

2024

**‘Ohana Community Care Services (CCS)  
Comprehensive Preferred Drug List** (List of Covered Drugs)

**Danh sách Đầy đủ Các Thuốc Được Ưu tiên của  
‘Ohana Community Care Services (CCS)**

(Danh sách Thuốc Được Bao trả)

**‘Ohana 커뮤니티 케어 서비스(CCS) 종합 선호  
약품 리스트**(보장 대상 약품 리스트)

**Ti ‘Ohana Community Care Services (CCS)  
Comprehensive Preferred Drug List**

(Listaan dagiti Nasakup nga Agas)

**‘Ohana 社區照護服務 ( CCS ) 完整首選藥物**

**清單** ( 承保藥物清單 )

**Kumprehensibong Listahan ng Piniling Gamot  
ng ‘Ohana Community Care Services (CCS)**

(Listahan ng Mga Saklaw na Gamot)

**‘Ohana Health Plan**



Please read this document. It has details about the drugs we cover for the 'Ohana CCS plan.

Please note: The Preferred Drug List (PDL) for this plan is updated monthly.

Members, please visit our website to view updates to the PDL. Go to

<https://www.ohanahealthplan.com/members/medicaid/community-care-services/pharmacy-services.html>

Providers, please visit our website to view updates to the PDL. Go to

<https://www.ohanahealthplan.com/providers/medicaid/community-care-services/pharmacy.html>

Vui lòng đọc tài liệu này. Đây là tài liệu chi tiết về các thuốc chúng tôi bao trả cho chương trình 'Ohana CCS.

Xin lưu ý: Danh sách các Thuốc Được Ưu tiên (Preferred Drug List, PDL) cho chương trình này được cập nhật hàng tháng.

Các hội viên vui lòng truy cập trang web của chúng tôi để xem các cập nhật của PDL. Truy cập

<https://www.ohanahealthplan.com/members/medicaid/community-care-services/pharmacy-services.html>

Người chăm sóc vui lòng truy cập trang web của chúng tôi để xem các cập nhật của PDL. Truy cập

<https://www.ohanahealthplan.com/providers/medicaid/community-care-services/pharmacy.html>

이 설명서를 숙독하십시오. 'Ohana CCS 플랜이 보장하는 약품에 대한 상세 설명서입니다.

참고: 이 플랜을 위한 선호 약품 리스트(PDL)는 매월 업데이트됩니다.

가입자들께서는 당사의 웹사이트를 방문하여 업데이트된 PDL을 열람하시기 바랍니다. 웹사이트:

<https://www.ohanahealthplan.com/members/medicaid/community-care-services/pharmacy-services.html>

제공자들께서는 우리 웹사이트를 방문하여 업데이트된 PDL을 조회하시기 바랍니다. 웹사이트:

<https://www.ohanahealthplan.com/providers/medicaid/community-care-services/pharmacy.html>

Maidawat nga basaem daytoy nga dokumento. Adda dagiti detalye na daytoy gapo dagiti agas nga masakup mi para iti 'Ohana CCS plan.

Maidawat nga lagipem: Ti Preferred Drug List (PDL) para daytoy nga plano ket nasabalian binulan.

Dagiti miembro, maidawat nga bisitaen yo ti website mi tapno makita dagiti nagsabalian ti PDL. Mapan iti <https://www.ohanahealthplan.com/members/medicaid/community-care-services/pharmacy-services.html>

Dagiti paraited, maidawat nga bisitaen yo ti website mi tapno makita dagiti nagsabalian ti PDL. Mapan iti <https://www.ohanahealthplan.com/providers/medicaid/community-care-services/pharmacy.html>

請閱讀本文件。其詳細說明我們為'Ohana CCS 計劃承保的藥物。

請注意：本計劃的首選藥物清單 ( PDL ) 每月更新一次。

會員請瀏覽我們的網站檢視 PDL 更新。請前往

<https://www.ohanahealthplan.com/members/medicaid/community-care-services/pharmacy-services.html>

提供者請瀏覽我們的網站檢視 PDL 更新。請前往

<https://www.ohanahealthplan.com/providers/medicaid/community-care-services/pharmacy.html>

Pakibasa ang dokumentong ito. Nakalagay dito ang mga detalye tungkol sa mga gamot na sinasaklaw namin para sa 'Ohana CCS na plano.

Pakitandaan: Buwan-buwang ina-update ang Listahan ng Piniling Gamot (Preferred Drug List, PDL) para sa planong ito.

Mga miyembro, pakibisita ang aming website para makita ang mga update sa PDL. Pumunta sa <https://www.ohanahealthplan.com/members/medicaid/community-care-services/pharmacy-services.html>

Mga provider, pakibisita ang aming website para makita ang mga update sa PDL. Pumunta sa <https://www.ohanahealthplan.com/providers/medicaid/community-care-services/pharmacy.html>

Last updated (2024)

Cập nhật lần cuối (2024)

최근 업데이트: (2024)

Naudi nga nagsabalian (2024)

最後更新日期 (2024)

Huling na-update (2024)

Drug Name	Drug Tier	Requirements/Limits
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders</b>		
<b>Amphetamines</b>		
<i>amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG</i>	P	QL(2 ea daily); AL(At least 6 yrs old)
<i>amphetamine-dextroamphetamine TABS 7.5 MG-7.5 MG-7.5 MG-7.5 MG</i>	P	QL(2 ea daily)
<i>amphetamine-dextroamphetamine TABS 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 1.875 MG-1.875 MG-1.875 MG-1.875 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.125 MG-3.125 MG-3.125 MG-3.125 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG</i>	P	
<i>amphetamine-dextroamphetamine TABS 5 MG-5 MG-5 MG-5 MG</i>	P	QL(3 ea daily)
<i>dextroamphetamine sulfate CP24</i>	P	AL(At least 6 yrs old)
<i>dextroamphetamine sulfate TABS</i>	P	
<i>lisdexamfetamine dimesylate CAPS</i>	P	
<i>methamphetamine hcl</i>	P	
<i>VYVANSE CAPS</i>	P	
<b>Attention-Deficit/Hyperactivity Disorder (ADHD) Agents</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>atomoxetine hcl</i>	P	
<i>clonidine hcl (adhd) TB12</i>	P	
<i>guanfacine hcl (adhd)</i>	P	
<b>Stimulants - Misc.</b>		
<i>dexmethylphenidate hcl CP24 5 MG, 10 MG, 15 MG, 20 MG, 30 MG, 40 MG</i>	P	QL(1 ea daily); AL(At least 6 yrs old)
<i>dexmethylphenidate hcl CP24 25 MG, 35 MG</i>	P	
<i>dexmethylphenidate hcl TABS</i>	P	QL(2 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl CHEW</i>	P	AL(At least 6 yrs old)
<i>methylphenidate hcl CP24</i>	P	
<i>methylphenidate hcl CPCPR</i>	P	AL(At least 6 yrs old)
<i>methylphenidate hcl SOLN</i>	P	AL(At least 6 yrs old)
<i>methylphenidate hcl TABS 5 MG, 10 MG</i>	P	AL(At least 6 yrs old)
<i>methylphenidate hcl TABS 20 MG</i>	P	QL(3 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TB24 18 MG, 27 MG, 36 MG</i>	P	QL(2 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TB24 54 MG</i>	P	QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TBCR 54 MG</i>	P	QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TBCR 10 MG, 20 MG</i>	P	QL(3 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG</i>	P	QL(2 ea daily); AL(At least 6 yrs old)
<i>methylphenidate PTCH</i>	P	AL(At least 6 yrs old)
<i>QUILLIVANT XR SRER</i>	P	AL(At least 6 yrs old)

Ohana Community Care Services

Updated April 1, 2024

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Drug Name	Drug Tier	Requirements/Limits
RELEXXII TBCR 18 MG, 27 MG, 36 MG	P	QL(2 ea daily); AL(At least 6 yrs old)
RELEXXII TBCR 54 MG	P	QL(1 ea daily); AL(At least 6 yrs old)
<b>ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions</b>		
Opioid Partial Agonists		
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL</i>	P	
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	P	
<i>buprenorphine hcl SUBL</i>	P	
<b>ANTI-ANXIETY AGENTS - Drugs to Treat Anxiety</b>		
Antianxiety Agents - Misc.		
<i>buspirone hcl</i>	P	
<i>hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML</i>	P	
<i>hydroxyzine hcl SYRP</i>	P	
<i>hydroxyzine hcl TABS</i>	P	
<i>hydroxyzine pamoate CAPS</i>	P	
<i>meprobamate</i>	P	
Benzodiazepines		
ALPRAZOLAM INTENSOL CONC	P	
<i>alprazolam TABS</i>	P	
<i>alprazolam TB24</i>	P	
<i>alprazolam TBDP</i>	P	
<i>chlordiazepoxide hcl CAPS</i>	P	
<i>clorazepate dipotassium TABS</i>	P	
<i>diazepam CONC</i>	P	
DIAZEPAM SOAJ	P	

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam SOLN OR 5 MG/5ML</i>	P	
<i>diazepam TABS</i>	P	
<i>lorazepam CONC</i>	P	
<i>lorazepam SOLN</i>	P	
<i>lorazepam TABS</i>	P	
<i>oxazepam CAPS</i>	P	
<b>ANTICONVULSANTS - Drugs to Treat Seizures</b>		
Anticonvulsants - Benzodiazepines		
<i>clonazepam TABS</i>	P	
<i>clonazepam TBDP</i>	P	
KLONOPIN TABS (Use <i>clonazepam</i> )	P	
Anticonvulsants - Misc.		
<i>carbamazepine CHEW</i>	P	
<i>carbamazepine CP12</i>	P	
<i>carbamazepine SUSP</i>	P	
<i>carbamazepine TABS</i>	P	
<i>carbamazepine TB12</i>	P	
CARBATROL CP12 (Use <i>carbamazepine</i> )	P	
<i>gabapentin CAPS</i>	P	
<i>gabapentin SOLN</i>	P	
<i>gabapentin TABS 600 MG, 800 MG</i>	P	
KEPPRA XR TB24 (Use <i>levetiracetam</i> )	P	
KEPPRA SOLN OR 100 MG/ML (Use <i>levetiracetam</i> )	P	
KEPPRA TABS (Use <i>levetiracetam</i> )	P	
LAMICTAL CHEWABLE DISPERSIBLE CHEW (Use <i>lamotrigine</i> )	P	
LAMICTAL ODT KIT	P	
LAMICTAL ODT KIT (Use <i>lamotrigine</i> )	P	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LAMICTAL ODT TBDP (Use lamotrigine)	P		SPRITAM TB3D	P	
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT (Use lamotrigine)	P		TEGRETOL SUSP (Use carbamazepine)	P	
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT (Use lamotrigine)	P		TEGRETOL TABS (Use carbamazepine)	P	
LAMICTAL STARTER/TAKING VALPROATE KIT (Use lamotrigine)	P		TEGRETOL-XR TB12 (Use carbamazepine)	P	
LAMICTAL XR KIT	P	AL(At least 13 yrs old); ST	TOPAMAX SPRINKLE CPSP (Use topiramate)	P	
LAMICTAL XR TB24 (Use lamotrigine)	P	AL(At least 13 yrs old); ST	TOPAMAX TABS (Use topiramate)	P	
LAMICTAL TABS (Use lamotrigine)	P		topiramate CP24	P	
lamotrigine CHEW	P		topiramate CPSP	P	
lamotrigine KIT 25 MG	P		topiramate CS24	P	
lamotrigine TABS	P		topiramate TABS	P	
lamotrigine TB24	P	AL(At least 13 yrs old); ST	TRILEPTAL SUSP (Use oxcarbazepine)	P	
lamotrigine TBDP	P		TRILEPTAL TABS (Use oxcarbazepine)	P	
levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML	P		TROKENDI XR CP24 (Use topiramate)	P	
levetiracetam TABS	P		<b>GABA Modulators</b>		
levetiracetam TB24	P		GABITRIL (Use tiagabine hcl)	P	
NEURONTIN CAPS (Use gabapentin)	P		tiagabine hcl	P	
NEURONTIN SOLN (Use gabapentin)	P		<b>Valproic Acid</b>		
NEURONTIN TABS (Use gabapentin)	P		DEPAKOTE ER TB24 (Use divalproex sodium)	P	
oxcarbazepine SUSP	P		DEPAKOTE SPRINKLES CSDR (Use divalproex sodium)	P	
oxcarbazepine TABS	P		DEPAKOTE TBEC (Use divalproex sodium)	P	
OXTELLAR XR TB24	P		divalproex sodium CSDR	P	
QUDEXY XR CS24 (Use topiramate)	P		divalproex sodium TB24	P	
			divalproex sodium TBEC	P	
			valproate sodium SOLN OR 250 MG/5ML	P	
			valproic acid CAPS	P	

**ANTIDEPRESSANTS - Drugs to Treat Depression**

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Drug Name	Drug Tier	Requirements/Limits
<b>Alpha-2 Receptor Antagonists (Tetracyclics)</b>		
<i>mirtazapine TABS</i>	P	
<i>mirtazapine TBDP</i>	P	
<b>Antidepressants - Misc.</b>		
APLENZIN	P	ST
<i>bupropion hcl TABS</i>	P	
<i>bupropion hcl TB12</i>	P	
<i>bupropion hcl TB24 450 MG</i>	P	ST
<i>bupropion hcl TB24 150 MG, 300 MG</i>	P	
<b>Monoamine Oxidase Inhibitors (MAOIs)</b>		
EMSAM	P	ST
MARPLAN	P	ST
<i>phenelzine sulfate</i>	P	
<i>tranylcypromine sulfate</i>	P	
<b>Selective Serotonin Reuptake Inhibitors (SSRIs)</b>		
CITALOPRAM HYDROBROMIDE CAPS	P	
<i>citalopram hydrobromide SOLN</i>	P	
<i>citalopram hydrobromide TABS</i>	P	
<i>escitalopram oxalate SOLN</i>	P	
<i>escitalopram oxalate TABS</i>	P	
<i>fluoxetine hcl CAPS</i>	P	
<i>fluoxetine hcl CPDR</i>	P	
<i>fluoxetine hcl SOLN</i>	P	
<i>fluoxetine hcl TABS</i>	P	
<i>fluvoxamine maleate CP24</i>	P	
<i>fluvoxamine maleate TABS</i>	P	
<i>paroxetine hcl SUSP</i>	P	ST
<i>paroxetine hcl TABS</i>	P	
<i>paroxetine hcl TB24</i>	P	

Drug Name	Drug Tier	Requirements/Limits
PEXEVA	P	ST
<i>sertraline hcl CONC</i>	P	
<i>sertraline hcl TABS</i>	P	
SERTRALINE HYDROCHLORIDE CAPS	P	
<b>Serotonin Modulators</b>		
<i>nefazodone hcl</i>	P	
<i>trazodone hcl TABS</i>	P	
TRINTELLIX	P	ST
VIIBRYD STARTER PACK KIT	P	ST
<i>vilazodone hcl TABS</i>	P	ST
<b>Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)</b>		
DESVENLAFAXINE ER	P	
<i>desvenlafaxine succinate</i>	P	
<i>duloxetine hcl CPEP</i>	P	
FETZIMA TITRATION PACK C4PK	P	ST
FETZIMA CP24	P	ST
<i>venlafaxine hcl CP24</i>	P	
<i>venlafaxine hcl TABS</i>	P	
<i>venlafaxine hcl TB24</i>	P	
<b>Tricyclic Agents</b>		
<i>amitriptyline hcl TABS</i>	P	
<i>amoxapine</i>	P	
<i>clomipramine hcl</i>	P	
<i>desipramine hcl TABS</i>	P	
<i>doxepin hcl CAPS</i>	P	
<i>doxepin hcl CONC</i>	P	
<i>imipramine hcl TABS</i>	P	
<i>imipramine pamoate</i>	P	
<i>nortriptyline hcl CAPS</i>	P	
<i>nortriptyline hcl SOLN</i>	P	
<i>protriptyline hcl</i>	P	

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Drug Name	Drug Tier	Requirements/Limits
<i>trimipramine maleate</i> CAPS	P	
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
Opioid Antagonists		
<i>naloxone hcl SOLN 0.4</i> <i>MG/ML, 4 MG/10ML</i>	P	
<i>naloxone hcl SOSY</i>	P	
<i>naltrexone hcl</i>	P	
<b>ANTIHISTAMINES - Drugs to Treat Allergies</b>		
Antihistamines - Ethanolamines		
BENADRYL ALLERGY EXTRA STRENGTH TABS	P	
BENADRYL ALLERGY CAPS ( <i>Use</i> <i>diphenhydramine hcl</i> )	P	
<i>diphenhydramine hcl</i> CAPS	P	
<i>diphenhydramine hcl ELIX</i> <i>12.5 MG/5ML</i>	P	
<i>diphenhydramine hcl</i> <i>SOLN 50 MG/ML</i>	P	
<b>ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure</b>		
Antiadrenergic Antihypertensives		
<i>clonidine hcl</i> TABS	P	
<i>guanfacine hcl</i>	P	
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders</b>		
Antimanic Agents		
<i>lithium carbonate</i> CAPS	P	
<i>lithium carbonate</i> TABS	P	
<i>lithium carbonate</i> TBCR	P	
Antipsychotics - Misc.		
CAPLYTA 42 MG	P	QL(1 ea daily)
EQUETRO	P	

Drug Name	Drug Tier	Requirements/Limits
<i>lurasidone hcl</i>	P	
NUPLAZID CAPS	P	
NUPLAZID TABS 10 MG	P	
VRAYLAR CAPS	P	
VRAYLAR CPPK	P	
<i>ziprasidone hcl</i>	P	
<i>ziprasidone mesylate</i>	P	
Benzisoxazoles		
FANAPT	P	
FANAPT TITRATION PACK	P	
INVEGA HAFYERA	P	SP
INVEGA SUSTENNA 39 MG/0.25ML	P	QL(0.25 ml per 18 days retail); AL(At least 18 yrs old); SP
INVEGA SUSTENNA 117 MG/0.75ML	P	QL(0.75 ml per 18 days retail); AL(At least 18 yrs old); SP
INVEGA SUSTENNA 156 MG/ML	P	QL(1 ml per 18 days retail); AL(At least 18 yrs old); SP
INVEGA SUSTENNA 234 MG/1.5ML	P	QL(1.5 ml per 18 days retail); AL(At least 18 yrs old); SP
INVEGA SUSTENNA 78 MG/0.5ML	P	QL(0.05 ml per 18 days retail); AL(At least 18 yrs old); SP
INVEGA TRINZA 273 MG/0.88ML	P	1 rti MAX fill; 70 rti day(s) supply; QL(0.88 ml per fill retail); AL(At least 18 yrs old); SP

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZA 410 MG/1.32ML	P	1 rtl MAX fill; 70 rtl day(s) supply; QL(1.32 ml per fill retail); AL(At least 18 yrs old); SP	<i>quetiapine fumarate TABS</i>	P	
			<i>quetiapine fumarate TB24</i>	P	
			SAPHRIS 5 MG	P	
			VERSACLOZ SUSP	P	
			ZYPREXA RELPREVV	P	SP
INVEGA TRINZA 546 MG/1.75ML	P	1 rtl MAX fill; 70 rtl day(s) supply; QL(1.75 ml per fill retail); AL(At least 18 yrs old); SP	Dihydroindolones		
			<i>molindone hcl</i>	P	
			Phenothiazines		
			<i>chlorpromazine hcl CONC</i>	P	
			<i>chlorpromazine hcl SOLN</i>	P	
			<i>chlorpromazine hcl TABS</i>	P	
			<i>fluphenazine decanoate</i>	P	
			<i>fluphenazine hcl CONC</i>	P	
			<i>fluphenazine hcl ELIX</i>	P	
			<i>fluphenazine hcl SOLN</i>	P	
			<i>fluphenazine hcl TABS</i>	P	
<i>paliperidone</i>	P		<i>perphenazine TABS</i>	P	
PERSERIS PRSY	P	SP	<i>prochlorperazine</i>	P	
<i>risperidone microspheres</i>	P	SP	<i>prochlorperazine edisylate 10 MG/2ML</i>	P	
<i>risperidone SOLN</i>	P		<i>prochlorperazine maleate TABS</i>	P	
<i>risperidone TABS</i>	P		<i>thioridazine hcl</i>	P	
<i>risperidone TBDP</i>	P		<i>trifluoperazine hcl TABS</i>	P	
Butyrophenones			Quinolinone Derivatives		
<i>haloperidol decanoate</i>	P		ABILIFY ASIMTUFII PRSY	P	SP
<i>haloperidol lactate CONC</i>	P		ABILIFY MAINTENA PRSY	P	SP
<i>haloperidol lactate SOLN</i>	P		ABILIFY MAINTENA SRER	P	SP
<i>haloperidol TABS</i>	P		<i>aripiprazole SOLN OR</i>	P	
Dibenzapines			<i>aripiprazole TABS</i>	P	
ADASUVE	P		<i>aripiprazole TBDP</i>	P	
<i>asenapine maleate</i>	P		ARISTADA 1064 MG/3.9ML	P	AL(At least 18 yrs old); SP
<i>clozapine TABS</i>	P				
<i>clozapine TBDP</i>	P				
<i>loxapine succinate</i>	P				
<i>olanzapine SOLR</i>	P				
<i>olanzapine TABS</i>	P				
<i>olanzapine TBDP</i>	P				

Ohana Community Care Services

Updated April 1, 2024

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Drug; ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits
ARISTADA 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML	P	AL(At least 18 yrs old); SP
ARISTADA INITIO	P	AL(At least 18 yrs old); SP
REXULTI	P	
Thioxanthenes		
<i>thiothixene</i>	P	
<b>BETA BLOCKERS - Drugs to Treat High Blood Pressure</b>		
Beta Blockers Non-Selective		
<i>propranolol hcl CP24</i>	P	
<i>propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML</i>	P	
<i>propranolol hcl TABS</i>	P	
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		
Antihistamine Hypnotics		
<i>diphenhydramine hcl (sleep) TABS 25 MG</i>	P	
<b>MULTIVITAMINS</b>		
B-Complex Vitamins		
<i>b-complex vitamins CAPS</i>	P	
<i>b-complex vitamins TABS</i>	P	
B-Complex w/ C		
<i>b complex w/ c CAPS</i>	P	
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions</b>		
Agents for Chemical Dependency		
<i>acamprosate calcium</i>	P	QL(186 ea per 31 days retail)
<i>disulfiram</i>	P	
Combination Psychotherapeutics		

Drug Name	Drug Tier	Requirements/Limits
<i>chlordiazepoxide-amitriptyline</i>	P	
LYBALVI	P	QL(1 ea daily)
<i>olanzapine-fluoxetine hcl</i>	P	
<i>perphenazine-amitriptyline</i>	P	
Psychotherapeutic and Neurological Agents - Misc.		
<i>pimozide</i>	P	AL(At least 12 yrs old)
Smoking Deterrents		
<i>bupropion hcl (smoking deterrent)</i>	P	
<b>VITAMINS</b>		
Water Soluble Vitamins		
<i>thiamine hcl SOLN</i>	P	
<i>thiamine hcl TABS 100 MG</i>	P	
<i>thiamine mononitrate TABS 100 MG</i>	P	

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ABILIFY ASIMTUFII PRSY .....	6	ARISTADA 441 MG/1.6ML, 662	chlordiazepoxide hcl CAPS .....	2
ABILIFY MAINTENA PRSY .....	6	MG/2.4ML, 882 MG/3.2ML .....	chlordiazepoxide-amitriptyline .....	7
ABILIFY MAINTENA SRER .....	6	ARISTADA INITIO .....	chlorpromazine hcl CONC .....	6
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ALPRAZOLAM INTENSOL CONC ..	2	b complex w/ c CAPS .....	CITALOPRAM HYDROBROMIDE	
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alprazolam TBDP .....	2	BENADRYL ALLERGY CAPS (Use	citalopram hydrobromide TABS ....	4
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amoxapine .....	4	BENADRYL ALLERGY EXTRA	clonazepam TABS .....	2
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CP24 1.25 MG-1.25 MG-1.25 MG-		buprenorphine hcl SUBL .....	clonidine hcl (adhd) TB12 .....	1
1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5		buprenorphine hcl-naloxone hcl	clonidine hcl TABS .....	5
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amphetamine-dextroamphetamine		bupropion hcl TABS .....	divalproex sodium) .....	3
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3.125 MG-3.125 MG, 3.75 MG-3.75		buspirone hcl .....	desipramine hcl TABS .....	4
MG-3.75 MG-3.75 MG .....	1	CAPLYTA 42 MG .....	DESVENLAFAXINE ER .....	4
amphetamine-dextroamphetamine		carbamazepine CHEW .....	desvenlafaxine succinate .....	4
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amphetamine-dextroamphetamine		carbamazepine SUSP .....	MG, 35 MG .....	1
TABS 7.5 MG-7.5 MG-7.5 MG-7.5		carbamazepine TABS .....	dexmethylphenidate hcl CP24 5 MG,	
MG .....	1	carbamazepine TB12 .....	10 MG, 15 MG, 20 MG, 30 MG, 40	
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diphenhydramine hcl SOLN 50 MG/ML .....5	gabapentin SOLN ..... 2	KLONOPIN TABS (Use clonazepam) ..... 2
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duloxetine hcl CPEP ..... 4	haloperidol lactate SOLN .....6	LAMICTAL STARTER/TAKING VALPROATE KIT (Use lamotrigine) 3
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EQUETRO .....5	hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML .....2	LAMICTAL XR KIT ..... 3
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lamotrigine KIT 25 MG .....	3	methylphenidate hcl TBCR 10 MG, 20 MG .....	1	paliperidone .....	6
lamotrigine TABS .....	3	methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG .....	1	paroxetine hcl SUSP .....	4
lamotrigine TB24 .....	3	methylphenidate hcl TBCR 54 MG ..	1	paroxetine hcl TABS .....	4
lamotrigine TBDP .....	3	methylphenidate PTCH .....	1	paroxetine hcl TB24 .....	4
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lithium carbonate CAPS .....	5	naloxone hcl SOSY .....	5	phenelzine sulfate .....	4
lithium carbonate TABS .....	5	naltrexone hcl .....	5	pimozide .....	7
lithium carbonate TBCR .....	5	nefazodone hcl .....	4	prochlorperazine .....	6
lorazepam CONC .....	2	NEURONTIN CAPS (Use gabapentin) .....	3	prochlorperazine edisylate 10 MG/2ML .....	6
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lorazepam TABS .....	2	NEURONTIN TABS (Use gabapentin) .....	3	propranolol hcl CP24 .....	7
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methamphetamine hcl .....	1	olanzapine TABS .....	6	quetiapine fumarate TB24 .....	6
methylphenidate hcl CHEW .....	1	olanzapine TBDP .....	6	QUILLIVANT XR SRER .....	1
methylphenidate hcl CP24 .....	1	olanzapine-fluoxetine hcl .....	7	RELEXXII TBCR 18 MG, 27 MG, 36 MG .....	2
methylphenidate hcl CPCR .....	1	oxazepam CAPS .....	2	RELEXXII TBCR 54 MG .....	2
methylphenidate hcl SOLN .....	1	oxcarbazepine SUSP .....	3	REXULTI .....	7
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methylphenidate hcl TABS 5 MG, 10 MG .....	1			risperidone SOLN .....	6
methylphenidate hcl TB24 18 MG, 27 MG, 36 MG .....	1				

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risperidone TBDP .....	6	TRILEPTAL TABS (Use	
SAPHRIS 5 MG .....	6	oxcarbazepine) .....	3
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TEGRETOL SUSP (Use		MG/5ML .....	3
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7		VRAYLAR CPPK .....	5
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