



2021-2022 Behavioral Health Formulary

Formulario de Salud Conductual



**BlueCross
BlueShield**
Arizona

An Independent Licensee of the Blue Cross Blue Shield Association

**Health
Choice**

What is the Health Choice Arizona Formulary/Preferred Drug List (PDL)?

A Formulary / Preferred Drug List (PDL) is a list of drugs chosen by Health Choice Arizona and a team of doctors and pharmacists. Health Choice will cover the drugs listed in our PDL as long as they are medically necessary and appropriate. All Health Choice member prescriptions must be filled at a Health Choice Arizona network pharmacy, and other plan rules must be followed.

The Health Choice Behavioral Health formulary contains drugs used to treat behavioral health conditions.

What if a drug is not on the Formulary/ PDL?

If a drug you want to prescribe for your patient is not on this Formulary / PDL, the prescriber can:

- ☐ Prescribe a similar drug that is Formulary / PDL covered, or
 - Ask Health Choice Arizona to make an exception and cover the medically necessary, non-formulary drug through the prior authorization process.

Can the Formulary / PDF change?

Yes, Health Choice may add or take off drugs during the year. To get the latest information about covered drugs, go to our website at www.HealthChoiceAZ.com or call Health Choice Member Services at 480-968-6866 or 1-800-322-8670 (outside Maricopa County).

Product Selection Criteria

The Health Choice Arizona Pharmacy & Therapeutics Committee will consider and advise Health Choice on all new-to-market drugs and will continually review and evaluate existing market drugs for formulary/PDL inclusion. The committee's evaluation includes a current literature review. Expert external opinion may also be sought. Formal reviews are prepared that typically address the following information:

- Safety & Efficacy
- Comparison studies
- Approved indications
- Adverse effects
- Contraindications, warnings and precautions
- Pharmacokinetics
- Cost-effectiveness
- Patient administration and compliance considerations

The Pharmacy & Therapeutics Committee reviews all AHCCCS drug coverage requirements as noted on the AHCCCS PDL lists and honors all requirements for preferred drug coverage.

When a new drug is considered for formulary inclusion, an attempt will be made to examine the drug relative to similar drugs currently on formulary. In addition, entire therapeutic classes are periodically reviewed. The class review process may result in deletion of one or more drugs in a particular therapeutic class in an effort to continually promote the most clinically useful and cost effective agents. Drug coverage within therapy classes is consistent with AHCCCS requirements for drug coverage.

The entire formulary / PDL is reviewed and approved annually.

Prior authorization (PA) is required for two groups of medications and for two clinical formulary/ PDL override conditions:

1. Medication Groups

- Medications noted with a PA in the formulary / PDL. Health Choice may require prior authorization for certain drugs on the Preferred Drug List. This means that your doctor will need to get approval from us before you can fill some of your prescriptions. If approval isn't given, Health Choice will not cover the drug.

- All unlisted medications.

2. Clinical Override Conditions

- To override a Step Therapy (ST) edit. In some cases, Steward Health Choice requires you to try certain drugs first to treat your medical condition before we will cover another drug for that same condition. For example, if Drug A and Drug B both treat your medical condition, Health Choice may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.
- To override a Quantity Limit (QL) edit. For certain drugs, Health Choice limits the amount of the drug it will cover. For example, we provide <XX> pills in <XX> days per prescription for <drug name>.

Health Choice anticipates that requests for an unlisted medication will be infrequent and providers will be able to prescribe a formulary / PDL medication for the vast majority of therapeutic needs. Providers are encouraged to use this formulary / PDL when prescribing medications for Health Choice Arizona members to avoid unnecessary delays in therapy.

The AHCCCS Minimum Required Prescription Drug List is included in the Health Choice Arizona Formulary. All AHCCCS Preferred drug are included in our formulary exactly as noted by AHCCCS.

Off label drugs may be prior authorized when the use of the drug has proven to be the community standard.

Health Choice Arizona uses a four (4) day override process to ensure that members can access immediately needed, non-formulary or prior authorization required drugs. The Health Choice network pharmacy can override the prior authorization requirement to provide the member with the immediately needed drug, such as an antibiotic or other emergent drug by calling us.

Health Choice providers may formally request the Health Choice Pharmacy & Therapeutics Committee consider a medication be considered for addition to the formulary / PDL. The instructions and required submission form(s) which indicate how to submit a formulary / PDL medication consideration request are detailed in the Health Choice Provider Manual. The instructions and materials are also available on the Health Choice website.

All the information in the Health Choice Arizona formulary is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber.

Formulary Product Descriptions

To assist in understanding which specific strengths and dosage forms are on the formulary, examples are noted below. The general principles shown in the examples can then usually be extended to other entries in the book. Any exceptions are noted in the drug list. There may also be a statement associated with a drug list that gives additional information about which specific products or dosage forms are on formulary.

Generic drugs are identified in lower case type, whereas brand drugs are identified in all caps

allopurinol is a generic drug

ULORIC is a brand drug

The brand name products shown are for reference only; a different brand or a generic version may be dispensed.

simvastatin

ZOCOR

Extended-release and delayed-release products require their own entry. Identified below, both propranolol and propranolol SR are on the formulary.

propranolol

INDERAL

propranolol SR

INDERAL LA

Dose forms on formulary will be consistent with the category and use where listed. Identified below from Otic group, the otic solution and ophthalmic ointment are on the formulary, and the ophthalmic products and topical cream cannot be assumed to be on formulary unless there are entries for these products in the OPHTHALMIC and DERMATOLOGY sections of the formulary.

neomycin/polymyxin B/hydrocortisone

CORTISPORIN

Generic Substitution

AHCCCS health plans are required to utilize a mandatory generic drug substitution policy. Generic substitution is a pharmacy action whereby a generic version is dispensed rather than a prescribed brand name product. An important consideration for generic substitution is the knowledge that all approvals of generic drugs by the FDA since 1984, and many generic approvals prior to 1984, have a showing of bioequivalence between the generic versions and the reference brand name product.

To gain FDA approval:

1. The generic drug must contain the same active ingredient(s), be the same strength and the same dosage form as the brand name product.

2. The FDA has given the generic an "A" rating compared to the brand name product indicating bioequivalence, and has determined the generic is therapeutically equivalent to the reference brand name product. The ratings of generic drugs are available by referring to the FDA reference, *Approved Drug Products with Therapeutic Equivalence Evaluations* (Orange Book).

When the above two criteria are met, a generic can be substituted with the full expectation that the substituted product will produce the same clinical effect and safety profile as the prescribed product. Drug products that have a narrow therapeutic index (NTI) can also be guided by these principles. It is not necessary for the healthcare practitioner to approach any one therapeutic class of drug products (e.g., NTI drugs) differently from any other class, when there has been a determination of therapeutic equivalence by the FDA for the drug products under consideration. Also, additional clinical tests or examinations by the practitioner are not needed when a therapeutically equivalent generic drug product is substituted for the brand name product.

It is recommended that generic substitution not be exercised by the pharmacist with multisource products that appear in the Orange Book and carry a "B" rating, indicating that these products cannot be considered therapeutically equivalent to other products in the group. It is also recommended that generic substitution not be undertaken for any unrated multisource products that might be considered narrow therapeutic index, or maintenance drugs where it is known that unrated products from different labelers are not bioequivalent. State law or regulations may dictate the ability to practice generic substitution for selected products or categories of drugs.

Plan Exclusions

The following drug categories are excluded from coverage under the outpatient pharmacy benefit and are not part of the formulary/PDL

- Experimental / research drugs
- Cosmetic drugs
- Cosmetic drugs for hair growth
- Nutritional / diet supplements
- Blood and blood plasma products
- Erectile dysfunction drugs
- Drugs from manufacturers that do not participate in the FFS Medicaid Drug Rebate Program
- Diagnostic products
- Medical supplies except: □
 - Syringes
 - Needles
 - Lancets
 - Alcohol Swabs
 - Spacers
 - Blood glucose meters and test strips
- Intrauterine Devices

Health Choice AZ Behavioral Health Effective 04/01/2022

Drug Name	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	
AMPHETAMINES	

ADDERALL TAB 5MG	PA, QL (2 tabs / 1 day); PA Required for < 6 years of age
ADDERALL TAB 7.5MG	PA, QL (2 tabs / 1 day); PA Required for < 6 years of age
ADDERALL TAB 10MG	PA, QL (2 tabs / 1 day); PA Required for < 6 years of age
ADDERALL TAB 12.5MG	PA, QL (2 tabs / 1 day); PA Required for < 6 years of age
ADDERALL TAB 15MG	PA, QL (2 tabs / 1 day); PA Required for < 6 years of age
ADDERALL TAB 20MG	PA, QL (2 tabs / 1 day); PA Required for < 6 years of age
ADDERALL TAB 30MG	PA, QL (2 tabs / 1 day); PA Required for < 6 years of age
ADDERALL XR CAP 5MG	PA, QL (1 cap / 1 day); PA Required for < 6 years of age
ADDERALL XR CAP 10MG	PA, QL (1 cap / 1 day); PA Required for < 6 years of age
ADDERALL XR CAP 15MG	PA, QL (1 cap / 1 day); PA Required for < 6 years of age
ADDERALL XR CAP 20MG	PA, QL (1 cap / 1 day); PA Required for < 6 years of age
ADDERALL XR CAP 25MG	PA, QL (1 cap / 1 day); PA Required for < 6 years of age
ADDERALL XR CAP 30MG	PA, QL (1 cap / 1 day); PA Required for < 6 years of age
<i>amphetamine-dextroamphetamine tab 5 mg</i> (generic of ADDERALL)	PA, QL (2 tabs / 1 day); PA Required for < 6 years of age
<i>amphetamine-dextroamphetamine tab 7.5 mg</i> (generic of ADDERALL)	PA, QL (2 tabs / 1 day); PA Required for < 6 years of age

Drug Name	Requirements/Limits
<i>amphetamine-dextroamphetamine tab 10 mg</i> (generic of ADDERALL)	PA, QL (2 tabs / 1 day); PA Required for < 6 years of age
<i>amphetamine-dextroamphetamine tab 12.5 mg</i> (generic of ADDERALL)	PA, QL (2 tabs / 1 day); PA Required for < 6 years of age
<i>amphetamine-dextroamphetamine tab 15 mg</i> (generic of ADDERALL)	PA, QL (2 tabs / 1 day); PA Required for < 6 years of age
<i>amphetamine-dextroamphetamine tab 20 mg</i> (generic of ADDERALL)	PA, QL (2 tabs / 1 day); PA Required for < 6 years of age
<i>amphetamine-dextroamphetamine tab 30 mg</i> (generic of ADDERALL)	PA, QL (2 tabs / 1 day); PA Required for < 6 years of age
<i>dextroamphetamine sulfate tab 5 mg</i>	PA, QL (2 tabs / 1 day); PA Required for < 6 years of age
<i>dextroamphetamine sulfate tab 10 mg</i>	PA, QL (2 tabs / 1 day); PA Required for < 6 years of age
<i>dextroamphetamine sulfate tab 15 mg</i>	PA, QL (2 tabs / 1 day); PA Required for < 6 years of age
<i>dextroamphetamine sulfate tab 20 mg</i>	PA, QL (2 tabs / 1 day); PA Required for < 6 years of age
<i>dextroamphetamine sulfate tab 30 mg</i>	PA, QL (2 tabs / 1 day); PA Required for < 6 years of age
VYVANSE CAP 10MG	PA, QL (1 cap / 1 day); PA Required for < 6 years of age
VYVANSE CAP 20MG	PA, QL (1 cap / 1 day); PA Required for < 6 years of age
VYVANSE CAP 30MG	PA, QL (1 cap / 1 day); PA Required for < 6 years of age
VYVANSE CAP 40MG	PA, QL (1 cap / 1 day); PA Required for < 6 years of age
VYVANSE CAP 50MG	PA, QL (1 cap / 1 day); PA Required for < 6 years of age
VYVANSE CAP 60MG	PA, QL (1 cap / 1 day); PA Required for < 6 years of age

Drug Name	Requirements/Limits
VYVANSE CAP 70MG	PA, QL (1 cap / 1 day); PA Required for < 6 years of age

ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS

<i>atomoxetine hcl cap 10 mg (base equiv)</i> (generic of STRATTERA)	PA, QL (1 cap / 1 day); PA Required for < 6 years of age
<i>atomoxetine hcl cap 18 mg (base equiv)</i> (generic of STRATTERA)	PA, QL (1 cap / 1 day); PA Required for < 6 years of age
<i>atomoxetine hcl cap 25 mg (base equiv)</i> (generic of STRATTERA)	PA, QL (1 cap / 1 day); PA Required for < 6 years of age
<i>atomoxetine hcl cap 40 mg (base equiv)</i> (generic of STRATTERA)	PA, QL (1 cap / 1 day); PA Required for < 6 years of age
<i>atomoxetine hcl cap 60 mg (base equiv)</i> (generic of STRATTERA)	PA, QL (1 cap / 1 day); PA Required for < 6 years of age
<i>atomoxetine hcl cap 80 mg (base equiv)</i> (generic of STRATTERA)	PA, QL (1 cap / 1 day); PA Required for < 6 years of age
<i>atomoxetine hcl cap 100 mg (base equiv)</i> (generic of STRATTERA)	PA, QL (1 cap / 1 day); PA Required for < 6 years of age
<i>clonidine hcl tab er 12hr 0.1 mg</i> (generic of KAPVAY)	PA, QL (4 tabs / 1 day); PA Required for < 6 years of age
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i> (generic of INTUNIV)	PA, QL (1 tab / 1 day); PA Required for < 6 years of age
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i> (generic of INTUNIV)	PA, QL (1 tab / 1 day); PA Required for < 6 years of age
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i> (generic of INTUNIV)	PA, QL (1 tab / 1 day); PA Required for < 6 years of age
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i> (generic of INTUNIV)	PA, QL (1 tab / 1 day); PA Required for < 6 years of age

STIMULANTS - MISC.

CONCERTA TAB 18MG	PA, QL (2 tabs / 1 day); PA Required for < 6 years of age
CONCERTA TAB 27MG	PA, QL (2 tabs / 1 day); PA Required for < 6 years of age

Drug Name	Requirements/Limits
CONCERTA TAB 36MG	PA, QL (2 tabs / 1 day); PA Required for < 6 years of age
CONCERTA TAB 54MG	PA, QL (2 tabs / 1 day); PA Required for < 6 years of age
DAYTRANA DIS 10MG/9HR	PA, QL (1 patch / 1 day); PA Required for < 6 years of age
DAYTRANA DIS 15MG/9HR	PA, QL (1 patch / 1 day); PA Required for < 6 years of age
DAYTRANA DIS 20MG/9HR	PA, QL (1 patch / 1 day); PA Required for < 6 years of age
DAYTRANA DIS 30MG/9HR	PA, QL (1 patch / 1 day); PA Required for < 6 years of age
<i>dexmethylphenidate hcl tab 2.5 mg</i> (generic of FOCALIN)	PA, QL (2 tabs / 1 day); PA Required for < 6 years of age
<i>dexmethylphenidate hcl tab 5 mg</i> (generic of FOCALIN)	PA, QL (2 tabs / 1 day); PA Required for < 6 years of age
<i>dexmethylphenidate hcl tab 10 mg</i> (generic of FOCALIN)	PA, QL (2 tabs / 1 day); PA Required for < 6 years of age
FOCALIN XR CAP 5MG	PA, QL (2 caps / 1 day); PA Required for < 6 years of age
FOCALIN XR CAP 10MG	PA, QL (2 caps / 1 day); PA Required for < 6 years of age
FOCALIN XR CAP 15MG	PA, QL (2 caps / 1 day); PA Required for < 6 years of age
FOCALIN XR CAP 20MG	PA, QL (2 caps / 1 day); PA Required for < 6 years of age
FOCALIN XR CAP 25MG	PA, QL (2 caps / 1 day); PA Required for < 6 years of age
FOCALIN XR CAP 30MG	PA, QL (2 caps / 1 day); PA Required for < 6 years of age
FOCALIN XR CAP 35MG	PA, QL (2 caps / 1 day); PA Required for < 6 years of age

Drug Name	Requirements/Limits
FOCALIN XR CAP 40MG	PA, QL (2 caps / 1 day); PA Required for < 6 years of age
METHYLIN SOL 5MG/5ML	PA, QL (10 mL / 1 day); PA Required for < 6 years of age
METHYLIN SOL 10MG/5ML	PA, QL (10 mL / 1 day); PA Required for < 6 years of age
<i>methylphenidate hcl cap er 10 mg (cd)</i>	PA, QL (1 cap / 1 day); PA Required for < 6 years of age
<i>methylphenidate hcl cap er 20 mg (cd)</i>	PA, QL (1 cap / 1 day); PA Required for < 6 years of age
<i>methylphenidate hcl cap er 30 mg (cd)</i>	PA, QL (1 cap / 1 day); PA Required for < 6 years of age
<i>methylphenidate hcl cap er 40 mg (cd)</i>	PA, QL (1 cap / 1 day); PA Required for < 6 years of age
<i>methylphenidate hcl cap er 50 mg (cd)</i>	PA, QL (1 cap / 1 day); PA Required for < 6 years of age
<i>methylphenidate hcl cap er 60 mg (cd)</i>	PA, QL (1 cap / 1 day); PA Required for < 6 years of age
<i>methylphenidate hcl tab 5 mg (generic of RITALIN)</i>	PA, QL (3 tabs / 1 day); PA Required for < 6 years of age
<i>methylphenidate hcl tab 10 mg (generic of RITALIN)</i>	PA, QL (3 tabs / 1 day); PA Required for < 6 years of age
<i>methylphenidate hcl tab 20 mg (generic of RITALIN)</i>	PA, QL (3 tabs / 1 day); PA Required for < 6 years of age
RITALIN LA CAP 10MG	PA, QL (1 cap / 1 day); PA Required for < 6 years of age
RITALIN LA CAP 20MG	PA, QL (1 cap / 1 day); PA Required for < 6 years of age
RITALIN LA CAP 30MG	PA, QL (1 cap / 1 day); PA Required for < 6 years of age
RITALIN LA CAP 40MG	PA, QL (1 cap / 1 day); PA Required for < 6 years of age

Drug Name	Requirements/Limits
ALTERNATIVE MEDICINES	
ALTERNATIVE MEDICINE - M'S	

MELATIONIN DRO 5MG/ML	OTC
MELATONIN CAP 1MG	OTC
MELATONIN CAP 3MG	OTC
<i>melatonin cap 5 mg</i>	OTC
<i>melatonin cap 10 mg</i>	OTC
<i>melatonin chew tab 1 mg</i>	OTC
<i>melatonin chew tab 2.5 mg</i>	OTC
MELATONIN CHW	OTC
MELATONIN CHW 5MG	OTC
MELATONIN LIQ 1MG/4ML	OTC
MELATONIN LIQ 2.5MG	OTC
MELATONIN LIQ 3MG/0.9	OTC
MELATONIN LIQ 10MG/ML	OTC
<i>melatonin liquid 1 mg/ml</i>	OTC
<i>melatonin liquid 5 mg/15ml</i>	OTC
MELATONIN LOZ 5MG	OTC
<i>melatonin sl tab 5 mg</i>	OTC
<i>melatonin sl tab 10 mg</i>	OTC
MELATONIN SUB 3MG	OTC
<i>melatonin tab 1 mg</i>	OTC
<i>melatonin tab 3 mg</i>	OTC
MELATONIN TAB 3MG CR	OTC
<i>melatonin tab 5 mg</i>	OTC
MELATONIN TAB 5MG	OTC
<i>melatonin tab 10 mg</i>	OTC
MELATONIN TAB 12MG	OTC
MELATONIN TAB 200MCG	OTC
<i>melatonin tab 300 mcg</i>	OTC
MELATONIN TAB 500MCG	OTC
<i>melatonin tab er 10 mg</i>	OTC
<i>melatonin tablet disintegrating 3 mg</i>	OTC
<i>melatonin tablet disintegrating 5 mg</i>	OTC
<i>melatonin tablet disintegrating 10 mg</i>	OTC
<i>melatonin tablet disintegrating 12 mg</i>	OTC
MELATONIN TR TAB 1MG	OTC
RA MELATONIN SUB 1MG	OTC
SLEEP CHILD/ CHW MELATONI	OTC
SLEEP SOUNDL LIQ 3.5/2ML	OTC

ANALGESICS - ANTI-INFLAMMATORY

NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)

<i>ibuprofen tab 100 mg</i>	OTC
<i>ibuprofen tab 200 mg</i>	OTC
<i>ibuprofen tab 400 mg</i>	

Drug Name	Requirements/Limits
<i>ibuprofen tab 600 mg</i>	
<i>ibuprofen tab 800 mg</i>	

ANALGESICS - OPIOID

OPIOID PARTIAL AGONISTS

<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	PA; PA Required, unless Pregnant or Nursing
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	PA; PA Required, unless Pregnant or Nursing
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	
SUBLOCADE INJ 100/0.5	PA
SUBLOCADE INJ 300/1.5	PA
SUBOXONE MIS 2-0.5MG	
SUBOXONE MIS 4-1MG	
SUBOXONE MIS 8-2MG	
SUBOXONE MIS 12-3MG	

ANTI-ANXIETY AGENTS

ANTI-ANXIETY AGENTS - MISC.

<i>buspirone hcl tab 5 mg</i>	PA, QL (4 tabs / 1 day); PA Required for < 6 years of age; PA Required for > 1 Anxiolytic per 3 days
<i>buspirone hcl tab 7.5 mg</i>	PA, QL (4 tabs / 1 day); PA Required for < 6 years of age; PA Required for > 1 Anxiolytic per 3 days
<i>buspirone hcl tab 10 mg</i>	PA, QL (4 tabs / 1 day); PA Required for < 6 years of age; PA Required for > 1 Anxiolytic per 3 days
<i>buspirone hcl tab 15 mg</i>	PA, QL (4 tabs / 1 day); PA Required for < 6 years of age; PA Required for > 1 Anxiolytic per 3 days
<i>buspirone hcl tab 30 mg</i>	PA, QL (2 tabs / 1 day); PA Required for < 6 years of age; PA Required for > 1 Anxiolytic per 3 days
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	QL (10 mL / 1 day)
<i>hydroxyzine hcl tab 10 mg</i>	QL (8 tabs / 1 day)
<i>hydroxyzine hcl tab 25 mg</i>	QL (8 tabs / 1 day)
<i>hydroxyzine hcl tab 50 mg</i>	QL (8 tabs / 1 day)
<i>hydroxyzine pamoate cap 25 mg</i>	QL (4 caps / 1 day)
<i>hydroxyzine pamoate cap 50 mg (generic of VISTARIL)</i>	QL (8 caps / 1 day)

Drug Name	Requirements/Limits
<i>BENZODIAZEPINES</i>	
ALPRAZOLAM CON 1 MG/ML	PA, QL (4 mL / 1 day); PA Required for < 6 years of age; PA Required for > 1 Anxiolytic per 3 days
<i>alprazolam orally disintegrating tab 0.5 mg</i>	PA, QL (4 tabs / 1 day); PA Required for < 6 years of age; PA Required for > 1 Anxiolytic per 3 days
<i>alprazolam orally disintegrating tab 0.25 mg</i>	PA, QL (4 tabs / 1 day); PA Required for < 6 years of age; PA Required for > 1 Anxiolytic per 3 days
<i>alprazolam orally disintegrating tab 1 mg</i>	PA, QL (4 tabs / 1 day); PA Required for < 6 years of age; PA Required for > 1 Anxiolytic per 3 days
<i>alprazolam orally disintegrating tab 2 mg</i>	PA, QL (2 tabs / 1 day); PA Required for < 6 years of age; PA Required for > 1 Anxiolytic per 3 days
<i>alprazolam tab 0.5 mg (generic of XANAX)</i>	PA, QL (4 tabs / 1 day); PA Required for < 6 years of age; PA Required for > 1 Anxiolytic per 3 days
<i>alprazolam tab 0.25 mg (generic of XANAX)</i>	PA, QL (4 tabs / 1 day); PA Required for < 6 years of age; PA Required for > 1 Anxiolytic per 3 days
<i>alprazolam tab 1 mg (generic of XANAX)</i>	PA, QL (4 tabs / 1 day); PA Required for < 6 years of age; PA Required for > 1 Anxiolytic per 3 days
<i>alprazolam tab 2 mg (generic of XANAX)</i>	PA, QL (2 tabs / 1 day); PA Required for < 6 years of age; PA Required for > 1 Anxiolytic per 3 days
<i>alprazolam tab er 24hr 0.5 mg (generic of XANAX XR)</i>	PA, QL (1 tab / 1 day); PA Required for < 6 years of age; PA Required for > 1 Anxiolytic per 3 days
<i>alprazolam tab er 24hr 1 mg (generic of XANAX XR)</i>	PA, QL (1 tab / 1 day); PA Required for < 6 years of age; PA Required for > 1 Anxiolytic per 3 days
<i>alprazolam tab er 24hr 2 mg (generic of XANAX XR)</i>	PA, QL (1 tab / 1 day); PA Required for < 6 years of age; PA Required for > 1 Anxiolytic per 3 days

Drug Name	Requirements/Limits
<i>alprazolam tab er 24hr 3 mg</i> (generic of XANAX XR)	PA, QL (1 tab / 1 day); PA Required for < 6 years of age; PA Required for > 1 Anxiolytic per 3 days
<i>chlordiazepoxide hcl cap 5 mg</i>	PA, QL (2 caps / 1 day); PA Required for < 6 years of age; PA Required for > 1 Anxiolytic per 3 days
<i>chlordiazepoxide hcl cap 10 mg</i>	PA, QL (2 caps / 1 day); PA Required for < 6 years of age; PA Required for > 1 Anxiolytic per 3 days
<i>chlordiazepoxide hcl cap 25 mg</i>	PA, QL (2 caps / 1 day); PA Required for < 6 years of age; PA Required for > 1 Anxiolytic per 3 days
<i>clorazepate dipotassium tab 3.75 mg</i>	PA, QL (2 tabs / 1 day); PA Required for < 6 years of age; PA Required for > 1 Anxiolytic per 3 days
<i>clorazepate dipotassium tab 7.5 mg</i>	PA, QL (4 tabs / 1 day); PA Required for < 6 years of age; PA Required for > 1 Anxiolytic per 3 days
<i>clorazepate dipotassium tab 15 mg</i>	PA, QL (4 tabs / 1 day); PA Required for < 6 years of age; PA Required for > 1 Anxiolytic per 3 days
<i>diazepam conc 5 mg/ml</i>	PA, QL (2 mL / 1 day); PA Required for < 6 years of age; PA Required for > 1 Anxiolytic per 3 days
<i>diazepam oral soln 1 mg/ml</i>	PA, QL (10 mL / 1 day); PA Required for < 6 years of age; PA Required for > 1 Anxiolytic per 3 days
<i>diazepam tab 2 mg</i> (generic of VALIUM)	PA, QL (4 tabs / 1 day); PA Required for < 6 years of age; PA Required for > 1 Anxiolytic per 3 days
<i>diazepam tab 5 mg</i> (generic of VALIUM)	PA, QL (4 tabs / 1 day); PA Required for < 6 years of age; PA Required for > 1 Anxiolytic per 3 days
<i>diazepam tab 10 mg</i> (generic of VALIUM)	PA, QL (4 tabs / 1 day); PA Required for < 6 years of age; PA Required for > 1 Anxiolytic per 3 days

Drug Name	Requirements/Limits
<i>lorazepam conc 2 mg/ml</i>	PA, QL (2 mL / 1 day); PA Required for < 6 years of age; PA Required for > 1 Anxiolytic per 3 days
<i>lorazepam tab 0.5 mg (generic of ATIVAN)</i>	PA, QL (4 tabs / 1 day); PA Required for < 6 years of age; PA Required for > 1 Anxiolytic per 3 days
<i>lorazepam tab 1 mg (generic of ATIVAN)</i>	PA, QL (4 tabs / 1 day); PA Required for < 6 years of age; PA Required for > 1 Anxiolytic per 3 days
<i>lorazepam tab 2 mg (generic of ATIVAN)</i>	PA, QL (2 tabs / 1 day); PA Required for < 6 years of age; PA Required for > 1 Anxiolytic per 3 days
<i>oxazepam cap 10 mg</i>	PA, QL (2 caps / 1 day); PA Required for < 6 years of age; PA Required for > 1 Anxiolytic per 3 days
<i>oxazepam cap 15 mg</i>	PA, QL (2 caps / 1 day); PA Required for < 6 years of age; PA Required for > 1 Anxiolytic per 3 days
<i>oxazepam cap 30 mg</i>	PA, QL (2 caps / 1 day); PA Required for < 6 years of age; PA Required for > 1 Anxiolytic per 3 days

ANTICONVULSANTS

ANTICONVULSANTS - BENZODIAZEPINES

<i>clonazepam orally disintegrating tab 0.5 mg</i>	PA, QL (4 tabs / 1 day); PA Required for > 1 Anxiolytic per 3 days
<i>clonazepam orally disintegrating tab 0.25 mg</i>	PA, QL (4 tabs / 1 day); PA Required for > 1 Anxiolytic per 3 days
<i>clonazepam orally disintegrating tab 0.125 mg</i>	PA, QL (4 tabs / 1 day); PA Required for > 1 Anxiolytic per 3 days
<i>clonazepam orally disintegrating tab 1 mg</i>	PA, QL (4 tabs / 1 day); PA Required for > 1 Anxiolytic per 3 days
<i>clonazepam orally disintegrating tab 2 mg</i>	PA, QL (2 tabs / 1 day); PA Required for > 1 Anxiolytic per 3 days
<i>clonazepam tab 0.5 mg (generic of KLONOPIN)</i>	PA, QL (4 tabs / 1 day); PA Required for < 6 years of age; PA Required for > 1 Anxiolytic per 3 days

Drug Name	Requirements/Limits
<i>clonazepam tab 1 mg (generic of KLONOPIN)</i>	PA, QL (4 tabs / 1 day); PA Required for < 6 years of age; PA Required for > 1 Anxiolytic per 3 days
<i>clonazepam tab 2 mg (generic of KLONOPIN)</i>	PA, QL (2 tabs / 1 day); PA Required for < 6 years of age; PA Required for > 1 Anxiolytic per 3 days

ANTICONVULSANTS - MISC.

<i>carbamazepine cap er 12hr 100 mg (generic of CARBATROL)</i>
<i>carbamazepine cap er 12hr 200 mg (generic of CARBATROL)</i>
<i>carbamazepine cap er 12hr 300 mg (generic of CARBATROL)</i>
<i>carbamazepine chew tab 100 mg</i>
<i>carbamazepine susp 100 mg/5ml (generic of TEGRETOL)</i>
<i>carbamazepine tab 200 mg (generic of TEGRETOL)</i>
<i>carbamazepine tab er 12hr 100 mg (generic of TEGRETOL-XR)</i>
<i>carbamazepine tab er 12hr 200 mg (generic of TEGRETOL-XR)</i>
<i>carbamazepine tab er 12hr 400 mg (generic of TEGRETOL-XR)</i>
<i>gabapentin cap 100 mg (generic of NEURONTIN)</i>
<i>gabapentin cap 300 mg (generic of NEURONTIN)</i>
<i>gabapentin cap 400 mg (generic of NEURONTIN)</i>
<i>gabapentin oral soln 250 mg/5ml (generic of NEURONTIN)</i>
<i>gabapentin tab 600 mg (generic of NEURONTIN)</i>
<i>gabapentin tab 800 mg (generic of NEURONTIN)</i>
<i>lamotrigine tab 25 mg (generic of LAMICTAL)</i>
<i>lamotrigine tab 100 mg (generic of LAMICTAL)</i>
<i>lamotrigine tab 150 mg (generic of LAMICTAL)</i>
<i>lamotrigine tab 200 mg (generic of LAMICTAL)</i>
<i>lamotrigine tab chewable dispersible 5 mg (generic of LAMICTAL CHEWABLE DISPERS)</i>
<i>lamotrigine tab chewable dispersible 25 mg (generic of LAMICTAL CHEWABLE DISPERS)</i>
<i>lamotrigine tab er 24hr 25 mg (generic of LAMICTAL XR)</i>
<i>lamotrigine tab er 24hr 50 mg (generic of LAMICTAL XR)</i>
<i>lamotrigine tab er 24hr 100 mg (generic of LAMICTAL XR)</i>
<i>lamotrigine tab er 24hr 200 mg (generic of LAMICTAL XR)</i>

Drug Name	Requirements/Limits
<i>lamotrigine tab er 24hr 250 mg (generic of LAMICTAL XR)</i>	
<i>lamotrigine tab er 24hr 300 mg (generic of LAMICTAL XR)</i>	
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml) (generic of TRILEPTAL)</i>	
<i>oxcarbazepine tab 150 mg (generic of TRILEPTAL)</i>	
<i>oxcarbazepine tab 300 mg (generic of TRILEPTAL)</i>	
<i>oxcarbazepine tab 600 mg (generic of TRILEPTAL)</i>	
<i>topiramate sprinkle cap 15 mg (generic of TOPAMAX SPRINKLE)</i>	
<i>topiramate sprinkle cap 25 mg (generic of TOPAMAX SPRINKLE)</i>	
<i>topiramate tab 25 mg (generic of TOPAMAX)</i>	
<i>topiramate tab 50 mg (generic of TOPAMAX)</i>	
<i>topiramate tab 100 mg (generic of TOPAMAX)</i>	
<i>topiramate tab 200 mg (generic of TOPAMAX)</i>	

VALPROIC ACID

<i>divalproex sodium cap delayed release sprinkle 125 mg (generic of DEPAKOTE SPRINKLES)</i>	
<i>divalproex sodium tab delayed release 125 mg (generic of DEPAKOTE)</i>	
<i>divalproex sodium tab delayed release 250 mg (generic of DEPAKOTE)</i>	
<i>divalproex sodium tab delayed release 500 mg (generic of DEPAKOTE)</i>	
<i>divalproex sodium tab er 24 hr 250 mg (generic of DEPAKOTE ER)</i>	
<i>divalproex sodium tab er 24 hr 500 mg (generic of DEPAKOTE ER)</i>	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	
<i>valproic acid cap 250 mg</i>	

ANTIDEPRESSANTS

ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)

<i>mirtazapine orally disintegrating tab 15 mg (generic of REMERON SOLTAB)</i>	PA, QL (1 tab / 1 day); PA Required for < 6 years of age
<i>mirtazapine orally disintegrating tab 30 mg (generic of REMERON SOLTAB)</i>	PA, QL (1 tab / 1 day); PA Required for < 6 years of age
<i>mirtazapine orally disintegrating tab 45 mg (generic of REMERON SOLTAB)</i>	PA, QL (1 tab / 1 day); PA Required for < 6 years of age
<i>mirtazapine tab 7.5 mg</i>	PA, QL (1 tab / 1 day); PA Required for < 6 years of age

Drug Name	Requirements/Limits
<i>mirtazapine tab 15 mg (generic of REMERON)</i>	PA, QL (1 tab / 1 day); PA Required for < 6 years of age
<i>mirtazapine tab 30 mg (generic of REMERON)</i>	PA, QL (1 tab / 1 day); PA Required for < 6 years of age
<i>mirtazapine tab 45 mg</i>	PA, QL (1 tab / 1 day); PA Required for < 6 years of age

ANTIDEPRESSANTS - MISC.

<i>bupropion hcl tab 75 mg</i>	PA, QL (4 tabs / 1 day); PA Required for < 6 years of age
<i>bupropion hcl tab 100 mg</i>	PA, QL (4 tabs / 1 day); PA Required for < 6 years of age
<i>bupropion hcl tab er 12hr 100 mg (generic of WELLBUTRIN SR)</i>	PA, QL (2 tabs / 1 day); PA Required for < 6 years of age
<i>bupropion hcl tab er 12hr 150 mg (generic of WELLBUTRIN SR)</i>	PA, QL (2 tabs / 1 day); PA Required for < 6 years of age
<i>bupropion hcl tab er 12hr 200 mg (generic of WELLBUTRIN SR)</i>	PA, QL (2 tabs / 1 day); PA Required for < 6 years of age
<i>bupropion hcl tab er 24hr 150 mg (generic of WELLBUTRIN XL)</i>	PA, QL (1 tab / 1 day); PA Required for < 6 years of age
<i>bupropion hcl tab er 24hr 300 mg (generic of WELLBUTRIN XL)</i>	PA, QL (1 tab / 1 day); PA Required for < 6 years of age

SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)

<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	PA, QL (20 mL / 1 day); PA Required for < 6 years and > 12 years of age
<i>citalopram hydrobromide tab 10 mg (base equiv) (generic of CELEXA)</i>	PA, QL (2 tabs / 1 day); PA Required for < 6 years of age
<i>citalopram hydrobromide tab 20 mg (base equiv) (generic of CELEXA)</i>	PA, QL (1 tab / 1 day); PA Required for < 6 years of age
<i>citalopram hydrobromide tab 40 mg (base equiv) (generic of CELEXA)</i>	PA, QL (1 tab / 1 day); PA Required for < 6 years of age
<i>escitalopram oxalate tab 5 mg (base equiv) (generic of LEXAPRO)</i>	PA, QL (2 tabs / 1 day); PA Required for < 6 years of age

Drug Name	Requirements/Limits
<i>escitalopram oxalate tab 10 mg (base equiv)</i> (generic of LEXAPRO)	PA, QL (1 tab / 1 day); PA Required for < 6 years of age
<i>escitalopram oxalate tab 20 mg (base equiv)</i> (generic of LEXAPRO)	PA, QL (1 tab / 1 day); PA Required for < 6 years of age
<i>fluoxetine hcl cap 10 mg</i> (generic of PROZAC)	PA, QL (2 caps / 1 day); PA Required for < 6 years of age
<i>fluoxetine hcl cap 20 mg</i> (generic of PROZAC)	PA, QL (4 caps / 1 day); PA Required for < 6 years of age
<i>fluoxetine hcl cap 40 mg</i> (generic of PROZAC)	PA, QL (2 caps / 1 day); PA Required for < 6 years of age
<i>fluoxetine hcl solution 20 mg/5ml</i>	PA, QL (20 mL / 1 day); PA Required for < 6 years and > 12 years of age
<i>fluvoxamine maleate tab 25 mg</i>	PA, QL (2 tabs / 1 day); PA Required for < 6 years of age
<i>fluvoxamine maleate tab 50 mg</i>	PA, QL (6 tabs / 1 day); PA Required for < 6 years of age
<i>fluvoxamine maleate tab 100 mg</i>	PA, QL (3 tabs / 1 day); PA Required for < 6 years of age
<i>paroxetine hcl tab 10 mg</i> (generic of PAXIL)	PA, QL (1 tab / 1 day); PA Required for < 6 years of age
<i>paroxetine hcl tab 20 mg</i> (generic of PAXIL)	PA, QL (1 tab / 1 day); PA Required for < 6 years of age
<i>paroxetine hcl tab 30 mg</i> (generic of PAXIL)	PA, QL (1 tab / 1 day); PA Required for < 6 years of age
<i>paroxetine hcl tab 40 mg</i> (generic of PAXIL)	PA, QL (45 tabs / 30 days); PA Required for < 6 years of age
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i> (generic of ZOLOFT)	PA, QL (10 mL / 1 day); PA Required for < 6 years and > 12 years of age
<i>sertraline hcl tab 25 mg</i> (generic of ZOLOFT)	PA, QL (3 tabs / 1 day); PA Required for < 6 years of age
<i>sertraline hcl tab 50 mg</i> (generic of ZOLOFT)	PA, QL (4 tabs / 1 day); PA Required for < 6 years of age

Drug Name	Requirements/Limits
<i>sertraline hcl tab 100 mg (generic of ZOLOFT)</i>	PA, QL (2 tabs / 1 day); PA Required for < 6 years of age

SEROTONIN MODULATORS

<i>trazodone hcl tab 50 mg</i>	PA, QL (3 tabs / 1 day); PA Required for < 6 years of age
<i>trazodone hcl tab 100 mg</i>	PA, QL (4 tabs / 1 day); PA Required for < 6 years of age
<i>trazodone hcl tab 150 mg</i>	PA, QL (2 tabs / 1 day); PA Required for < 6 years of age
<i>trazodone hcl tab 300 mg</i>	PA, QL (1 tab / 1 day); PA Required for < 6 years of age

SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)

<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq) (generic of CYMBALTA)</i>	PA, QL (4 caps / 1 day); PA Required for < 6 years of age
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq) (generic of CYMBALTA)</i>	PA, QL (4 caps / 1 day); PA Required for < 6 years of age
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq) (generic of CYMBALTA)</i>	PA, QL (2 caps / 1 day); PA Required for < 6 years of age
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent) (generic of EFFEXOR XR)</i>	PA, QL (3 caps / 1 day); PA Required for < 6 years of age
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent) (generic of EFFEXOR XR)</i>	PA, QL (3 caps / 1 day); PA Required for < 6 years of age
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent) (generic of EFFEXOR XR)</i>	PA, QL (1 cap / 1 day); PA Required for < 6 years of age
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	PA, QL (4 tabs / 1 day); PA Required for < 6 years of age
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	PA, QL (3 tabs / 1 day); PA Required for < 6 years of age
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	PA, QL (3 tabs / 1 day); PA Required for < 6 years of age
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	PA, QL (5 tabs / 1 day); PA Required for < 6 years of age

Drug Name	Requirements/Limits
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	PA, QL (3 tabs / 1 day); PA Required for < 6 years of age

TRICYCLIC AGENTS

<i>amitriptyline hcl tab 10 mg</i>	PA; PA Required for < 6 years of age
<i>amitriptyline hcl tab 25 mg</i>	PA; PA Required for < 6 years of age
<i>amitriptyline hcl tab 50 mg</i>	PA; PA Required for < 6 years of age
<i>amitriptyline hcl tab 75 mg</i>	PA; PA Required for < 6 years of age
<i>amitriptyline hcl tab 100 mg</i>	PA; PA Required for < 6 years of age
<i>amitriptyline hcl tab 150 mg</i>	PA; PA Required for < 6 years of age
<i>clomipramine hcl cap 25 mg (generic of ANAFRANIL)</i>	PA; PA Required for < 6 years of age
<i>clomipramine hcl cap 50 mg (generic of ANAFRANIL)</i>	PA; PA Required for < 6 years of age
<i>clomipramine hcl cap 75 mg (generic of ANAFRANIL)</i>	PA; PA Required for < 6 years of age
<i>desipramine hcl tab 10 mg (generic of NORPRAMIN)</i>	PA; PA Required for < 6 years of age
<i>desipramine hcl tab 25 mg (generic of NORPRAMIN)</i>	PA; PA Required for < 6 years of age
<i>desipramine hcl tab 50 mg</i>	PA; PA Required for < 6 years of age
<i>desipramine hcl tab 75 mg</i>	PA; PA Required for < 6 years of age
<i>desipramine hcl tab 100 mg</i>	PA; PA Required for < 6 years of age
<i>desipramine hcl tab 150 mg</i>	PA; PA Required for < 6 years of age
<i>doxepin hcl cap 10 mg</i>	PA, QL (3 caps / 1 day); PA Required for < 6 years of age
<i>doxepin hcl cap 25 mg</i>	PA, QL (3 caps / 1 day); PA Required for < 6 years of age
<i>doxepin hcl cap 50 mg</i>	PA, QL (3 caps / 1 day); PA Required for < 6 years of age
<i>doxepin hcl cap 75 mg</i>	PA, QL (3 caps / 1 day); PA Required for < 6 years of age

Drug Name	Requirements/Limits
<i>doxepin hcl cap 100 mg</i>	PA, QL (3 caps / 1 day); PA Required for < 6 years of age
<i>doxepin hcl conc 10 mg/ml</i>	PA, QL (6 mL / 1 day); PA Required for < 6 years of age
<i>imipramine hcl tab 10 mg</i>	PA; PA Required for < 6 years of age
<i>imipramine hcl tab 25 mg</i>	PA; PA Required for < 6 years of age
<i>imipramine hcl tab 50 mg</i>	PA; PA Required for < 6 years of age
<i>imipramine pamoate cap 75 mg</i>	PA; PA Required for < 6 years of age
<i>imipramine pamoate cap 100 mg</i>	PA; PA Required for < 6 years of age
<i>imipramine pamoate cap 125 mg</i>	PA; PA Required for < 6 years of age
<i>imipramine pamoate cap 150 mg</i>	PA; PA Required for < 6 years of age
<i>nortriptyline hcl cap 10 mg (generic of PAMELOR)</i>	PA; PA Required for < 6 years of age
<i>nortriptyline hcl cap 25 mg (generic of PAMELOR)</i>	PA; PA Required for < 6 years of age
<i>nortriptyline hcl cap 50 mg (generic of PAMELOR)</i>	PA; PA Required for < 6 years of age
<i>nortriptyline hcl cap 75 mg (generic of PAMELOR)</i>	PA; PA Required for < 6 years of age
<i>protriptyline hcl tab 5 mg</i>	PA; PA Required for < 6 years of age
<i>protriptyline hcl tab 10 mg</i>	PA; PA Required for < 6 years of age
<i>trimipramine maleate cap 25 mg</i>	PA; PA Required for < 6 years of age
<i>trimipramine maleate cap 50 mg</i>	PA; PA Required for < 6 years of age
<i>trimipramine maleate cap 100 mg</i>	PA; PA Required for < 6 years of age

ANTIDIARRHEAL/PROBIOTIC AGENTS

ANTIPERISTALTIC AGENTS

<i>loperamide hcl cap 2 mg</i>	
<i>loperamide hcl cap 2 mg</i>	OTC

ANTIDOTES AND SPECIFIC ANTAGONISTS

OPIOID ANTAGONISTS

<i>naloxone hcl inj 0.4 mg/ml</i>	
<i>naloxone hcl inj 4 mg/10ml</i>	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	

Drug Name	Requirements/Limits
<i>naltrexone hcl tab 50 mg</i>	
NARCAN SPR	
VIVITROL INJ 380MG	

ANTIEMETICS

5-HT3 RECEPTOR ANTAGONISTS

<i>ondansetron hcl tab 4 mg</i>	QL (3 tabs / 1 day)
<i>ondansetron hcl tab 8 mg</i>	QL (3 tabs / 1 day)

ANTI HISTAMINES

ANTI HISTAMINES - ETHANOLAMINES

<i>diphenhydramine hcl cap 25 mg</i>	OTC
<i>diphenhydramine hcl cap 50 mg</i>	OTC
<i>diphenhydramine hcl chew tab 12.5 mg</i>	OTC
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	
<i>diphenhydramine hcl liquid 12.5 mg/5ml</i>	OTC
<i>diphenhydramine hcl tab 25 mg</i>	OTC

ANTI HISTAMINES - PIPERIDINES

<i>cyproheptadine hcl syrup 2 mg/5ml</i>	
<i>cyproheptadine hcl tab 4 mg</i>	

ANTI HYPERTENSIVES

ANTIADRENERGIC ANTIHYPERTENSIVES

<i>clonidine hcl tab 0.1 mg</i>	PA; PA Required for < 6 years of age
<i>clonidine hcl tab 0.2 mg</i>	PA; PA Required for < 6 years of age
<i>clonidine hcl tab 0.3 mg</i>	PA; PA Required for < 6 years of age
<i>clonidine td patch weekly 0.1 mg/24hr (generic of CATAPRES-TTS-1)</i>	QL (4 patches / 28 days)
<i>clonidine td patch weekly 0.2 mg/24hr (generic of CATAPRES-TTS-2)</i>	QL (4 patches / 28 days)
<i>clonidine td patch weekly 0.3 mg/24hr (generic of CATAPRES-TTS-3)</i>	QL (4 patches / 28 days)
<i>guanfacine hcl tab 1 mg</i>	PA; PA Required for < 6 years of age
<i>guanfacine hcl tab 2 mg</i>	PA; PA Required for < 6 years of age
<i>prazosin hcl cap 1 mg (generic of MINIPRESS)</i>	
<i>prazosin hcl cap 2 mg (generic of MINIPRESS)</i>	
<i>prazosin hcl cap 5 mg (generic of MINIPRESS)</i>	

ANTIPARKINSON AND RELATED THERAPY AGENTS

ANTIPARKINSON ANTICHOLINERGICS

<i>benztropine mesylate tab 0.5 mg</i>	
<i>benztropine mesylate tab 1 mg</i>	
<i>benztropine mesylate tab 2 mg</i>	
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	

Drug Name	Requirements/Limits
<i>trihexyphenidyl hcl tab 2 mg</i>	
<i>trihexyphenidyl hcl tab 5 mg</i>	
ANTIPARKINSON DOPAMINERGICS	
<i>amantadine hcl cap 100 mg</i>	
<i>amantadine hcl soln 50 mg/5ml</i>	
ANTIPSYCHOTICS/ANTIMANIC AGENTS	
ANTIMANIC AGENTS	
<i>lithium carbonate cap 150 mg</i>	PA; PA Required for < 6 years of age
<i>lithium carbonate cap 300 mg</i>	PA; PA Required for < 6 years of age
<i>lithium carbonate cap 600 mg</i>	PA; PA Required for < 6 years of age
<i>lithium carbonate tab 300 mg</i>	PA; PA Required for < 6 years of age
<i>lithium carbonate tab er 300 mg (generic of LITHOBID)</i>	PA; PA Required for < 6 years of age
<i>lithium carbonate tab er 450 mg</i>	PA; PA Required for < 6 years of age
ANTIPSYCHOTICS - MISC.	
LATUDA TAB 20MG	PA, QL (1 tab / 1 day); PA Required for < 6 years of age
LATUDA TAB 40MG	PA, QL (1 tab / 1 day); PA Required for < 6 years of age
LATUDA TAB 60MG	PA, QL (1 tab / 1 day); PA Required for < 6 years of age
LATUDA TAB 80MG	PA, QL (1 tab / 1 day); PA Required for < 6 years of age
LATUDA TAB 120MG	PA, QL (1 tab / 1 day); PA Required for < 6 years of age
<i>ziprasidone hcl cap 20 mg (generic of GEODON)</i>	PA, QL (2 caps / 1 day); PA Required for < 6 years of age
<i>ziprasidone hcl cap 40 mg (generic of GEODON)</i>	PA, QL (2 caps / 1 day); PA Required for < 6 years of age
<i>ziprasidone hcl cap 60 mg (generic of GEODON)</i>	PA, QL (2 caps / 1 day); PA Required for < 6 years of age
<i>ziprasidone hcl cap 80 mg (generic of GEODON)</i>	PA, QL (2 caps / 1 day); PA Required for < 6 years of age

Drug Name	Requirements/Limits
<i>BENZISOXAZOLES</i>	
INVEGA SUST INJ 39/0.25	PA, QL (1 injection / 30 days); PA Required for < 18 years of age
INVEGA SUST INJ 78/0.5ML	PA, QL (1 injection / 30 days); PA Required for < 18 years of age
INVEGA SUST INJ 117/0.75	PA, QL (1 injection / 30 days); PA Required for < 18 years of age
INVEGA SUST INJ 156MG/ML	PA, QL (1 injection / 30 days); PA Required for < 18 years of age
INVEGA SUST INJ 234/1.5	PA, QL (1 injection / 30 days); PA Required for < 18 years of age
INVEGA TRINZ INJ 273MG	PA, QL (1 injection / 82 days); PA Required for < 18 years of age
INVEGA TRINZ INJ 410MG	PA, QL (1 injection / 82 days); PA Required for < 18 years of age
INVEGA TRINZ INJ 546MG	PA, QL (1 injection / 82 days); PA Required for < 18 years of age
INVEGA TRINZ INJ 819MG	PA, QL (1 injection / 82 days); PA Required for < 18 years of age
PERSERIS INJ 90MG	PA, QL (1 injection / 30 days); PA Required for < 18 years of age
PERSERIS INJ 120MG	PA, QL (1 injection / 30 days); PA Required for < 18 years of age
RISPERDAL INJ 12.5MG	PA, QL (2 vials / 28 day); PA Required for < 18 years of age
RISPERDAL INJ 25MG	PA, QL (2 vials / 28 day); PA Required for < 18 years of age
RISPERDAL INJ 37.5MG	PA, QL (2 vials / 28 day); PA Required for < 18 years of age
RISPERDAL INJ 50MG	PA, QL (2 vials / 28 day); PA Required for < 18 years of age
<i>risperidone orally disintegrating tab 0.5 mg</i>	PA, QL (2 tabs / 1 day); PA Required for < 6 years of age

Drug Name	Requirements/Limits
<i>risperidone orally disintegrating tab 1 mg</i>	PA, QL (2 tabs / 1 day); PA Required for < 6 years of age
<i>risperidone orally disintegrating tab 2 mg</i>	PA, QL (2 tabs / 1 day); PA Required for < 6 years of age
<i>risperidone orally disintegrating tab 3 mg</i>	PA, QL (2 tabs / 1 day); PA Required for < 6 years of age
<i>risperidone orally disintegrating tab 4 mg</i>	PA, QL (2 tabs / 1 day); PA Required for < 6 years of age
<i>risperidone soln 1 mg/ml (generic of RISPERDAL)</i>	PA, QL (8 mL / 1 day); PA Required for < 6 years of age
<i>risperidone tab 0.5 mg (generic of RISPERDAL)</i>	PA, QL (2 tabs / 1 day); PA Required for < 6 years of age
<i>risperidone tab 0.25 mg</i>	PA, QL (2 tabs / 1 day); PA Required for < 6 years of age
<i>risperidone tab 1 mg (generic of RISPERDAL)</i>	PA, QL (2 tabs / 1 day); PA Required for < 6 years of age
<i>risperidone tab 2 mg (generic of RISPERDAL)</i>	PA, QL (2 tabs / 1 day); PA Required for < 6 years of age
<i>risperidone tab 3 mg (generic of RISPERDAL)</i>	PA, QL (2 tabs / 1 day); PA Required for < 6 years of age
<i>risperidone tab 4 mg (generic of RISPERDAL)</i>	PA, QL (2 tabs / 1 day); PA Required for < 6 years of age

BUTYROPHENONES

<i>haloperidol decanoate im soln 50 mg/ml (generic of HALDOL DECANOATE 50)</i>	PA; PA Required for < 18 years of age
<i>haloperidol decanoate im soln 100 mg/ml (generic of HALDOL DECANOATE 100)</i>	PA; PA Required for < 18 years of age
<i>haloperidol lactate oral conc 2 mg/ml</i>	PA; PA Required for < 6 years of age
<i>haloperidol tab 0.5 mg</i>	PA; PA Required for < 6 years of age
<i>haloperidol tab 1 mg</i>	PA; PA Required for < 6 years of age
<i>haloperidol tab 2 mg</i>	PA; PA Required for < 6 years of age
<i>haloperidol tab 5 mg</i>	PA; PA Required for < 6 years of age

Drug Name	Requirements/Limits
<i>haloperidol tab 10 mg</i>	PA; PA Required for < 6 years of age
<i>haloperidol tab 20 mg</i>	PA; PA Required for < 6 years of age

DIBENZAPINES

<i>clozapine orally disintegrating tab 25 mg</i>	PA, QL (5 tabs / 1 day); PA Required for < 18 years of age
<i>clozapine orally disintegrating tab 100 mg</i>	PA, QL (5 tabs / 1 day); PA Required for < 18 years of age
<i>clozapine tab 25 mg</i> (generic of CLOZARIL)	PA, QL (5 tabs / 1 day); PA Required for < 18 years of age
<i>clozapine tab 50 mg</i> (generic of CLOZARIL)	PA, QL (5 tabs / 1 day); PA Required for < 18 years of age
<i>clozapine tab 100 mg</i> (generic of CLOZARIL)	PA, QL (5 tabs / 1 day); PA Required for < 18 years of age
<i>clozapine tab 200 mg</i> (generic of CLOZARIL)	PA, QL (5 tabs / 1 day); PA Required for < 18 years of age
<i>loxapine succinate cap 5 mg</i>	PA; PA Required for < 6 years of age
<i>loxapine succinate cap 10 mg</i>	PA; PA Required for < 6 years of age
<i>loxapine succinate cap 25 mg</i>	PA; PA Required for < 6 years of age
<i>loxapine succinate cap 50 mg</i>	PA; PA Required for < 6 years of age
<i>olanzapine orally disintegrating tab 5 mg</i> (generic of ZYPREXA ZYDIS)	PA, QL (2 tabs / 1 day); PA Required for < 6 years of age
<i>olanzapine orally disintegrating tab 10 mg</i> (generic of ZYPREXA ZYDIS)	PA, QL (2 tabs / 1 day); PA Required for < 6 years of age
<i>olanzapine orally disintegrating tab 15 mg</i> (generic of ZYPREXA ZYDIS)	PA, QL (1 tab / 1 day); PA Required for < 6 years of age
<i>olanzapine orally disintegrating tab 20 mg</i> (generic of ZYPREXA ZYDIS)	PA, QL (1 tab / 1 day); PA Required for < 6 years of age
<i>olanzapine tab 2.5 mg</i> (generic of ZYPREXA)	PA; PA Required for < 6 years of age
<i>olanzapine tab 5 mg</i> (generic of ZYPREXA)	PA, QL (2 tabs / 1 day); PA Required for < 6 years of age

Drug Name	Requirements/Limits
<i>olanzapine tab 7.5 mg (generic of ZYPREXA)</i>	PA; PA Required for < 6 years of age
<i>olanzapine tab 10 mg (generic of ZYPREXA)</i>	PA, QL (2 tabs / 1 day); PA Required for < 6 years of age
<i>olanzapine tab 15 mg (generic of ZYPREXA)</i>	PA, QL (1 tab / 1 day); PA Required for < 6 years of age
<i>olanzapine tab 20 mg (generic of ZYPREXA)</i>	PA, QL (1 tab / 1 day); PA Required for < 6 years of age
<i>quetiapine fumarate tab 25 mg (generic of SEROQUEL)</i>	PA, QL (2 tabs / 1 day); PA Required for < 6 years of age
<i>quetiapine fumarate tab 50 mg (generic of SEROQUEL)</i>	PA, QL (2 tabs / 1 day); PA Required for < 6 years of age
<i>quetiapine fumarate tab 100 mg (generic of SEROQUEL)</i>	PA, QL (2 tabs / 1 day); PA Required for < 6 years of age
<i>quetiapine fumarate tab 200 mg (generic of SEROQUEL)</i>	PA, QL (2 tabs / 1 day); PA Required for < 6 years of age
<i>quetiapine fumarate tab 300 mg (generic of SEROQUEL)</i>	PA, QL (2 tabs / 1 day); PA Required for < 6 years of age
<i>quetiapine fumarate tab 400 mg (generic of SEROQUEL)</i>	PA, QL (2 tabs / 1 day); PA Required for < 6 years of age

PHENOTHIAZINES

<i>CHLORPROMAZ INJ 50MG/2ML</i>	PA; PA Required for < 6 years of age
<i>chlorpromazine hcl inj 25 mg/ml</i>	PA; PA Required for < 6 years of age
<i>chlorpromazine hcl tab 10 mg</i>	PA; PA Required for < 6 years of age
<i>chlorpromazine hcl tab 25 mg</i>	PA; PA Required for < 6 years of age
<i>chlorpromazine hcl tab 50 mg</i>	PA; PA Required for < 6 years of age
<i>chlorpromazine hcl tab 100 mg</i>	PA; PA Required for < 6 years of age
<i>chlorpromazine hcl tab 200 mg</i>	PA; PA Required for < 6 years of age
<i>fluphenazine decanoate inj 25 mg/ml</i>	PA; PA Required for < 6 years of age
<i>fluphenazine hcl tab 1 mg</i>	PA; PA Required for < 6 years of age

Drug Name	Requirements/Limits
<i>fluphenazine hcl tab 2.5 mg</i>	PA; PA Required for < 6 years of age
<i>fluphenazine hcl tab 5 mg</i>	PA; PA Required for < 6 years of age
<i>fluphenazine hcl tab 10 mg</i>	PA; PA Required for < 6 years of age
<i>perphenazine tab 2 mg</i>	PA; PA Required for < 6 years of age
<i>perphenazine tab 4 mg</i>	PA; PA Required for < 6 years of age
<i>perphenazine tab 8 mg</i>	PA; PA Required for < 6 years of age
<i>perphenazine tab 16 mg</i>	PA; PA Required for < 6 years of age
<i>thioridazine hcl tab 10 mg</i>	PA; PA Required for < 6 years of age
<i>thioridazine hcl tab 25 mg</i>	PA; PA Required for < 6 years of age
<i>thioridazine hcl tab 50 mg</i>	PA; PA Required for < 6 years of age
<i>thioridazine hcl tab 100 mg</i>	PA; PA Required for < 6 years of age
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	PA; PA Required for < 6 years of age
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	PA; PA Required for < 6 years of age
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	PA; PA Required for < 6 years of age
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	PA; PA Required for < 6 years of age

QUINOLINONE DERIVATIVES

ABILIFY MAIN INJ 300MG	PA, QL (1 injection / 30 days); PA Required for < 18 years of age
ABILIFY MAIN INJ 400MG	PA, QL (1 injection / 30 days); PA Required for < 18 years of age
<i>aripiprazole tab 2 mg (generic of ABILIFY)</i>	PA, QL (1 tab / 1 day); PA Required for < 6 years of age
<i>aripiprazole tab 5 mg (generic of ABILIFY)</i>	PA, QL (1 tab / 1 day); PA Required for < 6 years of age
<i>aripiprazole tab 10 mg (generic of ABILIFY)</i>	PA, QL (1 tab / 1 day); PA Required for < 6 years of age

Drug Name	Requirements/Limits
<i>aripiprazole tab 15 mg</i> (generic of ABILIFY)	PA, QL (1 tab / 1 day); PA Required for < 6 years of age
<i>aripiprazole tab 20 mg</i> (generic of ABILIFY)	PA, QL (1 tab / 1 day); PA Required for < 6 years of age
<i>aripiprazole tab 30 mg</i> (generic of ABILIFY)	PA, QL (1 tab / 1 day); PA Required for < 6 years of age
ARISTADA INJ 441MG/1.	PA, QL (1 injection / 30 days); PA Required for < 18 years of age
ARISTADA INJ 662MG/2	PA, QL (1 injection / 30 days); PA Required for < 18 years of age
ARISTADA INJ 882MG/3	PA, QL (1 injection / 30 days); PA Required for < 18 years of age
ARISTADA INJ 1064MG	PA, QL (1 injection / 48 days); PA Required for < 18 years of age
ARISTADA INJ INITIO	PA, QL (1 injection / year); PA Required for < 18 years of age

THIOXANTHENES

<i>thiothixene cap 1 mg</i>	PA; PA Required for < 6 years of age
<i>thiothixene cap 2 mg</i>	PA; PA Required for < 6 years of age
<i>thiothixene cap 5 mg</i>	PA; PA Required for < 6 years of age
<i>thiothixene cap 10 mg</i>	PA; PA Required for < 6 years of age

BETA BLOCKERS

BETA BLOCKERS NON-SELECTIVE

<i>propranolol hcl cap er 24hr 60 mg</i> (generic of INDERAL LA)
<i>propranolol hcl cap er 24hr 80 mg</i> (generic of INDERAL LA)
<i>propranolol hcl cap er 24hr 120 mg</i> (generic of INDERAL LA)
<i>propranolol hcl cap er 24hr 160 mg</i> (generic of INDERAL LA)
<i>propranolol hcl oral soln 20 mg/5ml</i>
<i>propranolol hcl tab 10 mg</i>
<i>propranolol hcl tab 20 mg</i>
<i>propranolol hcl tab 40 mg</i>
<i>propranolol hcl tab 60 mg</i>

Drug Name	Requirements/Limits
<i>propranolol hcl tab 80 mg</i>	
HEMATOPOIETIC AGENTS	
COBALAMINS	
B-12 TAB 2000MCG	OTC
B-12 TAB 2500MCG	OTC
<i>cyanocobalamin inj 1000 mcg/ml</i>	
<i>cyanocobalamin tab 50 mcg</i>	OTC
<i>cyanocobalamin tab 100 mcg</i>	OTC
<i>cyanocobalamin tab 250 mcg</i>	OTC
<i>cyanocobalamin tab 500 mcg</i>	OTC
<i>cyanocobalamin tab 1000 mcg</i>	OTC
<i>cyanocobalamin tab er 1000 mcg</i>	OTC
FOLIC ACID/FOLATES	
<i>folic acid cap 0.8 mg</i>	OTC
<i>folic acid tab 1 mg</i>	
<i>folic acid tab 1 mg</i>	OTC
<i>folic acid tab 400 mcg</i>	OTC
<i>folic acid tab 800 mcg</i>	OTC
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	
ANTI-HISTAMINE HYPNOTICS	
<i>diphenhydramine hcl (sleep) cap 25 mg</i>	OTC
<i>diphenhydramine hcl (sleep) cap 50 mg</i>	OTC
<i>diphenhydramine hcl (sleep) tab 25 mg</i>	OTC
BARBITURATE HYPNOTICS	
<i>phenobarbital tab 30 mg</i>	
<i>phenobarbital tab 60 mg</i>	
NON-BARBITURATE HYPNOTICS	
<i>eszopiclone tab 1 mg (generic of LUNESTA)</i>	PA, QL (1 tab / 1 day); PA Required for < 6 years of age; PA Required for > 1 Hypnotic Drug
<i>eszopiclone tab 2 mg (generic of LUNESTA)</i>	PA, QL (1 tab / 1 day); PA Required for < 6 years of age; PA Required for > 1 Hypnotic Drug
<i>eszopiclone tab 3 mg (generic of LUNESTA)</i>	PA, QL (1 tab / 1 day); PA Required for < 6 years of age; PA Required for > 1 Hypnotic Drug
<i>temazepam cap 15 mg (generic of RESTORIL)</i>	PA, QL (1 cap / 1 day); PA Required for < 6 years of age; PA Required for > 1 Hypnotic Drug

Drug Name	Requirements/Limits
<i>temazepam cap 30 mg</i> (generic of RESTORIL)	PA, QL (1 cap / 1 day); PA Required for < 6 years of age; PA Required for > 1 Hypnotic Drug
<i>zolpidem tartrate tab 5 mg</i> (generic of AMBIEN)	PA, QL (2 tabs / 1 day); PA Required for < 6 years of age; PA Required for > 1 Hypnotic Drug
<i>zolpidem tartrate tab 10 mg</i> (generic of AMBIEN)	PA, QL (1 tab / 1 day); PA Required for < 6 years of age; PA Required for > 1 Hypnotic Drug
ZOLPIMIST SPR 5MG	PA; PA Required for < 6 years of age; PA Required for > 1 Hypnotic Drug

SELECTIVE MELATONIN RECEPTOR AGONISTS

ROZEREM TAB 8MG	PA, QL (1 tab / 1 day); PA Required for < 6 years of age
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LAXATIVES

BULK LAXATIVES

<i>HYDROCIL INS POW 95%</i>	OTC
<i>KONSYL DAILY POW 100%</i>	OTC
<i>KONSYL POW 60.3%</i>	OTC
<i>KONSYL POW 71.67%</i>	OTC
<i>KONSYL-D POW 52.3%</i>	OTC
<i>METAMUCIL POW 58.12%</i>	OTC
<i>METAMUCIL WAF</i>	OTC
<i>NAT FIBER POW 58.6%</i>	OTC
<i>psyllium cap 0.52 gm</i>	OTC
<i>psyllium powder 28.3%</i>	OTC
<i>psyllium powder 30.9%</i>	OTC
<i>psyllium powder 48.57%</i>	OTC
<i>psyllium powder 49%</i>	OTC
<i>psyllium powder 58.6%</i>	OTC
<i>psyllium powder 68%</i>	OTC
<i>psyllium powder 95%</i>	OTC
<i>psyllium powder 100%</i>	OTC

SURFACTANT LAXATIVES

<i>docusate sodium cap 50 mg</i>	OTC
<i>docusate sodium cap 100 mg</i>	OTC
<i>docusate sodium cap 250 mg</i>	OTC
<i>docusate sodium enema 283 mg/5ml</i>	OTC
<i>docusate sodium liquid 150 mg/15ml</i>	OTC
<i>docusate sodium syrup 60 mg/15ml</i>	OTC
<i>docusate sodium tab 100 mg</i>	OTC

Drug Name	Requirements/Limits
MOUTH/THROAT/DENTAL AGENTS	
<i>THROAT PRODUCTS - MISC.</i>	
AQUORAL SPR	
BIOTENE DRY SPR MOIST	OTC
CAPHOSOL SOL	OTC
CVS DRY SPR MOUTH	OTC
DRY MOUTH SOL ORAL RIN	OTC
MOI-STIR SOL	OTC
MOUTH KOTE SOL	OTC
MOUTH KOTE SOL REMINT	OTC
NUMOISYN LIQ	
ORAL RELIEF SPR DRY MOUT	OTC
RA DRY MOUTH SPR	OTC
MULTIVITAMINS	
<i>B-COMPLEX VITAMINS</i>	
<i>*b-complex vitamin cap**</i>	OTC
<i>*b-complex vitamin sublingual liquid**</i>	OTC
<i>*b-complex vitamin tab er**</i>	OTC
<i>*b-complex vitamin tab**</i>	OTC
<i>B-COMPLEX W/ C</i>	
<i>*b-complex w/ c & e + zn tab***</i>	OTC
<i>B-COMPLEX W/ FOLIC ACID</i>	
<i>*b-complex w/ c & folic acid cap 1 mg***</i>	
<i>*b-complex w/ c & folic acid cap 1 mg***</i>	OTC
<i>*b-complex w/ c & folic acid tab 0.8 mg***</i>	OTC
<i>*b-complex w/ c & folic acid tab 1 mg***</i>	
<i>*b-complex w/ c & folic acid tab 1 mg***</i>	OTC
<i>*b-complex w/ c & folic acid tab 5 mg***</i>	
<i>*b-complex w/ c & folic acid tab***</i>	
<i>*b-complex w/ c & folic acid tab***</i>	OTC
BIOTIN FORTE TAB	OTC
FULL SPECT TAB B/ VIT C	OTC
NEPHRO-VITE TAB	OTC
NEPHRO-VITE TAB RX	
NEPHROCAPS CAP	
SM B-COMPLEX TAB /VIT C	OTC
<i>MULTIPLE VITAMINS W/ MINERALS</i>	
ABC COMPLETE TAB WOMEN	OTC
ACTIVE 55 LIQ PLUS	OTC
ACTIVNUTRIEN CAP	OTC
ADEK CHW PLUS ZN	OTC
ADLT ONE DLY CHW GUMMIES	OTC
ADULT 50+ CAP EYE HLTH	OTC
ADULT 50+ CAP OCUVITE	OTC
ADV DIABETIC TAB MULTIVIT	OTC

Drug Name	Requirements/Limits
AIRBORN+ POW REST	OTC
AIRBORNE CHW	OTC
AIRBORNE CHW KIDS	OTC
AIRBORNE POW	OTC
AIRBORNE+ CHW PROBIOTI	OTC
AIRBORNE+ CHW REST	OTC
AIRBORNE+ POW STRESS	OTC
AIRBORNE+NAT LIQ ENERGY	OTC
AIRSHIELD CHW IMMUNITY	OTC
ALGAE BASED TAB CALCIUM	OTC
ALIVE 50+ TAB ENERGY	OTC
ALIVE 50+ TAB WOMENS	OTC
ALIVE DAILY TAB WOMENS	OTC
ALIVE ENERGY TAB MENS	OTC
ALIVE ENERGY TAB WOMENS	OTC
ALIVE LIQ MULT-VIT	OTC
ALIVE MULTI CHW VITAMIN	OTC
ALIVE WOMENS CHW 50+	OTC
ALIVE WOMENS CHW GUMMY	OTC
ANTIOXIDANT TAB FORMULA	OTC
AQUADEKS CHW	OTC
AZO HORMONAL TAB HEALTH	OTC
BARIATRIC CAP MULTIVIT	OTC
BARIATRIC CHW FUSION	OTC
BASIC AM TAB	OTC
BASIC PM TAB	OTC
BIO-35 GLUTE CAP FREE	OTC
BIO-35 IRON CAP FREE	OTC
BIOCAL CAP	OTC
CAL-DAY 1000 TAB	OTC
CELEBRATE CAP 18	OTC
CELEBRATE CAP 36	OTC
CELEBRATE CAP 45	OTC
CELEBRATE CAP 60	OTC
CELEBRATE CHW 18	OTC
CELEBRATE CHW 36	OTC
CELEBRATE CHW 45	OTC
CELEBRATE CHW 60	OTC
CENT MATURE TAB ADLT 50+	OTC
CENTRAL-VITE TAB	OTC
CENTRAVITES TAB 50 PLUS	OTC
CENTRAVITES TAB ADULTS	OTC
CENTRUM 50+ CHW FRSH/FRU	OTC
CENTRUM CHW ADULTS	OTC
CENTRUM CHW FLAV BST	OTC
CENTRUM CHW SILVER	OTC

Drug Name	Requirements/Limits
CENTRUM CHW VITAMINT	OTC
CENTRUM LIQ	OTC
CENTRUM MULT CHW OMEGA 3	OTC
CENTRUM POW DRINK	OTC
CENTRUM SILV TAB 50+MEN	OTC
CENTRUM SILV TAB 50+WOMEN	OTC
CENTRUM SILV TAB ADULT 50	OTC
CENTRUM SPEC TAB HEART	OTC
CENTRUM SPEC TAB IMMUNE	OTC
CENTRUM SPEC TAB VISION	OTC
CENTRUM TAB ADULTS	OTC
CENTRUM TAB CARDIO	OTC
CENTRUM TAB MEN	OTC
CENTRUM TAB SILVER	OTC
CENTRUM TAB ULTRA	OTC
CENTRUM TAB WOMEN	OTC
CERTAVITE TAB SENIOR	OTC
CERTAVITE/ TAB ANTIOXID	OTC
CHOICEFUL CAP MULTIVIT	OTC
CHOICEFUL CHW MULTIVIT	OTC
CORVITA TAB	
CULTURELLE CHW MULTIVIT	OTC
CVS VISION CAP HEALTH	OTC
DECUBI-VITE CAP	OTC
DEKAS CHW BARIATRI	OTC
DEKAS PLUS CAP	OTC
DEKAS PLUS CAP OCEAN	OTC
DEKAS PLUS CHW	OTC
DERMAVITE TAB	OTC
EMERGEN-C CHW IMMUNE/D	OTC
EMERGEN-C CHW VITA C	OTC
EMERGEN-C PAK BLUE	OTC
EMERGEN-C PAK FIVE	OTC
EMERGEN-C PAK HEART	OTC
EMERGEN-C PAK IMMUNE	OTC
EMERGEN-C PAK JOINT	OTC
EMERGEN-C PAK KIDZ	OTC
EMERGEN-C PAK MSM LITE	OTC
EMERGEN-C PAK PINK	OTC
EMERGEN-C PAK SUPER FR	OTC
EMERGEN-C PAK VIT D/CA	OTC
EMERGEN-C PAK VITA C	OTC
ENDUR-VM TAB	OTC
ENDUR-VM TAB IRON	OTC
ENERGY POW BOOSTER	OTC
EQ COMPLETE TAB ADULT	OTC

Drug Name	Requirements/Limits
EQ ONE DAILY TAB MENS	OTC
EQ ONE DAILY TAB WOMENS	OTC
EQL CENTURY TAB MENS	OTC
EQL CENTURY TAB WOMENS	OTC
ESTROVEN MEN TAB SUPPLEM	OTC
EVOLUTION60 POW	OTC
EYE HEALTH CAP	OTC
EYE HEALTH CAP ADLT 50+	OTC
EYE HEALTH TAB LUTEIN	OTC
EYE MULTIVIT TAB SODIUM	OTC
FITNESS TABS TAB MEN	OTC
FITNESS TABS TAB WOMEN	OTC
FOSFREE TAB	OTC
FREEDAVITE TAB	OTC
GENADEK CAP STEP 1	OTC
GENADEK CAP STEP 2	OTC
GERI-FREEDA TAB SENIOR	OTC
GNP IMMUNE PAK	OTC
GNP IMMUNE PAK SUPPORT	OTC
HAIR SKIN & TAB NAILS AD	OTC
HAIR/SKIN/ CAP NAILS	OTC
HEALTHY EYES CAP SUPERVIS	OTC
HI POT MV/ TAB BETA-CAR	OTC
HIGH POTENCY TAB MV/FA	OTC
HM COMPLETE TAB MEN	OTC
HM HAIR/SKIN TAB /NAILS	OTC
ICAPS AREDS TAB FORMULA	OTC
IMMUBLAST-C POW ORANGE	OTC
IMMUNE CHW SUPPORT	OTC
IMMUNE SUPP POW VIT C	OTC
K-PAX TAB PROF ST	OTC
LUTEIN PLUS TAB ZEAXANTH	OTC
MAXIMIN PAK	OTC
MEGA MULTI TAB MEN	OTC
MEGA MULTI TAB WOMEN	OTC
MEGA MULTIVI TAB MEN	OTC
MEGA MULTIVI TAB WOMEN	OTC
MEGAVITE TAB FRT/VEG	OTC
MEGAVITE TAB GOLD 55+	OTC
MENS 50+ CAP ADVANCED	OTC
MENS MULTI CHW	OTC
MENS MULTI TAB VIT/MIN	OTC
MENS MULTIPL TAB	OTC
MULTI ADULT CHW EXTRA C	OTC
MULTI FOR POW HER	OTC
MULTI FOR POW HIM	OTC

Drug Name	Requirements/Limits
MULTI VITAMN TAB MINERALS	OTC
MULTI-BETIC TAB DIABETES	OTC
MULTI-VITAMI TAB MONOCAPS	OTC
MULTI-VITE LIQ	OTC
<i>*multiple vitamins w/ minerals cap**</i>	
<i>*multiple vitamins w/ minerals cap**</i>	OTC
<i>*multiple vitamins w/ minerals chew tab**</i>	OTC
<i>*multiple vitamins w/ minerals liquid**</i>	OTC
<i>*multiple vitamins w/ minerals tab er**</i>	OTC
<i>*multiple vitamins w/ minerals tab**</i>	OTC
MULTIVITAMIN CHW ADLT GUM	OTC
MULTIVITAMIN TAB	OTC
MULTIVITAMIN TAB ADULT	OTC
MULTIVITAMIN TAB ADULTS	OTC
MULTIVITAMIN TAB MEN	OTC
MULTIVITAMIN TAB WOMEN	OTC
MULTIVITAMIN TAB ZINC STR	OTC
MVW COMPLETE CAP D3000	OTC
MVW COMPLETE CAP D5000	OTC
MVW COMPLETE CAP FORMULAT	OTC
MVW COMPLETE CAP MINIS	OTC
NAT-RUL THER TAB M	OTC
NATRUL-VITES TAB	OTC
NUTRIENT 45+ TAB WOMEN	OTC
NUTRIENT 50+ TAB MEN	OTC
NUTRIENTS CAP ANTIOXID	OTC
NUTRIENTS TAB MEN	OTC
NUTRIENTS TAB TEENS	OTC
NUTRIENTS TAB WOMEN	OTC
OCUHEALTH CAP VISION 2	OTC
OCULAR TAB VITAMINS	OTC
OCUVITE CAP ADULT	OTC
OCUVITE LUTE CAP	OTC
ONCOVITE TAB	OTC
ONE DAILY CHW ADLT GUM	OTC
ONE DAILY MN TAB W/O IRON	OTC
ONE DAILY MV TAB WOMENS	OTC
ONE DAILY TAB MENS	OTC
ONE DAILY TAB MENS 50+	OTC
ONE DAILY TAB WMNS 50+	OTC
ONE DAILY TAB WOMENS	OTC
ONE-A-DAY CHW IMMUNITY	OTC
ONE-A-DAY CHW VITACRAV	OTC
ONE-A-DAY TAB 50+ ADV	OTC
ONE-A-DAY TAB 50+ MENS	OTC
ONE-A-DAY TAB 50+ WMN	OTC

Drug Name	Requirements/Limits
ONE-A-DAY TAB 65+	OTC
ONE-A-DAY TAB ENERGY	OTC
ONE-A-DAY TAB MENOPAUS	OTC
ONE-A-DAY TAB MENS	OTC
ONE-A-DAY TAB PETITES	OTC
ONE-A-DAY TAB PROEDGE	OTC
ONE-A-DAY TAB TEEN/HIM	OTC
ONE-A-DAY TAB WOMENS	OTC
ONE-DAILY CAP MULTI	OTC
ONE-DAILY PAK VIT/MIN	OTC
OPTIFAST POS CHW BARIATRI	OTC
OPTIMUM CHW AIRVITES	OTC
OPTISOURCE CHW BARIATRC	OTC
OPTIVITE TAB P.M.T.	OTC
OPURITY CHW BYPASS	OTC
OPURITY TAB	OTC
OSTEOPRIME TAB PLUS	OTC
PARVLEX TAB	OTC
PHYTOMULTI TAB	OTC
PORENAL+D CAP OMEGA 3	OTC
PRESERVISION CAP AREDS	OTC
PRESERVISION CAP AREDS 2	OTC
PRESERVISION CAP LUTEIN	OTC
PRESERVISION CHW AREDS 2	OTC
PRESERVISION TAB AREDS	OTC
PRO-CAL TAB	OTC
PROCERV HP TAB	OTC
PRORENAL +D TAB	OTC
PRORENAL+D CAP OMEGA-3	OTC
PRORENAL+D TAB	OTC
PROTECT CAP CARDIO	OTC
PROTECT CAP PLUS SO	OTC
PROTEGRA CAP	OTC
PROVIT TAB	OTC
QC MULTI-VIT TAB	OTC
QUIN B TAB STRONG	OTC
QUINTABS-M TAB	OTC
RA ESSENCE-C POW ORANGE	OTC
RA ESSENCE-C POW RASPBRY	OTC
RA ESSENCE-C POW TNGERINE	OTC
RENAPLEX-D TAB	OTC
SENTRY SENIO TAB LUTEIN	OTC
SENTRY TAB	OTC
SENTRY TAB SENIOR	OTC
SKIN BEAUTY/ PAK WELLNESS	OTC
SM ONE DAILY TAB MENS	OTC

Drug Name	Requirements/Limits
SM ONE DAILY TAB WOMENS	OTC
SOLO TAB	OTC
SPECTRAVITE CHW ADLT 50+	OTC
SPECTRAVITE CHW WOMEN	OTC
SPECTRAVITE TAB	OTC
SPECTRAVITE TAB ADLT 50+	OTC
SPECTRAVITE TAB ADULTS	OTC
SPECTRAVITE TAB MEN 50+	OTC
SPECTRAVITE TAB ULT MEN	OTC
SPECTRAVITE TAB ULT WMN	OTC
SUPER ANTIOX CAP	OTC
SYSTANE ICAP CHW AREDS2	OTC
SYSTANE ICAP TAB AREDS2	OTC
T-VITES TAB	OTC
THERA M PLUS TAB	OTC
THERA-M TAB	OTC
THERA-TABS M TAB	OTC
THERABETIC TAB MULTIVIT	OTC
THERAGRAN-M TAB	OTC
THERAGRAN-M TAB 50 PLUS	OTC
THERAGRAN-M TAB ADVANCED	OTC
THERAGRAN-M TAB PREMIER	OTC
THERAMILL CAP FORTE	OTC
THERANATAL CAP LACTATIO	OTC
THEREMS-M TAB	OTC
ULTRA MEGA G TAB 75MG CR	OTC
ULTRA MEGA G TAB 100MG	OTC
ULTRA MEGA TAB 75MG CR	OTC
ULTRA MEGA TAB TWO	OTC
VISTA ADVAN CAP AREDS2	OTC
VISTA ADVAN CAP DRY EYE	OTC
VITABEX CAP	OTC
VITABEX PLUS CAP	OTC
VITACRAVES CHW GUMMIES	OTC
VITACRAVES CHW IMMUNITY	OTC
VITACRAVES CHW MENS	OTC
VITACRAVES CHW SOUR GUM	OTC
VITACRAVES CHW WOMENS	OTC
VITALINE TAB FORMULA2	OTC
VITALINE TAB FORMULA3	OTC
VITAMIN C PAK BLEND	OTC
VITAMIN C POW ELECTROL	OTC
VITAMIN D3 TAB COMPLETE	OTC
VITASANA TAB	OTC
VITATRUM TAB	OTC
VITEYES CAP CLASSIC	OTC

Drug Name	Requirements/Limits
VITEYES CLAS CAP ADV	OTC
VITEYES CLAS CAP ADVANCED	OTC
VITEYES CLAS CAP MAC SUPP	OTC
VITEYES CLAS CAP OMEGA-3	OTC
VITEYES CLAS TAB MULTIVIT	OTC
VITEYES OPTI TAB NERV SUP	OTC
VITRUM TAB ADULT	OTC
VITRUM TAB SENIOR	OTC
WAL-BORN CHW VIT C	OTC
WEIGHT SMART TAB ADVANCED	OTC
WHOLE FOOD TAB MULTIVIT	OTC
WMNS MULTIVI CHW +COLLAGE	OTC
WOMENS MULT CHW GUMMIES	OTC
WOMENS MULTI TAB VIT/MIN	OTC
YELETS TEEN TAB FORMULA	OTC
YOUR LIFE CHW GUMMIES	OTC
YOUR LIFE CHW MULTIVIT	OTC

MULTIVITAMINS

DAILY MULTI TAB VITAMINS	OTC
DEKAS CAP ESSENTIA	OTC
ESTROFACTORS TAB	OTC
HIGH POTENCY TAB MULTIVIT	OTC
MULTI VITAMI TAB	OTC
MULTI VITAMI TAB D-3	OTC
<i>*multiple vitamin cap**</i>	OTC
<i>*multiple vitamin tab**</i>	OTC
MULTIVITAMIN TAB	OTC
MULTIVITAMIN TAB ADULT	OTC
NEOMULTIVITE TAB	OTC
OMNICAP TAB	OTC
ONE DAILY TAB ESSENTL	OTC
ONE-A-DAY TAB ESSENT	OTC
ONE-A-DAY TAB MENS	OTC
QUINTABS TAB	OTC
THERA TAB	OTC
THEREMS TAB MULTIVIT	OTC
ZE-PLUS CAP	OTC

PED MULTI VITAMINS W/FL & FE

<i>*pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml**</i>	
<i>*pediatric multiple vitamins w/ fl-fe drops 0.25-10</i>	OTC
<i>mg/ml**</i>	

PED MULTIPLE VITAMINS W/ MINERALS

AQUADEKS DRO	OTC
BABY IRON DRO IMMUNITY	OTC
CENTRUM KIDS CHW	OTC

Drug Name	Requirements/Limits
CENTRUM KIDS CHW FLAV BST	OTC
DEKAS PLUS LIQ	OTC
FLINTSTONES CHW COMPLETE	OTC
FLINTSTONES CHW GUMMIES	OTC
FLINTSTONES CHW IMMUNITY	OTC
FLINTSTONES CHW SOUR GUM	OTC
FLINTSTONES CHW TODDLER	OTC
GENADEK DRO	OTC
HEALTHY KIDS CHW GUMMIES	OTC
JOLLY RANCHR CHW ONE-A-DA	OTC
KIDZ MULTVIT CHW PROBIOTI	OTC
MVW COMPLETE CHW GRAPE	OTC
NF FORMULAS CHW CHILDREN	OTC
ONE-A-DAY CHW SCOOPY	OTC
<i>*pediatric multiple vitamin w/ minerals & c chew tab**</i>	OTC
UPSPRINGBABY DRO MV/IRON	OTC
VITALETS CHW CHILD	OTC
ZOO FRIENDS CHW COMPLETE	OTC

PED MV W/ FLUORIDE

MULTI-VIT-FL CHW 0.5MG	
MULTI-VIT-FL CHW 0.25MG	
MULTI-VIT-FL CHW 1MG	
MULTIV+FLUOR CHW 0.5MG	OTC
MULTIV+FLUOR CHW 0.25MG	OTC
MULTIV+FLUOR CHW 1MG	OTC
MULTIVIT/FL CHW 0.5MG	
MULTIVIT/FL CHW 0.25MG	
MULTIVIT/FL CHW 1MG	
<i>*pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml***</i>	
<i>*pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml***</i>	OTC
<i>*pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml***</i>	
<i>*pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml***</i>	OTC
<i>*pediatric vitamins acd w/ fluoride soln 0.5 mg/ml***</i>	
<i>*pediatric vitamins acd w/ fluoride soln 0.25 mg/ml***</i>	
<i>*pediatric vitamins acd w/ fluoride soln 0.25 mg/ml***</i>	OTC

PED MV W/ IRON

ANIMAL SHAPE CHW IRON	OTC
DINO-LIFE CHW IRON-ZIN	OTC

Drug Name	Requirements/Limits
HONEY BEARS CHW IRON-ZIN	OTC
MULTIVITAMIN CHW IRON	OTC
PED POLY-VIT DRO /IRON	OTC
<i>*pediatric multiple vitamins w/ iron chew tab 15 mg**</i>	OTC
<i>*pediatric multiple vitamins w/ iron chew tab 18 mg**</i>	OTC
POLY-VI-SOL SOL IRON	OTC
POLY-VITA/FE DRO	OTC
POLY-VITE SOL /IRON	OTC
POLY-VITE SOL IRON	OTC
SCOOBY-DOO CHW	OTC

PEDIATRIC MULTIPLE VITAMINS

CULTURELLE CHW	OTC
GERBER LIL CHW BRAINIES	OTC
KIDS PROBIOT CHW MULTIVIT	OTC
MULTIVITAMIN CHW CHILDREN	OTC
NOVAMV PED DRO 10MG/ML	OTC
PED POLY-VIT DRO	OTC
<i>*pediatric multiple vitamin w/ c & fa chew tab**</i>	OTC
<i>*pediatric multiple vitamin w/ extra c & fa chew tab**</i>	OTC
POLY-VI-SOL SOL 50MG/ML	OTC
POLY-VITA DRO	OTC
POLY-VITE DRO	OTC
POLY-VITE SOL 50MG/ML	OTC
VITACRAVES CHW +OMEGA-3	OTC

PEDIATRIC VITAMINS

HONEY BEARS CHW	OTC
MULTIVITAMIN CHW CHILD	OTC
<i>*pediatric vitamins adc drops 750 unit-400 unit-35 mg/ml***</i>	OTC
TRI-VI-SOL SOL A/C/D	OTC

NUTRIENTS

MISC. NUTRITIONAL SUBSTANCES

<i>*omega-3 fatty acids cap 300 mg**</i>	OTC
<i>*omega-3 fatty acids cap 435 mg**</i>	OTC
<i>*omega-3 fatty acids cap 500 mg**</i>	OTC
<i>*omega-3 fatty acids cap 645 mg**</i>	OTC
<i>*omega-3 fatty acids cap 1000 mg**</i>	OTC
<i>*omega-3 fatty acids cap 1200 mg**</i>	OTC

PROTEINS

<i>acetylcysteine cap 600 mg</i>	OTC
L-THEANINE CAP 100MG	OTC
<i>theanine cap 100 mg</i>	OTC

Drug Name	Requirements/Limits
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	

AGENTS FOR CHEMICAL DEPENDENCY

<i>acamprosate calcium tab delayed release 333 mg</i>	
<i>disulfiram tab 250 mg</i>	
<i>disulfiram tab 500 mg</i>	

THYROID AGENTS

THYROID HORMONES

<i>levothyroxine sodium tab 25 mcg (generic of SYNTHROID)</i>	
<i>levothyroxine sodium tab 50 mcg (generic of SYNTHROID)</i>	
<i>levothyroxine sodium tab 75 mcg (generic of SYNTHROID)</i>	
<i>levothyroxine sodium tab 88 mcg (generic of SYNTHROID)</i>	
<i>levothyroxine sodium tab 100 mcg (generic of SYNTHROID)</i>	
<i>levothyroxine sodium tab 112 mcg (generic of SYNTHROID)</i>	
<i>levothyroxine sodium tab 125 mcg (generic of SYNTHROID)</i>	
<i>levothyroxine sodium tab 137 mcg (generic of SYNTHROID)</i>	
<i>levothyroxine sodium tab 150 mcg (generic of SYNTHROID)</i>	
<i>levothyroxine sodium tab 175 mcg (generic of SYNTHROID)</i>	
<i>levothyroxine sodium tab 200 mcg (generic of SYNTHROID)</i>	
<i>levothyroxine sodium tab 300 mcg (generic of SYNTHROID)</i>	
<i>liothyronine sodium tab 5 mcg (generic of CYTOMEL)</i>	
<i>liothyronine sodium tab 25 mcg (generic of CYTOMEL)</i>	
<i>liothyronine sodium tab 50 mcg (generic of CYTOMEL)</i>	

URINARY ANTISPASMODICS

URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS

<i>bethanechol chloride tab 5 mg</i>	
<i>bethanechol chloride tab 10 mg</i>	
<i>bethanechol chloride tab 25 mg</i>	
<i>bethanechol chloride tab 50 mg</i>	

VITAMINS

OIL SOLUBLE VITAMINS

<i>cholecalciferol cap 10 mcg (400 unit)</i>	OTC
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Drug Name	Requirements/Limits
<i>cholecalciferol cap 25 mcg (1000 unit)</i>	OTC
<i>cholecalciferol cap 50 mcg (2000 unit)</i>	OTC
<i>cholecalciferol cap 125 mcg (5000 unit)</i>	OTC
<i>cholecalciferol cap 250 mcg (10000 unit)</i>	OTC
<i>cholecalciferol tab 10 mcg (400 unit)</i>	OTC
<i>cholecalciferol tab 25 mcg (1000 unit)</i>	OTC
<i>cholecalciferol tab 50 mcg (2000 unit)</i>	OTC
<i>cholecalciferol tab 125 mcg (5000 unit)</i>	OTC
THERA-D TAB 4000UNIT	OTC
VITAMIN D3 TAB 3000UNIT	OTC
VITAMIN D3 TAB 10000UNT	OTC
<i>vitamin e cap 45 mg (100 unit)</i>	OTC
<i>vitamin e cap 90 mg (200 unit)</i>	OTC
<i>vitamin e cap 100 unit</i>	OTC
<i>vitamin e cap 134 mg (200 unit)</i>	OTC
<i>vitamin e cap 180 mg (400 unit)</i>	OTC
<i>vitamin e cap 200 unit</i>	OTC
<i>vitamin e cap 268 mg (400 unit)</i>	OTC
<i>vitamin e cap 400 unit</i>	OTC
<i>vitamin e cap 450 mg (1000 unit)</i>	OTC
<i>vitamin e cap 670 mg (1000 unit)</i>	OTC
<i>vitamin e cap 1000 unit</i>	OTC
<i>vitamin e oral oil 45 mg/0.25ml (100 unit/0.25ml)</i>	OTC
<i>vitamin e oral oil 67 mg/0.25ml (100 unit/0.25ml)</i>	OTC
<i>vitamin e soln 6.75 mg/0.3ml (15 unit/0.3ml)</i>	OTC
VITAMIN E TAB 200UNIT	OTC
VITAMIN E TAB 400UNIT	OTC

WATER SOLUBLE VITAMINS

B-6 TAB 500MG	OTC
B-NATAL LOZ 25MG	OTC
<i>pyridoxine hcl tab 25 mg</i>	OTC
<i>pyridoxine hcl tab 50 mg</i>	OTC
<i>pyridoxine hcl tab 100 mg</i>	OTC
<i>pyridoxine hcl tab 250 mg</i>	OTC
<i>thiamine hcl tab 50 mg</i>	OTC
<i>thiamine hcl tab 100 mg</i>	OTC
<i>thiamine hcl tab 250 mg</i>	OTC
<i>thiamine mononitrate tab 100 mg</i>	OTC
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CENTRUM SILV TAB 50+MEN	30	<i>clonazepam orally disintegrating tab</i>	10
CENTRUM SILV TAB 50+WOMEN	30	<i>0.125 mg</i>	10
CENTRUM SILV TAB ADULT 50	30	<i>clonazepam orally disintegrating tab</i>	10
CENTRUM SPEC TAB HEART	30	<i>0.25 mg</i>	10
CENTRUM SPEC TAB IMMUNE	30	<i>clonazepam orally disintegrating tab</i>	10
CENTRUM SPEC TAB VISION	30	<i>0.5 mg</i>	10
CENTRUM TAB ADULTS	30	<i>clonazepam orally disintegrating tab 1</i>	10
CENTRUM TAB CARDIO	30	<i>mg</i>	10
CENTRUM TAB MEN	30	<i>clonazepam orally disintegrating tab 2</i>	10
CENTRUM TAB SILVER	30	<i>mg</i>	10
CENTRUM TAB ULTRA	30	<i>clonazepam tab 0.5 mg</i>	10
CENTRUM TAB WOMEN	30	<i>clonazepam tab 1 mg</i>	11
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<i>docusate sodium liquid 150 mg/15ml</i>	27
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<i>EMERGEN-C PAK HEART</i>	30
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 INVEGA SUST INJ 156MG/ML 20
 INVEGA SUST INJ 234/1.5 20
 INVEGA SUST INJ 39/0.25 20
 INVEGA SUST INJ 78/0.5ML 20
 INVEGA TRINZ INJ 273MG 20
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Notice of Non-Discrimination



Health
Choice

In Compliance with Section 1557 of the Affordable Care Act

Health Choice Arizona complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). Health Choice Arizona does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).

Health Choice Arizona:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact:

Health Choice Arizona
Address:
410 N. 44th Street, Ste. 900,
Phoenix, AZ 85008
Phone: **1-800-322-8670**, TTY: **711**
Fax: **480-760-4739**
Email: **HCHComments@azblue.com**

If you believe that Health Choice Arizona has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). You can file a grievance with:

Health Choice Arizona
Address:
410 N. 44th Street, Ste. 900,
Phoenix, AZ 85008
Phone: **1-800-322-8670**, TTY: **711**
Fax: **480-760-4739**
Email: **HCH.GrievanceForms@azblue.com**

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Grievance Manager/Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>.

Notificación de no discriminación



Health
Choice

En cumplimiento con la Sección 1557 de la Ley de Cuidado de Salud de Bajo Costo

Health Choice Arizona cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo (incluido el embarazo, la orientación sexual y la identidad de género). Health Choice Arizona no excluye a las personas ni las trata de forma diferente debido a su origen étnico, color, nacionalidad, edad, discapacidad o sexo (incluido el embarazo, la orientación sexual y la identidad de género).

Health Choice Arizona:

Proporciona asistencia y servicios gratuitos a las personas con discapacidades para que se comuniquen de manera eficaz con nosotros, como los siguientes:

- Intérpretes de lenguaje de señas capacitados.
- Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos).

Proporciona servicios lingüísticos gratuitos a personas cuya lengua materna no es el inglés, como los siguientes:

- Intérpretes capacitados.
- Información escrita en otros idiomas.

Si necesita recibir estos servicios, con el Coordinador de Derechos Civiles,
410 N. 44th Street, Ste. 900,
Phoenix, AZ 85008,
Teléfono: **1-800-322-8670**, TTY: **711**
Fax: **480-760-4739**
Email: **HCHComments@azblue.com**

Si considera que Health Choice Arizona no le proporcionó estos servicios o lo discriminó de otra manera por motivos de origen étnico, color, nacionalidad, edad, discapacidad o sexo (incluido el embarazo, la orientación sexual y la identidad de género). Puede presentar un reclamo a la siguiente persona:

Coordinador de Derechos Civiles,
410 N. 44th Street, Ste. 900,
Phoenix, AZ 85008,
Teléfono: **1-800-322-8670**, TTY: **711**
Fax: **480-760-4739**
Email: **HCH.GrievanceForms@azblue.com**

Puede presentar el reclamo en persona o por correo postal, fax o correo electrónico. Si necesita ayuda para hacerlo, el Coordinador de Derechos Civiles está a su disposición para brindársela.

También puede presentar un reclamo de derechos civiles ante la Office for Civil Rights (Oficina de Derechos Civiles) del Department of Health and Human Services (Departamento de Salud y Servicios Humanos) de EE. UU. de manera electrónica a través de Office for Civil Rights Complaint Portal, disponible en **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, o bien, por correo postal a la siguiente dirección o por teléfono a los números que figuran a continuación:

U.S. Department of Health and Human Services
200 Independence Avenue,
SW Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Puede obtener los formularios de reclamo en el sitio web **<http://www.hhs.gov/ocr/office/file/index.html>**.

Multi-Language Interpreter Services



Health
Choice

as required by Section 1557
of the Affordable Care Act

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you.
Call **1-800-322-8670** (TTY: **711**), 8 a.m. – 5 p.m., Monday through Friday (except holidays).

ATENCIÓN: Si usted habla español, tiene a su disposición servicios de asistencia lingüística sin cargo. Llame al **1-800-322-8670** (TTY: **711**).

請注意：若您使用繁體中文，您可以接受免費的語言協助服務。請致電 **1-800-322-8670** (TTY: **711**)。

Bilag1ana bizaad doo bee y1n7[ti' dago d00 saad n11n1 [a' bee y1n7[ti'go, saad bee ata' hane', t'1 1 n77k'e h, n1 bee ah00t'i' . Koj8' hod77lnih **1-800-322-8670** (TTY: **711**).

ATENÇÃO: Se você fala português brasileiro, oferecemos serviços gratuitos de assistência para idiomas. Ligue para **1-800-322-8670** (TTY: **711**).

CHÚ Ý: Nếu quý vị nói [Tiếng Việt], chúng tôi sẽ cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Hãy gọi số **1-800-322-8670** (TTY: **711**).

تنبيه: إذا كنت تتحدث العربية، فسوف تتوفر لديك خدمات المساعدة اللغوية، مجانًا. اتصل على **1-800-322-8670** (هاتف نصي: **711**)

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-322-8670** (TTY: **711**).

ATANSYON: Si ou pale Kreyòl Ayisyen, sèvis asistans lang, gratis, disponib pou ou. Rele **1-800-322-8670** (TTY: **711**).

ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen ein kostenloser Fremdsprachenservice zur Verfügung. Rufen Sie **1-800-322-8670** (TTY: **711**) an.

ΠΡΟΣΟΧΗ: Εάν μιλάτε Ελληνικά, μπορείτε να λάβετε δωρεάν υπηρεσίες γλωσσικής βοήθειας. Καλέστε τον αριθμό **1-800-322-8670** (TTY: **711**).

સૂચના: જો તમે બોલતા હોવ, તો તમારા માટે મફત ભાષા સહાયતા સેવાઓ ઉપલબ્ધ છે. સંપર્ક **1-800-322-8670** (TTY: **711**).

ध्यान दें: यदि आप हिन्दी बोलते हैं, तो आपके लिए भाषा सहायता सेवाएं निःशुल्क उपलब्ध हैं। **1-800-322-8670** (TTY: **711**) पर कॉल करें।

ATTENZIONE: Se parla italiano, sono disponibili per lei servizi gratuiti di assistenza linguistica. Chiami il numero **1-800-322-8670** (TTY: **711**).

Multi-Language Interpreter Services



Health
Choice

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注意：日本語を話される場合、無料で言語支援サービスをご利用いただけます。次の番号までお電話してください：**1-800-322-8670 (TTY: 711)**

주의: 한국어를 사용하는 경우, 언어 지원 서비스가 무료로 제공됩니다. **1-800-322-8670 (TTY: 711)** 번으로 전화하십시오.

សូមយកចិត្តទុកដាក់៖ ប្រសិនបើលោកអ្នកនិយាយភាសា ខ្មែរ យើងផ្តល់សេវាកម្មជំនួយភាសាដល់លោកអ្នកដោយមិនគិតថ្លៃនោះទេ។ សូមហៅទូរស័ព្ទមកលេខ **1-800-322-8670 (TTY: 711)**។

नेपाली – बोल्नुहुन्छ भने तपाईंका लागि निःशुल्क रूपमा भाषा सहायता सेवाहरू उपलब्ध छन् । ध्यान दिनुहोस्: तपाईं
1-800-322-8670 (TTY: 711) मा कल गर्नुहोस् ।

توجه: اگر به زبان فارسی صحبت می‌کنید، خدمات زبانی رایگان به شما ارائه می‌شود. **1-800-322-8670 (TTY: 711)**. تماس بگیرید.

UWAGA: Jeżeli mówi Pan/Pani po polsku, oferujemy bezpłatne usługi pomocy językowej. Prosimy o kontakt pod numerem **1-800-322-8670** (telefon tekstowy (TTY: 711)).

ВНИМАНИЕ! Если вы говорите на Русский, вам бесплатно доступны услуги языковой поддержки. Звоните **1-800-322-8670** (телетайп: 711).

PAŽNJA: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su Vam besplatno. Pozovite **1-800-322-8670 (TTY: 711)**.

مَعْرِئَةٌ: اَيْنَ بَعَالَتُكَ دَمْخِكَةَ (لِسْنَا أُسُورِيًّا) وَبِمَجَن دَلَا أَجْرًا بَنِيْنَا دَقْشِمَشَةً وَعَدَرْنَةً. **1-800-322-8670 (TTY: 711)** عُبُود شَقْلَيْبٌ لَلَا بَنَن مِّنْبِنَّا.

ATENSIYON: Kung nagsasalita ka ng Tagalog, ang mga serbisyong tulong sa wika, na walang singil, ay magagamit mo. Tumawag sa **1-800-322-8670 (TTY: 711)**.

โปรดทราบ: หากคุณพูดภาษาไทย คุณจะได้รับการช่วยเหลือด้านภาษาได้โดยไม่มีค่าใช้จ่าย โทร **1-800-322-8670 (TTY: 711)**

FAKATOKANGA'I: Kapau 'oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'etotongi, pea teke lava 'o ma'u ia. Telefoni mai **1-800-322-8670 (TTY: 711)**.

Member Services / Servicios Para Miembros:

410 N. 44th Street, Suite 900
Phoenix, Arizona 85008

Phone: 480-968-6866

Toll-free: 1-800-322-8670 | TTY/TDD: 711
8 a.m. – 5 p.m. Monday-Friday (except holidays).

HealthChoiceAZ.com



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