



2019-2020
BEHAVIORAL HEALTH FORMULARY
FORMULARIO DE SALUD CONDUCTAL

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Drug Name	Reference	Brand-Generic	Notes
Analgesics - Drugs for Pain and Inflammation			
advil junior strength oral tablet		G	OTC
ibu	IBU	G	
ibuprofen oral tablet 200 mg	Advil	G	OTC
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	IBU	G	
Anti-Addiction / Substance Abuse Treatment Agents			
acamprosate calcium		G	
disulfiram oral	Antabuse	G	
naloxone hcl injection		G	Preferred Drug
naltrexone hcl oral		G	Preferred Drug
NARCAN		B	Preferred Drug
SUBLOCADE		B	PA; Preferred Drug
SUBOXONE		B	
VIVITROL		B	Preferred Drug; SP
Anticonvulsants - Drugs for Seizures			
carbamazepine er	Carbatrol	G	
carbamazepine oral		G	
divalproex sodium er	Depakote ER	G	
divalproex sodium oral	Depakote	G	
epitol	Epitol	G	
gabapentin oral	Neurontin	G	
lamotrigine er	LaMICtal XR	G	
lamotrigine oral tablet	LaMICtal	G	
lamotrigine oral tablet chewable	LaMICtal	G	
oxcarbazepine	Trileptal	G	
phenobarbital oral tablet 30 mg, 60 mg		G	PA Required for Ages < 6 years
subvenite	LaMICtal	G	
topiramate oral	Topamax	G	
valproic acid oral	Depakene	G	
Antidepressants			
amitriptyline hcl oral		G	PA Required for Ages < 6 years
amoxapine oral tablet 100 mg, 150 mg, 25 mg		G	PA Required for Ages < 6 years

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Drug Name	Reference	Brand-Generic	Notes
bupropion hcl er (sr)	Wellbutrin SR	G	PA Required for Ages < 6 years; QL (60 EA per 30 days); Preferred Drug
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	Wellbutrin XL	G	PA Required for Ages < 6 years; QL (30 EA per 30 days); Preferred Drug
bupropion hcl oral		G	PA Required for Ages < 6 years; QL (120 EA per 30 days); Preferred Drug
citalopram hydrobromide oral solution		G	PA Required for Ages under 6 years and over 12 years; QL (600 ML per 30 days); Preferred Drug
citalopram hydrobromide oral tablet 10 mg	CeleXA	G	PA Required for Ages < 6 years; QL (60 EA per 30 days); Preferred Drug
citalopram hydrobromide oral tablet 20 mg, 40 mg	CeleXA	G	PA Required for Ages < 6 years; QL (30 EA per 30 days); Preferred Drug
clomipramine hcl oral	Anafranil	G	PA Required for Ages < 6 years
desipramine hcl oral	Norpramin	G	PA Required for Ages < 6 years
doxepin hcl oral capsule		G	PA Required for Ages < 6 years; QL (90 EA per 30 days)
doxepin hcl oral concentrate		G	PA Required for Ages < 6 years; QL (180 ML per 30 days)
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg	Cymbalta	G	PA Required for Ages < 6 years; QL (120 EA per 30 days); Preferred Drug
duloxetine hcl oral capsule delayed release particles 60 mg	Cymbalta	G	PA Required for Ages < 6 years; QL (60 EA per 30 days); Preferred Drug
escitalopram oxalate oral tablet 10 mg, 20 mg	Lexapro	G	PA Required for Ages < 6 years; QL (30 EA per 30 days); Preferred Drug

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Drug Name	Reference	Brand-Generic	Notes
escitalopram oxalate oral tablet 5 mg	Lexapro	G	PA Required for Ages < 6 years; QL (60 EA per 30 days); Preferred Drug
fluoxetine hcl oral capsule 10 mg, 40 mg	PROzac	G	PA Required for Ages < 6 years; QL (60 EA per 30 days); Preferred Drug
fluoxetine hcl oral capsule 20 mg	PROzac	G	PA Required for Ages < 6 years; QL (120 EA per 30 days); Preferred Drug
fluoxetine hcl oral solution		G	PA Required for Ages under 6 years and over 12 years; QL (600 ML per 30 days); Preferred Drug
fluvoxamine maleate oral tablet 100 mg		G	PA Required for Ages < 6 years; QL (90 EA per 30 days); Preferred Drug
fluvoxamine maleate oral tablet 25 mg		G	PA Required for Ages < 6 years; QL (60 EA per 30 days); Preferred Drug
fluvoxamine maleate oral tablet 50 mg		G	PA Required for Ages < 6 years; QL (180 EA per 30 days); Preferred Drug
imipramine hcl oral	Tofranil	G	PA Required for Ages < 6 years
imipramine pamoate		G	PA Required for Ages < 6 years
maprotiline hcl		G	PA Required for Ages < 6 years
mirtazapine oral	Remeron	G	PA Required for Ages < 6 years; QL (30 EA per 30 days); Preferred Drug
nortriptyline hcl oral	Pamelor	G	PA Required for Ages < 6 years
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg	Paxil	G	PA Required for Ages < 6 years; QL (30 EA per 30 days); Preferred Drug

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Drug Name	Reference	Brand-Generic	Notes
paroxetine hcl oral tablet 40 mg	Paxil	G	PA Required for Ages < 6 years; QL (45 EA per 30 days); Preferred Drug
protriptyline hcl		G	PA Required for Ages < 6 years
sertraline hcl oral concentrate		G	PA Required for Ages under 6 years and over 12 years; QL (300 ML per 30 days); Preferred Drug
sertraline hcl oral tablet 100 mg	Zoloft	G	PA Required for Ages < 6 years; QL (60 EA per 30 days); Preferred Drug
sertraline hcl oral tablet 25 mg	Zoloft	G	PA Required for Ages < 6 years; QL (90 EA per 30 days); Preferred Drug
sertraline hcl oral tablet 50 mg	Zoloft	G	PA Required for Ages < 6 years; QL (120 EA per 30 days); Preferred Drug
trazodone hcl oral tablet 100 mg		G	PA Required for Ages < 6 years; QL (120 EA per 30 days); Preferred Drug
trazodone hcl oral tablet 150 mg		G	PA Required for Ages < 6 years; QL (60 EA per 30 days); Preferred Drug
trazodone hcl oral tablet 300 mg		G	PA Required for Ages < 6 years; QL (30 EA per 30 days); Preferred Drug
trazodone hcl oral tablet 50 mg		G	PA Required for Ages < 6 years; QL (90 EA per 30 days); Preferred Drug
trimipramine maleate oral		G	PA Required for Ages < 6 years
venlafaxine hcl er oral capsule extended release 24 hour 150 mg	Effexor XR	G	PA Required for Ages < 6 years; QL (30 EA per 30 days); Preferred Drug

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Drug Name	Reference	Brand-Generic	Notes
venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg, 75 mg	Effexor XR	G	PA Required for Ages < 6 years; QL (90 EA per 30 days); Preferred Drug
venlafaxine hcl oral tablet 100 mg, 37.5 mg, 50 mg		G	PA Required for Ages < 6 years; QL (90 EA per 30 days); Preferred Drug
venlafaxine hcl oral tablet 25 mg		G	PA Required for Ages < 6 years; QL (120 EA per 30 days); Preferred Drug
venlafaxine hcl oral tablet 75 mg		G	PA Required for Ages < 6 years; QL (150 EA per 30 days); Preferred Drug
Antiemetics - Drugs for Nausea and Vomiting			
ondansetron hcl oral tablet 4 mg, 8 mg	Zofran	G	
perphenazine oral		G	PA Required for Ages < 6 years
Antiparkinson Agents			
amantadine hcl oral		G	
benztropine mesylate oral		G	
selegiline hcl oral		G	
trihexyphenidyl hcl oral elixir		G	
trihexyphenidyl hcl oral tablet		G	
Antipsychotics - Drugs for Mood Disorders			
ABILIFY MAINTENA		B	PA Required for Ages < 18 years; Preferred Drug; QL (1 EA per 30 days)
aripiprazole oral tablet	Abilify	G	PA Required for Ages < 6 years; Preferred Drug; QL (30 EA per 30 days)
ARISTADA INITIO		B	PA Required for Ages < 18 years; Preferred Drug; QL (1 ML per 365 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML		B	PA Required for Ages < 18 years; Preferred Drug; QL (1 ML per 60 days)

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Drug Name	Reference	Brand-Generic	Notes
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML		B	PA Required for Ages < 18 years; Preferred Drug; QL (1 ML per 30 days)
chlorpromazine hcl injection		G	PA Required for Ages < 6 years
chlorpromazine hcl oral		G	PA Required for Ages < 6 years
clozapine oral tablet	Clozaril	G	PA Required for Ages < 18 years; Preferred Drug; QL (150 EA per 30 days)
clozapine oral tablet dispersible 100 mg, 12.5 mg, 25 mg	FazaClo	G	PA Required for Ages < 18 years; Preferred Drug; QL (150 EA per 30 days)
clozapine oral tablet dispersible 150 mg, 200 mg	FazaClo	G	PA Required for Ages < 18 years; PA required for Ages < 18 years; Preferred Drug; QL (150 EA per 30 days)
fluphenazine decanoate injection		G	PA required for Ages < 18 years
fluphenazine hcl oral		G	PA Required for Ages < 6 years
haloperidol decanoate intramuscular	Haldol Decanoate	G	PA Required for Ages < 18 years
haloperidol lactate oral		G	PA Required for Ages < 6 years
haloperidol oral		G	PA Required for Ages < 6 years
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML		B	PA Required for Ages < 18 years; Preferred Drug; QL (1 ML per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML, 234 MG/1.5ML		B	PA Required for Ages < 18 years; Preferred Drug; SP; QL (1 ML per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML		B	PA Required for Ages < 18 years; PA Required for Ages < 6 years; Preferred Drug; QL (0.25 ML per 26 days)

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Drug Name	Reference	Brand-Generic	Notes
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML		B	PA Required for Ages < 18 years; PA Required for Ages < 6 years; Preferred Drug; QL (0.5 ML per 26 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.875ML		B	PA Required for Ages < 18 years; PA Required for Ages < 6 years; Preferred Drug; SP; QL (0.88 ML per 82 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.315ML		B	PA Required for Ages < 18 years; PA Required for Ages < 6 years; Preferred Drug; SP; QL (1.31 ML per 82 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML		B	PA Required for Ages < 18 years; PA Required for Ages < 6 years; Preferred Drug; SP; QL (1.75 ML per 82 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.625ML		B	PA Required for Ages < 18 years; PA Required for Ages < 6 years; Preferred Drug; SP; QL (2.63 ML per 82 days)
LATUDA		B	PA Required for Ages < 6 years; Preferred Drug; QL (30 EA per 30 days)
loxapine succinate		G	PA Required for Ages < 6 years
olanzapine oral tablet 10 mg, 5 mg	ZyPREXA	G	PA Required for Ages < 6 years; Preferred Drug; QL (60 EA per 30 days)
olanzapine oral tablet 15 mg, 20 mg	ZyPREXA	G	PA Required for Ages < 6 years; Preferred Drug; QL (30 EA per 30 days)
olanzapine oral tablet 2.5 mg, 7.5 mg	ZyPREXA	G	PA Required for Ages < 6 years; Preferred Drug

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Drug Name	Reference	Brand-Generic	Notes
olanzapine oral tablet dispersible 10 mg, 5 mg	ZyPREXA Zydis	G	PA Required for Ages < 6 years; Preferred Drug; QL (60 EA per 30 days)
olanzapine oral tablet dispersible 15 mg, 20 mg	ZyPREXA Zydis	G	PA Required for Ages < 6 years; Preferred Drug; QL (30 EA per 30 days)
quetiapine fumarate	SEROquel	G	PA Required for Ages < 6 years; Preferred Drug; QL (60 EA per 30 days)
RISPERDAL CONSTA		B	PA Required for Ages < 18 years; PA Required for Ages < 6 years; Preferred Drug; SP; QL (2 EA per 30 days)
risperidone oral solution	RisperDAL	G	PA Required for Ages < 6 years; Preferred Drug; QL (240 ML per 28 days)
risperidone oral tablet	RisperDAL	G	PA Required for Ages < 6 years; Preferred Drug; QL (60 EA per 30 days)
risperidone oral tablet dispersible		G	PA Required for Ages < 6 years; Preferred Drug; QL (60 EA per 30 days)
thioridazine hcl oral		G	PA Required for Ages < 6 years
thiothixene		G	PA Required for Ages < 6 years
trifluoperazine hcl		G	PA Required for Ages < 6 years
ziprasidone hcl	Geodon	G	PA Required for Ages < 6 years; Preferred Drug; QL (60 EA per 30 days)
Anxiolytics - Drugs for Anxiety			
alprazolam er	Xanax XR	G	PA Required for Ages < 6 years; QL (30 EA per 30 days)
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg	Xanax	G	PA Required for Ages < 6 years; QL (120 EA per 30 days)

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Drug Name	Reference	Brand-Generic	Notes
alprazolam oral tablet 2 mg	Xanax	G	PA Required for Ages < 6 years; QL (60 EA per 30 days)
alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg		G	PA Required for Ages < 6 years; QL (120 EA per 30 days)
alprazolam oral tablet dispersible 2 mg		G	PA Required for Ages < 6 years; QL (60 EA per 30 days)
alprazolam xr	Xanax XR	G	PA Required for Ages < 6 years; QL (30 EA per 30 days)
bupirone hcl oral tablet 10 mg, 15 mg, 5 mg, 7.5 mg		G	PA Required for Ages < 6 years; QL (120 EA per 30 days)
bupirone hcl oral tablet 30 mg		G	PA Required for Ages < 6 years; QL (60 EA per 30 days)
chlordiazepoxide hcl		G	PA Required for Ages < 6 years; QL (60 EA per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	KlonoPIN	G	PA Required for Ages < 6 years; QL (120 EA per 30 days)
clonazepam oral tablet 2 mg	KlonoPIN	G	PA Required for Ages < 6 years; QL (60 EA per 30 days)
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg		G	PA Required for Ages < 6 years; QL (120 EA per 30 days)
clonazepam oral tablet dispersible 2 mg		G	PA Required for Ages < 6 years; QL (60 EA per 30 days)
clorazepate dipotassium oral tablet 15 mg		G	PA Required for Ages < 6 years; QL (120 EA per 30 days)
clorazepate dipotassium oral tablet 3.75 mg		G	PA Required for Ages < 6 years; QL (60 EA per 30 days)
clorazepate dipotassium oral tablet 7.5 mg	Tranxene-T	G	PA Required for Ages < 6 years; QL (120 EA per 30 days)
diazepam intensol	Diazepam Intensol	G	PA Required for Ages < 6 years; QL (60 ML per 30 days)

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Drug Name	Reference	Brand-Generic	Notes
diazepam oral concentrate	Diazepam Intensol	G	PA Required for Ages < 6 years; QL (60 ML per 30 days)
diazepam oral solution		G	PA Required for Ages < 6 years; QL (300 ML per 30 days)
diazepam oral tablet	Valium	G	PA Required for Ages < 6 years; QL (120 EA per 30 days)
hydroxyzine hcl oral syrup		G	QL (300 ML per 30 days)
hydroxyzine hcl oral tablet		G	QL (240 EA per 30 days)
hydroxyzine pamoate oral		G	QL (120 EA per 30 days)
lorazepam intensol	LORazepam Intensol	G	PA Required for Ages < 6 years; QL (60 ML per 30 days)
lorazepam oral concentrate	LORazepam Intensol	G	PA Required for Ages < 6 years; QL (60 ML per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg	Ativan	G	PA Required for Ages < 6 years; QL (120 EA per 30 days)
lorazepam oral tablet 2 mg	Ativan	G	PA Required for Ages < 6 years; QL (60 EA per 30 days)
oxazepam		G	PA Required for Ages < 6 years; QL (60 EA per 30 days)
Bipolar Agents - Drugs for Mood Disorders			
lithium		G	PA Required for Ages < 6 years
lithium carbonate er	Lithobid	G	PA Required for Ages < 6 years; QL (30 EA per 30 days)
lithium carbonate oral capsule		G	PA Required for Ages < 6 years; QL (30 EA per 30 days)
lithium carbonate oral tablet		G	PA Required for Ages < 6 years
Cardiovascular Agents - Drugs for Heart and Circulation Conditions			
clonidine	Catapres-TTS-1	G	QL (4 EA per 28 days)

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Drug Name	Reference	Brand-Generic	Notes
clonidine hcl oral	Catapres	G	PA Required for Ages < 6 years
guanfacine hcl		G	PA Required for Ages < 6 years
nadolol oral	Corgard	G	
prazosin hcl oral	Minipress	G	
propranolol hcl er	Inderal LA	G	
propranolol hcl oral		G	
Central Nervous System Agents - Drugs for Attention Deficit Disorder			
ADDERALL		B	PA Required for Ages < 6 years; Preferred Drug; QL (60 EA per 30 days)
ADDERALL XR		B	PA Required for Ages < 6 years; Preferred Drug; QL (30 EA per 30 days)
amphetamine-dextroamphetamine	Adderall	G	PA Required for Ages < 6 years; Preferred Drug; QL (60 EA per 30 days)
APTENSIO XR		B	PA Required for Ages < 6 years; Preferred Drug; QL (30 EA per 30 days)
atomoxetine hcl	Strattera	G	PA Required for Ages < 6 years; Preferred Drug; QL (30 EA per 30 days)
clonidine hcl er	Kapvay	G	PA Required for Ages < 6 years; QL (120 EA per 30 days)
CONCERTA		B	PA Required for Ages < 6 years; QL (60 EA per 30 days)
DAYTRANA		B	PA Required for Ages < 6 years; Preferred Drug; QL (30 EA per 30 days)
dexmethylphenidate hcl oral tablet 10 mg, 5 mg	Focalin	G	PA Required for Ages < 6 years; Preferred Drug; QL (60 EA per 30 days)

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Drug Name	Reference	Brand-Generic	Notes
dexmethylphenidate hcl oral tablet 2.5 mg	Focalin	G	PA Required for Ages < 6 years; Preferred Drug; QL (2 EA per 1 day)
dextroamphetamine sulfate er	Dexedrine	G	PA Required for Ages < 6 years; Preferred Drug; QL (60 EA per 30 days)
dextroamphetamine sulfate oral tablet	Zenedi	G	PA Required for Ages < 6 years; Preferred Drug; QL (60 EA per 30 days)
DYANAVEL XR		B	PA Required for Ages < 6 years; Preferred Drug
FOCALIN XR		B	PA Required for Ages < 6 years; Preferred Drug; QL (60 EA per 30 days)
guanfacine hcl er	Intuniv	G	PA Required for Ages < 6 years; Preferred Drug; QL (30 EA per 30 days)
METHYLIN		B	PA Required for Ages < 6 years; Preferred Drug; QL (300 ML per 30 days)
methylphenidate hcl er (cd)		G	PA Required for Ages < 6 years; Preferred Drug; QL (30 EA per 30 days)
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg	Ritalin LA	G	PA Required for Ages < 6 years; Preferred Drug
methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 30 mg, 40 mg	Ritalin LA	G	PA Required for Ages < 6 years; Preferred Drug; QL (30 EA per 30 days)
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg		G	PA Required for Ages < 6 years; Preferred Drug; QL (30 EA per 30 days)
methylphenidate hcl oral tablet	Ritalin	G	PA Required for Ages < 6 years; Preferred Drug; QL (90 EA per 30 days)

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Drug Name	Reference	Brand-Generic	Notes
QUILLICHEW ER		B	PA Required for Ages < 6 years; Preferred Drug; QL (30 EA per 30 days)
QUILLIVANT XR		B	PA Required for Ages < 6 years; Preferred Drug; QL (150 ML per 30 days)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG		B	PA Required for Ages < 6 years; Preferred Drug; QL (30 EA per 30 days)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 30 MG, 40 MG		B	PA Required for Ages < 6 years; QL (1 EA per 1 day)
VYVANSE		B	PA Required for Ages < 6 years; Preferred Drug; QL (30 EA per 30 days)
Dental and Oral Agents - Drugs for Mouth and Throat Conditions			
XEROSTOMIA RELIEF SPRAY		B	
Electrolytes / Minerals / Metals / Vitamins			
ABC COMPLETE SENIOR WOMENS 50+		B	OTC
ACTIVITE		B	
animal shapes	Animal Shapes	G	OTC
AP-ZEL		B	
BACMIN		B	
b-complex/b-12 oral		G	OTC
b-complex/vitamin c	Milco-B-Forte	G	OTC
biocel	ABC Plus Senior	G	
b-plex	Milco-B-Forte	G	
b-plex plus	ABC Plus Senior	G	
childrens chewable vitamins	Animal Shapes	G	OTC
corvita		G	
corvite free	ABC Plus Senior	G	
cvs vitamin e oral capsule 1000 unit		G	OTC
cyanocobalamin injection solution 1000 mcg/ml		G	
d3 high potency oral capsule	Pronutrients Vitamin D3	G	OTC

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Drug Name	Reference	Brand-Generic	Notes
d3 super strength		G	OTC
decara oral capsule 10000 unit	Decara	G	OTC
dexifol	Dexifol	G	
dialyvite	Dialyvite	G	
e-400	Ester-E	G	OTC
EVOLUTION60		B	OTC
FLORIVA PLUS		B	
folbee plus	Dexifol	G	
folic acid oral tablet 1 mg		G	
folic acid oral tablet 400 mcg		G	OTC
folic acid oral tablet 800 mcg	FA-8	G	OTC
FORTAVIT ORAL CAPSULE		B	
GENICIN VITA-S		B	
gnp folic acid		G	OTC
HYLAVITE		B	
ICAPS AREDS 2 ORAL TABLET CHEWABLE		B	OTC
LORID		B	
l-theanine		G	OTC
lysiplex plus oral tablet	ABC Plus Senior	G	
MEGA MULTI MEN		B	OTC
multiple vitamin-folic acid	Cardenz	G	OTC
multi-vit/iron/fluoride		G	
multi-vitamin/fluoride	Floriva Plus	G	
multivitamin/fluoride oral solution	Floriva Plus	G	
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	MVC-Fluoride	G	
multivitamin/fluoride/iron		G	
multi-vitamin/fluoride/iron		G	
multivitamins/fluoride	MVC-Fluoride	G	
mvc-fluoride	MVC-Fluoride	G	
mvw complete formulation d5000 oral tablet chewable		G	OTC
mynephrocaps	Mynephron	G	
mynephron	Mynephron	G	
nephronex oral tablet	Dialyvite	G	
NEPHRO-VITE RX		B	

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Drug Name	Reference	Brand-Generic	Notes
NICADAN		B	
NICAZEL		B	
NICAZEL FORTE		B	
novamv pediatric multi-vitamin		G	OTC
nutricap	ABC Plus Senior	G	
nutrifac zx	ABC Plus Senior	G	
OCUVITE ADULT FORMULA		B	OTC
one daily	Cardenz	G	OTC
pediavit		G	OTC
PRESERVISION AREDS 2		B	OTC
PROXEED PLUS		B	OTC
quflora pediatric	MVC-Fluoride	G	
renal	Mynephron	G	
renal multivitamin formula	Dialyvite 800	G	OTC
rena-vite	Dialyvite 800	G	OTC
rena-vite rx	Dialyvite	G	OTC
reno caps	Mynephron	G	OTC
REQ 49+		B	
siderol	ABC Plus Senior	G	
sm vitamin d3 oral capsule 5000 unit	Dialyvite Vitamin D 5000	G	OTC
smarty pants kids complete		G	OTC
soluvita e		G	OTC
stress formula	Milco-B-Forte	G	OTC
STROVITE FORTE ORAL TABLET		B	
STROVITE ONE		B	
SUPPORT		B	
thera-m	ABC Plus Senior	G	OTC
triphrocaps	Mynephron	G	
tri-vitamin/fluoride oral solution 0.25 mg/ml		G	
tri-vite/fluoride oral solution 0.25 mg/ml		G	
TRONVITE		B	
v-c forte	ActivNutrients	G	
vic-forte	ActivNutrients	G	
virt-caps	Mynephron	G	
vita s forte	ABC Plus Senior	G	
VITABEX PLUS		B	OTC

PA=Prior Authorization Required; ST=Step Therapy Required; QL=Quantity Limit; SP=Specialty Drug; Preferred=AHCCCS defined coverage.

Drug Name	Reference	Brand-Generic	Notes
vitacel	ABC Plus Senior	G	
vitamax pediatric		G	
vita-min	ActivNutrients	G	
vitamin b-6		G	OTC
vitamin d (cholecalciferol) oral capsule 400 unit		G	OTC
vitamin d (cholecalciferol) oral tablet 1000 unit	Vitamin D-1000 Max St	G	OTC
vitamin d3 oral capsule 10000 unit	Decara	G	OTC
vitamin d3 oral capsule 2000 unit		G	OTC
vitamin d3 oral capsule 5000 unit	Dialyvite Vitamin D 5000	G	OTC
vitamin d3 oral tablet 1000 unit	Vitamin D-1000 Max St	G	OTC
vitamin d3 oral tablet 2000 unit	Thera-D 2000	G	OTC
vitamin d3 oral tablet 400 unit, 5000 unit		G	OTC
vitamin e oral capsule 1000 unit		G	OTC
vitamins acd-fluoride		G	
VITAROCA PLUS		B	
VITASURE		B	
viteyes complete	ActivNutrients	G	OTC
vp-vite rx	Dialyvite	G	
womens multivitamin	ABC Plus Senior	G	OTC
XVITE		B	
zoo friends multi gummies		G	OTC
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions			
anti-diarrheal oral capsule	Imodium A-D	G	OTC
cvs stool softener oral capsule 250 mg	DOK	G	OTC
docusate mini	DocuSol Mini	G	OTC
docusate sodium oral capsule 250 mg	DOK	G	OTC
docusate sodium oral liquid 150 mg/15ml		G	OTC
docusate sodium oral syrup		G	OTC
docusate sodium oral tablet	DOK	G	OTC
dok oral tablet	DOK	G	OTC
loperamide hcl oral capsule	Imodium A-D	G	
natural fiber laxative oral powder 48.57 %	Metamucil	G	OTC
psyllium fiber	Medi-Mucil	G	OTC
stool softener laxative oral capsule 100 mg	Colace	G	OTC

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Drug Name	Reference	Brand-Generic	Notes
stool softener oral capsule 100 mg	Colace	G	OTC
stool softener oral capsule 250 mg	DOK	G	OTC
stool softener oral liquid		G	OTC
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions			
bethanechol chloride oral	Urecholine	G	
Hormonal Agents - Thyroid			
euthyrox	Euthyrox	G	
levo-t	Euthyrox	G	
levothyroxine sodium oral	Euthyrox	G	
levoxyl	Euthyrox	G	
liothyronine sodium oral	Cytomel	G	
unithroid	Euthyrox	G	
Miscellaneous Therapeutic Agents			
fish oil maximum strength oral capsule	Sea-Omega 30	G	OTC
fish oil oral capsule 1000 mg	Eskimo PurEFA	G	OTC
melatonin oral tablet 1 mg, 3 mg, 5 mg		G	OTC
omega 3 oral capsule 1000 mg	Eskimo PurEFA	G	OTC
omega-3 fish oil oral capsule 1200 mg	Sea-Omega 30	G	OTC
omega-3 oral capsule 1000 mg	Eskimo PurEFA	G	OTC
sv fish oil	Ovega-3	G	OTC
sv melatonin oral tablet		G	OTC
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold			
allergy relief oral tablet 25 mg	Alka-Seltzer Plus Allergy	G	OTC
banophen oral capsule 25 mg	Banophen	G	OTC
banophen oral tablet	Alka-Seltzer Plus Allergy	G	OTC
childrens allergy	Banophen	G	OTC
cyproheptadine hcl oral		G	
diphenhydramine hcl oral capsule	Banophen	G	OTC
diphenhydramine hcl oral elixir		G	
diphenhydramine hcl oral tablet	Alka-Seltzer Plus Allergy	G	OTC
m-dryl	Banophen	G	OTC
Sleep Disorder Agents			
EDLUAR		B	PA; PA Required for Ages < 6 years

PA=Prior Authorization Required; ST=Step Therapy Required; QL=Quantity Limit; SP=Specialty Drug; Preferred=AHCCCS defined coverage.

Drug Name	Reference	Brand-Generic	Notes
eszopiclone	Lunesta	G	PA Required for Ages < 6 years; QL (30 EA per 30 days)
ramelteon	Rozerem	G	PA Required for Ages < 6 years
sleep aid (diphenhydramine)	Nytol	G	OTC
temazepam oral capsule 15 mg, 30 mg	Restoril	G	PA Required for Ages < 6 years; QL (30 EA per 30 days)
zaleplon		G	PA Required for Ages < 6 years; QL (30 EA per 30 days)
zolpidem tartrate er	Ambien CR	G	PA; PA Required for Ages < 6 years
zolpidem tartrate oral tablet 10 mg	Ambien	G	PA Required for Ages < 6 years; QL (30 EA per 30 days)
zolpidem tartrate oral tablet 5 mg	Ambien	G	PA Required for Ages < 6 years; QL (60 EA per 30 days)
zolpidem tartrate sublingual	Intermezzo	G	PA; PA Required for Ages < 6 years
ZOLPIMIST		B	PA Required for Ages < 6 years

PA=Prior Authorization Required; ST=Step Therapy Required; QL=Quantity Limit; SP=Specialty Drug; Preferred=AHCCCS defined coverage.

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