE TABLETS 25MG & 50MG                    | HYDROCHLOROTHIAZIDE     |                            |                       |                          |                           |                     |         |

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

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| ESTROGENS, CONJUGATED TABLETS                       | PREMARIN              |                               |                          |                          |                              |                        |            |
| ESTROPIRATE 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>    |                          |                              |                        |            |
| <b>CALCIUM ACETATE CAPSULES</b>                     | <b>VARIOUS</b>        |                               | <b>PREFERRED DRUG</b>    |                          |                              |                        |            |
| <b>SEVELAMER CARBONATE PACKETS</b>                  | <b>REVELA</b>         | <b>BRAND ONLY</b>             | <b>PREFERRED DRUG</b>    |                          |                              |                        |            |
| <b>SEVELAMER CARBONATE TABLETS</b>                  | <b>RENAGEL</b>        | <b>BRAND ONLY</b>             | <b>PREFERRED DRUG</b>    |                          |                              |                        |            |
| <b>GENITOURINARY AGENTS - MISC.</b>                 |                       |                               |                          |                          |                              |                        |            |



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| <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>      |                       |                               |                          |                          |                              |                        |            |
| ELIGLUSTAT TARTRATE                    | CARDELA (oral)        | BRAND ONLY                    |                          | PA Required              |                              |                        |            |
| IMIGLUCERASE SOLUTION                  | CEREZYME 400 IU (IV)  | BRAND ONLY                    |                          | PA Required              |                              |                        |            |
| TALIGLUCERASE ALFA                     | ELELYSO (IV)          | BRAND ONLY                    |                          | PA Required              |                              |                        |            |
| MIGLUSTAT                              | MIGLUSTAT (AG) (oral) | BRAND ONLY                    |                          | PA Required              |                              |                        |            |
| VELAGLUCERASE ALFA                     | VPRIB 400 IU          | BRAND ONLY                    |                          | PA Required              |                              |                        |            |
| <b>HEMATOPOIETIC GROWTH FACTORS</b>    |                       |                               |                          |                          |                              |                        |            |
| ELTROMBOPAG OLAMINE TABLETS            | PROMACTA              | BRAND ONLY                    | PREFERRED DRUG           | PA Required              |                              |                        |            |
| EPOETIN ALFA SOLUTION                  | RETACRIT              | BRAND ONLY                    | PREFERRED DRUG           | PA Required              |                              |                        |            |
| FILGRASTIM DISPOSABLE SYRINGE          | NEUPOGEN              | BRAND ONLY                    | PREFERRED DRUG           | PA Required              |                              |                        |            |

**AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2019**

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|---|----------------------|----------------------------|-----------------------|--|--|---------------------|---------|
| Drug Class/Drug Name  | Reference Brand Name | Brand Only / Generic Notes | Preferred Drug Status | Prior Authorization Type   | Step Therapy Requirements                      | Quantity Limit (QL) | QL Days |
| FILGRASTIM SOLUTION   | NEUPOGEN             | BRAND ONLY                 | PREFERRED DRUG        | PA Required  |  |                     |         |
| PEGFILGRASTIM -JMDB PREFILLED SYRINGE   | FULPHILA             | BRAND ONLY                 | PREFERRED DRUG        | PA Required  |  |                     |         |
| PEGFILGRASTIM PREFILLED SYRINGE   | UNDENYCA             | BRAND ONLY                 | PREFERRED DRUG        | PA Required  |  |                     |         |
| ROMIPILOSTIM  | NPLATE               | BRAND ONLY                 | PREFERRED DRUG        | PA Required  |  |                     |         |
| <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<br>PA Required for > 1 Hypnotic Drug |  | 30                  | 30      |
| ZOLPIDEM TARTRATE TABLETS 5MG   | AMBIEN               |                            | Preferred Drug        | PA Required for Ages <6 years<br>PA Required for > 1 Hypnotic Drug |  | 60                  | 30      |
| ZOLPIDEM TARTRATE TABLETS 10MG  | AMBIEN               |                            | Preferred Drug        | PA Required for Ages <6 years<br>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<br>KIT 50  |                               |                          |                          |                              |                        |            |
| DIAPHRAGM FLAT SPRING KIT                          | ORTHO DIAPHRAGM FLAT SPRING<br>KIT 55  |                               |                          |                          |                              |                        |            |
| DIAPHRAGM WIDE SEAL DPRH                           | WIDE-SEAL SILICONE DIAPHRAGM<br>KIT 60 |                               |                          |                          |                              |                        |            |
| DIAPHRAGMS - OTHER+A1294                           | OMNIFLEX DIAPHRAGM                     |                               |                          |                          |                              |                        |            |
| <b>DIABETIC SUPPLIES</b>                           |  |                               |                          |                          |                              |                        |            |
| BLOOD GLUCOSE MONITORING KIT W/ DEVICE             | VARIOUS                                |                               |                          |                          |                              |                        |            |
| BLOOD GLUCOSE MONITORING DEVICES                   | VARIOUS                                |                               |                          |                          |                              |                        |            |
| LANCET DEVICES MISC.                               | VARIOUS                                |                               |                          |                          |                              |                        |            |
| LANCETS MISC.                                      | VARIOUS                                |                               |                          |                          |                              |                        |            |
| <b>DEVICES - MISC.</b>                             |  |                               |                          |                          |                              |                        |            |
| ALCOHOL SWABS PADS                                 | ALCOH-GLOVE CONTOURED WIPE             |                               |                          |                          |                              |                        |            |
| <b>RESPIRATORY THERAPY SUPPLIES</b>                |  |                               |                          |                          |                              |                        |            |
| SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES - MASKS    | MASK VORTEX/<br>BABY WHIRL DUCKLING    |                               |                          |                          |                              | 2                      | 365        |
| SPACER/AEROSOL-HOLDING CHAMBERS DEVICE             | AEROCHAMBER<br>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>MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES</b>   |  |                               |                          |                          |                              |                        |            |
| ERENUMAB-AOOE SOLUTION AUTOINJECTOR                | AIMOVIG                                |                               | Preferred Drug           | PA Required              |                              |                        |            |
| GALCANEZUMAB-GNLM SOLUTION AUTOINJECTOR /<br>/ PEN | EMGALITY                               |                               | Preferred Drug           | PA Required              |                              |                        |            |

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|--|----------------------|-------------------------------|--------------------------|---|------------------------------|------------------------|------------|
| <b>SEROTONIN AGONISTS</b>                                  |                      |                               |                          |   |                              |                        |            |
| 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              |                               |                          |   |                              |                        |            |
| 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       |                               |                          |   |                              |                        |            |

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|--|----------------------|-------------------------------|--------------------------|--------------------------|------------------------------|------------------------|------------|
| <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          |                               |                          |                          |                              |                        |            |
| FLUTICASON PROPIONATE SUSPENSION           | FLONASE              |                               |                          |                          |                              |                        |            |
| TRIAMCINOLONE ACETONIDE                    | NASACORT AQ          |                               |                          |                          |                              |                        |            |
| <b>SYMPATHOMIMETIC DECONGESTANTS</b>       |                      |                               |                          |                          |                              |                        |            |
| PSEUDOEPHEDRINE HCL LIQUID                 | SUDAFED CHILDRENS    |                               |                          |                          |                              |                        |            |
| PSEUDOEPHEDRINE HCL SYRUP                  | PSEUDOEPHEDRINE      |                               |                          |                          |                              |                        |            |
| PSEUDOEPHEDRINE HCL TABLETS                | SUDAFED              |                               |                          |                          |                              |                        |            |
| PSEUDOEPHEDRINE HCL TABLET 12-HOUR         | NASAL DECONGESTANT   |                               |                          |                          |                              |                        |            |
| PSEUDOEPHEDRINE HCL TABLET 24-HOUR         | SUDAFED 24 HOUR      |                               |                          |                          |                              |                        |            |
| <b>OPHTHALMIC AGENTS</b>                   |                      |                               |                          |                          |                              |                        |            |
| <b>OPHTHALMIC - BETA-BLOCKERS</b>          |                      |                               |                          |                          |                              |                        |            |
| BETAXOLOL HCL SOLUTION                     | BETAXOLOL HCL        |                               |                          |                          |                              |                        |            |
| BETAXOLOL HCL SUSPENSION                   | BETOPTIC-S           |                               |                          |                          |                              |                        |            |
| CARTEOLOL HCL SOLUTION                     | CARTEOLOL HCL        |                               |                          |                          |                              |                        |            |
| DORZOLAMIDE HCL-TIMOLOL MALEATE SOLUTION   | COSOPT               |                               |                          |                          |                              |                        |            |
| LEVOBUNOLOL HCL SOLUTION                   | LEVOBUNOLOL HCL      |                               |                          |                          |                              |                        |            |
| METIPRANOLOL SOLUTION                      | METIPRANOLOL         |                               |                          |                          |                              |                        |            |
| TIMOLOL MALEATE SOLUTION                   | TIMOPTIC-XE          |                               |                          |                          |                              |                        |            |
| TIMOLOL MALEATE SOLUTION                   | TIMOPTIC             |                               |                          |                          |                              |                        |            |
| <b>OPHTHALMIC - CYCLOPLEGIC MYDRIATICS</b> |                      |                               |                          |                          |                              |                        |            |
| ATROPINE SULFATE OINTMENT                  | ATROPINE SULFATE     |                               |                          |                          |                              |                        |            |
| ATROPINE SULFATE SOLUTION                  | ISOPTO ATROPINE      |                               |                          |                          |                              |                        |            |
| CYCLOPENTOLATE HCL SOLUTION                | CYCLOGYL             |                               |                          |                          |                              |                        |            |
| HOMATROPINE HBR SOLUTION                   | ISOPTO HOMATROPINE   |                               |                          |                          |                              |                        |            |
| <b>OPHTHALMIC - MIOTICS</b>                |                      |                               |                          |                          |                              |                        |            |
| PILOCARPINE HCL GEL                        | PILOPINE HS          |                               |                          |                          |                              |                        |            |
| PILOCARPINE HCL SOLUTION                   | ISOPTO CARPINE       |                               |                          |                          |                              |                        |            |
| <b>OPHTHALMIC - ANTI-INFECTIVES</b>        |                      |                               |                          |                          |                              |                        |            |

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|--|-----------------------------------|-------------------------------|--------------------------|--------------------------|------------------------------|------------------------|------------|
| 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                           |                               |                          |                          |                              |                        |            |
| DEXAMETHASONE SODIUM PHOSPHATE SOLUTION    | DEXAMETHASONE SODIUM<br>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                         |                               |                          |                          |                              |                        |            |

**AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2019**

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| Drug Class/Drug Name                       | Reference Brand Name                                     | Brand Only /<br>Generic Notes | Preferred Drug<br>Status | Prior Authorization Type | Step Therapy<br>Requirements | Quantity<br>Limit (QL) | QL<br>Days |
|--|--|-------------------------------|--------------------------|--------------------------|------------------------------|------------------------|------------|
| PREDNISOLONE SODIUM PHOSPHATE SOLUTION     | PREDNISOLONE SODIUM<br>PHOSPHATE                         |                               |                          |                          |                              |                        |            |
| SULFACETAMIDE SOD-PREDNISOLONE OINTMENT    | BLEPHAMIDE S.O.P.  |                               |                          |                          |                              |                        |            |
| SULFACETAMIDE SOD-PREDNISOLONE SOLUTION    | SULFACETAMIDE<br>SODIUM/PREDNISOLONE SODIUM<br>PHOSPHATE |                               |                          |                          |                              |                        |            |
| SULFACETAMIDE SOD-PREDNISOLONE SUSPENSION  | BLEPHAMIDE   |                               |                          |                          |                              |                        |            |
| TOBRAMYCIN-DEXAMETHASONE OINTMENT          | TOBRADEX   |                               |                          |                          |                              |                        |            |
| TOBRAMYCIN-DEXAMETHASONE SUSPENSION        | TOBRADEX ST  |                               |                          |                          |                              |                        |            |
| <b>OPHTHALMICS - MISC.</b>                 |  |                               |                          |                          |                              |                        |            |
| BRINZOLAMIDE SUSPENSION                    | AZOPT  |                               |                          | PA Required              |                              |                        |            |
| CROMOLYN SODIUM SOLUTION                   | CROMOLYN SODIUM  |                               |                          |                          |                              |                        |            |
| DICLOFENAC SODIUM SOLUTION                 | DICLOFENAC SODIUM  |                               |                          |                          |                              |                        |            |
| DORZOLAMIDE HCL SOLUTION                   | TRUSOPT  |                               |                          |                          |                              |                        |            |
| FLURBIPROFEN SODIUM SOLUTION               | OCUFEN   |                               |                          |                          |                              |                        |            |
| KETOROLAC TROMETHAMINE SOLUTION            | ACULAR LS  |                               |                          |                          |                              |                        |            |
| KETOTIFEN FUMARATE SOLUTION                | ALAWAY   |                               |                          |                          |                              |                        |            |
| <b>OPHTHALMIC - PROSTAGLANDINS</b>         |  |                               |                          |                          |                              |                        |            |
| LATANOPROST SOLUTION                       | XALATAN  |                               |                          |                          |                              | 2.5                    | 30         |
| TAFLUPROST SOLUTION                        | ZIOPTAN  |                               |                          | PA Required              |                              |                        |            |
| TRAVOPROST SOLUTION                        | TRAVATAN Z   |                               |                          | PA Required              |                              |                        |            |
| <b>OTIC AGENTS</b>                         |  |                               |                          |                          |                              |                        |            |
| <b>OTIC AGENTS - MISCELLANEOUS</b>         |  |                               |                          |                          |                              |                        |            |
| ACETIC ACID SOLUTION                       | ACETIC ACID  |                               |                          |                          |                              |                        |            |
| <b>OTIC ANTI-INFECTIVES</b>                |  |                               |                          |                          |                              |                        |            |
| CIPROFLOXACIN SOLUTION                     | VARIOUS  |                               |                          |                          |                              |                        |            |
| <b>OTIC COMBINATIONS</b>                   |  |                               |                          |                          |                              |                        |            |
| ANTIPYRINE-BENZOCAINE SOLUTION             | AURODEX  |                               |                          |                          |                              |                        |            |
| ANTIPYRINE-BENZOCAINE-POLYCOSANOL SOLUTION | OTIC CARE  |                               |                          |                          |                              |                        |            |
| <b>CIPROFLOXACIN-DEXAMETHASONE</b>         | <b>CIPRODEX</b>  | <b>BRAND ONLY</b>             | <b>Preferred Drug</b>    |                          |                              |                        |            |
| NEOMYCIN-POLYMYXIN-HC SOLUTION             | CORTISPORIN  |                               | <b>Preferred Drug</b>    |                          |                              |                        |            |
| NEOMYCIN-POLYMYXIN-HC SUSPENSION           | NEO/POLYMYXIN/HC 5-10000-1                               |                               | <b>Preferred Drug</b>    |                          |                              |                        |            |
| <b>OTIC STEROIDS</b>                       |  |                               |                          |                          |                              |                        |            |
| HYDROCORTISONE W/ACETIC ACID SOLUTION      | ACETASOL HC  |                               |                          |                          |                              |                        |            |
| <b>OXYTOCICS</b>                           |  |                               |                          |                          |                              |                        |            |
| <b>OXYTOCICS</b>                           |  |                               |                          |                          |                              |                        |            |

**AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE OCTOBER 1, 2019**

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



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

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|---|----------------------|-------------------------------|--------------------------|--------------------------|------------------------------|------------------------|------------|
| <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              |                               |                          |                          |                              |                        |            |
| 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               |                               |                          |                          |                              |                        |            |

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|--|--|-------------------------------|--------------------------|--------------------------|------------------------------|------------------------|---|
| 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                              |                               |                          |                          |                              |                        |   |
| TOLTERODINE TARTRATE CAPSULE CONTROLLED RELEASE            | DETROL LA                                |                               |                          |                          | Step Therapy                 |                        | Member must have tried oxybutynin & tolterodine |
| TOLTERODINE TARTRATE TABLETS                               | DETROL                                   |                               |                          |                          | Step Therapy                 |                        | Member must have tried oxybutynin               |
| TROSPIUM CHLORIDE TABLETS                                  | SANCTURA                                 |                               |                          |                          |                              |                        |   |
| <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                                      |                               |                          |                          |                              |                        |   |

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|---|--|-------------------------------|--------------------------|-------------------------------|------------------------------|------------------------|------------|
| <b>VAGINAL ESTROGENS</b>                      |  |                               |                          |                               |                              |                        |            |
| ESTRADIOL ACETATE VAGINAL RING                | FEMRING                                |                               |                          | PA Required                   |                              |                        |            |
| ESTRADIOL VAGINAL RING                        | ESTRING                                |                               |                          |                               |                              |                        |            |
| ESTRADIOL VAGINAL TABLETS                     | VAGIFEM                                |                               |                          |                               |                              |                        |            |
| ESTRADIOL VAGINAL CREAM 0.01%                 | ESTRACE CREAM                          |                               |                          |                               |                              |                        |            |
| ESTROGENS, CONJUGATED VAGINAL CREAM           | PREMARIN VAGINAL CREAM                 |                               |                          | PA Required                   |                              |                        |            |
| <b>VASOPRESSORS</b>                           |  |                               |                          |                               |                              |                        |            |
| <b>ANAPHYLAXIS THERAPY AGENTS</b>             |  |                               |                          |                               |                              |                        |            |
| EPINEPHRINE SELF-INJECTABLE 0.15MG AND 0.30MG | EPINEPHRINE SELF-INJECTABLE (By Mylan) | Mylan Generic                 | Preferred Drug           | PA Required for > 2 Per Month |                              | 2.00                   | 30.00      |