



mercy care

**Title 19/21 Non-SMI & Non-Title 19/21 SMI
Behavioral Health Drug List**

Updated 10/01/2021

What is the Mercy Care Formulary?

This is a drug list created by Mercy Care. The plan will cover drugs on this list. Some drugs may have coverage rules. If the rules for that drug are met, the plan will cover the drug. Drugs must also be filled at a plan network pharmacy.

Can the Plan's Drug List change?

The plan may add or remove drugs on the list. All drug removals from the formulary will be sent to the state for review before the change is made. Utilizing members and their providers will be notified at least 30 days before a drug is removed from the formulary. All changes to the formulary will be posted on the plan's website.

How do I use the Plan's Formulary?

- **Column #1:** lists the covered drug. Brand drugs are in upper case letters (e.g., DRUG). Generics are in lower case letters (e.g., drug).
- **Column #2:** shows brand drug for the generic; *brand drugs are not covered if generic equivalent is available.*
- **Column #3:** tells you if drug has a need for prior authorization or other restrictions

Drugs are also grouped by drug class. If you know what class your drug is in, please look for that class name in the table of contents. Then look under that page for your drug.

What are generic drugs?

The plan covers both brand and generic drugs. Generic drugs cost less and are approved by the Food and Drug Administration (FDA).

Are Over-The-Counter (OTC) drugs covered?

The plan will cover OTC drugs on the formulary. Some OTC drugs may have coverage rules. If the rules for that OTC drug are met, the plan will cover the OTC drug. Like other drugs, OTC drugs need a prescription from a doctor if they are to be covered by the plan.

Are there Medication Copays?

Refer to member handbook for copay information.

What are some types of coverage rules?

- **Prior Approval (PA):** This means your doctor will need to get approval from the plan first before the drug can be filled at the pharmacy. If it is not approved, the plan will not cover the drug.
- **Quantity Level Limits (QLL):** This means there is a limit on the amount of drug the plan will cover. For example, the plan provides 60 pills in 30 days for some drugs.
- **Step Therapy (ST):** This means you may need to try certain drugs first to treat your condition. After the first drug is tried, the plan will then cover the other drug for that same condition. For example, Drug A and Drug B may treat your condition. The plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, then Drug B will be covered.

What if my drug is not on the plan's Formulary?

First, please call your doctor and ask if your drug is covered. If the plan does not cover the drug, then:

- Ask your doctor for a similar drug that is covered.
- Your doctor can ask the plan to cover your drug through the prior approval process.


Definition of Symbols	
F	Formulary
AL	<p>Age Restriction: We require that the appropriate dose of medication based on age (e.g., pediatric and elderly populations) and indication AND dosage requested must be based on national established/recognized guidelines pertaining to the treatment and management of the diagnosis and age for which the medication is being used to treat. OR FDA-approved age limitations.</p> <p>Click this symbol  on the online search tool for more information.</p>
Names in <i>Italics</i>	Generic Drug - We cover both brand and generic drugs. Generic drugs have the same active ingredient formula as a brand name drug. Generic drugs usually cost less than brand name drugs and are rated by the Food and Drug Administration (FDA) to be as safe and effective as brand name drugs.
PA	This means your doctor will need to get approval from us first before the drug can be filled at the pharmacy. If it is not approved, we will not cover the drug.
QLL	This means there is a limit on the amount of drug we will cover. For example, we provide 60 pills in 30 days for some drugs.
ST	This means you may need to try certain drugs first to treat your condition. After the first drug is tried, we will then cover the other drug for that same condition. For example, Drug A and Drug B may treat your condition. We may not cover Drug B unless you try Drug A first. If Drug A does not work for you, then Drug B will be covered.

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Drug Name	Reference	Restrictions
Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant		
*Adhd Agent - Selective Alpha Adrenergic Agonists***		
<i>clonidine hcl er tablet extended release 12 hour 0.1 mg oral 0.1 mg</i>	Kapvay	QLL (4 EA per 1 day); AL (Min 6 Years)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	Intuniv	QLL (1 EA per 1 day); AL (Min 6 Years)
*Adhd Agent - Selective Norepinephrine Reuptake Inhibitor***		
<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	Strattera	QLL (1 EA per 1 day); AL (Min 6 Years)
*Amphetamine Mixtures***		
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	Adderall	QLL (2 EA per 1 day); AL (Min 6 Years)
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG	Amphetamine-Dextroamphetamine	QLL (2 EA per 1 day); AL (Min 6 Years)
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG	Amphetamine-Dextroamphet ER	QLL (1 EA per 1 day); AL (Min 6 Years)
*Amphetamines***		
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	Zenzedi	QLL (2 EA per 1 day); AL (Min 6 Years)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG		QLL (1 EA per 1 day); AL (Min 6 Years)
*Stimulants - Misc.***		
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	Focalin	QLL (2 EA per 1 day); AL (Min 6 Years)
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>		QLL (1 EA per 1 day); AL (Min 6 Years)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Ritalin	QLL (3 EA per 1 day); AL (Min 6 Years)
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 54 MG	Methylphenidate HCl ER	QLL (2 EA per 1 day); AL (Min 6 Years)
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR		QLL (1 EA per 1 day); AL (Min 6 Years)

Drug Name	Reference	Restrictions
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG	Dexmethylphenidate HCl ER	QLL (2 EA per 1 day); AL (Min 6 Years)
METHYLIN ORAL SOLUTION 10 MG/5ML, 5 MG/5ML	Methylphenidate HCl	QLL (10 ML per 1 day); AL (Min 6 Years)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG	Methylphenidate HCl ER (LA)	QLL (1 EA per 1 day); AL (Min 6 Years)
Alternative Medicines		
*Alternative Medicine - Kr's***		
<i>krill oil oral capsule 300 mg</i>	SM MegaKrill	OTC
*Alternative Medicine - Me's***		
<i>melatonin oral tablet 1 mg, 3 mg, 5 mg</i>		OTC
*Alternative Medicine Combinations - Three Ingredients***		
<i>sm omega-3 oral capsule</i>	Super Omega-3	OTC
Analgesics - Opioid		
*Opioid Partial Agonists***		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>		PA; PA Required unless the member is pregnant or nursing. The prescriber must note the following ICD-10 codes on the prescription: 1. O09.91- Supervision of high risk pregnancy, 1st Trimester. 2. O09.92- Supervision of high risk pregnancy, 2nd Trimester. 3. O09.93- Supervision of high risk pregnancy, 3rd Trimester. 4. O09.91- Supervision of high risk pregnancy- use for Postpartum Nursing Mothers. The first digit of the diagnosis code is the Letter - O and the second is a Zero - 0
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>		
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML, 300 MG/1.5ML		PA
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG	Buprenorphine HCl-Naloxone HCl	

Drug Name	Reference	Restrictions
Antianxiety Agents		
*Antianxiety Agents - Misc.***		
<i>bupirone hcl oral tablet 10 mg, 15 mg, 5 mg, 7.5 mg</i>		QLL (4 EA per 1 day); AL (Min 6 Years)
<i>bupirone hcl oral tablet 30 mg</i>		QLL (2 EA per 1 day); AL (Min 6 Years)
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>		QLL (10 ML per 1 day)
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>		QLL (8 EA per 1 day)
<i>hydroxyzine pamoate oral capsule 100 mg</i>		QLL (4 EA per 1 day)
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	Vistaril	QLL (4 EA per 1 day)
*Benzodiazepines***		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	Xanax XR	QLL (1 EA per 1 day); AL (Min 6 Years)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	Xanax	QLL (4 EA per 1 day); AL (Min 6 Years)
<i>alprazolam oral tablet 2 mg</i>	Xanax	QLL (2 EA per 1 day); AL (Min 6 Years)
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg</i>		QLL (4 EA per 1 day); AL (Min 6 Years)
<i>alprazolam oral tablet dispersible 2 mg</i>		QLL (2 EA per 1 day); AL (Min 6 Years)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>		QLL (2 EA per 1 day); AL (Min 6 Years)
<i>clorazepate dipotassium oral tablet 15 mg</i>		QLL (2 EA per 1 day); AL (Min 6 Years)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>		QLL (4 EA per 1 day); AL (Min 6 Years)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	Tranxene-T	QLL (4 EA per 1 day); AL (Min 6 Years)
<i>diazepam oral concentrate 5 mg/ml</i>	Diazepam Intensol	QLL (8 ML per 1 day); AL (Min 6 Years)
<i>diazepam oral solution 5 mg/5ml</i>		QLL (10 ML per 1 day); AL (Min 6 Years)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	Valium	QLL (4 EA per 1 day); AL (Min 6 Years)
<i>lorazepam oral concentrate 2 mg/ml</i>	LORazepam Intensol	QLL (2 ML per 1 day); AL (Min 6 Years)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	Ativan	QLL (4 EA per 1 day); AL (Min 6 Years)

Drug Name	Reference	Restrictions
<i>lorazepam oral tablet 2 mg</i>	Ativan	QLL (2 EA per 1 day); AL (Min 6 Years)
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>		QLL (2 EA per 1 day); AL (Min 6 Years)
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML		QLL (4 ML per 1 day); AL (Min 6 Years)
Anticonvulsants		
*Anticonvulsants - Benzodiazepines***		
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	KlonoPIN	QLL (4 EA per 1 day); AL (Min 6 Years)
<i>clonazepam oral tablet 2 mg</i>	KlonoPIN	QLL (2 EA per 1 day); AL (Min 6 Years)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>		QLL (4 EA per 1 day); AL (Min 6 Years)
<i>clonazepam oral tablet dispersible 2 mg</i>		QLL (2 EA per 1 day); AL (Min 6 Years)
*Anticonvulsants - Misc.***		
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	Carbatrol	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	TEGretol-XR	
<i>carbamazepine oral suspension 100 mg/5ml</i>	TEGretol	
<i>carbamazepine oral tablet 200 mg</i>	Epitol	
<i>carbamazepine oral tablet chewable 100 mg</i>		
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	Neurontin	
<i>gabapentin oral solution 250 mg/5ml</i>	Neurontin	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	Neurontin	
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	LaMICtal XR	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	LaMICtal	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	LaMICtal	
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	LaMICtal ODT	
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	Trileptal	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	Trileptal	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	Topamax Sprinkle	

Drug Name	Reference	Restrictions
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Topamax	
*Valproic Acid***		
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	Depakote ER	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	Depakote Sprinkles	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	Depakote	
<i>valproic acid oral capsule 250 mg</i>		
<i>valproic acid oral solution 250 mg/5ml</i>		
Antidepressants		
*Alpha-2 Receptor Antagonists (Tetracyclics)***		
<i>mirtazapine oral tablet 15 mg, 30 mg</i>	Remeron	QLL (1 EA per 1 day); AL (Min 6 Years)
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>		QLL (1 EA per 1 day); AL (Min 6 Years)
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	Remeron SolTab	QLL (1 EA per 1 day); AL (Min 6 Years)
*Antidepressants - Misc.***		
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	Wellbutrin SR	QLL (2 EA per 1 day); AL (Min 6 Years)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	Wellbutrin XL	QLL (1 EA per 1 day); AL (Min 6 Years)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>		QLL (4 EA per 1 day); AL (Min 6 Years)
*Selective Serotonin Reuptake Inhibitors (SsrIs)***		
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>		QLL (20 ML per 1 day); AL (Min 6 Years and Max 12 Years)
<i>citalopram hydrobromide oral tablet 10 mg</i>	CeleXA	QLL (2 EA per 1 day); AL (Min 6 Years)
<i>citalopram hydrobromide oral tablet 20 mg, 40 mg</i>	CeleXA	QLL (1 EA per 1 day); AL (Min 6 Years)
<i>escitalopram oxalate oral tablet 10 mg, 20 mg</i>	Lexapro	QLL (1 EA per 1 day); AL (Min 6 Years)
<i>escitalopram oxalate oral tablet 5 mg</i>	Lexapro	QLL (2 EA per 1 day); AL (Min 6 Years)
<i>fluoxetine hcl oral capsule 10 mg, 40 mg</i>	PROzac	QLL (2 EA per 1 day); AL (Min 6 Years)

Drug Name	Reference	Restrictions
<i>fluoxetine hcl oral capsule 20 mg</i>	PROzac	QLL (4 EA per 1 day); AL (Min 6 Years)
<i>fluoxetine hcl oral solution 20 mg/5ml</i>		QLL (20 ML per 1 day); AL (Min 6 Years and Max 12 Years)
<i>fluvoxamine maleate oral tablet 100 mg</i>		QLL (3 EA per 1 day); AL (Min 6 Years)
<i>fluvoxamine maleate oral tablet 25 mg</i>		QLL (2 EA per 1 day); AL (Min 6 Years)
<i>fluvoxamine maleate oral tablet 50 mg</i>		QLL (6 EA per 1 day); AL (Min 6 Years)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg</i>	Paxil	QLL (1 EA per 1 day); AL (Min 6 Years)
<i>paroxetine hcl oral tablet 40 mg</i>	Paxil	QLL (1.5 EA per 1 day); AL (Min 6 Years)
<i>sertraline hcl oral concentrate 20 mg/ml</i>	Zoloft	QLL (10 ML per 1 day); AL (Min 6 Years and Max 12 Years)
<i>sertraline hcl oral tablet 100 mg</i>	Zoloft	QLL (2 EA per 1 day); AL (Min 6 Years)
<i>sertraline hcl oral tablet 25 mg</i>	Zoloft	QLL (3 EA per 1 day); AL (Min 6 Years)
<i>sertraline hcl oral tablet 50 mg</i>	Zoloft	QLL (4 EA per 1 day); AL (Min 6 Years)
*Serotonin Modulators***		
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>		AL (Min 6 Years)
*Serotonin-Norepinephrine Reuptake Inhibitors (SnrIs)***		
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg</i>	Cymbalta	QLL (4 EA per 1 day); AL (Min 6 Years)
<i>duloxetine hcl oral capsule delayed release particles 60 mg</i>	Cymbalta	QLL (2 EA per 1 day); AL (Min 6 Years)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</i>	Effexor XR	QLL (2 EA per 1 day); AL (Min 6 Years)
<i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg, 75 mg</i>	Effexor XR	QLL (3 EA per 1 day); AL (Min 6 Years)
<i>venlafaxine hcl oral tablet 100 mg, 37.5 mg, 50 mg</i>		QLL (3 EA per 1 day); AL (Min 6 Years)
<i>venlafaxine hcl oral tablet 25 mg</i>		QLL (4 EA per 1 day); AL (Min 6 Years)
<i>venlafaxine hcl oral tablet 75 mg</i>		QLL (5 EA per 1 day); AL (Min 6 Years)

Drug Name	Reference	Restrictions
*Tricyclic Agents***		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>		AL (Min 6 Years)
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>		AL (Min 6 Years)
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	Anafranil	AL (Min 6 Years)
<i>desipramine hcl oral tablet 10 mg, 25 mg</i>	Norpramin	AL (Min 6 Years)
<i>desipramine hcl oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>		AL (Min 6 Years)
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>		QLL (3 EA per 1 day); AL (Min 6 Years)
<i>doxepin hcl oral concentrate 10 mg/ml</i>		QLL (6 ML per 1 day); AL (Min 6 Years)
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>		AL (Min 6 Years)
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>		AL (Min 6 Years)
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	Pamelor	AL (Min 6 Years)
<i>nortriptyline hcl oral solution 10 mg/5ml</i>		AL (Min 6 Years)
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>		AL (Min 6 Years)
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>		AL (Min 6 Years)
Antidotes And Specific Antagonists		
*Opioid Antagonists***		
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>		
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>		
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>		
<i>naltrexone hcl oral tablet 50 mg</i>		
NARCAN NASAL LIQUID 4 MG/0.1ML		
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG		
Antihistamines		
*Antihistamines - Ethanolamines***		
<i>complete allergy relief tablet 25 mg oral 25 mg</i>	Alka-Seltzer Plus Allergy	OTC

Drug Name	Reference	Restrictions
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	Banophen	
<i>diphenhydramine hcl oral liquid 6.25 mg/ml</i>		OTC
<i>diphenhydramine hcl oral tablet 25 mg</i>	Alka-Seltzer Plus Allergy	OTC
<i>gnp allergy relief oral tablet chewable 12.5 mg</i>	Benadryl Allergy Childrens	OTC
*Antihistamines - Piperidines***		
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>		
<i>cyproheptadine hcl oral tablet 4 mg</i>		
Antihypertensives		
*Antiadrenergics - Centrally Acting***		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>		AL (Min 6 Years)
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>		AL (Min 6 Years)
*Antiadrenergics - Peripherally Acting***		
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	Minipress	
Antiparkinson And Related Therapy Agents		
*Antiparkinson Anticholinergics***		
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>		
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>		
*Antiparkinson Dopaminergics***		
<i>amantadine hcl oral capsule 100 mg</i>		
<i>amantadine hcl oral syrup 50 mg/5ml</i>		
Antipsychotics/Antimanic Agents		
*Antimanic Agents***		
<i>lithium carbonate er oral tablet extended release 300 mg</i>	Lithobid	AL (Min 6 Years)
<i>lithium carbonate er oral tablet extended release 450 mg</i>		AL (Min 6 Years)
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>		AL (Min 6 Years)
<i>lithium carbonate oral tablet 300 mg</i>		AL (Min 6 Years)
*Antipsychotics - Misc.***		
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Geodon	QLL (2 EA per 1 day); AL (Min 6 Years)

Drug Name	Reference	Restrictions
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG		
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG		QLL (1 EA per 1 day); AL (Min 6 Years)
*Benzisoxazoles***		
<i>risperidone oral solution 1 mg/ml</i>	RisperDAL	QLL (8 ML per 1 day); AL (Min 6 Years)
<i>risperidone oral tablet 0.25 mg</i>		QLL (2 EA per 1 day); AL (Min 6 Years)
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	RisperDAL	QLL (2 EA per 1 day); AL (Min 6 Years)
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>		QLL (2 EA per 1 day); AL (Min 6 Years)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML		QLL (0.75 ML per 28 days); AL (Min 18 Years)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML		QLL (1 ML per 28 days); AL (Min 18 Years)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML		QLL (1.5 ML per 28 days); AL (Min 18 Years)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML		QLL (0.25 ML per 28 days); AL (Min 18 Years)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML		QLL (0.5 ML per 28 days); AL (Min 18 Years)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.875ML		QLL (0.875 ML per 28 days); AL (Min 18 Years)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.315ML		QLL (1.315 ML per 28 days); AL (Min 18 Years)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML		QLL (1.75 ML per 28 days); AL (Min 18 Years)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.625ML		QLL (2.625 ML per 28 days); AL (Min 18 Years)
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG		AL (Min 18 Years)

Drug Name	Reference	Restrictions
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG		QLL (2 EA per 28 days); AL (Min 18 Years)
*Butyrophenones***		
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	Haldol Decanoate	AL (Min 18 Years)
<i>haloperidol lactate injection solution 5 mg/ml</i>		AL (Min 6 Years)
<i>haloperidol lactate oral concentrate 2 mg/ml</i>		AL (Min 6 Years)
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>		AL (Min 6 Years)
*Dibenzodiazepines***		
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Clozaril	QLL (5 EA per 1 day); AL (Min 18 Years)
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>		QLL (5 EA per 1 day); AL (Min 18 Years)
*Dibenzothiazepines***		
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	SEROquel	QLL (2 EA per 1 day); AL (Min 6 Years)
*Dibenzoxazepines***		
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>		AL (Min 6 Years)
*Phenothiazines***		
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>		AL (Min 6 Years)
<i>fluphenazine decanoate injection solution 25 mg/ml</i>		AL (Min 18 Years)
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>		AL (Min 6 Years)
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>		AL (Min 6 Years)
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>		AL (Min 6 Years)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>		AL (Min 6 Years)
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>		AL (Min 6 Years)
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>		AL (Min 6 Years)
*Quinolinone Derivatives***		
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	Abilify	QLL (1 EA per 1 day); AL (Min 6 Years)

Drug Name	Reference	Restrictions
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG		QLL (1 EA per 28 days); AL (Min 18 Years)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG		QLL (1 EA per 28 days); AL (Min 18 Years)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML		QLL (3.9 ML per 56 days); AL (Min 18 Years)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML		QLL (1.6 ML per 28 days); AL (Min 18 Years)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML		QLL (2.4 ML per 28 days); AL (Min 18 Years)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML		QLL (3.2 ML per 28 days); AL (Min 18 Years)
*Thienbenzodiazepines***		
<i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	ZyPREXA	QLL (2 EA per 1 day); AL (Min 6 Years)
<i>olanzapine oral tablet 15 mg, 20 mg</i>	ZyPREXA	QLL (1 EA per 1 day); AL (Min 6 Years)
<i>olanzapine oral tablet dispersible 10 mg, 5 mg</i>	ZyPREXA Zydis	QLL (2 EA per 1 day); AL (Min 6 Years)
<i>olanzapine oral tablet dispersible 15 mg, 20 mg</i>	ZyPREXA Zydis	QLL (1 EA per 1 day); AL (Min 6 Years)
*Thioxanthenes***		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>		AL (Min 6 Years)
Beta Blockers		
*Beta Blockers Non-Selective***		
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>		
Hematopoietic Agents		
*Cobalamins***		
<i>b-12 oral tablet 2000 mcg, 2500 mcg</i>		OTC
<i>cyanocobalamin solution 1000 mcg/ml injection 1000 mcg/ml</i>		
<i>vitamin b-12 oral tablet 100 mcg, 1000 mcg, 250 mcg, 50 mcg, 500 mcg</i>		OTC
<i>vitamin b-12 sublingual tablet sublingual 1000 mcg, 2500 mcg, 3000 mcg, 6000 mcg</i>		OTC
<i>vitamin b-12 sublingual tablet sublingual 500 mcg</i>	B-12 Microlozenge	OTC

Drug Name	Reference	Restrictions
*Folic Acid/Folates***		
<i>folic acid oral tablet 1 mg</i>		
<i>folic acid oral tablet 400 mcg, 800 mcg</i>		OTC
Hypnotics/Sedatives/Sleep Disorder Agents		
*Barbiturate Hypnotics***		
<i>phenobarbital oral elixir 20 mg/5ml</i>		
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>		
*Benzodiazepine Hypnotics***		
<i>temazepam oral capsule 15 mg, 30 mg</i>	Restoril	QLL (1 EA per 1 day); AL (Min 6 Years)
*Non-Benzodiazepine - Gaba-Receptor Modulators***		
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	Lunesta	QLL (1 EA per 1 day); AL (Min 6 Years)
<i>zolpidem tartrate oral tablet 10 mg</i>	Ambien	QLL (1 EA per 1 day); AL (Min 6 Years)
<i>zolpidem tartrate oral tablet 5 mg</i>	Ambien	QLL (2 EA per 1 day); AL (Min 6 Years)
*Selective Melatonin Receptor Agonists***		
ROZEREM TABLET 8 MG ORAL 8 MG	Ramelteon	ST; QLL (1 EA per 1 day); AL (Min 6 Years)
Laxatives		
*Bulk Laxatives***		
<i>cvs easy fiber oral powder</i>		OTC
<i>cvs soluble fiber therapy oral tablet 500 mg</i>	Citrucel	OTC
<i>eq fiber therapy oral tablet 500 mg</i>	Citrucel	OTC
<i>eql fiber supplement oral powder</i>		OTC
<i>eql fiber therapy oral tablet 500 mg</i>	Citrucel	OTC
<i>fiber (corn dextrin) oral powder</i>		OTC
<i>fiber therapy oral tablet 500 mg</i>	Citrucel	OTC
<i>gnp fiber therapy oral tablet 500 mg</i>	Citrucel	OTC
<i>goodsense fiber oral tablet 500 mg</i>	Citrucel	OTC
<i>hm fiber oral tablet 500 mg</i>	Citrucel	OTC
<i>konsyl daily fiber oral powder 60.3 %</i>		OTC
<i>natural fiber laxative oral powder 28.3 %, 48.57 %</i>	Metamucil	OTC

Drug Name	Reference	Restrictions
<i>natural fiber laxative oral powder 30.9 %</i>		OTC
<i>natural fiber laxative oral powder 58.6 %</i>	Metamucil Smooth Texture	OTC
<i>psyllium fiber oral capsule 0.52 gm</i>	Reguloid	OTC
<i>psyllium husk oral powder 100 %</i>	Evac	OTC
<i>qc natural vegetable oral powder 95 %</i>	Hydrocil	OTC
<i>sm fiber laxative oral tablet 500 mg</i>	Citrucel	OTC
CITRUCEL ORAL POWDER		OTC
CITRUCEL ORAL TABLET 500 MG	EQ Fiber Therapy	OTC
KONSYL-D ORAL POWDER 52.3 %		OTC
METAMUCIL MULTIHEALTH FIBER ORAL POWDER 63 %		OTC
METAMUCIL POWDER 28.3 % ORAL 28.3 %	Natural Fiber Laxative	OTC
REGULOID CAPSULE 0.52 GM ORAL 0.52 GM	QC Fiber Laxative	OTC
SOLUBLE FIBER THERAPY ORAL POWDER		OTC
*Saline Laxatives***		
<i>citrate of magnesia oral solution</i>	Citroma	OTC
<i>cvs citrate of magnesia oral solution</i>	Citroma	OTC
<i>cvs laxative dietary supplement oral tablet 500 mg</i>	Phillips	OTC
<i>cvs magnesium citrate oral solution 1.745 gm/30ml</i>	Citroma	OTC
<i>eq magnesium citrate oral solution 1.745 gm/30ml</i>	Citroma	OTC
<i>goodsense magnesium citrate oral solution 1.745 gm/30ml</i>	Citroma	OTC
<i>hm magnesium citrate oral solution 1.745 gm/30ml</i>	Citroma	OTC
<i>magnesium citrate oral solution 1.745 gm/30ml</i>	Citroma	OTC
<i>qc magnesium citrate oral solution 1.745 gm/30ml</i>	Citroma	OTC
<i>sb magnesium citrate oral solution 1.745 gm/30ml</i>	Citroma	OTC
<i>sm magnesium citrate oral solution 1.745 gm/30ml</i>	Citroma	OTC
CITROMA ORAL SOLUTION 1.745 GM/30ML	CVS Citrate of Magnesia	OTC

Drug Name	Reference	Restrictions
*Stimulant Laxatives***		
<i>cascara sagrada oral capsule 450 mg</i>		OTC
<i>laxative pills oral tablet 15 mg</i>	Medi-Lax	OTC
<i>senna oral syrup 176 mg/5ml</i>		OTC
<i>senna oral syrup 8.8 mg/5ml</i>		
<i>senna oral tablet 8.6 mg</i>	Evac-U-Gen	OTC
*Surfactant Laxatives***		
<i>docusate sodium oral capsule 100 mg</i>	Colace	OTC
<i>docusate sodium oral capsule 250 mg</i>		
<i>docusate sodium oral liquid 150 mg/15ml</i>	Docu Liquid	OTC
<i>docusate sodium oral syrup 60 mg/15ml</i>		OTC
<i>docusate sodium oral tablet 100 mg</i>	DOK	OTC
ENEMEEZ MINI RECTAL ENEMA 283 MG/5ML	Docusate Mini	OTC
Miscellaneous Therapeutic Classes		
*Irrigation Solutions***		
<i>sterile water for irrigation irrigation solution</i>	Argyle Sterile Water	
ARGYLE STERILE WATER IRRIGATION SOLUTION	Water For Irrigation, Sterile	
Mouth/Throat/Dental Agents		
*Dry Mouth Agents And Artificial Saliva***		
<i>cvs dry mouth mouth/throat solution</i>	Aquoral	OTC
<i>eql dry mouth oral rinse mouth/throat solution</i>	Aquoral	OTC
<i>oral relief for dry mouth mouth/throat gel</i>	Biotene OralBalance Dry Mouth	OTC
<i>oral relief for dry mouth mouth/throat lozenge</i>	ACT Dry Mouth	OTC
<i>oral relief spray mouth/throat solution</i>	Aquoral	OTC
<i>ra dry mouth mouth/throat solution</i>	Aquoral	OTC
AQUORAL MOUTH/THROAT SOLUTION	RA Dry Mouth	
BIOTENE DRY MOUTH MOISTURIZING MOUTH/THROAT SOLUTION	RA Dry Mouth	OTC
BIOTENE DRY MOUTH MOUTH/THROAT GUM		OTC
BOCASAL MOUTH/THROAT PACKET		
CAPHOSOL MOUTH/THROAT SOLUTION	RA Dry Mouth	

Drug Name	Reference	Restrictions
MOI-STIR MOUTH/THROAT SOLUTION	RA Dry Mouth	OTC
MOUTH KOTE MOUTH/THROAT SOLUTION	RA Dry Mouth	OTC
MUCOSITISRX MOUTH/THROAT PACKET		
NEUTRASAL MOUTH/THROAT PACKET		
NUMOISYN MOUTH/THROAT LIQUID	RA Dry Mouth	
SALIVAMAX MOUTH/THROAT PACKET		
XEROSTOMIA RELIEF SPRAY MOUTH/THROAT SOLUTION	RA Dry Mouth	
Multivitamins		
*Multiple Vitamins W/ Minerals & Folic Acid***		
<i>onevite oral tablet 1 mg</i>	Udamin SP	
CORVITA ORAL TABLET 1.25 MG		
DIALYVITE SUPREME D ORAL TABLET 3 MG		
UDAMIN SP ORAL TABLET 1 MG	OneVite	
*Multiple Vitamins W/ Minerals***		
<i>multivitamin & mineral oral liquid</i>	Airborne+Natural Energy	OTC
<i>multivitamin gummies adult oral tablet chewable</i>	Advanced Multi EA	OTC
*Multivitamins***		
<i>multiple vitamins oral tablet</i>	EstroFactors	OTC
<i>vitamin e/folic acid/b-6/b-12 oral capsule</i>	Chlorocaps	OTC
Nutrients		
*Misc. Nutritional Substances***		
<i>fish oil oral capsule 435 mg, 645 mg</i>		OTC
<i>fish oil oral capsule delayed release 1000 mg</i>	VitEyes Omega-3 Vision Support	OTC
<i>fish oil oral capsule delayed release 1200 mg</i>		OTC
<i>fish oil oral tablet chewable 875 mg</i>		OTC
<i>hm fish oil oral capsule 554 mg</i>		OTC
<i>omega-3 fish oil oral capsule 1000 mg</i>	Eskimo PurEFA	OTC
<i>omega-3 fish oil oral capsule 1200 mg</i>	Theragran-M Fish Oil Conc	OTC
<i>omega-3 fish oil oral capsule 300 mg</i>	Fish Oil Pearls	OTC
<i>omega-3 fish oil oral capsule 500 mg</i>	Ovega-3	OTC

Drug Name	Reference	Restrictions
<i>omega-3 oral capsule 1400 mg</i>		OTC
Psychotherapeutic And Neurological Agents - Misc.		
*Alcohol Deterrents***		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>		
<i>disulfiram oral tablet 250 mg, 500 mg</i>		
*Psychotherapeutic And Neurological Agents - Misc.***		
<i>pimozide oral tablet 1 mg, 2 mg</i>		AL (Min 12 Years)
Thyroid Agents		
*Thyroid Hormones***		
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Euthyrox	
<i>levothyroxine sodium oral tablet 300 mcg</i>	Levo-T	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	Cytomel	
Vitamins		
*Vitamin B-1***		
<i>b-1 oral tablet 500 mg</i>		OTC
<i>thiamine hcl oral tablet 100 mg</i>		OTC
<i>vitamin b-1 oral tablet 250 mg, 50 mg</i>		OTC
*Vitamin B-6***		
<i>b-6 oral tablet 500 mg</i>		OTC
<i>pyridoxine hcl oral tablet 25 mg, 50 mg</i>		OTC
<i>vitamin b-6 er oral tablet extended release 200 mg</i>		OTC
<i>vitamin b6 oral tablet 250 mg</i>		OTC
*Vitamin E***		
<i>vitamin e oral capsule 100 unit, 1000 unit, 200 unit, 400 unit, 450 mg</i>		OTC
<i>vitamin e oral tablet chewable 400 unit</i>	Key-E	OTC
KEY-E ORAL TABLET CHEWABLE 400 UNIT	Vitamin E	OTC

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