



These medications include but are not limited to the following:

1. Drugs and products used for the treatment of ED (Erectile Dysfunction)
2. Drugs used for Cosmetic Purposes (e.g. Topical Minoxidil)
3. Experimental or Investigational Medications
4. Medications purchased outside of the United States
5. DESI (Drug Efficacy Study Implementation) drugs – drugs not deemed effective by the FDA.
6. Medical Marijuana
7. Drugs covered under Medicare Part D for AHCCCS members eligible for Medicare whether or not the member receives Medicare Part D coverage
8. Drugs used for Infertility Treatment

OVER THE COUNTER (OTC) DRUGS

If an over-the-counter (OTC) product is listed on the formulary and a prescription is written and presented to the pharmacy, the product is covered by Care1st.

Insulin and insulin syringes are available to Care1st members with a prescription (please see formulary for quantity limits). OTC medications that are *not* listed on the Drug List are not available for coverage by Care1st unless prior authorization is obtained first.

DIABETIC TESTING SUPPLIES

Care1st only covers LifeScan a Johnson & Johnson Company diabetic testing supplies (One Touch glucose meters and test strips). If there is a medical reason why a different brand is required, providers may submit a prior authorization request to Care1st and this request may be approved with appropriate supporting documentation.

PRESCRIPTION QUANTITIES

Prescriptions should be written for a therapeutic supply of medications. The amount to appropriately treat a medical condition up to a maximum of a 30-day supply.

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PRESCRIBING CONTROLLED MEDICATIONS

Controlled medications have the potential to be habit forming and abused. Please follow [prescribing guidelines](#) by Arizona Department of Health Services (ADHS).

- Prescribe non-controlled medications first
- Prescribe smallest quantity for the therapeutic response
- Utilize other therapies to manage pain, anxiety and insomnia
- Always check the [CSPMP \(Controlled Substance Prescribing Monitoring System\)](#) before prescribing controlled medications.

PRIOR AUTHORIZATION (PA) REQUIREMENTS FOR LONG-ACTING OPIOID MEDICATIONS

PA is required for all prescriptions for long-acting opioid medications. The prescriber shall obtain PA for all prescriptions for long-acting opioid medications from Care1st, as applicable.

5-DAY SUPPLY LIMIT OF PRESCRIPTION OPIOID MEDICATIONS-CONTRACTOR REQUIREMENTS

1. Members under 18 years of age

a. Except as otherwise specified in Section G(1)(b), *Conditions and Care Exclusion from the 5-day Supply Limitation* of this Policy, a prescriber shall limit the **initial and refill** prescriptions for any short-acting opioid medication for a member under 18 years of age to no more than a 5-day supply.

An **initial** prescription for a short-acting opioid medication is one in which the member has not previously filled any prescription for a short-acting opioid medication within 60 days of the date of the pharmacy filling the current prescription as evidenced by the member's Pharmacy Benefit Management (PBM) prescription profile.

b. Conditions and Care Exclusion from the 5-day Supply Limitation

- I. The **initial and refill** prescription 5-day supply limitation for short-acting opioid medications *does not* apply to prescriptions for the following conditions and care instances:

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- i. Active oncology diagnosis,
- ii. Hospice care,
- iii. End-of-life care (other than hospice),
- iv. Palliative care,
- v. Children on opioid wean at time of hospital discharge,
- vi. Skilled nursing facility care,
- vii. Traumatic injury, excluding post-surgical procedures, and
- viii. Chronic conditions for which the provider has received PA approval through Care1st.

II. The **initial** prescription 5-day supply limitation for short-acting opioid medications does not apply to prescriptions for post-surgical procedures. However, initial prescriptions for short-acting opioid medications for post-surgical procedures are limited to a supply of no more than 14 days.

2. Members 18 years of age and older

a. Except as otherwise specified in Section G(2)(b), *Conditions and Care Exclusion from the 5-day Supply Limitation* of this Policy, a prescriber shall limit the **initial** prescription for any short-acting opioid medication for a member 18 years of age and older to no more than a 5-day supply.

An **initial** prescription for a short-acting opioid medication is one in which the member has not previously filled any prescription for a short-acting opioid medication within 60 days of the date of the pharmacy filling the current prescription as evidenced by the member's Pharmacy Benefit Management (PBM) prescription profile.

b. Conditions and Care Exclusion from the 5-day Initial Supply Limitation

I. The **initial** prescription 5-day supply limitation for short-acting opioid medications *does not* apply to prescriptions for the following conditions and care instances:

- i. Active oncology diagnosis,
- ii. Hospice care,
- iii. End-of-life care (other than hospice),
- iv. Palliative care,
- v. Skilled nursing facility care,

vi. Traumatic injury, excluding post-surgical procedures, and

vii. Post-surgical procedures. Initial prescriptions for short-acting opioid medications for post-surgical procedures are limited to a supply of no more

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than 14 days.

ELECTRONIC PRESCRIPTIONS (E-Prescribing)

Care1st encourages E-Prescribing for both controlled and non-controlled prescriptions. Benefits of E-Prescribing include:

- Improved patient safety and overall quality of care
 - Eliminates the potential to misinterpret prescriber handwriting
 - Provides warning and alert systems
- Reduces or eliminates phone calls and call-backs to pharmacies
- Creates one workflow for all electronic prescriptions-controlled and non-controlled
- Decreases adverse drug interactions and events (e.g. allergic reactions)
- Streamlines refill requests and authorization processes
- Increases patient compliance and convenience
- Improves formulary adherence
- Offers true provider mobility
- Condenses record keeping for patient's prescription history

INDIVIDUAL PRESCRIPTIONS

Each prescription must legally be prescribed for one individual only. If prescribing for a family, each family member must receive an individual prescription.

FORMULARY TOOLS

The formulary is under continuous review and revision. This handbook may not reflect the most current list of covered medications.

To assist you with the selection of the proper agent to treat your patients' needs, the formulary is posted on the Care1st Website and may be printed for future reference. In addition, Care1st provides [notice of formulary changes](#) made by the Care1st P&T Committee and the changes are posted on our website.

HOW TO USE THE FORMULARY

All drugs are listed by their generic names and most common proprietary (branded) name. The brand names listed are for reference use only, and do not denote coverage, unless specifically noted. Any non-generically available drug not

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found in this Formulary listing, or Formulary updates published by Care1st shall be considered a Non-Formulary drug. All drugs are listed in each category in alphabetical order by generic name. Where an FDA approved generic is available for the listed generic name, the generic name is bolded.

To search for a specific drug, please use Control F, which pulls up a “Find” tool. Enter the name of the drug in the “find what” search bar and enter. If the drug is on our formulary, the search will take you to the listing of the drug. If the drug is not on our formulary, a message will say, “The search item was not found”.

For certain agents within the Formulary, a recommended prescribing guideline may apply. These are denoted throughout the document using the following symbols:

| | | |
|-----|--------------------------|--|
| AGE | Age Edit | Coverage may depend on patient age |
| MD | Physician Specialty Edit | Coverage may depend on prescribing physician’s specialty or board certification |
| PA | Prior Authorization | Requires specific physician request process |
| QL | Quantity Limit | Coverage may be limited to specific quantities per prescription and/or time period |
| ST | Step Therapy | Coverage may depend on previous use of another drug |
| G | Gender | Coverage may depend on gender (Male or Female) |

Additionally, there are class restrictions.

- Short Acting Narcotics Allow 2 fills in 30 days
- Long Acting Narcotics Prior Authorization Required
- Anti-Anxiety Medication Allow 1 fill in 30 days
- Sleep Aid Allow 1 fill in 30 days

Care1st makes every effort to ensure that members receive medications when appropriately prescribed by network providers. In most cases, the member simply obtains a prescription from his/her provider and has it filled at a participating pharmacy.

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HOW TO CONTACT THE CARE1ST PHARMACY DEPARTMENT

If you have any questions regarding the Care1st Formulary and/or the prior authorization process, please contact the Care1st Pharmacy Department and a pharmacy associate will assist you.

- Providers may submit Prior Authorization requests via fax to **602-778-8387**
- Providers may call Care1st during normal business hours (8:00am-5:00pm Monday-Friday) for assistance with pharmacy inquiries at **602-778-1831**
- CVS provides after-hours support to assist with all inquiries. Providers may access this service by dialing the Care1st direct line **1-866- 293-5821**
- Effective January 1, 2018, Care1st has a contracted with CVS Caremark to administer the prescription benefits.

RXBIN: 004336

RXPCN: MCAIDADV

RXGRP: RX8897

VACCINES AND EMERGENCY MEDICATIONS ADMINISTERED BY PHARMACISTS TO PERSONS AGE 19 YEARS AND OLDER

Care1st covers vaccines and emergency medication **without a prescription** when administered by a pharmacist who is currently licensed and certified by the Arizona State Board of Pharmacy.

- “Emergency Medication” means emergency epinephrine and diphenhydramine.
- “Vaccines” are limited to pneumococcal and influenza vaccines. The pharmacy providing the vaccine must be an AHCCCS registered **provider**.
- Coverage is limited to Care1st’s network pharmacies.

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EMERGENCY DRUG SUPPLY

In the event prior authorization is required for an antibiotic or a life-sustaining medication (other than excluded products), an emergency 5 day supply is covered, provided the following procedure is adhered to (even if a subsequent formal application for prior authorization is denied):

- The pharmacist must attempt to contact the physician to expedite a modification to the formulary alternative medication, if appropriate.
- The pharmacist must attempt to contact Care1st to initiate the prior authorization process and request emergency approval.
- On the following business day, the pharmacist contacts Care1st to report the provision of emergency medication supply. The emergency medication supply is limited to a 5 day supply.
- The same process applies in the situation where the pharmacist is unable to verify member eligibility and has exhausted attempts to contact Care1st and the Pharmacy Benefit Manager.
- The pharmacist must demonstrate that efforts to call Care1st during either normal business hours or accessing the after-hours services were unsuccessful.

MEDICATION PRIOR AUTHORIZATION PROGRAM

In an event that your patients require use of a medication not listed on the Care1st Formulary, or the agent that you select has a prior authorization requirement, Care1st's Pharmacy Department is prepared to provide a reliable, consistent and timely review of the request. General guidelines are:

- The pharmacy claim must be billed correctly and timely
- The member must be determined eligible on the date of service
- AHCCCS is (generally) the payor of last resort and primary insurance and/or other credible coverage must be billed first, regardless of primary benefit coverage
- Only one Pharmacy service may be requested per pharmacy authorization form
- Care1st does not pay for experimental and/or investigational services

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Who can request a Prior Authorization?

- Prescriber or the Prescriber's staff on behalf of the prescriber
- The member or anyone acting on the member's behalf

What documents are needed for Prior Authorization Review?

- Completed [Prior Authorization Form](#)
- Most recent chart notes
- ICD10 Diagnosis(es)
- List all therapeutic alternatives previously used with start/end dates and outcome
- Provide the start date and expected length of therapy
- Provide all relevant lab values related to the patient's medical conditions
- Please provide patient's complete current medication list

How long does it take to complete Prior Authorization Review?

Care1st's Pharmacy department makes every effort to make the decision as quickly as possible, turnaround time averages 24 hours.

How are Prior Authorizations reviewed?

Prior authorization requests submitted for review must be evaluated for clinical appropriateness based on:

- Care1st Prior Authorization Guidelines when available
- Standards of practice and National Guidelines
- Food and Drug Administration (FDA) approved indications and limits
- A non-FDA approved medication for a specific diagnosis or condition or dosage is considered when all formulary plus FDA approved non-formulary medications have been tried and failed with any of the following supporting documentation:
 - a. Published practice guidelines and treatment protocols
 - b. Comparative data evaluating the efficacy, type and frequency of side effects and potential drug interactions among alternative products as well as the risks, benefits and potential member outcomes
 - c. Peer-reviewed medical literature, including randomized clinical trials, outcomes, research data and pharmacoeconomic studies

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FORMULARY COMMENTS

Physicians and pharmacists are encouraged to direct any suggestions, comments or requests for formulary additions to Care1st at the following address:

Chief Medical Officer
Care1st Health Plan
2355 E Camelback Rd #300
Phoenix, AZ 85016

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

| Drug Class/Drug Name | Reference Brand Name | Use Brand Only | Preferred Drug Status | Prior Authorization Type | Step Therapy Requirements | Quantity Limit (QL) | QL Days |
|---|------------------------|-----------------|-----------------------|--------------------------------|---------------------------|---------------------|---------|
| ADHD/ANTI-NARCOLEPSY | | | | | | | |
| ADHD AGENTS | | | | | | | |
| Amphetamines | | | | | | | |
| AMPHETAMINE-DEXTROAMPHETAMINE CAPSULE 24-HOUR | ADDERALL XR | Brand Only | Preferred Drug | PA Required for Ages < 6 years | | 30 | 30 |
| AMPHETAMINE-DEXTROAMPHETAMINE TABLETS | ADDERALL | Brand & Generic | Preferred Drug | PA Required for Ages < 6 years | | 60 | 30 |
| DEXTROAMPHETAMINE SULFATE CAPSULE 24-HOUR | VARIOUS | | Preferred Drug | PA Required for Ages < 6 years | | 60 | 30 |
| DEXTROAMPHETAMINE SULFATE TABLETS | VARIOUS | | Preferred Drug | PA Required for Ages < 6 years | | 60 | 30 |
| LISDEXAMFETAMINE DIMESYLATE CAPSULES | VYVANSE | Brand Only | Preferred Drug | PA Required for Ages < 6 years | | 30 | 30 |
| Stimulants | | | | | | | |
| DEXMETHYLPHENIDATE HCL CAPSULE 24-HOUR | FOCALIN XR | Brand Only | Preferred Drug | PA Required for Ages < 6 years | | 60 | 30 |
| DEXMETHYLPHENIDATE HCL TABLETS | FOCALIN | Brand Only | Preferred Drug | PA Required for Ages < 6 years | | 60 | 30 |
| METHYLPHENIDATE HCL CHEWABLE TABLETS | METHYLIN | | Preferred Drug | PA Required for Ages < 6 years | | 90 | 30 |
| METHYLPHENIDATE HCL CHEWABLE TABLETS EXTENDED RELEASE | QUILLICHEW ER | Brand Only | Preferred Drug | PA Required for Ages < 6 years | | 30 | 30 |
| METHYLPHENIDATE HCL CAPSULE 24-HOUR | RITALIN LA 10MG | Brand Only | Preferred Drug | PA Required for Ages < 6 years | | 30 | 30 |
| METHYLPHENIDATE HCL CAPSULE 24-HOUR | APTENSIO XR | Brand Only | Preferred Drug | PA Required for Ages < 6 years | | 30 | 30 |
| METHYLPHENIDATE HCL CAPSULE CONTROLLED RELEASE | METADATE CD | | Preferred Drug | PA Required for Ages < 6 years | | 30 | 30 |
| METHYLPHENIDATE PATCH | DAYTRANA | Brand Only | Preferred Drug | PA Required for Ages < 6 years | | 30 | 30 |
| METHYLPHENIDATE HCL SOLUTION | METHYLIN | Brand Only | Preferred Drug | PA Required for Ages < 6 years | | 300 | 30 |
| METHYLPHENIDATE HCL SUSPENSION | QUILLIVANT XR | Brand Only | Preferred Drug | PA Required for Ages < 6 years | | 150 | 30 |
| METHYLPHENIDATE HCL TABLETS | VARIOUS | | Preferred Drug | PA Required for Ages < 6 years | | 90 | 30 |
| METHYLPHENIDATE HCL TABLET 24-HOUR | METHYLPHENIDATE HCL ER | | Preferred Drug | PA Required for Ages < 6 years | | 60 | 30 |
| METHYLPHENIDATE HCL TABLET CONTROLLED RELEASE | METHYLPHENIDATE HCL ER | | Preferred Drug | PA Required for Ages < 6 years | | 60 | 30 |
| Miscellaneous Agents | | | | | | | |
| ATOMOXETINE HCL CAPSULES | STRATTERA | Brand Only | Preferred Drug | PA Required for Ages < 6 years | | 30 | 30 |
| Central Alpha-Agonists | | | | | | | |
| clonidine hcl | Catapres | | | PA Required for Ages < 6 years | | | |
| clonidine hcl transdermal patch | Catapres Patches | | | PA Required for Ages < 6 years | | 4 | 28 |

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE JANUARY 1, 2018

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|---|------------------------|-------------------|-----------------------|--------------------------------|---------------------------|---------------------|-----------|
| CLONIDINE HCL (ADHD) TABLET 12-HOUR | KAPVAY | Brand Only | Preferred Drug | PA Required for Ages < 6 years | | 120 | 30 |
| GUANFACINE HCL (ADHD) TABLET 24-HOUR | GUANFACINE ER | | Preferred Drug | PA Required for Ages < 6 years | | 30 | 30 |
| guanfacine hcl | Tenex | | | PA Required for Ages < 6 years | | | |
| AMINOGLYCOSIDES | | | | | | | |
| AMINOGLYCOSIDES | | | | | | | |
| NEOMYCIN SULFATE TABLETS | NEOMYCIN SULFATE | | | | | | |
| INHALED ANTIBIOTICS | | | | | | | |
| TOBRAMYCIN NEBULIZED | BETHKIS | | Preferred Drug | PA Required | | | |
| TOBRAMYCIN NEBULIZED | KITABIS | | 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 | | | | | | |
| 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 | | | | | | |

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|---|----------------------|----------------|-----------------------|--------------------------|---------------------------|---------------------|---------|
| NABUMETONE TABLETS | NABUMETONE | | | | | | |
| NAPROXEN SODIUM TABLETS | ALEVE. ANAPROX | | | | | | |
| NAPROXEN SUSPENSION | NAPROSYN | | | | | | |
| NAPROXEN TABLETS | NAPROSYN | | | | | | |
| OXAPROZIN TABLETS | DAYPRO | | | | | | |
| PIROXICAM CAPSULES | FELDENE | | | | | | |
| SULINDAC TABLETS | SULINDAC | | | | | | |
| PYRIMIDINE SYNTHESIS INHIBITORS | | | | | | | |
| LEFLUNOMIDE TABLETS | ARAVA | | | | | | |
| CYTOKINE & CAM ANTAGONIST AGENTS | | | | | | | |
| ADALIMUMAB | HUMIRA | | Preferred Drug | PA Required | | | |
| ETANERCEPT | ENBREL | | Preferred Drug | PA Required | | | |
| ANALGESICS - NONNARCOTIC | | | | | | | |
| ANALGESIC COMBINATIONS | | | | | | | |
| BUTALBITAL-ACETAMINOPHEN-CAFFEINE CAPSULES | FIORICET | | | | | | |
| BUTALBITAL-ACETAMINOPHEN-CAFFEINE TABLETS | ESGIC | | | | | | |
| BUTALBITAL-ASPIRIN-CAFFEINE CAPSULES | FIORINAL | | | | | | |
| BUTALBITAL-ASPIRIN-CAFFEINE TABLETS | BUTAL/ASA/CAFF | | | | | | |
| ANALGESICS OTHER | | | | | | | |
| ACETAMINOPHEN CAPSULES | VARIOUS | | | | | | |
| ACETAMINOPHEN CHEWABLE TABLETS | VARIOUS | | | | | | |
| ACETAMINOPHEN ELIXIR | VARIOUS | | | | | | |
| ACETAMINOPHEN LIQUID | VARIOUS | | | | | | |
| ACETAMINOPHEN SUPPOSITORY | FEVERALL INFANTS | | | | | | |
| ACETAMINOPHEN SUSPENSION | TYLENOL INFANTS | | | | | | |
| SALICYLATES | | | | | | | |
| ASPIRIN CHEWABLE TABLETS | VARIOUS | | | | | | |
| ASPIRIN SUPPOSITORY | VARIOUS | | | | | | |
| ASPIRIN TABLETS | VARIOUS | | | | | | |
| DIFLUNISAL TABLETS | DIFLUNISAL | | | | | | |
| SALSALATE TABLETS | DISALCID | | | | | | |
| ANALGESICS - OPIOID | | | | | | | |
| LONG-ACTING OPIOID AGONISTS | | | | | | | |

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|--|---|----------------|-----------------------|--|---------------------------|---------------------|---------|
| FENTANYL PATCH 72-HOUR 12mcg, 25mcg, 50mcg, 75mcg & 100mcg | DURAGESIC 12mcg, 25mcg, 50mcg, 75mcg & 100mcg | | Preferred Drug | PA Required | | | |
| MORPHINE-NALTREXONE CAPSULE CONTROLLED RELEASE | EMBEDA | | 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 | | | |
| BUPRENORPHINE PATCH WEEKLY | BUTRANS | | Preferred Drug | PA Required | | | |
| SHORT-ACTING OPIOID AGONISTS | | | | | | | |
| HYDROMORPHONE HCL LIQUID | DILAUDID | | | PA Required for > 2 Short Acting Narcotics | | | |
| HYDROMORPHONE HCL SUPPOSITORY | HYDROMORPHONE HCL | | | PA Required for > 2 Short Acting Narcotics | | | |
| HYDROMORPHONE HCL TABLETS | DILAUDID | | | PA Required for > 2 Short Acting Narcotics | | | |
| MEPERIDINE HCL TABLETS | DEMEROL | | | PA Required for > 2 Short Acting Narcotics | | | |
| MORPHINE SULFATE SOLUTION | MORPHINE SULFATE | | | PA Required for > 2 Short Acting Narcotics | | | |
| MORPHINE SULFATE SUPPOSITORY | MORPHINE SULFATE | | | PA Required for > 2 Short Acting Narcotics | | | |
| MORPHINE SULFATE TABLETS | MORPHINE SULFATE | | | PA Required for > 2 Short Acting Narcotics | | | |
| OXYCODONE HCL CAPSULES | OXYCODONE HCL | | | PA Required for > 2 Short Acting Narcotics | | | |
| OXYCODONE HCL CONCENTRATE | OXYCODONE HCL | | | PA Required for > 2 Short Acting Narcotics | | | |
| OXYCODONE HCL SOLUTION | OXYCODONE HCL | | | PA Required for > 2 Short Acting Narcotics | | | |
| OXYCODONE HCL TABLETS | ROXICODONE | | | PA Required for > 2 Short Acting Narcotics | | | |
| TRAMADOL HCL TABLETS | ULTRAM | | | PA Required for > 2 Short Acting Narcotics | | | |
| OPIOID COMBINATIONS | | | | | | | |

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|---|-------------------------------|-------------------|-----------------------|--|---------------------------|---------------------|---------|
| ACETAMINOPHEN W/ CODEINE SOLUTION | ACETAMINOPHEN/CODEINE | | | PA Required for > 2 Short Acting Narcotics | | | |
| ACETAMINOPHEN W/ CODEINE TABLETS | ACETAMINOPHEN/CODEINE | | | PA Required for > 2 Short Acting Narcotics | | | |
| BUTALBITAL-ACETAMINOPHEN-CAFFEINE W/ CODEINE CAPSULES | FIORICET/CODEINE | | | PA Required for > 2 Short Acting Narcotics | | | |
| BUTALBITAL-ASPIRIN-CAFFEINE W/COD CAPSULES | ASCOMP/CODEINE | | | PA Required for > 2 Short Acting Narcotics | | | |
| HYDROCODONE-ACETAMINOPHEN CAPSULES | HYDROGESIC | | | PA Required for > 2 Short Acting Narcotics | | | |
| HYDROCODONE-ACETAMINOPHEN SOLUTION | HYCET | | | PA Required for > 2 Short Acting Narcotics | | | |
| HYDROCODONE-ACETAMINOPHEN TABLETS | VERDROCET | | | PA Required for > 2 Short Acting Narcotics | | | |
| HYDROCODONE-IBUPROFEN TABLETS | REPREXAIN | | | PA Required for > 2 Short Acting Narcotics | | | |
| OXYCODONE W/ ACETAMINOPHEN CAPSULES | OXYCODONE/ ACETAMINOPHEN | | | PA Required for > 2 Short Acting Narcotics | | | |
| OXYCODONE W/ ACETAMINOPHEN SOLUTION | ROXICET | | | PA Required for > 2 Short Acting Narcotics | | | |
| OXYCODONE W/ ACETAMINOPHEN TABLETS | ENDOCET | | | PA Required for > 2 Short Acting Narcotics | | | |
| OXYCODONE-IBUPROFEN TABLETS | OXYCODONE/IBUPROFEN | | | PA Required for > 2 Short Acting Narcotics | | | |
| ANTIDOTES | | | | | | | |
| OPIOID ANTAGONISTS | | | | | | | |
| NALOXONE HCL SOLUTION + SYRINGE | NALOXONE HCL + SYRINGE | | Preferred Drug | | | | |
| NALOXONE HCL NASAL SPRAY | NARCAN NASAL SPRAY | | Preferred Drug | | | | |
| NALTREXONE HCL TABLETS | NALTREXONE HCL | | Preferred Drug | | | | |
| NALTREXONE SUSPENSION | VIVITROL | | Preferred Drug | | | | |
| OPIOID AGONISTS/PARTIAL AGONISTS | | | | | | | |
| BUPRENORPHINE HCL-NALOXONE HCL DIHYDRATE FILM | SUBOXONE FILM | Brand Only | Preferred Drug | | | | |

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|---|------------------------|----------------|-----------------------|---|---------------------------|---------------------|---------|
| METHADONE | VARIOUS | | | Only available at an Opioid Treatment Program (OTP) provider. | | | |
| MISCELLANEOUS AGENTS | | | | | | | |
| ACAMPROSATE | VARIOUS | | | | | | |
| DISULFIRAM | ANTABUSE | | | | | | |
| ANDROGENS-ANABOLIC | | | | | | | |
| ANDROGENS | | | | | | | |
| DANAZOL CAPSULES | DANAZOL | | | | | | |
| FLUOXYMESTERONE TABLETS | ANDROXY | | | | | | |
| TESTOSTERONE CYPIONATE SOLUTION | DEPO-TESTOSTERONE | | | PA Required | | | |
| TESTOSTERONE ENANTHATE SOLUTION | TESTOSTERONE ENANTHATE | | | PA Required | | | |
| TESTOSTERONE GEL | ANDROGEL | | | PA Required | | | |
| TESTOSTERONE PATCH | ANDRODERM | | | PA Required | | | |
| TESTOSTERONE SOLUTION | AXIRON | | | PA Required | | | |
| 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 | | | | | | |
| 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 | | | | | | |

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| 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 | | | | | | |
| ANTIANSXIETY AGENTS | | | | | | | |
| ANTIANSXIETY AGENTS - MISC. | | | | | | | |
| BUSPIRONE HCL TAB 5 MG | BUSPIRONE HCL | | | PA Required for Ages < 6 years PA Required for > 1 Anxiolytic | | 120 | 30 |
| BUSPIRONE HCL TAB 7.5 MG | BUSPIRONE HCL | | | PA Required for Ages < 6 years PA Required for > 1 Anxiolytic | | 120 | 30 |
| BUSPIRONE HCL TAB 10 MG | BUSPIRONE HCL | | | PA Required for Ages < 6 years PA Required for > 1 Anxiolytic | | 120 | 30 |
| BUSPIRONE HCL TAB 15 MG | BUSPIRONE HCL | | | PA Required for Ages < 6 years PA Required for > 1 Anxiolytic | | 120 | 30 |
| BUSPIRONE HCL TAB 30 MG | BUSPIRONE HCL | | | PA Required for Ages < 6 years PA Required for > 1 Anxiolytic | | 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 | | 60 | 15 |
| ALPRAZOLAM ORALLY DISINTEGRATING TAB 0.25 MG | VARIOUS | | | PA Required for Ages < 6 years PA Required for > 1 Anxiolytic | | 120 | 30 |
| ALPRAZOLAM ORALLY DISINTEGRATING TAB 0.5 MG | VARIOUS | | | PA Required for Ages < 6 years PA Required for > 1 Anxiolytic | | 120 | 30 |
| ALPRAZOLAM ORALLY DISINTEGRATING TAB 1 MG | VARIOUS | | | PA Required for Ages < 6 years PA Required for > 1 Anxiolytic | | 120 | 30 |
| ALPRAZOLAM ORALLY DISINTEGRATING TAB 2 MG | VARIOUS | | | PA Required for Ages < 6 years PA Required for > 1 Anxiolytic | | 60 | 30 |

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| ALPRAZOLAM TAB 0.25 MG | VARIOUS | | | PA Required for Ages < 6 years PA Required for > 1 Anxiolytic | | 120 | 30 |
| ALPRAZOLAM TAB 0.5 MG | VARIOUS | | | PA Required for Ages < 6 years PA Required for > 1 Anxiolytic | | 120 | 30 |
| ALPRAZOLAM TAB 1 MG | VARIOUS | | | PA Required for Ages < 6 years PA Required for > 1 Anxiolytic | | 120 | 30 |
| ALPRAZOLAM TAB 2 MG | VARIOUS | | | PA Required for Ages < 6 years PA Required for > 1 Anxiolytic | | 60 | 30 |
| ALPRAZOLAM TAB SR 24HR 0.5 MG | VARIOUS | | | PA Required for Ages < 6 years PA Required for > 1 Anxiolytic | | 30 | 30 |
| ALPRAZOLAM TAB SR 24HR 1 MG | VARIOUS | | | PA Required for Ages < 6 years PA Required for > 1 Anxiolytic | | 30 | 30 |
| ALPRAZOLAM TAB SR 24HR 2 MG | VARIOUS | | | PA Required for Ages < 6 years PA Required for > 1 Anxiolytic | | 30 | 30 |
| ALPRAZOLAM TAB SR 24HR 3 MG | VARIOUS | | | PA Required for Ages < 6 years PA Required for > 1 Anxiolytic | | 30 | 30 |
| CHLORDIAZEPOXIDE HCL CAP 10 MG | VARIOUS | | | PA Required for Ages < 6 years PA Required for > 1 Anxiolytic | | 60 | 30 |
| CHLORDIAZEPOXIDE HCL CAP 25 MG | VARIOUS | | | PA Required for Ages < 6 years PA Required for > 1 Anxiolytic | | 60 | 30 |
| CHLORDIAZEPOXIDE HCL CAP 5 MG | VARIOUS | | | PA Required for Ages < 6 years PA Required for > 1 Anxiolytic | | 60 | 30 |
| CLONAZEPAM 0.5 MG | VARIOUS | | | PA Required for Ages < 6 years PA Required for > 1 Anxiolytic | | 120 | 30 |
| CLONAZEPAM 1.0 MG | VARIOUS | | | PA Required for Ages < 6 years PA Required for > 1 Anxiolytic | | 120 | 30 |
| CLONAZEPAM 2 MG | VARIOUS | | | PA Required for Ages < 6 years PA Required for > 1 Anxiolytic | | 60 | 30 |
| CLONAZEPAM ODT 0.125MG | VARIOUS | | | PA Required for Ages < 6 years PA Required for > 1 Anxiolytic | | 120 | 30 |
| CLONAZEPAM ODT 0.25MG | VARIOUS | | | PA Required for Ages < 6 years PA Required for > 1 Anxiolytic | | 120 | 30 |

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| CLONAZEPAM ODT 0.5 MG | VARIOUS | | | PA Required for Ages < 6 years PA Required for > 1 Anxiolytic | | 120 | 30 |
| CLONAZEPAM ODT 1MG | VARIOUS | | | PA Required for Ages < 6 years PA Required for > 1 Anxiolytic | | 120 | 30 |
| CLONAZEPAM ODT 2MG | VARIOUS | | | PA Required for Ages < 6 years PA Required for > 1 Anxiolytic | | 60 | 30 |
| CLORAZEPATE DIPOTASSIUM TAB 15 MG | VARIOUS | | | PA Required for Ages < 6 years PA Required for > 1 Anxiolytic | | 60 | 30 |
| CLORAZEPATE DIPOTASSIUM TAB 3.75 MG | VARIOUS | | | PA Required for Ages < 6 years PA Required for > 1 Anxiolytic | | 120 | 30 |
| CLORAZEPATE DIPOTASSIUM TAB 7.5 MG | VARIOUS | | | PA Required for Ages < 6 years PA Required for > 1 Anxiolytic | | 120 | 30 |
| DIAZEPAM CONC 5 MG/ML | DIAZEPAM INTENSOL | | | PA Required for Ages < 6 years PA Required for > 1 Anxiolytic | | 60 | 30 |
| DIAZEPAM SOLN 1 MG/ML | VARIOUS | | | PA Required for Ages < 6 years PA Required for > 1 Anxiolytic | | 300 | 30 |
| DIAZEPAM TAB 10 MG | VARIOUS | | | PA Required for Ages < 6 years PA Required for > 1 Anxiolytic | | 120 | 30 |
| DIAZEPAM TAB 2 MG | VARIOUS | | | PA Required for Ages < 6 years PA Required for > 1 Anxiolytic | | 120 | 30 |
| DIAZEPAM TAB 5 MG | VARIOUS | | | PA Required for Ages < 6 years PA Required for > 1 Anxiolytic | | 120 | 30 |
| LORAZEPAM CONC 2 MG/ML | LORAZEPAM INTENSOL | | | PA Required for Ages < 6 years PA Required for > 1 Anxiolytic | | 60 | 30 |
| LORAZEPAM TAB 0.5 MG | VARIOUS | | | PA Required for Ages < 6 years PA Required for > 1 Anxiolytic | | 120 | 30 |
| LORAZEPAM TAB 1 MG | VARIOUS | | | PA Required for Ages < 6 years PA Required for > 1 Anxiolytic | | 120 | 30 |
| LORAZEPAM TAB 2 MG | VARIOUS | | | PA Required for Ages < 6 years PA Required for > 1 Anxiolytic | | 60 | 30 |
| OXAZEPAM CAP 10 MG | VARIOUS | | | PA Required for Ages < 6 years PA Required for > 1 Anxiolytic | | 60 | 30 |

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| OXAZEPAM CAP 15 MG | VARIOUS | | | PA Required for Ages < 6 years PA Required for > 1 Anxiolytic | | 60 | 30 |
| OXAZEPAM CAP 30 MG | VARIOUS | | | PA Required for Ages < 6 years PA Required for > 1 Anxiolytic | | 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 | | | | | | | |
| IPRATROPIUM BROMIDE HFA AEROSOL | ATROVENT HFA | | Preferred Drug | | | | |
| IPRATROPIUM BROMIDE SOLUTION | IPRATROPIUM BROMIDE | | Preferred Drug | | | | |
| TIOTROPIUM BROMIDE MONOHYDRATE CAPSULES | SPIRIVA HANDIHALER | | Preferred Drug | | | | |
| LEUKOTRIENE MODULATORS | | | | | | | |
| MONTELUKAST SODIUM CHEWABLE TABLETS | SINGULAIR | | | | | 30 | 30 |
| MONTELUKAST SODIUM TABLETS | SINGULAIR | | | | | 30 | 30 |
| ZAFIRLUKAST TABLETS | ACCOLATE | | | | | | |
| STEROID INHALANTS | | | | | | | |

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| BECLOMETHASONE DIPROPIONATE INHALER | QVAR | | Preferred Drug | | | | |
| BUDESONIDE (INHALATION) SUSPENSION | PULMICORT | Brand Only | Preferred Drug | PA Required | | | |
| FLUTICASONE PROPIONATE HFA AERO | FLOVENT HFA | | Preferred Drug | | | | |
| MOMETASONE FUROATE (INHALATION) AEPB | ASMANEX TWISTHALER | | Preferred Drug | | | | |
| SYMPATHOMIMETICS | | | | | | | |
| ALBUTEROL SULFATE AEROSOL | PROAIR HFA | | | | | | |
| ALBUTEROL SULFATE NEBULIZER | ALBUTEROL SULFATE | | | | | | |
| ALBUTEROL SULFATE SYRUP | ALBUTEROL SULFATE | | | | | | |
| BUDESONIDE-FORMOTEROL FUMARATE DIHYDRATE AEROSOL | SYMBICORT | | Preferred Drug | Step Therapy | Patient must have tried one steroid inhaler: Beclomethasone Dipropionate, Budesonide, Fluticasone Propionate, or Mometasone | | |
| FLUTICASONE-SALMETEROL AEROSOL POWDER BREATH ACTIVATED | ADVAIR DISKUS | | Preferred Drug | Step Therapy | Patient must have tried one steroid inhaler: Beclomethasone Dipropionate, Budesonide, Fluticasone Propionate, or Mometasone | | |

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| FLUTICASONE-SALMETEROL AEROSOL | ADVAIR HFA | | Covered for Ages 4-12 ONLY | Step Therapy | Patient must have tried one steroid inhaler: Beclomethasone Dipropionate, Budesonide, Fluticasone Propionate, or Mometasone | | |
| MOMETASONE FUROATE-FORMOTEROL FUMARATE DIHYDRATE AEROSOL | DULERA | | Preferred Drug | Step Therapy | Patient must have tried one steroid inhaler: Beclomethasone Dipropionate, Budesonide, Fluticasone Propionate, or Mometasone | | |
| FORMOTEROL FUMARATE CAPSULES | FORADIL AEROSOLLIZER | | | PA Required | | | |
| IPRATROPIUM-ALBUTEROL AEROSOL | COMBIVENT RESPIMAT | | Preferred Drug | | | | |
| IPRATROPIUM-ALBUTEROL SOLUTION | DUONEB | | Preferred Drug | | | | |
| METAPROTERENOL SULFATE TABLETS | METAPROTERENOL SULFATE | | | | | | |
| SALMETEROL XINAFOATE AEROSOL POWDER BREATH ACTIVATED | SEREVENT DISKUS | | | PA Required | | | |
| ANTICOAGULANTS | | | | | | | |
| COUMARIN ANTICOAGULANTS | | | | | | | |
| WARFARIN SODIUM TABLETS | COUMADIN | Brand or Generic | Preferred Drug | | | | |
| DIRECT FACTOR XA INHIBITORS | | | | | | | |
| APIXABAN TABLETS | ELIQUIS | | Preferred Drug | | | 60 | 30 |
| RIVAROXABAN TABLETS | XARELTO | | Preferred Drug | | | 60 | 30 |
| RIVAROXABAN TABLETS | XARELTO DOSE PACK | | Preferred Drug | | | 51 | 30 |

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| HEPARINS AND HEPARINOID-LIKE AGENTS | | | | | | | |
| ENOXAPARIN SODIUM INJ 100 MG/ML | VARIOUS VIAL OR SYRINGE | | Preferred Drug | | | 60 | 30 |
| ENOXAPARIN SODIUM INJ 120 MG/0.8ML | VARIOUS VIAL OR SYRINGE | | Preferred Drug | | | 60 | 30 |
| ENOXAPARIN SODIUM INJ 150 MG/ML | VARIOUS VIAL OR SYRINGE | | Preferred Drug | | | 60 | 30 |
| ENOXAPARIN SODIUM INJ 30 MG/0.3ML | VARIOUS VIAL OR SYRINGE | | Preferred Drug | | | 60 | 30 |
| ENOXAPARIN SODIUM INJ 300 MG/3ML | VARIOUS VIAL OR SYRINGE | | Preferred Drug | | | 60 | 30 |
| ENOXAPARIN SODIUM INJ 40 MG/0.4ML | VARIOUS VIAL OR SYRINGE | | Preferred Drug | | | 60 | 30 |
| ENOXAPARIN SODIUM INJ 60 MG/0.6ML | VARIOUS VIAL OR SYRINGE | | Preferred Drug | | | 60 | 30 |
| ENOXAPARIN SODIUM INJ 80 MG/0.8ML | VARIOUS VIAL OR SYRINGE | | Preferred Drug | | | 60 | 30 |
| HEPARIN (PORCINE) IN SODIUM CHLORIDE SOLUTION | HEPARIN SODIUM/NACL 0.9% | | | | | | |
| HEPARIN SOD (PORCINE) IN D5W SOLUTION | HEPARIN SODIUM/D5W | | | | | | |
| HEPARIN SODIUM (PORCINE) LOCK FLUSH & NACL LOCK FLUSH KIT | HEPARIN SODIUM LOCK FLUSH | | | | | | |
| HEPARIN SODIUM (PORCINE) LOCK FLUSH SOLUTION | HEPARIN LOCK FLUSH | | | | | | |
| THROMBIN INHIBITORS | | | | | | | |
| DABIGATRAN ETEXILATE MESYLATE CAPSULES | PRADAXA | | Preferred Drug | | | 60 | 30 |
| ANTICONVULSANTS | | | | | | | |
| ANTICONVULSANTS - BENZODIAZEPINES | | | | | | | |
| CLOBAZAM SUSPENSION | ONFI | | | PA Required | | | |
| CLOBAZAM TABLETS | ONFI | | | PA Required | | | |
| CLONAZEPAM TAB 0.5 MG | KLONOPIN | | | PA Required for Ages < 6 years PA Required for > 1 Anxiolytic | | 120 | 30 |
| CLONAZEPAM TAB 1 MG | KLONOPIN | | | PA Required for Ages < 6 years PA Required for > 1 Anxiolytic | | 120 | 30 |
| CLONAZEPAM TAB 2 MG | KLONOPIN | | | PA Required for Ages < 6 years PA Required for > 1 Anxiolytic | | 60 | 30 |
| CLONAZEPAM ORALLY DISINTEGRATING TAB 0.125 MG | CLONAZEPAM ODT | | | PA Required for Ages < 6 years PA Required for > 1 Anxiolytic | | 120 | 30 |
| CLONAZEPAM ORALLY DISINTEGRATING TAB 0.25 MG | CLONAZEPAM ODT | | | PA Required for Ages < 6 years PA Required for > 1 Anxiolytic | | 120 | 30 |
| CLONAZEPAM ORALLY DISINTEGRATING TAB 0.5 MG | CLONAZEPAM ODT | | | PA Required for Ages < 6 years PA Required for > 1 Anxiolytic | | 120 | 30 |

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| CLONAZEPAM ORALLY DISINTEGRATING TAB 1 MG | CLONAZEPAM ODT | | | PA Required for Ages < 6 years PA Required for > 1 Anxiolytic | | 120 | 30 |
| CLONAZEPAM ORALLY DISINTEGRATING TAB 2 MG | CLONAZEPAM ODT | | | PA Required for Ages < 6 years PA Required for > 1 Anxiolytic | | 60 | 30 |
| DIAZEPAM RECTAL GEL DELIVERY SYSTEM 10 MG | DIASTAT | | | | | 2 | 30 |
| DIAZEPAM RECTAL GEL DELIVERY SYSTEM 2.5 MG | DIASTAT | | | | | 2 | 30 |
| DIAZEPAM RECTAL GEL DELIVERY SYSTEM 20 MG | DIASTAT | | | | | 2 | 30 |
| ANTICONVULSANTS - MISC. | | | | | | | |
| CARBAMAZEPINE CHEWABLE TABLETS | CARBAMAZEPINE | | | | | | |
| CARBAMAZEPINE CAPSULE 12-HOUR | CARBATROL | | | | | | |
| CARBAMAZEPINE SUSPENSION | TEGRETOL | | | | | | |
| CARBAMAZEPINE TABLETS | EPITOL | | | | | | |
| CARBAMAZEPINE CAPSULE 12-HOUR | EQUETRO | | | | | | |
| CARBAMAZEPINE TABLET 12-HOUR | TEGRETOL-XR | | | | | | |
| GABAPENTIN CAPSULES | NEURONTIN | | | | | | |
| GABAPENTIN SOLUTION | NEURONTIN | | | | | | |
| GABAPENTIN | Gralise | | | PA Required | | | |
| GABAPENTIN TABLETS | NEURONTIN | | | | | | |
| GABAPENTIN | HORIZANT | | | PA Required | | | |
| LACOSAMIDE SOLUTION | VIMPAT | | | PA Required | | | |
| LACOSAMIDE TABLETS | VIMPAT | | | PA Required | | | |
| LAMOTRIGINE CHEWABLE TABLETS | LAMICTAL+B135 | | | | | | |
| LAMOTRIGINE TABLETS | LAMICTAL | | | | | | |
| LAMOTRIGINE TABLET 24-HOUR | LAMICTAL XR | | | | | | |
| LAMOTRIGINE ORALLY DISINTEGRATING TABLETS | LAMICTAL ODT | | | | | | |
| LEVETIRACETAM SOLUTION | KEPPRA | | | | | | |
| LEVETIRACETAM TABLETS | KEPPRA | | | | | | |
| LEVETIRACETAM TABLET 24-HOUR | KEPPRA XR | | | | | | |
| OXCARBAZEPINE SUSPENSION | TRILEPTAL | | | | | | |
| OXCARBAZEPINE TABLETS | TRILEPTAL | | | | | | |
| PREGABALIN CAPSULES | LYRICA | | | PA Required | | | |
| PREGABALIN SOLUTION | LYRICA | | | PA Required | | | |
| PRIMIDONE TABLETS | MYSOLINE | | | | | | |

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE JANUARY 1, 2018

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| RUFINAMIDE SUSPENSION | BANZEL | | | PA Required | | | |
| RUFINAMIDE TABLETS | BANZEL | | | PA Required | | | |
| TOPIRAMATE SPRINKLE CAPSULES | TOPAMAX SPRINKLES | | | | | | |
| TOPIRAMATE TABLETS | TOPAMAX | | | | | | |
| ZONISAMIDE CAPSULES | ZONEGRAN | | | | | | |
| CARBAMATES | | | | | | | |
| FELBAMATE SUSPENSION | FELBATOL | | | | | | |
| FELBAMATE TABLETS | FELBATOL | | | | | | |
| GABA MODULATORS | | | | | | | |
| TIAGABINE HCL TABLETS | GABITRIL | | | PA Required | | | |
| HYDANTOINS | | | | | | | |
| PHENYTOIN CHEWABLE TABLETS | DILANTIN INFATABLETS | | | | | | |
| PHENYTOIN SODIUM EXTENDED CAPSULES | DILANTIN | | | | | | |
| PHENYTOIN SUSPENSION | DILANTIN-125 | | | | | | |
| SUCCINIMIDES | | | | | | | |
| ETHOSUXIMIDE CAPSULES | ZARONTIN | | | | | | |
| ETHOSUXIMIDE SOLUTION | ZARONTIN | | | | | | |
| VALPROIC ACID | | | | | | | |
| DIVALPROEX SODIUM SPRINKLE CAPSULES | DEPAKOTE SPRINKLES | | | | | | |
| DIVALPROEX SODIUM TABLET 24-HOUR | DEPAKOTE ER | | | | | | |
| DIVALPROEX SODIUM TABLET ENTERIC COATED | DEPAKOTE | | | | | | |
| VALPROATE SODIUM SYRUP | DEPAKENE+B252 | | | | | | |
| VALPROIC ACID CAPSULES | DEPAKENE | | | | | | |
| ANTIDEPRESSANTS | | | | | | | |
| ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS) | | | | | | | |
| MIRTAZAPINE TABLETS | MIRTAZAPINE | | | PA Required for Ages < 6 years | | 30 | 30 |
| MIRTAZAPINE ORALLY DISINTEGRATING TABLETS | REMERON SOLTAB | | | PA Required for Ages < 6 years | | 30 | 30 |
| Monoamine Oxidase Inhibitors (MAOIs) | | | | | | | |
| seligilene | EMSAM | | | PA Required | | | |
| isocarboxazid | Marplan | | | PA Required for Ages < 6 years | | | |

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| phenelzine sulfate | Nardil | | | PA Required for Ages < 6 years | | | |
| tranylcypromine sulfate | Parnate | | | PA Required for Ages < 6 years | | | |
| Norepinephrine and Dopamine Reuptake Inhibitors (NDRIs) | | | | | | | |
| BUPROPION HCL TABLETS | WELLBUTRIN | | | PA Required for Ages < 6 years | | 120 | 30 |
| BUPROPION HCL TABLET 12-HOUR | BUDEPRION SR | | | PA Required for Ages < 6 years | | 60 | 30 |
| BUPROPION HCL TABLET 24-HOUR | WELLBUTRIN XL | | | PA Required for Ages < 6 years | | 30 | 30 |
| MAPROTILINE HCL TABLETS | MAPROTILINE HCL | | | PA Required for Ages < 6 years | | | |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) | | | | | | | |
| CITALOPRAM HYDROBROMIDE SOLUTION | CELEXA | | | PA Required for Ages < 6 years | | 600 | 30 |
| CITALOPRAM HYDROBROMIDE TABLETS | CELEXA | | | PA Required for Ages < 6 years | | 10mg: 60 20mg: 30 40mg: 30 | 30 30 30 |
| ESCITALOPRAM OXALATE SOLUTION | LEXAPRO | | | PA Required for Ages < 6 years | | 600ml | 30 |
| ESCITALOPRAM OXALATE TABLETS | LEXAPRO | | | PA Required for Ages < 6 years | | 5mg: 60 10mg: 30 20mg: 30 | 30 30 30 |
| FLUOXETINE HCL CAPSULES ONLY | PROZAC | | | PA Required for Ages < 6 years | | 10mg: 60 20mg: 120 40mg: 60 | 30 30 30 |
| FLUOXETINE HCL SOLUTION | PROZAC | | | PA Required for Ages < 6 years | | 600 | 30 |
| FLUOXETINE HCL TABLETS - WEEKLY | PROZAC WEEKLY | | | PA Required | | | |
| FLUVOXAMINE MALEATE TABLETS | LUVOX | | | PA Required for Ages < 6 years | | 25mg: 60 50mg: 180 100mg: 90 | 30 30 30 |
| FLUVOXAMINE MALEATE TABLETS EXTENDED RELEASE | LUVOX CR | | | PA Required for Ages < 6 years | | 100mg: 90 150mg: 60 | 30 30 |
| PAROXETINE HCL SUSPENSION | PAXIL | | | PA Required for Ages < 6 years | | 900 | 30 |
| PAROXETINE HCL TABLETS | PAXIL | | | PA Required for Ages < 6 years | | 10mg: 30 20mg: 30 30mg: 30 40mg: 45 | 30 30 30 30 |

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| PAROXETINE HCL TABLETS | Paxil CR | | | PA Required for Ages < 6 years | | 90 | 30 |
| PAROXETINE MESYLATE | PEXEVA | | | PA Required | | | |
| SERTRALINE HCL CONCENTRATE | ZOLOFT | | | PA Required for Ages < 6 years | | 300 | 30 |
| SERTRALINE HCL TABLETS | ZOLOFT | | | PA Required for Ages < 6 years | | 25mg: 90 | 30 |
| | | | | | | 50mg: 120 | 30 |
| | | | | | | 100mg: 60 | 30 |
| VILAZODONE HCL | VIIBRYD | | | PA Required | | | |
| SEROTONIN MODULATORS | | | | | | | |
| NEFAZODONE | VARIOUS | | | PA Required for Ages < 6 years | | 50mg: 60 | 30 |
| | | | | | | 100mg: 60 | 30 |
| | | | | | | 150mg: 120 | 30 |
| | | | | | | 200mg: 90 | 30 |
| | | | | | | 250mg: 60 | 30 |
| TRAZODONE HCL TABLETS | TRAZODONE HCL | | | PA Required for Ages < 6 years | | 50mg:90 | 30 |
| | | | | | | 100mg:120 | 30 |
| | | | | | | 150mg: 60 | 30 |
| | | | | | | 300mg 30 | 30 |
| SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRI) | | | | | | | |
| DESVENLAFAXINE | PRISTIQ | | | PA Required for Ages < 6 years | | 25mg:120 | 30 |
| | | | | | | 50mg: 120 | 30 |
| | | | | | | 100mg: 120 | 30 |
| DULOXETINE HCL CAPSULE DELAYED RELEASE 20MG, 30MG & 60MG | CYMBALTA | | | PA Required for Ages < 6 years | | 20mg: 120 | 30 |
| | | | | | | 30mg: 120 | 30 |
| | | | | | | 60mg: 60 | 30 |
| VENLAFAXINE HCL CAPSULE CONTROLLED RELEASE | EFFEXOR XR | | | PA Required for Ages < 6 years | | 37.5mg: 90 | 30 |
| | | | | | | 75mg: 90 | 30 |
| | | | | | | 150mg: 30 | 30 |

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| VENLAFAXINE HCL TABLETS - IMMEDIATE RELEASE ONLY | VENLAFAXINE HCL | | | PA Required for Ages < 6 years | | 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 | | | |
| AMOXAPINE TABLETS | VARIOUS | | | PA Required for ages < 6 years | | | |
| CLOMIPRAMINE HCL CAPSULES | ANAFRANIL | | | PA Required for ages < 6 years | | | |
| DESIPRAMINE HCL TABLETS | NORPRAMIN | | | PA Required for ages < 6 years | | | |
| DOXEPIN HCL CAPSULES | DOXEPIN HCL | | | PA Required for ages < 6 years | | 90 | 30 |
| DOXEPIN HCL CONCENTRATE | DOXEPIN HCL | | | PA Required for ages < 6 years | | 180 | 30 |
| IMIPRAMINE PAMOATE CAPSULES | TORFRANIL-PM | | | PA Required for ages < 6 years | | | |
| IMIPRAMINE HCL TABLETS | TOFRANIL | | | PA Required for ages < 6 years | | | |
| MAPROTILINE HCL | VARIOUS | | | PA Required for ages < 6 years | | | |
| NORTRIPTYLINE HCL CAPSULES | PAMELOR | | | PA Required for ages < 6 years | | | |
| NORTRIPTYLINE HCL SOLUTION | NORTRIPTYLINE HCL | | | PA Required for ages < 6 years | | | |
| PROTRIPTYLINE HCL TABLETS | VIVACTIL | | | PA Required for ages < 6 years | | | |
| TRIMIPRAMINE MALEATE | SURMONTIL | | | PA Required for ages < 6 years | | | |
| ANTIDIABETICS | | | | | | | |
| ALPHA-GLUCOSIDASE INHIBITORS | | | | | | | |
| ACARBOSE TABLETS | PRECOSE | | | | | | |
| ANTIDIABETIC - AMLYN ANALOGS | | | | | | | |
| PRAMLINTIDE ACETATE SOLUTION PEN INJECTION | SYMLINPEN 60 | | Preferred Drug | PA Required | | | |
| ANTIDIABETIC COMBINATIONS | | | | | | | |
| GLIPIZIDE-METFORMIN HCL TABLETS | GLIPIZIDE/METFORMIN HCL | | | | | | |
| GLYBURIDE-METFORMIN HCL TABLETS | GLUCOVANCE | | | | | | |
| PIOGLITAZONE HCL-METFORMIN HCL TABLETS | ACTOPLUS MET | | | | | | |
| PIOGLITAZONE HCL-METFORMIN HCL TABLET 24-HOUR | ACTOPLUS MET XR | | | | | | |
| SITAGLIPTIN-METFORMIN HCL TABLETS | JANUMET | | Preferred Drug | PA Required | | | |
| LINAGLIPTIN - METFORMIN TABLETS | JENTADUETO | | Preferred Drug | PA Required | | | |

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| SITAGLIPTIN-METFORMIN HCL TABLET 24-HOUR | JANUMET XR | | Preferred Drug | PA Required | | | |
| BIGUANIDES | | | | | | | |
| METFORMIN HCL SOLUTION | RIOMET | | | | | | |
| METFORMIN HCL TABLETS | GLUCOPHAGE | | | | | | |
| METFORMIN HCL TABLET 24-HOUR (GENERIC OF GLUCOPHAGE XR ONLY-500MG & 750MG) | Various | | | PA Required for Osmotic and Modified Release Products | | | |
| DIABETIC OTHER | | | | | | | |
| GLUCAGON (RDNA) KIT | GLUCAGON EMERGENCY KIT | | | | | 1 | 30 |
| DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS | | | | | | | |
| LINAGLIPTIN TABLETS | TRADJENTA | | Preferred Drug | PA Required | | | |
| SAXAGLIPTIN HCL TABLETS | ONGLYZA | | Preferred Drug | PA Required | | | |
| SAXAGLIPTIN-METFORMIN HCL TABLETS | KOMBIGLYZE | | Preferred Drug | PA Required | | | |
| SITAGLIPTIN PHOSPHATE TABLETS | JANUVIA | | Preferred Drug | PA Required | | | |
| INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) | | | | | | | |
| EXENATIDE SOLUTION PEN INJECTION | BYETTA | | Preferred Drug | PA Required | | | |
| EXENATIDE PEN | BYDUREON | | Preferred Drug | PA Required | | | |
| EXENATIDE SUSPENSION EXTENDED RELEASE | BYDUREON | | Preferred Drug | PA Required | | | |
| LIRAGLUTIDE SOLUTION PEN INJECTION | VICTOZA | | Preferred Drug | PA Required | | | |
| DIABETIC MISCELLANEOUS AGENT | | | | | | | |
| PRAMLINTIDE | SYMLINPEN | | Preferred Drug | PA Required | | | |
| INSULIN SENSITIZING AGENTS | | | | | | | |
| PIOGLITAZONE HCL TABLETS | ACTOS | | | | | | |
| INSULIN | | | | | | | |
| INSULIN ASPART | NOVOLOG | | Preferred Drug | | | | |
| INSULIN ASPART | NOVOLOG CARTRIDGE | | Preferred Drug | | | | |
| INSULIN ASPART | NOVOLOG FLEXPEN | | Preferred Drug | | | | |
| INSULIN ASPART PROTAMINE SUSPENSION & INSULIN ASPART | NOVOLOG MIX 70/30 | | Preferred Drug | | | | |
| INSULIN ASPART PROTAMINE SUSPENSION & INSULIN ASPART | NOVOLOG MIX 70/30 FLEXPEN | | Preferred Drug | | | | |
| INSULIN DETEMIR SOLUTION | LEVEMIR | | Preferred Drug | | | | |
| INSULIN DETEMIR SUSPENSION | LEVEMIR FLEXPEN | | Preferred Drug | | | | |
| INSULIN GLARGINE SOLUTION | LANTUS | | Preferred Drug | | | | |
| INSULIN GLARGINE SUSPENSION | LANTUS SOLOSTAR | | Preferred Drug | | | | |

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| INSULIN LISPRO (HUMAN) SOLUTION | HUMALOG | | Preferred Drug | | | | |
| INSULIN LISPRO (HUMAN) SUSPENSION | HUMALOG KWIKPEN | | Preferred Drug | | | | |
| INSULIN LISPRO PROTAMINE & LISPRO (HUMAN) SUSPENSION | HUMALOG MIX 50/50 | | Preferred Drug | | | | |
| INSULIN LISPRO PROTAMINE & LISPRO (HUMAN) SUSPENSION | HUMALOG MIX 50/50 KWIKPEN | | Preferred Drug | | | | |
| INSULIN LISPRO PROTAMINE & LISPRO (HUMAN) SUSPENSION | HUMALOG MIX 75/25 | | Preferred Drug | | | | |
| INSULIN LISPRO PROTAMINE & LISPRO (HUMAN) SUSPENSION | HUMALOG MIX 75/25 KWIKPEN | | Preferred Drug | | | | |
| INSULIN NPH (HUMAN) (ISOPHANE) SUSPENSION | HUMULIN N | | Preferred Drug | | | | |
| INSULIN NPH ISOPHANE & REG (HUMAN) SUSPENSION | HUMULIN 70/30 | | Preferred Drug | | | | |
| INSULIN REGULAR (HUMAN) SOLUTION | HUMULIN R U-100 | | Preferred Drug | | | | |
| INSULIN REGULAR (HUMAN) SOLUTION | HUMULIN R U-500 (CONCENTRATEENTRATED) | | Preferred Drug | PA REQUIRED | | | |
| INSULIN REGULAR (HUMAN) PEN | HUMULIN R U-500 PEN (CONCENTRATEENTRATED) | | Preferred Drug | PA REQUIRED | | | |
| MEGLITINIDE ANALOGUES | | | | | | | |
| NATEGLINIDE TABLETS | STARLIX | | | | | | |
| REPAGLINIDE TABLETS | PRANDIN | | | | | | |
| 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 | | | | | | | |

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| NALOXONE HCL SOLUTION + SYRINGE | NALOXONE HCL + SYRINGE | | Preferred Drug | | | | |
| NALOXONE HCL NASAL SPRAY | NARCAN NASAL SPRAY | | Preferred Drug | | | | |
| ANTIEMETICS | | | | | | | |
| 5-HT3 RECEPTOR ANTAGONISTS | | | | | | | |
| DOLASETRON MESYLATE TABLETS | ANZEMET | | | PA Required | | | |
| GRANISETRON HCL SOLUTION | VARIOUS | | | PA Required | | | |
| GRANISETRON HCL TABLETS | VARIOUS | | | PA Required | | | |
| ONDANSETRON HCL TABLETS | ZOFRAN | | | PA Required for tablets > 8mg | | 30 | 30 |
| ANTIEMETICS MISC. | | | | | | | |
| PROCHLORPERAZINE MALEATE TABLETS | COMPAZINE | | | | | | |
| PROCHLORPERAZINE SUPPOSITORY | COMPAZINE | | | | | | |
| SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONIST | | | | | | | |
| APREPITANT CAPSULES | EMEND | | | | | 6 | 21 |
| ANTIFUNGALS | | | | | | | |
| ANTIFUNGALS | | | | | | | |
| FLUCYTOSINE CAPSULES | ANCOBON | | | PA Required | | | |
| GRISEOFULVIN MICROSIZING SUSPENSION | GRISEOFULVIN MICROSIZING | | | | | | |
| GRISEOFULVIN MICROSIZING TABLETS | GRIFULVIN V | | | | | | |
| GRISEOFULVIN ULTRAMICROSIZING TABLETS | GRIS-PEG | | | | | | |
| NYSTATIN CAPSULES | BIO-STATIN | | | | | | |
| NYSTATIN POWDER | NYSTATIN | | | | | | |
| NYSTATIN TABLETS | NYSTATIN | | | | | | |
| TERBINAFINE HCL PACKETS | LAMISIL | | | | | 90 | 365 |
| TERBINAFINE HCL TABLETS | LAMISIL | | | | | 90 | 365 |
| IMIDAZOLE-RELATED ANTIFUNGALS | | | | | | | |
| FLUCONAZOLE SUSPENSION | DIFLUCAN | | | | | 600 | 30 |
| FLUCONAZOLE TABLETS | DIFLUCAN | | | | | 60 | 30 |
| ITRACONAZOLE CAPSULES | SPORANOX | | | PA Required | | | |
| ITRACONAZOLE SOLUTION | SPORANOX | | | PA Required | | | |
| ITRACONAZOLE TABLETS | ONMEL | | | PA Required | | | |
| KETOCONAZOLE TABLETS | KETOCONAZOLE | | | | | | |
| POSACONAZOLE SUSPENSION | NOXAFIL | | | PA Required | | | |
| POSACONAZOLE TABLET ENTERIC COATED | NOXAFIL | | | PA Required | | | |

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| VORICONAZOLE SUSPENSION | VFEND | | | PA Required | | | |
| VORICONAZOLE TABLETS | VFEND | | | PA Required | | | |
| ANTIHISTAMINES | | | | | | | |
| ANTIHISTAMINES - ALKYLAMINES | | | | | | | |
| BROMPHENIRAMINE MALEATE | J-TAN PD | | | | | | |
| CHLORPHENIRAMINE MALEATE | CHLORPHENIRAMINE MALEATE | | | | | | |
| DEXCHLORPHENIRAMINE MALEATE SYRUP | DEXCHLORPHENIRAMINE MALEATE | | | | | | |
| ANTIHISTAMINES - ETHANOLAMINES | | | | | | | |
| CLEMASTINE FUMARATE SYRUP | CLEMASTINE FUMARATE | | | | | | |
| CLEMASTINE FUMARATE TABLETS | CLEMASTINE FUMARATE | | | | | | |
| DIPHENHYDRAMINE HCL CAPSULES | VARIOUS | | | | | | |
| DIPHENHYDRAMINE HCL CHEWABLE TABLETS | VARIOUS | | | | | | |
| DIPHENHYDRAMINE HCL ELIXIR | VARIOUS | | | | | | |
| DIPHENHYDRAMINE HCL LIQUID | VARIOUS | | | | | | |
| DIPHENHYDRAMINE HCL SOLUTION | VARIOUS | | | | | | |
| DIPHENHYDRAMINE HCL SUSPENSION | VARIOUS | | | | | | |
| DIPHENHYDRAMINE HCL SYRUP | VARIOUS | | | | | | |
| DIPHENHYDRAMINE HCL TABLETS | VARIOUS | | | | | | |
| ANTIHISTAMINES - NON-SEDATING | | | | | | | |
| CETIRIZINE HCL CAPSULES | ZYRTEC ALLERGY | | | | | 30 | 30 |
| CETIRIZINE HCL CHEWABLE TABLETS | VARIOUS | | | | | 30 | 30 |
| CETIRIZINE HCL SYRUP | VARIOUS | | | | | 150 | 30 |
| CETIRIZINE HCL TABLETS | VARIOUS | | | | | 30 | 30 |
| CETIRIZINE HCL ORALLY DISINTEGRATING TABLETS | ZYRTEC ALLERGY | | | | | 30 | 30 |
| FEXOFENADINE HCL SUSPENSION | ALLEGRA ALLERGY CHILDRENS | | | | | 150 | 30 |
| FEXOFENADINE HCL TABLETS | ALLEGRA ALLERGY CHILDRENS | | | | | 30 | 30 |
| FEXOFENADINE HCL ORALLY DISINTEGRATING TABLETS | ALLEGRA ALLERGY CHILDRENS | | | | | 30 | 30 |
| LORATADINE CAPSULES | CLARITIN | | | | | 30 | 30 |
| LORATADINE CHEWABLE TABLETS | CLARITIN | | | | | 30 | 30 |
| LORATADINE SYRUP | CLARITIN | | | | | 150 | 30 |
| LORATADINE TABLETS | ALAVERT | | | | | 30 | 30 |
| LORATADINE ORALLY DISINTEGRATING TABLETS | CLARITIN REDITABS | | | | | 30 | 30 |
| ANTIHISTAMINES - PHENOTHIAZINES | | | | | | | |

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| 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 GRANULES | COLESTID | | | | | | |
| COLESTIPOL HCL PACKETS | COLESTID | | | | | | |
| 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 | | | | | 30 | 30 |
| LOVASTATIN TABLETS | MEVACOR | | | | | 30 | 30 |
| PRAVASTATIN SODIUM TABLETS | PRAVACOL | | | | | 30 | 30 |
| SIMVASTATIN TABLETS | ZOCOR | | | | | 30 | 30 |
| INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS | | | | | | | |
| EZETIMIBE TABLETS | ZETIA | | | PA Required | | | |
| NICOTINIC ACID DERIVATIVES | | | | | | | |
| NIACIN (ANTIHYPERLIPIDEMIC) TABLETS (250MG, 500MG, & 750MG) | NIACIN CR | | | | | | |
| ANTIHYPERTENSIVES | | | | | | | |
| ACE INHIBITORS | | | | | | | |
| BENAZEPRIL HCL TABLETS | BENAZEPRIL HCL | | | | | | |
| CAPTOPRIL TABLETS | CAPTOPRIL | | | | | | |

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE JANUARY 1, 2018

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|---|---|-------------------|-----------------------|--------------------------------|---------------------------|---------------------|-----------|
| 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 TABLETS | DIOVAN | | | | | | |
| ANTIADRENERGIC ANTIHYPERTENSIVES | | | | | | | |
| CLONIDINE HCL PATCH-WEEKLY | CATAPRES-TTS-1 | | | PA Required for Ages < 6 years | | 4 | 28 |
| CLONIDINE HCL TABLETS | CATAPRES | | | | | | |
| CLONIDINE HCL (ADHD) TABLET 12-HOUR | KAPVAY | Brand Only | Preferred Drug | PA Required for Ages < 6 years | | 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 | | 30 | 30 |
| METHYLDOPA TABLETS | METHYLDOPA | | | | | | |
| PRAZOSIN HCL CAPSULES | MINIPRESS | | | | | | |
| TERAZOSIN HCL CAPSULES | TERAZOSIN HCL | | | | | | |
| ANTIHYPERTENSIVE COMBINATIONS | | | | | | | |
| ATENOLOL & CHLORTHALIDONE TABLETS | TENORETIC 50 | | | | | | |
| CAPTOPRIL & HYDROCHLOROTHIAZIDE TABLETS | CAPTOPRIL/ HYDROCHLOROTHIAZIDE | | | | | | |
| ENALAPRIL MALEATE & HYDROCHLOROTHIAZIDE TABLETS | ENALAPRIL MALEATE/ HYDROCHLOROTHIAZIDE | | | | | | |

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| 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 | | | | | | |
| MINOXIDIL TABLETS | MINOXIDIL | | | | | | |
| ANTI-INFECTIVE AGENTS - MISCELLANEOUS | | | | | | | |
| ANTI-INFECTIVE AGENTS - MISC. | | | | | | | |
| VANCOMYCIN HCL CAPSULES | VANCOcin HCL | | | PA Required | | | |
| VANCOMYCIN HCL SOLUTION | Available through a compounding pharmacy | | | PA Required | | | |
| ANTI-INFECTIVE MISC. - COMBINATIONS | | | | | | | |
| ERYTHROMYCIN-SULFISOXAZOLE SUSPENSION | E.S.P. | | | | | | |
| SULFAMETHOXAZOLE-TRIMETHOPRIM SUSPENSION | SULFATRIM PEDIATRIC | | | | | | |
| SULFAMETHOXAZOLE-TRIMETHOPRIM TABLETS | BACTRIM | | | | | | |
| LEPROSTATICS | | | | | | | |
| DAPSONE TABLETS | DAPSONE | | | | | | |
| OXAZOLIDINONES | | | | | | | |
| LINEZOLID SUSPENSION | ZYVOX | | | PA Required | | | |
| LINEZOLID TABLETS | ZYVOX | | | PA Required | | | |
| ANTIMALARIALS | | | | | | | |
| ANTIMALARIAL COMBINATIONS | | | | | | | |
| ARTEMETHER-LUMEFANTRINE TABLETS | COARTEM | | | | | | |
| ATOVAQUONE-PROGUANIL HCL TABLETS | MALARONE | | | | | | |
| ANTIMALARIALS | | | | | | | |
| CHLOROQUINE PHOSPHATE TABLETS | CHLOROQUINE PHOSPHATE | | | | | | |
| HYDROXYCHLOROQUINE SULFATE TABLETS | PLAQUENIL | | | | | | |
| PRIMAQUINE PHOSPHATE TABLETS | PRIMAQUINE PHOSPHATE | | | | | | |

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| 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 | | | | | | | |
| ANTIMETABOLITES | | | | | | | |
| MERCAPTOPURINE SUSPENSION | PURIXAN | | | | | | |
| MERCAPTOPURINE TABLETS | PURINETHOL | | | | | | |
| METHOTREXATE SODIUM TABLETS | METHOTREXATE | | | | | | |
| ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS | | | | | | | |
| ANASTROZOLE TABLETS | ARIMIDEX | | | PA Required | | | |
| EXEMESTANE TABLETS | AROMASIN | | | PA Required | | | |
| FLUTAMIDE CAPSULES | FLUTAMIDE | | | | | | |
| LEUPROLIDE ACETATE (3 MONTH) KIT | LUPRON DEPOT | | | PA Required | | | |
| LEUPROLIDE ACETATE (4 MONTH) KIT | LUPRON DEPOT | | | PA Required | | | |
| LEUPROLIDE ACETATE KIT | LUPRON DEPOT | | | PA Required | | | |
| TAMOXIFEN CITRATE TABLETS | TAMOXIFEN CITRATE | | | | | | |
| TOREMIFENE CITRATE TABLETS | FARESTON | | | PA Required | | | |
| ANTINEOPLASTIC ENZYME INHIBITORS | | | | | | | |
| AXITINIB TABLETS | INLYTA | | | PA Required | | | |
| CRIZOTINIB CAPSULES | XALKORI | | | PA Required | | | |
| ERLOTINIB HCL TABLETS | TARCEVA | | | PA Required | | | |
| EVEROLIMUS TABLETS | AFINITOR | | | PA Required | | | |
| EVEROLIMUS SOLUBLE TABLET | AFINITOR DISPERZ | | | PA Required | | | |
| GEFITINIB TABLETS | IRESSA | | | PA Required | | | |
| IBRUTINIB CAPSULES | IMBRUVICA | | | PA Required | | | |
| IMATINIB MESYLATE TABLETS | GLEEVEC | | | PA Required | | | |

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| LAPATINIB DITOSYLATE TABLETS | TYKERB | | | PA Required | | | |
| NILOTINIB HCL CAPSULES | TASIGNA | | | PA Required | | | |
| PAZOPANIB HCL TABLETS | VOTRIENT | | | PA Required | | | |
| PONATINIB HCL TABLETS | ICLUSIG | | | PA Required | | | |
| RUXOLITINIB PHOSPHATE TABLETS | JAKAFI | | | PA Required | | | |
| SORAFENIB TOSYLATE TABLETS | NEXAVAR | | | PA Required | | | |
| SUNITINIB MALATE CAPSULES | SUTENT | | | PA Required | | | |
| VANDETANIB TABLETS | CAPRELSA | | | PA Required | | | |
| VEMURAFENIB TABLETS | ZELBORAF | | | PA Required | | | |
| VORINOSTAT CAPSULES | ZOLINZA | | | PA Required | | | |
| 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 ALFACON-1 | INFERGEN | | | PA Required | | | |
| INTERFERON GAMMA-1B SOLUTION | ACTIMMUNE | | | PA Required | | | |
| PEGINTERFERON ALFA-2B (ANTINEOPLASTIC) KIT | SYLATRON | | | PA Required | | | |
| PROCARBAZINE HCL CAPSULES | MATULANE | | | | | | |
| TRETINOIN (CHEMOTHERAPY) CAPSULES | TRETINOIN | | | PA Required For > 26 Years of Age | | | |
| 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 | | | | | | | |

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| ENTACAPONE TABLETS | COMTAN | | | | | | |
| ANTIPARKINSON DOPAMINERGICS | | | | | | | |
| AMANTADINE HCL CAPSULES | AMANTADINE HCL | | | | | | |
| AMANTADINE HCL SYRUP | AMANTADINE HCL | | | | | | |
| AMANTADINE HCL TABLETS | AMANTADINE HCL | | | | | | |
| BROMOCRIPTINE MESYLATE CAPSULES | PARLODEL | | | | | | |
| BROMOCRIPTINE MESYLATE TABLETS | PARLODEL | | | | | | |
| CARBIDOPA-LEVODOPA TABLETS | SINEMET | | | | | | |
| CARBIDOPA-LEVODOPA ORALLY DISINTEGRATING TABLETS | VARIOUS | | | | | | |
| PRAMIPEXOLE DIHYDROCHLORIDE TABLETS | MIRAPEX | | | | | | |
| ROPINIROLE HYDROCHLORIDE TABLETS | REQUIP | | | | | | |
| ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS | | | | | | | |
| SELEGILINE HCL CAPSULES | ELDEPRYL | | | | | | |
| SELEGILINE HCL TABLETS | VARIOUS | | | | | | |
| ANTIPSYCHOTICS/ANTIMANIC AGENTS | | | | | | | |
| ANTIMANIC AGENTS | | | | | | | |
| LITHIUM CARBONATE CAPSULES | LITHIUM CARBONATE | | | Long Term Care Only -Please refer to the AHCCCS Behavioral Health Drug List for additional medications | | | |
| LITHIUM CARBONATE TABLETS | LITHIUM CARBONATE | | | Long Term Care Only -Please refer to the AHCCCS Behavioral Health Drug List for additional medications | | | |
| LITHIUM CARBONATE TABLET CONTROLLED RELEASE | LITHOBID | | | Long Term Care Only -Please refer to the AHCCCS Behavioral Health Drug List for additional medications | | | |

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| LITHIUM SOLUTION | LITHIUM | | | Long Term Care Only -Please refer to the AHCCCS Behavioral Health Drug List for additional medications | | | |
| ANTIPSYCHOTICS | | | | | | | |
| ANTIPSYCHOTICS - SECOND GENERATION - ATYPICAL ORAL AGENTS | | | | | | | |
| ARIPIPIRAZOLE TABLETS | ABILIFY | | Preferred Drug | PA Required for Ages < 6 years Long Term Care Only -Please refer to the AHCCCS Behavioral Health Drug List for additional medications | | 30 | 30 |
| ASENAPINE MALEATE SUBLINGUAL | SAPHRIS | | Preferred Drug | PA Required for Ages < 6 years Long Term Care Only -Please refer to the AHCCCS Behavioral Health Drug List for additional medications | | 60 | 30 |
| CLOZAPINE ORALLY DISPERSABLE TABLET | FAZACLO | | Preferred Drug | PA Required for Ages < 18 years Long Term Care Only -Please refer to the AHCCCS Behavioral Health Drug List for additional medications | | 150 | 30 |
| CLOZAPINE TABLETS | CLOZARIL | | Preferred Drug | PA Required for Ages < 18 years Long Term Care Only -Please refer to the AHCCCS Behavioral Health Drug List for additional medications | | 150 | 30 |
| LURASIDONE HCL TABS | LATUDA | | Preferred Drug | PA Required for Ages < 6 years Long Term Care Only -Please refer to the AHCCCS Behavioral Health Drug List for additional medications | | 30 | 30 |

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| OLANZAPINE ORALLY DISPERSABLE TABLET | ZYPREXA ZYDIS | | Preferred Drug | PA Required for Ages < 6 years Long Term Care Only -Please refer to the AHCCCS Behavioral Health Drug List for additional medications | | 5mg: 60 10mg: 60 15MG: 30 20mg: 30 | 30 30 30 30 |
| OLANZAPINE TABLETS | ZYPREXA | | Preferred Drug | PA Required for Ages < 6 years Long Term Care Only -Please refer to the AHCCCS Behavioral Health Drug List for additional medications | | 30 | 30 |
| QUETIAPINE FUMARATE TABLETS | SEROQUEL | | Preferred Drug | PA Required for Ages < 6 years Long Term Care Only -Please refer to the AHCCCS Behavioral Health Drug List for additional medications | | 60 | 30 |
| RISPERIDONE ORALLY DISPERSABLE TABLET | RISPERIDONE ODT | | Preferred Drug | PA Required for Ages < 6 years Long Term Care Only -Please refer to the AHCCCS Behavioral Health Drug List for additional medications | | 60 | 30 |
| RISPERIDONE ORAL SOLUTION | RISPERDAL | | Preferred Drug | PA Required for Ages < 6 years Long Term Care Only -Please refer to the AHCCCS Behavioral Health Drug List for additional medications | | 240 | 30 |
| RISPERIDONE TABLETS | RISPERDAL | | Preferred Drug | PA Required for Ages < 6 years Long Term Care Only -Please refer to the AHCCCS Behavioral Health Drug List for additional medications | | 60 | 30 |

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| ZIPRASIDONE HCL CAPSULES | GEODON | | Preferred Drug | PA Required for Ages < 6 years Long Term Care Only -Please refer to the AHCCCS Behavioral Health Drug List for additional medications | | 60 | 30 |
| ANTIPSYCHOTICS - SECOND GENERATION - ATYPICAL LONG ACTING INJECTABLES | | | | | | | |
| ARIPIRAZOLE LAUROXIL | ARISTADA | | Preferred Drug | PA Required for Ages < 18 years Long Term Care Only -Please refer to the AHCCCS Behavioral Health Drug List for additional medications | | 1 | 30 |
| ARIPIRAZOLE SUSPENSION | ABILIFY MAINTENA | | Preferred Drug | PA Required for Ages < 18 years Long Term Care Only -Please refer to the AHCCCS Behavioral Health Drug List for additional medications | | 1 | 30 |
| PALIPERIDONE PALMITATE SUSPENSION | INVEGA SUSTENNA | | Preferred Drug | PA Required for Ages < 18 years Long Term Care Only -Please refer to the AHCCCS Behavioral Health Drug List for additional medications | | 1 | 30 |
| PALIPERIDONE PALMITATE SUSPENSION | INVEGA TRINZA | | Preferred Drug | PA Required for Ages < 18 years Long Term Care Only -Please refer to the AHCCCS Behavioral Health Drug List for additional medications | | 1 | 90 |
| RISPERIDONE MICROSPHERES SUSPENSION | RISPERDAL CONSTA | | Preferred Drug | PA Required for Ages < 18 years Long Term Care Only -Please refer to the AHCCCS Behavioral Health Drug List for additional medications | | 2 | 30 |
| ANTIPSYCHOTICS - FIRST GENERATION -TYPICAL ORAL AGENTS | | | | | | | |

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| CHLORPROMAZINE HCL SOLUTION | VARIOUS | | | PA Required for Ages < 6 years Long Term Care Only -Please refer to the AHCCCS Behavioral Health Drug List for additional medications | | | |
| CHLORPROMAZINE HCL TABLETS | VARIOUS | | | PA Required for Ages < 6 years Long Term Care Only -Please refer to the AHCCCS Behavioral Health Drug List for additional medications | | | |
| FLUPHENAZINE HCL CONCENTRATE | VARIOUS | | | PA Required for Ages < 6 years Long Term Care Only -Please refer to the AHCCCS Behavioral Health Drug List for additional medications | | | |
| FLUPHENAZINE HCL ELIXIR | VARIOUS | | | PA Required for Ages < 6 years Long Term Care Only -Please refer to the AHCCCS Behavioral Health Drug List for additional medications | | | |
| FLUPHENAZINE HCL TABLETS | VARIOUS | | | PA Required for Ages < 6 years Long Term Care Only -Please refer to the AHCCCS Behavioral Health Drug List for additional medications | | | |
| HALOPERIDOL LACTATE CONCENTRATE | VARIOUS | | | PA Required for Ages < 6 years Long Term Care Only -Please refer to the AHCCCS Behavioral Health Drug List for additional medications | | | |

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| HALOPERIDOL TABLETS | VARIOUS | | | PA Required for Ages < 6 years Long Term Care Only -Please refer to the AHCCCS Behavioral Health Drug List for additional medications | | | |
| LOXAPINE SUCCINATE CAPSULES | LOXITANE | | | PA Required for Ages < 6 years Long Term Care Only -Please refer to the AHCCCS Behavioral Health Drug List for additional medications | | | |
| PERPHENAZINE TABLETS | VARIOUS | | | PA Required for Ages < 6 years Long Term Care Only -Please refer to the AHCCCS Behavioral Health Drug List for additional medications | | | |
| PIMOZIDE | ORAP | | | PA Required for Ages < 6 years Long Term Care Only -Please refer to the AHCCCS Behavioral Health Drug List for additional medications | | | |
| THIORIDAZINE HCL TABLETS | VARIOUS | | | PA Required for Ages < 6 years Long Term Care Only -Please refer to the AHCCCS Behavioral Health Drug List for additional medications | | | |
| THIOTHIXENE CAPSULES | VARIOUS | | | PA Required for Ages < 6 years Long Term Care Only -Please refer to the AHCCCS Behavioral Health Drug List for additional medications | | | |

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| TRIFLUOPERAZINE HCL TABLETS | VARIOUS | | | PA Required for Ages < 6 years Long Term Care Only -Please refer to the AHCCCS Behavioral Health Drug List for additional medications | | | |
| ANTIPSYCHOTICS - FIRST GENERATION -TYPICAL -LONG ACTING INJECTIONS | | | | | | | |
| FLUPHENAZINE DECANOATE SOLUTION | FLUPHENAZINE DECANOATE | | | PA Required for Ages < 18 years Long Term Care Only -Please refer to the AHCCCS Behavioral Health Drug List for additional medications | | | |
| HALOPERIDOL DECANOATE SOLUTION | HALDOL DECANOATE 50 | | | PA Required for Ages < 18 years Long Term Care Only -Please refer to the AHCCCS Behavioral Health Drug List for additional medications | | | |
| ANTIVIRALS | | | | | | | |
| ANTIRETROVIRALS | | | | | | | |
| ABACAVIR SULFATE SOLUTION | ZIAGEN | | | | | | |
| ABACAVIR SULFATE TABLETS | ZIAGEN | | | | | | |
| ABACAVIR SULFATE-LAMIVUDINE TABLETS | EPZICOM | | | | | | |
| ABACAVIR SULFATE-LAMIVUDINE-ZIDOVUDINE TABLETS | TRIZIVIR | | | | | | |
| ABACAVIR-DOLUTEGRAVIR-LAMIVUDINE TABLETS | TRIUMEQ | | | | | | |
| ATAZANAVIR SULFATE CAPSULES | REYATAZ | | | | | | |
| ATAZANAVIR SULFATE PACK | REYATAZ | | | | | | |
| ATAZANAVIR SULFATE-COBICISTAT TABLETS | EVOTAZ | | | | | | |
| COBICISTAT TABLETS | TYBOST | | | | | 30 | 30 |
| DARUNAVIR ETHANOLATE SUSPENSION | PREZISTA | | | | | | |
| DARUNAVIR ETHANOLATE TABLETS | PREZISTA | | | | | | |
| DARUNAVIR-COBICISTAT TABLETS | PREZCOBIX | | | | | | |
| DELAVIRDINE MESYLATE TABLETS | RESCRIPTOR | | | | | | |

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| DIDANOSINE CAPSULE DELAYED RELEASE | VIDEX EC | | | | | | |
| DIDANOSINE SOLUTION | VIDEX PEDIATRIC | | | | | | |
| DOLUTEGRAVIR SODIUM TABLETS | TIVICAY | | | | | | |
| EFAVIRENZ CAPSULES | SUSTIVA | | | | | | |
| EFAVIRENZ TABLETS | SUSTIVA | | | | | | |
| EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TABLETS | ATRIPLA | | | | | | |
| ELVITEGRAVIR TABLETS | VITEKTA | | | | | | |
| ELVITEGRAVIR-COBICISTAT-EMTRICITABINE-TENOFOVIR TABLETS | STRIBILD | | | | | | |
| ELVITEGRAVIR-COBICISTAT-EMTRICITABINE-TENOFOVIR ALAFENAMIDE TABLETS | GENVOYA | | | | | | |
| EMTRICITABINE CAPSULES | EMTRIVA | | | | | | |
| EMTRICITABINE SOLUTION | EMTRIVA | | | | | | |
| EMTRICITABINE-RILPIVIRINE-TENOFOVIR ALAFENAMIDE FUMARATE TABLETS | ODEFSEY | | | | | | |
| EMTRICITABINE-RILPIVIRINE-TENOFOVIR DISOPROXIL FUMARATE TABLETS | COMPLERA | | | | | | |
| EMTRICITABINE-TENOFOVIR ALAFENAMIDE FUMARATE TABLETS | DESCOVY | | | | | | |
| EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TABLETS | TRUVADA | | | PA Required | | | |
| ENFUVIRTIDE SOLUTION | FUZEON | | | PA Required | | 1 | 30 |
| ETRAVIRINE TABLETS | INTELENCE | | | | | | |
| FOSAMPRENAVIR CALCIUM SUSPENSION | LEXIVA | | | | | | |
| FOSAMPRENAVIR CALCIUM TABLETS | LEXIVA | | | | | | |
| INDINAVIR SULFATE CAPSULES | CRIXIVAN | | | | | | |
| LAMIVUDINE SOLUTION | EPIVIR | | | | | | |
| LAMIVUDINE TABLETS | EPIVIR | | | | | | |
| LAMIVUDINE-ZIDOVUDINE TABLETS | COMBIVIR | | | | | | |
| LOPINAVIR-RITONAVIR SOLUTION | KALETRA | | | | | | |

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

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| 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 | | | |
| TELBIVUDINE TABLETS | TYZEKA | | | PA Required | | | |
| HEPATITIS C AGENTS | | | | | | | |
| ADEFOVIR DIPIVOXIL TABLETS | HEPSERA | | | PA Required | | | |
| ENTECAVIR SOLUTION | BARACLUDE | | | PA Required | | | |
| ENTECAVIR TABLETS | BARACLUDE | | | PA Required | | | |
| GLECAPREVIR-PIBRENTASVIR TABLETS | MAVYRET | | Preferred Drug | PA Required | | | |
| LAMIVUDINE (HBV) SOLUTION | EPIVIR HBV | | | | | | |
| LAMIVUDINE (HBV) TABLETS | EPIVIR HBV | | | | | | |
| PEGINTERFERON ALFA-2A SOLUTION | PEGASYS | | Preferred Drug | PA Required | | | |
| PEGINTERFERON ALFA-2B KIT | PEGINTRON | | Preferred Drug | PA Required | | | |
| RIBAVIRIN (HEPATITIS C) CAPSULES | VARIOUS | | Preferred Drug | PA Required | | | |
| RIBAVIRIN (HEPATITIS C) TABLETS | VARIOUS | | Preferred Drug | PA Required | | | |
| TELBIVUDINE TABLETS | TYZEKA | | | PA Required | | | |
| HERPES AGENTS | | | | | | | |
| ACYCLOVIR SUSPENSION | ZOVIRAX | | | | | | |
| ACYCLOVIR TABLETS | ZOVIRAX | | | | | | |
| FAMCICLOVIR TABLETS | FAMVIR | | | PA Required | | | |
| VALACYCLOVIR HCL TABLETS | VALTREX | | | PA Required | | | |
| INFLUENZA AGENTS | | | | | | | |
| OSELTAMIVIR PHOSPHATE CAPSULES | TAMIFLU | | | | | 20 | 270 |
| OSELTAMIVIR PHOSPHATE SUSPENSION | TAMIFLU | | | | | | |
| RIMANTADINE HYDROCHLORIDE TABLETS | FLUMADINE | | | | | | |
| ZANAMIVIR AEROSOL POWDER BREATH ACTIVATED | RELENZA DISKHALER | | | | | 40 | 270 |
| ASSORTED CLASSES | | | | | | | |

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| CHELATING AGENTS | | | | | | | |
| PENICILLAMINE CAPSULES | CUPRIMINE | | | | | | |
| IMMUNOMODULATORS | | | | | | | |
| LENALIDOMIDE CAPSULES | REVLIMID | | | PA Required | | | |
| THALIDOMIDE CAPSULES | THALOMID | | | PA Required | | | |
| IMMUNOSUPPOSITORYRESSIVE AGENTS | | | | | | | |
| AZATHIOPRINE TABLETS | IMURAN | | | | | | |
| CYCLOSPORINE CAPSULES | SANDIMMUNE | | | | | | |
| CYCLOSPORINE MODIFIED (FOR MICROEMULSION) CAPSULES | GENGRAF | | | | | | |
| CYCLOSPORINE MODIFIED (FOR MICROEMULSION) SOLUTION | GENGRAF | | | | | | |
| CYCLOSPORINE SOLUTION | SANDIMMUNE | | | | | | |
| EVEROLIMUS (IMMUNOSUPPOSITORYRESSANT) TABLETS | ZORTRESS | | | PA Required | | | |
| MYCOPHENOLATE MOFETIL CAPSULES | CELLCEPT | | | | | | |
| MYCOPHENOLATE MOFETIL SUSPENSION | CELLCEPT | | | | | | |
| MYCOPHENOLATE MOFETIL TABLETS | CELLCEPT | | | | | | |
| SIROLIMUS SOLUTION | RAPAMUNE | | | | | | |
| SIROLIMUS TABLETS | RAPAMUNE | | | | | | |
| TACROLIMUS CAPSULES | HECORIA | | | | | | |
| TACROLIMUS CAPSULE CONTROLLED RELEASE | ASTAGRAF XL | | | | | | |
| POTASSIUM REMOVING RESINS | | | | | | | |
| SODIUM POLYSTYRENE SULFONATE POWDER | KAYEXALATE | | | | | | |
| SODIUM POLYSTYRENE SULFONATE SUSPENSION | KIONEX | | | | | | |
| BETA BLOCKERS | | | | | | | |
| ALPHA-BETA BLOCKERS | | | | | | | |
| CARVEDILOL TABLETS | COREG | | | | | | |
| LABETALOL HCL TABLETS | TRANDATE | | | | | | |
| BETA BLOCKERS CARDIO-SELECTIVE | | | | | | | |
| ATENOLOL TABLETS | TENORMIN | | | | | | |
| METOPROLOL SUCCINATE TABLET 24-HOUR | TOPROL XL | | | | | | |
| METOPROLOL TARTRATE TABLETS | METOPROLOL TARTRATE | | | | | | |
| BETA BLOCKERS NON-SELECTIVE | | | | | | | |
| NADOLOL TABLETS | CORGARD | | | | | | |
| PINDOLOL TABLETS | PINDOLOL | | | | | | |

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| PROPRANOLOL HCL CAPSULE CONTROLLED RELEASE | INDERAL LA | | | | | | |
| PROPRANOLOL HCL SOLUTION | PROPRANOLOL HCL | | | | | | |
| PROPRANOLOL HCL TABLETS | INDERAL | | | | | | |
| SOTALOL HCL SOLUTION | SOTYLIZE | | | | | | |
| SOTALOL HCL TABLETS | BETAPACE | | | | | | |
| CALCIUM CHANNEL BLOCKERS | | | | | | | |
| CALCIUM CHANNEL BLOCKERS | | | | | | | |
| AMLODIPINE BESYLATE TABLETS | NORVASC | | | | | 30 | 30 |
| DILTIAZEM HCL COATED BEADS CAPSULE CONTROLLED RELEASE | CARDIZEM CD | | | | | 30 | 30 |
| DILTIAZEM HCL COATED BEADS TABLET 24-HOUR | CARDIZEM LA | | | | | | |
| DILTIAZEM HCL CAPSULE 12-HOUR | DILTIAZEM HCL ER | | | | | | |
| DILTIAZEM HCL CAPSULE CONTROLLED RELEASE | DILTIAZEM HCL ER | | | | | | |
| DILTIAZEM HCL EXTENDED RELEASE BEADS CAPSULE CONTROLLED RELEASE | TAZTIA XT | | | | | 30 | 30 |
| DILTIAZEM HCL TABLETS | CARDIZEM | | | | | | |
| FELODIPINE TABLET 24-HOUR | FELODIPINE ER | | | | | | |
| ISRADIPINE CAPSULES | ISRADIPINE | | | | | | |
| NICARDIPINE HCL CAPSULES | NICARDIPINE HCL | | | | | | |
| NICARDIPINE HCL CAPSULE 12-HOUR | CARDENE SR | | | | | | |
| NIFEDIPINE CAPSULES | PROCARDIA | | | | | | |
| NIFEDIPINE TABLET 24-HOUR | ADALAT CC | | | | | 30 | 30 |
| NIMODIPINE CAPSULES | NIMODIPINE | | | | | | |
| NIMODIPINE SOLUTION | NYMALIZE | | | | | | |
| NISOLDIPINE TABLET 24-HOUR | SULAR | | | | | | |
| VERAPAMIL HCL CAPSULE CONTROLLED RELEASE | VERELAN PM | | | | | 30 | 30 |
| VERAPAMIL HCL TABLETS | VERAPAMIL HCL | | | | | | |
| VERAPAMIL HCL TABLET CONTROLLED RELEASE | CALAN SR | | | | | 30 | 30 |
| CARDIOTONICS | | | | | | | |
| CARDIAC GLYCOSIDES | | | | | | | |
| DIGOXIN SOLUTION | DIGOXIN | | | | | | |
| DIGOXIN TABLETS | LANOXIN | | | | | | |
| CARDIOVASCULAR AGENTS - MISC. | | | | | | | |
| ANGIOTENSTIN RECEPTOR NEPRILYSIN INHIBITOR | | | | | | | |
| SACUBITRIL / VALSARTAN | ENTRESTO | | | PA Required | | | |

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| PROSTAGLANDIN VASODILATORS | | | | | | | |
| EOPROSTENOL SODIUM SOLUTION | FLOLAN | | | PA Required | | | |
| ILOPROST SOLUTION | VENTAVIS | | | PA Required | | | |
| TREPROSTINIL SODIUM SOLUTION | REMODULIN | | | PA Required | | | |
| TREPROSTINIL SOLUTION | TYVASO | | | PA Required | | | |
| PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAG | | | | | | | |
| AMBRISENTAN TABLETS | LETAIRIS | | | PA Required | | | |
| BOSENTAN TABLETS | TRACLEER | | | PA Required | | | |
| PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBIT | | | | | | | |
| SILDENAFIL CITRATE (PULMONARY HYPERTENSION) SUSPENSION | REVATIO | | | PA Required | | | |
| SILDENAFIL CITRATE (PULMONARY HYPERTENSION) TABLETS | REVATIO | | | PA Required | | | |
| TADALAFIL (PULMONARY HYPERTENSION) TABLETS | ADCIRCA | | | 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 |

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| CEFIXIME TABLETS | SUPRAX | | | | | 1 | 30 |
| CEFPODOXIME PROXETIL SUSPENSION | CEFPODOXIME PROXETIL | | | | | | |
| CEFPODOXIME PROXETIL TABLETS | CEFPODOXIME PROXETIL | | | | | | |
| CONTRACEPTIVES | | | | | | | |
| COMBINATION CONTRACEPTIVES - ORAL | | | | | | | |
| DESOGESTREL & ETHINYL ESTRADIOL TABLETS | APRI | | | | | | |
| DESOGESTREL-ETHINYL ESTRADIOL (BIPHASIC) TABLETS | AZURETTE | | | | | | |
| DESOGESTREL-ETHINYL ESTRADIOL (TRIPHASIC) TABLETS | CAZANT | | | | | | |
| DROSPIRENONE-ETHINYL ESTRADIOL TABLETS | OCELLA | | | | | | |
| ETHYNODIOL DIACET & ETHINYL ESTRADIOL TABLETS | KELNOR 1/35 | | | | | | |
| LEVONORGESTREL & ETHINYL ESTRADIOL TABLETS | AUBRA | | | | | | |
| LEVONORGESTREL-ETHINYL ESTRADIOL (TRIPHASIC) TABLETS | ENPRESSE-28 | | | | | | |
| LEVONORGESTREL-ETHINYL ESTRADIOL (91-DAY) TABLETS | AMETHIA LO | | | | | | |
| NORETHINDRONE & ETHINYL ESTRADIOL TABLETS | BALZIVA | | | | | | |
| NORETHINDRONE & MESTRANOL TABLETS | NECON 1/50-28 | | | | | | |
| NORETHINDRONE ACETATE & ETHINYL ESTRADIOL TABLETS | GILDESS 1/20 | | | | | | |
| NORETHINDRONE ACETATE-ETHINYL ESTRADIOL-FE TABLETS | ESTROSTEP FE | | | | | | |
| NORETHINDRONE-ETHINYL ESTRADIOL (BIPHASIC) TABLETS | NECON 10/11-28 | | | | | | |
| NORETHINDRONE-ETHINYL ESTRADIO+A894L (TRIPHASIC) TABLETS | CYCLAFEM 7/7/7 | | | | | | |
| NORGESTIMATE-ETHINYL ESTRADIOL (TRIPHASIC) TABLETS | ORTHO TRI-CYCLEN | | | | | | |
| NORGESTIMATE-ETHINYL ESTRADIOL TABLETS | ESTARYLLA | | | | | | |
| NORGESTREL & ETHINYL ESTRADIOL TABLETS | CRYSELLE-28 | | | | | | |
| COMBINATION CONTRACEPTIVES - VAGINAL | | | | | | | |
| ETONOGESTREL-ETHINYL ESTRADIOL RING | NUVARING | | | | | | |
| EMERGENCY CONTRACEPTIVES | | | | | | | |
| LEVONORGESTREL TABLETS | PLAN B | | | | | | |
| PROGESTIN CONTRACEPTIVES - INJECTABLE | | | | | | | |
| HYDROXYPROGESTERONE CAPROATE OIL | MAKENA 250 MG/ML | | | PA Required | | | |
| MEDROXYPROGESTERONE ACETATE SUSPENSION | DEPO-PROVERA CONTRACEPTIVE | | | | | | |
| PROGESTIN CONTRACEPTIVES - ORAL | | | | | | | |
| NORETHINDRONE TABLETS | CAMILA | | | | | | |
| CORTICOSTEROIDS | | | | | | | |
| GLUCOCORTICOSTEROIDS | | | | | | | |

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| DEXAMETHASONE CONCENTRATE | DEXAMETHASONE INTENSOL | | | | | | |
| DEXAMETHASONE ELIXIR | VARIOUS | | | | | | |
| DEXAMETHASONE SOLUTION | DEXAMETHASONE | | | | | | |
| DEXAMETHASONE TABLETS | DEXAMETHASONE | | | | | | |
| HYDROCORTISONE SOD SUCCINATE SOLUTION (INJECTABLE) | A-HYDROCORT | | | Long Term Care Only | | | |
| METHYLPREDNISOLONE ACETATE SUSPENSION (INJECTABLE) | DEPO-MEDROL | | | Long Term Care Only | | | |
| METHYLPREDNISOLONE SOD SUCC SOLUTION (INJECTABLE) | A-METHAPRED | | | Long Term Care Only | | | |
| METHYLPREDNISOLONE TABLETS | MEDROL | | | | | | |
| PREDNISOLONE SODIUM PHOSPHATE SOLUTION | ORAPRED | | | | | | |
| PREDNISOLONE SODIUM PHOSPHATE ORALLY DISINTEGRATING TABLETS | ORAPRED ODT | | | | | | |
| PREDNISOLONE SYRUP | PRELONE | | | | | | |
| PREDNISOLONE TABLETS | VARIOUS | | | | | | |
| PREDNISON CONCENTRATE | PREDNISON INTENSOL | | | | | | |
| PREDNISON SOLUTION | PREDNISON | | | | | | |
| PREDNISON TABLETS | PREDNISON | | | | | | |
| TRIAMCINOLONE ACETONIDE SUSPENSION (INJECTABLE) | KENALOG-10 | | | Long Term Care Only | | | |
| TRIAMCINOLONE DIACETATE SUSPENSION (INJECTABLE) | TRIAMCINOLONE | | | Long Term Care Only | | | |
| TRIAMCINOLONE HEXACETONIDE SUSPENSION (INJECTABLE) | ARISTOSPAN INTRALESIONAL & INTRA-ARTICULAR | | | Long Term Care Only | | | |
| MINERALOCORTICIDS | | | | | | | |
| FLUDROCORTISONE ACETATE TABLETS | FLORINEF | | | | | | |
| COUGH/COLD/ALLERGY | | | | | | | |
| ANTITUSSIVES | | | | | | | |
| BENZONATATE CAPSULES | TESSALON PERLES | | | | | | |
| HYDROCODONE W/ HOMATROPINE SYRUP | VARIOUS | | | | | 240 | 12 |
| HYDROCODONE W/ HOMATROPINE TABLETS | VARIOUS | | | | | | |
| 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 |

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|--|--|----------------|-----------------------|--------------------------|-------------------------------|---------------------|---------|
| CHLORPHENIRAMINE &PSEUDOEPHEDRINE SOLUTION | VARIOUS | | | | | 480 | 30 |
| CHLORPHENIRAMINE &PSEUDOEPHEDRINE SYRUP | VARIOUS | | | | | 480 | 30 |
| CHLORPHENIRAMINE &PSEUDOEPHEDRINE TABLETS | VARIOUS | | | | | | |
| DEXTROMETHORPHAN-GUAIFENESIN TABLET | VARIOUS | | | | | | |
| DEXTROMETHORPHAN-GUAIFENESIN LIQUID | VARIOUS | | | | | 480 | 30 |
| DEXTROMETHORPHAN-GUAIFENESIN TABLET 12-HOUR | MUCINEX DM | | | | | | |
| FEXOFENADINE-PSEUDOEPHEDRINE TABLET 12-HOUR | VARIOUS | | | | | 30 | 30 |
| FEXOFENADINE-PSEUDOEPHEDRINE TABLET 24-HOUR | VARIOUS | | | | | 30 | 30 |
| GUAIFENESIN-CODEINE SYRUP | ROBITUSSIN AC | | | | | 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 old | | |
| PHENYLEPHRINE-CHLORPHENIRAMINE-DEXTROMETHORPHAN SYRUP | VARIOUS | | | | | 480 | 30 |
| PHENYLEPHRINE-CHLORPHENIRAMINE-DEXTROMETHORPHAN TABLETS | VARIOUS | | | | | | |
| PHENYLEPHRINE-GUAIFENESIN CAPSULES | VARIOUS | | | | | | |
| PHENYLEPHRINE-GUAIFENESIN LIQUID | TRIAMINIC CHEST/ NASAL CONGESTION | | | | | 480 | 30 |
| PHENYLEPHRINE-GUAIFENESIN SYRUP | TRIAMINIC CHEST & NASAL CONGESTION | | | | | 480 | 30 |
| PHENYLEPHRINE-GUAIFENESIN TABLETS | VARIOUS | | | | | | |
| PROMETHAZINE & PHENYLEPHRINE SYRUP | PROMETHAZINE/ PHENYLEPHRINE | | | | | 480 | 30 |
| PROMETHAZINE W/CODEINE SYRUP | PROMETHAZINE/CODEINE | | | | | 240 | 12 |

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| PROMETHAZINE-DEXTROMETHORPHAN SYRUP | PROMETHAZINE/ DEXTROMETHORPHAN | | | | | 480 | 30 |
| PSEUDOEPHEDRINE W/ CODEINE-GUAIFENESIN SYRUP | VARIOUS | | | | | 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 BAR | VARIOUS | | | | | | |
| BENZOYL PEROXIDE CREAM | VARIOUS | | | | | | |
| BENZOYL PEROXIDE FOAM | VARIOUS | | | | | | |
| BENZOYL PEROXIDE GEL | VARIOUS | | | | | | |
| BENZOYL PEROXIDE LIQUID | VARIOUS | | | | | | |
| BENZOYL PEROXIDE LOTION | VARIOUS | | | | | | |
| CLINDAMYCIN PHOSPHATE GEL | CLEOCIN-T | | | | | | |
| CLINDAMYCIN PHOSPHATE LOTION | CLEOCIN-T | | | | | | |
| CLINDAMYCIN PHOSPHATE SOLUTION | CLEOCIN-T | | | | | | |
| ERYTHROMYCIN GEL | ERYGEL | | | | | | |
| ERYTHROMYCIN SOLUTION | ERYTHROMYCIN | | | | | | |
| ISOTRETINOIN CAPSULES | AMNESTEEM | | | PA Required | | | |
| SULFACETAMIDE SODIUM LOTION | KLARON | | | | | | |
| TRETINOIN CREAM | RETIN-A | | | PA Required FOR > 26 Years of Age | | | |
| TRETINOIN GEL | RETIN-A | | | PA Required FOR > 26 Years of Age | | | |
| 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 | | | | | | |

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| MUPIROCIN OINTMENT | BACTROBAN | | | | | | |
| NEOMYCIN-BACITRACIN-POLYMYXIN OINTMENT | NEOSPORIN | | | | | | |
| ANTIFUNGALS - TOPICAL | | | | | | | |
| CLOTRIMAZOLE CREAM | LOTRIMIN | | | | | | |
| CLOTRIMAZOLE OINTMENT | LOTRIMIN | | | | | | |
| CLOTRIMAZOLE SOLUTION | VARIOUS | | | | | | |
| CLOTRIMAZOLE W/ BETAMETHASONE CREAM | LOTRISONE | | | | | | |
| CLOTRIMAZOLE W/ BETAMETHASONE LOTION | CLOTRIMAZOLE/ BETAMETHASONE DIPROPIONATE | | | | | | |
| KETOCONAZOLE CREAM | VARIOUS | | | | | | |
| KETOCONAZOLE GEL | VARIOUS | | | | | | |
| KETOCONAZOLE SHAMPOO | VARIOUS | | | | | | |
| MICONAZOLE NITRATE CREAM | VARIOUS | | | | | | |
| MICONAZOLE NITRATE LIQUID | VARIOUS | | | | | | |
| MICONAZOLE NITRATE POWDER | VARIOUS | | | | | | |
| NYSTATIN CREAM | VARIOUS | | | | | | |
| NYSTATIN OINTMENT | VARIOUS | | | | | | |
| NYSTATIN POWDER | NYAMYC | | | | | | |
| 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 SHAMPOOPOO | | | | | | |
| ANTIVIRALS - TOPICAL | | | | | | | |
| DOCOSANOL 10% CREAM | ABREVA | | | | | | |
| ACYCLOVIR OINTMENT | ZOVIRAX | | | | | 15GM | 30 |
| BURN PRODUCTS | | | | | | | |
| SILVER SULFADIAZINE CREAM | SILVADENE | | | | | | |
| CORTICOSTEROIDS - TOPICAL | | | | | | | |
| ALCLOMETASONE DIPROPIONATE CREAM | ACLOVATE | | | | | | |
| ALCLOMETASONE DIPROPIONATE OINTMENT | ACLOVATE | | | | | | |
| BETAMETHASONE DIPROPIONATE AUGMENTED CREAM | DIPROLENE AF | | | | | | |

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| BETAMETHASONE DIPROPIONATE AUGMENTED GEL | DIPROLENE AF | | | | | 50 | 30 |
| BETAMETHASONE DIPROPIONATE AUGMENTED LOTION | DIPROLENE | | | | | | |
| BETAMETHASONE DIPROPIONATE AUGMENTED OINTMENT | DIPROLENE | | | | | 50 | 30 |
| BETAMETHASONE VALERATE CREAM | VARIOUS | | | | | | |
| BETAMETHASONE VALERATE LOTION | VARIOUS | | | | | | |
| BETAMETHASONE VALERATE OINTMENT | VARIOUS | | | | | | |
| CLOBETASOL PROPIONATE CREAM | TEMOVATE | | | | | 60 | 30 |
| CLOBETASOL PROPIONATE EMULSION FOAM | OLUX-E | | | | | 100 | 30 |
| CLOBETASOL PROPIONATE FOAM | OLUX | | | | | 100 | 30 |
| CLOBETASOL PROPIONATE GEL | TEMOVATE | | | | | 60 | 30 |
| CLOBETASOL PROPIONATE LOTION | CLOBEX | | | | | 118 | 30 |
| CLOBETASOL PROPIONATE OINTMENT | TEMOVATE | | | | | 60 | 30 |
| CLOBETASOL PROPIONATE SHAMPOO | VARIOUS | | | | | | |
| CLOBETASOL PROPIONATE SOLUTION | VARIOUS | | | | | | |
| DESONIDE CREAM | DESOWEN | | | | | | |
| DESONIDE GEL | DESONATE | | | | | | |
| DESONIDE LOTION | DESOWEN | | | | | | |
| DESONIDE OINTMENT | DESOWEN | | | | | | |
| FLUOCINOLONE ACETONIDE CREAM | FLUOCINOLONE ACETONIDE | | | | | | |
| FLUOCINOLONE ACETONIDE OIL | DERMA-SMOOTH/FS BODY | | | | | | |
| FLUOCINOLONE ACETONIDE OINTMENT | SYNALAR | | | | | | |
| FLUOCINOLONE ACETONIDE SHAMPOO | CAPEX | | | | | | |
| FLUOCINOLONE ACETONIDE SOLUTION | SYNALAR | | | | | | |
| FLUOCINONIDE CREAM 0.05% | VARIOUS | | | | | | |
| FLUOCINONIDE EMULSIFIED BASE CREAM 0.05% | VARIOUS | | | | | | |
| FLUOCINONIDE GEL 0.05% | VARIOUS | | | | | | |
| FLUOCINONIDE OINTMENT 0.05% | VARIOUS | | | | | | |
| FLUOCINONIDE SOLUTION 0.05% | VARIOUS | | | | | | |
| FLURANDRENOLIDE CREAM | CORDRAN | | | | | | |
| FLURANDRENOLIDE LOTION | CORDRAN | | | | | | |
| FLURANDRENOLIDE OINTMENT | CORDRAN | | | | | | |

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| FLUTICASONE PROPIONATE CREAM | VARIOUS | | | | | | |
| FLUTICASONE PROPIONATE LOTION | VARIOUS | | | | | | |
| FLUTICASONE PROPIONATE OINTMENT | VARIOUS | | | | | | |
| HYDROCORTISONE CREAM | VARIOUS | | | | | | |
| HYDROCORTISONE LOTION | VARIOUS | | | | | | |
| HYDROCORTISONE OINTMENT | VARIOUS | | | | | | |
| HYDROCORTISONE SOLUTION | VARIOUS | | | | | | |
| HYDROCORTISONE BUTYRATE CREAM | VARIOUS | | | | | | |
| HYDROCORTISONE BUTYRATE LOTION | VARIOUS | | | | | | |
| HYDROCORTISONE BUTYRATE OINTMENT | VARIOUS | | | | | | |
| HYDROCORTISONE BUTYRATE SOLUTION | VARIOUS | | | | | | |
| HYDROCORTISONE VALERATE CREAM | VARIOUS | | | | | | |
| HYDROCORTISONE VALERATE OINTMENT | VARIOUS | | | | | | |
| MOMETASONE FUROATE CREAM | ELOCON | | | | | | |
| MOMETASONE FUROATE OINTMENT | ELOCON | | | | | | |
| MOMETASONE FUROATE SOLUTION | ELOCON | | | | | | |
| PRAMOXINE-HC FOAM | EPIFOAM | | | | | | |
| TRIAMCINOLONE ACETONIDE (TOPICAL) AEROSOL | VARIOUS | | | | | | |
| TRIAMCINOLONE ACETONIDE (TOPICAL) CREAM | VARIOUS | | | | | | |
| TRIAMCINOLONE ACETONIDE (TOPICAL) LOTION | VARIOUS | | | | | | |
| TRIAMCINOLONE ACETONIDE (TOPICAL) OINTMENT | VARIOUS | | | | | | |
| 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 | | | | | | |
| SALICYLIC ACID SOLUTION | VARIOUS | | | | | | |
| LOCAL ANESTHETICS - TOPICAL | | | | | | | |
| LIDOCAINE CREAM 4% | ASPERCREME W/LIDOCAINE | | | | | | |

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

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| LIPASE-PROTEASE-AMYLASE CAPSULE DELAYED RELEASE 5000 U | PANCRELIPASE 5000 U | Brand Only | Preferred Drug | | | 500 | 30 |
| LIPASE-PROTEASE-AMYLASE CAPSULE DELAYED RELEASE | ZENPEP | Brand Only | Preferred Drug | | | 500 | 30 |
| SACROSIDASE SOLUTION | SUCRAID | | | PA Required | | | |
| DIURETICS | | | | | | | |
| CARBONIC ANHYDRASE INHIBITORS | | | | | | | |
| ACETAZOLAMIDE CAPSULE 12-HOUR | DIAMOX | | | | | | |
| ACETAZOLAMIDE TABLETS | ACETAZOLAMIDE | | | | | | |
| METHAZOLAMIDE TABLETS | NEPTAZANE | | | | | | |
| DIURETIC COMBINATIONS | | | | | | | |
| SPIRONOLACTONE & HYDROCHLOROTHIAZIDE TABLETS | ALDACTAZIDE | | | | | | |
| TRIAMTERENE & HYDROCHLOROTHIAZIDE CAPSULES | DYAZIDE | | | | | | |
| TRIAMTERENE & HYDROCHLOROTHIAZIDE TABLETS | MAXZIDE-25 | | | | | | |
| LOOP DIURETICS | | | | | | | |
| BUMETANIDE TABLETS | BUMETANIDE | | | | | | |
| FUROSEMIDE SOLUTION | FUROSEMIDE | | | | | | |
| FUROSEMIDE TABLETS | LASIX | | | | | | |
| TORSEMIDE TABLETS | DEMADEX | | | | | | |
| POTASSIUM SPARING DIURETICS | | | | | | | |
| SPIRONOLACTONE TABLETS | ALDACTONE | | | | | | |
| THIAZIDES AND THIAZIDE-LIKE DIURETICS | | | | | | | |
| CHLOROTHIAZIDE SUSPENSION | DIURIL | | | | | | |
| CHLOROTHIAZIDE TABLETS | CHLOROTHIAZIDE | | | | | | |
| 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 TABLETS | ALENDRONATE SODIUM | | | | | | |
| CALCITONIN (SALMON) SOLUTION | MIACALCIN | | | | | | |
| GROWTH HORMONES | | | | | | | |
| SOMATROPIN | NORDITROPIN | | Preferred Drug | PA Required | | | |

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| SOMATROPIN | GENOTROPIN | | 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 SUPPOSITORYRESSANTS | | | | | | | |
| 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 | | | | | | |
| 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 | | | | | | |

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| LEVOFLOXACIN TABLETS | LEVAQUIN | | | | | | |
| OFLOXACIN TABLETS | OFLOXACIN | | | | | | |
| GASTROINTESTINAL AGENTS - MISC. | | | | | | | |
| GALLSTONE SOLUBILIZING AGENTS | | | | | | | |
| URSODIOL CAPSULES | ACTIGALL | | | | | | |
| URSODIOL TABLETS | URSO 250 | | | | | | |
| GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS | | | | | | | |
| LUBIPROSTONE CAPSULES | AMITIZA | | | PA Required | | | |
| GASTROINTESTINAL STIMULANTS | | | | | | | |
| METOCLOPRAMIDE HCL SOLUTION | VARIOUS | | | | | | |
| METOCLOPRAMIDE HCL TABLETS | VARIOUS | | | | | | |
| METOCLOPRAMIDE HCL ORALLY DISINTEGRATING TABLETS | VARIOUS | | | | | | |
| INFLAMMATORY BOWEL AGENTS | | | | | | | |
| BALSALAZIDE DISODIUM CAPSULES | COLAZAL | | | | | 270 | 30 |
| BALSALAZIDE DISODIUM TABLETS | GIAZO | | | | | 270 | 30 |
| BUDESONIDE CAPSULES | ENTOCORT EC | | | | | | |
| MESALAMINE CAPSULE CONTROLLED RELEASE | PENTASA | | | | | 270 | 30 |
| MESALAMINE ENEMA | MESALAMINE | | | | | 240 | 30 |
| MESALAMINE TABLET ENTERIC COATED | ASACOL HD | | | | | 120 | 30 |
| OLSALAZINE SODIUM CAPSULES | DIPENTUM | | | | | 120 | 30 |
| SULFASALAZINE TABLETS | AZULFIDINE | | | | | 240 | 30 |
| SULFASALAZINE TABLET ENTERIC COATED | AZULFIDINE EN-TABLETS | | | | | 240 | 30 |
| IRRITABLE BOWEL SYNDROME (IBS) AGENTS | | | | | | | |
| LINACLOTIDE CAPSULES | LINZESS | | | PA Required | | | |
| PHOSPHATE BINDER AGENTS | | | | | | | |
| CALCIUM ACETATE (PHOSPHATE BINDER) CAPSULES | PHOSLO | | | | | | |
| CALCIUM ACETATE (PHOSPHATE BINDER) SOLUTION | PHOSLYRA | | | | | | |
| CALCIUM ACETATE (PHOSPHATE BINDER) TABLETS | ELIPHOS | | | | | | |
| LANTHANUM CARBONATE CHEWABLE TABLETS | FOSRENOL | | | PA Required | | | |
| LANTHANUM CARBONATE PACKETS | FOSRENOL | | | PA Required | | | |
| SEVELAMER CARBONATE PACKETS | REVELA | | | PA Required | | | |
| SEVELAMER CARBONATE TABLETS | REVELA | | | PA Required | | | |
| SEVELAMER HCL TABLETS | RENAGEL | | | PA Required | | | |

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| GENITOURINARY AGENTS - MISC. | | | | | | | |
| INTERSTITIAL CYSTITIS AGENTS | | | | | | | |
| PENTOSAN POLYSULFATE SODIUM CAPSULES | ELMIRON | | | PA Required | | | |
| PROSTATIC HYPERTROPHY AGENTS | | | | | | | |
| DOXAZOSIN MESYLATE TABLET 24-HOUR | CARDURA XL | | | | | | |
| FINASTERIDE TABLETS | PROSCAR | | | | | | |
| TAMSULOSIN HCL CAPSULES | FLOMAX | | | | | | |
| URINARY ANALGESICS | | | | | | | |
| PHENAZOPYRIDINE HCL TABLETS | PYRIDIUM | | | | | | |
| GOUT AGENTS | | | | | | | |
| GOUT AGENTS | | | | | | | |
| ALLOPURINOL TABLETS | ZYLOPRIM | | | | | | |
| COLCHICINE TABLETS | COLCRYS | | | PA Required | | | |
| 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 | | | | | | | |
| IMIGLUCERASE SOLUTION | CEREZYME | | | PA Required | | | |
| HEMATOPOIETIC GROWTH FACTORS | | | | | | | |
| ELTROMBOPAG OLAMINE TABLETS | PROMACTA | | | PA Required | | | |
| EPOETIN ALFA SOLUTION | EPOGEN | | | PA Required | | | |
| FILGRASTIM SOLUTION | NEUPOGEN | BRAND ONLY | | PA Required | | | |
| PEGFILGRASTIM SOLUTION | NEULASTA | | | PA Required | | | |
| HEMOSTATICS | | | | | | | |
| HEMOSTATICS - SYSTEMIC | | | | | | | |
| AMINOCAPROIC ACID SYRUP | AMICAR | | | | | | |

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| AMINOCAPROIC ACID TABLETS | AMICAR | | | | | | |
| HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENT | | | | | | | |
| BARBITURATE HYPNOTICS | | | | | | | |
| PHENOBARBITAL SOLUTION | PHENOBARBITAL | | | | | | |
| PHENOBARBITAL TABLETS | PHENOBARBITAL | | | | | | |
| NON-BARBITURATE HYPNOTICS | | | | | | | |
| DOXEPIN | SILENOR | | | PA Required | | | |
| ESZOPICLONE | LUNESTA | | | PA Required for Ages <6 years PA Required for > 1 Hypnotic Drug | | 30 | 30 |
| ESTAZOLAM TABLETS | ESTAZOLAM | | | PA Required for Ages <6 years PA Required for > 1 Hypnotic Drug | | 30 | 30 |
| FLURAZEPAM HCL CAPSULES | FLURAZEPAM HCL | | | PA Required for Ages <6 years PA Required for > 1 Hypnotic Drug | | 30 | 30 |
| MEPROBAMATE | VARIOUS | | | PA Required for Ages <6 years PA Required for > 1 Hypnotic Drug | | 30 | 30 |
| RAMELTEON | ROZEREM | | | PA Required | | | |
| TEMAZEPAM CAPSULES 15MG & 30MG | RESTORIL | | | PA Required for Ages <6 years PA Required for > 1 Hypnotic Drug | | 30 | 30 |
| TRIAZOLAM | HALCION | | | PA Required for Ages <6 years PA Required for > 1 Hypnotic Drug | | 30 | 30 |
| ZALEPLON CAPSULES | SONATA | | | PA Required for Ages <6 years PA Required for > 1 Hypnotic Drug | | 30 | 30 |
| ZOLPIDEM TARTRATE TABLETS | AMBIEN | | | PA Required for Ages <6 years PA Required for > 1 Hypnotic Drug | | 5MG: 60 10MG: 30 | 30 30 |
| ZOLPIDEM | AMBIEN CR | | | PA Required | | | |
| ZOLPIDEM | INTERMEZZO SL | | | PA Required | | | |
| ZOLPIDEM | EDULAR | | | PA Required | | | |
| ZOLPIDEM | ZOLPIMIST | | | PA Required | | | |
| SELECTIVE MELATONIN RECEPTOR AGONISTS | | | | | | | |
| RAMELTEON TABLETS | ROZEREM | | | PA Required | | | |
| LAXATIVES | | | | | | | |
| LAXATIVE COMBINATIONS | | | | | | | |
| PEG 3350-KCL-SOD BICARB-SOD CHLORIDE-SOD SULFATE SOLUTION | COLYTE | | | | | | |

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| LAXATIVES - MISC. | | | | | | | |
| LACTULOSE SOLUTION | LACTULOSE | | | | | | |
| MACROLIDES | | | | | | | |
| AZITHROMYCIN | | | | | | | |
| AZITHROMYCIN PACKETS | ZITHROMAX | | | | | | |
| AZITHROMYCIN SUSPENSION | ZITHROMAX | | | | | | |
| AZITHROMYCIN TABLETS | ZITHROMAX | | | | | | |
| CLARITHROMYCIN | | | | | | | |
| CLARITHROMYCIN SUSPENSION | CLARITHROMYCIN | | | | | | |
| CLARITHROMYCIN TABLETS | BIAXIN | | | | | | |
| CLARITHROMYCIN TABLET 24-HOUR | BIAXIN XL | | | | | | |
| MEDICAL DEVICES | | | | | | | |
| CONTRACEPTIVES | | | | | | | |
| CONDOMS - FEMALE MISC. | FC FEMALE CONDOM | | | | | | |
| CONDOMS - MALE MISC. | LIFESTYLES ASSORTED COLORS | | | | | | |
| DIAPHRAGM ARC-SPRING DPRH | CAYA | | | | | | |
| 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 SUPPOSITORYLIES | | | | | | | |
| 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 SUPPOSITORYLIES | | | | | | | |
| SPACER/AEROSOL-HOLDING CHAMBER SUPPOSITORYLIES - MASKS | MASK VORTEX/ BABY WHIRL DUCKLING | | | | | 2 | 365 |

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| SPACER/AEROSOL-HOLDING CHAMBERS DEVICE | AEROCHAMBER MINI AEROCHAMBER | | | | | 2 | 365 |
| MIGRAINE PRODUCTS | | | | | | | |
| MIGRAINE COMBINATIONS | | | | | | | |
| ERGOTAMINE W/ CAFFEINE SUPPOSITORY | MIGERGOT | | | | | 12 | 30 |
| ERGOTAMINE W/ CAFFEINE TABLETS | CAFERGOT | | | | | | |
| SEROTONIN AGONISTS | | | | | | | |
| RIZATRIPTAN BENZOATE TABLETS | MAXALT | | | | | 9 | 30 |
| RIZATRIPTAN BENZOATE ORALLY DISPERSABLE TABLET | MAXALT-MLT | | | | | 9 | 30 |
| SUMATRIPTAN NASAL SOLUTION | IMITREX | | | | | 6 | 30 |
| SUMATRIPTAN SUCCINATE SUBCUTANEOUS SOLUTION | IMITREX | | | | | 2 | 30 |
| SUMATRIPTAN SUCCINATE TABLETS | IMITREX | | | | | 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 | | | | | | |

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| 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 | | | | | | | |
| 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 | | | | | | |

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| 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 | | | | | | | |
| 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 | | | | | | |

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| 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 | | | | | | | |
| OFLOXACIN SOLUTION | OFLOXACIN | | | | | | |
| OTIC COMBINATIONS | | | | | | | |

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

AHCCCS ACUTE - LONG TERM CARE DRUG LIST EFFECTIVE JANUARY 1, 2018

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| Drug Class/Drug Name | Reference Brand Name | Use Brand Only | Preferred Drug Status | Prior Authorization Type | Step Therapy Requirements | Quantity Limit (QL) | QL Days |
|---|----------------------|-------------------|-----------------------|--------------------------|---------------------------|---------------------|---------|
| PROGESTINS | | | | | | | |
| PROGESTINS | | | | | | | |
| MEDROXYPROGESTERONE ACETATE TABLETS | PROVERA | | | | | | |
| NORETHINDRONE ACETATE TABLETS | AYGESTIN | | | | | | |
| PROGESTERONE MICRONIZED CAPSULES | PROMETRIUM | | | | | | |
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENT | | | | | | | |
| ANTIDEMENTIA AGENTS | | | | | | | |
| DONEPEZIL HYDROCHLORIDE TABLETS | ARICEPT | | | PA Required | | | |
| DONEPEZIL HYDROCHLORIDE ORALLY DISINTEGRATING TABLETS | ARICEPT ODT | | | PA Required | | | |
| GALANTAMINE HYDROBROMIDE CAPSULE CONTROLLED RELEASE | RAZADYNE ER | | | PA Required | | | |
| GALANTAMINE HYDROBROMIDE SOLUTION | RAZADYNE | | | PA Required | | | |
| GALANTAMINE HYDROBROMIDE TABLETS | RAZADYNE | | | PA Required | | | |
| MEMANTINE HCL SOLUTION | NAMENDA | | | PA Required | | | |
| MEMANTINE HCL TABLETS | NAMENDA | | | PA Required | | | |
| RIVASTIGMINE PATCH | EXELON | | | PA Required | | | |
| RIVASTIGMINE TARTRATE CAPSULES | EXELON | | | PA Required | | | |
| RIVASTIGMINE TARTRATE SOLUTION | EXELON | | | PA Required | | | |
| MULTIPLE SCLEROSIS AGENTS | | | | | | | |
| FINGOLIMOD HCL CAPSULES | GILENYA | | | PA Required | | | |
| GLATIRAMER ACETATE | COPAXONE | BRAND ONLY | | PA Required | | | |
| INTERFERON BETA-1A KIT | AVONEX | | | PA Required | | | |
| INTERFERON BETA-1A SOLUTION | REBIF REBIDOSE | | | PA Required | | | |
| INTERFERON BETA-1B KIT | BETASERON | | | PA Required | | | |
| SMOKING 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 |

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

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

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| OXYBUTYNIN CHLORIDE SYRUP | VARIOUS | | | | | | |
| OXYBUTYNIN CHLORIDE TABLETS | VARIOUS | | | | | | |
| OXYBUTYNIN CHLORIDE TABLET 24-HOUR | DITROPAN XL | | | | | | |
| TOLTERODINE TARTRATE CAPSULE CONTROLLED RELEASE | DETROL LA | | | Step Therapy | Member must have tried oxybutynin & tolterodine | | |
| TOLTERODINE TARTRATE TABLETS | DETROL | | | Step Therapy | Member must have tried oxybutynin | | |
| TROSPIUM CHLORIDE TABLETS | SANCTURA | | | | | | |
| 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 | | | | | | |
| ESTROGENS, CONJUGATED VAGINAL CREAM | PREMARIN VAGINAL CREAM | | | PA Required | | | |
| VASOPRESSORS | | | | | | | |
| ANAPHYLAXIS THERAPY AGENTS | | | | | | | |