



AHCCCS

ACUTE - LONG TERM CARE DRUG LIST

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

Drug List Effective Date: October 1, 2025

Drug Class/Drug Name	Reference Brand Name	Brand Only/Generic Notes	Preferred Drug Status	PA Status	Step Therapy Requirements	Quantity Limit (QL)	QL Days
ADHD/ANTI-NARCOLEPSY							
Amphetamines							
AMPHETAMINE-DEXTROAMPHETAMINE CAPSULE 24-HOUR	ADDERALL XR		PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age		30	30
AMPHETAMINE-DEXTROAMPHETAMINE TABLETS	ADDERALL	BRAND & GENERIC	PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age		60	30
DEXTROAMPHETAMINE SULFATE TABLETS	VARIOUS		PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age		60	30
LISDEXAMFETAMINE DIMESYLATE CAPSULES	VYVANSE	BRAND ONLY	PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age		30	30
Stimulants							
ARMODAFINIL TABLET (50MG)	NUVIGIL	Authorized Generic Only	PREFERRED DRUG	PA REQUIRED for Ages < 18 years of age		180	90
ARMODAFINIL TABLET (150MG, 200MG, 250MG)	NUVIGIL	Authorized Generic Only	PREFERRED DRUG	PA REQUIRED for Ages < 18 years of age		90	90
DEXMETHYLPHENIDATE HCL CAPSULE 24-HOUR	FOCALIN XR		PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age		60	30
DEXMETHYLPHENIDATE HCL TABLETS	VARIOUS		PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age		60	30
METHYLPHENIDATE HCL CAPSULE 24-HOUR	VARIOUS		PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age		30	30
METHYLPHENIDATE HCL CAPSULE CONTROLLED RELEASE CD	VARIOUS		PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age		30	30
METHYLPHENIDATE PATCH	DAYTRANA	BRAND ONLY	PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age		30	30
METHYLPHENIDATE HCL SOLUTION	METHYLIN	BRAND ONLY	PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age		300	30
METHYLPHENIDATE HCL TABLETS	VARIOUS		PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age		90	30
METHYLPHENIDATE HCL TABLET EXTENDED RELEASE	CONCERTA		PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age		60	30
MODAFINIL TABLET	PROVIGIL		PREFERRED DRUG	PA REQUIRED for Ages < 18 years of age		90	90
METHYLPHENIDATE HCL TABLET ER 24HR	METHYLPHENIDATE ER		PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age		90	90
Miscellaneous Agents							
ATOMOXETINE HCL CAPSULES	VARIOUS		PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age		30	30
Central Alpha-Agonists							
CLONIDINE HCL	CATAPRES			PA REQUIRED for Ages < 6 years of age			
CLONIDINE HCL TRANSDERMAL PATCH	CATAPRES PATCHES			PA REQUIRED for Ages < 6 years of age		4	28
CLONIDINE HCL (ADHD) TABLET 12-HOUR	CLONIDINE ER		PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age		120	30
GUANFACINE HCL (ADHD) TABLET 24-HOUR	GUANFACINE ER		PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age		30	30
GUANFACINE HCL TABLET	GUANFACINE HCL			PA REQUIRED for Ages < 6 years of age			
AMINOGLYCOSIDES							
AMINOGLYCOSIDES							
NEOMYC							

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ADALIMUMAB-RYVK AUTO-PREFILLED SYRINGE KIT 20MG ONLY	SIMLANDI	BRAND ONLY	PREFERRED DRUG	PA REQUIRED			
APREMILAST	OTEZLA	BRAND ONLY	PREFERRED DRUG	PA REQUIRED			
ETANERCEPT	ENBREL	BRAND ONLY	PREFERRED DRUG	PA REQUIRED			
TOFACITINIB CITRATE	XELJANZ IMMEDIATE RELEASE ONLY	BRAND ONLY	PREFERRED DRUG	PA REQUIRED			
TOFACITINIB CITRATE TABLET ER 24HR	XELJANZ XR	BRAND ONLY	PREFERRED DRUG	PA REQUIRED			
INTERLEUKIN - 6 RECEPTOR ANTAGONIST AGENTS							
TOCILIZUMAB-AAZG AUTOINJECTOR	TYENNE	BRAND ONLY	PREFERRED DRUG	PA REQUIRED			
TOCILIZUMAB-AAZG SYRINGE	TYENNE	BRAND ONLY	PREFERRED DRUG	PA REQUIRED			
TOCILIZUMAB-AAZG VIAL	TYENNE	BRAND ONLY	PREFERRED DRUG	PA REQUIRED			
ANALGESICS - NONNARCOTIC							
ANALGESIC COMBINATIONS							
BUTALBITAL-ACETAMINOPHEN-CAFFEINE TABLETS	VARIOUS					120	30
BUTALBITAL-ASPIRIN-CAFFEINE TABLETS	VARIOUS					120	30
ANALGESICS OTHER							
ACETAMINOPHEN CAPSULES	VARIOUS						
ACETAMINOPHEN CHEWABLE TABLETS	VARIOUS						
ACETAMINOPHEN ELIXIR	VARIOUS						
ACETAMINOPHEN LIQUID	VARIOUS						
ACETAMINOPHEN SUPPOSITORY	FEVERALL INFANTS						
ACETAMINOPHEN SUSPENSION	TYLENOL INFANTS						
SALICYLATES							
ASPIRIN CHEWABLE TABLETS	VARIOUS						
ASPIRIN SUPPOSITORY	VARIOUS						
ASPIRIN TABLETS	VARIOUS						
DIFLUNISAL TABLETS	DIFLUNISAL						
SALSALATE TABLETS	DISALCID						
ANALGESICS - OPIOID							
LONG-ACTING OPIOID AGONISTS							
FENTANYL PATCH 72-HOUR 12mcg, 25mcg, 50mcg, 75mcg & 100mcg	DURAGESIC 12mcg, 25mcg, 50mcg, 75mcg & 100mcg		PREFERRED DRUG	PA REQUIRED			
MORPHINE-NALTREXONE CAPSULE CONTROLLED RELEASE RELEASE	EMBEDA	BRAND ONLY	PREFERRED DRUG	PA REQUIRED			
MORPHINE SULFATE TABLET CONTROLLED RELEASE	VARIOUS		PREFERRED DRUG	PA REQUIRED			
OXYCODONE ER	OXYCOTIN	BRAND ONLY	PREFERRED DRUG	PA REQUIRED			
TRAMADOL HCL TABLETS ER	ULTRAM ER		PREFERRED DRUG	PA REQUIRED			
BUPRENORPHINE PATCH WEEKLY	BUTRANS	BRAND ONLY	PREFERRED DRUG	PA REQUIRED			
SHORT-ACTING OPIOID AGONISTS							
HYDROMORPHONE HCL LIQUID	DILAUDID			PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.			
HYDROMORPHONE HCL SUPPOSITORY	HYDROMORPHONE HCL			PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.			
HYDROMORPHONE HCL TABLETS	DILAUDID			PA REQUIRED for > 2 Short Acting Opioid Medications			

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				PA REQUIRED unless the member is pregnant or nursing. The prescriber must note the following ICD-10 codes on the prescription: 1. 009.91- Supervision of high risk pregnancy, 1st Trimester. 2. 009.92- Supervision of high risk pregnancy, 2nd Trimester. 3. 009.93- Supervision of high risk pregnancy, 3rd Trimester. 4. 009.91- Supervision of high risk pregnancy- use for Postpartum Nursing Mothers. The first digit of the diagnosis code is the Letter - O and the second is a Zero - 0			
BUPRENORPHINE	VARIOUS						
BUPRENORPHINE HCL-NALOXONE HCL DIHYDRATE FILM	SUBOXONE FILM	BRAND ONLY	PREFERRED DRUG				
BUPRENORPHINE HCL-NALOXONE HCL DIHYDRATE ORALLY DISINTEGRATING TABLETS	VARIOUS	GENERIC FORMULATIONS ONLY	PREFERRED DRUG				
BUPRENORPHINE EXTENDED RELEASE INJECTION	SUBLOCADE		PREFERRED DRUG	PA REQUIRED			
BUPRENORPHINE SOLN PREF SYR	BRIXADI		PREFERRED DRUG	PA REQUIRED			
METHADONE HCL TABLET	METHADONE			PA REQUIRED			
METHADONE HCL CONCENTRATE	METHADONE			PA REQUIRED			
METHADONE HCL SOLUTION	METHADONE			PA REQUIRED			
METHADONE HCL TABLET SOLUBLE	METHADONE			PA REQUIRED			
MISCELLANEOUS AGENTS							
ACAMPROSATE	VARIOUS						
DISULFIRAM	ANTABUSE						
ANDROGENS-ANABOLIC							
ANDROGENS							
DANAZOL CAPSULES	DANAZOL						
TESTOSTERONE CYPIONATE SOLUTION	DEPO-TESTOSTERONE			PA REQUIRED			
TESTOSTERONE ENANTHATE SOLUTION	TESTOSTERONE ENANTHATE			PA REQUIRED			
TESTOSTERONE GEL (1.62% - PUMP BOTTLE)	ANDROGEL/TESTOSTERONE (AG)	AUTHORIZED GENERIC ONLY	PREFERRED DRUG	PA REQUIRED			
TESTOSTERONE PATCH	ANDRODERM			PA REQUIRED			
ANORECTAL AGENTS							
INTRARECTAL STEROIDS							
HYDROCORTISONE (INTRARECTAL) ENEMA	COLOCORT						
HYDROCORTISONE ACETATE (INTRARECTAL) FOAM	CORTIFOAM						
RECTAL STEROIDS							
HYDROCORTISONE (RECTAL) CREAM	VARIOUS						
ANTHELMINTICS							
ANTHELMINTICS							
ALBENDAZOLE TABLETS	ALBENZA			PA REQUIRED			
IVERMECTIN TABLETS	STROMEKTOL			PA REQUIRED			
PRAZQUANTEL TABLETS	BILTRICIDE						
ANTIANGINAL AGENTS							
ANTIANGINALS-OTHER							
RANOLAZINE TABLET 12-HOUR	RANEXA			PA REQUIRED			
NITRATES							
ISOSORBIDE DINITRATE CAPSULE CONTROLLED RELEASE	DILATRATE SR						
ISOSORBIDE DINITRATE SUBLINGUAL	ISOSORBIDE DINITRATE						
ISOSORBIDE DINITRATE TABLETS	ISORDIL TITRADOSE						
ISOSORBIDE DINITRATE TABLET CONTROLLED RELEASE	ISOSORBIDE DINITRATE ER						
ISOSORBIDE MONONITRATE TABLETS	ISOSORBIDE						

