mercy care

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

Updated 08/01/2026

Mercy Care
Formulary Guide

What is the Mercy Care Formulary?

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

Can the Plan's Drug List change?

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

How do I use the Plan's Formulary?

- **Column #1**: lists the covered drug. Brand drugs are in upper case letters (e.g., DRUG). Generics are in lower case letters (e.g.,drug).

- **Column #2**: shows brand drug for the generic; *brand drugs are not covered if generic equivalent is available.*

- **Column #3:** tells you if drug has a need for prior authorization or other restrictions

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

What are generic drugs?

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

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

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

Are there Medication Copays?

Refer to member handbook for copay information.

What are some types of coverage rules?

- **Prior Approval (PA):** This means your doctor will need to get approval from the plan first before the drug can be filled at the pharmacy. If it is not approved, the plan will not cover the drug.

- **Quantity Level Limits (QLL):** This means there is a limit on the amount of drug the plan will cover. For example, the plan provides 60 pills in 30 days for some drugs.

- **Step Therapy (ST):** This means you may need to try certain drugs first to treat your condition. After the first drug is tried, the plan will then cover the other drug for that same condition. For example, Drug A and Drug B may treat your condition. The plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, then Drug B will be covered.

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

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

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

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

Table of Contents

Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiants 2
Alternative Medicines 3
Analgesics - Opioid 4
Antianxiety Agents 4
Anticonvulsants 6
Antidepressants 7
Antidiabetics 10
Antidotes And Specific Antagonists 11
Antiemetics 11
Antihistamines 11
Antihypertensives 12
Antiparkinson And Related Therapy Agents 12
Antipsychotics/Antimanic Agents 12
Beta Blockers 17
Hematopoietic Agents 17
Hypnotics/Sedatives/Sleep Disorder Agents 18
Laxatives 18
Mouth/Throat/Dental Agents 20
Multivitamins 21
Nutrients 27
Ophthalmic Agents 27
Psychotherapeutic And Neurological Agents - Misc. 27
Thyroid Agents 28
Urinary Antispasmodics 29
Vitamins 29

Drug Name	Reference	Restrictions
Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiants		
Adhd Agent - Selective Alpha Adrenergic Agonists**		
clonidine hcl er oral tablet extended release 12 hour 0.1 mg		PA REQUIRED for Ages < 6 years of age.
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg	Intuniv	PA REQUIRED for Ages < 6 years of age.; QLL (1 EA per 1 day)
Adhd Agent - Selective Norepinephrine Reuptake Inhibitor**		
atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg		PA REQUIRED for Ages < 6 years of age.; QLL (1 EA per 1 day)
Amphetamine Mixtures**		
amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	Adderall XR	PA REQUIRED for Ages < 6 years of age.; QLL (1 EA per 1 day)
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	Adderall	PA REQUIRED for Ages < 6 years of age.; QLL (2 EA per 1 day)
Amphetamines**		
dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	Zenzedi	PA REQUIRED for Ages < 6 years of age.; QLL (2 EA per 1 day)
lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	Vyvanse	PA REQUIRED for Ages < 6 years of age.; QLL (1 EA per 1 day)
lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	Vyvanse	PA REQUIRED for Ages < 6 years of age.; QLL (1 EA per 1 day)
Stimulants - Misc.**		
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	Focalin XR	PA REQUIRED for Ages < 6 years of age.; QLL (2 EA per 1 day)
dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg	Focalin	PA REQUIRED for Ages < 6 years of age.; QLL (2 EA per 1 day)
methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	Metadate CD	PA REQUIRED for Ages < 6 years of age.; QLL (1 EA per 1 day)

Drug Name	Reference	Restrictions
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 30 mg, 40 mg	Ritalin LA	PA REQUIRED for Ages < 6 years of age.; QLL (1 EA per 1 day)
methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 60 mg		PA REQUIRED for Ages < 6 years of age.; QLL (1 EA per 1 day)
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	Concerta	PA REQUIRED for Ages < 6 years of age.; QLL (2 EA per 1 day)
methylphenidate hcl er(diffus) oral tablet extended release 27 mg, 36 mg, 54 mg		PA REQUIRED for Ages < 6 years of age.; QLL (2 EA per 1 day)
methylphenidate hcl oral solution 10 mg/5ml	Methylin	PA REQUIRED for Ages < 6 years of age.; QLL (10 ML per 1 day)
methylphenidate hcl oral solution 5 mg/5ml	Methylin	PA REQUIRED for Ages < 12 years of age.; QLL (10 ML per 1 day)
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	Ritalin	PA REQUIRED for Ages < 6 years of age.; QLL (3 EA per 1 day)
methylphenidate transdermal patch 10 mg/9hr, 15 mg/9hr, 20 mg/9hr, 30 mg/9hr	Daytrana	PA REQUIRED for Ages < 6 years of age.; QLL (1 EA per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 54 MG	methylphenidate hcl er (osm)	PA REQUIRED for Ages < 6 years of age.
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR	methylphenidate	PA REQUIRED for Ages < 6 years of age.
METHYLIN ORAL SOLUTION 10 MG/5ML, 5 MG/5ML	methylphenidate hcl	PA REQUIRED for Ages < 6 years of age.
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG	methylphenidate hcl er (la)	PA REQUIRED for Ages < 6 years of age.; QLL (1 EA per 1 day)
Alternative Medicines		
Alternative Medicine - Kr's**		
krill oil oral capsule 300 mg		OTC
Alternative Medicine - Me's**		
melatonin oral tablet 1 mg, 3 mg, 5 mg		OTC
Alternative Medicine Combinations - Three Ingredients**		
sm omega-3 oral capsule		OTC

Drug Name	Reference	Restrictions
Analgesics - Opioid		
Opioid Partial Agonists**		
buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg		PA; Enter ICD-10 code for pregnancy or nursing.
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	Suboxone	
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg		
BRIXADI (WEEKLY) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16 MG/0.32ML, 24 MG/0.48ML, 32 MG/0.64ML, 8 MG/0.16ML		PA
BRIXADI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.36ML, 64 MG/0.18ML, 96 MG/0.27ML		PA
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML, 300 MG/1.5ML		PA
Antianxiety Agents		
Antianxiety Agents - Misc.**		
buspirone hcl oral tablet 10 mg, 15 mg, 5 mg, 7.5 mg		PA REQUIRED for Ages < 6 years of age.; QLL (4 EA per 1 day)
buspirone hcl oral tablet 30 mg		PA REQUIRED for Ages < 6 years of age.; QLL (2 EA per 1 day)
hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml		PA
hydroxyzine hcl oral syrup 10 mg/5ml		QLL (10 ML per 1 day)
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg		QLL (8 EA per 1 day)
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg		QLL (4 EA per 1 day)
Benzodiazepines**		
alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg		PA REQUIRED for Ages < 6 years of age.; QLL (1 EA per 1 day)
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg	Xanax	PA REQUIRED for Ages < 6 years of age.; QLL (4 EA per 1 day)
alprazolam oral tablet 2 mg	Xanax	PA REQUIRED for Ages < 6 years of age.; QLL (2 EA per 1 day)

Drug Name	Reference	Restrictions
alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg		PA REQUIRED for Ages < 6 years of age.; QLL (4 EA per 1 day)
alprazolam oral tablet dispersible 2 mg		PA REQUIRED for Ages < 6 years of age.; QLL (2 EA per 1 day)
alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg		PA REQUIRED for Ages < 6 years of age.; QLL (1 EA per 1 day)
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg		PA REQUIRED for Ages < 6 years of age.; QLL (2 EA per 1 day)
clorazepate dipotassium oral tablet 15 mg		PA REQUIRED for Ages < 6 years of age.; QLL (2 EA per 1 day)
clorazepate dipotassium oral tablet 3.75 mg, 7.5 mg		PA REQUIRED for Ages < 6 years of age.; QLL (4 EA per 1 day)
diazepam oral concentrate 5 mg/ml	diazePAM Intensol	PA REQUIRED for Ages < 6 years of age.; QLL (8 ML per 1 day)
diazepam oral solution 5 mg/5ml		PA REQUIRED for Ages < 6 years of age.; QLL (10 ML per 1 day)
diazepam oral tablet 10 mg, 2 mg, 5 mg	Valium	PA REQUIRED for Ages < 6 years of age.; QLL (4 EA per 1 day)
lorazepam oral concentrate 2 mg/ml	LORazepam Intensol	PA REQUIRED for Ages < 6 years of age.; QLL (2 ML per 1 day)
lorazepam oral tablet 0.5 mg, 1 mg	Ativan	PA REQUIRED for Ages < 6 years of age.; QLL (4 EA per 1 day)
lorazepam oral tablet 2 mg	Ativan	PA REQUIRED for Ages < 6 years of age.; QLL (2 EA per 1 day)
oxazepam oral capsule 10 mg, 15 mg, 30 mg		PA REQUIRED for Ages < 6 years of age.; QLL (2 EA per 1 day)
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML		PA REQUIRED for Ages < 6 years of age.; QLL (4 ML per 1 day)
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	diazepam	PA REQUIRED for Ages < 6 years of age.; QLL (8 ML per 1 day)

Drug Name	Reference	Restrictions
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	lorazepam	PA REQUIRED for Ages < 6 years of age.; QLL (2 ML per 1 day)
Anticonvulsants		
Anticonvulsants - Benzodiazepines**		
clonazepam oral tablet 0.5 mg, 1 mg	KlonoPIN	PA REQUIRED for Ages < 6 years of age.; QLL (4 EA per 1 day)
clonazepam oral tablet 2 mg	KlonoPIN	PA REQUIRED for Ages < 6 years of age.; QLL (2 EA per 1 day)
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg		QLL (4 EA per 1 day)
clonazepam oral tablet dispersible 0.5 mg, 1 mg		QLL (4 EA per 2 days)
clonazepam oral tablet dispersible 2 mg		QLL (2 EA per 1 day)
Anticonvulsants - Misc.**		
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	Carbatrol	
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	TEGretol-XR	
carbamazepine oral suspension 100 mg/5ml	TEGretol	
carbamazepine oral tablet 200 mg	TEGretol	
carbamazepine oral tablet chewable 100 mg, 200 mg		
gabapentin oral capsule 100 mg, 300 mg, 400 mg	Neurontin	
gabapentin oral solution 250 mg/5ml, 300 mg/6ml	Neurontin	
gabapentin oral tablet 600 mg, 800 mg	Neurontin	
lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	LaMICtal XR	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	Subvenite	
lamotrigine oral tablet chewable 25 mg, 5 mg	LaMICtal	
lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg	LaMICtal ODT	
oxcarbazepine oral suspension 300 mg/5ml	Trileptal	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	Trileptal	

Drug Name	Reference	Restrictions
topiramate oral capsule sprinkle 15 mg, 25 mg	Topamax Sprinkle	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	Topamax	
EPITOL ORAL TABLET 200 MG	carbamazepine	
SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	lamotrigine	
Valproic Acid**		
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	Depakote ER	
divalproex sodium oral capsule delayed release sprinkle 125 mg	Depakote Sprinkles	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	Depakote	
valproic acid oral capsule 250 mg		
valproic acid oral solution 250 mg/5ml		
Antidepressants		
Alpha-2 Receptor Antagonists (Tetracyclics)**		
mirtazapine oral tablet 15 mg, 30 mg	Remeron	PA REQUIRED for Ages < 6 years of age.; QLL (1 EA per 1 day)
mirtazapine oral tablet 45 mg, 7.5 mg		PA REQUIRED for Ages < 6 years of age.; QLL (1 EA per 1 day)
mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg	Remeron SolTab	PA REQUIRED for Ages < 6 years of age.; QLL (1 EA per 1 day)
Antidepressants - Misc.**		
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg	Wellbutrin SR	PA REQUIRED for Ages < 6 years of age.; QLL (2 EA per 1 day)
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	Wellbutrin XL	PA REQUIRED for Ages < 6 years of age.; QLL (1 EA per 1 day)
bupropion hcl oral tablet 100 mg, 75 mg		PA REQUIRED for Ages < 6 years of age.; QLL (4 EA per 1 day)
Gaba Receptor Modulator - Neuroactive Steroid**		
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG		PA

Drug Name	Reference	Restrictions
N-Methyl-D-Aspartic Acid (Nmda) Receptor Antagonists**		
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE		PA; Initiation: 8 boxes (16 devices)/28 days. Maintenance: 4 boxes (8 devices)/28 days.
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE		PA; Initiation: 8 boxes (24 devices)/28 days. Maintenance: 4 boxes (12 devices)/28 days.
Selective Serotonin Reuptake Inhibitors (Ssris)**		
citalopram hydrobromide oral solution 10 mg/5ml, 20 mg/10ml		PA REQUIRED for Ages < 6 years of age and greater than 12 years of age.; QLL (20 ML per 1 day)
citalopram hydrobromide oral tablet 10 mg	CeleXA	PA REQUIRED for Ages < 6 years of age.; QLL (2 EA per 1 day)
citalopram hydrobromide oral tablet 20 mg, 40 mg	CeleXA	PA REQUIRED for Ages < 6 years of age.; QLL (1 EA per 1 day)
escitalopram oxalate oral tablet 10 mg, 20 mg	Lexapro	PA REQUIRED for Ages < 6 years of age.; QLL (1 EA per 1 day)
escitalopram oxalate oral tablet 5 mg	Lexapro	PA REQUIRED for Ages < 6 years of age.; QLL (2 EA per 1 day)
fluoxetine hcl oral capsule 10 mg, 40 mg		PA REQUIRED for Ages < 6 years of age.; QLL (2 EA per 1 day)
fluoxetine hcl oral capsule 20 mg		PA REQUIRED for Ages < 6 years of age.; QLL (4 EA per 1 day)
fluoxetine hcl oral solution 20 mg/5ml		PA REQUIRED for Ages < 6 years of age and greater than 12 years of age.; QLL (20 ML per 1 day)
fluvoxamine maleate oral tablet 100 mg		PA REQUIRED for Ages < 6 years of age.; QLL (3 EA per 1 day)
fluvoxamine maleate oral tablet 25 mg		PA REQUIRED for Ages < 6 years of age.; QLL (2 EA per 1 day)
fluvoxamine maleate oral tablet 50 mg		PA REQUIRED for Ages < 6 years of age.; QLL (6 EA per 1 day)

Drug Name	Reference	Restrictions
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg	Paxil	PA REQUIRED for Ages < 6 years of age.; QLL (1 EA per 1 day)
paroxetine hcl oral tablet 40 mg	Paxil	PA REQUIRED for Ages < 6 years of age.; QLL (1.5 EA per 1 day)
sertraline hcl oral concentrate 20 mg/ml	Zoloft	PA REQUIRED for Ages < 6 years of age and greater than 12 years of age.; QLL (10 ML per 1 day)
sertraline hcl oral tablet 100 mg	Zoloft	PA REQUIRED for Ages < 6 years of age.; QLL (2 EA per 1 day)
sertraline hcl oral tablet 25 mg	Zoloft	PA REQUIRED for Ages < 6 years of age.; QLL (3 EA per 1 day)
sertraline hcl oral tablet 50 mg	Zoloft	PA REQUIRED for Ages < 6 years of age.; QLL (4 EA per 1 day)
Serotonin Modulators**		
trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg		PA REQUIRED for Ages < 6 years of age.
Serotonin-Norepinephrine Reuptake Inhibitors (Snris)**		
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	Pristiq	PA REQUIRED for Ages < 6 years of age.
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg		PA REQUIRED for Ages < 6 years of age.; QLL (4 EA per 1 day)
duloxetine hcl oral capsule delayed release particles 60 mg		PA REQUIRED for Ages < 6 years of age.; QLL (2 EA per 1 day)
venlafaxine hcl er oral capsule extended release 24 hour 150 mg	Effexor XR	PA REQUIRED for Ages < 6 years of age.; QLL (2 EA per 1 day)
venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg, 75 mg	Effexor XR	PA REQUIRED for Ages < 6 years of age.; QLL (3 EA per 1 day)
venlafaxine hcl oral tablet 100 mg, 37.5 mg, 50 mg		PA REQUIRED for Ages < 6 years of age.; QLL (3 EA per 1 day)
venlafaxine hcl oral tablet 25 mg		PA REQUIRED for Ages < 6 years of age.; QLL (4 EA per 1 day)

Drug Name	Reference	Restrictions
venlafaxine hcl oral tablet 75 mg		PA REQUIRED for Ages < 6 years of age.; QLL (5 EA per 1 day)
Tricyclic Agents**		
amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		PA REQUIRED for Ages < 6 years of age.
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg		PA REQUIRED for Ages < 6 years of age.
clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg	Anafranil	PA REQUIRED for Ages < 6 years of age.
desipramine hcl oral tablet 10 mg, 25 mg	Norpramin	PA REQUIRED for Ages < 6 years of age.
desipramine hcl oral tablet 100 mg, 150 mg, 50 mg, 75 mg		PA REQUIRED for Ages < 6 years of age.
doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		PA REQUIRED for Ages < 6 years of age.; QLL (3 EA per 1 day)
doxepin hcl oral concentrate 10 mg/ml		PA REQUIRED for Ages < 6 years of age.; QLL (6 ML per 1 day)
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg		PA REQUIRED for Ages < 6 years of age.
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg		PA REQUIRED for Ages < 6 years of age.
nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	Pamelor	PA REQUIRED for Ages < 6 years of age.
nortriptyline hcl oral solution 10 mg/5ml		PA REQUIRED for Ages < 6 years of age.
protriptyline hcl oral tablet 10 mg, 5 mg		PA REQUIRED for Ages < 6 years of age.
trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg		PA REQUIRED for Ages < 6 years of age.
Antidiabetics		
Biguanides**		
metformin hcl er oral tablet extended release 24 hour 500 mg		QLL (4 EA per 1 day)
metformin hcl er oral tablet extended release 24 hour 750 mg		QLL (2 EA per 1 day)
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg		

Drug Name	Reference	Restrictions
Antidotes And Specific Antagonists		
Opioid Antagonists**		
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml		
naloxone hcl injection solution cartridge 0.4 mg/ml		
naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml		
naloxone hcl nasal liquid 4 mg/0.1ml	Narcan	
naltrexone hcl oral tablet 50 mg		
KLOXXADO NASAL LIQUID 8 MG/0.1ML		
REXTOVY NASAL LIQUID 4 MG/0.25ML		
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG		
Antiemetics		
5-Ht3 Receptor Antagonists**		
ondansetron hcl oral solution 4 mg/5ml		QLL (300 ML per 30 days)
ondansetron hcl oral tablet 24 mg		PA; QLL (1 EA per 1 day)
ondansetron hcl oral tablet 4 mg, 8 mg		QLL (3 EA per 1 day)
ondansetron oral tablet dispersible 4 mg, 8 mg		QLL (3 EA per 1 day)
Antihistamines		
Antihistamines - Ethanolamines**		
diphenhydramine hcl oral capsule 25 mg	Banophen	
diphenhydramine hcl oral capsule 50 mg	Dimetane Allergy Relief Ex St	OTC
diphenhydramine hcl oral elixir 12.5 mg/5ml		
diphenhydramine hcl oral liquid 12.5 mg/5ml, 25 mg/10ml	Banophen	OTC
diphenhydramine hcl oral tablet 25 mg	Banophen	OTC
gnp allergy relief oral tablet chewable 12.5 mg	Benadryl Allergy Childrens	OTC
kp diphenhydramine hcl oral capsule 50 mg	Dimetane Allergy Relief Ex St	OTC
pharbedryl oral capsule 50 mg	Dimetane Allergy Relief Ex St	OTC
BANOPHEN ORAL CAPSULE 50 MG	diphenhydramine hcl	OTC
BENADRYL ALLERGY EXTRA STR ORAL TABLET 50 MG		OTC
Antihistamines - Piperidines**		
cyproheptadine hcl oral syrup 2 mg/5ml		

Drug Name	Reference	Restrictions
cyproheptadine hcl oral tablet 4 mg		
Antihypertensives		
Antiadrenergics - Centrally Acting**		
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg		PA REQUIRED for Ages < 6 years of age.
clonidine transdermal patch weekly 0.1 mg/24hr	Catapres-TTS-1	PA REQUIRED for Ages < 6 years of age.; QLL (4 EA per 28 days)
clonidine transdermal patch weekly 0.2 mg/24hr	Catapres-TTS-2	PA REQUIRED for Ages < 6 years of age.; QLL (4 EA per 28 days)
clonidine transdermal patch weekly 0.3 mg/24hr	Catapres-TTS-3	PA REQUIRED for Ages < 6 years of age.; QLL (4 EA per 28 days)
guanfacine hcl oral tablet 1 mg, 2 mg		PA REQUIRED for Ages < 6 years of age.
Antiadrenergics - Peripherally Acting**		
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg		
Antiparkinson And Related Therapy Agents		
Antiparkinson Anticholinergics**		
benztropine mesylate injection solution 1 mg/ml		PA
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg		
trihexyphenidyl hcl oral solution 0.4 mg/ml		
trihexyphenidyl hcl oral tablet 2 mg, 5 mg		
Antiparkinson Dopaminergics**		
amantadine hcl oral capsule 100 mg		
Antipsychotics/Antimanic Agents		
Antimanic Agents**		
lithium carbonate er oral tablet extended release 300 mg	Lithobid	PA REQUIRED for Ages < 6 years of age.
lithium carbonate er oral tablet extended release 450 mg		PA REQUIRED for Ages < 6 years of age.
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg		PA REQUIRED for Ages < 6 years of age.
lithium carbonate oral tablet 300 mg		PA REQUIRED for Ages < 6 years of age.

Drug Name	Reference	Restrictions
lithium oral solution 8 meq/5ml		PA REQUIRED for Ages < 6 years of age.
Antipsychotics - Misc.**		
lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg	Latuda	PA REQUIRED for Ages < 6 years of age.; QLL (1 EA per 1 day)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	Geodon	PA REQUIRED for Ages < 6 years of age.; QLL (2 EA per 1 day)
Benzisoxazoles**		
risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg, 50 mg	RisperDAL Consta	QLL (2 EA per 28 days)
risperidone oral solution 1 mg/ml	RisperDAL	PA REQUIRED for Ages < 6 years of age.; QLL (8 ML per 1 day)
risperidone oral tablet 0.25 mg		PA REQUIRED for Ages < 6 years of age.; QLL (2 EA per 1 day)
risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	RisperDAL	PA REQUIRED for Ages < 6 years of age.; QLL (2 EA per 1 day)
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg		PA REQUIRED for Ages < 6 years of age.; QLL (2 EA per 1 day)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML		QLL (1 Syringe per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML		QLL (0.75 ML per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML		QLL (1 ML per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML		QLL (1.5 ML per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML		QLL (0.25 ML per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML		QLL (0.5 ML per 30 days)

Drug Name	Reference	Restrictions
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML		QLL (0.88 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML		QLL (1.32 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML		QLL (1.75 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML		QLL (2.63 ML per 90 days)
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG		QLL (1 EA per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML		QLL (0.28 ML per 30 days); AL (Min 18 Years)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML		QLL (0.35 ML per 30 days); AL (Min 18 Years)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML		QLL (0.42 ML per 60 days); AL (Min 18 Years)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML		QLL (0.56 ML per 60 days); AL (Min 18 Years)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML		QLL (0.7 ML per 60 days); AL (Min 18 Years)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML		QLL (0.14 ML per 30 days); AL (Min 18 Years)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML		QLL (0.21 ML per 30 days); AL (Min 18 Years)
Butyrophenones**		
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml		
haloperidol lactate injection solution 5 mg/ml		PA REQUIRED for Ages < 18 years of age.
haloperidol lactate oral concentrate 2 mg/ml		PA REQUIRED for Ages < 12 years of age.
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg		PA REQUIRED for Ages < 12 years of age.
Dibenzodiazepines**		
clozapine oral tablet 100 mg, 25 mg	Clozaril	QLL (5 EA per 1 day)
clozapine oral tablet 200 mg, 50 mg		QLL (5 EA per 1 day)
clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg		QLL (5 EA per 1 day)

Drug Name	Reference	Restrictions
Dibenzothiazepines**		
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	SEROquel	PA REQUIRED for Ages < 6 years of age.; QLL (2 EA per 1 day)
quetiapine fumarate oral tablet 150 mg		PA REQUIRED for Ages < 6 years of age.; QLL (2 EA per 1 day)
Dibenzoxazepines**		
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg		PA REQUIRED for Ages < 12 years of age.
Dihydroindolones**		
molindone hcl oral tablet 10 mg, 25 mg, 5 mg		PA
Phenothiazines**		
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg		PA REQUIRED for Ages < 6 years of age.
fluphenazine decanoate injection solution 25 mg/ml		
fluphenazine hcl oral concentrate 5 mg/ml		PA REQUIRED for Ages < 6 years of age.
fluphenazine hcl oral elixir 2.5 mg/5ml		PA REQUIRED for Ages < 6 years of age.
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg		PA REQUIRED for Ages < 6 years of age.
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg		PA REQUIRED for Ages < 12 years of age.
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg		PA REQUIRED for Ages < 12 years of age.
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg		PA REQUIRED for Ages < 12 years of age.
Quinolinone Derivatives**		
aripiprazole oral solution 1 mg/ml		PA REQUIRED for Ages < 6 years of age.; QLL (25 ML per 1 day)
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	Abilify	PA REQUIRED for Ages < 6 years of age.; QLL (1 EA per 1 day)
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML		PA REQUIRED for Ages < 18 years of age.; QLL (2.4 ML per 60 days)
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML		PA REQUIRED for Ages < 18 years of age.; QLL (3.2 ML per 60 days)

Drug Name	Reference	Restrictions
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG		PA REQUIRED for Ages < 18 years of age.; QLL (1 EA per 30 days)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 400 MG		PA REQUIRED for Ages < 18 years of age.; QLL (2 EA per 30 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG		PA REQUIRED for Ages < 18 years of age.; QLL (1 EA per 30 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 400 MG		PA REQUIRED for Ages < 18 years of age.; QLL (2 EA per 30 days)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML		PA REQUIRED for Ages < 18 years of age.; QLL (4.8 ML per 365 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML		PA REQUIRED for Ages < 18 years of age.; QLL (3.9 ML per 60 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML		PA REQUIRED for Ages < 18 years of age.; QLL (1.6 ML per 30 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML		PA REQUIRED for Ages < 18 years of age.; QLL (2.4 ML per 30 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML		PA REQUIRED for Ages < 18 years of age.; QLL (3.2 ML per 30 days)
Thienbenzodiazepines**		
olanzapine intramuscular solution reconstituted 10 mg	ZyPREXA	PA
olanzapine oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	ZyPREXA	PA REQUIRED for Ages < 6 years of age.; QLL (2 EA per 1 day)
olanzapine oral tablet 15 mg, 20 mg	ZyPREXA	PA REQUIRED for Ages < 6 years of age.; QLL (1 EA per 1 day)
olanzapine oral tablet dispersible 10 mg, 5 mg	ZyPREXA Zydis	PA REQUIRED for Ages < 6 years of age.; QLL (2 EA per 1 day)
olanzapine oral tablet dispersible 15 mg, 20 mg	ZyPREXA Zydis	PA REQUIRED for Ages < 6 years of age.; QLL (1 EA per 1 day)
Thioxanthenes**		
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg		PA REQUIRED for Ages < 12 years of age.

Drug Name	Reference	Restrictions
Beta Blockers		
Beta Blockers Non-Selective**		
nadolol oral tablet 20 mg, 40 mg, 80 mg		PA REQUIRED for Ages > 18 years of age.
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg		
Hematopoietic Agents		
Cobalamins**		
b-12 oral tablet 100 mcg, 1000 mcg, 2000 mcg, 250 mcg, 2500 mcg, 50 mcg		OTC
b-12 oral tablet 500 mcg	Finest Nutrition Vitamin B-12	OTC
b-12 oral tablet chewable 1000 mcg		OTC
b-12 oral tablet dispersible 2500 mcg		OTC
b-12 quick dissolve sublingual tablet sublingual 1000 mcg, 3000 mcg		OTC
b-12 sublingual tablet sublingual 1000 mcg, 2500 mcg, 3000 mcg, 500 mcg, 5000 mcg		OTC
b-12-sl sublingual tablet sublingual 1000 mcg		OTC
cvs vitamin b12 oral tablet 1000 mcg		OTC
cvs vitamin b-12 oral tablet 1000 mcg		OTC
eql b-12 oral tablet 1000 mcg		OTC
kp vitamin b-12 oral tablet 1000 mcg		OTC
ra vitamin b-12 oral tablet 100 mcg		OTC
sm vitamin b-12 oral tablet 100 mcg		OTC
sv b12 extra strength sublingual tablet sublingual 5000 mcg		OTC
sv b12 sublingual tablet sublingual 500 mcg		OTC
vitamin b12 oral tablet 100 mcg		OTC
vitamin b-12 oral tablet 100 mcg, 1000 mcg, 250 mcg, 50 mcg		OTC
vitamin b-12 oral tablet 500 mcg	Finest Nutrition Vitamin B-12	OTC
vitamin b-12 oral tablet dispersible 5000 mcg		OTC
vitamin b-12 sublingual tablet sublingual 1000 mcg, 2500 mcg, 3000 mcg, 500 mcg, 5000 mcg, 6000 mcg		OTC
vitamin b12 sublingual tablet sublingual 3000 mcg		OTC
Folic Acid/Folates**		
folic acid oral tablet 1 mg		
folic acid oral tablet 400 mcg, 800 mcg		OTC

Drug Name	Reference	Restrictions
kp folic acid oral tablet 1 mg		OTC
Hypnotics/Sedatives/Sleep Disorder Agents		
Barbiturate Hypnotics**		
phenobarbital oral elixir 20 mg/5ml, 30 mg/7.5ml, 60 mg/15ml		
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg		
Benzodiazepine Hypnotics**		
temazepam oral capsule 15 mg, 30 mg	Restoril	PA REQUIRED for Ages < 6 years of age.; QLL (1 EA per 1 day)
Non-Benzodiazepine - Gaba-Receptor Modulators**		
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	Lunesta	PA REQUIRED for Ages < 6 years of age.; QLL (1 EA per 1 day)
zolpidem tartrate oral tablet 10 mg	Ambien	PA REQUIRED for Ages < 6 years of age.; QLL (1 EA per 1 day)
zolpidem tartrate oral tablet 5 mg	Ambien	PA REQUIRED for Ages < 6 years of age.; QLL (2 EA per 1 day)
Selective Melatonin Receptor Agonists**		
ramelteon oral tablet 8 mg	Rozerem	ST; PA REQUIRED for Ages < 6 years of age.; QLL (1 EA per 1 day)
Laxatives		
Bulk Laxatives**		
cvs daily fiber oral packet 58.6 %		OTC
cvs easy fiber oral powder		OTC
cvs natural daily fiber oral powder 43 %	Metamucil 4 in 1 Fiber	OTC
eql fiber supplement (wheat) oral powder	Benefiber	OTC
eql fiber supplement oral powder	Benefiber	OTC
eql smooth texture fiber oral powder 51.7 %	Reguloid	OTC
fiber (corn dextrin) oral powder		OTC
fiber therapy oral tablet 500 mg	Citrucel	OTC
geri-mucil oral powder 25 %	Konsyl Daily Psyllium Fiber	OTC
geri-mucil oral powder 51.7 %	Reguloid	OTC
gnp fiber oral powder 43 %	Metamucil 4 in 1 Fiber	OTC

Drug Name	Reference	Restrictions
natural fiber laxative oral powder 28.3 %	Metamucil Smooth Texture	OTC
natural fiber laxative oral powder 30.9 %		OTC
natural psyllium seed oral powder 100 %	Evac	OTC
psyllium fiber oral capsule 0.52 gm	Wal-Mucil	OTC
qc natural vegetable oral powder 95 %	Hydrocil	OTC
CITRUCEL ORAL POWDER		OTC
CITRUCEL ORAL TABLET 500 MG	fiber therapy	OTC
METAMUCIL 4 IN 1 FIBER ORAL POWDER 55.6 %		OTC
METAMUCIL SMOOTH TEXTURE ORAL POWDER 28.3 %	eql fiber therapy	OTC
METAMUCIL SMOOTH TEXTURE ORAL POWDER 58.6 %	cvs natural daily fiber	OTC
SOLUBLE FIBER THERAPY ORAL POWDER		OTC
Electrolyte-Based Osmotic Laxatives**		
cvs laxative dietary supplemnt oral tablet 500 mg	Phillips	OTC
magnesium citrate oral solution 1.745 gm/30ml	Freskaro Magnesium Citrate	OTC
Stimulant Laxatives**		
bisacodyl oral tablet delayed release 5 mg	Dulcolax	OTC
bisacodyl rectal suppository 10 mg	Dulcolax	OTC
cascara sagrada oral capsule 450 mg		OTC
cvs chocolate laxative pieces oral tablet chewable 15 mg	Ex-Lax	OTC
senna oral syrup 176 mg/5ml		OTC
senna oral syrup 26.4 mg/15ml, 8.8 mg/5ml	OneLAX Senna	OTC
senna oral tablet 8.6 mg	Black-Draught Lax-Senna	OTC
EX-LAX MAXIMUM STRENGTH ORAL TABLET 25 MG	cvs laxative pills max st	OTC
SENNA SMOOTH ORAL TABLET 15 MG	laxative regular strength	OTC
Surfactant Laxatives**		
cvs stool softener oral capsule 50 mg	Colace Clear	OTC
docusate sodium oral capsule 100 mg	Colace	OTC
docusate sodium oral capsule 250 mg	Colace Extra Strength	OTC
docusate sodium oral liquid 100 mg/10ml, 50 mg/5ml		OTC
docusate sodium oral syrup 60 mg/15ml		OTC

Drug Name	Reference	Restrictions
ra col-rite oral capsule 250 mg	Colace Extra Strength	OTC
stool softener oral tablet 100 mg	DOK	OTC
COLACE CLEAR ORAL CAPSULE 50 MG	cvs stool softener	OTC
DOCUSOL MINI RECTAL ENEMA 283 MG/5ML	docusate mini	OTC
DOK ORAL TABLET 100 MG	stool softener	OTC
ENEMEEZ MINI RECTAL ENEMA 283 MG/5ML	docusate mini	OTC
Mouth/Throat/Dental Agents		
Dry Mouth Agents And Artificial Saliva**		
cvs dry mouth mouth/throat solution	Aquoral	OTC
eql dry mouth oral rinse mouth/throat solution	Aquoral	OTC
oral relief for dry mouth mouth/throat gel	Biotene OralBalance Dry Mouth	OTC
oral relief for dry mouth mouth/throat lozenge	ACT Dry Mouth	OTC
oral relief spray mouth/throat solution	Aquoral	OTC
ra dry mouth mouth/throat solution	Aquoral	OTC
ACT DRY MOUTH MOUTH/THROAT LOZENGE	oral relief for dry mouth	OTC
AQUORAL MOUTH/THROAT SOLUTION	cvs dry mouth	
BIOTENE DRY MOUTH MOIST SPRAY MOUTH/THROAT SOLUTION	cvs dry mouth	OTC
BIOTENE DRY MOUTH MOISTURIZING MOUTH/THROAT SOLUTION	cvs dry mouth	OTC
BIOTENE DRY MOUTH MOUTH/THROAT GUM		OTC
BIOTENE ORALBALANCE DRY MOUTH MOUTH/THROAT GEL	oral relief for dry mouth	OTC
BIOTENE PBF DRY MOUTH MOUTH/THROAT GUM		OTC
BOCASAL MOUTH/THROAT PACKET		
CAPHOSOL MOUTH/THROAT SOLUTION	cvs dry mouth	
MIGHTEAFLOW MOUTH/THROAT GUM		OTC
MOI-STIR MOUTH/THROAT SOLUTION	cvs dry mouth	OTC

Drug Name	Reference	Restrictions
MOUTH KOTE MOUTH/THROAT SOLUTION	cvs dry mouth	OTC
MOUTH KOTE REMINT MOUTH/THROAT SOLUTION	cvs dry mouth	OTC
MUCOSITISRX MOUTH/THROAT PACKET		
SALESE/XYLITOL MOUTH/THROAT LOZENGE	oral relief for dry mouth	OTC
SALIVAMAX MOUTH/THROAT PACKET		
SALIVASURE MOUTH/THROAT LOZENGE	oral relief for dry mouth	OTC
THERABREATH DRY MOUTH MOUTH/THROAT LOZENGE	oral relief for dry mouth	OTC
Multivitamins		
Multiple Vitamins W/ Minerals**		
cvs adult 50+ eye health oral capsule	Celebrate Multi-Complete 18	OTC
cvs daily multiple for men oral tablet	Alive Diabetic Multivitamin	OTC
cvs daily multiple women 50+ oral tablet	Alive Diabetic Multivitamin	OTC
cvs eye health & lutein oral tablet	Alive Diabetic Multivitamin	OTC
cvs eye health adult 50+ oral capsule	Celebrate Multi-Complete 18	OTC
cvs immune support oral capsule	Celebrate Multi-Complete 18	OTC
cvs one daily essential oral tablet	Alive Diabetic Multivitamin	OTC
cvs one daily mens 50+ adv oral tablet	Alive Diabetic Multivitamin	OTC
cvs one daily mens formula oral tablet	Alive Diabetic Multivitamin	OTC
cvs one daily womens 50+ adv oral tablet	Alive Diabetic Multivitamin	OTC
cvs one daily womens formula oral tablet	Alive Diabetic Multivitamin	OTC
cvs spectravite adult 50+ oral tablet	Alive Diabetic Multivitamin	OTC
cvs spectravite adults oral tablet	Alive Diabetic Multivitamin	OTC
cvs spectravite advanced oral tablet	Alive Diabetic Multivitamin	OTC
cvs spectravite men 50+ oral tablet	Alive Diabetic Multivitamin	OTC
cvs spectravite men oral tablet	Alive Diabetic Multivitamin	OTC
cvs spectravite senior oral tablet	Alive Diabetic Multivitamin	OTC
cvs spectravite ultra men 50+ oral tablet	Alive Diabetic Multivitamin	OTC
cvs spectravite ultra mens oral tablet	Alive Diabetic Multivitamin	OTC
cvs spectravite ultra women oral tablet	Alive Diabetic Multivitamin	OTC
cvs spectravite women 50+ oral tablet	Alive Diabetic Multivitamin	OTC
cvs spectravite women oral tablet	Alive Diabetic Multivitamin	OTC
cvs spectravite womens senior oral tablet	Alive Diabetic Multivitamin	OTC
cvs vision health oral capsule	Celebrate Multi-Complete 18	OTC

Drug Name	Reference	Restrictions
cvs womens active daily oral tablet	Alive Diabetic Multivitamin	OTC
mega-marathon 100 tr oral tablet extended release	Endur-VM	OTC
mens 50+ advanced oral capsule	Celebrate Multi-Complete 18	OTC
mens 50+ multivitamin oral tablet	Alive Diabetic Multivitamin	OTC
mens multivitamin oral tablet	Alive Diabetic Multivitamin	OTC
multi for her 50+ oral capsule	Celebrate Multi-Complete 18	OTC
multi for her 50+ oral tablet	Alive Diabetic Multivitamin	OTC
multi for her oral capsule	Celebrate Multi-Complete 18	OTC
multi for her oral tablet	Alive Diabetic Multivitamin	OTC
multi for him 50+ oral tablet	Alive Diabetic Multivitamin	OTC
multivitamin adult (minerals) oral tablet	Alive Diabetic Multivitamin	OTC
multivitamin adults 50+ oral tablet	Alive Diabetic Multivitamin	OTC
multivitamin adults oral tablet	Alive Diabetic Multivitamin	OTC
multivitamin men 50+ oral tablet	Alive Diabetic Multivitamin	OTC
multivitamin men oral tablet	Alive Diabetic Multivitamin	OTC
multivitamin women 50+ oral tablet	Alive Diabetic Multivitamin	OTC
multivitamin women oral tablet	Alive Diabetic Multivitamin	OTC
multivitamin womens 50+ adv oral tablet	Alive Diabetic Multivitamin	OTC
one-daily multi caps oral capsule	Celebrate Multi-Complete 18	OTC
super natrul-100 oral tablet extended release	Endur-VM	OTC
totalday multiple oral tablet extended release	Endur-VM	OTC
ultra-mega oral tablet extended release	Endur-VM	OTC
vision health oral capsule	Celebrate Multi-Complete 18	OTC
womens 50+ advanced oral capsule	Celebrate Multi-Complete 18	OTC
womens multi oral capsule	Celebrate Multi-Complete 18	OTC
AIRBORNE ORAL TABLET CHEWABLE	a thru z select	OTC
ALIVE DIABETIC MULTIVITAMIN ORAL TABLET	cvs daily multiple for men	OTC
ALIVE ENERGY 50+ ORAL TABLET	cvs daily multiple for men	OTC
ALIVE HAIR, SKIN & NAILS ORAL TABLET CHEWABLE	a thru z select	OTC
ALIVE MENS 50+ MULTI GUMMY ORAL TABLET CHEWABLE	a thru z select	OTC
ALIVE MENS 50+ ORAL TABLET	cvs daily multiple for men	OTC
ALIVE MENS COMPLETE MULTI ORAL TABLET	cvs daily multiple for men	OTC

Drug Name	Reference	Restrictions
ALIVE MENS GUMMY MULTIVITAMINS ORAL TABLET CHEWABLE	a thru z select	OTC
ALIVE MULTI-VITAMIN ORAL LIQUID	complete multivitamin/mineral	OTC
ALIVE MULTI-VITAMIN ORAL TABLET CHEWABLE	a thru z select	OTC
ALIVE ONCE DAILY WOMENS ORAL TABLET	cvs daily multiple for men	OTC
ALIVE ULTRA POTENCY WOMENS 50+ ORAL TABLET	cvs daily multiple for men	OTC
ALIVE WOMENS 50+ COMPLETE MV ORAL TABLET	cvs daily multiple for men	OTC
ALIVE WOMENS 50+ GUMMY ORAL TABLET CHEWABLE	a thru z select	OTC
ALIVE WOMENS 50+ ORAL TABLET CHEWABLE	a thru z select	OTC
ALIVE WOMENS ENERGY ORAL TABLET	cvs daily multiple for men	OTC
ALIVE WOMENS GUMMY ORAL TABLET CHEWABLE	a thru z select	OTC
CELEBRATE MULTI-COMPLETE 18 ORAL CAPSULE	cvs adult 50+ eye health	OTC
CELEBRATE MULTI-COMPLETE 36 ORAL CAPSULE	cvs adult 50+ eye health	OTC
CELEBRATE MULTI-COMPLETE 45 ORAL CAPSULE	cvs adult 50+ eye health	OTC
CELEBRATE MULTI-COMPLETE 60 ORAL CAPSULE	cvs adult 50+ eye health	OTC
CENTRUM ADULT 50+ MULTIGUMMIES ORAL TABLET CHEWABLE	a thru z select	OTC
CENTRUM ADULT ORAL LIQUID	complete multivitamin/mineral	OTC
CENTRUM ADULTS MULTIGUMMIES ORAL TABLET CHEWABLE	a thru z select	OTC
CENTRUM ADULTS ORAL TABLET	cvs daily multiple for men	OTC
CENTRUM CARDIO ORAL TABLET	cvs daily multiple for men	OTC
CENTRUM FLAVOR BURST ADULT ORAL TABLET CHEWABLE	a thru z select	OTC
CENTRUM FLAVOR BURST ORAL TABLET CHEWABLE	a thru z select	OTC
CENTRUM FRESH/FRUITY 50+ ORAL TABLET CHEWABLE	a thru z select	OTC

Drug Name	Reference	Restrictions
CENTRUM FRESH/FRUITY ADULT ORAL TABLET CHEWABLE	a thru z select	OTC
CENTRUM MEN ORAL TABLET	cvs daily multiple for men	OTC
CENTRUM MINIS ADULTS 50+ ORAL TABLET	cvs daily multiple for men	OTC
CENTRUM MINIS MEN 50+ ORAL TABLET	cvs daily multiple for men	OTC
CENTRUM MINIS WOMEN 50+ ORAL TABLET	cvs daily multiple for men	OTC
CENTRUM MULTI + OMEGA 3 ORAL TABLET CHEWABLE	a thru z select	OTC
CENTRUM ORAL LIQUID	complete multivitamin/mineral	OTC
CENTRUM SILVER 50+MEN ORAL TABLET	cvs daily multiple for men	OTC
CENTRUM SILVER 50+WOMEN ORAL TABLET	cvs daily multiple for men	OTC
CENTRUM SILVER ADULT 50+ ORAL TABLET	cvs daily multiple for men	OTC
CENTRUM SILVER MEN 50+ ORAL TABLET	cvs daily multiple for men	OTC
CENTRUM SILVER ORAL TABLET	cvs daily multiple for men	OTC
CENTRUM SILVER ORAL TABLET CHEWABLE	a thru z select	OTC
CENTRUM SILVER ULTRA WOMENS ORAL TABLET	cvs daily multiple for men	OTC
CENTRUM SILVER WOMEN 50+ ORAL TABLET	cvs daily multiple for men	OTC
CENTRUM SPECIALIST HEART ORAL TABLET	cvs daily multiple for men	OTC
CENTRUM SPECIALIST IMMUNE ORAL TABLET	cvs daily multiple for men	OTC
CENTRUM SPECIALIST VISION ORAL TABLET	cvs daily multiple for men	OTC
CENTRUM ULTRA WOMENS ORAL TABLET	cvs daily multiple for men	OTC
CENTRUM VITAMINTS ORAL TABLET CHEWABLE	a thru z select	OTC
CENTRUM WOMEN ORAL TABLET	cvs daily multiple for men	OTC
ICAPS AREDS FORMULA ORAL TABLET	cvs daily multiple for men	OTC
ICAPS LUTEIN & OMEGA-3 ORAL CAPSULE	cvs adult 50+ eye health	OTC
ICAPS MV ORAL TABLET	cvs daily multiple for men	OTC

Drug Name	Reference	Restrictions
ICAPS ORAL CAPSULE	cvs adult 50+ eye health	OTC
MULTI COMPLETE ORAL CAPSULE	cvs adult 50+ eye health	OTC
MULTI FOR HIM ORAL CAPSULE	cvs adult 50+ eye health	OTC
MULTI FOR HIM ORAL TABLET	cvs daily multiple for men	OTC
OCUVITE ADULT 50+ ORAL CAPSULE	cvs adult 50+ eye health	OTC
OCUVITE ADULT FORMULA ORAL CAPSULE	cvs adult 50+ eye health	OTC
OCUVITE EXTRA ORAL TABLET	cvs daily multiple for men	OTC
OCUVITE EYE + MULTI ORAL TABLET	cvs daily multiple for men	OTC
OCUVITE EYE HEALTH FORMULA ORAL CAPSULE	cvs adult 50+ eye health	OTC
OCUVITE-LUTEIN ORAL TABLET	cvs daily multiple for men	OTC
ONE A DAY IMMUNITY DEFENSE ORAL TABLET CHEWABLE	a thru z select	OTC
ONE A DAY MENS VITACRAVES ORAL TABLET CHEWABLE	a thru z select	OTC
ONE A DAY WOMEN 50 PLUS ORAL TABLET CHEWABLE	a thru z select	OTC
ONE-A-DAY ENERGY ORAL TABLET	cvs daily multiple for men	OTC
ONE-A-DAY FOR HER VITACRAVES ORAL TABLET CHEWABLE	a thru z select	OTC
ONE-A-DAY FOR HIM VITACRAVES ORAL TABLET CHEWABLE	a thru z select	OTC
ONE-A-DAY MENOPAUSE FORMULA ORAL TABLET	cvs daily multiple for men	OTC
ONE-A-DAY MENS (MINERALS) ORAL TABLET	cvs daily multiple for men	OTC
ONE-A-DAY MENS 50+ ADVANTAGE ORAL TABLET	cvs daily multiple for men	OTC
ONE-A-DAY MENS 50+ ORAL TABLET	cvs daily multiple for men	OTC
ONE-A-DAY MENS HEALTH FORMULA ORAL TABLET	cvs daily multiple for men	OTC
ONE-A-DAY MENS PRO EDGE ORAL TABLET	cvs daily multiple for men	OTC
ONE-A-DAY MENS VITACRAVES ORAL TABLET CHEWABLE	a thru z select	OTC
ONE-A-DAY PROACTIVE 65+ ORAL TABLET	cvs daily multiple for men	OTC
ONE-A-DAY TEEN ADVANTAGE/HER ORAL TABLET	cvs daily multiple for men	OTC

Drug Name	Reference	Restrictions
ONE-A-DAY TEEN ADVANTAGE/HIM ORAL TABLET	cvs daily multiple for men	OTC
ONE-A-DAY VITACRAVES ADULT ORAL TABLET CHEWABLE	a thru z select	OTC
ONE-A-DAY VITACRAVES IMMUNITY ORAL TABLET CHEWABLE	a thru z select	OTC
ONE-A-DAY VITACRAVES ORAL TABLET CHEWABLE	a thru z select	OTC
ONE-A-DAY VITACRAVES SOUR ORAL TABLET CHEWABLE	a thru z select	OTC
ONE-A-DAY WEIGHT SMART ADVANCE ORAL TABLET	cvs daily multiple for men	OTC
ONE-A-DAY WOMENS 50 PLUS ORAL TABLET	cvs daily multiple for men	OTC
ONE-A-DAY WOMENS 50+ ADVANTAGE ORAL TABLET	cvs daily multiple for men	OTC
ONE-A-DAY WOMENS 50+ ORAL TABLET	cvs daily multiple for men	OTC
ONE-A-DAY WOMENS HEALTHY SKIN ORAL TABLET	cvs daily multiple for men	OTC
ONE-A-DAY WOMENS MIND & BODY ORAL TABLET	cvs daily multiple for men	OTC
ONE-A-DAY WOMENS ORAL TABLET	cvs daily multiple for men	OTC
ONE-A-DAY WOMENS PETITES ORAL TABLET	cvs daily multiple for men	OTC
ONE-A-DAY WOMENS VITACRAVES ORAL TABLET CHEWABLE	a thru z select	OTC
PRESERVISION AREDS 2 ORAL CAPSULE	cvs adult 50+ eye health	OTC
PRESERVISION AREDS 2+MULTI VIT ORAL CAPSULE	cvs adult 50+ eye health	OTC
PRESERVISION AREDS ORAL CAPSULE	cvs adult 50+ eye health	OTC
PRESERVISION AREDS ORAL TABLET	cvs daily multiple for men	OTC
PRESERVISION/LUTEIN ORAL CAPSULE	cvs adult 50+ eye health	OTC
SYSTANE ICAPS AREDS2 ORAL TABLET	cvs daily multiple for men	OTC
Multivitamins**		
antioxidant formula oral capsule 250-10000-200	Chlorocaps	OTC
daily multiple vitamins oral tablet	Amladex	OTC

Drug Name	Reference	Restrictions
multi vitamin oral tablet	Amladex	OTC
multiple vitamin-folic acid oral tablet	Amladex	OTC
mv-one oral capsule	Chlorocaps	OTC
one-daily multi vitamins oral tablet	Amladex	OTC
one-daily multi-vitamin oral tablet	Amladex	OTC
CHLOROCAPS ORAL CAPSULE	antioxidant formula	OTC
ONE-A-DAY ESSENTIAL ORAL TABLET	daily multiple vitamins	OTC
ONE-A-DAY MENS ORAL TABLET	daily multiple vitamins	OTC
Nutrients		
Misc. Nutritional Substances**		
fish oil adult gummies oral tablet chewable 113.5 mg		OTC
fish oil oral capsule 435 mg, 645 mg		OTC
fish oil oral capsule delayed release 1000 mg	OmegaPure 600 EC	OTC
fish oil oral capsule delayed release 1200 mg		OTC
fish oil oral tablet chewable 875 mg		OTC
fish oil triple strength oral capsule 1400 mg		OTC
fish oil ultra oral capsule 1400 mg		OTC
mini fish oil oral capsule 645 mg		OTC
omega-3 fish oil oral capsule 1000 mg	Super DHA Gems	OTC
omega-3 fish oil oral capsule 1200 mg	Theragran-M Fish Oil Conc	OTC
omega-3 fish oil oral capsule 300 mg	Fish Oil Pearls	OTC
omega-3 fish oil oral capsule 500 mg	Ovega-3	OTC
omega-3 oral capsule 1400 mg		OTC
sm fish oil oral capsule 554 mg		OTC
ultra omega-3 fish oil oral capsule 1400 mg		OTC
Ophthalmic Agents		
Cycloplegic Mydriatics**		
atropine sulfate ophthalmic solution 1 %		
Psychotherapeutic And Neurological Agents - Misc.		
Alcohol Deterrents**		
acamprosate calcium oral tablet delayed release 333 mg		
disulfiram oral tablet 250 mg, 500 mg		

Drug Name	Reference	Restrictions
Movement Disorder Drug Therapy**		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG		PA; QLL (2 EA per 1 day)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG		PA; QLL (1 EA per 1 day)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG		PA; QLL (28 EA per 28 days)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG		PA; QLL (42 EA per 28 days)
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG		PA; QLL (1 EA per 1 day)
INGREZZA ORAL CAPSULE SPRINKLE 40 MG, 60 MG, 80 MG		PA; QLL (1 EA per 1 day)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG		PA; QLL (28 EA per 28 days)
Psychotherapeutic And Neurological Agents - Misc.**		
pimozide oral tablet 1 mg, 2 mg		PA REQUIRED for Ages < 12 years of age.
Thyroid Agents		
Thyroid Hormones**		
levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	Levo-T	
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	Cytomel	
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	levothyroxine sodium	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	levothyroxine sodium	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	levothyroxine sodium	

Drug Name	Reference	Restrictions
Urinary Antispasmodics		
Urinary Antispasmodics - Cholinergic Agonists**		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg		PA REQUIRED for Ages < 6 years of age.
Vitamins		
Vitamin B-1**		
b1 oral tablet 100 mg		OTC
b-1 oral tablet 100 mg, 250 mg, 500 mg		OTC
thiamine hcl oral tablet 100 mg		OTC
thiamine mononitrate oral tablet 100 mg		OTC
vitamin b-1 oral tablet 100 mg, 250 mg, 50 mg		OTC
Vitamin B-6**		
b-6 oral tablet 100 mg, 250 mg, 500 mg		OTC
pyridoxine hcl oral tablet 25 mg, 50 mg		OTC
vitamin b-6 er oral tablet extended release 200 mg		OTC
vitamin b6 oral tablet 100 mg, 250 mg		OTC
vitamin b-6 oral tablet 25 mg, 50 mg		OTC
Vitamin E**		
vitamin e oral capsule 100 unit, 1000 unit, 200 unit, 400 unit		OTC
vitamin e oral tablet chewable 400 unit		OTC

Index of Drugs

ABILIFY ASIMTUFII 15
ABILIFY MAINTENA 16
acamprosate calcium 27
ACT DRY MOUTH 20
AIRBORNE 22
ALIVE DIABETIC MULTIVITAMIN 22
ALIVE ENERGY 50+ 22
ALIVE HAIR, SKIN & NAILS 22
ALIVE MENS 50+ 22
ALIVE MENS 50+ MULTI GUMMY 22
ALIVE MENS COMPLETE MULTI 22
ALIVE MENS GUMMY MULTIVITAMINS 23
ALIVE MULTI-VITAMIN 23
ALIVE ONCE DAILY WOMENS 23
ALIVE ULTRA POTENCY WOMENS 50+ 23
ALIVE WOMENS 50+ 23
ALIVE WOMENS 50+ COMPLETE MV 23
ALIVE WOMENS 50+ GUMMY 23
ALIVE WOMENS ENERGY 23
ALIVE WOMENS GUMMY 23
alprazolam 4, 5
alprazolam er 4
ALPRAZOLAM INTENSOL 5
alprazolam xr 5
amantadine hcl 12
amitriptyline hcl 10
amoxapine 10
amphetamine-dextroamphet er 2
amphetamine-dextroamphetamine 2
antioxidant formula 26
AQUORAL 20
aripiprazole 15
ARISTADA 16
ARISTADA INITIO 16
atomoxetine hcl 2
atropine sulfate 27
AUSTEDO 28
AUSTEDO XR 28
AUSTEDO XR PATIENT TITRATION 28
b1 29
b-1 29
b-12 17
b-12 quick dissolve 17
b-12-sl 17
b-6 29
BANOPHEN 11
BENADRYL ALLERGY EXTRA STR 11
benztropine mesylate 12
bethanechol chloride 29
BIOTENE DRY MOUTH 20
BIOTENE DRY MOUTH MOIST SPRAY 20
BIOTENE DRY MOUTH MOISTURIZING 20
BIOTENE ORALBALANCE DRY MOUTH 20
BIOTENE PBF DRY MOUTH 20
bisacodyl 19
BOCASAL 20
BRIXADI 4
BRIXADI (WEEKLY) 4
buprenorphine hcl 4
buprenorphine hcl-naloxone hcl 4
bupropion hcl 7
bupropion hcl er (sr) 7
bupropion hcl er (xl) 7
buspirone hcl 4
CAPHOSOL 20
carbamazepine 6
carbamazepine er 6
cascara sagrada 19
CELEBRATE MULTI-COMPLETE 18 23
CELEBRATE MULTI-COMPLETE 36 23
CELEBRATE MULTI-COMPLETE 45 23
CELEBRATE MULTI-COMPLETE 60 23
CENTRUM 24
CENTRUM ADULT 23
CENTRUM ADULT 50+ MULTIGUMMIES 23
CENTRUM ADULTS 23
CENTRUM ADULTS MULTIGUMMIES 23
CENTRUM CARDIO 23
CENTRUM FLAVOR BURST 23
CENTRUM FLAVOR BURST ADULT 23
CENTRUM FRESH/FRUITY 50+ 23
CENTRUM FRESH/FRUITY ADULT 24
CENTRUM MEN 24
CENTRUM MINIS ADULTS 50+ 24
CENTRUM MINIS MEN 50+ 24
CENTRUM MINIS WOMEN 50+ 24
CENTRUM MULTI + OMEGA 3 24
CENTRUM SILVER 24
CENTRUM SILVER 50+MEN 24
CENTRUM SILVER 50+WOMEN 24
CENTRUM SILVER ADULT 50+ 24
CENTRUM SILVER MEN 50+ 24
CENTRUM SILVER ULTRA WOMENS 24
CENTRUM SILVER WOMEN 50+ 24
CENTRUM SPECIALIST HEART 24
CENTRUM SPECIALIST IMMUNE 24
CENTRUM SPECIALIST VISION 24
CENTRUM ULTRA WOMENS 24
CENTRUM VITAMINTS 24
CENTRUM WOMEN 24
chlordiazepoxide hcl 5
CHLOROCAPS 27
chlorpromazine hcl 15
citalopram hydrobromide 8
CITRUCEL 19
clomipramine hcl 10
clonazepam 6
clonidine 12
clonidine hcl 12
clonidine hcl er 2
clorazepate dipotassium 5
clozapine 14
COLACE CLEAR 20
CONCERTA 3

cvs adult 50+ eye health 21
cvs chocolate laxative pieces 19
cvs daily fiber 18
cvs daily multiple for men 21
cvs daily multiple women 50+ 21
cvs dry mouth 20
cvs easy fiber 18
cvs eye health & lutein 21
cvs eye health adult 50+ 21
cvs immune support 21
cvs laxative dietary supplemnt 19
cvs natural daily fiber 18
cvs one daily essential 21
cvs one daily mens 50+ adv 21
cvs one daily mens formula 21
cvs one daily womens 50+ adv ... 21
cvs one daily womens formula 21
cvs spectravite adult 50+ 21
cvs spectravite adults 21
cvs spectravite advanced 21
cvs spectravite men 21
cvs spectravite men 50+ 21
cvs spectravite senior 21
cvs spectravite ultra men 50+ 21
cvs spectravite ultra mens 21
cvs spectravite ultra women 21
cvs spectravite women 21
cvs spectravite women 50+ 21
cvs spectravite womens senior 21
cvs stool softener 19
cvs vision health 21
cvs vitamin b12 17
cvs vitamin b-12 17
cvs womens active daily 22
cyproheptadine hcl 11, 12
daily multiple vitamins 26
DAYTRANA 3
desipramine hcl 10
desvenlafaxine succinate er 9
dexmethylphenidate hcl 2
dexmethylphenidate hcl er 2
dextroamphetamine sulfate 2
diazepam 5
DIAZEPAM INTENSOL 5
diphenhydramine hcl 11
disulfiram 27
divalproex sodium 7
divalproex sodium er 7
docusate sodium 19
DOCUSOL MINI 20
DOK 20
doxepin hcl 10
duloxetine hcl 9
ENEMEEZ MINI 20
EPITOL 7
eql b-12 17
eql dry mouth oral rinse 20
eql fiber supplement 18
eql fiber supplement (wheat) 18
eql smooth texture fiber 18
escitalopram oxalate 8
eszopiclone 18
EX-LAX MAXIMUM STRENGTH 19
fiber (corn dextrin) 18
fiber therapy 18
fish oil 27
fish oil adult gummies 27
fish oil triple strength 27
fish oil ultra 27
fluoxetine hcl 8
fluphenazine decanoate 15
fluphenazine hcl 15
fluvoxamine maleate 8
folic acid 17
gabapentin 6
geri-mucil 18
gnp allergy relief 11
gnp fiber 18
guanfacine hcl 12
guanfacine hcl er 2
haloperidol 14
haloperidol decanoate 14
haloperidol lactate 14
hydroxyzine hcl 4
hydroxyzine pamoate 4
ICAPS 25
ICAPS AREDS FORMULA 24
ICAPS LUTEIN & OMEGA-3 24
ICAPS MV 24
imipramine hcl 10
imipramine pamoate 10
INGREZZA 28
INVEGA HAFYERA 13
INVEGA SUSTENNA 13
INVEGA TRINZA 14
KLOXXADO 11
kp diphenhydramine hcl 11
kp folic acid 18
kp vitamin b-12 17
krill oil 3
lamotrigine 6
lamotrigine er 6
LEVO-T 28
levothyroxine sodium 28
LEVOXYL 28
liothyronine sodium 28
lisdexamfetamine dimesylate 2
lithium 13
lithium carbonate 12
lithium carbonate er 12
lorazepam 5
LORAZEPAM INTENSOL 6
loxapine succinate 15
lurasidone hcl 13
magnesium citrate 19
mega-marathon 100 tr 22
melatonin 3
mens 50+ advanced 22
mens 50+ multivitamin 22
mens multivitamin 22
METAMUCIL 4 IN 1 FIBER .. 19
METAMUCIL SMOOTH TEXTURE 19
metformin hcl 10
metformin hcl er 10
METHYLIN 3
methylphenidate 3
methylphenidate hcl 3
methylphenidate hcl er (cd) 2
methylphenidate hcl er (la) 3
methylphenidate hcl er (osm) 3
methylphenidate hcl er(diffus) 3
MIGHTEAFLOW 20
mini fish oil 27
mirtazapine 7
MOI-STIR 20
molindone hcl 15
MOUTH KOTE 21
MOUTH KOTE REMINT 21
MUCOSITISRX 21
MULTI COMPLETE 25
multi for her 22
multi for her 50+ 22
MULTI FOR HIM 25
multi for him 50+ 22
multi vitamin 27
multiple vitamin-folic acid 27
multivitamin adult (minerals) 22
multivitamin adults 22
multivitamin adults 50+ 22
multivitamin men 22
multivitamin men 50+ 22
multivitamin women 22
multivitamin women 50+ 22

multivitamin womens 50+ adv 22
mv-one 27
nadolol 17
naloxone hcl 11
naltrexone hcl 11
natural fiber laxative 19
natural psyllium seed 19
nortriptyline hcl 10
OCUVITE ADULT 50+ 25
OCUVITE ADULT FORMULA 25
OCUVITE EXTRA 25
OCUVITE EYE + MULTI 25
OCUVITE EYE HEALTH FORMULA 25
OCUVITE-LUTEIN 25
olanzapine 16
omega-3 27
omega-3 fish oil 27
ondansetron 11
ondansetron hcl 11
ONE A DAY IMMUNITY DEFENSE 25
ONE A DAY MENS VITACRAVES 25
ONE A DAY WOMEN 50 PLUS 25
ONE-A-DAY ENERGY 25
ONE-A-DAY ESSENTIAL 27
ONE-A-DAY FOR HER VITACRAVES 25
ONE-A-DAY FOR HIM VITACRAVES 25
ONE-A-DAY MENOPAUSE FORMULA 25
ONE-A-DAY MENS 27
ONE-A-DAY MENS (MINERALS) 25
ONE-A-DAY MENS 50+ 25
ONE-A-DAY MENS 50+ ADVANTAGE 25
ONE-A-DAY MENS HEALTH FORMULA 25
ONE-A-DAY MENS PRO EDGE 25
ONE-A-DAY MENS VITACRAVES 25
ONE-A-DAY PROACTIVE 65+ 25
ONE-A-DAY TEEN ADVANTAGE/HER 25
ONE-A-DAY TEEN ADVANTAGE/HIM 26
ONE-A-DAY VITACRAVES 26
ONE-A-DAY VITACRAVES ADULT 26
ONE-A-DAY VITACRAVES IMMUNITY 26
ONE-A-DAY VITACRAVES SOUR 26
ONE-A-DAY WEIGHT SMART ADVANCE 26
ONE-A-DAY WOMENS 26
ONE-A-DAY WOMENS 50 PLUS 26
ONE-A-DAY WOMENS 50+ 26
ONE-A-DAY WOMENS 50+ ADVANTAGE 26
ONE-A-DAY WOMENS HEALTHY SKIN 26
ONE-A-DAY WOMENS MIND & BODY 26
ONE-A-DAY WOMENS PETITES 26
ONE-A-DAY WOMENS VITACRAVES 26
one-daily multi caps 22
one-daily multi vitamins 27
one-daily multi-vitamin 27
oral relief for dry mouth 20
oral relief spray 20
oxazepam 5
oxcarbazepine 6
paroxetine hcl 9
perphenazine 15
PERSERIS 14
pharbedryl 11
phenobarbital 18
pimozide 28
prazosin hcl 12
PRESERVISION AREDS 26
PRESERVISION AREDS 2 26
PRESERVISION AREDS 2+MULTI VIT 26
PRESERVISION/LUTEIN 26
propranolol hcl 17
protriptyline hcl 10
psyllium fiber 19
pyridoxine hcl 29
qc natural vegetable 19
quetiapine fumarate 15
ra col-rite 20
ra dry mouth 20
ra vitamin b-12 17
ramelteon 18
REXTOVY 11
risperidone 13
risperidone microspheres er 13
RITALIN LA 3
SALESE/XYLITOL 21
SALIVAMAX 21
SALIVASURE 21
senna 19
SENNA SMOOTH 19
sertraline hcl 9
sm fish oil 27
sm omega-3 3
sm vitamin b-12 17
SOLUBLE FIBER THERAPY 19
SPRAVATO (56 MG DOSE) 8
SPRAVATO (84 MG DOSE) 8
stool softener 20
SUBLOCADE 4
SUBVENITE 7
super natrul-100 22
sv b12 17
sv b12 extra strength 17
SYSTANE ICAPS AREDS2 26
temazepam 18
THERABREATH DRY MOUTH 21
thiamine hcl 29
thiamine mononitrate 29
thioridazine hcl 15
thiothixene 16
topiramate 7
totalday multiple 22
trazodone hcl 9
trifluoperazine hcl 15
trihexyphenidyl hcl 12
trimipramine maleate 10
ultra omega-3 fish oil 27
ultra-mega 22
UNITHROID 28
UZEDY 14
valproic acid 7
venlafaxine hcl 9, 10
venlafaxine hcl er 9
vision health 22
vitamin b-1 29
vitamin b12 17
vitamin b-12 17
vitamin b6 29
vitamin b-6 29

vitamin b-6 er.....29
vitamin e.....29
VIVITROL.....11
womens 50+ advanced.....22
womens multi.....22
ziprasidone hcl.....13
zolpidem tartrate.....18
ZURZUVAE.....7