

2022

**'Ohana Community Care Services (CCS)
Comprehensive Preferred Drug List** (List of Covered Drugs)

**Danh sách Đầy đủ Các Thuốc Được Ưu tiên của
'Ohana Community Care Services (CCS)**

(Danh sách Thuốc Được Bao trả)

**'Ohana 커뮤니티 케어 서비스(CCS) 종합 선호
약품 리스트**(보장 대상 약품 리스트)

**Ti 'Ohana Community Care Services (CCS)
Comprehensive Preferred Drug List**

(Listaan dagiti Nasakup nga Agas)

**'Ohana 社區照護服務 (CCS) 完整首選藥物
清單** (承保藥物清單)

**Kumprehensibong Listahan ng Piniling Gamot
ng 'Ohana Community Care Services (CCS)**

(Listahan ng Mga Saklaw na Gamot)

'Ohana Health Plan



Please read this document. It has details about the drugs we cover for the 'Ohana CCS plan.

Please note: The Preferred Drug List (PDL) for this plan is updated monthly.

Members, please visit our website to view updates to the PDL. Go to

<https://www.wellcare.com/Hawaii/Members/Medicaid-Plans/Community-Care-Services/Pharmacy-Services>

Providers, please visit our website to view updates to the PDL. Go to

<https://www.wellcare.com/Hawaii/Providers/Community-Care-Services/Pharmacy>

Vui lòng đọc tài liệu này. Đây là tài liệu chi tiết về các thuốc chúng tôi bao trả cho chương trình 'Ohana CCS.

Xin lưu ý: Danh sách các Thuốc Được Ưu tiên (Preferred Drug List, PDL) cho chương trình này được cập nhật hàng tháng.

Các hội viên vui lòng truy cập trang web của chúng tôi để xem các cập nhật của PDL. Truy cập

<https://www.wellcare.com/Hawaii/Members/Medicaid-Plans/Community-Care-Services/Pharmacy-Services>

Người chăm sóc vui lòng truy cập trang web của chúng tôi để xem các cập nhật của PDL. Truy cập

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이 설명서를 숙독하십시오. 'Ohana CCS 플랜이 보장하는 약품에 대한 상세 설명서입니다.

참고: 이 플랜을 위한 선호 약품 리스트(PDL)는 매월 업데이트됩니다.

가입자들께서는 당사의 웹사이트를 방문하여 업데이트된 PDL을 열람하시기 바랍니다. 웹사이트:

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제공자들께서는 우리 웹사이트를 방문하여 업데이트된 PDL을 조회하시기 바랍니다. 웹사이트:

<https://www.wellcare.com/Hawaii/Providers/Community-Care-Services/Pharmacy>

Drug Name	Preference Details	Coverage Details
Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant		
*Adhd Agent - Selective Alpha Adrenergic Agonists***		
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	P	
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	P	
*Adhd Agent - Selective Norepinephrine Reuptake Inhibitor***		
<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	P	
*Amphetamine Mixtures***		
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	P	QL (62 EA per 31 days); AL (Min 6 Years)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 5 mg, 7.5 mg</i>	P	
<i>amphetamine-dextroamphetamine oral tablet 20 mg</i>	P	QL (93 EA per 31 days)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	P	QL (62 EA per 31 days)
*Amphetamines***		
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	P	AL (Min 6 Years)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	P	
<i>methamphetamine hcl oral tablet 5 mg</i>	P	
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	P	
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	P	
*Stimulants - Misc.***		
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR	P	AL (Min 6 Years)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	P	QL (31 EA per 31 days); AL (Min 6 Years)

P=Preferred, Asterisk(*)=N/A, PA=Prior Authorization, ST=Step Therapy, QL=Quantity Limit, AL=Age Limit, OTC Products Require Rx, UPPERCASE= Brand name drugs/ lowercase italics= Generic drugs

Drug Name	Preference Details	Coverage Details
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	P	QL (62 EA per 31 days); AL (Min 6 Years)
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 25 MG, 35 MG	P	
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG	P	
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	P	AL (Min 6 Years)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	P	
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg</i>	P	QL (62 EA per 31 days); AL (Min 6 Years)
<i>methylphenidate hcl er (osm) oral tablet extended release 54 mg</i>	P	QL (31 EA per 31 days); AL (Min 6 Years)
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	P	
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	P	QL (93 EA per 31 days); AL (Min 6 Years)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg</i>	P	QL (62 EA per 31 days); AL (Min 6 Years)
<i>methylphenidate hcl er oral tablet extended release 24 hour 54 mg</i>	P	QL (31 EA per 31 days); AL (Min 6 Years)
<i>methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	P	AL (Min 6 Years)
<i>methylphenidate hcl oral tablet 10 mg, 5 mg</i>	P	AL (Min 6 Years)
<i>methylphenidate hcl oral tablet 20 mg</i>	P	QL (93 EA per 31 days); AL (Min 6 Years)
<i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>	P	AL (Min 6 Years)
Modafinil Oral Tablet 100 MG, 200 MG	Non-Formulary	
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED 25 MG/5ML	P	AL (Min 6 Years)
Analgesics - Opioid		
*Opioid Partial Agonists***		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	P	

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Drug Name	Preference Details	Coverage Details
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	P	
Antianxiety Agents		
*Antianxiety Agents - Misc.***		
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	P	
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	P	
<i>hydroxyzine hcl oral solution 10 mg/5ml</i>	P	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	P	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	P	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	P	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	P	
*Benzodiazepines***		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	P	
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	P	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	P	
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	P	
<i>alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	P	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	P	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	P	
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	P	
<i>diazepam oral solution 1 mg/ml</i>	P	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	P	
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i>	P	
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	P	
<i>lorazepam oral concentrate 2 mg/ml</i>	P	

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Drug Name	Preference Details	Coverage Details
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	P	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	P	
Anticonvulsants		
*Anticonvulsants - Benzodiazepines***		
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	P	
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	P	
*Anticonvulsants - Misc.***		
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	P	
<i>carbamazepine er oral tablet extended release 12 hour 200 mg, 400 mg</i>	P	
<i>carbamazepine oral suspension 100 mg/5ml</i>	P	
<i>carbamazepine oral tablet 200 mg</i>	P	
<i>carbamazepine oral tablet chewable 100 mg</i>	P	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	P	
<i>gabapentin oral solution 250 mg/5ml</i>	P	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	P	
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 42 X 50 MG & 14X100 MG	P	
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG	P	AL (Min 13 Years)
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	P	AL (Min 13 Years)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	P	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	P	
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	P	
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	P	
<i>lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	P	
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	P	

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Drug Name	Preference Details	Coverage Details
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	P	
<i>levetiracetam intravenous solution 500 mg/5ml</i>	P	
<i>levetiracetam oral solution 100 mg/ml</i>	P	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	P	
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	P	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	P	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG, 600 MG	P	
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	P	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG	P	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG	P	
TOPIRAMATE ER ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	P	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	P	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	P	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG	P	
*Gaba Modulators***		
GABITRIL ORAL TABLET 12 MG	P	
<i>tiagabine hcl oral tablet 16 mg, 2 mg, 4 mg</i>	P	
*Valproic Acid***		
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	P	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	P	

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Drug Name	Preference Details	Coverage Details
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	P	
<i>valproate sodium intravenous solution 100 mg/ml</i>	P	
<i>valproic acid oral capsule 250 mg</i>	P	
<i>valproic acid oral solution 250 mg/5ml</i>	P	
<i>valproic acid oral syrup 250 mg/5ml</i>	P	
Antidepressants		
*Alpha-2 Receptor Antagonists (Tetracyclics)***		
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	P	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	P	
*Antidepressants - Misc.***		
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG, 348 MG, 522 MG	P	ST; Must fail 2 generic PDL antidepressants.
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	P	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	P	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	P	
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	P	ST; Must fail 2 generic PDL antidepressants.
<i>maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg</i>	P	
*Monoamine Oxidase Inhibitors (Maois)***		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	P	ST; Must fail 2 generic PDL antidepressants.
MARPLAN ORAL TABLET 10 MG	P	ST; Must fail 2 generic PDL antidepressants.
<i>phenelzine sulfate oral tablet 15 mg</i>	P	
<i>tranylcypromine sulfate oral tablet 10 mg</i>	P	
*Selective Serotonin Reuptake Inhibitors (Ssris)***		
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	P	

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Drug Name	Preference Details	Coverage Details
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	P	
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	P	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	P	
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	P	
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	P	
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	P	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg, 60 mg</i>	P	
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>	P	
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	P	
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	P	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	P	
PAXIL ORAL SUSPENSION 10 MG/5ML	P	ST; Must fail 2 generic PDL antidepressants.
PEXEVA ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG	P	ST; Must fail 2 generic PDL antidepressants.
<i>sertraline hcl oral concentrate 20 mg/ml</i>	P	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	P	
*Serotonin Modulators***		
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	P	
OLEPTRO ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG	P	ST; Must fail 2 generic PDL antidepressants.
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	P	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	P	ST; Must fail 2 generic PDL antidepressants.
VIIBRYD ORAL KIT 10 & 20 & 40 MG	P	ST; Must fail 2 generic PDL antidepressants.
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	P	ST; Must fail 2 generic PDL antidepressants.

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Drug Name	Preference Details	Coverage Details
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	P	ST; Must fail 2 generic PDL antidepressants.
*Serotonin-Norepinephrine Reuptake Inhibitors (Snris)***		
<i>desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg</i>	P	
<i>desvenlafaxine fumarate er oral tablet extended release 24 hour 50 mg</i>	P	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	P	
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg</i>	P	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	P	ST; Must fail 2 generic PDL antidepressants.
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	P	ST; Must fail 2 generic PDL antidepressants.
IRENKA ORAL CAPSULE DELAYED RELEASE PARTICLES 40 MG	P	
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	P	
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg</i>	P	
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	P	
*Tricyclic Agents***		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	P	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	P	
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	P	
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	P	
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	P	
<i>doxepin hcl oral concentrate 10 mg/ml</i>	P	

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Drug Name	Preference Details	Coverage Details
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	P	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	P	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	P	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	P	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	P	
SURMONTIL ORAL CAPSULE 25 MG, 50 MG	P	ST; Must fail 2 generic PDL antidepressants.
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	P	
Antihistamines		
*Antihistamines - Ethanolamines***		
<i>aler-dryl oral tablet 50 mg</i>	P	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	P	
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	P	
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	P	
<i>diphenhydramine hcl oral tablet 25 mg</i>	P	
Antihypertensives		
*Antiadrenergics - Centrally Acting***		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	P	
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	P	
Antipsychotics/Antimanic Agents		
*Antimanic Agents***		
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	P	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	P	
<i>lithium carbonate oral tablet 300 mg</i>	P	
*Antipsychotics - Misc.***		
CAPLYTA ORAL CAPSULE 42 MG	P	QL (1 EA per 1 day)
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG	P	

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Drug Name	Preference Details	Coverage Details
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	P	ICD-10 required
NUPLAZID ORAL CAPSULE 34 MG	P	
NUPLAZID ORAL TABLET 17 MG	P	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	P	ICD-10 required
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	P	ICD-10 required
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	P	
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	P	ICD-10 Required
*Benzisoxazoles***		
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	P	ICD-10 required
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	P	ICD-10 required
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML	P	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	P	QL (0.75 ML per 17 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	P	QL (1 ML per 17 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	P	QL (1.5 ML per 17 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	P	QL (0.25 ML per 17 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	P	QL (0.5 ML per 17 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.875ML, 273 MG/0.88ML	P	QL (0.88 ML per 93 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.315ML, 410 MG/1.32ML	P	QL (1.32 ML per 93 days)

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Drug Name	Preference Details	Coverage Details
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	P	QL (1.75 ML per 93 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.625ML, 819 MG/2.63ML	P	QL (2.63 ML per 93 days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg</i>	P	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	P	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG	P	
<i>risperidone oral solution 1 mg/ml</i>	P	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	P	
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	P	
*Butyrophenones***		
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	P	
<i>haloperidol lactate injection solution 5 mg/ml</i>	P	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	P	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	P	
*Dibenzodiazepines***		
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	P	
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	P	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	P	ICD-10 required
*Dibenzo-Oxepino Pyrroles***		
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	P	
*Dibenzothiazepines***		
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 50 mg</i>	P	

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Drug Name	Preference Details	Coverage Details
<i>quetiapine fumarate er oral tablet extended release 24 hour 400 mg</i>	P	ICD-10 required
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	P	
*Dibenzoxazepines***		
ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED 10 MG	P	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	P	
*Phenothiazines***		
<i>chlorpromazine hcl injection solution 25 mg/ml</i>	P	
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	P	
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	P	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	P	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	P	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	P	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	P	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	P	
<i>prochlorperazine edisylate injection solution 5 mg/ml</i>	P	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	P	
<i>prochlorperazine rectal suppository 25 mg</i>	P	
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	P	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	P	
*Quinolinone Derivatives***		
ABILIFY INTRAMUSCULAR SOLUTION 9.75 MG/1.3ML	P	ICD-10 required
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	P	ICD-10 required

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Drug Name	Preference Details	Coverage Details
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED 300 MG, 400 MG	P	ICD-10 required
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	P	ICD-10 required
<i>aripiprazole oral solution 1 mg/ml</i>	P	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	P	
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	P	
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	P	ICD-10 required; AL (Min 18 Years)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML	P	ICD-10 required; AL (Min 18 Years)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	P	ICD-10 required
*Thienbenzodiazepines***		
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	P	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	P	
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	P	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG, 405 MG	P	ICD-10 required
*Thioxanthenes***		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	P	
Beta Blockers		
*Beta Blockers Non-Selective***		
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	P	
<i>propranolol hcl intravenous solution 1 mg/ml</i>	P	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	P	

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Drug Name	Preference Details	Coverage Details
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	P	
Multivitamins		
*B-Complex Vitamins***		
<i>b complex oral capsule</i>	P	
Psychotherapeutic And Neurological Agents - Misc.		
*Alcohol Deterrents***		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	P	QL (186 EA per 31 days)
<i>disulfiram oral tablet 500 mg</i>	P	
*Benzodiazepines & Tricyclic Agents***		
<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg</i>	P	
*Phenothiazines & Tricyclic Agents***		
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	P	
*Psychotherapeutic And Neurological Agents - Misc.***		
<i>pimozide oral tablet 1 mg, 2 mg</i>	P	AL (Min 12 Years)
*Thienbenzodiazepines & Opioid Antagonists***		
<i>LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG</i>	P	QL (1 EA per 1 day)
*Thienbenzodiazepines & Ssriss***		
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	P	
Vitamins		
*Vitamin B-1***		
<i>thiamine hcl injection solution 100 mg/ml</i>	P	
<i>vitamin b-1 oral tablet 100 mg</i>	P	

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