AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE BEGINNING ON JANUARY 1, 2024

- Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As BRAND ONLY

Drug List Effective Date: January 1, 2024

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

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

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IBUPROFEN CAPSULES	ADVIL						
IBUPROFEN CHEWABLE TABLETS	CHILDRENS MOTRIN						
IBUPROFEN SUSPENSION	CHILDRENS MOTRIN						
IBUPROFEN TABLETS	ADVIL						
INDOMETHACIN CAPSULES	VARIOUS						
INDOMETHACIN CAPSULE CONTROLLED RELEASE	INDOMETHACIN CR						
INDOMETHACIN SUPPOSITORY	INDOCIN						
INDOMETHACIN SUSPENSION	INDOCIN						
KETOPROFEN CAPSULES	ORUDIS						
KETOROLAC TROMETHAMINE TABLETS	KETOROLAC TROMETHAMINE					20	30
MELOXICAM SUSPENSION	MOBIC						
MELOXICAM TABLETS	MOBIC						
NABUMETONE TABLETS	NABUMETONE						
NAPROXEN SODIUM TABLETS	ALEVE. ANAPROX						
NAPROXEN SUSPENSION	NAPROSYN						
NAPROXEN TABLETS	NAPROSYN						
OXAPROZIN TABLETS	DAYPRO						
PIROXICAM CAPSULES	FELDENE						
SULINDAC TABLETS	SULINDAC						
PYRIMIDINE SYNTHESIS INHIBITORS							
LEFLUNOMIDE TABLETS	ARAVA						
SELECTIVE COSTIMULATION MODULATORS							
ABATACEPT CLICKJECT OR SYRINGE	**ORENCIA**		**PREFERRED DRUG**	**PA REQUIRED**			
CYTOKINE & CAM ANTAGONIST AGENTS							
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 RELEASE ONLY**	**BRAND ONLY**	**PREFERRED DRUG**	**PA REQUIRED**			
ANALGESICS - NONNARCOTIC							
ANALGESIC COMBINATIONS							
BUTALBITAL-ACETAMINOPHEN-CAFFEINE TABLETS	VARIOUS					120	30
BUTALBITAL-ASPIRIN-CAFFEINE TABLETS	VARIOUS					120	30
ANALGESICS OTHER							
ACETAMINOPHEN CAPSULES	VARIOUS						
ACETAMINOPHEN CHEWABLE TABLETS	VARIOUS						
ACETAMINOPHEN ELIXIR	VARIOUS						
ACETAMINOPHEN LIQUID	VARIOUS						
ACETAMINOPHEN SUPPOSITORY	FEVERALL INFANTS						
ACETAMINOPHEN SUSPENSION	TYLENOL INFANTS						
SALICYLATES							
ASPIRIN CHEWABLE TABLETS	VARIOUS						
ASPIRIN SUPPOSITORY	VARIOUS						

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ASPIRIN TABLETS	VARIOUS						
DIFLUNISAL TABLETS	DIFLUNISAL						
SALSALATE TABLETS	DISALCID						
ANALGESICS - OPIOID							
LONG-ACTING OPIOID AGONISTS							
FENTANYL PATCH 72-HOUR 12mcg, 25mcg, 50mcg, 75mcg & 100mcg	**DURAGESIC 12mcg, 25mcg, 50mcg, 75mcg & 100mcg**		**PREFERRED DRUG**	**PA REQUIRED**			
MORPHINE-NALTREXONE CAPSULE CONTROLLED RELEASE RELEASE	**EMBEDA**	**BRAND ONLY**	**PREFERRED DRUG**	**PA REQUIRED**			
MORPHINE SULFATE TABLET CONTROLLED RELEASE	**VARIOUS**		**PREFERRED DRUG**	**PA REQUIRED**			
OXYCODONE HCL TABLET 12-HOUR ABUSE DETERRANT	**XTAMPZA ER**	**BRAND ONLY**	**PREFERRED DRUG**	**PA REQUIRED**			
TRAMADOL HCL TABLETS ER	**ULTRAM ER**		**PREFERRED DRUG**	**PA REQUIRED**			
BUPRENORPHINE PATCH WEEKLY	**BUTRANS**	**BRAND ONLY**	**PREFERRED DRUG**	**PA REQUIRED**			
SHORT-ACTING OPIOID AGONISTS							
HYDROMORPHONE HCL LIQUID	DILAUDID			**PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.**			
HYDROMORPHONE HCL SUPPOSITORY	HYDROMORPHONE HCL			**PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.**			
HYDROMORPHONE HCL TABLETS	DILAUDID			**PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.**			
MEPERIDINE HCL TABLETS	DEMEROL			**PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.**			
MORPHINE SULFATE SOLUTION	MORPHINE SULFATE			**PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.**			
MORPHINE SULFATE SUPPOSITORY	MORPHINE SULFATE			**PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.**			
MORPHINE SULFATE TABLETS	MORPHINE SULFATE			**PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.**			
OXYCODONE HCL CAPSULES	OXYCODONE HCL			**PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.**			
OXYCODONE HCL CONCENTRATE	OXYCODONE HCL			**PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.**			
OXYCODONE HCL SOLUTION	OXYCODONE HCL			**PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.**			
OXYCODONE HCL TABLETS	ROXICODONE			**PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.**			
TRAMADOL HCL TABLETS	ULTRAM			**PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.**			
OPIOID COMBINATIONS							
ACETAMINOPHEN W/ CODEINE SOLUTION	ACETAMINOPHEN/CODEINE			**PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.**			
ACETAMINOPHEN W/ CODEINE TABLETS	ACETAMINOPHEN/CODEINE			**PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.**			

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BUTALBITAL-ACETAMINOPHEN-CAFFEINE W/ CODEINE CAPSULES	FIORICET/CODEINE			**PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.**			
BUTALBITAL-ASPIRIN-CAFFEINE W/COD CAPSULES	ASCOMP/CODEINE			**PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.**			
HYDROCODONE-ACETAMINOPHEN CAPSULES	HYDROGESIC			**PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.**			
HYDROCODONE-ACETAMINOPHEN SOLUTION	HYCET			**PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.**			
HYDROCODONE-ACETAMINOPHEN TABLETS	VERDROCET			**PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.**			
HYDROCODONE-IBUPROFEN TABLETS	REPREXAIN			**PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.**			
OXYCODONE W/ ACETAMINOPHEN CAPSULES	OXYCODONE/ ACETAMINOPHEN			**PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.**			
OXYCODONE W/ ACETAMINOPHEN SOLUTION	ROXICET			**PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.**			
OXYCODONE W/ ACETAMINOPHEN TABLETS	ENDOCET			**PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.**			
OXYCODONE-IBUPROFEN TABLETS	OXYCODONE/IBUPROFEN			**PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.**			
ANTIDOTES							
OPIOID ANTAGONISTS							
NALOXONE HCL SOLUTION + SYRINGE	**NALOXONE HCL + SYRINGE**		**PREFERRED DRUG**				
NALOXONE HCL NASAL SPRAY	**NARCAN NASAL SPRAY**	**Over-the-Counter & Prescription Only**	**PREFERRED DRUG**			**2**	**1**
NALOXONE HCL NASAL SPRAY 8mg	**KLOXXADO NASAL SPRAY**		**PREFERRED DRUG**			**2**	**1**
NALTREXONE HCL TABLETS	**NALTREXONE HCL**		**PREFERRED DRUG**				
NALTREXONE SUSPENSION	**VIVITROL**		**PREFERRED DRUG**				
OPIOID AGONISTS							

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BUPRENORPHINE	VARIOUS			**PA REQUIRED unless the member is pregnant or nursing. The prescriber must note the following ICD-10 codes on the prescription: 1. O09.91- Supervision of high risk pregnancy, 1st Trimester. 2. O09.92- Supervision of high risk pregnancy, 2nd Trimester. 3. O09.93- Supervision of high risk pregnancy, 3rd Trimester. 4. O09.91- Supervision of high risk pregnancy- use for Postpartum Nursing Mothers. The first digit of the diagnosis code is the Letter - O and the second is a Zero - 0**			
BUPRENORPHINE HCL-NALOXONE HCL DIHYDRATE FILM	**SUBOXONE FILM**	**BRAND ONLY**	**PREFERRED DRUG**				
BUPRENORPHINE HCL-NALOXONE HCL DIHYDRATE ORALLY DISINTEGRATING TABLETS	**VARIOUS**	**GENERIC FORMULATIONS ONLY**	**PREFERRED DRUG**				
BUPRENORPHINE EXTENDED RELEASE INJECTION	**SUBLOCADE**	**BRAND ONLY**	**PREFERRED DRUG**	**PA REQUIRED**			
METHADONE	**VARIOUS**			**Only avaliable at an Opioid Treatment Program (OTP) provider.**			
MISCELLANEOUS AGENTS							
ACAMPROSATE	VARIOUS						
DISULFIRAM	ANTABUSE						
ANDROGENS-ANABOLIC							
ANDROGENS							
DANAZOL CAPSULES	DANAZOL						
TESTOSTERONE CYPIONATE SOLUTION	DEPO-TESTOSTERONE			**PA REQUIRED**			
TESTOSTERONE ENANTHATE SOLUTION	TESTOSTERONE ENANTHATE			**PA REQUIRED**			
TESTOSTERONE GEL	ANDROGEL		**PREFERRED DRUG**	**PA REQUIRED**			
TESTOSTERONE PATCH	ANDRODERM			**PA REQUIRED**			
ANORECTAL AGENTS							
INTRARECTAL STEROIDS							
HYDROCORTISONE (INTRARECTAL) ENEMA	COLOCORT						
HYDROCORTISONE ACETATE (INTRARECTAL) FOAM	CORTIFOAM						
RECTAL STEROIDS							
HYDROCORTISONE (RECTAL) CREAM	PROCTOCORT						
ANTHELMINTICS							
ANTHELMINTICS							
ALBENDAZOLE TABLETS	ALBENZA			**PA REQUIRED**			
IVERMECTIN TABLETS	STROMECTOL			**PA REQUIRED**			
PRAZIQUANTEL TABLETS	BILTRICIDE						

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ANTIANGINAL AGENTS							
ANTIANGINALS-OTHER							
RANOLAZINE TABLET 12-HOUR	RANEXA			**PA REQUIRED**			
NITRATES							
ISOSORBIDE DINITRATE CAPSULE CONTROLLED RELEASE	DILATRATE SR						
ISOSORBIDE DINITRATE SUBLINGUAL	ISOSORBIDE DINITRATE						
ISOSORBIDE DINITRATE TABLETS	ISORDIL TITRADOSE						
ISOSORBIDE DINITRATE TABLET CONTROLLED RELEASE	ISOSORBIDE DINITRATE ER						
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						
ANTIANXIETY AGENTS							
ANTIANXIETY AGENTS - MISC.							
BUSPIRONE HCL TAB 5 MG	BUSPIRONE HCL			**PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.**		120	30
BUSPIRONE HCL TAB 7.5 MG	BUSPIRONE HCL			**PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.**		120	30
BUSPIRONE HCL TAB 10 MG	BUSPIRONE HCL			**PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.**		120	30
BUSPIRONE HCL TAB 15 MG	BUSPIRONE HCL			**PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.**		120	30
BUSPIRONE HCL TAB 30 MG	BUSPIRONE HCL			**PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.**		60	30
HYDROXYZINE HCL SYRUP	HYDROXYZINE SYRUP					300	30
HYDROXYZINE HCL TABLETS	HYDROXYZINE TABLETS					240	30
HYDROXYZINE PAMOATE CAPSULES	VISTARIL					120	30
BENZODIAZEPINES							
ALPRAZOLAM CONC 1 MG/ML	ALPRAZOLAM INTENSOL			**PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.**		60	15
ALPRAZOLAM ORALLY DISINTEGRATING TAB 0.25 MG	VARIOUS			**PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.**		120	30

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

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CLONAZEPAM 0.5 MG	VARIOUS			**PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.**		120	30
CLONAZEPAM 1.0 MG	VARIOUS			**PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.**		120	30
CLONAZEPAM 2 MG	VARIOUS			**PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.**		60	30
CLONAZEPAM ODT 0.125MG	VARIOUS			**PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.**		120	30
CLONAZEPAM ODT 0.25MG	VARIOUS			**PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.**		120	30
CLONAZEPAM ODT 0.5 MG	VARIOUS			**PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.**		120	30
CLONAZEPAM ODT 1MG	VARIOUS			**PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.**		120	30
CLONAZEPAM ODT 2MG	VARIOUS			**PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.**		60	30
CLORAZEPATE DIPOTASSIUM TAB 15 MG	VARIOUS			**PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.**		60	30
CLORAZEPATE DIPOTASSIUM TAB 3.75 MG	VARIOUS			**PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.**		120	30
CLORAZEPATE DIPOTASSIUM TAB 7.5 MG	VARIOUS			**PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.**		120	30
DIAZEPAM CONC 5 MG/ML	DIAZEPAM INTENSOL			**PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.**		60	30
DIAZEPAM SOLN 1 MG/ML	VARIOUS			**PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.**		300	30
DIAZEPAM TAB 10 MG	VARIOUS			**PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.**		120	30
DIAZEPAM TAB 2 MG	VARIOUS			**PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.**		120	30
DIAZEPAM TAB 5 MG	VARIOUS			**PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.**		120	30

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LORAZEPAM CONC 2 MG/ML	LORAZEPAM INTENSOL			**PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.**		60	30
LORAZEPAM TAB 0.5 MG	VARIOUS			**PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.**		120	30
LORAZEPAM TAB 1 MG	VARIOUS			**PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.**		120	30
LORAZEPAM TAB 2 MG	VARIOUS			**PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.**		60	30
OXAZEPAM CAP 10 MG	VARIOUS			**PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.**		60	30
OXAZEPAM CAP 15 MG	VARIOUS			**PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.**		60	30
OXAZEPAM CAP 30 MG	VARIOUS			**PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.**		60	30
ANTIARRHYTHMICS							
ANTIARRHYTHMICS TYPE I-A							
DISOPYRAMIDE PHOSPHATE CAPSULES	NORPACE						
DISOPYRAMIDE PHOSPHATE CAPSULE 12-HOUR	NORPACE CR						
QUINIDINE GLUCONATE TABLET CONTROLLED RELEASE	QUINIDINE GLUCONATE CR						
QUINIDINE SULFATE TABLETS	QUINIDINE SULFATE						
QUINIDINE SULFATE TABLET CONTROLLED RELEASE	QUINIDINE SULFATE ER						
ANTIARRHYTHMICS TYPE I-B							
MEXILETINE HCL CAPSULES	MEXILETINE HCL						
ANTIARRHYTHMICS TYPE I-C							
FLECAINIDE ACETATE TABLETS	TAMBOCOR						
PROPAFENONE HCL CAPSULE 12-HOUR	RYTHMOL SR						
PROPAFENONE HCL TABLETS	RYTHMOL						
ANTIARRHYTHMICS TYPE III							
AMIODARONE HCL TABLETS 100MG & 200MG	PACERONE						
DOFETILIDE CAPSULES	TIKOSYN			**PA REQUIRED**			
DRONEDARONE HCL TABLETS	MULTAQ			**PA REQUIRED**			
ANTIASTHMATIC AND BRONCHODILATOR AGENTS							
ANTI-INFLAMMATORY AGENTS							
CROMOLYN SODIUM NEBULIZER	CROMOLYN SODIUM						
BRONCHODILATORS - ANTICHOLINERGICS							
ACLIDINIUM BROMIDE	**TUDORZA PRESSAIR**		**PREFERRED DRUG**				

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE BEGINNING ON JANUARY 1, 2024

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IPRATROPIUM BROMIDE HFA AEROSOL	ATROVENT HFA		PREFERRED DRUG				
IPRATROPIUM BROMIDE SOLUTION	IPRATROPIUM BROMIDE		PREFERRED DRUG				
TIOTROPIUM BROMIDE MONOHYDRATE AEROSOL SOLUTION	SPIRIVA RESPIMAT		PREFERRED DRUG				
TIOTROPIUM BROMIDE MONOHYDRATE CAPSULES	SPIRIVA HANDIHALER	BRAND ONLY	PREFERRED DRUG				
LEUKOTRIENE MODULATORS							
MONTELUKAST SODIUM CHEWABLE TABLETS	SINGULAIR		PREFERRED DRUG			30	30
MONTELUKAST SODIUM GRANULES	SINGULAIR			PA IS NOT REQUIRED for < 4 Years of Age		30	30
MONTELUKAST SODIUM TABLETS	SINGULAIR		PREFERRED DRUG			30	30
STEROID INHALANTS							
BECLOMETHASONE DIPROPIONATE	QVAR REDIHALER	BRAND ONLY	PREFERRED DRUG				
BUDESONIDE (INHALATION) SUSPENSION 0.25MG, 0.50MG & 1.0MG	PULMICORT	VARIOUS	PREFERRED DRUG				
BUDESONIDE INHALATION POWDER	PULMICORT FLEXHALER	BRAND ONLY	PREFERRED DRUG				
FLUTICASONE FUROATE	ARNUITY ELLIPTA	BRAND ONLY	PREFERRED DRUG				
FLUTICASONE PROPIONATE HFA AERO	VARIOUS	AUTHORIZED GENERIC ONLY	PREFERRED DRUG				
FLUTICASONE PROPIONATE ORAL INHALATION	FLOVENT DISKUS	BRAND ONLY	PREFERRED DRUG				
MOMETASONE FUROATE HFA	ASMANEX HFA	BRAND ONLY	PREFERRED DRUG				
MOMETASONE FUROATE (INHALATION) AEPB	ASMANEX TWISTHALER	BRAND ONLY	PREFERRED DRUG				
SYMPATHOMIMETICS							
ALBUTEROL SULFATE INHALER	ALBUTEROL HFA (PROVENTIL) (AG) (INHALATION)	NDC 00254100752 NDC 00781729685	Preferred Albuterol NDCs				
ALBUTEROL SULFATE INHALER	ALBUTEROL HFA (PROVENTIL) (INHALATION)	NDC 00054074287 NDC 69097014260 NDC 72572001401 NDC 76282067942	Preferred Albuterol NDCs				
ALBUTEROL SULFATE INHALER	ALBUTEROL HFA (PROAIR) (AG) (INHALATION)	NDC 00093317431	Preferred Albuterol NDCs				
ALBUTEROL SULFATE INHALER	ALBUTEROL HFA (PROAIR) (INHALATION)	NDC 45802008801 NDC 68180096301	Preferred Albuterol NDCs				
ALBUTEROL SULFATE INHALER	ALBUTEROL HFA (VENTOLIN) (AG) (INHALATION)	NDC 66993001968	Preferred Albuterol NDCs				
ALBUTEROL SULFATE NEBULIZED	ALBUTEROL SULFATE		PREFERRED DRUG				
ALBUTEROL SULFATE SYRUP	ALBUTEROL SULFATE		PREFERRED DRUG				
BUDESONIDE-FORMOTEROL FUMARATE DIHYDRATE AEROSOL	SYMBICORT	BRAND ONLY	PREFERRED DRUG	Step Therapy	Patient must have tried one steroid inhaler: Beclomethasone Dipropionate, Budesonide, Fluticasone Propionate		

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE BEGINNING ON JANUARY 1, 2024

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FLUTICASONE-SALMETEROL ORAL INHALATION	ADVAIR DISKUS	BRAND ONLY	PREFERRED DRUG	Step Therapy	Patient must have tried one steriod inhaler: Beclomethasone Dipropionate, Budesonide, Fluticasone Propionate		
FLUTICASONE-SALMETEROL AEROSOL	ADVAIR HFA	BRAND ONLY	PREFERRED DRUG	Step Therapy	Patient must have tried one steroid inhaler: Beclomethasone Dipropionate, Budesonide, Fluticasone Propionate		
MOMETASONE FUROATE-FORMOTEROL FUMARATE DIHYDRATE AEROS	DULERA	BRAND ONLY	PREFERRED DRUG	Step Therapy	Patient must have tried one steroid inhaler: Beclomethasone Dipropionate, Budesonide, Fluticasone Propionate		
IPRATROPIUM-ALBUTEROL AEROSOL	COMBIVENT RESPIMAT		PREFERRED DRUG				
IPRATROPIUM-ALBUTEROL SOLUTION	DUONEB		PREFERRED DRUG				
SALMETEROL XINAFOATE AEROSOL POWDER BREATH ACTIVATED	SEREVENT DISKUS		PREFERRED DRUG	PA REQUIRED			
SALMETEROL XINAFOATE AEROSOL POWDER BREATH ACTIVATED	SEREVENT DISKUS		PREFERRED DRUG	PA REQUIRED			
TIOTROPIUM BROMIDE-OLODATEROL HCL AEROSOL SOLUTION	STIOLTO RESPIMAT		PREFERRED DRUG	PA REQUIRED		1	30
UMECLIDINIUM-VILANTEROL AEROSOL POWDER	ANORO ELLIPTA		PREFERRED DRUG	PA REQUIRED		1	30
ANTICOAGULANTS							
COUMARIN ANTICOAGULANTS							
WARFARIN SODIUM TABLETS	VARIOUS		PREFERRED DRUG				
DIRECT FACTOR XA INHIBITORS							
APIXABAN TABLETS	ELIQUIS	BRAND ONLY	PREFERRED DRUG			60	30
APIXABAN TABLETS STARTER PACK	ELIQUIS STARTER PACK	BRAND ONLY	PREFERRED DRUG			74	365
RIVAROXABAN TABLETS	XARELTO	BRAND ONLY	PREFERRED DRUG			60	30
RIVAROXABAN TABLETS	XARELTO DOSE PACK	BRAND ONLY	PREFERRED DRUG			51	30
HEPARINS AND HEPARINOID-LIKE AGENTS							
ENOXAPARIN SODIUM INJ 100 MG/ML	VARIOUS VIAL OR SYRINGE		PREFERRED DRUG			60	30
ENOXAPARIN SODIUM INJ 120 MG/0.8ML	VARIOUS VIAL OR SYRINGE		PREFERRED DRUG			60	30
ENOXAPARIN SODIUM INJ 150 MG/ML	VARIOUS VIAL OR SYRINGE		PREFERRED DRUG			60	30
ENOXAPARIN SODIUM INJ 30 MG/0.3ML	VARIOUS VIAL OR SYRINGE		PREFERRED DRUG			60	30

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ENOXAPARIN SODIUM INJ 300 MG/3ML	**VARIOUS VIAL OR SYRINGE**		**PREFERRED DRUG**			**60**	**30**
ENOXAPARIN SODIUM INJ 40 MG/0.4ML	**VARIOUS VIAL OR SYRINGE**		**PREFERRED DRUG**			**60**	**30**
ENOXAPARIN SODIUM INJ 60 MG/0.6ML	**VARIOUS VIAL OR SYRINGE**		**PREFERRED DRUG**			**60**	**30**
ENOXAPARIN SODIUM INJ 80 MG/0.8ML	**VARIOUS VIAL OR SYRINGE**		**PREFERRED DRUG**			**60**	**30**
HEPARIN (PORCINE) IN SODIUM CHLORIDE SOLUTION	HEPARIN SODIUM/NACL 0.9%						
HEPARIN SOD (PORCINE) IN D5W SOLUTION	HEPARIN SODIUM/D5W						
HEPARIN SODIUM (PORCINE) LOCK FLUSH & NACL LOCK FLUSH KIT	HEPARIN SODIUM LOCK FLUSH						
HEPARIN SODIUM (PORCINE) LOCK FLUSH SOLUTION	HEPARIN LOCK FLUSH						
THROMBIN INHIBITORS							
DABIGATRAN ETEXILATE MESYLATE CAPSULES	**PRADAXA**	**BRAND ONLY**	**PREFERRED DRUG**			**60**	**30**
ANTICONVULSANTS							
AMPA GLUTAMATE RECEPTOR ANTAGONISTS**							
PERAMPANEL TABLET	FYCOMPA			**PA Required**			
PERAMPANEL SUSPENSION	FYCOMPA			**PA Required**			
ANTICONVULSANTS - BENZODIAZEPINES							
CLOBAZAM SUSPENSION	ONFI			**PA REQUIRED**			
CLOBAZAM TABLETS	ONFI			**PA REQUIRED**			
CLONAZEPAM TAB 0.5 MG	KLONOPIN			**PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.**		120	30
CLONAZEPAM TAB 1 MG	KLONOPIN			**PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.**		120	30
CLONAZEPAM TAB 2 MG	KLONOPIN			**PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.**		60	30
CLONAZEPAM ORALLY DISINTEGRATING TAB 0.125 MG	CLONAZEPAM ODT			**PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.**		120	30
CLONAZEPAM ORALLY DISINTEGRATING TAB 0.25 MG	CLONAZEPAM ODT			**PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.**		120	30
CLONAZEPAM ORALLY DISINTEGRATING TAB 0.5 MG	CLONAZEPAM ODT			**PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.**		120	30
CLONAZEPAM ORALLY DISINTEGRATING TAB 1 MG	CLONAZEPAM ODT			**PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.**		120	30
CLONAZEPAM ORALLY DISINTEGRATING TAB 2 MG	CLONAZEPAM ODT			**PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.**		60	30
DIAZEPAM (ANTICONVULSANT) GEL	DIASTAT PEDIATRIC					2	30
DIAZEPAM (ANTICONVULSANT) LIQUID	VALTOCO					2	30

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DIAZEPAM (ANTICONVULSANT) LIQD THER PACK	VALTOCO					2	30
MIDAZOLAM (ANTICONVULSANT) SOLUTION	NAYZILAM					2	30
ANTICONVULSANTS - MISC.							
CANNABIDIOL SOLUTION	EPIDIOLEX			PA Required			
CARBAMAZEPINE TABLET CHEWABLE	CARBAMAZEPINE						
CARBAMAZEPINE CAPSULE ER 12 HR	CARBATROL						
CARBAMAZEPINE SUSPENSION	TEGRETOL						
CARBAMAZEPINE TABLET	EPITOL						
CARBAMAZEPINE TABLET ER 12HR	TEGRETOL-XR						
GABAPENTIN CAPSULE	NEURONTIN						
GABAPENTIN SOLUTION	NEURONTIN						
GABAPENTIN TABLET	NEURONTIN						
LACOSAMIDE SOLUTION	VIMPAT			PA Required			
LACOSAMIDE TABLET	VIMPAT			PA Required			
LAMOTRIGINE TABLET CHEWABLE	LAMICTAL CHEWABLE DISPERSIBLE						
LAMOTRIGINE TABLET	SUBVENITE						
LAMOTRIGINE TABLET ER 24HR	LAMICTAL XR						
LAMOTRIGINE TABLET DISINTEGRATING	LAMICTAL ODT						
LEVETIRACETAM SOLUTION	KEPPRA						
LEVETIRACETAM TABLET	ROWEEPRA						
LEVETIRACETAM TABLET ER 24HR	KEPPRA XR						
OXCARBAZEPINE SUSPENSION	TRILEPTAL	BRAND ONLY					
OXCARBAZEPINE TABLET	TRILEPTAL						
PREGABALIN CAPSULE (25MG, 50MG, 75MG, 100MG, 150MG, 200MG)	LYRICA					90.00	30.00
PREGABALIN CAPSULE (225MG, 300MG)	LYRICA					60.00	30.00
PREGABALIN SOLUTION	LYRICA					900	30
PRIMIDONE TABLET (20MG, 250MG)	MYSOLINE						
RUFINAMIDE SUSPENSION	BANZEL	BRAND ONLY		PA Required			
RUFINAMIDE TABLET	BANZEL			PA Required			
TOPIRAMATE CAPSULE ER 24 HR	TROKENDI XR	BRAND ONLY		PA Required			
TOPIRAMATE CAPSULE SPRINKLE	TOPAMAX SPRINKLE						
TOPIRAMATE CP24 SPRINKLE	QUDEXY XR			PA Required			
TOPIRAMATE TABLET	TOPAMAX						
ZONISAMIDE CAPSULE	ZONEGRAN						
CARBAMATES**							
CENOBAMATE TABLET	XCOPRI			PA Required			
CENOBAMATE TAB THER PACK	XCOPRI			PA Required			
FELBAMATE SUSPENSION	FELBATOL						
FELBAMATE TABLET	FELBATOL						
GABA MODULATORS**							
TIAGABINE HCL TABLET	GABITRIL			PA Required			
HYDANTOINS**							
PHENYTOIN TABLET CHEWABLE	DILANTIN CHEWABLES						

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PHENYTOIN SODIUM EXTENDED CAPSULE	DILANTIN/PHENYTEK ER						
PHENYTOIN SUSPENSION	DILANTIN-125						
SUCCINIMIDES**							
ETHOSUXIMIDE CAPSULE	ZARONTIN						
ETHOSUXIMIDE SOLUTION	ZARONTIN						
METHSUXIMIDE CAPSULE	CELONTIN	BRAND ONLY					
VALPROIC ACID**							
DIVALPROEX SODIUM CAP DR SPRINKLE	DEPAKOTE SPRINKLES						
DIVALPROEX SODIUM TABLET ER 24HR	DEPAKOTE ER						
DIVALPROEX SODIUM TABLET ENTERIC COATED	DEPAKOTE						
VALPROATE SODIUM SOLUTION	VALPROATE SODIUM						
VALPROIC ACID CAPSULE	VALPROIC ACID						
ANTIDEPRESSANTS							
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)							
MIRTAZAPINE TABLETS	MIRTAZAPINE			**PA REQUIRED for Ages < 6 years of age**		30	30
MIRTAZAPINE ORALLY DISINTEGRATING TABLETS	REMERON SOLTAB			**PA REQUIRED for Ages < 6 years of age**		30	30
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST							
ESKETAMINE HYDROCHLORIDE	SPRAVATO			**PA REQUIRED**			
Norepinephrine and Dopamine Reuptake Inhibitors (NDRIs)							
BUPROPION HCL TABLETS	WELLBUTRIN			**PA REQUIRED for Ages < 6 years of age**		120	30
BUPROPION HCL TABLET 12-HOUR	BUDEPRION SR			**PA REQUIRED for Ages < 6 years of age**		60	30
BUPROPION HCL TABLET 24-HOUR (150MG & 300MG)	WELLBUTRIN XL			**PA REQUIRED for Ages < 6 years of age**		30	30
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)							
CITALOPRAM HYDROBROMIDE SOLUTION	CELEXA			**PA REQUIRED for Ages < 6 years of age and greater than 12 years of age**		600	30
CITALOPRAM HYDROBROMIDE TABLETS	CELEXA			**PA REQUIRED for Ages < 6 years of age**		10mg: 60 20mg: 30 40mg: 30	30 30 30
ESCITALOPRAM OXALATE TABLETS	LEXAPRO			**PA REQUIRED for Ages < 6 years of age**		5mg: 60 10mg: 30 20mg: 30	30 30 30
FLUOXETINE HCL CAPSULES ONLY	PROZAC			**PA REQUIRED for Ages < 6 years of age**		10mg: 60 20mg: 120 40mg: 60	30 30 30
FLUOXETINE HCL SOLUTION	PROZAC			**PA REQUIRED for Ages < 6 years of age and greater than 12 years of age**		600	30
FLUOXETINE HCL TABLETS - WEEKLY	PROZAC WEEKLY			**PA REQUIRED**			
FLUVOXAMINE MALEATE TABLETS	LUVOX			**PA REQUIRED for Ages < 6 years of age**		25mg: 60 50mg: 180 100mg: 90	30 30 30

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PAROXETINE HCL TABLETS	PAXIL			**PA REQUIRED for Ages < 6 years of age**		10mg: 30 20mg: 30 30mg: 30 40mg: 45	30 30 30 30
SERTRALINE HCL CONCENTRATE	ZOLOFT			**PA REQUIRED for Ages < 6 years of age and greater than 12 years of age**		300	30
SERTRALINE HCL TABLETS	ZOLOFT			**PA REQUIRED for Ages < 6 years of age**		25mg: 90 50mg: 120 100mg: 60	30 30 30
SEROTONIN MODULATORS							
TRAZODONE HCL TABLETS	TRAZODONE HCL			**PA REQUIRED for Ages < 6 years of age**		50mg:90 100mg:120 150mg: 60 300mg 30	30 30 30 30
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRI)							
DULOXETINE HCL CAPSULE DELAYED RELEASE **20MG, 30MG & 60MG**	CYMBALTA **20MG, 30MG & 60MG**			**PA REQUIRED for Ages < 6 years of age**		20mg: 120 30mg: 120 60mg: 60	30 30 30
VENLAFAXINE HCL CAPSULE CONTROLLED RELEASE	EFFEXOR XR			**PA REQUIRED for Ages < 6 years of age**		37.5mg: 90 75mg: 90 150mg: 30	30 30 30
VENLAFAXINE HCL TABLETS - IMMEDIATE RELEASE ONLY	VENLAFAXINE HCL			**PA REQUIRED for Ages < 6 years of age**		25mg: 120 37.5mg: 90 50mg: 90 75mg: 150 100mg: 90	30 30 30 30 30
TRICYCLIC AGENTS							
AMITRIPTYLINE HCL TABLETS	AMITRIPTYLINE HCL			**PA REQUIRED for Ages < 6 years of age**			
AMOXAPINE TABLETS	VARIOUS			**PA REQUIRED for Ages < 6 years of age**			
CLOMIPRAMINE HCL CAPSULES	ANAFRANIL			**PA REQUIRED for Ages < 6 years of age**			
DESIPRAMINE HCL TABLETS	NORPRAMIN			**PA REQUIRED for Ages < 6 years of age**			
DOXEPIN HCL CAPSULES	DOXEPIN HCL			**PA REQUIRED for Ages < 6 years of age**		90	30
DOXEPIN HCL CONCENTRATE	DOXEPIN HCL			**PA REQUIRED for Ages < 6 years of age**		180	30
IMIPRAMINE PAMOATE CAPSULES	TORFRANIL-PM			**PA REQUIRED for Ages < 6 years of age**		30	30
IMIPRAMINE HCL TABLETS	TOFRANIL			**PA REQUIRED for Ages < 6 years of age**			
MAPROTILINE HCL	VARIOUS			**PA REQUIRED for Ages < 6 years of age**			
NORTRIPTYLINE HCL CAPSULES	PAMELOR			**PA REQUIRED for Ages < 6 years of age**			
NORTRIPTYLINE HCL SOLUTION	NORTRIPTYLINE HCL			**PA REQUIRED for Ages < 6 years of age**			
PROTRIPTYLINE HCL TABLETS	VIVACTIL			**PA REQUIRED for Ages < 6 years of age**			
TRIMIPRAMINE MALEATE	SURMONTIL			**PA REQUIRED for Ages < 6 years of age**			
ANTIDIABETICS							
ALPHA-GLUCOSIDASE INHIBITORS							
ACARBOSE TABLETS	PRECOSE						

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ANTIDIABETIC - AMLYN ANALOGS							
PRAMLINTIDE ACETATE SOLUTION PEN INJECTION	**SYMLINPEN 60**		**PREFERRED DRUG**	**PA REQUIRED**			
ANTIDIABETIC COMBINATIONS							
ALOGLIPTIN-METFORMIN HCL TABLETS	**KAZANO**	**BRAND ONLY**	**PREFERRED DRUG**		**STEP THROUGH METFORMIN**		
ALOGLIPTIN-PIOGLITAZONE TABLETS	**OSENI**	**BRAND ONLY**	**PREFERRED DRUG**		**STEP THROUGH METFORMIN**		
CANAGLIFLOZIN-METFORMIN HCL	**INVOKAMET**	**BRAND ONLY**	**PREFERRED DRUG**		**STEP THROUGH METFORMIN**		
DAPAGLIFLOZIN - METFORMIN	**XIDUO XR**	**BRAND ONLY**	**PREFERRED DRUG**		**STEP THROUGH METFORMIN**		
EMPAGLIFLOZIN-LINAGLIPTIN-METFORMIN	**TRIJARDY XR**	**BRAND ONLY**	**PREFERRED DRUG**		**STEP THROUGH METFORMIN**		
EMPAGLIFLOZIN-METFORMIN HCL	**SYNJARDY**	**BRAND ONLY**	**PREFERRED DRUG**		**STEP THROUGH METFORMIN**		
GLYBURIDE-METFORMIN HCL TABLETS	GLYBURIDE/METFORMIN HCL						
LINAGLIPTIN-METFORMIN HCL TABLETS	**JENTADUETO**	**BRAND ONLY**	**PREFERRED DRUG**		**STEP THROUGH METFORMIN**		
LINAGLIPTIN-METFORMIN HCL TABLET 24-HOUR	**JENTADUETO XR**	**BRAND ONLY**	**PREFERRED DRUG**		**STEP THROUGH METFORMIN**		
PIOGLITAZONE HCL-METFORMIN HCL TABLETS	ACTOPLUS MET						
PIOGLITAZONE HCL-METFORMIN HCL TABLET 24-HOUR	ACTOPLUS MET XR						
SAXAGLIPTIN-METFORMIN HCL TABLETS	**KOMBIGLYZE XR**	**BRAND ONLY**	**PREFERRED DRUG**		**STEP THROUGH METFORMIN**		
SITAGLIPTIN-METFORMIN HCL TABLETS	**JANUMET**	**BRAND ONLY**	**PREFERRED DRUG**		**STEP THROUGH METFORMIN**		
SITAGLIPTIN-METFORMIN HCL TABLET 24-HOUR	**JANUMET XR**	**BRAND ONLY**	**PREFERRED DRUG**		**STEP THROUGH METFORMIN**		
BIGUANIDES							
METFORMIN HCL TABLETS	GLUCOPHAGE						
METFORMIN HCL TABLET 24-HOUR (GENERIC OF GLUCOPHAGE XR ONLY- 500MG & 750MG)	Various			**PA REQUIRED for Osmotic and Modified Release Products**			
DIABETIC OTHER							
DASIGLUCAGON HCL SOLN AUTO-INJ	**ZEGALOGUE**		**PREFERRED DRUG**			1	30
DIAZOXIDE SUSPENSION	PROGLYCEM	**BRAND ONLY**					
GLUCAGON HCL (RDNA) SOLUTION	GLUCAGEN HYPOKIT		**PREFERRED DRUG**			2	30
GLUCAGON SOLUTION AUTOINJECTOR - ADULT	**GVOKE HYPO**		**PREFERRED DRUG**			1	30
GLUCAGON SOLUTION AUTOINJECTOR - PEDIATRIC	**GVOKE HYPO**		**PREFERRED DRUG**			1	30
GLUCAGON SOLUTION	**GVOKE KIT**		**PREFERRED DRUG**			1	30
GLUCAGON SOLN PREF SYR	**GVOKE PFS**		**PREFERRED DRUG**			1	30
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS							
ALOGLIPTIN BENZOATE TABLETS	**NESINA**	**BRAND ONLY**	**PREFERRED DRUG**		**STEP THROUGH METFORMIN**		

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LINAGLIPTIN TABLETS	TRADJENTA	BRAND ONLY	PREFERRED DRUG		STEP THROUGH METFORMIN		
SAXAGLIPTIN HCL TABLETS	ONGLYZA	BRAND ONLY	PREFERRED DRUG		STEP THROUGH METFORMIN		
SITAGLIPTIN PHOSPHATE TABLETS	JANUVIA	BRAND ONLY	PREFERRED DRUG		STEP THROUGH METFORMIN		
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)							
DULAGLUTIDE SOLUTION PEN-INJECTION	TRULICITY		PREFERRED DRUG	PA REQUIRED			
EXENATIDE SOLUTION PEN INJECTION	BYETTA		PREFERRED DRUG	PA REQUIRED			
LIRAGLUTIDE SOLUTION PEN INJECTION	VICTOZA		PREFERRED DRUG	PA REQUIRED			
DIABETIC MISCELLANEOUS AGENT							
PRAMLINTIDE	SYMLIN PEN		PREFERRED DRUG	PA REQUIRED			
INSULIN SENSITIZING AGENTS							
PIOGLITAZONE HCL TABLETS	ACTOS						
INSULIN							
INSULIN LISPRO (HUMAN) SOLUTION	HUMALOG	Authorized Generic Only	PREFERRED DRUG				
INSULIN LISPRO (HUMAN) SOLUTION CARTRIDGE	HUMALOG	BRAND ONLY	PREFERRED DRUG				
INSULIN LISPRO (HUMAN) SOLUTION PEN INJECTION 100/ML	HUMALOG JUNIOR KWIKPEN	Authorized Generic Only	PREFERRED DRUG				
INSULIN LISPRO (HUMAN) SOLUTION PEN INJECTION 100/ML	HUMALOG KWIKPEN	Authorized Generic Only	PREFERRED DRUG				
INSULIN LISPRO PROTAMINE & LISPRO (HUMAN) SUSPENSION PEN INJECTION (50-50)	HUMALOG MIX 50/50 KWIKPEN	Brand Only	PREFERRED DRUG				
INSULIN LISPRO PROTAMINE & LISPRO SUSPENSION (75-25)	HUMALOG MIX 75/25	Brand Only	PREFERRED DRUG				
INSULIN LISPRO PROTAMINE & LISPRO (HUMAN) SUSPENSION PEN INJECTION (75-25)	HUMALOG MIX 75/25 KWIKPEN	Authorized Generic Only	PREFERRED DRUG				
INSULIN NPH ISOPHANE & REG (HUMAN) SUSPENSION	HUMULIN 70/30	BRAND ONLY	PREFERRED DRUG				
INSULIN NPH ISOPHANE & REG (HUMAN) SUSPENSION	HUMULIN 70/30 KWIKPEN	BRAND ONLY	PREFERRED DRUG				
INSULIN NPH (HUMAN) (ISOPHANE) SUSPENSION	HUMULIN N	BRAND ONLY	PREFERRED DRUG				
INSULIN REGULAR (HUMAN) SOLUTION PEN INJECTION	HUMULIN N KWIKPEN	BRAND ONLY	PREFERRED DRUG				
INSULIN REGULAR (HUMAN) SOLUTION	HUMULIN R U-100	BRAND ONLY	PREFERRED DRUG				
INSULIN REGULAR (HUMAN) SOLUTION	HUMULIN R U-500 (CONCENTRATED)	BRAND ONLY	PREFERRED DRUG	PA REQUIRED			
INSULIN REGULAR (HUMAN) SOLUTION PEN-INJECTION	HUMULIN R U-500 KWIKPEN	BRAND ONLY	PREFERRED DRUG	PA REQUIRED			
INSULIN GLARGINE SOLUTION	LANTUS	BRAND ONLY	PREFERRED DRUG				
INSULIN GLARGINE SUSPENSION	LANTUS SOLOSTAR	BRAND ONLY	PREFERRED DRUG				
INSULIN DETEMIR SOLUTION	LEVEMIR	BRAND ONLY	PREFERRED DRUG				
INSULIN DETEMIR SUSPENSION	LEVEMIR FLEXPEN	BRAND ONLY	PREFERRED DRUG				
INSULIN NPH ISOPHANE & REG (HUMAN) SUSPENSION	NOVOLIN 70/30	BRAND ONLY	PREFERRED DRUG				
INSULIN NPH (HUMAN) (ISOPHANE) SUSPENSION	NOVOLIN N	BRAND ONLY	PREFERRED DRUG				
INSULIN REGULAR (HUMAN) SOLUTION	NOVOLIN R	BRAND ONLY	PREFERRED DRUG				

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INSULIN ASPART SOLUTION	**NOVOLOG**	**Authorized Generic Only**	**PREFERRED DRUG**				
INSULIN ASPART SOLUTION PEN-INJECTION	**NOVOLOG FLEXPEN**	**Authorized Generic Only**	**PREFERRED DRUG**				
INSULIN ASPART PROTAMINE & ASPART (HUMAN) SUSPENSION (70/30)	**NOVOLOG MIX 70/30**	**Authorized Generic Only**	**PREFERRED DRUG**				
INSULIN ASPART PROTAMINE & ASPART (HUMAN) SUSPENSION PEN INJECTION (70/30)	**NOVOLOG MIX 70/30 FLEXPEN**	**Authorized Generic Only**	**PREFERRED DRUG**				
INSULIN ASPART SOLUTION CARTRIDGE	**NOVOLOG PENFILL**	**Authorized Generic Only**	**PREFERRED DRUG**				
MEGLITINIDE ANALOGUES							
NATEGLINIDE TABLETS	STARLIX						
REPAGLINIDE TABLETS	PRANDIN						
SGLT2S							
DAPAGLIFLOZIN PROPANEDIOL	FARXIGA		**PREFERRED DRUG**		**STEP THROUGH METFORMIN**		
CANAGLIFLOZIN	INVOKANA		**PREFERRED DRUG**		**STEP THROUGH METFORMIN**		
EMPAGLIFLOZIN	JARDIANCE		**PREFERRED DRUG**		**STEP THROUGH METFORMIN**		
SULFONYLUREAS							
GLIMEPIRIDE TABLETS	AMARYL						
GLIPIZIDE TABLETS	GLUCOTROL						
GLIPIZIDE TABLET 24-HOUR	GLUCATROL XL						
GLYBURIDE MICRONIZED TABLETS	GLYNASE						
GLYBURIDE TABLETS	DIABETA						
ANTIDIARRHEALS							
ANTIPERISTALTIC AGENTS							
DIPHENOXYLATE W/ ATROPINE LIQUID	DIPHENOXYLATE/ATROPINE						
DIPHENOXYLATE W/ ATROPINE TABLETS	LOMOTIL						
LOPERAMIDE HCL CAPSULES	LOPERAMIDE HCL						
LOPERAMIDE HCL CHEWABLE TABLETS	IMODIUM A-D						
LOPERAMIDE HCL LIQUID	LOPERAMIDE HCL						
LOPERAMIDE HCL SUSPENSION	IMODIUM A-D						
LOPERAMIDE HCL TABLETS	IMODIUM A-D						
ANTIDOTES							
OPIOID ANTAGONISTS							
NALOXONE HCL SOLUTION + SYRINGE	**NALOXONE HCL + SYRINGE**		**PREFERRED DRUG**				
NALOXONE	**KLOXXADO**	**BRAND ONLY**	**PREFERRED DRUG**				
NALOXONE HCL NASAL SPRAY	**NARCAN NASAL SPRAY**	**BRAND ONLY**	**PREFERRED DRUG**				
ANTIEMETICS							
5-HT3 RECEPTOR ANTAGONISTS							
DOLASETRON MESYLATE TABLETS	ANZEMET			**PA REQUIRED**			

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE BEGINNING ON JANUARY 1, 2024

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GRANISETRON HCL SOLUTION	VARIOUS			**PA REQUIRED**			
GRANISETRON HCL TABLETS	VARIOUS			**PA REQUIRED**			
ONDANSETRON SOLUTION	VARIOUS			**PA REQUIRED for tablets > 8mg Per Dose**		300	30
ONDANSETRON HCL ODT TABLETS	VARIOUS			**PA REQUIRED for tablets > 8mg Per Dose**		60	30
ONDANSETRON HCL TABLETS	VARIOUS			**PA REQUIRED for tablets > 8mg per Dose**		60	30
ANTIEMETICS MISC.							
PROCHLORPERAZINE MALEATE TABLETS	COMPAZINE						
PROCHLORPERAZINE SUPPOSITORY	COMPAZINE						
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONIST							
APREPITANT CAPSULES	EMEND					6	21
ANTIFUNGALS							
ANTIFUNGAL ORAL AGENTS							
CLOTRIMAZOLE TROCHE	VARIOUS						
GRISEOFULVIN SUSPENSION	VARIOUS						
GRISEOFULVIN MICROSIZE TABLETS	GRIFULVIN V						
NYSTATIN SUSPENSION	NYSTATIN						
NYSTATIN TABLETS	NYSTATIN						
TERBINAFINE HCL TABLETS	LAMISIL					90	365
IMIDAZOLE-RELATED ANTIFUNGALS							
FLUCONAZOLE SUSPENSION	DIFLUCAN					600	30
FLUCONAZOLE TABLETS	DIFLUCAN					60	30
VORICONAZOLE SUSPENSION	VFEND	**Brand Only**		**PA Required**			
ANTIHISTAMINES							
ANTIHISTAMINES - ALKYLAMINES							
BROMPHENIRAMINE MALEATE	J-TAN PD						
CHLORPHINERAMINE MALEATE	CHLORPHENIRAMINE MALEATE						
DEXCHLORPHENIRAMINE MALEATE SYRUP	DEXCHLORPHENIRAMINE MALEATE						
ANTIHISTAMINES - ETHANOLAMINES							
CLEMASTINE FUMARATE SYRUP	CLEMASTINE FUMARATE						
CLEMASTINE FUMARATE TABLETS	CLEMASTINE FUMARATE						
DIPHENHYDRAMINE HCL CAPSULES	VARIOUS						
DIPHENHYDRAMINE HCL CHEWABLE TABLETS	VARIOUS						
DIPHENHYDRAMINE HCL ELIXIR	VARIOUS						
DIPHENHYDRAMINE HCL LIQUID	VARIOUS						
DIPHENHYDRAMINE HCL SOLUTION	VARIOUS						
DIPHENHYDRAMINE HCL SUSPENSION	VARIOUS						
DIPHENHYDRAMINE HCL SYRUP	VARIOUS						
DIPHENHYDRAMINE HCL TABLETS	VARIOUS						
ANTIHISTAMINES - NON-SEDATING							
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

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CETIRIZINE HCL ORALLY DISINTEGRATING TABLETS	ZYRTEC ALLERGY					30	30
FEXOFENADINE HCL SUSPENSION	ALLEGRA ALLERGY CHILDRENS					150	30
FEXOFENADINE HCL TABLETS	ALLEGRA ALLERGY CHILDRENS					30	30
FEXOFENADINE HCL ORALLY DISINTEGRATING TABLETS	ALLEGRA ALLERGY CHILDRENS					30	30
LORATADINE CAPSULES	CLARITIN					30	30
LORATADINE CHEWABLE TABLETS	CLARITIN					30	30
LORATADINE SYRUP	CLARITIN					150	30
LORATADINE TABLETS	ALAVERT					30	30
LORATADINE ORALLY DISINTEGRATING TABLETS	CLARITIN REDITABS					30	30
ANTIHISTAMINES - PHENOTHIAZINES							
PROMETHAZINE HCL SUPPOSITORY	PHENERGAN						
PROMETHAZINE HCL TABLETS	PROMETHAZINE HCL						
ANTIHISTAMINES - PIPERIDINES							
CYPROHEPTADINE HCL SYRUP	CYPROHEPTADINE HCL						
CYPROHEPTADINE HCL TABLETS	CYPROHEPTADINE HCL						
ANTIHYPERLIPIDEMICS							
BILE ACID SEQUESTRANTS							
CHOLESTYRAMINE LIGHT PACKETS	PREVALITE						
CHOLESTYRAMINE LIGHT POWDER	PREVALITE						
CHOLESTYRAMINE PACKETS	QUESTRAN						
CHOLESTYRAMINE POWDER	QUESTRAN						
COLESTIPOL HCL TABLETS	COLESTID						
FIBRIC ACID DERIVATIVES							
FENOFIBRATE MICRONIZED CAPSULES 67MG, 134MG & 200MG	VARIOUS						
FENOFIBRATE TABLETS 48MG, 54MG, 145MG & 160MG	VARIOUS						
FENOFIBRIC ACID TABLETS	FIBRICOR						
GEMFIBROZIL TABLETS	LOPID						
HMG COA REDUCTASE INHIBITORS							
ATORVASTATIN CALCIUM TABLETS	LIPITOR		PREFERRED DRUG			30	30
LOVASTATIN TABLETS	MEVACOR		PREFERRED DRUG			30	30
PRAVASTATIN SODIUM TABLETS	PRAVACOL		PREFERRED DRUG			30	30
ROUVASTATIN TABLETS	CRESTOR		PREFERRED DRUG			30	30
SIMVASTATIN TABLETS	ZOCOR		PREFERRED DRUG			30	30
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS							
EZETIMIBE TABLETS	ZETIA		PREFERRED DRUG	**PA REQUIRED**			
NICOTINIC ACID DERIVATIVES							
NIACIN CAPSULE CONTROLLED RELEASE	VARIOUS						
NIACIN TABLET CONTROLLED RELEASE	VARIOUS						
MISC. NUTRITIONAL SUBSTANCES							
OMEGA-3 FATTY ACIDS CAPSULES	FISH OIL						
OMEGA-3 FATTY ACIDS CAPSULE DELAYED RELEASE	FISH OIL						
ANTIHYPERTENSIVES							
ACE INHIBITORS							

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BENAZEPRIL HCL TABLETS	BENAZEPRIL HCL						
CAPTOPRIL TABLETS	CAPTOPRIL						
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						
ANGIOTENSIN II RECEPTOR ANTAGONISTS							
IRBESARTAN TABLETS	AVAPRO						
LOSARTAN POTASSIUM TABLETS	COZAAR						
VALSARTAN SOLUTION	VALSARETAN			**PA Required for > 7 Years Old**			
VALSARTAN TABLETS	DIOVAN						
ANTIADRENERGIC ANTIHYPERTENSIVES							
CLONIDINE HCL PATCH-WEEKLY	CATAPRES-TTS-1			**PA REQUIRED for Ages < 6 years of age**		4	28
CLONIDINE HCL TABLETS	CATAPRES						
CLONIDINE HCL (ADHD) TABLET 12-HOUR	CLONIDINE ER			**PA REQUIRED for Ages < 6 years of age**		120	30
DOXAZOSIN MESYLATE TABLETS	CARDURA						
GUANFACINE HCL TABLETS	TENEX						
GUANFACINE HCL (ADHD) TABLET 24-HOUR	**GUANFACINE ER**		**PREFERRED DRUG**	**PA REQUIRED for Ages < 6 years of age**		**30**	30
METHYLDOPA TABLETS	METHYLDOPA						
PRAZOSIN HCL CAPSULES	MINIPRESS						
TERAZOSIN HCL CAPSULES	TERAZOSIN HCL						
ANTIHYPERTENSIVE COMBINATIONS							
ATENOLOL & CHLORTHALIDONE TABLETS	VARIOUS						
CAPTOPRIL & HYDROCHLOROTHIAZIDE TABLETS	CAPTOPRIL/ HYDROCHLOROTHIAZIDE						
ENALAPRIL MALEATE & HYDROCHLOROTHIAZIDE TABLETS	ENALAPRIL MALEATE/ HYDROCHLOROTHIAZIDE						
FOSINOPRIL SODIUM & HYDROCHLOROTHIAZIDE TABLETS	FOSINOPRIL SODIUM/ HYDROCHLOROTHIAZIDE						
LISINOPRIL & HYDROCHLOROTHIAZIDE TABLETS	ZESTORETIC						
LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE TABLETS	HYZAAR						
MOEXIPRIL - HYDROCHLOROTHIAZIDE TABLETS	UNIRETIC						
QUINAPRIL - HYDROCHLOROTHIAZIDE TABLETS	ACCURETIC						
VALSARTAN - HYDROCHLOROTHIAZIDE TABLETS	DIOVAN HCT						
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)							
EPLERENONE TABLETS	INSPRA			**PA REQUIRED**			
VASODILATORS							
HYDRALAZINE HCL TABLETS	HYDRALAZINE HCL						

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MINOXIDIL TABLETS	MINOXIDIL						
ANTI-INFECTIVE AGENTS - MISC.							
ANTI-INFECTIVE AGENTS - MISC.							
METRONIDAZOLE TABLETS	FLAGYL						
METRONIDAZOLE SUSPENSION	VARIOUS	**MUST BE COMPOUNDED**		**PA NOT REQUIRED FOR < 10 YEARS OF AGE**			
RIFAXIMIN TABLETS	XIFAXAN						
TINIDAZOLE	VARIOUS						
TRIMETHOPRIM TABLETS	TRIMETHOPRIM						
VANCOMYCIN HCL CAPSULES	VANCOCIN HCL			**PA Required**			
VANCOMYCIN HCL SOLUTION	FIRST-VANCOMYCIN 25			**PA Required**			
ANTI-INFECTIVE MISC. - COMBINATIONS							
ERYTHROMYCIN-SULFISOXAZOLE SUSPENSION	E.S.P.						
SULFAMETHOXAZOLE-TRIMETHOPRIM SUSPENSION	SULFATRIM PEDIATRIC						
SULFAMETHOXAZOLE-TRIMETHOPRIM TABLETS	BACTRIM						
LEPROSTATICS							
DAPSONE TABLETS	DAPSONE						
OXAZOLIDINONES							
LINEZOLID SUSPENSION	ZYVOX			**PA REQUIRED**			
LINEZOLID TABLETS	ZYVOX			**PA REQUIRED**			
ANTIMALARIALS							
ANTIMALARIAL COMBINATIONS							
ARTEMETHER-LUMEFANTRINE TABLETS	COARTEM						
ATOVAQUONE-PROGUANIL HCL TABLETS	MALARONE						
ANTIMALARIALS							
CHLOROQUINE PHOSPHATE TABLETS	CHLOROQUINE PHOSPHATE						
HYDROXYCHLOROQUINE SULFATE TABLETS	PLAQUENIL						
PRIMAQUINE PHOSPHATE TABLETS	PRIMAQUINE PHOSPHATE						
QUININE SULFATE CAPSULES	QUALAQUIN						
ANTIMYCOBACTERIAL AGENTS							
ETHAMBUTOL HCL TABLETS	MYAMBUTOL						
ISONIAZID SYRUP	ISONIAZID						
ISONIAZID TABLETS	ISONIAZID						
PYRAZINAMIDE TABLETS	PYRAZINAMIDE						
RIFAMPIN CAPSULES	RIFADIN						
ONCOLOGY -FEDERALLY REIMBURSABLE ANTINEOPLASTIC AGENTS,NOT LISTED BELOW, ARE AVAILABLE THROUGH PRIOR AUTHORIZATION							
ALKYLATING AGENTS							
MELPHALAN TABLETS	**ALKERAN**	**BRAND ONLY**		**PA REQUIRED**			
ANTIMETABOLITES							
MERCAPTOPURINE TABLETS	PURINETHOL						
METHOTREXATE SODIUM TABLETS	METHOTREXATE						

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ANTINEOPLASTIC - ANTIBODIES							
RITUXIMAB-ABBS	TRUXIMA			**PA REQUIRED**			
RITUXIMAB-ARRX	RIABNI			**PA REQUIRED**			
RITUXIMAB-PVVR	RUXIENCE			**PA REQUIRED**			
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS							
BEVACIZUMAB-AWWB INJECTION	MVASI			**PA REQUIRED**			
BEVACIZUMAB-BVZR INJECTION	ZIRABEV			**PA REQUIRED**			
ANTINEOPLASTIC - ANTI-HER2 AGENTS							
TRASTUZUMAB-ANNS SOLUTION	KANJINTI			**PA REQUIRED**			
TRASTUZUMAB-ANNS INJECTION	KANJINTI			**PA REQUIRED**			
TRASTUZUMAB-DKST INJECTION	OGIVRI			**PA REQUIRED**			
TRASTUZUMAB-PKRB INJECTION	HERZUMA			**PA REQUIRED**			
TRASTUZUMAB-QYYP INJECTION	TRAZIMERA			**PA REQUIRED**			
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS							
ANASTROZOLE TABLETS	ARIMIDEX			**PA REQUIRED**			
EXEMESTANE TABLETS	AROMASIN			**PA REQUIRED**			
FLUTAMIDE CAPSULES	FLUTAMIDE						
LEUPROLIDE ACETATE (3 MONTH) KIT	LUPRON DEPOT			**PA REQUIRED**			
LEUPROLIDE ACETATE (4 MONTH) KIT	LUPRON DEPOT			**PA REQUIRED**			
LEUPROLIDE ACETATE KIT	LUPRON DEPOT			**PA REQUIRED**			
TAMOXIFEN CITRATE TABLETS	TAMOXIFEN CITRATE						
TOREMIFENE CITRATE TABLETS	FARESTON			**PA REQUIRED**			
ANTINEOPLASTIC ENZYME INHIBITORS							
AXITINIB TABLETS	INLYTA			**PA REQUIRED**			
CRIZOTINIB CAPSULES	XALKORI			**PA REQUIRED**			
DASATINIB TABLETS	SPRYCEL			**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**			
IBRUTINIB SUSPENSION	IMBRUVICA			**PA Required**			
IMATINIB MESYLATE TABLETS	**GLEEVEC**	**BRAND ONLY**		**PA REQUIRED**			
LAPATINIB DITOSYLATE TABLETS	TYKERB			**PA REQUIRED**			
NILOTINIB HCL CAPSULES	TASIGNA			**PA REQUIRED**			
PAZOPANIB HCL TABLETS	VOTRIENT			**PA REQUIRED**			
PONATINIB HCL TABLETS	ICLUSIG			**PA REQUIRED**			
RUXOLITINIB PHOSPHATE TABLETS	JAKAFI			**PA REQUIRED**			
SORAFENIB TOSYLATE TABLETS	NEXAVAR			**PA REQUIRED**			
SUNITINIB MALATE CAPSULES	SUTENT			**PA REQUIRED**			
VANDETANIB TABLETS	CAPRELSA			**PA REQUIRED**			
VEMURAFENIB TABLETS	ZELBORAF			**PA REQUIRED**			

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE BEGINNING ON JANUARY 1, 2024

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VORINOSTAT CAPSULES	ZOLINZA			**PA REQUIRED**			
ANTINEOPLASTICS - MISC.							
BEXAROTENE CAPSULES	TARGRETIN			**PA REQUIRED**			
HYDROXYUREA CAPSULES	HYDREA						
INTERFERON ALFA-2B SOLUTION	INTRON A			**PA REQUIRED**			
INTERFERON ALFA-2B SOLUTION	INTRON A			**PA REQUIRED**			
INTERFERON ALFA-N3 SOLUTION	ALFERON N			**PA REQUIRED**			
INTERFERON GAMMA-1B SOLUTION	ACTIMMUNE			**PA REQUIRED**			
PEGINTERFERON ALFA-2B (ANTINEOPLASTIC) KIT	SYLATRON			**PA REQUIRED**			
PROCARBAZINE HCL CAPSULES	MATULANE						
TRETINOIN (CHEMOTHERAPY) CAPSULES	TRETINOIN			**PA REQUIRED For > 26 Years of Age**			
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS							
LEUCOVORIN CALCIUM TABLETS	LEUCOVORIN CALCIUM			**PA REQUIRED**			
MITOTIC INHIBITORS							
ETOPOSIDE CAPSULES	ETOPOSIDE			**PA REQUIRED**			
ANTIPARKINSON AGENTS							
ANTIPARKINSON ANTICHOLINERGICS							
BENZTROPINE MESYLATE TABLETS	BENZTROPINE MESYLATE						
TRIHEXYPHENIDYL HCL ELIXIR	TRIHEXYPHENIDYL HCL						
TRIHEXYPHENIDYL HCL TABLETS	TRIHEXYPHENIDYL HCL						
ANTIPARKINSON COMT INHIBITORS							
ENTACAPONE TABLETS	COMTAN						
ANTIPARKINSON DOPAMINERGICS							
AMANTADINE HCL CAPSULES	AMANTADINE HCL						
AMANTADINE HCL SYRUP	AMANTADINE HCL						
BROMOCRIPTINE MESYLATE CAPSULES	PARLODEL						
BROMOCRIPTINE MESYLATE TABLETS	PARLODEL						
CARBIDOPA-LEVODOPA TABLETS	SINEMET						
CARBIDOPA-LEVODOPA ER TABLETS	VARIOUS						
PRAMIPEXOLE DIHYDROCHLORIDE TABLETS	MIRAPEX						
ROPINIROLE HYDROCHLORIDE TABLETS	REQUIP						
ANTIPSYCHOTICS/ANTIMANIC AGENTS							
ANTIMANIC AGENTS							
LITHIUM CARBONATE CAPSULES	LITHIUM CARBONATE			**PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.**			

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE BEGINNING ON JANUARY 1, 2024

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

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

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

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE BEGINNING ON JANUARY 1, 2024

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

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

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THIORIDAZINE HCL TABLETS	VARIOUS			**PA REQUIRED for Ages < 12 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.**			
THIOTHIXENE CAPSULES	VARIOUS			**PA REQUIRED for Ages < 12 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.**			
TRIFLUOPERAZINE HCL TABLETS	VARIOUS			**PA REQUIRED for Ages < 12 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.**			
ANTIPSYCHOTICS - FIRST GENERATION -TYPICAL -LONG ACTING INJECTIONS							
FLUPHENAZINE DECANOATE SOLUTION	FLUPHENAZINE DECANOATE			**PA REQUIRED for Ages < 18 years Prior Authorization is not REQUIRED for ages 18 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.**			
HALOPERIDOL DECANOATE SOLUTION	HALDOL DECANOATE 50			**PA REQUIRED for Ages < 18 years Prior Authorization is not REQUIRED for ages 18 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.**			
ANTIVIRALS							
ANTIRETROVIRALS							
ABACAVIR SULFATE SOLUTION	ZIAGEN		**Preferred Drug**				
ABACAVIR SULFATE TABLETS	ZIAGEN		**Preferred Drug**				
ABACAVIR SULFATE-LAMIVUDINE TABLETS	EPZICOM		**Preferred Drug**				
ABACAVIR SULFATE-LAMIVUDINE-ZIDOVUDINE TABLETS	TRIZIVIR		**Preferred Drug**				
ABACAVIR-DOLUTEGRAVIR-LAMIVUDINE TABLETS	TRIUMEQ		**Preferred Drug**			30	30
ABACAVIR-DOLUTEGRAVIR-LAMIVUDINE SUSPENSION	TRIUMEQ PD		**Preferred Drug**			180	30
ABACAVIR-DOLUTEGRAVIR-LAMIVUDINE TABLETS	TRIUMEQ		**Preferred Drug**				
ATAZANAVIR SULFATE CAPSULES	REYATAZ		**Preferred Drug**				
ATAZANAVIR SULFATE POWDER PACK	REYATAZ		**Preferred Drug**				
ATAZANAVIR SULFATE-COBICISTAT TABLETS	EVOTAZ		**Preferred Drug**				

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BICTEGRAVIR-EMTRICITABINE-TENOFOVIR ALAFENAMIDE FUMARATE TABLETS	BIKTARVY		**Preferred Drug**			30	30
COBICISTAT TABLETS	TYBOST		**Preferred Drug**			30	30
DARUNAVIR ETHANOLATE SUSPENSION	PREZISTA		**Preferred Drug**				
DARUNAVIR ETHANOLATE TABLETS	PREZISTA		**Preferred Drug**				
DARUNAVIR-COBICISTAT TABLETS	PREZCOBIX		**Preferred Drug**				
DARUNAVIR-COBICISTAT-EMTRICITABINE-TENOFOVIR ALAFENAMIDE TABLETS	SYMTUZA		**Preferred Drug**				
DELAVIRDINE MESYLATE TABLETS	RESCRIPTOR						
DOLUTEGRAVIR SODIUM TABLETS	TIVICAY		**Preferred Drug**				
DOLUTEGRAVIR SODIUM SOLUBLE TABLETS	TIVICAY PD		**Preferred Drug**				
DOLUTEGRAVIR SODIUM-LAMIVUDINE TABLETS	DOVATO		**Preferred Drug**				
DOLUTEGRAVIR SODIUM-RILPIVIRINE HCL TABLETS	JULUCA		**Preferred Drug**				
DORAVIRINE-LAMIVUDINE-TENOFOVIR DISOPROXIL FUMARATE TABLETS	DELSTRIGO		**Preferred Drug**				
DORAVIRINE TABLETS	PIFELTRO		**Preferred Drug**				
EFAVIRENZ CAPSULES	SUSTIVA		**Preferred Drug**				
EFAVIRENZ TABLETS	SUSTIVA		**Preferred Drug**				
EFAVIRENZ-LAMIVUDINE-TENOFOVIR DISOPROXIL FUMARATE TABLETS	SYMFI	**Brand Only**	**Preferred Drug**			30	30
EFAVIRENZ-LAMIVUDINE-TENOFOVIR DISOPROXIL FUMARATE TABLETS	SYMFI LO	**Brand Only**	**Preferred Drug**			30	30
ELVITEGRAVIR TABLETS	VITEKTA						
ELVITEGRAVIR-COBICISTAT-EMTRICITABINE-TENOFOVIR TABLETS	STRIBILD		**Preferred Drug**				
ELVITEGRAVIR-COBICISTAT-EMTRICITABINE-TENOFOVIR ALAFENAMIDE TABLETS	GENVOYA		**Preferred Drug**			30	30
EMTRICITABINE CAPSULES	EMTRIVA		**Preferred Drug**				
EMTRICITABINE SOLUTION	EMTRIVA		**Preferred Drug**				
EMTRICITABINE-RILPIVIRINE-TENOFOVIR ALAFENAMIDE FUMARATE TABLETS	ODEFSEY		**Preferred Drug**			30	30
EMTRICITABINE-RILPIVIRINE-TENOFOVIR DISOPROXIL FUMARATE TABLETS	COMPLERA		**Preferred Drug**				
EMTRICITABINE-TENOFOVIR ALAFENAMIDE FUMARATE TABLETS	DESCOVY		**Preferred Drug**			30	30
EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TABLETS	**TRUVADA**	**Brand Only**	**Preferred Drug**				
ENFUVIRTIDE SOLUTION	FUZEON		**Preferred Drug**	**PA REQUIRED**		1	30
FOSAMPRENAVIR CALCIUM SUSPENSION	LEXIVA		**Preferred Drug**				
FOSAMPRENAVIR CALCIUM TABLETS	LEXIVA		**Preferred Drug**				
INDINAVIR SULFATE CAPSULES	CRIXIVAN						
LAMIVUDINE SOLUTION	EPIVIR		**Preferred Drug**				
LAMIVUDINE TABLETS	EPIVIR		**Preferred Drug**				
LAMIVUDINE-ZIDOVUDINE TABLETS	COMBIVIR		**Preferred Drug**				
LOPINAVIR-RITONAVIR SOLUTION	KALETRA		**Preferred Drug**				
LOPINAVIR-RITONAVIR TABLETS	KALETRA		**Preferred Drug**				

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE BEGINNING ON JANUARY 1, 2024

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

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SOFOSBUVIR-VELPATASVIR TABLETS	**EPCLUSA**	**AUTHORIZED GENERIC ONLY**	**Preferred Drug**	**PA Required if member has been treated with Direct-Acting Antiviral (DAA) Hep C Regimens in the past.**		**168**	**Lifetime**
HERPES AGENTS							
ACYCLOVIR SUSPENSION	ZOVIRAX						
ACYCLOVIR TABLETS	ZOVIRAX						
FAMCICLOVIR TABLETS	FAMVIR			**PA REQUIRED**			
VALACYCLOVIR HCL TABLETS	VALTREX			**PA REQUIRED**			
INFLUENZA AGENTS							
OSELTAMIVIR PHOSPHATE CAPSULES	TAMIFLU					20	270
OSELTAMIVIR PHOSPHATE SUSPENSION	TAMIFLU						
RIMANTADINE HYDROCHLORIDE TABLETS	FLUMADINE						
ZANAMIVIR AEROSOL POWDER BREATH ACTIVATED	RELENZA DISKHALER					40	270
MISC. ANTIVIRALS							
MOLNUPIRAVIR CAPSULES	LAGEVRIO			**Minimum Patient Age of 18 Years**		80	365
NIRMATRELVIR-RITONAVIR	PAXLOVID			**Minimum Patient Age of 12 Years**		60	365
REMDESIVIR SOLUTION	VEKLURY			**PA Required < 28 days and > 17 Years Old**			
REMDESIVIR FOR SOLUTION	VEKLURY			**PA Required < 28 days and > 17 Years Old**			
ASSORTED CLASSES							
BLOOD PRODUCTS - IMMUNE GLOBULINS							
IMMUNE GLOBULIN	**BIVIGAM (IV)**	**BRAND ONLY**	**PREFERRED DRUG**	**PA REQUIRED**			
IMMUNE GLOBULIN	**FLEBOGFAMMA DIF (IV)**	**BRAND ONLY**	**PREFERRED DRUG**	**PA REQUIRED**			
IMMUNE GLOBULIN	**GAMMAGARD LIQUID (INJ)**	**BRAND ONLY**	**PREFERRED DRUG**	**PA REQUIRED**			
IMMUNE GLOBULIN	**GAMMAKED (INJ)**	**BRAND ONLY**	**PREFERRED DRUG**	**PA REQUIRED**			
IMMUNE GLOBULIN	**GAMUNEX-C (INJ)**	**BRAND ONLY**	**PREFERRED DRUG**	**PA REQUIRED**			
IMMUNE GLOBULIN	**HIZENTRA (SUBQ)**	**BRAND ONLY**	**PREFERRED DRUG**	**PA REQUIRED**			
IMMUNE GLOBULIN	**OCTAGAM (IV)**	**BRAND ONLY**	**PREFERRED DRUG**	**PA REQUIRED**			
IMMUNE GLOBULIN	**PRIVIGEN (IV)**	**BRAND ONLY**	**PREFERRED DRUG**	**PA REQUIRED**			
IMMUNE GLOBULIN	**XEMBIFY (SUBQ)**	**BRAND ONLY**	**PREFERRED DRUG**	**PA REQUIRED**			
CHELATING AGENTS							
PENICILLAMINE CAPSULES	CUPRIMINE						
IMMUNOMODULATORS							
LENALIDOMIDE CAPSULES	**REVLIMID**	**BRAND ONLY**		**PA REQUIRED**			
THALIDOMIDE CAPSULES	THALOMID			**PA REQUIRED**			
IMMUNOSUPPRESSIVE AGENTS							
AZATHIOPRINE TABLETS	IMURAN						
CYCLOSPORINE CAPSULES	SANDIMMUNE						
CYCLOSPORINE MODIFIED (FOR MICROEMULSION) CAPSULES	GENGRAF						
CYCLOSPORINE MODIFIED (FOR MICROEMULSION) SOLUTION	GENGRAF						
CYCLOSPORINE SOLUTION	SANDIMMUNE						
EVEROLIMUS (IMMUNOSUPRESSANT) TABLETS	ZORTRESS			**PA REQUIRED**			
MYCOPHENOLATE MOFETIL CAPSULES	CELLCEPT						

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE BEGINNING ON JANUARY 1, 2024

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MYCOPHENOLATE MOFETIL SUSPENSION	CELLCEPT						
MYCOPHENOLATE MOFETIL TABLETS	CELLCEPT						
SIROLIMUS SOLUTION	RAPAMUNE						
SIROLIMUS TABLETS	RAPAMUNE						
TACROLIMUS CAPSULES	HECORIA						
TACROLIMUS CAPSULE CONTROLLED RELEASE	ASTAGRAF XL						
ROCK2 INHIBITORS							
BELUMOSUDIL MESYLATE	REZUROCK			**PA REQUIRED**			
POTASSIUM REMOVING RESINS							
SODIUM POLYSTYRENE SULFONATE POWDER	KAYEXALATE						
SODIUM POLYSTYRENE SULFONATE SUSPENSION	KIONEX						
BETA BLOCKERS							
ALPHA-BETA BLOCKERS							
CARVEDILOL TABLETS	COREG		**Preferred Drug**				
LABETALOL HCL TABLETS	TRANDATE		**Preferred Drug**				
BETA BLOCKERS CARDIO-SELECTIVE							
ATENOLOL TABLETS	TENORMIN		**Preferred Drug**				
ATENOLOL/CHLORTHALIDONE	VARIOUS		**Preferred Drug**				
BISOPRODOL	VARIOUS		**Preferred Drug**				
BISOPRODOL/HCTZ	VARIOUS		**Preferred Drug**				
METOPROLOL TARTRATE TABLETS	VARIOUS		**Preferred Drug**				
METOPROLOL SUCCINATE TABLET XL 24-HOUR	VARIOUS		**Preferred Drug**				
METOPROLOL TARTRATE/HCTZ	VARIOUS		**Preferred Drug**				
BETA BLOCKERS NON-SELECTIVE							
NADOLOL	VARIOUS		**Preferred Drug**	**PA NOT REQUIRED FOR CHILDREN AND ADOLESCENTS UNDER 19 YEARS OF AGE**			
PROPRANOLOL HCL CAPSULE ER CONTROLLED RELEASE	VARIOUS		**Preferred Drug**				
PROPRANOLOL HCL SOLUTION	VARIOUS		**Preferred Drug**				
PROPRANOLOL HCL TABLETS	VARIOUS		**Preferred Drug**				
PROPRANOLOL / HCTZ	VARIOUS		**Preferred Drug**				
SOTALOL HCL TABLETS	BETAPACE		**Preferred Drug**				
CALCIUM CHANNEL BLOCKERS							
CALCIUM CHANNEL BLOCKERS							
AMLODIPINE BESYLATE	VARIOUS		**Preferred Drug**			30	30
AMLODIPINE BENZOATE SUSPENSION	KATERZIA		**Preferred Drug**	**PA Required for > 7 Years Old**		300	30
DILTIAZEM CAPSULE ER	VARIOUS		**Preferred Drug**				
DILTIAZEM TABLETS	VARIOUS		**Preferred Drug**				
FELODIPINE TABLET ER 24-HOUR	VARIOUS		**Preferred Drug**			30	30
NIFEDIPINE IR CAPSULES	VARIOUS		**Preferred Drug**				
NIFEDIPINE TABLET ER 24-HOUR	VARIOUS		**Preferred Drug**			30	30
VERAPAMIL HCL CAPSULE SR	VARIOUS		**Preferred Drug**			30	30
VERAPAMIL HCL TABLETS	VARIOUS		**Preferred Drug**				
VERAPAMIL HCL TABLET CONTROLLED RELEASE	VARIOUS		**Preferred Drug**			30	30

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CARDIOTONICS							
CARDIAC GLYCOSIDES							
DIGOXIN SOLUTION	DIGOXIN						
DIGOXIN TABLETS	LANOXIN						
CARDIOVASCULAR AGENTS - MISC.							
ANGIOTENSTIN RECEPTOR NEPRILYSIN INHIBITOR							
SACUBITRIL / VALSARTAN	ENTRESTO			**PA REQUIRED**			
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAG							
AMBRISENTAN TABLETS	**LETAIRIS**		**PREFERRED DRUG**	**PA REQUIRED**			
BOSENTAN TABLETS	**TRACLEER**		**PREFERRED DRUG**	**PA REQUIRED**			
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBIT							
SILDENAFIL CITRATE (PULMONARY HYPERTENSION) SUSPENSION	**REVATIO**		**PREFERRED DRUG**	**PA REQUIRED FOR > 12 YEARS OF AGE**			
SILDENAFIL CITRATE (PULMONARY HYPERTENSION) TABLETS	**VARIOUS**		**PREFERRED DRUG**	**PA REQUIRED**			
TADALAFIL (PULMONARY HYPERTENSION) TABLETS	**ADCIRCA**	**BRAND ONLY**	**PREFERRED DRUG**	**PA REQUIRED**			
CEPHALOSPORINS							
CEPHALOSPORINS - 1ST GENERATION							
CEFADROXIL CAPSULES	CEFADROXIL						
CEFADROXIL SUSPENSION	CEFADROXIL						
CEFADROXIL TABLETS	CEFADROXIL						
CEPHALEXIN CAPSULES	KEFLEX						
CEPHALEXIN SUSPENSION	CEPHALEXIN						
CEPHALEXIN TABLETS	CEPHALEXIN						
CEPHALOSPORINS - 2ND GENERATION							
CEFACLOR CAPSULES	CEFACLOR						
CEFACLOR SUSPENSION	CEFACLOR						
CEFPROZIL SUSPENSION	CEFPROZIL						
CEFPROZIL TABLETS	CEFPROZIL						
CEFUROXIME AXETIL SUSPENSION	CEFTIN						
CEFUROXIME AXETIL TABLETS	CEFTIN						
CEPHALOSPORINS - 3RD GENERATION							
CEFDINIR CAPSULES	CEFDINIR						
CEFDINIR SUSPENSION	CEFDINIR						
CEFIXIME CAPSULES	SUPRAX					1	30
CEFIXIME CHEWABLE TABLETS	SUPRAX					1	30
CEFIXIME SUSPENSION	SUPRAX					1	30
CEFIXIME TABLETS	SUPRAX					1	30
CEFPODOXIME PROXETIL SUSPENSION	CEFPODOXIME PROXETIL						
CEFPODOXIME PROXETIL TABLETS	CEFPODOXIME PROXETIL						
CONTRACEPTION							
COMBINATION CONTRACEPTIVES - ORAL							
DESOGESTREL & ETHINYL ESTRADIOL TABLETS	APRI						
DESOGESTREL-ETHINYL ESTRADIOL (BIPHASIC) TABLETS	AZURETTE						
DESOGESTREL-ETHINYL ESTRADIOL (TRIPHASIC) TABLETS	CAZIANT						

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DROSPIRENONE-ETHINYL ESTRADIOL TABLETS	OCELLA						
ETHYNODIOL DIACET & ETHINYL ESTRADIOL TABLETS	KELNOR 1/35						
LEVONORGESTREL & ETHINYL ESTRADIOL TABLETS	AUBRA						
LEVONORGESTREL-ETHINYL ESTRADIOL (TRIPHASIC) TABLETS	ENPRESSE-28						
LEVONORGESTREL-ETHINYL ESTRADIOL (91-DAY) TABLETS	AMETHIA LO						
LEVONORGESTREL & ETHINYL ESTRADIOL (CONTINUOUS) TABLETS	AMETHYST						
NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TABLETS	JUNEL FE						
NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE CHEWABLES	MELODETTA 24 FE						
NORETHINDRONE & ETH ESTRADIOL TABLETS	BALZIVA						
NORETHINDRONE & MESTRANOL TABLETS	NECON 1/50-28						
NORETHINDRONE ACET & ETH ESTRA TABLETS	GILDESS 1/20						
NORETHINDRONE ACETATE-ETHINYL ESTRADIOL-FE TABLETS	ESTROSTEP FE						
NORETHIN ACET & ESTRAD-FE TABLETS	LOESTRIN FE TAB 1/20						
NORETHINDRONE-ETH ESTRADIOL (BIPHASIC) TABLETS	NECON 10/11-28						
NORETHINDRONE-ETH ESTRADIOL (TRIPHASIC) TABLETS	CYCLAFEM 7/7/7						
NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEWABLES	KAITLIB FE						
NORGESTIMATE-ETHINYL ESTRADIOL (TRIPHASIC) TABLETS	ORTHO TRI-CYCLEN						
NORGESTIMATE-ETHINYL ESTRADIOL TABLETS	ESTARYLLA						
NORGESTREL & ETHINYL ESTRADIOL TABLETS	CRYSELLE-28						
COMBINATION CONTRACEPTIVES - VAGINAL							
ETONOGESTREL-ETHINYL ESTRADIOL RING	NUVARING	**BRAND ONLY**					
COPPER CONTRACEPTIVES - IUD							
COPPER IUD	PARAGARD					1	999 Days
EMERGENCY CONTRACEPTIVES							
LEVONORGESTREL (EMERGENCY OC) TABLETS	PLAN B ONE-STEP OTC		**PREFERRED DRUG**				
LEVONORGESTREL (EMERGENCY OC) TABLETS	AFTERA OTC		**PREFERRED DRUG**				
LEVONORGESTREL (EMERGENCY OC) TABLETS	LEVONORGESTREL OTC		**PREFERRED DRUG**				
LEVONORGESTREL (EMERGENCY OC) TABLETS	MY CHOICE OTC		**PREFERRED DRUG**				
LEVONORGESTREL (EMERGENCY OC) TABLETS	MY WAY OTC		**PREFERRED DRUG**				
LEVONORGESTREL (EMERGENCY OC) TABLETS	NEW DAY OTC		**PREFERRED DRUG**				
LEVONORGESTREL (EMERGENCY OC) TABLETS	OPTION 2 OTC		**PREFERRED DRUG**				
LEVONORGESTREL (EMERGENCY OC) TABLETS	TAKE ACTION OTC		**PREFERRED DRUG**				
ULIPRISTAL ACETATE TABLETS	ELLA		**PREFERRED DRUG**			1	5
PROGESTINS							
MEDROXYPROGESTERONE ACETATE TABLETS	PROVERA		**PREFERRED DRUG**				
NORETHINDRONE ACETATE	AYGESTIN		**PREFERRED DRUG**				
PROGESTERONE MICRONIZED CAPSULES	PROMETRIUM		**PREFERRED DRUG**				
PROGESTIN CONTRACEPTIVES - IMPLANTS							
ETONOGESTREL IMPLANT	**NEXPLANON**					1	999 Days
PROGESTIN CONTRACEPTIVES - INJECTABLE							
MEDROXYPROGESTERONE ACETATE (CONTRACEPTIVE) SUSPENSION	DEPO-PROVERA CONTRACEPTIVE						

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PROGESTIN CONTRACEPTIVES - IUD							
LEVONORGESTREL (IUD)	**LILETTA**					**1**	**999 Days**
LEVONORGESTREL (IUD)	**SKYLA**					**1**	**730 Days**
LEVONORGESTREL (IUD)	**MIRENA**					**1**	**999 Days**
LEVONORGESTREL (IUD)	**KYLEENA**					**1**	**730 Days**
PROGESTIN CONTRACEPTIVES - ORAL							
NORETHINDRONE (CONTRACEPTIVE) TABLETS	CAMILA						
PROGESTIN CONTRACEPTIVES - TRANSDERMAL							
NORELGESTROMIN-ETHINYL ESTRADIOL PATCH WEEKLY	XULANE						
CORTICOSTEROIDS							
GLUCOCORTICOSTEROIDS							
DEXAMETHASONE CONCENTRATE	DEXAMETHASONE INTENSOL						
DEXAMETHASONE ELIXIR	VARIOUS						
DEXAMETHASONE SOLUTION	DEXAMETHASONE						
DEXAMETHASONE TABLETS	DEXAMETHASONE						
HYDROCORTISONE SOD SUCCINATE SOLUTION (INJECTABLE)	A-HYDROCORT			**PA REQUIRED**			
METHYLPREDNISOLONE ACETATE SUSPENSION (INJECTABLE)	DEPO-MEDROL			**PA REQUIRED**			
METHYLPREDNISOLONE SOD SUCC SOLUTION (INJECTABLE)	A-METHAPRED			**PA REQUIRED**			
METHYLPREDNISOLONE TABLETS	MEDROL						
PREDNISOLONE SODIUM PHOSPHATE SOLUTION	ORAPRED						
PREDNISOLONE SODIUM PHOSPHATE ORALLY DISINTEGRATING TABLETS	ORAPRED ODT						
PREDNISOLONE SYRUP	PRELONE						
PREDNISOLONE TABLETS	VARIOUS						
PREDNISONE CONCENTRATE	PREDNISONE INTENSOL						
PREDNISONE SOLUTION	PREDNISONE						
PREDNISONE TABLETS	PREDNISONE						
TRIAMCINOLONE ACETONIDE SUSPENSION (INJECTABLE)	KENALOG-10			**PA REQUIRED**			
TRIAMCINOLONE DIACETATE SUSPENSION (INJECTABLE)	TRIAMCINOLONE			**PA REQUIRED**			
TRIAMCINOLONE HEXACETONIDE SUSPENSION (INJECTABLE)	ARISTOSPAN INTRALESIONAL & INTRA-ARTICULAR			**PA REQUIRED**			
MINERALOCORTICOIDS							
FLUDROCORTISONE ACETATE TABLETS	FLORINEF						
NONSTEROIDAL MINERALOCORTICOID RECEPTOR ANTAGONIST							
FINERENONE TABLETS	KERENDIA			**PA REQUIRED**			
COUGH/COLD/ALLERGY							
ANTITUSSIVES							
BENZONATATE CAPSULES	TESSALON PERLES						
HYDROCODONE W/ HOMATROPINE SYRUP	VARIOUS			**PA REQUIRED for < 18 years of age**		240	12

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

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PHENYLEPHRINE-GUAIFENESIN TABLETS	VARIOUS						
PROMETHAZINE & PHENYLEPHRINE SYRUP	PROMETHAZINE/ PHENYLEPHRINE					480	30
PROMETHAZINE W/CODEINE SYRUP	PROMETHAZINE/CODEINE			**PA REQUIRED for < 18 years of age**		240	12
PROMETHAZINE-DEXTROMETHORPHAN SYRUP	PROMETHAZINE/ DEXTROMETHORPHAN					480	30
PSEUDOEPHEDRINE W/ CODEINE-GUAIFENESIN SYRUP	VARIOUS			**PA REQUIRED for < 18 years of age**		240	12
EXPECTORANTS							
GUAIFENESIN LIQUID	VARIOUS					480	30
GUAIFENESIN SYRUP	VARIOUS					480	30
GUAIFENESIN TABLETS	VARIOUS						
GUAIFENESIN TABLET 12-HOUR	VARIOUS						
DERMATOLOGICALS							
ACNE PRODUCTS							
BENZOYL PEROXIDE WASH 5% & 10%	VARIOUS						
BENZOYL PEROXIDE CLEANSER 6%	NEUTROGENA ON-THE-SPOT ACNE TREATMENT						
BENZOYL PEROXIDE GEL	BENZOYL PEROXIDE						
BENZOYL PEROXIDE LIQUID	PANOXYL						
BENZOYL PEROXIDE LOTION	BP CLEANSING LOTION						
BENZOYL PEROXIDE-ERYTHROMYCIN PACK	BENZAMYCINPAK						
CLINDAMYCIN PHOSPHATE (TOPICAL) GEL	CLEOCIN-T						
CLINDAMYCIN PHOSPHATE (TOPICAL) LOTION	CLEOCIN-T						
CLINDAMYCIN PHOSPHATE (TOPICAL) SOLUTION	CLEOCIN-T						
CLINDAMYCIN PHOSPHATE (TOPICAL) SWAB	CLEOCIN-T						
CLINDAMYCIN PHOSPHATE-BENZOYL PEROXIDE (REFRIGERATE)	CLINDAMY/BEN						
ERYTHROMYCIN ACNE GEL	VARIOIUS	NDCs: 45802096694, 45802096696, 63739005366, 63739005368					
ERYTHROMYCIN (ACNE AID) SOLUTION	ERYTHROMYCIN						
ISOTRETINOIN CAPSULES	ABSORICA			**PA REQUIRED**			
TRETINOIN CREAM	RETIN-A	**BRAND ONLY**		**PA REQUIRED For > 26 Years of Age**			
TRETINOIN GEL	RETIN-A	**BRAND ONLY**		**PA REQUIRED For > 26 Years of Age**			
ANTIBIOTICS - TOPICAL							
BACITRACIN OINTMENT	BACIGUENT						
BACITRACIN ZINC OINTMENT	BACITRACIN						
BACITRACIN-POLYMYXIN B OINTMENT	POLYSPORIN						
BACITRACIN-POLYMYXIN-NEOMYCIN HC OINTMENT	CORTISPORIN						
GENTAMICIN SULFATE CREAM	GENTAMICIN SULFATE						
GENTAMICIN SULFATE OINTMENT	GENTAMICIN SULFATE						
MUPIROCIN CALCIUM CREAM	BACTROBAN						
MUPIROCIN OINTMENT	BACTROBAN						

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NEOMYCIN-BACITRACIN-POLYMYXIN OINTMENT	NEOSPORIN						
ANTIFUNGALS - TOPICAL							
BUTENAFINE	**LOTRIMIN ULTRA**						
CICLOPROX CREAM	**VARIOUS**	**Preferred Drug**					
CICLOPROX SOLUTION	**VARIOUS**	**Preferred Drug**					
CLOTRIMAZOLE CREAM (RX & OTC)	**LOTRIMIN**	**Preferred Drug**					
CLOTRIMAZOLE OINTMENT	**LOTRIMIN**						
CLOTRIMAZOLE TOPICAL SOLUTION	**CLOTRIMAZOLE (RX ONLY)**						
CLOTRIMAZOLE W/ BETAMETHASONE CREAM	**LOTRISONE**	**Preferred Drug**					
KETOCONAZOLE CREAM	**VARIOUS**	**Preferred Drug**					
KETOCONAZOLE SHAMPOO	**VARIOUS**	**Preferred Drug**					
MICONAZOLE NITRATE CREAM	**VARIOUS**	**Preferred Drug**					
MICONAZOLE NITRATE POWDER	**VARIOUS**	**Preferred Drug**					
NYSTATIN CREAM	**VARIOUS**	**Preferred Drug**					
NYSTATIN OINTMENT	**VARIOUS**	**Preferred Drug**					
NYSTATIN POWDER	**VARIOUS**	**Preferred Drug**					
TOLNAFTATE AERO POWDER	**VARIOUS**	**Preferred Drug**					
TOLNAFTATE CREAM	**VARIOUS**	**Preferred Drug**					
TOLNAFTATE POWDER	**VARIOUS**	**Preferred Drug**					
TERBINAFINE CREAM	**VARIOUS**	**Preferred Drug**					
ANTIHISTAMINES-TOPICAL							
DIPHENHYDRAMINE HCL CREAM	ANTI-ITCH MAXIMUM STRENGTH						
DIPHENHYDRAMINE HCL GEL	BENADRYL ITCH STOPPING						
DIPHENHYDRAMINE HCL SOLUTION	BENADRYL MAXIMUM STRENGTH						
ANTISEBORRHEIC TOPICAL PRODUCTS							
SELENIUM SULFIDE LOTION	SELSUN SHAMPOO						
ANTIVIRALS - TOPICAL							
DOCOSANOL 10% CREAM	ABREVA		**PREFERRED DRUG**			2GM	30
ACYCLOVIR OINTMENT	**ZOVIRAX**	**BRAND ONLY**	**PREFERRED DRUG**			**15GM**	**30**
ACYCLOVIR OINTMENT	ZOVIRAX		**PREFERRED DRUG**			15GM	30
BURN PRODUCTS							
SILVER SULFADIAZINE CREAM	SILVADENE						
CORTICOSTEROIDS - TOPICAL LOW POTENCY							
FLUOCINOLONE ACETONIDE	**DERMA-SMOOTH FS**	**BRAND ONLY**	**PREFERRED DRUG**				
FLUOCINOLONE ACETONIDE SOLUTION	SYNALAR						
HYDROCORTISONE CREAM	VARIOUS		**PREFERRED DRUG**				
HYDROCORTISONE GEL	VARIOUS		**PREFERRED DRUG**				
HYDROCORTISONE LOTION	VARIOUS		**PREFERRED DRUG**				
HYDROCORTISONE OINTMENT	VARIOUS		**PREFERRED DRUG**				
FLUOCINOLONE 0.01% OIL	VARIOUS		**PREFERRED DRUG**				
CORTICOSTEROIDS - TOPICAL MEDIUM POTENCY							
FLUTICASONE PROPIONATE CREAM	VARIOUS		**PREFERRED DRUG**				
FLUTICASONE PROPIONATE OINTMENT	VARIOUS		**PREFERRED DRUG**				

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE BEGINNING ON JANUARY 1, 2024

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MOMETASONE FUROATE CREAM	VARIOUS		**PREFERRED DRUG**				
MOMETASONE FUROATE OINTMENT	VARIOUS		**PREFERRED DRUG**				
MOMETASONE FUROATE SOLUTION	VARIOUS		**PREFERRED DRUG**				
CORTICOSTEROIDS - TOPICAL HIGH POTENCY							
BETAMETHASONE DIPROPIONATE LOTION	VARIOUS		PREFERRED DRUG				
BETAMETHASONE DIPROPIONATE CREAM	VARIOUS		PREFERRED DRUG				
BETAMETHASONE DIPROPIONATE/PROPYLENE GLYC. CREAM	VARIOUS		PREFERRED DRUG				
BETAMETHASONE DIPROPIONATE (TOPICAL) OINTMENT	VARIOIUS		PREFERRED DRUG				
BETAMETHASONE VALERATE CREAM	VARIOUS		PREFERRED DRUG				
BETAMETHASONE VALERATE LOTION	VARIOUS		PREFERRED DRUG				
BETAMETHASONE VALERATE SOLUTION	VARIOUS		PREFERRED DRUG				
FLUOCINONIDE CREAM	VARIOUS		PREFERRED DRUG				
FLUOCINONIDE OINTMENT	VARIOUS		PREFERRED DRUG				
FLUOCINONIDE SOLUTION	VARIOUS		PREFERRED DRUG				
TRIAMCINOLONE ACETONIDE CREAM	VARIOUS		PREFERRED DRUG				
TRIAMCINOLONE ACETONIDE LOTION	VARIOUS		PREFERRED DRUG				
TRIAMCINOLONE ACETONIDE OINTMENT	VARIOUS		PREFERRED DRUG				
CORTICOSTEROIDS - TOPICAL VERY HIGH POTENCY							
CLOBETASOL PROPIONATE CREAM	VARIOUS		**PREFERRED DRUG**			100	30
CLOBETASOL PROPIONATE EMOLLIENT	VARIOUS		**PREFERRED DRUG**			100	30
CLOBETASOL PROPIONATE GEL	VARIOUS		**PREFERRED DRUG**			118	30
CLOBETASOL PROPIONATE OINTMENT	VARIOUS		**PREFERRED DRUG**			100	30
CLOBETASOL PROPIONATE SHAMPOO	VARIOUS		**PREFERRED DRUG**			120	30
CLOBETASOL PROPIONATE SOLUTION	VARIOUS		**PREFERRED DRUG**			100	30
HALOBETASOL PROPIONATE CREAM	VARIOUS		**PREFERRED DRUG**			100	30
HALOBETASOL PROPIONATE OINTMENT	VARIOUS		**PREFERRED DRUG**			100	30
STEROIDS - MOUTH/THROAT/DENTAL**							
TRIAMCINOLONE ACETONIDE (MOUTH) PASTE	ORALONE DENTAL PASTE					10	30
ECZEMA AGENTS							
DUPILUMAB SOLN PEN-INJ	DUPIXENT			**PA REQUIRED**			
DUPILUMAB SOLN PREF SYR	DUPIXENT			**PA REQUIRED**			
TRALOKINUMAB-LDRM SOLN PREF SYR	ADBRY			**PA REQUIRED**			
ENZYMES - TOPICAL							
TACROLIMUS (TOPICAL) OINTMENT	PROTOPIC		**PREFERRED DRUG**	**PA REQUIRED**			
IMMUNOSUPPRESSIVE AGENTS - TOPICAL							
PIMECROLIMUS CREAM	VARIOUS		**PREFERRED DRUG**			60gm	30
KERATOLYTIC/ANTIMITOTIC AGENTS							
SALICYLIC ACID CREAM	SALACYN						
SALICYLIC ACID FOAM	SALVAX						
SALICYLIC ACID GEL	KERALYT						
SALICYLIC ACID LIQUID	VIRASAL						
SALICYLIC ACID LOTION	SALACYN						
SALICYLIC ACID SHAMPOO	SALEX						

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SALICYLIC ACID SOLUTION	VARIOUS						
LOCAL ANESTHETICS - TOPICAL							
LIDOCAINE CREAM 4%	ASPERCREME W/LIDOCAINE						
LIDOCAINE HCL GEL 2%	GLYDO						
LIDOCAINE HCL LOTION	LIDOCAINE HCL			**PA REQUIRED**			
LIDOCAINE OINTMENT	LIDOCAINE			**PA REQUIRED**			
LIDOCAINE PATCH	LIDODERM			**PA REQUIRED**			
LIDOCAINE HCL SOLUTION	VARIOUS						
LIDOCAINE-PRILOCAINE CREAM	EMLA						
TOPICAL - MISC.							
ALUMINUM CHLORIDE SOLUTION	DRYSOL						
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL							
CRISABOROLE OINTMENT	EUCRISA		**PREFERRED DRUG**	**PA REQUIRED**			
ROSACEA TOPICAL AGENTS							
METRONIDAZOLE CREAM 0.75%	METROCREAM						
METRONIDAZOLE GEL 0.75%	METROGEL						
METRONIDAZOLE LOTION	METROLOTION						
SCABICIDES & PEDICULICIDES TOPICAl AGENTS+A1106							
CROTAMITON CREAM	EURAX						
CROTAMITON LOTION	EURAX						
IVERMECTIN LOTION	SKLICE			**PA REQUIRED**			
PERMETHRIN CREAM	ACTICIN						
PERMETHRIN 1%, 5%	NIX, ELIMITE						
PERMETHRIN LIQUID	NIX CREME RINSE						
PYRETHRINS-PIPERONYL BUTOXIDE GEL	A-200						
PYRETHRINS-PIPERONYL BUTOXIDE LIQUID	BARC						
PYRETHRINS-PIPERONYL BUTOXIDE SHAMPOO	LICIDE						
SPINOSAD SUSPENSION	NATROBA			**PA REQUIRED**			
DIAGNOSTIC PRODUCTS							
DIAGNOSTIC TESTS							
BLOOD GLUCOSE MONITORS & STRIPS	VARIOUS						
DIGESTIVE AIDS							
DIGESTIVE ENZYMES							
LIPASE-PROTEASE-AMYLASE CAPSULE DELAYED RELEASE	**CREON**	**BRAND ONLY**	**PREFERRED DRUG**			**500**	**30**
LIPASE-PROTEASE-AMYLASE CAPSULE DELAYED RELEASE	**ZENPEP**	**BRAND ONLY**	**PREFERRED DRUG**			**500**	**30**
LIPASE-PROTEASE-AMYLASE CAPSULE DELAYED RELEASE	**PANCREAZE**	**BRAND ONLY**	**PREFERRED DRUG**			**300**	**30**
DIURETICS							
CARBONIC ANHYDRASE INHIBITORS							
ACETAZOLAMIDE CAPSULE 12-HOUR	DIAMOX						
ACETAZOLAMIDE TABLETS	ACETAZOLAMIDE						
METHAZOLAMIDE TABLETS	NEPTAZANE						
DIURETIC COMBINATIONS							
SPIRONOLACTONE & HYDROCHLOROTHIAZIDE TABLETS	ALDACTAZIDE						

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TRIAMTERENE & HYDROCHLOROTHIAZIDE CAPSULES	DYAZIDE						
TRIAMTERENE & HYDROCHLOROTHIAZIDE TABLETS	MAXZIDE-25						
LOOP DIURETICS							
BUMETANIDE TABLETS	BUMETANIDE						
FUROSEMIDE SOLUTION	FUROSEMIDE						
FUROSEMIDE TABLETS	LASIX						
TORSEMIDE TABLETS	DEMADEX						
POTASSIUM SPARING DIURETICS							
SPIRONOLACTONE TABLETS	ALDACTONE						
THIAZIDES AND THIAZIDE-LIKE DIURETICS							
CHLOROTHIAZIDE SUSPENSION	DIURIL						
CHLOROTHIAZIDE TABLETS	CHLOROTHIAZIDE						
CHLORTHALIDONE TABLETS	CHLORTHALIDONE						
HYDROCHLOROTHIAZIDE CAPSULES 12.5MG	VARIOUS						
HYDROCHLOROTHIAZIDE TABLETS 25MG & 50MG	HYDROCHLOROTHIAZIDE						
INDAPAMIDE TABLETS	INDAPAMIDE						
METOLAZONE TABLETS	ZAROXOLYN						
ENDOCRINE AND METABOLIC AGENTS - MISC.							
BONE DENSITY REGULATORS							
ALENDRONATE SODIUM SOLUTION	ALENDRONATE SODIUM						
ALENDRONATE SODIUM TABLETS	ALENDRONATE SODIUM						
CALCITONIN (SALMON) SOLUTION	FORTICAL						
DENOSUMAB	PROLIA			**PA REQUIRED**			
IBANDRONATE SODIUM	BONIVA						
RALOXIFENE TABLETS	VARIOUS						
TERIPARATIDE (RECOMBINANT)	**FORTEO**	**BRAND ONLY**		**PA REQUIRED**			
GROWTH HORMONES							
SOMATROPIN SOLUTION	**NORDITROPIN**	**BRAND ONLY**	**PREFERRED DRUG**	**PA REQUIRED**			
SOMATROPIN SOLUTION	**GENOTROPIN**	**BRAND ONLY**	**PREFERRED DRUG**	**PA REQUIRED**			
HORMONE RECEPTOR MODULATORS							
RALOXIFENE HCL TABLETS	EVISTA						
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)							
MECASERMIN SOLUTION	INCRELEX			**PA REQUIRED**			
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS							
LEUPROLIDE ACETATE (CPP) (3 MONTH) KIT	LUPRON DEPOT-PED			**PA REQUIRED**			
LEUPROLIDE ACETATE (CPP) KIT	LUPRON DEPOT-PED			**PA REQUIRED**			
METABOLIC MODIFIERS							
CINACALCET HCL TABLETS	SENSIPAR			**PA REQUIRED**			
IDURSULFASE SOLUTION	ELAPRASE			**PA REQUIRED**			
POSTERIOR PITUITARY HORMONES							
DESMOPRESSIN ACETATE REFRIGERATED SOLUTION	VARIOUS						
DESMOPRESSIN ACETATE SOLUTION	VARIOUS						
DESMOPRESSIN ACETATE SPRAY REFRIGERATED SOLUTION	VARIOUS						

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DESMOPRESSIN ACETATE SPRAY SOLUTION	VARIOUS						
DESMOPRESSIN ACETATE TABLETS	VARIOUS			**PA REQUIRED**			
ESTROGENS							
ESTROGEN COMBINATIONS							
CONJUGATED ESTROGENS-MEDROXYPROGESTERONE ACETATE TABLETS	PREMPRO						
ESTRADIOL-LEVONORGESTREL PATCH-WEEKLY	CLIMARA PATCH						
ESTROGENS							
ESTERIFIED ESTROGENS TABLETS	MENEST						
ESTRADIOL PATCH-TWICE WEEKLY	ALORA						
ESTRADIOL PATCH-WEEKLY	MENOSTAR						
ESTRADIOL TABLETS	ESTRACE						
ESTROGENS, CONJUGATED SYNTHETIC A TABLETS	CENESTIN						
ESTROGENS, CONJUGATED TABLETS	PREMARIN						
ESTROPIPATE TABLETS	ORTHO-EST						
FLUOROQUINOLONES							
FLUOROQUINOLONES							
CIPROFLOXACIN HCL TABLETS	CIPROFLOXACIN HCL						
LEVOFLOXACIN SOLUTION	LEVAQUIN						
LEVOFLOXACIN TABLETS	LEVAQUIN						
OFLOXACIN TABLETS	OFLOXACIN						
GASTROINTMENTESTINAL AGENTS - MISC.							
GALLSTONE SOLUBILIZING AGENTS							
URSODIOL CAPSULES	ACTIGALL						
URSODIOL TABLETS	URSO 250						
GASTROINTMENTESTINAL CHLORIDE CHANNEL ACTIVATORS							
LUBIPROSTONE CAPSULES	AMITIZA			**PA REQUIRED**			
GASTROINTMENTESTINAL STIMULANTS							
METOCLOPRAMIDE HCL SOLUTION	VARIOUS						
METOCLOPRAMIDE HCL TABLETS	VARIOUS						
METOCLOPRAMIDE HCL ORALLY DISINTEGRATING TABLETS	VARIOUS						
INFLAMMATORY BOWEL AGENTS							
BALSALAZIDE DISODIUM TABLETS	GIAZO		**PREFERRED DRUG**			**270**	**30**
INFLIXIMAB	**INFLIXIMAB**	**JANSSEN PRODUCT ONLY**	**PREFERRED DRUG**	**PA REQUIRED**			
BUDESONIDE CAPSULES	ENTOCORT EC		**PREFERRED DRUG**				
MESALAMINE CAPSULE CONTROLLED RELEASE	**PENTASA**	**BRAND ONLY**	**PREFERRED DRUG**			**270**	**30**
MESALAMINE CAPSULE DELAYED RELEASE CAPSULE	**DELZICOL**	**BRAND ONLY**	**PREFERRED DRUG**			**180**	**30**
MESALAMINE CAPSULE DELAYED RELEASE TABLET	**ASACOL HD**	**BRAND ONLY**	**PREFERRED DRUG**			**180**	**30**
MESALAMINE CAPSULE 24-HOUR	**APRISO**	**BRAND ONLY**	**PREFERRED DRUG**			**120**	**30**
MESALAMINE ENEMA	**SFROWASA**	**BRAND ONLY**	**PREFERRED DRUG**			**30**	**30**
MESALAMINE TABLET ENTERIC COATED	**LIALDA**	**BRAND ONLY**	**PREFERRED DRUG**			**120**	**30**
MESALAMINE SUPPOSITORY	**CANASA**	**BRAND ONLY**	**PREFERRED DRUG**			**30**	**30**

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SULFASALAZINE TABLETS	AZULFIDINE		**PREFERRED DRUG**			**240**	**30**
SULFASALAZINE TABLET ENTERIC COATED	AZULFIDINE EN-TABLETS		**PREFERRED DRUG**			**240**	**30**
IRRITABLE BOWEL SYNDROME (IBS) AGENTS							
LINACLOTIDE CAPSULES	LINZESS			**PA REQUIRED**			
PHOSPHATE BINDER AGENTS							
CALCIUM ACETATE TABLETS	**VARIOUS**		**PREFERRED DRUG**				
CALCIUM ACETATE CAPSULES	**VARIOUS**		**PREFERRED DRUG**				
SEVELAMER CARBONATE TABLETS	**RENVELA**	**VARIOUS**	**PREFERRED DRUG**				
GENITOURINARY AGENTS - MISC.							
INTERSTITIAL CYSTITIS AGENTS							
PENTOSAN POLYSULFATE SODIUM CAPSULES	ELMIRON			**PA REQUIRED**			
PROSTATIC HYPERTROPHY AGENTS							
ALFUZOSIN ER	VARIOUS		**Preferred Drug**				
DOXAZOSIN MESYLATE	VARIOUS		**Preferred Drug**				
DUTASTERIDE	VARIOUS		**Preferred Drug**				
FINASTERIDE	PROSCAR		**Preferred Drug**				
TAMSULOSIN HCL	FLOMAX		**Preferred Drug**				
TERAZOSIN	VARIOUS		**Preferred Drug**				
URINARY ANALGESICS							
PHENAZOPYRIDINE HCL TABLETS	PYRIDIUM						
GOUT AGENTS							
GOUT AGENTS							
ALLOPURINOL TABLETS	ZYLOPRIM						
COLCHICINE TABLETS	VARIOUS						
FEBUXOSTAT TABLETS	ULORIC			**PA REQUIRED**			
URICOSURICS							
PROBENECID TABLETS	PROBENECID						
HEMATOLOGICAL AGENTS - MISC.							
PLATELET AGGREGATION INHIBITORS							
CILOSTAZOL TABLETS	PLETAL						
CLOPIDOGREL BISULFATE TABLETS	PLAVIX						
DIPYRIDAMOLE TABLETS	PERSANTINE						
TICAGRELOR TABLETS	BRILINTA			**PA REQUIRED**			
HEMATOPOIETIC AGENTS							
AGENTS FOR GAUCHER DISEASE							
ELIGLUSTAT TARTRATE	CERDELGA (oral)	**BRAND ONLY**		**PA REQUIRED**			
IMIGLUCERASE SOLUTION	CEREZYME 400 IU (IV)	**BRAND ONLY**		**PA REQUIRED**			
TALIGLUCERASE ALFA	ELELYSO (IV)	**BRAND ONLY**		**PA REQUIRED**			
MIGLUSTAT	MIGLUSTAT (oral)	**BRAND ONLY**		**PA REQUIRED**			
VELAGLUCERASE ALFA	VPRIV 400 IU	**BRAND ONLY**		**PA REQUIRED**			
HEMATOPOIETIC GROWTH FACTORS							
DARBEPOETIN ALFA SOLUTION	**ARANESP**	**BRAND ONLY**	**PREFERRED DRUG**	**PA REQUIRED**			
ELTROMBOPAG OLAMINE TABLETS	**PROMACTA**	**BRAND ONLY**	**PREFERRED DRUG**	**PA REQUIRED**			

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EPOETIN ALFA SOLUTION	RETACRIT	BRAND ONLY	PREFERRED DRUG	PA REQUIRED			
FILGRASTIM-AAF SOLUTION PREFILLED SYRINGE	NIVESTYM	BRAND ONLY	PREFERRED DRUG	PA REQUIRED			
FILGRASTIM-AAFI SOLUTION VIAL	NIVESTYM	BRAND ONLY	PREFERRED DRUG	PA REQUIRED			
PEGFILGRASTIM-PBBK SOLUTION PREFILLED SYRINGE	ZIEXTENZO	BRAND ONLY	PREFERRED DRUG	PA REQUIRED			
PEGFILGRASTIM-BMEZ SOLUTION PREFILLED SYRINGE	FYLNETRA	BRAND ONLY	PREFERRED DRUG	PA REQUIRED			
ROMIPLOSTIM	NPLATE	BRAND ONLY	PREFERRED DRUG	PA REQUIRED			
HEMOSTATICS							
HEMOSTATICS - SYSTEMIC							
AMINOCAPROIC ACID SYRUP	AMICAR						
AMINOCAPROIC ACID TABLETS	AMICAR						
HEREDITARY ANGIOEDEMA AGENTS							
ICATIBANT ACETATE SOLUTION	VARIOUS		PREFERRED DRUG	PA REQUIRED			
C1 ESTERASE INHIBITOR (HUMAN) SOLUTION	BERINERT	BRAND ONLY	PREFERRED DRUG	PA REQUIRED			
C1 ESTERASE INHIBITOR (HUMAN) SOLUTION	CINRYZE	BRAND ONLY	PREFERRED DRUG	PA REQUIRED			
C1 ESTERASE INHIBITOR (HUMAN) SOLUTION	HAEGARDA	BRAND ONLY	PREFERRED DRUG	PA REQUIRED			
ECALLANTIDE SOLUTION	KALBITOR		PREFERRED DRUG	PA REQUIRED			
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENT							
BARBITURATE HYPNOTICS							
PHENOBARBITAL SOLUTION	PHENOBARBITAL						
PHENOBARBITAL TABLETS	PHENOBARBITAL						
NON-BARBITURATE HYPNOTICS							
ESZOPICLONE	LUNESTA	VARIOUS	PREFERRED DRUG	PA REQUIRED for Ages <6 years PA REQUIRED for > 1 Hypnotic Drug		30	30
TEMAZEPAM CAPSULES 15MG & 30MG	RESTORIL		PREFERRED DRUG	PA REQUIRED for Ages <6 years PA REQUIRED for > 1 Hypnotic Drug		30	30
ZOLPIDEM TARTRATE TABLETS 5MG	AMBIEN		PREFERRED DRUG	PA REQUIRED for Ages <6 years PA REQUIRED for > 1 Hypnotic Drug		60	30
ZOLPIDEM TARTRATE TABLETS 10MG	AMBIEN		PREFERRED DRUG	PA REQUIRED for Ages <6 years PA REQUIRED for > 1 Hypnotic Drug		30	30
ZOLPIDEM TARTRATE TABLET ER	AMBIEN CR		PREFERRED DRUG	PA Required for Ages <6 years PA Required for > 1 Hypnotic Drug			
SELECTIVE MELATONIN RECEPTOR AGONISTS							
RAMELTEON TABLETS	ROZEREM	BRAND ONLY	PREFERRED DRUG	PA REQUIRED for < 6 years of age	Patient must have tried two preferred agents.	30	30
LAXATIVES							
LAXATIVE COMBINATIONS							
PEG 3350-KCL-SOD BICARB-SOD CHLORIDE-SOD SULFATE SOLUTION	COLYTE						
LAXATIVES - MISC.							
LACTULOSE SOLUTION	LACTULOSE						
MACROLIDES							
AZITHROMYCIN							
AZITHROMYCIN PACKETS	ZITHROMAX						

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AZITHROMYCIN SUSPENSION	ZITHROMAX						
AZITHROMYCIN TABLETS	ZITHROMAX						
CLARITHROMYCIN							
CLARITHROMYCIN SUSPENSION	CLARITHROMYCIN						
CLARITHROMYCIN TABLETS	BIAXIN						
CLARITHROMYCIN TABLET 24-HOUR	BIAXIN XL						
MEDICAL DEVICES							
CONTRACEPTIVES							
CONDOMS - FEMALE MISC.	FC FEMALE CONDOM						
CONDOMS - MALE MISC.	LIFESTYLES ASSORTED COLORS						
DIAPHRAGM ARC-SPRING DPRH	CAYA						
DIAPHRAGM COIL SPRING KIT	ORTHO DIAPHRAGM COIL SPRING KIT 50						
DIAPHRAGM FLAT SPRING KIT	ORTHO DIAPHRAGM FLAT SPRING KIT 55						
DIAPHRAGM WIDE SEAL DPRH	WIDE-SEAL SILICONE DIAPHRAGM KIT 60						
DIAPHRAGMS - OTHER+A1294	OMNIFLEX DIAPHRAGM						
DIABETIC SUPPLIES							
BLOOD GLUCOSE MONITORING KIT W/ DEVICE	VARIOUS						
BLOOD GLUCOSE MONITORING DEVICES	VARIOUS						
LANCET DEVICES MISC.	VARIOUS						
LANCETS MISC.	VARIOUS						
DEVICES - MISC.							
ALCOHOL SWABS PADS	ALCOH-GLOVE CONTOURED WIPE						
RESPIRATORY THERAPY SUPPLIES							
SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES - MASKS	MASK VORTEX/ BABY WHIRL DUCKLING					2	365
SPACER/AEROSOL-HOLDING CHAMBERS DEVICE	AEROCHAMBER MINI AEROCHAMBER					2	365
MIGRAINE PRODUCTS							
MIGRAINE COMBINATIONS							
ERGOTAMINE W/ CAFFEINE TABLETS	CAFERGOT					40	30
MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES							
GALCANEZUMAB-GNLM SOLUTION AUTOINJECTOR / PREFILLED SYRINGE / PEN	EMGALITY		**PREFERRED DRUG**	**PA REQUIRED**		1	30
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONIST							
FREMANEZUMAB-VFRM SOLUTION AUTOINJECTOR	AJOVY		**PREFERRED DRUG**	**PA REQUIRED**		1	30
UBROGEPANT TABLETS	UBRELVY		**PREFERRED DRUG**	**PA REQUIRED**		10	30
SEROTONIN AGONISTS							
NARATRIPTAN HCL TABLETS	**AMERGE**		**PREFERRED DRUG**			**9**	**30**
RIZATRIPTAN BENZOATE ORALLY DISPERSABLE TABLET	**MAXALT-MLT**		**PREFERRED DRUG**			**9**	**30**

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE BEGINNING ON JANUARY 1, 2024

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RIZATRIPTAN BENZOATE TABLETS	**MAXALT**		**PREFERRED DRUG**			**9**	**30**
SUMATRIPTAN NASAL SPRAY	**IMITREX**	**BRAND ONLY**	**PREFERRED DRUG**			**6**	**30**
SUMATRIPTAN SUCCINATE SUBCUTANEOUS SOLUTION AUTO INJECTION	**IMITREX**		**PREFERRED DRUG**			**2**	**30**
SUMATRIPTAN SUCCINATE SUBCUTANEOUS SOLUTION CARTRIDGE	**IMITREX**		**PREFERRED DRUG**			**2**	**30**
SUMATRIPTAN SUCCINATE TABLETS	**IMITREX**		**PREFERRED DRUG**			**9**	**30**
ZOLMITRIPTAN NASAL SPRAY	**ZOMIG**	**BRAND ONLY**	**PREFERRED DRUG**			**6**	**30**
ZOLMITRIPTAN ORALLY DISPERSABLE TABLET	**ZOMIG ZMT**		**PREFERRED DRUG**			**9**	**30**
ZOLMITRIPTAN TABLETS	**ZOMIG**		**PREFERRED DRUG**			**9**	**30**
MINERALS & ELECTROLYTES							
SODIUM FLUORIDE CHEWABLE TABLETS	LUDENT						
SODIUM FLUORIDE LOZG	LOZI-FLUR						
SODIUM FLUORIDE SOLUTION	FLUOR-A-DAY						
SODIUM FLUORIDE TABLETS	SODIUM FLUORIDE						
MOUTH/THROAT/DENTAL AGENTS							
ANTI-INFECTIVES - THROAT							
CLOTRIMAZOLE TROC	CLOTRIMAZOLE						
STEROIDS - MOUTH/THROAT							
TRIAMCINOLONE ACETONIDE ORAL PASTE	ORALONE						
MULTIVITAMINS							
PRENATAL VITAMINS							
PRENATAL MULTIVITAMINS WITH OR WITHOUT MINERALS W/ FOLATE	VARIOUS						
PRENATAL MULTIVITAMINES WITH MINERAL W/FE-FA	VARIOUS						
MUSCULOSKELETAL THERAPY AGENTS							
CENTRAL MUSCLE RELAXANTS							
BACLOFEN TABLETS	BACLOFEN						
CYCLOBENZAPRINE HCL TABLETS 5MG & 10MG	FLEXERIL			**PA REQUIRED for dosages other than 5mg and 10mg tablets**			
METHOCARBAMOL TABLETS	ROBAXIN						
TIZANIDINE HCL TABLETS - 2MG & 4MG ONLY	TIZANIDINE HCL						
DIRECT MUSCLE RELAXANTS							
DANTROLENE SODIUM CAPSULES	DANTRIUM						
NASAL AGENTS - SYSTEMIC AND TOPICAL							
NASAL ANTIALLERGY							
AZELASTINE HCL SOLUTION 0.10%	ASTELIN						
NASAL ANTICHOLINERGICS							
IPRATROPIUM BROMIDE SOLUTION	ATROVENT						
NASAL STEROIDS							
FLUNISOLIDE SOLUTION	FLUNISOLIDE						
FLUTICASONE PROPIONATE SUSPENSION	FLONASE						
TRIAMCINOLONE ACETONIDE	NASACORT AQ						
SYMPATHOMIMETIC DECONGESTANTS							

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PSEUDOEPHEDRINE HCL LIQUID	SUDAFED CHILDRENS						
PSEUDOEPHEDRINE HCL SYRUP	PSEUDOEPHEDRINE						
PSEUDOEPHEDRINE HCL TABLETS	SUDAFED						
PSEUDOEPHEDRINE HCL TABLET 12-HOUR	NASAL DECONGESTANT						
PSEUDOEPHEDRINE HCL TABLET 24-HOUR	SUDAFED 24 HOUR						
OPHTHALMIC AGENTS							
OPHTHALMIC - BETA-BLOCKERS							
BETAXOLOL HCL SOLUTION	BETAXOLOL HCL						
BETAXOLOL HCL SUSPENSION	BETOPTIC-S						
CARTEOLOL HCL SOLUTION	CARTEOLOL HCL						
DORZOLAMIDE HCL-TIMOLOL MALEATE SOLUTION	COSOPT						
LEVOBUNOLOL HCL SOLUTION	LEVOBUNOLOL HCL						
METIPRANOLOL SOLUTION	METIPRANOLOL						
TIMOLOL MALEATE SOLUTION	TIMOPTIC-XE						
TIMOLOL MALEATE SOLUTION	TIMOPTIC						
OPHTHALMIC - CYCLOPLEGIC MYDRIATICS							
ATROPINE SULFATE OINTMENT	ATROPINE SULFATE						
ATROPINE SULFATE SOLUTION	ISOPTO ATROPINE						
CYCLOPENTOLATE HCL SOLUTION	CYCLOGYL						
HOMATROPINE HBR SOLUTION	ISOPTO HOMATROPINE						
OPHTHALMIC - MIOTICS							
PILOCARPINE HCL GEL	PILOPINE HS						
PILOCARPINE HCL SOLUTION	ISOPTO CARPINE						
OPHTHALMIC - ANTI-INFECTIVES							
BACITRACIN OINTMENT	BACITRACIN					3.5GM	7
BACITRACIN-POLYMYXIN B OINTMENT	POLYCIN						
CIPROFLOXACIN HCL OINTMENT	CILOXAN						
CIPROFLOXACIN HCL SOLUTION	CILOXAN						
ERYTHROMYCIN OINTMENT	ILOTYCIN						
GENTAMICIN SULFATE OINTMENT	GARAMYCIN						
GENTAMICIN SULFATE SOLUTION	GARAMYCIN						
MOXIFLOXACIN HCL SOLUTION	VIGAMOX						
NATAMYCIN SUSPENSION	NATACYN						
NEOMYCIN-BACITRACIN ZN-POLYMYXIN OINTMENT	NEO-POLYCIN						
NEOMYCIN-POLYMYXIN-GRAMICIDIN SOLUTION	NEOSPORIN						
OFLOXACIN SOLUTION	OCUFLOX						
POLYMYXIN B-TRIMETHOPRIM SOLUTION	POLYTRIM						
SULFACETAMIDE SODIUM OINTMENT	SULFACETAMIDE SODIUM						
SULFACETAMIDE SODIUM SOLUTION	BLEPH-10						
TOBRAMYCIN OINTMENT	TOBREX					3.5GM	7
TOBRAMYCIN SOLUTION	TOBREX						
TRIFLURIDINE SOLUTION	VIROPTIC						
OPHTHALMIC - DECONGESTANTS							

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NAPHAZOLINE HCL SOLUTION	VASOCLEAR						
NAPHAZOLINE W/ PHENIRAMINE SOLUTION	NAPHCON-A						
OPHTHALMIC - IMMUNOMODULATORS							
CYCLOSPORINE EMULSION	RESTASIS			**PA REQUIRED**			
OPHTHALMIC - STEROIDS							
BACITRACIN-POLY-NEOMYCIN-HC OINTMENT	NEO-POLYCIN HC						
DEXAMETHASONE SUSPENSION	MAXIDEX						
DEXAMETHASONE SODIUM PHOSPHATE SOLUTION	DEXAMETHASONE SODIUM PHOSPHATE						
FLUOROMETHOLONE OINTMENT	FML						
FLUOROMETHOLONE SUSPENSION	FML LIQUIFILM						
GENTAMICIN-PREDNISOLONE ACETATE OINTMENT	PRED-G S.O.P.						
GENTAMICIN-PREDNISOLONE ACETATE SUSPENSION	PRED-G						
NEOMYCIN-POLYMY-DEXAMETH OINTMENT	MAXITROL						
NEOMYCIN-POLYMY-DEXAMETH SUSPENSION	MAXITROL						
PREDNISOLONE ACETATE SUSPENSION	PRED MILD						
PREDNISOLONE SODIUM PHOSPHATE SOLUTION	PREDNISOLONE SODIUM PHOSPHATE						
SULFACETAMIDE SOD-PREDNISOLONE OINTMENT	BLEPHAMIDE S.O.P.						
SULFACETAMIDE SOD-PREDNISOLONE SOLUTION	SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE						
SULFACETAMIDE SOD-PREDNISOLONE SUSPENSION	BLEPHAMIDE						
TOBRAMYCIN-DEXAMETHASONE OINTMENT	TOBRADEX						
TOBRAMYCIN-DEXAMETHASONE SUSPENSION	TOBRADEX ST						
OPHTHALMICS - MISC.							
BRINZOLAMIDE SUSPENSION	AZOPT			**PA REQUIRED**			
CROMOLYN SODIUM SOLUTION	CROMOLYN SODIUM						
DICLOFENAC SODIUM SOLUTION	DICLOFENAC SODIUM						
DORZOLAMIDE HCL SOLUTION	TRUSOPT						
FLURBIPROFEN SODIUM SOLUTION	OCUFEN						
KETOROLAC TROMETHAMINE SOLUTION	ACULAR LS						
KETOTIFEN FUMARATE SOLUTION	ALAWAY						
OPHTHALMIC - PROSTAGLANDINS							
LATANOPROST SOLUTION	XALATAN					2.5	30
TAFLUPROST SOLUTION	ZIOPTAN			**PA REQUIRED**			
TRAVOPROST SOLUTION	TRAVATAN Z			**PA REQUIRED**			
OTIC AGENTS							
OTIC AGENTS - MISCELLANEOUS							
ACETIC ACID SOLUTION	ACETIC ACID						
OTIC ANTI-INFECTIVES							
CIPROFLOXACIN SOLUTION	VARIOUS						
OFLOXACIN (OTIC) SOLUTION	VARIOIUS						

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OTIC COMBINATIONS							
ANTIPYRINE-BENZOCAINE SOLUTION	AURODEX						
ANTIPYRINE-BENZOCAINE-POLYCOSANOL SOLUTION	OTIC CARE						
CIPROFLOXACIN-DEXAMETHASONE	**CIPRODEX**	**BRAND ONLY**	**PREFERRED DRUG**				
CIPROFLOXACIN /HYDROCORTISONE	**CIPRO HC**	**BRAND ONLY**	**PREFERRED DRUG**				
NEOMYCIN-POLYMYXIN-HC SOLUTION	CORTISPORIN		**PREFERRED DRUG**				
NEOMYCIN-POLYMYXIN-HC SUSPENSION	NEO/POLYMYXIN/HC 5-10000-1		**PREFERRED DRUG**				
OTIC STEROIDS							
HYDROCORTISONE W/ACETIC ACID SOLUTION	ACETASOL HC						
OXYTOCICS							
OXYTOCICS							
METHYLERGONOVINE MALEATE TABLETS	METHERGINE						
PASSIVE IMMUNIZING AGENTS							
MONOCLONAL ANTIBODIES							
PALIVIZUMAB SOLUTION	SYNAGIS			**PA is not Required for children under the age of 2 years. Note: the prescriber must buy and bill a medical claim for the drug**			
PENICILLINS							
AMINOPENICILLINS							
AMOXICILLIN CAPSULES	AMOXICILLIN						
AMOXICILLIN CHEWABLE TABLETS	AMOXICILLIN						
AMOXICILLIN SUSPENSION	AMOXICILLIN						
AMOXICILLIN TABLETS	AMOXICILLIN						
AMPICILLIN CAPSULES	AMPICILLIN						
AMPICILLIN SUSPENSION	AMPICILLIN						
NATURAL PENICILLINS							
PENICILLIN V POTASSIUM SOLUTION	PENICILLIN V POTASSIUM						
PENICILLIN V POTASSIUM TABLETS	PENICILLIN V POTASSIUM						
PENICILLIN COMBINATIONS							
AMOXICILLIN & POT CLAVULANATE CHEWABLE TABLETS	AUGMENTIN						
AMOXICILLIN & POT CLAVULANATE SUSPENSION	AUGMENTIN						
AMOXICILLIN & POT CLAVULANATE TABLET 12-HOUR	AUGMENTIN XR						
PENICILLINASE-RESISTANT PENICILLINS							
DICLOXACILLIN SODIUM CAPSULES	DICLOXACILLIN SODIUM						
PROGESTINS							
PROGESTINS							
MEDROXYPROGESTERONE ACETATE TABLETS	PROVERA						
PROGESTERONE MICRONIZED CAPSULES	PROMETRIUM						
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENT							
ANTIDEMENTIA AGENTS							
DONEPEZIL HYDROCHLORIDE TABLETS	ARICEPT			**PA REQUIRED**			
DONEPEZIL HYDROCHLORIDE ORALLY DISINTEGRATING TABLETS	ARICEPT ODT			**PA REQUIRED**			

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GALANTAMINE HYDROBROMIDE CAPSULE CONTROLLED RELEASE	RAZADYNE ER			**PA REQUIRED**			
GALANTAMINE HYDROBROMIDE SOLUTION	RAZADYNE			**PA REQUIRED**			
GALANTAMINE HYDROBROMIDE TABLETS	RAZADYNE			**PA REQUIRED**			
MEMANTINE HCL SOLUTION	NAMENDA			**PA REQUIRED**			
MEMANTINE HCL TABLETS	NAMENDA			**PA REQUIRED**			
RIVASTIGMINE PATCH	EXELON			**PA REQUIRED**			
RIVASTIGMINE TARTRATE CAPSULES	EXELON			**PA REQUIRED**			
RIVASTIGMINE TARTRATE SOLUTION	EXELON			**PA REQUIRED**			
MOVEMENT DISORDERS							
DEUTETRABENAZINE TABLET	AUSTEDO			**PA REQUIRED**			
DEUTETRABENAZINE TAB THERAPY PACK	AUSTEDO PATIENT TITRATION KIT			**PA REQUIRED**			
DEUTETRABENAZINE TABLET ER 24HR	AUSTEDO XR			**PA REQUIRED**			
DEUTETRABENAZINE TBER THERAPY PACK	AUSTEDO XR PATIENT TITRATION KIT			**PA REQUIRED**			
VALBENAZINE TOSYLATE CAPSULE	INGREZZA			**PA REQUIRED**			
MULTIPLE SCLEROSIS AGENTS							
DIMETHYL FUMARATE CAPSULE DELAYED RELEASE	TECFIDERA			**PA REQUIRED**			
DALFAMPRIDINE TABLET ER 12HR	AMPYRA			**PA REQUIRED**			
FINGOLIMOD HCL CAPSULE	GILENYA			**PA REQUIRED**			
GLATIRAMER ACETATE SOLN PREF SYR	**COPAXONE**	**BRAND ONLY**		**PA REQUIRED**			
INTERFERON BETA-1A AUTO-INJECTOR KIT	AVONEX PEN			**PA REQUIRED**			
INTERFERON BETA-1A PREFILLED SYRINGE KIT	AVONEX			**PA REQUIRED**			
INTERFERON BETA-1A SOLN AUTO-INJ	REBIF REBIDOSE			**PA REQUIRED**			
INTERFERON BETA-1A SOLN PREF SYR	REBIF			**PA REQUIRED**			
NATALIZUMAB CONCENTRATE	TYSABRI			**PA REQUIRED**			
OCRELIZUMAB SOLUTION	OCREVUS			**PA REQUIRED**			
OFATUMUMAB (MS) SOLN AUTO-INJ	KESIMPTA			**PA REQUIRED**			
TERIFLUNOMIDE TABLET	AUBAGIO			**PA REQUIRED**			
FINGOLIMOD HCL CAPSULES	GILENYA			**PA REQUIRED**			
INTERFERON BETA-1A KIT	AVONEX			**PA REQUIRED**			
SMOKING DETERRENTS							
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

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VARENICLINE TARTRATE TABLETS	CHANTIX					84-day supply	180
RESPIRATORY AGENTS - MISC.							
ALPHA-PROTEINASE INHIBITOR (HUMAN)							
ALPHA1-PROTEINASE INHIBITOR (HUMAN) SOLUTION	ARALAST NP			**PA REQUIRED**			
CYSTIC FIBROSIS AGENTS							
DORNASE ALFA SOLUTION	PULMOZYME			**PA REQUIRED**			
PULMONARY FIBROSIS AGENTS							
PIRFENIDONE 267MG, 801MG	**ESBRIET**	**Brand Only**					
SULFONAMIDES							
SULFONAMIDES							
SULFADIAZINE TABLETS	SULFADIAZINE						
TETRACYCLINES							
TETRACYCLINES							
DEMECLOCYCLINE HCL TABLETS	DEMECLOCYCLINE HCL			**PA REQUIRED**			
DOXYCYCLINE HYCLATE CAPSULES - 50MG AND 100MG CAPSULES ONLY	VARIOUS						
DOXYCYCLINE HYCLATE TABLETS - 20MG AND 100MG TABLETS ONLY	VARIOUS						
DOXYCYCLINE MONOHYDRATE - CAPSULES 50MG & 100MG ONLY	VARIOUS						
MINOCYCLINE HCL - 50MG, 75MG & 100MG CAPSULES ONLY	MINOCIN						
THYROID AGENTS							
ANTITHYROID AGENTS							
METHIMAZOLE TABLETS	TAPAZOLE						
PROPYLTHIOURACIL TABLETS	PROPYLTHIOURACIL						
THYROID HORMONES							
LEVOTHYROXINE SODIUM TABLETS	LEVO-T						
LIOTHYRONINE SODIUM TABLETS	CYTOMEL						
THYROID TABLETS	ARMOUR THYROID						
ULCER DRUGS							
ANTISPASMODICS							
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						

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H-2 ANTAGONISTS							
FAMOTIDINE CHEWABLE TABLETS	PEPCID AC						
FAMOTIDINE SUSPENSION	PEPCID						
FAMOTIDINE TABLETS	PEPCID AC						
RANITIDINE HCL CAPSULES	RANITIDINE HCL						
RANITIDINE HCL SUSPENSION	DEPRIZINE FUSEPAQ						
RANITIDINE HCL SYRUP	ZANTAC						
RANITIDINE HCL TABLETS	ZANTAC 75						
ANTI-ULCER - MISC.							
SUCRALFATE TABLETS	CARAFATE						
PROTON PUMP INHIBITORS							
ESOMEPRAZOLE MAGNESIUM PACKETS	NEXIUM		**PREFERRED DRUG**	**PA REQUIRED for > 18 Years of Age**		30	30
LANSOPRAZOLE ORALLY DISPERSABLE TABLET (ODT)	PREVACID SOLUTAB		**PREFERRED DRUG**	**PA REQUIRED for > 18 Years of Age**		60	30
OMEPRAZOLE ORAL CAPSULES	VARIOUS		**PREFERRED DRUG**			60	30
PANTOPRAZOLE SODIUM PACKETS	PROTONIX		**PREFERRED DRUG**	**PA REQUIRED for > 18 Years of Age**		30	30
PANTOPRAZOLE TABLETS	PROTONIX		**PREFERRED DRUG**			30	30
URINARY ANTISPASMODICS							
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLI)							
FESOTERODINE FUMARATE	**TOVIAZ**	**BRAND ONLY**	**PREFERRED DRUG**				
OXYBUTYNIN CHLORIDE SYRUP	VARIOUS		**PREFERRED DRUG**				
OXYBUTYNIN CHLORIDE 5MG TABLETS	VARIOUS		**PREFERRED DRUG**				
OXYBUTYNIN CHLORIDE TABLET 24-HOUR	DITROPAN XL		**PREFERRED DRUG**				
TOLTERODINE TARTRATE CAPSULE CONTROLLED RELEASE	**DETROL LA**	**BRAND ONLY**	**PREFERRED DRUG**				
TOLTERODINE TARTRATE TABLETS	**DETROL**	**BRAND ONLY**	**PREFERRED DRUG**				
VAGINAL PRODUCTS							
SPERMICIDES							
NONOXYNOL-9 FOAM	VCF VAGINAL CONTRACEPTIVE FOAM						
NONOXYNOL-9 GEL	SHUR-SEAL						
VAGINAL ANTI-INFECTIVES							
CLINDAMYCIN PHOSPHATE VAGINAL CREAM	CLEOCIN						
CLINDAMYCIN PHOSPHATE VAGINAL SUPPOSITORY	CLEOCIN						
CLOTRIMAZOLE VAGINAL CREAM	GYNE-LOTRIMIN						
METRONIDAZOLE VAGINAL GEL	METROGEL-VAGINAL						
MICONAZOLE NITRATE VAGINAL	MONISTAT 3 COMBINATION PACKETS						
MICONAZOLE NITRATE VAGINAL SUPPOSITORY	MICONAZOLE 3						
SULFANILAMIDE VAGINAL CREAM	AVC						
VAGINAL ESTROGENS							
ESTRADIOL ACETATE VAGINAL RING	FEMRING			**PA REQUIRED**			
ESTRADIOL VAGINAL RING	ESTRING						
ESTRADIOL VAGINAL TABLETS	VAGIFEM						
ESTRADIOL VAGINAL CREAM 0.01%	ESTRACE CREAM						

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ESTROGENS, CONJUGATED VAGINAL CREAM	PREMARIN VAGINAL CREAM			**PA REQUIRED**			
VASOPRESSORS							
ANAPHYLAXIS THERAPY AGENTS							
EPINEPHRINE SELF-INJECTABLE 0.15MG AND 0.30MG	**EPINEPHRINE SELF-INJECTABLE (By Mylan)**	**Mylan Generic**	**PREFERRED DRUG**	**PA REQUIRED for > 2 Per Month**		**2**	**30**
COVID AT-HOME TEST KITS							
COVID AT-HOME TEST KITS		VARIOUS				2 TESTS	30