

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance



District of Columbia Medicaid Program
Mental Health Parity and Addiction Equity Act of 2008
Compliance Analysis
January 2022 Update

I. Introduction

A. Background

On March 30, 2016, the Centers for Medicare and Medicaid Services (“CMS”) issued a final rule that prohibits Medicaid Managed Care Organizations (MCO) that provide services to MCO enrollees in a State that covers both medical/surgical (M/S) services and mental health or substance use disorder services (MH/SUD) under the State plan, from imposing quantitative treatment limitations (QTLs), or non-quantitative treatment limitations (NQTLs) that are disparate to the QTLs and NQTLs imposed on M/S services in the same classification.¹ The parity protections extend to all Medicaid managed care enrollees, including those covered under CHIP and the Alternate Benefit Plan (ABP).

B. Methodology

In accordance with CMS guidelines, DHCF’s applied the following six-step methodology to complete its parity analysis:

1. Identify all benefit packages to which parity requirements apply;
2. Define and categorize applicable benefits as either MH/SUD and M/S;
3. Define the criteria for the four requisite benefit classifications: (1) inpatient, (2) outpatient, (3) prescription drugs, and (4) emergency care. Identify, define, classify the MH/SUD and M/S benefits accordingly;
4. Determine whether any aggregate lifetime or annual dollar limits (“AL/ADLs”) apply to MH/SUD benefits;
5. Determine whether any financial requirements (“FRs”) or quantitative treatment limitations (“QTLs”) apply to MH/SUD benefits;
6. Identify and analyze any non-quantitative treatment limitations (“NQTLs”) that apply to MH/SUD benefits.

C. Categorization

For purposes of this analysis, DHCF adopted the International Classification of Diseases, 10th revision, Clinical Modification (ICD-10-CM), as its standard for defining MH, SUD, and M/S benefits. Accordingly, M/S benefits are defined as those intended to treat the conditions listed in Chapters 1-4, Chapter 5-subchapters 1, 8, 9, and Chapters 6-20. MH and SUD benefits are defined as those intended to treat the conditions listed in ICD-10-CM, Chapter 5, “Mental, Behavioral, and Neurodevelopmental Disorders,” except those listed in:

- Subchapter 1: “Mental disorders due to known physiological conditions”
- Subchapter 8: “Intellectual disabilities”
- Subchapter 9: “Pervasive and specific developmental disorders.”

¹ 42 C.F.R § 439.910(b)(1)

D. Classification

For purposes of this analysis, DHCF defined the inpatient, outpatient, emergency, and pharmacy classifications as follows:

- a. Inpatient: Non-emergency services provided to a member while admitted for an overnight stay in a hospital pursuant to a written order by a physician or other authorized professional.
- b. Outpatient: All covered items or services provided to a member that do not otherwise meet the definition of inpatient, emergency care, or prescription drugs.
- c. Emergency Care: All covered items or services delivered to a member in an emergency department setting, or emergency/crisis stabilization services, not requiring an overnight stay.
- d. Prescription Drugs: All medications covered under the D.C. Medicaid State Plan that require a prescription.

DHCF classified the covered MH/SUD benefits exactly according to the definitions above, without distinction. For example, since the definition of “inpatient” is limited to the hospital setting, this analysis classifies all M/S and MH/SUD facility-based services, like PRTF, skilled nursing facility, or IMDs as “outpatient” services.

E. Split-Delivery System for Managed Care Enrollees

All D.C. Medicaid beneficiaries receive the standard MH/SUD benefits package available under the State Plan, which includes inpatient, outpatient, emergency, and pharmacy services. Managed care enrollees access the standard MH/SUD package through a split-delivery system, whereby all “outpatient” MH/SUD services characterized as “higher intensity,” and rehabilitative in nature are “carved out” of the contracted managed care plans, and delivered on a fee-for-service basis. All other covered MH/SUD services, including inpatient, emergency, pharmacy, and “lower intensity” outpatient services are “carved-in,” and delivered through the provider network of each respective MCO.² This delivery system is applicable, in whole, to all D.C. Medicaid managed care enrollees, including fully dually eligible beneficiaries voluntarily enrolled in a designated Dual Eligible Special Needs Plan (D-SNP). DHCF is currently engaged in the final stages of approval from CMS to a contract with an MCO to serve as the D-SNP for its Dual Choice Program. As with the other contracted MCOs, the projected D-SNP contract provides for the same split-delivery model for MH/SUD services, as described herein for all other contacted MCOs. Furthermore, the entirety of the analysis contained in this document, is inclusive of a complete review of the projected D-SNP contract.

Consistent with the federal Medicaid statute, the D.C. Medicaid State Plan outpatient MH/SUD benefits package is characterized by service intensity. Under federal law lower-intensity outpatient MH/SUD services as characterized as “clinic option” (CO) services, and higher-intensity outpatient MH/SUD services are characterized as “Rehabilitative Option” (RO).³ The D.C. Medicaid State Plan, similarly characterizes its covered outpatient MH/SUD services as either lower-intensity clinical based, or higher-intensity rehabilitation based. The State Plan further characterizes rehabilitative outpatient MH/SUD as either the “Mental Health Rehabilitative Services (MHRS),” and the “Adult Substance Use Rehabilitation Services” (ASURS) programs. All services covered

² See Table 4 for list of all MH/SUD and M/S covered services by classification

³ 42 U.S.C. § 1396d(a)(13); C.F.R 440.130(d)

Table 1: D.C. Medicaid State Plan MH/SUD Benefit Package

Inpatient (MH and SUD)	Outpatient MH/SUD -Clinic	Outpatient MH -MHRS
1. Inpatient Hospitalization based on MH or SUD diagnosis 2. SUD- Inpatient Hospital Detoxification	1. Diagnostic/Assessment/Treatment Planning 2. MH Counseling 3. SUD Counseling 4. MH Medication/Somatic Treatment 5. MH/SUD Medication Management	1. Diagnostic/Assessment/Treatment Planning 2. MH Counseling 3. MH Medication/Somatic Treatment 4. Community Support 5. Day Services 6. Intensive Day Services 7. Community Based Intervention 8. Assertive Community Treatment
Outpatient SUD -ASURS	Emergency	
1. Diagnostic/Assessment/Treatment Planning 2. Clinical Care Coordination 3. SUD Counseling 4. Medically Monitored Withdrawal Management 5. Medication Management 6. Medication Assisted Treatment	1. MH- Crisis Emergency 2. SUD- Crisis Intervention	

under the MHRS and ASURS programs are delivered on a fee-for-service basis through DBH-certified agency providers. The lower intensity MH/SUD clinic option services are delivered through the MCO network providers, who are not required to be certified by DBH.

II. Analysis

A. Aggregate Lifetime/Annual Dollar/Financial Limitations/Quantitative Treatment Limitations (QTLs)

No aggregate lifetime, annual dollar limitations, or financial requirements apply to the MH/SUD services subject to this analysis. Additionally, any MH/SUD services that contain quantitative treatment limitations can be overcome through prior authorization, which is analyzed below as a non-quantitative treatment limitation.

B. Non-Quantitative Treatment Limitations (NQTLs)

The NQTLs that apply to the MH/SUD services subject to this analysis consist of service authorization and provider participation standards. Service authorization consists of pre- and prior-authorization. Pre-authorization means that authorization is required before any denomination of service is rendered. Prior-authorization means that authorization is required for services beyond an initial prescribed amount. Provider participation standards are the conditions that providers must meet in order to participate in the MCO and/or fee-for-service networks.

1. Service Authorization

Certain MH/SUD require pre and prior authorization in order to ensure clinical appropriateness. Pre-authorization is required for all inpatient MH/SUD and M/S services on the basis of ensuring clinical appropriateness. Both MH/SUD and M/S inpatient preauthorization determinations are made by qualified clinical staff, in accordance with the following nationally recognized Level of Care (LOC) guidelines:

- MHRS: Level of Care Utilization System (LOCUS);
- ASARS: American Society of Addiction Medicine (ASAM);
- Inpatient MH: McKesson InterQual® LOC Criteria;
- Inpatient SUD: American Society of Addiction Medicine (ASAM)

Pre-authorization is also required for MH/SUD and M/S outpatient services that are indicated as clinically appropriate to treat intensive-subacute LOC, according to the applicable nationally recognized LOC guideline. All outpatient preauthorization determinations are made by clinically qualified staff according to the applicable LOC guidelines.

**Table 2: M/S, MH, SUD
Pre-authorization**

Inpatient MH/SUD	Outpatient MH/SUD Intensive-Subacute LOC
Inpatient psychiatric hospitalization	ACT
Inpatient Detox	CBI
	Intensive Day Treatment
	MAT
	IMD -over 65
	PRTF
	Residential Psychiatric Facility under 21
Inpatient M/S	Outpatient M/S
Inpatient hospital	SNF
Inpatient rehabilitation	Home Health Care (including skilled nursing)
	Private Duty Nursing
	Hospice Institutional

Certain outpatient MH/SUD and M/S services must be prior-authorized after an initial prescribed amount in accordance with expected utilization (per national and local utilization data), and/or clinical appropriateness per nationally recognized practice guidelines. Prior-authorization after an initial applies to the following outpatient services:

**Table 3: M/S, MH, SUD
Prior Authorization**

Outpatient MH/SUD	Outpatient M/S
MH/SUD Diagnosis/Assessment	PT, OT, Speech
MH Counseling	Adult Wellness
MH Day Services	Select Dental, Dentures
SUD- Medically Monitored Intensive Withdrawal Management	Diet and Behavioral Counseling
	Preventative Services
	Select lab and x-ray
	Optometry

2. Network Provider Admission Standards

MHRS and ASARS services are carved-out of the managed care plans, and delivered on a fee-for-service basis through DBH certified provider agencies. All carved-in services, including MH/SUD services available under the aforementioned “clinic option” are delivered through MCO provider networks. MCO providers are required to meet national credentialing standards adopted by the National Committee for Quality Assurance (NCQA), while MHRS and ASARS providers are required to meet DBH certification standards. Both the NCQA and DBH certification standards are comparable, as they are based on mandatory federal and state licensing laws, including the Controlled Substances Act. The requirement that MHRS and ASARS services be delivered by “organizational” provider types rather than individual providers is not similarly applicable for all rehabilitative M/S services. MHRS/ASARS are available only through certified agencies because individual practitioners are unable render and coordinate the complete suite of services deemed appropriate to rehabilitate individuals to their best functional level, over time. Unlike individual practitioners, DBH-certified agencies are required to demonstrate the capacity to coordinate complex care needs, and provide the intensive levels of clinical monitoring and functional support required of individuals for whom rehabilitative MH/SUD services are appropriate.

C. Pharmacy Benefit Analysis

DHCF delivers pharmacy benefits to FFS and MCO enrollees in accordance with Sec. 1927 of the Social Security Act (SSA 1927)⁴. SSA 1927 requires states to cover all drugs produced by drug manufacturers who have a signed rebate agreement with CMS. SSA 1927 also sets forth certain coverage parameters, including criteria for prior authorization and Drug Utilization Review (DUR). DHCF’s FFS program and the MCOs have substantially similar processes for establishing utilization management (“UM”) policies for prescription drugs, which represent the only form of NQTLs in place within the pharmacy benefit. The Drug Utilization Review (“DUR”) Boards at the MCOs, and the Pharmacy and Therapeutic (P&T) committee at DHCF, both of which are comprised of licensed healthcare professionals, consider available data and determine the UM controls and resulting NQTLs that should be in place. UM policy based NQTLs are placed on drugs with high risk, high potential for inappropriate use, or high cost. There is no cost-sharing component or requirement for any covered prescription drug.

To determine if there was any disparity between M/S and MH/SUD prescription drugs, DHCF developed and issued a questionnaire and tool to the MCOs. The MCOs were asked to first categorize all covered prescription drugs as either MH/SUD or M/S. DHCF directed the MCOs to perform the categorization by cross-referencing MH/SUD diagnoses with the FDA indication for which a drug is most often prescribed. Medications with off-label uses were not considered for the off-label purpose- DHCF requested the MCOs to categorize drugs based on their *primary* use. Next, DHCF developed a set of questions specific to pharmacy UM, requesting identification of information identifying NQTLs, including but not limited to quantity limits, requirements for step therapy, prior authorization, generic first, and prescriber restrictions. DHCF also requested the PA criteria for applicable drugs. All of the MCOs provided substantially similar information indicating that the rationale for NQTLs are consistent between M/S and MH/SUD drugs, and did not make any distinction based on the type of condition being treated. The information provided by the MCOs indicates:

⁴ 42 U.S.C. §1396r-8

1. NQTLs (quantity limit, step therapy, PA, prescriber qualifications, generics first) were established based on standard reasons such as high patient risk, high utilization, or high cost;
2. Prior authorization criteria are based on FDA guidelines and/or based on evidence and data reviewed by the DUR Board and approved by the DHCF P&T Committee;
3. In all instances in which an NQTL applied to a MH/SUD drug, there are examples of M/S drugs with substantially similar criteria.

DHCF concludes that it is compliant with the parity requirements for prescription drugs. All MCOs and the FFS program apply NQTLs regardless of whether the prescription drug is categorized as MH/SUD or M/S. Variation in the degree of the NQTL is directly proportional to the risks being addressed, rather than the condition being treated.

III. Availability of Information Requirements

CMS' final parity rule also requires that states comply with certain availability of information requirements. DHCF has reviewed these requirements and concludes as follows:

Reason for Denial of Payment

States must ensure that MCOs inform Medicaid enrollees the reason for any denial of payment. The parity toolkit states that, if an MCO provides a notice of adverse benefit determination to enrollees for any denial nor reimbursement or payment, the requirements in § 438.915(b) are met. DHCF requires MCOs to provide a notice of adverse benefit determination to enrollees, consistent with 42 C.F.R. § 438.404 for any decision to deny a service authorization request, or to authorize a service in an amount, duration, or scope that is less than requested.

Criteria for Medical Necessity

The criteria used to make medical necessity determinations must be available to Medicaid enrollees upon request. Additionally, the MCOs are required to state the medical necessity criteria upon which any adverse benefit determination is based in the Notice of Adverse benefit determination. DHCF requires its MCOs, by contract, to ensure that medical necessity criteria is available upon request, and it also requires inclusion of criteria on Adverse Benefit Determination Notices.

IV. Conclusion

Based on the foregoing, DHCF finds that the applicable MH/SUD benefits are available in parity with M/S benefits in each classification, including the MH/SUD services that are specifically carved-out to its contracted MCOs. As discussed earlier in this document, DHCF is in the final stages of CMS review for approval to execute a contract with the MCO projected to serve as the D-SNP for its Dual Choice Program. As the contract is not yet executed, the analysis and representations made in this document apply to the projected D-SNP based on all available written information. Following execution and operationalization, DHCF and the subject MCO will supplement this analysis with any applicable information regarding parity compliance in "practice." Additionally, detailed analyses of all applicable NQTLs by the projected D-SNP are attached to this document for CMS review, in consideration of its approval to execute the said contract.

Table 4- Covered Services and Classification

IP	OP	E	MH- MHRS	Medical/Surgical	IP	OP	E
	X		Diagnosis, Assessment, Care Planning	Adult wellness services		X	
	X		Medication Somatic Treatment	Clinic		X	
	X		Counseling	Dental including surgery	X	X	
	X		Community Support	Dentures		X	
	X	X	Crisis/Emergency services	Diet and behavioral counseling		X	
	X		Day Services	Emergency hospital			X
	X		Intensive Day Treatment	EPSDT	X	X	
	X		Community Based Intervention	Eyeglasses		X	
	X		Assertive Community Treatment	Family Planning	X	X	
			SUD-ASRS	FQHC		X	
	X		Diagnosis, Assessment, Care Planning	Home Health Aide		X	
	X		Clinical Care Coordination	Hospice		X	
	X	X	Crisis Intervention	Immunizations		X	
	X		Substance Abuse Counseling	Inpatient hospital	X		
	X		Short-term Medically Monitored Intensive Withdrawal Management	Lab and x-ray	X	X	
	X		Medication Management	NEMT		X	
	X		Medication Assisted Treatment	Nurse Practitioner	X	X	
			MH	Nursing facility over 21 years		x	
	x		Psychiatric hospital services for individuals under 21 years of age	Optometry		X	
	x		Services in psychiatric residential treatment facility (PRTF) - under the age of 22	Organ Transplant	X		
	X		IMD over 65 hospital	Outpatient hospital		X	
	X		IMD over 65 skilled nursing facility	Physical Therapy, Related Srvs	x	X	
X			Inpatient hospitalization in designated psychiatric unit of non-specialty hospital	Physician services	X	X	
			SUD	Podiatry		X	
X			Inpatient detoxification	Post-stabilization services		X	
				Prescribed Drugs	X	X	
				Preventative services		X	
				Private Duty Nursing		X	
				Prosthetic devices		X	
				Respiratory Care	X	X	

Table 5: Covered Prescription Drugs For treatment of MH/SUD diagnosis
BUPRENORPHIN-NALOXON 8-2 MG SL
BUPRENORPHINE 2 MG TABLET SL
BUPRENORPHINE 8 MG TABLET SL
SUBOXONE 4 MG-1 MG SL FILM
SUBOXONE 8 MG-2 MG SL FILM
ZUBSOLV 0.7-0.18 MG TABLET SL
ZUBSOLV 1.4-0.36 MG TABLET SL
ZUBSOLV 8.6-2.1 MG TABLET SL
ACAMPROSATE CALC DR 333 MG TAB
VIVITROL 380 MG VIAL
ANTABUSE 500 MG TABLET
DISULFIRAM 500 MG TABLET
VISTARIL 25 MG CAPSULE
VISTARIL 50 MG CAPSULE
ALPRAZOLAM 0.5 MG TABLET
ALPRAZOLAM 1 MG/ML ORAL CONC
ALPRAZOLAM 2 MG TABLET
ALPRAZOLAM ER 0.5 MG TABLET
ALPRAZOLAM ER 1 MG TABLET
ALPRAZOLAM XR 1 MG TABLET
ALPRAZOLAM XR 2 MG TABLET
ALPRAZOLAM XR 3 MG TABLET
ATIVAN 1 MG TABLET
CHLORDIAZEPOXIDE 10 MG CAPSULE
CHLORDIAZEPOXIDE 25 MG CAPSULE
CHLORDIAZEPOXIDE 5 MG CAPSULE
CLONAZEPAM 0.125 MG DIS TAB
CLONAZEPAM 0.25 MG ODT
CLONAZEPAM 0.5 MG ODT
CLONAZEPAM 1 MG DIS TABLET
CLONAZEPAM 1 MG TABLET
CLONAZEPAM 2 MG TABLET
CLORAZEPATE 15 MG TABLET
CLORAZEPATE 3.75 MG TABLET
CLORAZEPATE 7.5 MG TABLET
DIAZEPAM 10 MG/2 ML CARPUJECT
DIAZEPAM 10 MG/2 ML SYRINGE
DIAZEPAM 5 MG/5 ML ORAL SOLN

DIAZEPAM 5 MG/ML ORAL CONC
DIAZEPAM 5 MG/ML VIAL
KLONOPIN 1 MG TABLET
LORAZEPAM 1 MG TABLET
VALIUM 2 MG TABLET
XANAX 0.25 MG TABLET
XANAX 0.5 MG TABLET
XANAX 1 MG TABLET
XANAX 2 MG TABLET
XANAX XR 0.5 MG TABLET
XANAX XR 1 MG TABLET
XANAX XR 2 MG TABLET
XANAX XR 3 MG TABLET
MEPROBAMATE 200 MG TABLET
MEPROBAMATE 400 MG TABLET
BUSPIRONE HCL 10 MG TABLET
BUSPIRONE HCL 15 MG TABLET
BUSPIRONE HCL 30 MG TABLET
BUSPIRONE HCL 5 MG TABLET
BUSPIRONE HCL 7.5 MG TABLET
CLONAZEPAM 0.125 MG ODT
CLONAZEPAM 0.5 MG DIS TABLET
CLONAZEPAM 0.5 MG TABLET
CLONAZEPAM 1 MG ODT
CLONAZEPAM 2 MG ODT
DIAZEPAM 10 MG RECTAL GEL SYST
DIAZEPAM 20 MG RECTAL GEL SYST
KLONOPIN 0.5 MG TABLET
KLONOPIN 2 MG TABLET
GABAPENTIN 100 MG CAPSULE
GABAPENTIN 250 MG/5 ML SOLN
GABAPENTIN 300 MG CAPSULE
GABAPENTIN 300 MG/6 ML SOLN
GABAPENTIN 400 MG CAPSULE
GABAPENTIN 600 MG TABLET
GABAPENTIN 800 MG TABLET
NEURONTIN 100 MG CAPSULE

NEURONTIN 250 MG/5 ML SOLN
NEURONTIN 300 MG CAPSULE
NEURONTIN 400 MG CAPSULE
NEURONTIN 600 MG TABLET
NEURONTIN 800 MG TABLET
PEGANONE 250 MG TABLET
EQUETRO 100 MG CAPSULE
EQUETRO 300 MG CAPSULE
TRILEPTAL 150 MG TABLET
TRILEPTAL 300 MG TABLET
TRILEPTAL 300 MG/5 ML SUSP
TRILEPTAL 600 MG TABLET
QUDEXY XR 100 MG CAPSULE
QUDEXY XR 150 MG CAPSULE
QUDEXY XR 200 MG CAPSULE
QUDEXY XR 25 MG CAPSULE
QUDEXY XR 50 MG CAPSULE
BRIVIACT 10 MG TABLET
BRIVIACT 10 MG/ML ORAL SOLN
BRIVIACT 100 MG TABLET
BRIVIACT 25 MG TABLET
BRIVIACT 50 MG TABLET
BRIVIACT 50 MG/5 ML VIAL
BRIVIACT 75 MG TABLET
ZONEGRAN 100 MG CAPSULE
ZONEGRAN 25 MG CAPSULE
MIRTAZAPINE 15 MG ODT
MIRTAZAPINE 15 MG TABLET
MIRTAZAPINE 30 MG ODT
MIRTAZAPINE 30 MG TABLET
MIRTAZAPINE 45 MG ODT
MIRTAZAPINE 45 MG TABLET
MIRTAZAPINE 7.5 MG TABLET
REMERON 15 MG SOLTAB
REMERON 15 MG TABLET
REMERON 30 MG SOLTAB
REMERON 30 MG TABLET

REMERON 45 MG SOLTAB
REMERON 45 MG TABLET
MARPLAN 10 MG TABLET
NARDIL 15 MG TABLET
PARNATE 10 MG TABLET
PHENELZINE SULFATE 15 MG TAB
TRANLYCYPROMINE SULF 10 MG TAB
CELEXA 10 MG TABLET
CELEXA 20 MG TABLET
CELEXA 40 MG TABLET
CITALOPRAM HBR 10 MG TABLET
CITALOPRAM HBR 10 MG/5 ML SOLN
CITALOPRAM HBR 20 MG TABLET
CITALOPRAM HBR 20 MG/10 ML SOL
CITALOPRAM HBR 40 MG TABLET
ESCITALOPRAM 10 MG TABLET
ESCITALOPRAM 20 MG TABLET
ESCITALOPRAM 5 MG TABLET
ESCITALOPRAM OXALATE 5 MG/5 ML
FLUOXETINE 20 MG/5 ML SOLUTION
FLUOXETINE DR 90 MG CAPSULE
FLUOXETINE HCL 10 MG CAPSULE
FLUOXETINE HCL 10 MG TABLET
FLUOXETINE HCL 20 MG CAPSULE
FLUOXETINE HCL 20 MG TABLET
FLUOXETINE HCL 40 MG CAPSULE
FLUOXETINE HCL 60 MG TABLET
FLUVOXAMINE ER 100 MG CAPSULE
FLUVOXAMINE ER 150 MG CAPSULE
FLUVOXAMINE MALEATE 100 MG TAB
FLUVOXAMINE MALEATE 25 MG TAB
FLUVOXAMINE MALEATE 50 MG TAB
LEXAPRO 10 MG TABLET
LEXAPRO 20 MG TABLET
LEXAPRO 5 MG TABLET
PAROXETINE CR 12.5 MG TABLET
PAROXETINE CR 25 MG TABLET

PAROXETINE CR 37.5 MG TABLET
PAROXETINE ER 12.5 MG TABLET
PAROXETINE ER 25 MG TABLET
PAROXETINE ER 37.5 MG TABLET
PAROXETINE HCL 10 MG TABLET
PAROXETINE HCL 20 MG TABLET
PAROXETINE HCL 30 MG TABLET
PAROXETINE HCL 40 MG TABLET
PAXIL 10 MG TABLET
PAXIL 10 MG/5 ML SUSPENSION
PAXIL 20 MG TABLET
PAXIL 30 MG TABLET
PAXIL 40 MG TABLET
PAXIL CR 12.5 MG TABLET
PAXIL CR 25 MG TABLET
PAXIL CR 37.5 MG TABLET
PEXEVA 10 MG TABLET
PEXEVA 20 MG TABLET
PEXEVA 30 MG TABLET
PEXEVA 40 MG TABLET
PROZAC 10 MG PULVULE
PROZAC 20 MG PULVULE
PROZAC 40 MG PULVULE
SARAFEM 10 MG TABLET
SARAFEM 20 MG TABLET
SERTRALINE 20 MG/ML ORAL CONC
SERTRALINE HCL 100 MG TABLET
SERTRALINE HCL 25 MG TABLET
SERTRALINE HCL 50 MG TABLET
ZOLOFT 100 MG TABLET
ZOLOFT 20 MG/ML ORAL SOLN
ZOLOFT 25 MG TABLET
ZOLOFT 50 MG TABLET
NEFAZODONE HCL 100 MG TABLET
NEFAZODONE HCL 150 MG TABLET
NEFAZODONE HCL 200 MG TABLET
NEFAZODONE HCL 250 MG TABLET

NEFAZODONE HCL 50 MG TABLET
TRAZODONE 100 MG TABLET
TRAZODONE 150 MG TABLET
TRAZODONE 300 MG TABLET
TRAZODONE 50 MG TABLET
CYMBALTA 30 MG CAPSULE
DESVENLAFAXINE ER 100 MG TAB
DESVENLAFAXINE ER 50 MG TAB
DESVENLAFAXINE ER 50 MG TABLET
DESVENLAFAXINE FUM ER 100 MG
DESVENLAFAXINE FUM ER 50 MG
DESVENLAFAXINE SUC ER 100 MG
DESVENLAFAXINE SUC ER 25 MG TB
DESVENLAFAXINE SUC ER 50 MG TB
DULOXETINE HCL DR 30 MG CAP
DULOXETINE HCL DR 60 MG CAP
EFFEXOR XR 150 MG CAPSULE
EFFEXOR XR 37.5 MG CAPSULE
EFFEXOR XR 75 MG CAPSULE
FETZIMA 20-40 MG TITRATION PAK
FETZIMA ER 120 MG CAPSULE
FETZIMA ER 20 MG CAPSULE
FETZIMA ER 40 MG CAPSULE
FETZIMA ER 80 MG CAPSULE
KHEDEZLA ER 100 MG TABLET
KHEDEZLA ER 50 MG TABLET
PRISTIQ ER 100 MG TABLET
PRISTIQ ER 25 MG TABLET
PRISTIQ ER 50 MG TABLET
VENLAFAXINE HCL 100 MG TABLET
VENLAFAXINE HCL 25 MG TABLET
VENLAFAXINE HCL 37.5 MG TABLET
VENLAFAXINE HCL 50 MG TABLET
VENLAFAXINE HCL 75 MG TABLET
VENLAFAXINE HCL ER 150 MG CAP
VENLAFAXINE HCL ER 150 MG TAB
VENLAFAXINE HCL ER 225 MG TAB

VENLAFAXINE HCL ER 37.5 MG CAP
VENLAFAXINE HCL ER 37.5 MG TAB
VENLAFAXINE HCL ER 75 MG CAP
VENLAFAXINE HCL ER 75 MG TAB
VIIBRYD 10 MG TABLET
VIIBRYD 10-20 MG STARTER PACK
VIIBRYD 20 MG TABLET
VIIBRYD 40 MG TABLET
TRINTELLIX 10 MG TABLET
TRINTELLIX 20 MG TABLET
TRINTELLIX 5 MG TABLET
PERPHEN-AMITRIP 2 MG-10 MG TAB
PERPHEN-AMITRIP 2 MG-25 MG TAB
PERPHEN-AMITRIP 4 MG-10 MG TAB
PERPHEN-AMITRIP 4 MG-25 MG TAB
PERPHEN-AMITRIP 4 MG-50 MG TAB
CHLORDIAZEPOX-AMITRIPTYL 10-25
OLANZAPINE-FLUOXETINE 12-25 MG
OLANZAPINE-FLUOXETINE 12-50 MG
OLANZAPINE-FLUOXETINE 3-25 MG
OLANZAPINE-FLUOXETINE 6-25 MG
OLANZAPINE-FLUOXETINE 6-50 MG
SYMBYAX 12-25 MG CAPSULE
SYMBYAX 12-50 MG CAPSULE
SYMBYAX 3-25 MG CAPSULE
SYMBYAX 6-25 MG CAPSULE
SYMBYAX 6-50 MG CAPSULE
APLENZIN ER 174 MG TABLET
APLENZIN ER 348 MG TABLET
APLENZIN ER 522 MG TABLET
BUPROPION HCL 100 MG TABLET
BUPROPION HCL 75 MG TABLET
BUPROPION HCL ER 200 MG TABLET
BUPROPION HCL SR 100 MG TABLET
BUPROPION HCL SR 150 MG TABLET
BUPROPION HCL SR 200 MG TABLET
BUPROPION HCL XL 150 MG TABLET

BUPROPION HCL XL 300 MG TABLET
FORFIVO XL 450 MG TABLET
WELLBUTRIN SR 100 MG TABLET
WELLBUTRIN SR 150 MG TABLET
WELLBUTRIN SR 200 MG TABLET
WELLBUTRIN XL 150 MG TABLET
WELLBUTRIN XL 300 MG TABLET
AMITRIPTYLINE HCL 10 MG TAB
AMITRIPTYLINE HCL 100 MG TAB
AMITRIPTYLINE HCL 150 MG TAB
AMITRIPTYLINE HCL 25 MG TAB
AMITRIPTYLINE HCL 50 MG TAB
AMITRIPTYLINE HCL 75 MG TAB
AMOXAPINE 100 MG TABLET
AMOXAPINE 150 MG TABLET
AMOXAPINE 25 MG TABLET
AMOXAPINE 50 MG TABLET
ANAFRANIL 25 MG CAPSULE
ANAFRANIL 50 MG CAPSULE
ANAFRANIL 75 MG CAPSULE
CLOMIPRAMINE 25 MG CAPSULE
CLOMIPRAMINE 50 MG CAPSULE
CLOMIPRAMINE 75 MG CAPSULE
DESIPRAMINE 10 MG TABLET
DESIPRAMINE 100 MG TABLET
DESIPRAMINE 150 MG TABLET
DESIPRAMINE 25 MG TABLET
DESIPRAMINE 50 MG TABLET
DESIPRAMINE 75 MG TABLET
DOXEPIN 10 MG CAPSULE
DOXEPIN 10 MG/ML ORAL CONC
DOXEPIN 100 MG CAPSULE
DOXEPIN 150 MG CAPSULE
DOXEPIN 25 MG CAPSULE
DOXEPIN 50 MG CAPSULE
DOXEPIN 75 MG CAPSULE
IMIPRAMINE HCL 10 MG TABLET

IMIPRAMINE HCL 25 MG TABLET
IMIPRAMINE HCL 50 MG TABLET
IMIPRAMINE PAMOATE 100 MG CAP
IMIPRAMINE PAMOATE 125 MG CAP
IMIPRAMINE PAMOATE 150 MG CAP
IMIPRAMINE PAMOATE 75 MG CAP
MAPROTILINE 25 MG TABLET
MAPROTILINE 50 MG TABLET
MAPROTILINE 75 MG TABLET
NORPRAMIN 10 MG TABLET
NORPRAMIN 25 MG TABLET
NORTRIPTYLINE 10 MG/5 ML SOL
NORTRIPTYLINE HCL 10 MG CAP
NORTRIPTYLINE HCL 25 MG CAP
NORTRIPTYLINE HCL 50 MG CAP
NORTRIPTYLINE HCL 75 MG CAP
PAMELOR 10 MG CAPSULE
PAMELOR 25 MG CAPSULE
PAMELOR 50 MG CAPSULE
PAMELOR 75 MG CAPSULE
PROTRIPTYLINE HCL 10 MG TABLET
PROTRIPTYLINE HCL 5 MG TABLET
SURMONTIL 100 MG CAPSULE
SURMONTIL 25 MG CAPSULE
SURMONTIL 50 MG CAPSULE
TOFRANIL 10 MG TABLET
TOFRANIL 25 MG TABLET
TOFRANIL 50 MG TABLET
TRIMIPRAMINE MALEATE 100 MG CP
TRIMIPRAMINE MALEATE 25 MG CAP
TRIMIPRAMINE MALEATE 50 MG CAP
SAPHRIS 10 MG TAB SL BLK CHERY
SAPHRIS 5 MG TAB SL BLK CHERRY
GEODON 20 MG CAPSULE
GEODON 40 MG CAPSULE
GEODON 80 MG CAPSULE
LATUDA 120 MG TABLET

LATUDA 20 MG TABLET
LATUDA 40 MG TABLET
LATUDA 60 MG TABLET
LATUDA 80 MG TABLET
ZIPRASIDONE HCL 20 MG CAPSULE
ZIPRASIDONE HCL 60 MG CAPSULE
FANAPT 1 MG TABLET
FANAPT 10 MG TABLET
FANAPT 12 MG TABLET
FANAPT 2 MG TABLET
FANAPT 4 MG TABLET
FANAPT 6 MG TABLET
FANAPT 8 MG TABLET
FANAPT TITRATION PACK
INVEGA ER 1.5 MG TABLET
INVEGA ER 3 MG TABLET
INVEGA ER 6 MG TABLET
INVEGA ER 9 MG TABLET
INVEGA SUSTENNA 117 MG/0.75 ML
INVEGA SUSTENNA 156 MG/ML SYRG
INVEGA SUSTENNA 234 MG/1.5 ML
INVEGA SUSTENNA 39 MG/0.25 ML
INVEGA SUSTENNA 78 MG/0.5 ML
INVEGA TRINZA 273 MG/0.875 ML
INVEGA TRINZA 410 MG/1.315 ML
INVEGA TRINZA 546 MG/1.75 ML
INVEGA TRINZA 819 MG/2.625 ML
PALIPERIDONE ER 1.5 MG TABLET
PALIPERIDONE ER 3 MG TABLET
PALIPERIDONE ER 6 MG TABLET
PALIPERIDONE ER 9 MG TABLET
RISPERDAL 0.5 MG TABLET
RISPERDAL 1 MG/ML SOLUTION
RISPERDAL 3 MG TABLET
RISPERDAL CONSTA 12.5 MG SYR
RISPERDAL CONSTA 25 MG SYR
RISPERDAL CONSTA 37.5 MG SYR

RISPERDAL CONSTA 50 MG SYR
RISPERDAL M-TAB 0.5 MG ODT
RISPERDAL M-TAB 4 MG ODT
RISPERIDONE 0.25 MG TABLET
RISPERIDONE 0.5 MG TABLET
RISPERIDONE 1 MG TABLET
RISPERIDONE 1 MG/ML SOLUTION
RISPERIDONE 2 MG TABLET
RISPERIDONE 3 MG ODT
RISPERIDONE 3 MG/3 ML ORAL SYR
RISPERIDONE 4 MG TABLET
CLOZAPINE 100 MG TABLET
CLOZAPINE 200 MG TABLET
CLOZAPINE 25 MG TABLET
CLOZAPINE 50 MG TABLET
CLOZAPINE ODT 100 MG TABLET
CLOZAPINE ODT 12.5 MG TABLET
CLOZAPINE ODT 150 MG TABLET
CLOZAPINE ODT 200 MG TABLET
CLOZAPINE ODT 25 MG TABLET
CLOZARIL 100 MG TABLET
CLOZARIL 25 MG TABLET
FAZACLO 100 MG ODT
FAZACLO 12.5 MG ODT
FAZACLO 150 MG ODT
FAZACLO 200 MG ODT
FAZACLO 25 MG ODT
VERSACLOZ 50 MG/ML SUSPENSION
HALDOL 5 MG/ML AMPUL
HALDOL DECANOATE 100 AMPUL
HALDOL DECANOATE 50 AMPUL
HALOPERIDOL 0.5 MG TABLET
HALOPERIDOL 1 MG TABLET
HALOPERIDOL 10 MG TABLET
HALOPERIDOL 2 MG TABLET
HALOPERIDOL 20 MG TABLET
HALOPERIDOL 5 MG TABLET

HALOPERIDOL 5 MG/ML AMPUL
HALOPERIDOL DEC 100 MG/ML AMP
HALOPERIDOL DEC 100 MG/ML VIAL
HALOPERIDOL DEC 50 MG/ML VIAL
HALOPERIDOL DEC 500 MG/5 ML VL
HALOPERIDOL DECAN 50 MG/ML AMP
HALOPERIDOL LAC 2 MG/ML CONC
HALOPERIDOL LAC 5 MG/ML VIAL
HALOPERIDOL LAC 50 MG/10 ML VL
LOXAPINE 10 MG CAPSULE
LOXAPINE 25 MG CAPSULE
LOXAPINE 5 MG CAPSULE
LOXAPINE 50 MG CAPSULE
PIMOZIDE 1 MG TABLET
PIMOZIDE 2 MG TABLET
CHLORPROMAZINE 10 MG TABLET
CHLORPROMAZINE 100 MG TABLET
CHLORPROMAZINE 200 MG TABLET
CHLORPROMAZINE 25 MG TABLET
CHLORPROMAZINE 25 MG/ML AMP
CHLORPROMAZINE 50 MG TABLET
COMPAZINE 10 MG TABLET
FLUPHENAZINE 1 MG TABLET
FLUPHENAZINE 10 MG TABLET
FLUPHENAZINE 2.5 MG TABLET
FLUPHENAZINE 2.5 MG/5 ML ELIX
FLUPHENAZINE 2.5 MG/ML VIAL
FLUPHENAZINE 5 MG TABLET
FLUPHENAZINE 5 MG/ML CONC
FLUPHENAZINE DEC 125 MG/5 ML
PERPHENAZINE 16 MG TABLET
PERPHENAZINE 2 MG TABLET
PERPHENAZINE 4 MG TABLET
PERPHENAZINE 8 MG TABLET
PROCHLORPERAZINE 10 MG TAB
TRIFLUOPERAZINE 1 MG TABLET
TRIFLUOPERAZINE 10 MG TABLET

TRIFLUOPERAZINE 2 MG TABLET
TRIFLUOPERAZINE 5 MG TABLET
THIORIDAZINE 10 MG TABLET
THIORIDAZINE 100 MG TABLET
THIORIDAZINE 25 MG TABLET
THIORIDAZINE 50 MG TABLET
THIOTHIXENE 1 MG CAPSULE
THIOTHIXENE 10 MG CAPSULE
THIOTHIXENE 2 MG CAPSULE
THIOTHIXENE 5 MG CAPSULE
QUETIAPINE ER 150 MG TABLET
QUETIAPINE ER 300 MG TABLET
QUETIAPINE ER 50 MG TABLET
QUETIAPINE FUMARATE 200 MG TAB
QUETIAPINE FUMARATE 300 MG TAB
QUETIAPINE FUMARATE 50 MG TAB
SEROQUEL 200 MG TABLET
SEROQUEL 300 MG TABLET
SEROQUEL 50 MG TABLET
SEROQUEL XR 200 MG TABLET
SEROQUEL XR 400 MG TABLET
OLANZAPINE 10 MG VIAL
OLANZAPINE 2.5 MG TABLET
OLANZAPINE 5 MG TABLET
OLANZAPINE ODT 10 MG TABLET
OLANZAPINE ODT 20 MG TABLET
ZYPREXA 10 MG VIAL
ZYPREXA 2.5 MG TABLET
ZYPREXA 5 MG TABLET
ZYPREXA RELPREVV 210 MG VIAL
ZYPREXA RELPREVV 210 MG VL KIT
ZYPREXA RELPREVV 300 MG VIAL
ZYPREXA RELPREVV 300 MG VL KIT
ZYPREXA RELPREVV 405 MG VIAL
ZYPREXA RELPREVV 405 MG VL KIT
ZYPREXA ZYDIS 10 MG TABLET
ZYPREXA ZYDIS 20 MG TABLET

ABILIFY 10 MG TABLET
ABILIFY 2 MG TABLET
ABILIFY 30 MG TABLET
ABILIFY MAINTENA ER 300 MG SYR
ABILIFY MAINTENA ER 300 MG VL
ABILIFY MAINTENA ER 400 MG SYR
ABILIFY MAINTENA ER 400 MG VL
ARIPIPRAZOLE 1 MG/ML SOLUTION
ARIPIPRAZOLE 15 MG TABLET
ARIPIPRAZOLE 20 MG TABLET
ARIPIPRAZOLE 5 MG TABLET
ARIPIPRAZOLE ODT 15 MG TABLET
ARISTADA ER 1064 MG/3.9 ML SYR
ARISTADA ER 441 MG/1.6 ML SYRN
ARISTADA ER 662 MG/2.4 ML SYRN
ARISTADA ER 882 MG/3.2 ML SYRN
REXULTI 0.25 MG TABLET
REXULTI 0.5 MG TABLET
REXULTI 1 MG TABLET
REXULTI 2 MG TABLET
REXULTI 3 MG TABLET
REXULTI 4 MG TABLET
VRAYLAR 1.5 MG-3 MG PACK
VRAYLAR 4.5 MG CAPSULE
CLONIDINE HCL ER 0.1 MG TABLET
GUANFACINE HCL ER 1 MG TABLET
GUANFACINE HCL ER 2 MG TABLET
GUANFACINE HCL ER 3 MG TABLET
GUANFACINE HCL ER 4 MG TABLET
INTUNIV ER 1 MG TABLET
INTUNIV ER 2 MG TABLET
INTUNIV ER 3 MG TABLET
INTUNIV ER 4 MG TABLET
KAPVAY ER 0.1 MG TABLET
ADDERALL 10 MG TABLET
ADDERALL 15 MG TABLET
ADDERALL XR 10 MG CAPSULE

ADDERALL XR 20 MG CAPSULE
ADDERALL XR 30 MG CAPSULE
ADZENYS XR-ODT 15.7 MG TABLET
ADZENYS XR-ODT 3.1 MG TABLET
ADZENYS XR-ODT 9.4 MG TABLET
APTENSIO XR 10 MG CAPSULE
APTENSIO XR 15 MG CAPSULE
APTENSIO XR 20 MG CAPSULE
APTENSIO XR 30 MG CAPSULE
APTENSIO XR 40 MG CAPSULE
APTENSIO XR 50 MG CAPSULE
APTENSIO XR 60 MG CAPSULE
CONCERTA ER 18 MG TABLET
CONCERTA ER 27 MG TABLET
CONCERTA ER 36 MG TABLET
CONCERTA ER 54 MG TABLET
COTEMPLA XR-ODT 17.3 MG TABLET
COTEMPLA XR-ODT 25.9 MG TABLET
COTEMPLA XR-ODT 8.6 MG TABLET
DAYTRANA 10 MG/9 HR PATCH
DAYTRANA 15 MG/9 HR PATCH
DAYTRANA 20 MG/9 HOUR PATCH
DAYTRANA 30 MG/9 HOUR PATCH
DEXEDRINE SPANSULE 10 MG
DEXEDRINE SPANSULE 5 MG
DEXMETHYLPHENIDATE 10 MG TAB
DEXMETHYLPHENIDATE 2.5 MG TAB
DEXMETHYLPHENIDATE 5 MG TAB
DEXMETHYLPHENIDATE ER 10 MG CP
DEXMETHYLPHENIDATE ER 15 MG CP
DEXMETHYLPHENIDATE ER 20 MG CP
DEXMETHYLPHENIDATE ER 25 MG CP
DEXMETHYLPHENIDATE ER 30 MG CP
DEXMETHYLPHENIDATE ER 35 MG CP
DEXMETHYLPHENIDATE ER 40 MG CP
DEXMETHYLPHENIDATE ER 5 MG CAP
DEXTROAMP-AMPHET ER 10 MG CAP

DEXTROAMP-AMPHET ER 20 MG CAP
DEXTROAMP-AMPHET ER 30 MG CAP
DEXTROAMP-AMPHETAM 12.5 MG TAB
DEXTROAMPHETAMINE 5 MG TAB
DEXTROAMPHETAMINE ER 15 MG CAP
EVEKEO 10 MG TABLET
FOCALIN 10 MG TABLET
FOCALIN 2.5 MG TABLET
FOCALIN 5 MG TABLET
FOCALIN XR 10 MG CAPSULE
FOCALIN XR 15 MG CAPSULE
FOCALIN XR 20 MG CAPSULE
FOCALIN XR 25 MG CAPSULE
FOCALIN XR 30 MG CAPSULE
FOCALIN XR 35 MG CAPSULE
FOCALIN XR 40 MG CAPSULE
FOCALIN XR 5 MG CAPSULE
METADATE ER 20 MG TABLET
METHAMPHETAMINE 5 MG TABLET
METHYLIN 10 MG/5 ML SOLUTION
METHYLPHENIDATE 10 MG CHEW TAB
METHYLPHENIDATE 10 MG/5 ML SOL
METHYLPHENIDATE 20 MG TABLET
METHYLPHENIDATE 5 MG TABLET
METHYLPHENIDATE CD 10 MG CAP
METHYLPHENIDATE CD 20 MG CAP
METHYLPHENIDATE CD 30 MG CAP
METHYLPHENIDATE CD 40 MG CAP
METHYLPHENIDATE CD 50 MG CAP
METHYLPHENIDATE CD 60 MG CAP
METHYLPHENIDATE ER 10 MG CAP
METHYLPHENIDATE ER 10 MG TAB
METHYLPHENIDATE ER 18 MG TAB
METHYLPHENIDATE ER 20 MG CAP
METHYLPHENIDATE ER 20 MG TAB
METHYLPHENIDATE ER 27 MG TAB
METHYLPHENIDATE ER 30 MG CAP

METHYLPHENIDATE ER 36 MG TAB
METHYLPHENIDATE ER 40 MG CAP
METHYLPHENIDATE ER 50 MG CAP
METHYLPHENIDATE ER 54 MG TAB
METHYLPHENIDATE ER 60 MG CAP
METHYLPHENIDATE LA 20 MG CAP
METHYLPHENIDATE LA 30 MG CAP
METHYLPHENIDATE LA 40 MG CAP
METHYLPHENIDATE LA 60 MG CAP
MYDAYIS ER 37.5 MG CAPSULE
QUILLICHEW ER 20 MG CHEW TAB
QUILLICHEW ER 30 MG CHEW TAB
QUILLICHEW ER 40 MG CHEW TAB
QUILLIVANT XR 25 MG/5 ML SUSP
RITALIN 10 MG TABLET
RITALIN 5 MG TABLET
RITALIN LA 10 MG CAPSULE
RITALIN LA 20 MG CAPSULE
RITALIN LA 30 MG CAPSULE
RITALIN LA 40 MG CAPSULE
VYVANSE 10 MG CAPSULE
VYVANSE 10 MG CHEWABLE TABLET
VYVANSE 20 MG CAPSULE
VYVANSE 20 MG CHEWABLE TABLET
VYVANSE 30 MG CAPSULE
VYVANSE 30 MG CHEWABLE TABLET
VYVANSE 40 MG CAPSULE
VYVANSE 40 MG CHEWABLE TABLET
VYVANSE 50 MG CAPSULE
VYVANSE 50 MG CHEWABLE TABLET
VYVANSE 60 MG CAPSULE
VYVANSE 60 MG CHEWABLE TABLET
VYVANSE 70 MG CAPSULE
ZENZEDI 15 MG TABLET
ZENZEDI 20 MG TABLET
ZENZEDI 5 MG TABLET
ATOMOXETINE HCL 10 MG CAPSULE

ATOMOXETINE HCL 100 MG CAPSULE
ATOMOXETINE HCL 18 MG CAPSULE
ATOMOXETINE HCL 25 MG CAPSULE
ATOMOXETINE HCL 40 MG CAPSULE
ATOMOXETINE HCL 60 MG CAPSULE
ATOMOXETINE HCL 80 MG CAPSULE
STRATTERA 10 MG CAPSULE
STRATTERA 100 MG CAPSULE
STRATTERA 18 MG CAPSULE
STRATTERA 25 MG CAPSULE
STRATTERA 40 MG CAPSULE
STRATTERA 60 MG CAPSULE
STRATTERA 80 MG CAPSULE
ATIVAN 0.5 MG TABLET
ATIVAN 2 MG TABLET
ATIVAN 2 MG/ML VIAL
ATIVAN 4 MG/ML VIAL
CHLORDIAZEPO-AMITRIPTYL 5-12.5
DIAZEPAM 10 MG TABLET
DIAZEPAM 10 MG/2 ML ISECURE
DIAZEPAM 2 MG TABLET
DIAZEPAM 2.5 MG RECTAL GEL SYS
DIAZEPAM 5 MG TABLET
DIAZEPAM 5 MG/5 ML SOLUTION
DIAZEPAM 50 MG/10 ML VIAL
LORAZEPAM 0.5 MG TABLET
LORAZEPAM 100 MG/100 ML-D5W
LORAZEPAM 2 MG TABLET
LORAZEPAM 2 MG/ML CARPUJECT
LORAZEPAM 2 MG/ML ORAL CONCENT
LORAZEPAM 2 MG/ML SYRINGE
LORAZEPAM 20 MG/10 ML VIAL
LORAZEPAM 40 MG/10 ML VIAL
LORAZEPAM INTENSOL 2 MG/ML
LORAZEPAM-D5W 100 MG/100 ML
VALIUM 10 MG TABLET
VALIUM 5 MG TABLET

EQUETRO 200 MG CAPSULE
ABILIFY 15 MG TABLET
ABILIFY 20 MG TABLET
ABILIFY 5 MG TABLET
ARIPIRAZOLE 10 MG TABLET
ARIPIRAZOLE 2 MG TABLET
ARIPIRAZOLE 30 MG TABLET
ARIPIRAZOLE ODT 10 MG TABLET
GEODON 20 MG/ML VIAL
GEODON 60 MG CAPSULE
OLANZAPINE 10 MG TABLET
OLANZAPINE 15 MG TABLET
OLANZAPINE 20 MG TABLET
OLANZAPINE 7.5 MG TABLET
OLANZAPINE ODT 15 MG TABLET
OLANZAPINE ODT 5 MG TABLET
QUETIAPINE ER 200 MG TABLET
QUETIAPINE ER 400 MG TABLET
QUETIAPINE FUMARATE 100 MG TAB
QUETIAPINE FUMARATE 25 MG TAB
QUETIAPINE FUMARATE 400 MG TAB
RISPERDAL 0.25 MG TABLET
RISPERDAL 1 MG TABLET
RISPERDAL 2 MG TABLET
RISPERDAL 4 MG TABLET
RISPERDAL M-TAB 1 MG ODT
RISPERDAL M-TAB 3 MG ODT
RISPERIDONE 0.25 MG ODT
RISPERIDONE 0.5 MG ODT
RISPERIDONE 1 MG ODT
RISPERIDONE 1 MG/1 ML ORAL SYR
RISPERIDONE 2 MG ODT
RISPERIDONE 2 MG/2 ML ORAL SYR
RISPERIDONE 3 MG TABLET
RISPERIDONE 4 MG ODT
SAPHRIS 2.5 MG TAB SL BLK CHRY
SEROQUEL 100 MG TABLET

SEROQUEL 25 MG TABLET
SEROQUEL 400 MG TABLET
SEROQUEL XR 150 MG TABLET
SEROQUEL XR 300 MG TABLET
SEROQUEL XR 50 MG TABLET
VRAYLAR 1.5 MG CAPSULE
VRAYLAR 3 MG CAPSULE
VRAYLAR 6 MG CAPSULE
ZIPRASIDONE HCL 40 MG CAPSULE
ZIPRASIDONE HCL 80 MG CAPSULE
ZYPREXA 10 MG TABLET
ZYPREXA 15 MG TABLET
ZYPREXA 20 MG TABLET
ZYPREXA 7.5 MG TABLET
ZYPREXA ZYDIS 15 MG TABLET
ZYPREXA ZYDIS 5 MG TABLET
ADDERALL 30 MG TABLET
ADDERALL 7.5 MG TABLET
ADDERALL XR 15 MG CAPSULE
ADDERALL XR 25 MG CAPSULE
ADDERALL XR 5 MG CAPSULE
ADZENYS ER 1.25 MG/ML SUSP
ADZENYS XR-ODT 12.5 MG TABLET
ADZENYS XR-ODT 18.8 MG TABLET
ADZENYS XR-ODT 6.3 MG TABLET
DEXTROAMP-AMPHET ER 15 MG CAP
DEXTROAMP-AMPHET ER 25 MG CAP
DEXTROAMP-AMPHET ER 5 MG CAP
DEXTROAMP-AMPHETAMIN 10 MG TAB
DEXTROAMP-AMPHETAMIN 20 MG TAB
DEXTROAMP-AMPHETAMINE 5 MG TAB
DYANAVEL XR 2.5 MG/ML SUSP
MYDAYIS ER 12.5 MG CAPSULE
MYDAYIS ER 25 MG CAPSULE
MYDAYIS ER 50 MG CAPSULE
DESOXYN 5 MG TABLET
DEXTROAMPHETAMINE 5 MG/5 ML

DEXTROAMPHETAMINE ER 10 MG CAP
DEXTROAMPHETAMINE ER 5 MG CAP
PROCENTRA 5 MG/5 ML SOLUTION
ALERTNESS AID 200 MG TABLET
VIVARIN 200 MG TABLET
AMMONIA AROMATIC AMPUL
AMMONIA AROMATIC SPIRIT
AMMONIA INHALANT AMPULE
CYMBALTA 20 MG CAPSULE
CYMBALTA 60 MG CAPSULE
DULOXETINE HCL DR 20 MG CAP
DULOXETINE HCL DR 40 MG CAP
METHYLIN 5 MG/5 ML SOLUTION
METHYLPHENIDATE 10 MG TABLET
METHYLPHENIDATE 2.5 MG CHEW TB
METHYLPHENIDATE 5 MG CHEW TAB
METHYLPHENIDATE 5 MG/5 ML SOLN
RITALIN 20 MG TABLET
ADDERALL 12.5 MG TABLET
ADDERALL 20 MG TABLET
ADDERALL 5 MG TABLET
DEXEDRINE SPANSULE 15 MG
DEXTROAMP-AMPHETAM 7.5 MG TAB
DEXTROAMP-AMPHETAMIN 15 MG TAB
DEXTROAMP-AMPHETAMIN 30 MG TAB
DEXTROAMPHETAMINE 10 MG TAB
EVEKEO 5 MG TABLET
ZENZEDI 10 MG TABLET
ZENZEDI 2.5 MG TABLET
ZENZEDI 30 MG TABLET
ZENZEDI 7.5 MG TABLET
ZYBAN SR 150 MG TABLET
CVS NICOTINE 14 MG/24HR PATCH
CVS NICOTINE 2 MG CHEWING GUM
CVS NICOTINE 2 MG LOZENGE
CVS NICOTINE 2 MG MINI LOZENGE
CVS NICOTINE 21 MG/24HR PATCH

CVS NICOTINE 4 MG CHEWING GUM
CVS NICOTINE 4 MG LOZENGE
CVS NICOTINE 4 MG MINI LOZENGE
EQ NICOTINE 14 MG/24HR PATCH
EQ NICOTINE 2 MG CHEWING GUM
EQ NICOTINE 2 MG LOZENGE
EQ NICOTINE 21 MG/24HR PATCH
EQ NICOTINE 4 MG CHEWING GUM
EQ NICOTINE 4 MG LOZENGE
EQ NICOTINE 7 MG/24HR PATCH
EQL NICOTINE 2 MG CHEWING GUM
EQL NICOTINE 2 MG LOZENGE
EQL NICOTINE 4 MG CHEWING GUM
EQL NICOTINE 4 MG LOZENGE
GNP NICOTINE 2 MG CHEWING GUM
GNP NICOTINE 2 MG LOZENGE
GNP NICOTINE 2 MG MINI LOZENGE
GNP NICOTINE 21 MG/24HR PATCH
GNP NICOTINE 4 MG CHEWING GUM
GNP NICOTINE 4 MG LOZENGE
GNP NICOTINE 4 MG MINI LOZENGE
HM NICOTINE 14 MG/24HR PATCH
HM NICOTINE 2 MG CHEWING GUM
HM NICOTINE 2 MG LOZENGE
HM NICOTINE 21 MG/24HR PATCH
HM NICOTINE 4 MG CHEWING GUM
HM NICOTINE 4 MG LOZENGE
HM NICOTINE 7 MG/24HR PATCH
KRO NICOTINE 14 MG/24HR PATCH
KRO NICOTINE 2 MG CHEWING GUM
KRO NICOTINE 2 MG LOZENGE
KRO NICOTINE 2 MG MINI LOZENGE
KRO NICOTINE 21 MG/24HR PATCH
KRO NICOTINE 4 MG CHEWING GUM
KRO NICOTINE 4 MG LOZENGE
KRO NICOTINE 4 MG MINI LOZENGE
KRO NICOTINE 7 MG/24HR PATCH

LDR NICOTINE 4 MG CHEWING GUM
NICODERM CQ 14 MG/24HR PATCH
NICODERM CQ 21 MG/24HR PATCH
NICODERM CQ 7 MG/24HR PATCH
NICORELIEF 2 MG GUM
NICORELIEF 4 MG GUM
NICORETTE 2 MG CHEWING GUM
NICORETTE 2 MG LOZENGE
NICORETTE 2 MG MINI LOZENGE
NICORETTE 4 MG CHEWING GUM
NICORETTE 4 MG LOZENGE
NICORETTE 4 MG MINI LOZENGE
NICOTINE 14 MG/24 HR PATCH
NICOTINE 14 MG/24HR PATCH
NICOTINE 2 MG CHEWING GUM
NICOTINE 2 MG LOZENGE
NICOTINE 2 MG MINI LOZENGE
NICOTINE 21 MG/24HR PATCH
NICOTINE 4 MG CHEWING GUM
NICOTINE 4 MG LOZENGE
NICOTINE 4 MG MINI LOZENGE
NICOTINE 7 MG/24HR PATCH
NICOTINE TRANSDERMAL SYSTEM
NICOTROL CARTRIDGE INHALER
NICOTROL NS 10 MG/ML SPRAY
PUB STOP SMOKING AID 2 MG LOZG
PUB STOP SMOKING AID 4 MG LOZG
QUIT 2 MG CHEWING GUM
QUIT 2 MG LOZENGE
QUIT 4 MG CHEWING GUM
QUIT 4 MG LOZENGE
RA NICOTINE 14 MG/24HR PATCH
RA NICOTINE 2 MG CHEWING GUM
RA NICOTINE 2 MG LOZENGE
RA NICOTINE 2 MG MINI LOZENGE
RA NICOTINE 21 MG/24HR PATCH
RA NICOTINE 4 MG CHEWING GUM

RA NICOTINE 4 MG LOZENGE
RA NICOTINE 4 MG MINI LOZENGE
RA NICOTINE 7 MG/24HR PATCH
SM NICOTINE 14 MG/24HR PATCH
SM NICOTINE 2 MG CHEWING GUM
SM NICOTINE 2 MG LOZENGE
SM NICOTINE 21 MG/24HR PATCH
SM NICOTINE 4 MG CHEWING GUM
SM NICOTINE 4 MG LOZENGE
SM NICOTINE 7 MG/24HR PATCH
SW NICOTINE 2 MG CHEWING GUM
SW NICOTINE 2 MG LOZENGE
SW NICOTINE 4 MG CHEWING GUM
SW NICOTINE 4 MG LOZENGE
CHANTIX 0.5 MG TABLET
CHANTIX 1 MG CONT MONTH BOX
CHANTIX 1 MG TABLET
CHANTIX STARTING MONTH BOX
EQUETRO 100 MG CAPSULE
EQUETRO 200 MG CAPSULE
EQUETRO 300 MG CAPSULE