

# Arizona Complete Health-Complete Care Plan Behavioral Health Preferred Drug List

The Arizona Complete Health-Complete Care Plan Behavioral Health Drug List includes all of the behavioral health drugs listed on the AHCCCS Behavioral Health Drug List (BHDL). This is not a complete list of all covered behavioral health drugs. If you need a drug that is not in the behavioral health drug list, your doctor may request prior authorization to cover the drug.

The drug list is updated often and may change. You can view the latest drug list at [www.azcompletehealth.com/providers/pharmacy.html](http://www.azcompletehealth.com/providers/pharmacy.html)



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## Pharmacy Program

Arizona Complete Health-Complete Care Plan provides appropriate, high quality, and cost effective drug therapy to all Arizona Complete Health-Complete Care Plan members. Arizona Complete Health-Complete Care Plan covers prescription drugs and certain over-the-counter (OTC) drugs when ordered by a doctor. Some drugs require prior authorization (PA) or have limits on age, dosage and maximum amounts.

Generic drugs have the same active ingredient as the brand name version. Generic drugs should be used as the first line of treatment. This is unless a drug specifically notes brand is preferred. If there is no generic available, there may be more than one brand name drug that can be used in your treatment. The Arizona Complete Health-Complete Care Plan Behavioral Health PDL is reviewed often by our Arizona Complete Health Pharmacy and Therapeutics (P&T) Committee. This helps promote the appropriate and cost-effective use of medications.

## Dispensing Limits

You can get up to a maximum of thirty (30) day supply or one hundred (100) unit dose for each new prescription or refill. A total of 85% of the 30 day supply must have elapsed before the prescription can be refilled for most drugs.

## Prior Authorization and Other Limits

Some drugs listed on the Arizona Complete Health-Complete Care Plan Behavioral Health PDL may require Prior Authorization (PA). Your doctor or pharmacist will request a PA for you. . This document is located on the Arizona Complete Health-Complete Care Plan web-site at

<https://www.azcompletehealth.com/providers/pharmacy.html>

Your provider can send a PA request electronically to

<https://www.covermy meds.com/epa/envolverx/>

They may also fax the PA form to: 1-855-554-5233

Arizona Complete Health-Complete Care Plan will cover the medication if:

1. There is a behavioral health medical reason that requires the specific medication
2. Depending on the medication, other medications on the PDL have not worked

Antipsychotic drugs and lithium on the drug list require a Prior Authorization if they are not prescribed by a behavioral health or other approved specialist.

If the request is approved, Arizona Complete Health-Complete Care Plan notifies your prescriber by fax. If the clinical information provided does not meet the coverage criteria for the requested medication, Arizona Complete Health-Complete Care Plan

will:

- Review the request and notify you and your prescriber of our decision
- Let you know about alternative medications if available
- Provide information about what you can do to appeal our decision if you do not agree with it.

<b><i>Abbreviation</i></b>	<b><i>What it means</i></b>	<b><i>How it works</i></b>
AL	Age Limit	Some drugs are only covered for certain ages.
F	Formulary	These drugs are covered by Arizona Complete Health-Complete Care Plan.
MP	Maintenance Product	These drugs are used to treat long-term conditions or illnesses.
NF	Non Formulary	These drugs require authorization to be covered by Arizona Complete Health-Complete Care Plan.
PA	Prior Authorization	Your doctor must ask for approval from Arizona Complete Health-Complete Care Plan before some drugs will be covered.
QL	Quantity Limit	Some drugs are only covered for a certain amount.
SP	Specialty Product	These drugs are used to treat complex or rare conditions such as hepatitis C or rheumatoid arthritis.
ST	Step Therapy	<p>In some cases, you must first try certain drugs before Arizona Complete Health-Complete Care Plan covers another drug for your medical condition.</p> <p>For example, if Drug A and Drug B both treat your medical condition, Arizona Complete Health-Complete Care Plan may not cover Drug B unless you try Drug A first.</p>

## **Medical Necessity Requests**

If you require a medication to treat a behavioral health condition that does not appear on the PDL, your doctor can make a medical necessity (MN) request for the medication.

## **Emergency Supply Policy**

State and Federal laws require that a pharmacy dispense up to a 4 day supply of medication to any member awaiting PA determination. The purpose is to avoid interruption of current therapy or delay in the start of therapy. Network pharmacies are authorized to provide up to a 4 day supply of traditional behavioral health

(non-specialty) drugs. Have your Pharmacy call the Pharmacy Help Desk at **1-888-624-1131** for help filling a 4 day emergency supply.

## **Exclusions**

The Arizona Complete Health-Complete Care Plan Drug List does not include certain drugs. The following types of drugs are excluded from coverage. They are also not available for a 4 day emergency supply.

- Drugs that are considered experimental or investigational
- Drug Efficacy Study and Implementation (DESI) drugs
- Prosthesis, appliances and devices
- Medications to treat physical health conditions
- Oral vitamins and minerals or OTC drugs (except those listed on the PDL)
- Nutritional supplements
- Medical marijuana
- Drugs covered under Medicare Part D (for Medicare eligible members) except for drugs on the behavioral health drug list for SMI members.

## **Newly Approved Products**

Arizona Complete Health-Complete Care Plan reviews new drugs for safety and effectiveness before adding them to the PDL. During this period, access to these drugs will be considered through the PA review process.

## **Filling a Prescription**

You can have prescriptions filled at an Arizona Complete Health-Complete Care Plan network pharmacy. To find a network pharmacy, visit the Arizona Complete Health-Complete Care Plan website <https://providersearch.azcompletehealth.com>. You may also call member services for help finding a network pharmacy near you. When you pick a pharmacy, please bring your Arizona Complete Health-Complete Care Plan ID card with you. The pharmacy will need the information located on the card to fill your prescription.

For More information about your pharmacy benefits, please review your Member Handbook or call Member Services at 888-788-4408 (TTY/TDY 711).

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>		
ADDERALL TABS 3.75MG-3.75MG-3.75MG-3.75MG (Use Amphetamine-Dextroamphetamine)	F	QL(2 ea daily)
ADDERALL TABS 5MG-5MG-5MG-5MG, 2.5MG-2.5MG-2.5MG-2.5MG, 7.5MG-7.5MG-7.5MG-7.5MG, 1.25MG-1.25MG-1.25MG-1.25MG, 1.875MG-1.875MG-1.875MG-1.875MG, 3.125MG-3.125MG-3.125MG-3.125MG (Use Amphetamine-Dextroamphetamine)	F	QL(2 ea daily); AL(At least 6 yrs old)
ADDERALL XR CP24 2.5MG-2.5MG-2.5MG-2.5MG, 7.5MG-7.5MG-7.5MG-7.5MG, 1.25MG-1.25MG-1.25MG-1.25MG, 3.75MG-3.75MG-3.75MG-3.75MG, 6.25MG-6.25MG-6.25MG-6.25MG (Use Amphetamine-Dextroamphetamine)	F	QL(1 ea daily); AL(At least 6 yrs old)
ADDERALL XR CP24 5MG-5MG-5MG-5MG (Use Amphetamine-Dextroamphetamine)	F	QL(2 ea daily); AL(At least 6 yrs old)
amphetamine-dextroamphetamine tabs 3.75mg-3.75mg-3.75mg-3.75mg	F	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
amphetamine-dextroamphetamine tabs 5mg-5mg-5mg-5mg, 2.5mg-2.5mg-2.5mg-2.5mg, 7.5mg-7.5mg-7.5mg-7.5mg, 1.25mg-1.25mg-1.25mg-1.25mg, 1.875mg-1.875mg-1.875mg-1.875mg, 3.125mg-3.125mg-3.125mg-3.125mg	F	QL(2 ea daily); AL(At least 6 yrs old)
DEXEDRINE CP24 10 MG, 15 MG (Use Dextroamphetamine Sulfate)	NF	
DEXEDRINE CP24 5 MG (Use Dextroamphetamine Sulfate)	NF	QL(2 ea daily); AL(At least 6 yrs old)
dextroamphetamine sulfate cp24 5 mg, 10 mg, 15 mg	F	QL(2 ea daily); AL(At least 6 yrs old)
DYANAVEL XR SUER 2.5 MG/ML	F	PA
VYVANSE CAPS	F	QL(1 ea daily); AL(At least 6 yrs old)
VYVANSE CHEW	F	QL(1 ea daily); AL(At least 6 yrs old)
<b>Attention-Deficit/Hyperactivity Disorder (ADHD)</b>		
atomoxetine hcl caps	F	QL(1 ea daily); AL(At least 6 yrs old)
guanfacine hcl (adhd) tb24	F	QL(1 ea daily); AL(At least 6 yrs old)
INTUNIV TB24 (Use Guanfacine HCl (ADHD))	NF	QL(1 ea daily); AL(At least 6 yrs old)
KAPVAY TB12 0.1 MG (Use Clonidine HCl (ADHD))	F	QL(4 ea daily); AL(At least 6 yrs old)
STRATTERA CAPS (Use Atomoxetine HCl)	NF	QL(1 ea daily); AL(At least 6 yrs old)
<b>Stimulants - Misc.</b>		

Drug Name	Drug Tier	Requirements/ Limits
APTENSIO XR CP24	F	QL(1 ea daily); AL(At least 6 yrs old)
CONCERTA TBCR ( <i>Use Methylphenidate HCl</i> )	NF	QL(2 ea daily); AL(At least 6 yrs old)
DAYTRANA PTCH	F	QL(1 ea daily); AL(At least 6 yrs old)
FOCALIN TABS ( <i>Use Dexmethylphenidate HCl</i> )	F	QL(2 ea daily); AL(At least 6 yrs old)
FOCALIN XR CP24 ( <i>Use Dexmethylphenidate HCl</i> )	F	QL(2 ea daily); AL(At least 6 yrs old)
METADATE CD CPCR ( <i>Use Methylphenidate HCl</i> )	NF	QL(1 ea daily); AL(At least 6 yrs old)
METHYLIN CHEW 5 MG, 10 MG, 2.5 MG ( <i>Use Methylphenidate HCl</i> )	NF	QL(3 ea daily); AL(At least 6 yrs old)
METHYLIN SOLN 5 MG/5ML, 10 MG/5ML ( <i>Use Methylphenidate HCl</i> )	F	QL(10 ml daily); AL(At least 6 yrs old)
<i>methylphenidate hcl chew or 5 mg, 10 mg, 2.5 mg</i>	F	QL(3 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl cp24 or 10 mg, 20 mg, 30 mg, 40 mg</i>	F	QL(2 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl cpcr or 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	F	QL(1 ea daily); AL(At least 6 yrs old)
METHYLPHENIDATE HCL ER TBCR	F	QL(2 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tabs or 5 mg, 10 mg, 20 mg</i>	F	QL(3 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tbc or 18 mg, 27 mg, 36 mg, 54 mg</i>	F	QL(2 ea daily); AL(At least 6 yrs old)
METHYLPHENIDATE HYDROCHLORIDE ER (LA) CP24	F	QL(2 ea daily); AL(At least 6 yrs old)
METHYLPHENIDATE HYDROCHLORIDE ER TB24	F	QL(2 ea daily); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
QUILLICHEW ER CHER	F	QL(1 ea daily); AL(At least 6 yrs old)
QUILLIVANT XR SUSR	F	QL(5 ml daily, 30 day(s) limit); AL(At least 6 yrs old)
RITALIN LA CP24 10 MG ( <i>Use Methylphenidate HCl</i> )	F	QL(2 ea daily); AL(At least 6 yrs old)
RITALIN LA CP24 20 MG, 30 MG ( <i>Use Methylphenidate HCl</i> )	NF	QL(2 ea daily); AL(At least 6 yrs old)
RITALIN TABS ( <i>Use Methylphenidate HCl</i> )	NF	QL(3 ea daily); AL(At least 6 yrs old)
<b>ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions</b>		
<b>Opioid Partial Agonists</b>		
<i>buprenorphine hcl subl sl 2 mg, 8 mg</i>	F	Smart PA Required;AL(At least 6 yrs old)
SUBOXONE FILM	F	AL(At least 6 yrs old)
<b>ANTI-ANXIETY AGENTS - Drugs to Treat Anxiety</b>		
<b>Antianxiety Agents - Misc.</b>		
<i>bupropion hcl tabs or 30 mg</i>	F	QL(2 ea daily); AL(At least 6 yrs old)
<i>bupropion hcl tabs or 5 mg, 10 mg, 15 mg, 7.5 mg</i>	F	QL(4 ea daily); AL(At least 6 yrs old)
HYDROXYZINE HCL SOLN IM 25 MG/ML	F	PA
<i>hydroxyzine hcl soln im 50 mg/ml</i>	F	PA
<i>hydroxyzine hcl syrp or 10 mg/5ml</i>	F	QL(4 ml daily)
<i>hydroxyzine hcl tabs or 10 mg, 25 mg, 50 mg</i>	F	QL(8 ea daily)
HYDROXYZINE PAMOATE CAPS OR 100 MG	F	QL(4 ea daily); AL(At least 6 yrs old)
<i>hydroxyzine pamoate caps or 25 mg, 50 mg</i>	F	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
VISTARIL CAPS ( <i>Use Hydroxyzine Pamoate</i> )	NF	QL(4 ea daily)
<b>Benzodiazepines</b>		
ALPRAZOLAM INTENSOL CONC	F	Limit alprazolam to 4mg daily; QL(60 ml per 15 days retail); AL(At least 6 yrs old)
<i>alprazolam tabs or 0.25 mg, 0.5 mg, 1 mg</i>	F	Limit alprazolam to 4mg daily; QL(4 ea daily); AL(At least 6 yrs old)
<i>alprazolam tabs or 2 mg</i>	F	Limit alprazolam to 4mg daily; QL(2 ea daily); AL(At least 6 yrs old)
<i>alprazolam tb24 or 0.5 mg, 1 mg, 2 mg, 3 mg</i>	F	Limit alprazolam to 4mg daily; QL(1 ea daily); AL(At least 6 yrs old)
<i>alprazolam tbdp or 0.25 mg, 0.5 mg, 1 mg</i>	F	Limit alprazolam to 4mg daily; QL(4 ea daily); AL(At least 6 yrs old)
<i>alprazolam tbdp or 2 mg</i>	F	Limit alprazolam to 4mg daily; QL(2 ea daily); AL(At least 6 yrs old)
ATIVAN SOLN IJ 2 MG/ML, 4 MG/ML ( <i>Use Lorazepam</i> )	NF	PA
ATIVAN TABS OR 0.5 MG, 1 MG ( <i>Use Lorazepam</i> )	NF	QL(4 ea daily); AL(At least 6 yrs old)
ATIVAN TABS OR 2 MG ( <i>Use Lorazepam</i> )	NF	QL(3 ea daily); AL(At least 6 yrs old)
<i>chlordiazepoxide hcl caps</i>	F	QL(2 ea daily); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<i>clorazepate dipotassium tabs 15 mg</i>	F	QL(2 ea daily); AL(At least 6 yrs old)
<i>clorazepate dipotassium tabs 7.5 mg, 3.75 mg</i>	F	QL(4 ea daily); AL(At least 6 yrs old)
<i>diazepam conc or 5 mg/ml</i>	F	QL(2 ml daily); AL(At least 6 yrs old)
DIAZEPAM SOAJ IM 10 MG/2ML	F	PA
DIAZEPAM SOLN IJ 5 MG/ML	F	PA
DIAZEPAM SOLN OR 5 MG/5ML	F	QL(10 ml daily); AL(At least 6 yrs old)
<i>diazepam tabs or 2 mg, 5 mg, 10 mg</i>	F	QL(4 ea daily); AL(At least 6 yrs old)
<i>lorazepam conc or 2 mg/ml</i>	F	QL(2 ml daily); AL(At least 6 yrs old)
<i>lorazepam soln ij 2 mg/ml, 4 mg/ml, 20 mg/10ml</i>	F	PA
<i>lorazepam tabs or 0.5 mg, 1 mg</i>	F	QL(4 ea daily); AL(At least 6 yrs old)
<i>lorazepam tabs or 2 mg</i>	F	QL(3 ea daily); AL(At least 6 yrs old)
<i>oxazepam caps 10 mg, 15 mg, 30 mg</i>	F	QL(2 ea daily); AL(At least 6 yrs old)
OXAZEPAM CAPS 30 MG	F	QL(2 ea daily); AL(At least 6 yrs old)
TRANXENE T TABS ( <i>Use Clorazepate Dipotassium</i> )	NF	QL(4 ea daily); AL(At least 6 yrs old)
VALIUM TABS ( <i>Use Diazepam</i> )	NF	QL(4 ea daily); AL(At least 6 yrs old)
XANAX TABS 0.25 MG, 0.5 MG, 1 MG ( <i>Use Alprazolam</i> )	NF	Limit alprazolam to 4mg daily; QL(4 ea daily); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
XANAX TABS 2 MG ( <i>Use Alprazolam</i> )	NF	Limit alprazolam to 4mg daily; QL(2 ea daily); AL(At least 6 yrs old)
XANAX XR TB24 ( <i>Use Alprazolam</i> )	NF	Limit alprazolam to 4mg daily; QL(1 ea daily); AL(At least 6 yrs old)

### ANTICONVULSANTS - Drugs to Treat Seizures

#### Anticonvulsants - Benzodiazepines

<i>clonazepam tabs or 0.5 mg, 1 mg</i>	F	QL(4 ea daily); AL(At least 6 yrs old)
<i>clonazepam tabs or 2 mg</i>	F	QL(2 ea daily); AL(At least 6 yrs old)
<i>clonazepam tbdp or 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	F	QL(4 ea daily); AL(At least 6 yrs old)
<i>clonazepam tbdp or 2 mg</i>	F	QL(2 ea daily); AL(At least 6 yrs old)
KLONOPIN TABS 0.5 MG, 1 MG ( <i>Use Clonazepam</i> )	NF	QL(4 ea daily); AL(At least 6 yrs old)
KLONOPIN TABS 2 MG ( <i>Use Clonazepam</i> )	NF	QL(2 ea daily); AL(At least 6 yrs old)

#### Anticonvulsants - Misc.

<i>carbamazepine chew or 100 mg</i>	F	
<i>carbamazepine cp12 or 100 mg, 200 mg, 300 mg</i>	F	
<i>carbamazepine susp or 100 mg/5ml</i>	F	
<i>carbamazepine tabs or 200 mg</i>	F	
<i>carbamazepine tb12 or 100 mg, 200 mg, 400 mg</i>	F	
CARBATROL CP12 ( <i>Use Carbamazepine</i> )	NF	
<i>gabapentin caps or 100 mg, 300 mg, 400 mg</i>	F	AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>gabapentin soln or 250 mg/5ml, 300 mg/6ml</i>	F	AL(At least 6 yrs old)
<i>gabapentin tabs or 600 mg, 800 mg</i>	F	AL(At least 6 yrs old)
LAMICTAL CHEWABLE DISPERSIBLE CHEW ( <i>Use Lamotrigine</i> )	NF	AL(At least 6 yrs old)
LAMICTAL ODT TBDP 25 MG, 50 MG, 100 MG, 200 MG ( <i>Use Lamotrigine</i> )	NF	AL(At least 6 yrs old)
LAMICTAL TABS ( <i>Use Lamotrigine</i> )	NF	AL(At least 6 yrs old)
LAMICTAL XR TB24 25 MG, 50 MG, 100 MG, 200 MG, 250 MG, 300 MG ( <i>Use Lamotrigine</i> )	NF	AL(At least 6 yrs old)
<i>lamotrigine chew or 5 mg, 25 mg</i>	F	AL(At least 6 yrs old)
<i>lamotrigine tabs or 25 mg, 100 mg, 150 mg, 200 mg</i>	F	AL(At least 6 yrs old)
<i>lamotrigine tb24 or 25 mg, 50 mg, 100 mg, 200 mg, 250 mg, 300 mg</i>	F	AL(At least 6 yrs old)
<i>lamotrigine tbdp or 25 mg, 50 mg, 100 mg, 200 mg</i>	F	AL(At least 6 yrs old)
NEURONTIN CAPS ( <i>Use Gabapentin</i> )	NF	AL(At least 6 yrs old)
NEURONTIN SOLN ( <i>Use Gabapentin</i> )	NF	AL(At least 6 yrs old)
NEURONTIN TABS ( <i>Use Gabapentin</i> )	NF	AL(At least 6 yrs old)
<i>oxcarbazepine susp</i>	F	AL(At least 6 yrs old)
<i>oxcarbazepine tabs</i>	F	AL(At least 6 yrs old)
TEGRETOL SUSP ( <i>Use Carbamazepine</i> )	NF	
TEGRETOL TABS ( <i>Use Carbamazepine</i> )	NF	
TEGRETOL-XR TB12 ( <i>Use Carbamazepine</i> )	NF	
TOPAMAX SPRINKLE CPSP ( <i>Use Topiramate</i> )	NF	AL(At least 6 yrs old)
TOPAMAX TABS ( <i>Use Topiramate</i> )	NF	AL(At least 6 yrs old)



Drug Name	Drug Tier	Requirements/ Limits
<i>topiramate csp or 15 mg, 25 mg</i>	F	AL(At least 6 yrs old)
<i>topiramate tabs or 25 mg, 50 mg, 100 mg, 200 mg</i>	F	AL(At least 6 yrs old)
TRILEPTAL SUSP ( <i>Use Oxcarbazepine</i> )	NF	AL(At least 6 yrs old)
TRILEPTAL TABS ( <i>Use Oxcarbazepine</i> )	NF	AL(At least 6 yrs old)
<b>Valproic Acid</b>		
DEPAKENE CAPS ( <i>Use Valproic Acid</i> )	NF	
DEPAKENE SOLN ( <i>Use Valproate Sodium</i> )	NF	
DEPAKOTE ER TB24 ( <i>Use Divalproex Sodium</i> )	NF	
DEPAKOTE SPRINKLES CSDR ( <i>Use Divalproex Sodium</i> )	NF	
DEPAKOTE TBEC ( <i>Use Divalproex Sodium</i> )	NF	
<i>divalproex sodium csdr or 125 mg</i>	F	
<i>divalproex sodium tb24 or 250 mg, 500 mg</i>	F	
<i>divalproex sodium tbec or 125 mg, 250 mg, 500 mg</i>	F	
<i>valproate sodium soln or 250 mg/5ml</i>	F	
<i>valproic acid caps 250 mg</i>	F	
<b>ANTIDEPRESSANTS - Drugs to Treat Depression</b>		
<b>Alpha-2 Receptor Antagonists (Tetracyclics)</b>		
<i>mirtazapine tabs or 15 mg, 30 mg, 45 mg, 7.5 mg</i>	F	QL(1 ea daily); AL(At least 6 yrs old)
<i>mirtazapine tbdp or 15 mg, 30 mg, 45 mg</i>	F	QL(1 ea daily); AL(At least 6 yrs old)
REMERON SOLTAB TBDP ( <i>Use Mirtazapine</i> )	NF	QL(1 ea daily); AL(At least 6 yrs old)
REMERON TABS ( <i>Use Mirtazapine</i> )	NF	QL(1 ea daily); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<b>Antidepressants - Misc.</b>		
<i>bupropion hcl tabs or 75 mg, 100 mg</i>	F	QL(4 ea daily); AL(At least 6 yrs old)
<i>bupropion hcl tb12 or 100 mg, 150 mg, 200 mg</i>	F	QL(2 ea daily); AL(At least 6 yrs old)
<i>bupropion hcl tb24 or 150 mg, 300 mg</i>	F	QL(1 ea daily); AL(At least 6 yrs old)
BUPROPION HYDROCHLORIDE ER TB24	F	PA
FORFIVO XL TB24	F	PA
MAPROTILINE HCL TABS	F	AL(At least 6 yrs old)
WELLBUTRIN SR TB12 ( <i>Use Bupropion HCl</i> )	NF	QL(2 ea daily); AL(At least 6 yrs old)
WELLBUTRIN XL TB24 ( <i>Use Bupropion HCl</i> )	NF	QL(1 ea daily); AL(At least 6 yrs old)
<b>Monoamine Oxidase Inhibitors (MAOIs)</b>		
EMSAM PT24	F	PA; AL(At least 6 yrs old)
MARPLAN TABS	F	AL(At least 6 yrs old)
NARDIL TABS ( <i>Use Phenelzine Sulfate</i> )	NF	AL(At least 6 yrs old)
PARNATE TABS ( <i>Use Tranylcypromine Sulfate</i> )	NF	AL(At least 6 yrs old)
<i>phenelzine sulfate tabs or 15 mg</i>	F	AL(At least 6 yrs old)
<i>tranylcypromine sulfate tabs 10 mg</i>	F	AL(At least 6 yrs old)
<b>Selective Serotonin Reuptake Inhibitors (SSRIs)</b>		
CELEXA TABS 10 MG ( <i>Use Citalopram Hydrobromide</i> )	NF	QL(2 ea daily); AL(At least 6 yrs old)
CELEXA TABS 20 MG, 40 MG ( <i>Use Citalopram Hydrobromide</i> )	NF	QL(1 ea daily); AL(At least 6 yrs old)
<i>citalopram hydrobromide soln 10 mg/5ml</i>	F	QL(20 ml daily); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>citalopram hydrobromide tabs 10 mg</i>	F	QL(2 ea daily); AL(At least 6 yrs old)
<i>citalopram hydrobromide tabs 20 mg, 40 mg</i>	F	QL(1 ea daily); AL(At least 6 yrs old)
<i>escitalopram oxalate soln 5 mg/5ml</i>	F	QL(20 ml daily); AL(At least 6 yrs old)
<i>escitalopram oxalate tabs 10 mg, 20 mg</i>	F	QL(1 ea daily); AL(At least 6 yrs old)
<i>escitalopram oxalate tabs 5 mg</i>	F	QL(2 ea daily); AL(At least 6 yrs old)
FLUOXETINE DR CPDR	F	PA; AL(At least 6 yrs old)
<i>fluoxetine hcl caps or 10 mg, 40 mg</i>	F	QL(2 ea daily); AL(At least 6 yrs old)
<i>fluoxetine hcl caps or 20 mg</i>	F	QL(4 ea daily); AL(At least 6 yrs old)
<i>fluoxetine hcl soln or 20 mg/5ml</i>	F	QL(20 ml daily); AL(At least 6 yrs old)
<i>fluvoxamine maleate cp24 100 mg</i>	F	QL(3 ea daily); AL(At least 6 yrs old)
<i>fluvoxamine maleate cp24 150 mg</i>	F	QL(2 ea daily); AL(At least 6 yrs old)
<i>fluvoxamine maleate tabs 100 mg</i>	F	QL(3 ea daily); AL(At least 6 yrs old)
<i>fluvoxamine maleate tabs 25 mg</i>	F	QL(2 ea daily); AL(At least 6 yrs old)
<i>fluvoxamine maleate tabs 50 mg</i>	F	QL(6 ea daily); AL(At least 6 yrs old)
LEXAPRO SOLN 5 MG/5ML (Use <i>Escitalopram Oxalate</i> )	NF	QL(20 ml daily); AL(At least 6 yrs old)
LEXAPRO TABS 10 MG, 20 MG (Use <i>Escitalopram Oxalate</i> )	NF	QL(1 ea daily); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
LEXAPRO TABS 5 MG (Use <i>Escitalopram Oxalate</i> )	NF	QL(2 ea daily); AL(At least 6 yrs old)
<i>paroxetine hcl tabs 10 mg, 20 mg, 30 mg</i>	F	QL(1 ea daily); AL(At least 6 yrs old)
<i>paroxetine hcl tabs 40 mg</i>	F	QL(1.5 ea daily); AL(At least 6 yrs old)
<i>paroxetine hcl tb24 25 mg, 12.5 mg, 37.5 mg</i>	F	QL(3 ea daily); AL(At least 6 yrs old)
PAXIL CR TB24 (Use <i>Paroxetine HCl</i> )	NF	QL(3 ea daily); AL(At least 6 yrs old)
PAXIL SUSP 10 MG/5ML	F	QL(30 ml daily); AL(At least 6 yrs old)
PAXIL TABS 10 MG, 20 MG, 30 MG (Use <i>Paroxetine HCl</i> )	NF	QL(1 ea daily); AL(At least 6 yrs old)
PAXIL TABS 40 MG (Use <i>Paroxetine HCl</i> )	NF	QL(1.5 ea daily); AL(At least 6 yrs old)
PEXEVA TABS	F	PA; AL(At least 6 yrs old)
PROZAC CAPS 10 MG, 40 MG (Use <i>Fluoxetine HCl</i> )	NF	QL(2 ea daily); AL(At least 6 yrs old)
PROZAC CAPS 20 MG (Use <i>Fluoxetine HCl</i> )	NF	QL(4 ea daily); AL(At least 6 yrs old)
<i>sertraline hcl conc or 20 mg/ml</i>	F	QL(10 ml daily); AL(At least 6 yrs old)
<i>sertraline hcl tabs or 100 mg</i>	F	QL(2 ea daily); AL(At least 6 yrs old)
<i>sertraline hcl tabs or 25 mg</i>	F	QL(3 ea daily); AL(At least 6 yrs old)
<i>sertraline hcl tabs or 50 mg</i>	F	QL(4 ea daily); AL(At least 6 yrs old)
ZOLOFT CONC 20 MG/ML (Use <i>Sertraline HCl</i> )	NF	QL(10 ml daily); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
ZOLOFT TABS 100 MG (Use Sertraline HCl)	NF	QL(2 ea daily); AL(At least 6 yrs old)
ZOLOFT TABS 25 MG (Use Sertraline HCl)	NF	QL(3 ea daily); AL(At least 6 yrs old)
ZOLOFT TABS 50 MG (Use Sertraline HCl)	NF	QL(4 ea daily); AL(At least 6 yrs old)
<b>Serotonin Modulators</b>		
NEFAZODONE HCL TABS 100 MG	F	QL(2 ea daily); AL(At least 6 yrs old)
NEFAZODONE HCL TABS 150 MG	F	QL(4 ea daily); AL(At least 6 yrs old)
<i>nefazodone hcl tabs 50 mg, 250 mg</i>	F	QL(2 ea daily); AL(At least 6 yrs old)
NEFAZODONE HYDROCHLORIDE TABS 200 MG	F	QL(3 ea daily); AL(At least 6 yrs old)
NEFAZODONE HYDROCHLORIDE TABS 50 MG, 250 MG	F	QL(2 ea daily); AL(At least 6 yrs old)
<i>trazodone hcl tabs or 100 mg</i>	F	QL(4 ea daily); AL(At least 6 yrs old)
<i>trazodone hcl tabs or 150 mg</i>	F	QL(2 ea daily); AL(At least 6 yrs old)
<i>trazodone hcl tabs or 300 mg</i>	F	QL(1 ea daily); AL(At least 6 yrs old)
<i>trazodone hcl tabs or 50 mg</i>	F	QL(3 ea daily); AL(At least 6 yrs old)
VIIBRYD STARTER PACK KIT	F	PA; AL(At least 6 yrs old)
VIIBRYD TABS	F	PA; AL(At least 6 yrs old)
<b>Serotonin-Norepinephrine Reuptake Inhibitors</b>		
CYMBALTA CPEP 20 MG, 30 MG (Use Duloxetine HCl)	NF	QL(4 ea daily); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
CYMBALTA CPEP 60 MG (Use Duloxetine HCl)	NF	QL(2 ea daily); AL(At least 6 yrs old)
DESVENLAFAXINE ER TB24 100 MG	F	QL(1 ea daily); AL(At least 6 yrs old)
DESVENLAFAXINE ER TB24 50 MG	F	QL(2 ea daily); AL(At least 6 yrs old)
<i>desvenlafaxine succinate tb24</i>	F	QL(4 ea daily); AL(At least 6 yrs old)
<i>duloxetine hcl cpep or 20 mg, 30 mg</i>	F	QL(4 ea daily); AL(At least 6 yrs old)
<i>duloxetine hcl cpep or 60 mg</i>	F	QL(2 ea daily); AL(At least 6 yrs old)
EFFEXOR XR CP24 150 MG (Use Venlafaxine HCl)	NF	QL(1 ea daily); AL(At least 6 yrs old)
EFFEXOR XR CP24 75 MG, 37.5 MG (Use Venlafaxine HCl)	NF	QL(3 ea daily); AL(At least 6 yrs old)
PRISTIQ TB24 (Use Desvenlafaxine Succinate)	NF	QL(4 ea daily); AL(At least 6 yrs old)
<i>venlafaxine hcl cp24 150 mg</i>	F	QL(1 ea daily); AL(At least 6 yrs old)
<i>venlafaxine hcl cp24 75 mg, 37.5 mg</i>	F	QL(3 ea daily); AL(At least 6 yrs old)
<i>venlafaxine hcl tabs 25 mg</i>	F	QL(4 ea daily); AL(At least 6 yrs old)
<i>venlafaxine hcl tabs 50 mg, 100 mg, 37.5 mg</i>	F	QL(3 ea daily); AL(At least 6 yrs old)
<i>venlafaxine hcl tabs 75 mg</i>	F	QL(5 ea daily); AL(At least 6 yrs old)
<b>Tricyclic Agents</b>		
<i>amitriptyline hcl tabs or 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg</i>	F	AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
AMOXAPINE TABS	F	AL(At least 6 yrs old)
ANAFRANIL CAPS (Use Clomipramine HCl)	NF	AL(At least 6 yrs old)
clomipramine hcl caps or 25 mg, 50 mg, 75 mg	F	AL(At least 6 yrs old)
desipramine hcl tabs or 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg	F	AL(At least 6 yrs old)
doxepin hcl caps or 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg	F	QL(3 ea daily); AL(At least 6 yrs old)
doxepin hcl conc or 10 mg/ml	F	QL(6 ml daily); AL(At least 6 yrs old)
ELAVIL TABS (Use Amitriptyline HCl)	NF	AL(At least 6 yrs old)
imipramine hcl tabs or 10 mg, 25 mg, 50 mg	F	AL(At least 6 yrs old)
imipramine pamoate caps	F	AL(At least 6 yrs old)
NORPRAMIN TABS (Use Desipramine HCl)	NF	AL(At least 6 yrs old)
nortriptyline hcl caps or 10 mg, 25 mg, 50 mg, 75 mg	F	AL(At least 6 yrs old)
nortriptyline hcl soln or 10 mg/5ml	F	AL(At least 6 yrs old)
NORTRIPTYLINE HCL SOLN OR 10 MG/5ML	F	AL(At least 6 yrs old)
PAMELOR CAPS (Use Nortriptyline HCl)	NF	AL(At least 6 yrs old)
protriptyline hcl tabs	F	AL(At least 6 yrs old)
SURMONTIL CAPS (Use Trimipramine Maleate)	NF	AL(At least 6 yrs old)
TOFRANIL TABS (Use Imipramine HCl)	NF	AL(At least 6 yrs old)
trimipramine maleate caps or 25 mg, 50 mg, 100 mg	F	AL(At least 6 yrs old)
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
<b>Opioid Antagonists</b>		
NALOXONE HCL SOCT IJ 0.4 MG/ML	F	AL(At least 6 yrs old)
naloxone hcl soln ij 0.4 mg/ml, 4 mg/10ml	F	AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
NALOXONE HCL SOSY IJ 2 MG/2ML	F	AL(At least 6 yrs old)
naltrexone hcl tabs or	F	AL(At least 6 yrs old)
NARCAN LIQD	F	AL(At least 6 yrs old)
VIVITROL SUSR	F	AL(At least 6 yrs old); SP
<b>ANTIHISTAMINES - Drugs to Treat Allergies</b>		
<b>Antihistamines - Ethanolamines</b>		
ALER-DRYL TABS	F	AL(At least 6 yrs old)
BENADRYL ALLERGY CAPS (Use Diphenhydramine HCl)	NF	AL(At least 6 yrs old)
BENADRYL ALLERGY CHILDRENS CHEW (Use Diphenhydramine HCl)	NF	AL(At least 6 yrs old)
BENADRYL ALLERGY CHILDRENS LIQD (Use Diphenhydramine HCl)	NF	AL(At least 6 yrs old)
BENADRYL ALLERGY TABS (Use Diphenhydramine HCl)	NF	AL(At least 6 yrs old)
diphenhydramine hcl caps or 25 mg	F	AL(At least 6 yrs old)
diphenhydramine hcl caps or 50 mg	F	AL(At least 6 yrs old); RX/OTC
diphenhydramine hcl chew or 12.5 mg	F	AL(At least 6 yrs old)
diphenhydramine hcl elix or 12.5 mg/5ml	F	AL(At least 6 yrs old); RX/OTC
diphenhydramine hcl liqd or 25 mg/10ml, 50 mg/20ml, 6.25 mg/ml, 12.5 mg/5ml	F	AL(At least 6 yrs old)
diphenhydramine hcl tabs or 25 mg	F	AL(At least 6 yrs old)
SILPHEN COUGH SYRP	F	AL(At least 6 yrs old)
VANAMINE PD LIQD (Use Diphenhydramine HCl)	NF	AL(At least 6 yrs old)
<b>Antihistamines - Piperidines</b>		

Drug Name	Drug Tier	Requirements/ Limits
<i>cyproheptadine hcl tabs or 4 mg</i>	F	AL(At least 6 yrs old)
<b>ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure</b>		
<b>Antiadrenergic Antihypertensives</b>		
CATAPRES TABS ( <i>Use Clonidine HCl</i> )	NF	AL(At least 6 yrs old)
<i>clonidine hcl tabs or 0.1 mg, 0.2 mg, 0.3 mg</i>	F	AL(At least 6 yrs old)
<i>guanfacine hcl tabs</i>	F	AL(At least 6 yrs old)
MINIPRESS CAPS ( <i>Use Prazosin HCl</i> )	NF	AL(At least 6 yrs old)
<i>prazosin hcl caps</i>	F	AL(At least 6 yrs old)
TENEX TABS ( <i>Use Guanfacine HCl</i> )	NF	AL(At least 6 yrs old)
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease</b>		
<b>Antiparkinson Anticholinergics</b>		
<i>benztropine mesylate soln ij 1 mg/ml</i>	F	PA
<i>benztropine mesylate tabs or 0.5 mg, 1 mg, 2 mg</i>	F	AL(At least 6 yrs old)
COGENTIN SOLN ( <i>Use Benztropine Mesylate</i> )	NF	PA
<i>trihexyphenidyl hcl elix 0.4 mg/ml</i>	F	
<i>trihexyphenidyl hcl tabs 2 mg, 5 mg</i>	F	AL(At least 6 yrs old)
<b>Antiparkinson Dopaminergics</b>		
<i>amantadine hcl caps or 100 mg</i>	F	
<i>amantadine hcl syrp or 50 mg/5ml</i>	F	
<i>amantadine hcl tabs or 100 mg</i>	F	
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders</b>		
<b>Antimanic Agents</b>		
<i>lithium carbonate caps or 150 mg, 300 mg, 600 mg</i>	F	
<i>lithium carbonate tabs or 300 mg</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
<i>lithium carbonate tbcr or 300 mg, 450 mg</i>	F	
LITHIUM SOLN	F	
LITHOBID TBCR ( <i>Use Lithium Carbonate</i> )	NF	
<b>Antipsychotics - Misc.</b>		
EQUETRO CP12	F	AL(At least 6 yrs old)
GEODON CAPS OR 20 MG ( <i>Use Ziprasidone HCl</i> )	NF	QL(3 ea daily); AL(At least 6 yrs old)
GEODON SOLR IM 20 MG	F	PA; AL(At least 18 yrs old)
LATUDA TABS	F	QL(1 ea daily); AL(At least 6 yrs old)
<i>ziprasidone hcl caps 20 mg, 40 mg, 60 mg</i>	F	QL(3 ea daily); AL(At least 6 yrs old)
<i>ziprasidone hcl caps 80 mg</i>	F	QL(2 ea daily); AL(At least 6 yrs old)
<b>Benzisoxazoles</b>		
INVEGA SUSTENNA SUSP	F	1 rtl pack lmt amt,28 rtl pack lmt day(s);; AL(At least 18 yrs old); SP
INVEGA TRINZA SUSP 273 MG/0.875ML	F	Try Invega Sustenna first;1 rtl pack lmt amt,90 rtl pack lmt day(s);; AL(At least 18 yrs old); SP
INVEGA TRINZA SUSP 546 MG/1.75ML, 410 MG/1.315ML, 819 MG/2.625ML	F	Try Invega Sustenna first;AL(At least 18 yrs old); SP
RISPERDAL CONSTA SUSR	F	Limit 2 per month;QL(2 ea per 30 days retail); AL(At least 18 yrs old); SP

Drug Name	Drug Tier	Requirements/ Limits
RISPERDAL M-TAB TBDP 0.5 MG (Use Risperidone)	NF	QL(4 ea daily); AL(At least 6 yrs old)
RISPERDAL M-TAB TBDP 1 MG (Use Risperidone)	NF	QL(3 ea daily); AL(At least 6 yrs old)
RISPERDAL SOLN 1 MG/ML (Use Risperidone)	NF	QL(8 ml daily, 240 ml per 30 days retail); AL(At least 6 yrs old)
RISPERDAL TABS 0.25 MG, 0.5 MG (Use Risperidone)	NF	QL(4 ea daily); AL(At least 6 yrs old)
RISPERDAL TABS 1 MG (Use Risperidone)	NF	
RISPERDAL TABS 3 MG (Use Risperidone)	NF	QL(2 ea daily); AL(At least 6 yrs old)
RISPERIDONE ODT TBDP	F	QL(4 ea daily); AL(At least 6 yrs old)
<i>risperidone soln 1 mg/ml</i>	F	QL(8 ml daily, 240 ml per 30 days retail); AL(At least 6 yrs old)
<i>risperidone tabs 0.25 mg, 0.5 mg</i>	F	QL(4 ea daily); AL(At least 6 yrs old)
<i>risperidone tabs 1 mg, 2 mg</i>	F	QL(3 ea daily); AL(At least 6 yrs old)
<i>risperidone tabs 3 mg, 4 mg</i>	F	QL(2 ea daily); AL(At least 6 yrs old)
<i>risperidone tbdp 0.25 mg, 0.5 mg</i>	F	QL(4 ea daily); AL(At least 6 yrs old)
<i>risperidone tbdp 1 mg, 2 mg</i>	F	QL(3 ea daily); AL(At least 6 yrs old)
<i>risperidone tbdp 3 mg, 4 mg</i>	F	QL(2 ea daily); AL(At least 6 yrs old)
<b>Butyrophenones</b>		

Drug Name	Drug Tier	Requirements/ Limits
HALDOL DECANOATE 100 SOLN (Use Haloperidol Decanoate)	NF	AL(At least 18 yrs old)
HALDOL DECANOATE 50 SOLN (Use Haloperidol Decanoate)	NF	AL(At least 18 yrs old)
HALDOL SOLN (Use Haloperidol Lactate)	NF	AL(At least 6 yrs old)
<i>haloperidol decanoate soln im 50 mg/ml, 100 mg/ml</i>	F	AL(At least 18 yrs old)
<i>haloperidol lactate conc</i>	F	AL(At least 6 yrs old)
<i>haloperidol lactate soln</i>	F	AL(At least 6 yrs old)
<i>haloperidol tabs or 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg, 20 mg</i>	F	AL(At least 6 yrs old)
<b>Dibenzapines</b>		
CLOZAPINE ODT TBDP	F	QL(5 ea daily); AL(At least 18 yrs old)
<i>clozapine tabs 25 mg, 50 mg, 100 mg, 200 mg</i>	F	QL(5 ea daily); AL(At least 18 yrs old)
<i>clozapine tbdp 25 mg, 100 mg</i>	F	QL(5 ea daily); AL(At least 18 yrs old)
CLOZARIL TABS (Use Clozapine)	NF	QL(5 ea daily); AL(At least 18 yrs old)
FAZACLO TBDP 25 MG, 100 MG (Use Clozapine)	NF	QL(5 ea daily); AL(At least 18 yrs old)
<i>loxapine succinate caps</i>	F	AL(At least 6 yrs old)
<i>olanzapine solr im 10 mg</i>	F	PA
<i>olanzapine tabs or 15 mg, 20 mg</i>	F	QL(1 ea daily); AL(At least 6 yrs old)
<i>olanzapine tabs or 2.5 mg, 7.5 mg</i>	F	QL(1 ea daily, 30 day(s) limit); AL(At least 6 yrs old)
<i>olanzapine tabs or 5 mg, 10 mg</i>	F	QL(2 ea daily); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>olanzapine tbdp or 15 mg, 20 mg</i>	F	QL(1 ea daily); AL(At least 6 yrs old)
<i>olanzapine tbdp or 5 mg, 10 mg</i>	F	QL(2 ea daily); AL(At least 6 yrs old)
<i>quetiapine fumarate tabs 25 mg, 50 mg, 100 mg, 200 mg</i>	F	QL(4 ea daily); AL(At least 6 yrs old)
<i>quetiapine fumarate tabs 300 mg, 400 mg</i>	F	QL(2 ea daily); AL(At least 6 yrs old)
SAPHRIS SUBL	F	QL(2 ea daily); AL(At least 6 yrs old)
SEROQUEL TABS 25 MG, 100 MG, 200 MG, 400 MG (Use Quetiapine Fumarate)	NF	
SEROQUEL TABS 300 MG (Use Quetiapine Fumarate)	NF	QL(2 ea daily); AL(At least 6 yrs old)
ZYPREXA SOLR IM 10 MG (Use Olanzapine)	NF	PA
ZYPREXA TABS OR 15 MG, 20 MG (Use Olanzapine)	NF	QL(1 ea daily); AL(At least 6 yrs old)
ZYPREXA TABS OR 2.5 MG, 7.5 MG (Use Olanzapine)	NF	QL(1 ea daily,30 day(s) limit); AL(At least 6 yrs old)
ZYPREXA TABS OR 5 MG, 10 MG (Use Olanzapine)	NF	
ZYPREXA ZYDIS TBDP 15 MG, 20 MG (Use Olanzapine)	NF	QL(1 ea daily); AL(At least 6 yrs old)
ZYPREXA ZYDIS TBDP 5 MG, 10 MG (Use Olanzapine)	NF	QL(2 ea daily); AL(At least 6 yrs old)
<b>Dihydroindolones</b>		
MOLINDONE HYDROCHLORIDE TABS	F	PA
<b>Phenothiazines</b>		
CHLORPROMAZINE HCL SOLN IJ 25 MG/ML, 50 MG/2ML	F	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>chlorpromazine hcl tabs or 10 mg, 25 mg, 50 mg, 100 mg, 200 mg</i>	F	AL(At least 6 yrs old)
<i>fluphenazine decanoate soln ij</i>	F	AL(At least 18 yrs old)
FLUPHENAZINE HCL CONC OR 5 MG/ML	F	AL(At least 6 yrs old)
FLUPHENAZINE HCL ELIX OR 2.5 MG/5ML	F	AL(At least 6 yrs old)
FLUPHENAZINE HCL SOLN IJ 2.5 MG/ML	F	PA; AL(At least 18 yrs old)
<i>fluphenazine hcl tabs or 1 mg, 5 mg, 10 mg, 2.5 mg</i>	F	AL(At least 6 yrs old)
<i>perphenazine tabs or 2 mg, 4 mg, 8 mg, 16 mg</i>	F	AL(At least 6 yrs old)
<i>thioridazine hcl tabs or 10 mg, 25 mg, 50 mg, 100 mg</i>	F	AL(At least 6 yrs old)
<i>trifluoperazine hcl tabs</i>	F	AL(At least 6 yrs old)
<b>Quinolinone Derivatives</b>		
ABILIFY MAINTENA PRSY	F	1 rtl pack lmt amt,30 rtl pack lmt day(s),; AL(At least 18 yrs old); SP
ABILIFY MAINTENA SRER	F	1 rtl pack lmt amt,30 rtl pack lmt day(s),; AL(At least 18 yrs old); SP
ABILIFY TABS 2 MG (Use Aripiprazole)	NF	
ABILIFY TABS 5 MG, 10 MG, 15 MG, 20 MG, 30 MG (Use Aripiprazole)	NF	QL(1 ea daily); AL(At least 6 yrs old)
<i>aripiprazole soln 1 mg/ml</i>	F	PA
<i>aripiprazole tabs 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg</i>	F	QL(1 ea daily); AL(At least 6 yrs old)
<i>aripiprazole tbdp 10 mg, 15 mg</i>	F	PA
ARISTADA INITIO PRSY	F	2 rtl MAX fill,365 rtl day(s) supply,; AL(At least 18 yrs old); SP

Drug Name	Drug Tier	Requirements/ Limits
ARISTADA PRSY	F	1 rtl pack lmt amt,30 rtl pack lmt day(s); AL(At least 18 yrs old); SP
<b>Thioxanthenes</b>		
<i>thiothixene caps</i>	F	AL(At least 6 yrs old)
<b>BETA BLOCKERS - Drugs to Treat High Blood Pressure</b>		
<b>Beta Blockers Non-Selective</b>		
CORGARD TABS (Use <i>Nadolol</i> )	NF	AL(At least 6 yrs old)
<i>nadolol tabs or 20 mg, 40 mg, 80 mg</i>	F	AL(At least 6 yrs old)
<i>propranolol hcl tabs or 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	F	AL(At least 6 yrs old)
<b>CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions</b>		
<b>Peripheral Vasodilators</b>		
<i>inositol niacinate caps</i>	F	
<i>inositol niacinate tabs</i>	F	
NIACIN FLUSH FREE CAPS	F	
NIACIN FLUSH-FREE EXTRA STRENGTH CAPS	F	
NO FLUSH NIACIN TABS	F	
<b>HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders</b>		
<b>Cobalamins</b>		
B-12 TABS	F	AL(At least 6 yrs old)
<i>cyanocobalamin tabs</i>	F	AL(At least 6 yrs old)
<b>Folic Acid/Folates</b>		
<i>folic acid tabs</i>	F	AL(At least 6 yrs old); RX/OTC
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		

Drug Name	Drug Tier	Requirements/ Limits
<b>Antihistamine Hypnotics</b>		
<i>diphenhydramine hcl (sleep) caps 25 mg</i>	F	QL(2 ea daily)
<i>diphenhydramine hcl (sleep) caps 50 mg</i>	F	QL(1 ea daily)
<i>diphenhydramine hcl (sleep) liqd 50 mg/30ml</i>	F	QL(30 ml daily)
<i>diphenhydramine hcl (sleep) tabs 25 mg</i>	F	QL(2 ea daily)
<i>diphenhydramine hcl (sleep) tabs 50 mg</i>	F	QL(1 ea daily)
<i>diphenhydramine hcl (sleep) tbdp 25 mg</i>	F	QL(2 ea daily)
NYTOL MAXIMUM STRENGTH TABS (Use <i>Diphenhydramine HCl (Sleep)</i> )	NF	QL(1 ea daily)
UNISOM SLEEPGELS CAPS (Use <i>Diphenhydramine HCl (Sleep)</i> )	NF	QL(1 ea daily)
UNISOM SLEEPMELTS TBDP (Use <i>Diphenhydramine HCl (Sleep)</i> )	NF	QL(2 ea daily)
WAL-SLEEP Z LIQUID SHOTS LIQD	F	QL(50 ml daily)
ZZZQUIL CAPS 25 MG (Use <i>Diphenhydramine HCl (Sleep)</i> )	NF	QL(2 ea daily)
ZZZQUIL LIQD 50 MG/30ML (Use <i>Diphenhydramine HCl (Sleep)</i> )	NF	QL(30 ml daily)
<b>Non-Barbiturate Hypnotics</b>		
AMBIEN TABS 10 MG (Use <i>Zolpidem Tartrate</i> )	NF	QL(1 ea daily); AL(At least 6 yrs old)
AMBIEN TABS 5 MG (Use <i>Zolpidem Tartrate</i> )	NF	QL(2 ea daily); AL(At least 6 yrs old)
RESTORIL CAPS (Use <i>Temazepam</i> )	NF	QL(1 ea daily); AL(At least 6 yrs old)
<i>temazepam caps</i>	F	QL(1 ea daily); AL(At least 6 yrs old)



Drug Name	Drug Tier	Requirements/ Limits
<i>zolpidem tartrate tabs or 10 mg</i>	F	QL(1 ea daily); AL(At least 6 yrs old)
<i>zolpidem tartrate tabs or 5 mg</i>	F	QL(2 ea daily); AL(At least 6 yrs old)
<b>Selective Melatonin Receptor Agonists</b>		
HETLIOZ CAPS	F	PA
ROZEREM TABS	F	ST; QL(1 ea daily); AL(At least 6 yrs old)
<b>LAXATIVES - Bowel Treatment Drugs</b>		
<b>Bulk Laxatives</b>		
ADVANCED FIBER COMPLEX/ACIDOPHILUS CAPS	F	
<i>calcium polycarbophil tabs 625 mg</i>	F	
CITRUCEL FIBER LAXATIVE POWD ( <i>Use Methylcellulose (Laxative)</i> )	NF	
CITRUCEL TABS ( <i>Use Methylcellulose (Laxative)</i> )	NF	
<i>corn dextrin powd</i>	F	
CVS NATURAL FIBER SUPPLEMENT PACK	F	
EQUALACTIN CHEW 625 MG	F	
EVAC POWD ( <i>Use Psyllium</i> )	NF	
<i>fiber chew</i>	F	
FIBER COMPLETE TABS	F	
FIBER DIET TABS	F	
FIBER FORMULA CAPS	F	
<i>fiber powd</i>	F	
FIBERCON TABS ( <i>Use Calcium Polycarbophil</i> )	NF	
FIBEREX F15 LIQD	F	

Drug Name	Drug Tier	Requirements/ Limits
HM FIBER POWDER POWD	F	
HYDROCIL INSTANT PACK	F	
HYDROCIL INSTANT POWD ( <i>Use Psyllium</i> )	NF	
KONSYL DAILY FIBER PACK 100 %, 28.3 %	F	
KONSYL DAILY FIBER POWD 100 % ( <i>Use Psyllium</i> )	NF	
KONSYL DAILY FIBER POWD 60.3 %	F	
KONSYL ORIGINAL FORMULADAILY FIBER POWD ( <i>Use Psyllium</i> )	NF	
KONSYL PACK	F	
KONSYL POWD	F	
KONSYL-D POWD	F	
LIQUAFIBER LIQD	F	
METAMUCIL CAPS 0.52 GM ( <i>Use Psyllium</i> )	NF	
METAMUCIL FIBER PACK	F	
METAMUCIL FREE & NATURAL POWD	F	
METAMUCIL MULTIHEALTH FIBER POWD	F	
METAMUCIL MULTIHEALTH FIBER SINGLES PACK	F	
METAMUCIL ORIGINAL TEXTURE POWD ( <i>Use Psyllium</i> )	NF	
METAMUCIL POWD 48.57 % ( <i>Use Psyllium</i> )	NF	
METAMUCIL SMOOTH TEXTUREFIBER SINGLES PACK	F	
METAMUCIL WAFR	F	

Drug Name	Drug Tier	Requirements/ Limits
<i>methylcellulose (laxative) powd</i>	F	
<i>methylcellulose (laxative) tabs</i>	F	
NAT-RUL PSYLLIUM SEED HUSKS CAPS	F	
PROFIBER LIQD	F	
<i>psyllium caps</i>	F	
<i>psyllium powd</i>	F	
SM FIBER POWDER POWD	F	
UNIFIBER POWD	F	
<b>Laxatives - Miscellaneous</b>		
<i>lactulose soln 10 gm/15ml, 20 gm/30ml</i>	F	
<b>Saline Laxatives</b>		
FLEET ENEMA ENEM (Use Sodium Phosphates)	NF	
FLEET ENEMA SIX PACK ENEM (Use Sodium Phosphates)	NF	
FLEET PEDIATRIC ENEM (Use Sodium Phosphates)	NF	
<i>magnesium citrate soln or 1.745gm/30ml, 1.745 gm/30ml,</i>	F	
<i>magnesium oxide (laxative) tabs 500 mg</i>	F	
PEDIA-LAX CHEW OR 400 MG	F	
PHILLIPS MILK OF MAGNESIA CHEWABLE CHEW	F	
PHILLIPS TABS (Use Magnesium Oxide (Laxative))	NF	
<i>sodium phosphates enem</i>	F	
<i>sodium phosphates soln</i>	F	
<b>Stimulant Laxatives</b>		

Drug Name	Drug Tier	Requirements/ Limits
AGORAL MAXIMUM STRENGTH LIQD	F	
<i>bisacodyl supp re 10 mg</i>	F	
<i>bisacodyl tbec or 5 mg</i>	F	
BLACK DRAUGHT CHEW 10 MG	F	
<i>cascara sagrada caps 450 mg</i>	F	
CASCARA SAGRADA EXTR 1 GM/ML	F	
DULCOLAX SUPP (Use Bisacodyl)	NF	
DULCOLAX TBEC (Use Bisacodyl)	NF	
EVAC-U-GEN CHEW	F	
EX-LAX CHEW (Use Sennosides)	NF	
EX-LAX MAXIMUM STRENGTH TABS (Use Sennosides)	NF	
EX-LAX TABS (Use Sennosides)	NF	
FLEET BISACODYL ENEM	F	
LITTLE TUMMYS LAXATIVE LIQD	F	
SENNA LEAVES LEAV	F	
SENNA SYRP OR	F	
<i>sennosides caps</i>	F	
<i>sennosides chew</i>	F	
<i>sennosides liqd</i>	F	
<i>sennosides syrp</i>	F	
<i>sennosides tabs</i>	F	
SENOKOT TABS (Use Sennosides)	NF	
SENOKOT XTRA TABS (Use Sennosides)	NF	

Drug Name	Drug Tier	Requirements/ Limits
<b>Surfactant Laxatives</b>		
COLACE CAPS ( <i>Use Docusate Sodium</i> )	NF	AL(At least 6 yrs old)
<i>docusate sodium caps or 100 mg, 250 mg</i>	F	AL(At least 6 yrs old)
<i>docusate sodium liqd or 50 mg/5ml, 150 mg/15ml</i>	F	
<i>docusate sodium syrps or 60 mg/15ml</i>	F	
<i>docusate sodium tabs or 100 mg</i>	F	
PEDIA-LAX LIQD OR 50 MG/15ML	F	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<b>Throat Products - Misc.</b>		
AQUORAL AERS	F	
AQUORAL SOLN	F	RX/OTC
<i>artificial saliva lozgs</i>	F	RX/OTC
BIOTENE DRY MOUTH GUM GUM	F	
BIOTENE DRY MOUTH MOISTURIZING SPRAY SOLN	F	RX/OTC
BIOTENE ORALBALANCE DRY MOUTH MOISTURIZING GEL	F	
BIOTENE PBF DRY MOUTH GUM GUM	F	
BOCASAL PACK	F	
CAPHOSOL SOLN	F	RX/OTC
CAPHOSOL TBEF	F	
CVS DRY MOUTH SPRAY SOLN	F	RX/OTC
EQL DRY MOUTH ORAL RINSE SOLN	F	RX/OTC
MIGHTEAFLOW GUM	F	
MOI-STIR SOLN	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MOUHKOTE SOLN	F	RX/OTC
NEUTRASAL PACK	F	
NUMOISYN LIQD	F	RX/OTC
ORAL RELIEF FOR DRY MOUTH& DISCOMFORT GEL	F	
ORAL RELIEF FOR DRY MOUTH& DISCOMFORT KIT	F	
ORAL RELIEF SPRAY FOR DRYMOUTH & DISCOMFORT SOLN	F	RX/OTC
RA DRY MOUTH SOLN	F	RX/OTC
SALIVAMAX PACK	F	
SALIVATE RX PACK	F	
<b>MULTIVITAMINS</b>		
<b>Multiple Vitamins w/ Minerals</b>		
ADVANCED DIABETIC MULTIVITAMIN FORMULA TABS	F	AL(At least 6 yrs old); RX/OTC
ALIVE ENERGY 50+ TABS	F	AL(At least 6 yrs old); RX/OTC
ALIVE MENS ENERGY TABS	F	AL(At least 6 yrs old); RX/OTC
ALIVE ONCE DAILY WOMENS 50+ ULTRA POTENCY TABS	F	AL(At least 6 yrs old); RX/OTC
ALIVE ONCE DAILY WOMENS ULTRA POTENCY TABS	F	AL(At least 6 yrs old); RX/OTC
ALIVE WOMENS 50+ TABS	F	AL(At least 6 yrs old); RX/OTC
ALIVE WOMENS ENERGY TABS	F	AL(At least 6 yrs old); RX/OTC
ANTIOXIDANT FORTE TABS	F	AL(At least 6 yrs old); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AP-ZEL TABS	F	AL(At least 6 yrs old); RX/OTC	CERTAVITE SENIOR/ANTIOXIDANT NUTRIENTS TABS	F	AL(At least 6 yrs old); RX/OTC
BACMIN TABS	F	AL(At least 6 yrs old); RX/OTC	CLINICAL NUTRIENTS 45-PLUS WOMEN TABS	F	AL(At least 6 yrs old); RX/OTC
BASIC AM TABS	F	AL(At least 6 yrs old); RX/OTC	CLINICAL NUTRIENTS 50-PLUS MEN TABS	F	AL(At least 6 yrs old); RX/OTC
BASIC PM TABS	F	AL(At least 6 yrs old); RX/OTC	CLINICAL NUTRIENTS FOR FEMALE TEENS TABS	F	AL(At least 6 yrs old); RX/OTC
CAL-DAY 1000 TABS	F	AL(At least 6 yrs old); RX/OTC	CLINICAL NUTRIENTS FOR MALE TEENS TABS	F	AL(At least 6 yrs old); RX/OTC
CENTRAVITES 50 PLUS TABS	F	AL(At least 6 yrs old); RX/OTC	CLINICAL NUTRIENTS FOR MEN TABS	F	AL(At least 6 yrs old); RX/OTC
CENTRAVITES ADULTS TABS	F	AL(At least 6 yrs old); RX/OTC	CLINICAL NUTRIENTS FOR WOMEN TABS	F	AL(At least 6 yrs old); RX/OTC
CENTRUM ADULTS TABS (Use Multiple Vitamins w/ Minerals)	NF	AL(At least 6 yrs old); RX/OTC	CVS ONE DAILY MENS 50+ ADVANCED TABS	F	AL(At least 6 yrs old); RX/OTC
CENTRUM CARDIO TABS	F	AL(At least 6 yrs old); RX/OTC	CVS SPECTRAVITE ADULT 50+ TABS	F	AL(At least 6 yrs old); RX/OTC
CENTRUM MEN TABS	F	AL(At least 6 yrs old); RX/OTC	CVS SPECTRAVITE ULTRA MEN50+ TABS	F	AL(At least 6 yrs old); RX/OTC
CENTRUM SILVER ULTRA MENS TABS	F	AL(At least 6 yrs old); RX/OTC	CVS SPECTRAVITE ULTRA MENS HEALTH SENIOR TABS	F	AL(At least 6 yrs old); RX/OTC
CENTRUM SILVER ULTRA WOMENS TABS	F	AL(At least 6 yrs old); RX/OTC	CVS SPECTRAVITE ULTRA MENS HEALTH TABS	F	AL(At least 6 yrs old); RX/OTC
CENTRUM SPECIALIST HEART TABS	F	AL(At least 6 yrs old); RX/OTC	CVS SPECTRAVITE ULTRA WOMEN TABS	F	AL(At least 6 yrs old); RX/OTC
CENTRUM SPECIALIST IMMUNE SUPPORT TABS	F	AL(At least 6 yrs old); RX/OTC	CVS SPECTRAVITE ULTRA WOMENS HEALTH SENIOR TABS	F	AL(At least 6 yrs old); RX/OTC
CENTRUM SPECIALIST VISION TABS	F	AL(At least 6 yrs old); RX/OTC	CVS SPECTRAVITE ULTRA WOMENS HEALTH TABS	F	AL(At least 6 yrs old); RX/OTC
CENTRUM ULTRA WOMENS TABS	F	AL(At least 6 yrs old); RX/OTC	DERMAVITE TABS	F	AL(At least 6 yrs old); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
EQ COMPLETE MULTIVITAMINADULTS UNDER 50 TABS	F	AL(At least 6 yrs old); RX/OTC
EQ ONE DAILY MENS 50+ TABS	F	AL(At least 6 yrs old); RX/OTC
EQ ONE DAILY MENS HEALTH TABS	F	AL(At least 6 yrs old); RX/OTC
EQ ONE DAILY WOMENS 50+ TABS	F	AL(At least 6 yrs old); RX/OTC
EQ ONE DAILY WOMENS HEALTH TABS	F	AL(At least 6 yrs old); RX/OTC
EQL CENTURY MATURE ADULTS50+ TABS	F	AL(At least 6 yrs old); RX/OTC
EQL CENTURY MENS TABS	F	AL(At least 6 yrs old); RX/OTC
EQL CENTURY WOMENS TABS	F	AL(At least 6 yrs old); RX/OTC
EQL ONE DAILY MENS TABS	F	AL(At least 6 yrs old); RX/OTC
FITNESS TABS FOR MEN AM/PM/LYCOPENE TABS	F	AL(At least 6 yrs old); RX/OTC
FITNESS TABS FOR WOMEN AM/PM/LYCOPENE TABS	F	AL(At least 6 yrs old); RX/OTC
FREEDAVITE TABS	F	AL(At least 6 yrs old); RX/OTC
GERI-FREEDA SENIOR FORMULA TABS	F	AL(At least 6 yrs old); RX/OTC
HAIR-VITES TABS	F	AL(At least 6 yrs old); RX/OTC
HM COMPLETE 50+ MENS ULTIMATE TABS	F	AL(At least 6 yrs old); RX/OTC
HM COMPLETE 50+ WOMENS ULTIMATE TABS	F	AL(At least 6 yrs old); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
HM COMPLETE TABS	F	AL(At least 6 yrs old); RX/OTC
HM HAIR/SKIN/NAILS TABS	F	AL(At least 6 yrs old); RX/OTC
HM ONE DAILY MENS TABS	F	AL(At least 6 yrs old); RX/OTC
HM ONE DAILY WOMENS TABS	F	AL(At least 6 yrs old); RX/OTC
HYALEX TABS	F	AL(At least 6 yrs old); RX/OTC
ICAPS AREDS FORMULA TABS	F	AL(At least 6 yrs old); RX/OTC
ICAPS PLUS TABS	F	AL(At least 6 yrs old); RX/OTC
K-PAX IMMUNE SUPPORT FORMULA PROFESSIONAL STRENGTH TABS	F	AL(At least 6 yrs old); RX/OTC
MACULAR VITAMIN BENEFIT TABS	F	AL(At least 6 yrs old); RX/OTC
MEGA MULTI FOR WOMEN TABS	F	AL(At least 6 yrs old); RX/OTC
MEGA MULTIVITAMIN FOR MEN TABS	F	AL(At least 6 yrs old); RX/OTC
MEGA MULTIVITAMIN FOR WOMEN TABS	F	AL(At least 6 yrs old); RX/OTC
MEGAVITE FRUITS & VEGGIES TABS	F	AL(At least 6 yrs old); RX/OTC
MEGAVITE GOLDEN YEARS 55+ TABS	F	AL(At least 6 yrs old); RX/OTC
MENS 50+ MULTI VITAMIN &MINERAL FORMULA TABS	F	AL(At least 6 yrs old); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MENS MULTI VITAMIN & MINERAL FORMULA TABS	F	AL(At least 6 yrs old); RX/OTC	ONCOVITE TABS	F	AL(At least 6 yrs old); RX/OTC
MULTI-BETIC DIABETES TABS	F	AL(At least 6 yrs old); RX/OTC	ONE DAILY MENS FORMULA W/O IRON TABS	F	AL(At least 6 yrs old); RX/OTC
MULTI-VITAMIN MONOCAPS TABS	F	AL(At least 6 yrs old); RX/OTC	ONE DAILY PLUS IRON TABS	F	AL(At least 6 yrs old); RX/OTC
<i>multiple vitamins w/ minerals tabs</i>	F	AL(At least 6 yrs old); RX/OTC	ONE DAILY WOMENS TABS	F	AL(At least 6 yrs old); RX/OTC
MULTIVITAMIN ADULTS TABS	F	AL(At least 6 yrs old); RX/OTC	ONE-A-DAY ENERGY TABS	F	AL(At least 6 yrs old); RX/OTC
MULTIVITAMIN MEN TABS	F	AL(At least 6 yrs old); RX/OTC	ONE-A-DAY MENOPAUSE FORMULA TABS	F	AL(At least 6 yrs old); RX/OTC
NAT-RUL THERAVITE-M/HIGHPOTENCY TABS	F	AL(At least 6 yrs old); RX/OTC	ONE-A-DAY MENS 50+ ADVANTAGE TABS	F	AL(At least 6 yrs old); RX/OTC
NATRUL-MEGA-75 TABS	F	AL(At least 6 yrs old); RX/OTC	ONE-A-DAY MENS HEALTH FORMULA TABS	F	AL(At least 6 yrs old); RX/OTC
NATRUL-VITES TABS	F	AL(At least 6 yrs old); RX/OTC	ONE-A-DAY MENS PRO EDGE TABS	F	AL(At least 6 yrs old); RX/OTC
NICADAN TABS	F	AL(At least 6 yrs old); RX/OTC	ONE-A-DAY PROACTIVE 65+ TABS	F	AL(At least 6 yrs old); RX/OTC
NICADAN ZX TABS	F	AL(At least 6 yrs old); RX/OTC	ONE-A-DAY TEEN ADVANTAGEFOR HIM TABS	F	AL(At least 6 yrs old); RX/OTC
NICAZEL FORTE TABS	F	AL(At least 6 yrs old); RX/OTC	OPTI-WOMAN TABS	F	AL(At least 6 yrs old); RX/OTC
NICAZEL TABS	F	AL(At least 6 yrs old); RX/OTC	OPURITY TABS	F	AL(At least 6 yrs old); RX/OTC
NO IRON MULTIPLE VITAMIN/MINERALS TABS	F	AL(At least 6 yrs old); RX/OTC	OSTEOPRIME PLUS/CALCIUM & MAGNESIUM TABS	F	AL(At least 6 yrs old); RX/OTC
NUTRICAP TABS	F	AL(At least 6 yrs old); RX/OTC	PARVLEX TABS	F	AL(At least 6 yrs old); RX/OTC
OCULAR VITAMINS TABS	F	AL(At least 6 yrs old); RX/OTC	PHYTOMULTI TABS	F	AL(At least 6 yrs old); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
PRESERVISION AREDS TABS	F	AL(At least 6 yrs old); RX/OTC
PRO-CAL TABS	F	AL(At least 6 yrs old); RX/OTC
PROCERV HP TABS	F	AL(At least 6 yrs old); RX/OTC
PRORENAL+D TABS	F	AL(At least 6 yrs old); RX/OTC
PROVIT TABS	F	AL(At least 6 yrs old); RX/OTC
QUENCH TABS	F	AL(At least 6 yrs old); RX/OTC
QUIN B STRONG TABS	F	AL(At least 6 yrs old); RX/OTC
QUINTABS-M TABS	F	AL(At least 6 yrs old); RX/OTC
RA CENTRAL-VITE TABS	F	AL(At least 6 yrs old); RX/OTC
RA CENTRAL-VITE UNDER 50MENS TABS	F	AL(At least 6 yrs old); RX/OTC
RA CENTRAL-VITE UNDER 50WOMENS TABS	F	AL(At least 6 yrs old); RX/OTC
RENAPLEX-D TABS	F	AL(At least 6 yrs old); RX/OTC
REQ 49+ TABS	F	AL(At least 6 yrs old); RX/OTC
SENTRY SENIOR TABS	F	AL(At least 6 yrs old); RX/OTC
SENTRY SENIOR/LUTEIN TABS	F	AL(At least 6 yrs old); RX/OTC
SENTRY TABS	F	AL(At least 6 yrs old); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SIDEROL TABS	F	AL(At least 6 yrs old); RX/OTC
SM ONE DAILY MENS TABS	F	AL(At least 6 yrs old); RX/OTC
SM ONE DAILY WOMENS TABS	F	AL(At least 6 yrs old); RX/OTC
SOLO TABS	F	AL(At least 6 yrs old); RX/OTC
STROVITE ONE TABS	F	AL(At least 6 yrs old); RX/OTC
SUPERB NAILS TABS	F	AL(At least 6 yrs old); RX/OTC
T-VITES TABS	F	AL(At least 6 yrs old); RX/OTC
THERA M PLUS TABS	F	AL(At least 6 yrs old); RX/OTC
THERA-M TABS	F	AL(At least 6 yrs old); RX/OTC
THERA-TABS M TABS	F	AL(At least 6 yrs old); RX/OTC
THERABETIC MULTI-VITAMIN TABS	F	AL(At least 6 yrs old); RX/OTC
THERAGRAN-M ADVANCED 50 PLUS TABS	F	AL(At least 6 yrs old); RX/OTC
THERAGRAN-M ADVANCED TABS	F	AL(At least 6 yrs old); RX/OTC
THERAGRAN-M PREMIER 50 PLUS TABS	F	AL(At least 6 yrs old); RX/OTC
THERAGRAN-M PREMIER TABS	F	AL(At least 6 yrs old); RX/OTC
THERAGRAN-M TABS	F	AL(At least 6 yrs old); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
THEREMS-H TABS	F	AL(At least 6 yrs old); RX/OTC
THEREMS-M TABS	F	AL(At least 6 yrs old); RX/OTC
UNICOMPLEX-M TABS	F	AL(At least 6 yrs old); RX/OTC
VITALINE TOTAL FORMULA 2 TABS	F	AL(At least 6 yrs old); RX/OTC
VITALINE TOTAL FORMULA 3 TABS	F	AL(At least 6 yrs old); RX/OTC
VITAMIN D3 COMPLETE TABS	F	AL(At least 6 yrs old); RX/OTC
VITASANA TABS	F	AL(At least 6 yrs old); RX/OTC
VITATRUM TABS	F	AL(At least 6 yrs old); RX/OTC
VITRUM 50+ SENIOR MULTI TABS	F	AL(At least 6 yrs old); RX/OTC
VP-ZEL TABS	F	AL(At least 6 yrs old); RX/OTC
WHOLE FOOD MULTIVITAMIN TABS	F	AL(At least 6 yrs old); RX/OTC
WOMENS 50+ MULTI VITAMIN& MINERAL FORMULA TABS	F	AL(At least 6 yrs old); RX/OTC
WOMENS BIOMULTIPLE TABS	F	AL(At least 6 yrs old); RX/OTC
WOMENS MULTI VITAMIN & MINERAL FORMULA TABS	F	AL(At least 6 yrs old); RX/OTC
YELETS TEENAGE FORMULA TABS	F	AL(At least 6 yrs old); RX/OTC
<b>Multivitamins</b>		

Drug Name	Drug Tier	Requirements/ Limits
ESTROFACTORS TABS	F	AL(At least 6 yrs old)
MULTI VITAMIN TABS	F	AL(At least 6 yrs old)
MULTI VITAMIN/D-3 TABS	F	AL(At least 6 yrs old)
<i>multiple vitamin tabs</i>	F	AL(At least 6 yrs old)
NEOMULTIVITE TABS	F	AL(At least 6 yrs old)
OMNICAP TABS	F	AL(At least 6 yrs old)
QUINTABS TABS	F	AL(At least 6 yrs old)
THERA TABS	F	AL(At least 6 yrs old)
<b>NUTRIENTS</b>		
<b>Misc. Nutritional Substances</b>		
FISH OIL CAPS	F	AL(At least 6 yrs old)
FISH OIL CHEW	F	AL(At least 6 yrs old)
FISH OIL PEARLS CAPS	F	AL(At least 6 yrs old)
FISH OIL TRIPLE STRENGTH CAPS	F	AL(At least 6 yrs old)
FISH OIL ULTRA CAPS	F	AL(At least 6 yrs old)
HM FISH OIL CAPS	F	AL(At least 6 yrs old)
OCEAN BLUE MINICAPS OMEGA-3 CAPS	F	AL(At least 6 yrs old)
OMEGA POWER CAPS	F	AL(At least 6 yrs old)
OMEGA-3 2100 CAPS	F	AL(At least 6 yrs old)
OMEGA-3 CAPS	F	AL(At least 6 yrs old)
OMEGA-3 EPA FISH OIL CAPS	F	AL(At least 6 yrs old)
<i>omega-3 fatty acids caps</i>	F	AL(At least 6 yrs old)
<i>omega-3 fatty acids chew</i>	F	AL(At least 6 yrs old)



Drug Name	Drug Tier	Requirements/Limits
OMEGA-3 FISH OIL EXTRA STRENGTH CAPS	F	AL(At least 6 yrs old)
RA FISH OIL EXTRA STRENGTH CAPS	F	AL(At least 6 yrs old)
RA TRIPLE STRENGTH FISH OIL CAPS	F	AL(At least 6 yrs old)
SALMON CAPS	F	AL(At least 6 yrs old)
SALMON OIL CAPS	F	AL(At least 6 yrs old)
SALMON OIL-1000 CAPS	F	AL(At least 6 yrs old)
SM FISH OIL CAPS	F	AL(At least 6 yrs old)
SUPER TWIN EPA/DHA CAPS	F	AL(At least 6 yrs old)
ULTRA OMEGA 3 CAPS	F	AL(At least 6 yrs old)
ULTRA OMEGA-3 FISH OIL BURP-LESS CAPS	F	AL(At least 6 yrs old)
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions</b>		
<b>Agents for Chemical Dependency</b>		
<i>acamprosate calcium tbec</i>	F	AL(At least 6 yrs old)
ANTABUSE TABS ( <i>Use Disulfiram</i> )	NF	AL(At least 6 yrs old)
<i>disulfiram tabs or 250 mg, 500 mg</i>	F	AL(At least 6 yrs old)
<b>Postherpetic Neuralgia (PHN)/Neuropathic Pain</b>		
GRALISE TABS	F	PA; AL(At least 6 yrs old)
<b>Premenstrual Dysphoric Disorder (PMDD) Agents</b>		
FLUOXETINE CAPS	F	QL(4 ea daily); AL(At least 6 yrs old)
<b>Psychotherapeutic and Neurological Agents -</b>		
ORAP TABS ( <i>Use Pimozide</i> )	NF	AL(At least 12 yrs old)
<i>pimozide tabs</i>	F	AL(At least 12 yrs old)
<b>Restless Leg Syndrome (RLS) Agents</b>		

Drug Name	Drug Tier	Requirements/Limits
HORIZANT TBCR 600 MG	F	PA; AL(At least 6 yrs old)
<b>THYROID AGENTS - Drugs to Regulate Thyroid Hormones</b>		
<b>Thyroid Hormones</b>		
ARMOUR THYROID TABS 30 MG, 60 MG, 90 MG, 120 MG ( <i>Use Thyroid</i> )	NF	AL(At least 6 yrs old)
CYTOMEL TABS ( <i>Use Liothyronine Sodium</i> )	NF	AL(At least 6 yrs old)
<i>levothyroxine sodium tabs or 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg</i>	F	AL(At least 6 yrs old)
<i>liothyronine sodium tabs or 5 mcg, 25 mcg, 50 mcg</i>	F	AL(At least 6 yrs old)
NATURE-THROID TABS 65 MG, 130 MG, 195 MG, 32.5 MG	F	AL(At least 6 yrs old)
SYNTHROID TABS ( <i>Use Levothyroxine Sodium</i> )	NF	AL(At least 6 yrs old)
<i>thyroid tabs or 30 mg, 60 mg, 90 mg, 120 mg</i>	F	AL(At least 6 yrs old)
WESTHROID TABS 65 MG, 130 MG, 195 MG, 32.5 MG	F	AL(At least 6 yrs old)
WP THYROID TABS 65 MG, 130 MG, 32.5 MG	F	AL(At least 6 yrs old)
<b>URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms</b>		
<b>Urinary Antispasmodics - Cholinergic Agonists</b>		
<i>bethanechol chloride tabs or 5 mg, 10 mg, 25 mg, 50 mg</i>	F	AL(At least 6 yrs old)
URECHOLINE TABS ( <i>Use Bethanechol Chloride</i> )	NF	AL(At least 6 yrs old)
<b>VITAMINS</b>		
<b>Oil Soluble Vitamins</b>		
KEY-E CHEW OR	F	AL(At least 6 yrs old)
<i>vitamin e caps or 100 unit, 200 unit, 400 unit</i>	F	AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
VITAMIN E CHEW OR 400 UNIT	F	AL (At least 6 yrs old)
<b>Water Soluble Vitamins</b>		
B-1 TABS	F	AL (At least 6 yrs old)
<i>niacin cpcr</i>	F	
<i>niacin tbc</i>	F	
<i>pyridoxine hcl tabs</i>	F	AL (At least 6 yrs old)
SLO-NIACIN TBCR ( <i>Use Niacin</i> )	NF	
<i>thiamine hcl tabs</i>	F	AL (At least 6 yrs old)

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