

**‘Ohana Community Care Services (CCS)
Comprehensive Preferred Drug List** (List of Covered Drugs)
**Danh sách Đây 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.ohanahealthplan.com/members/medicaid/community-care-services/pharmacy-services.html>

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

<https://www.ohanahealthplan.com/providers/medicaid/community-care-services/pharmacy.html>

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.ohanahealthplan.com/members/medicaid/community-care-services/pharmacy-services.html>

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

<https://www.ohanahealthplan.com/providers/medicaid/community-care-services/pharmacy.html>

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:

<https://www.ohanahealthplan.com/members/medicaid/community-care-services/pharmacy-services.html>

제공자들께서는 우리 웹사이트를 방문하여 업데이트된 PDL을 조회하시기 바랍니다. 웹사이트:

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Maidawat nga basaem daytoy nga dokumento. Adda dagiti detalye na daytoy gapo dagiti agas nga masakup mi para iti 'Ohana CCS plan.

Maidawat nga lagipem: Ti Preferred Drug List (PDL) para daytoy nga plano ket nasabalian binulan.

Dagiti miembro, maidawat nga bisitaen yo ti website mi tapno makita dagiti nagsabalian ti PDL. Mapan iti <https://www.ohanahealthplan.com/members/medicaid/community-care-services/pharmacy-services.html>

Dagiti paraired, maidawat nga bisitaen yo ti website mi tapno makita dagiti nagsabalian ti PDL. Mapan iti <https://www.ohanahealthplan.com/providers/medicaid/community-care-services/pharmacy.html>

請閱讀本文件。其詳細說明我們為'Ohana CCS 計劃承保的藥物。

請注意：本計劃的首選藥物清單 (PDL) 每月更新一次。

會員請瀏覽我們的網站檢視 PDL 更新。請前往

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Pakibasa ang dokumentong ito. Nakalagay dito ang mga detalye tungkol sa mga gamot na sinasaklaw namin para sa 'Ohana CCS na plano.

Pakitandaan: Buwan-buwang ina-update ang Listahan ng Piniling Gamot (Preferred Drug List, PDL) para sa planong ito.

Mga miyembro, pakibisita ang aming website para makita ang mga update sa PDL. Pumunta sa <https://www.ohanahealthplan.com/members/medicaid/community-care-services/pharmacy-services.html>

Mga provider, pakibisita ang aming website para makita ang mga update sa PDL. Pumunta sa <https://www.ohanahealthplan.com/providers/medicaid/community-care-services/pharmacy.html>

Last updated (2025)

Cập nhật lần cuối (2025)

최근 업데이트: (2025)

Naudi nga nagsabalian (2025)

最後更新日期 (2025)

Huling na-update (2025)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders					
Amphetamines					
<i>amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG</i>	P	QL(2 EA daily); AL(At least 6 yrs old)	<i>dexmethylphenidate hcl TABS</i>	P	QL(2 EA daily); AL(At least 6 yrs old)
<i>amphetamine-dextroamphetamine TABS 5 MG, 7.5 MG, 10 MG, 12.5 MG, 15 MG</i>	P		<i>methylphenidate hcl CHEW</i>	P	AL(At least 6 yrs old)
<i>amphetamine-dextroamphetamine TABS 20 MG</i>	P	QL(3 EA daily)	<i>methylphenidate hcl CP24</i>	P	
<i>amphetamine-dextroamphetamine TABS 30 MG</i>	P	QL(2 EA daily)	<i>methylphenidate hcl CPCR</i>	P	AL(At least 6 yrs old)
<i>dextroamphetamine sulfate CP24</i>	P	AL(At least 6 yrs old)	<i>methylphenidate hcl SOLN</i>	P	AL(At least 6 yrs old)
<i>dextroamphetamine sulfate TABS</i>	P		<i>methylphenidate hcl TABS 20 MG</i>	P	QL(3 EA daily); AL(At least 6 yrs old)
<i>lisdexamfetamine dimesylate CAPS</i>	P		<i>methylphenidate hcl TABS 5 MG, 10 MG</i>	P	AL(At least 6 yrs old)
<i>methamphetamine hcl</i>	P		<i>methylphenidate hcl TB24 54 MG</i>	P	QL(1 EA daily); AL(At least 6 yrs old)
VYVANSE CAPS	P		<i>methylphenidate hcl TB24 18 MG, 27 MG, 36 MG</i>	P	QL(2 EA daily); AL(At least 6 yrs old)
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents			<i>methylphenidate hcl TBCR 54 MG</i>	P	QL(1 EA daily); AL(At least 6 yrs old)
<i>atomoxetine hcl</i>	P		<i>methylphenidate hcl TBCR 10 MG, 20 MG</i>	P	QL(3 EA daily); AL(At least 6 yrs old)
<i>clonidine hcl (adhd) TB12</i>	P		<i>methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG</i>	P	QL(2 EA daily); AL(At least 6 yrs old)
<i>guanfacine hcl (adhd)</i>	P		<i>methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG</i>	P	QL(2 EA daily); AL(At least 6 yrs old)
Stimulants - Misc.			<i>methylphenidate PTCH</i>	P	AL(At least 6 yrs old)
<i>dexmethylphenidate hcl CP24 25 MG, 35 MG</i>	P		QUILLIVANT XR SRER	P	AL(At least 6 yrs old)
<i>dexmethylphenidate hcl CP24 5 MG, 10 MG, 15 MG, 20 MG, 30 MG, 40 MG</i>	P	QL(1 EA daily); AL(At least 6 yrs old)	RELEXXII TBCR 54 MG	P	QL(1 EA daily); AL(At least 6 yrs old)
			RELEXXII TBCR 18 MG, 27 MG, 36 MG	P	QL(2 EA daily); AL(At least 6 yrs old)
			ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
			Opioid Partial Agonists		

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Drugs listed in UPPERCASE are brand-name drugs; lowercase are generic drugs.

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL</i>	P	MP
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	P	MP
<i>buprenorphine hcl SUBL</i>	P	MP
SUBLOCADE SOSY	P	SP; PA
ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>buspirone hcl</i>	P	
<i>hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML</i>	P	
<i>hydroxyzine hcl SYRP</i>	P	
<i>hydroxyzine hcl TABS</i>	P	
<i>hydroxyzine pamoate CAPS</i>	P	
<i>meprobamate</i>	P	
Benzodiazepines		
ALPRAZOLAM INTENSOL CONC	P	
<i>alprazolam TABS</i>	P	
<i>alprazolam TB24</i>	P	
<i>alprazolam TBDP</i>	P	
<i>clordiazepoxide hcl CAPS</i>	P	
<i>clorazepate dipotassium TABS</i>	P	
<i>diazepam CONC</i>	P	
<i>diazepam SOLN PO 5 MG/5ML</i>	P	
<i>diazepam TABS</i>	P	
<i>lorazepam CONC</i>	P	
<i>lorazepam SOLN</i>	P	
LORAZEPAM SOLN 2 MG/ML	P	
<i>lorazepam TABS</i>	P	
<i>oxazepam CAPS</i>	P	
ANTICONVULSANTS - Drugs to Treat Seizures		

Drug Name	Drug Tier	Requirements/Limits
Anticonvulsants - Benzodiazepines		
<i>clonazepam TABS</i>	P	
<i>clonazepam TBDP</i>	P	
KLONOPIN TABS (Use <i>clonazepam</i>)	P	
Anticonvulsants - Misc.		
<i>carbamazepine CHEW 100 MG</i>	P	MP
<i>carbamazepine CP12</i>	P	MP
<i>carbamazepine SUSP</i>	P	MP
<i>carbamazepine TABS</i>	P	MP
<i>carbamazepine TB12</i>	P	MP
CARBATROL CP12 (Use <i>carbamazepine</i>)	P	MP
<i>gabapentin CAPS</i>	P	MP
<i>gabapentin SOLN</i>	P	MP
<i>gabapentin TABS 600 MG, 800 MG</i>	P	MP
KEPPRA XR TB24 (Use <i>levetiracetam</i>)	P	MP
KEPPRA SOLN IV 500 MG/5ML (Use <i>levetiracetam</i>)	P	
KEPPRA TABS (Use <i>levetiracetam</i>)	P	MP
LAMICTAL ODT KIT (Use <i>lamotrigine</i>)	P	MP
LAMICTAL ODT TBDP (Use <i>lamotrigine</i>)	P	MP
LAMICTAL STARTER KIT 25 MG (Use <i>lamotrigine</i>)	P	
LAMICTAL XR KIT	P	AL(At least 13 yrs old); ST; MP
LAMICTAL XR TB24 (Use <i>lamotrigine</i>)	P	AL(At least 13 yrs old); ST; MP
LAMICTAL CHEW (Use <i>lamotrigine</i>)	P	MP
LAMICTAL TABS (Use <i>lamotrigine</i>)	P	MP

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>lamotrigine CHEW</i>	P	MP	<i>topiramate SOLN 25 MG/ML</i>	P	
<i>lamotrigine KIT 25 MG</i>	P		<i>topiramate TABS</i>	P	MP
<i>lamotrigine TABS</i>	P	MP	TRILEPTAL SUSP (<i>Use oxcarbazepine</i>)	P	MP
<i>lamotrigine TB24</i>	P	AL(At least 13 yrs old); ST; MP	TRILEPTAL TABS (<i>Use oxcarbazepine</i>)	P	MP
<i>lamotrigine TBDP</i>	P	MP	TROKENDI XR CP24 (<i>Use topiramate</i>)	P	MP
<i>levetiracetam SOLN IV 500 MG/5ML</i>	P		GABA Modulators		
<i>levetiracetam TABS</i>	P	MP	<i>tiagabine hcl</i>	P	MP
<i>levetiracetam TB24</i>	P	MP	Valproic Acid		
LEVETIRACETAM TB3D	P	MP	DEPAKOTE ER TB24 (<i>Use divalproex sodium</i>)	P	MP
NEURONTIN CAPS (<i>Use gabapentin</i>)	P	MP	DEPAKOTE SPRINKLES CSDR (<i>Use divalproex sodium</i>)	P	MP
NEURONTIN SOLN (<i>Use gabapentin</i>)	P	MP	DEPAKOTE TBEC (<i>Use divalproex sodium</i>)	P	MP
NEURONTIN TABS (<i>Use gabapentin</i>)	P	MP	<i>divalproex sodium CSDR</i>	P	MP
<i>oxcarbazepine SUSP</i>	P	MP	<i>divalproex sodium TB24</i>	P	MP
<i>oxcarbazepine TABS</i>	P	MP	<i>divalproex sodium TBEC</i>	P	MP
<i>oxcarbazepine TB24</i>	P	MP	<i>valproate sodium SOLN IV 100 MG/ML, 500 MG/5ML</i>	P	
OXTELLAR XR TB24 (<i>Use oxcarbazepine</i>)	P	MP	<i>valproic acid CAPS</i>	P	MP
QUDEXY XR CS24 (<i>Use topiramate</i>)	P	MP	ANTIDEPRESSANTS - Drugs to Treat Depression		
SPRITAM TB3D	P	MP	Alpha-2 Receptor Antagonists (Tetracyclics)		
SPRITAM TB3D	P	MP	<i>mirtazapine TABS</i>	P	MP
TEGRETOL SUSP (<i>Use carbamazepine</i>)	P	MP	<i>mirtazapine TBDP</i>	P	MP
TEGRETOL TABS (<i>Use carbamazepine</i>)	P	MP	Antidepressants - Misc.		
TEGRETOL-XR TB12 (<i>Use carbamazepine</i>)	P	MP	APLENZIN	P	ST; MP
TOPAMAX SPRINKLE CPSP (<i>Use topiramate</i>)	P	MP	<i>bupropion hcl TABS</i>	P	MP
TOPAMAX TABS (<i>Use topiramate</i>)	P	MP	<i>bupropion hcl TB12</i>	P	MP
<i>topiramate CP24</i>	P	MP	<i>bupropion hcl TB24 150 MG, 300 MG</i>	P	MP
<i>topiramate CPSP</i>	P	MP	<i>bupropion hcl TB24 450 MG</i>	P	ST; MP
<i>topiramate CS24</i>	P	MP			

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Drug Name	Drug Tier	Requirements/ Limits
GABA Receptor Modulator - Neuroactive Steroid		
ZURZUVAE 30 MG	P	QL(14 EA per 14 day(s) retail; 14 EA per 14 days mail); 1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; SP; PA
ZURZUVAE 20 MG, 25 MG	P	QL(28 EA per 14 day(s) retail; 28 EA per 14 days mail); 1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; SP; PA
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM	P	ST; MP
MARPLAN	P	ST; MP
<i>phenelzine sulfate</i>	P	MP
<i>tranylcypromine sulfate</i>	P	MP
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CITALOPRAM HYDROBROMIDE CAPS	P	MP
<i>citalopram hydrobromide SOLN</i>	P	MP
<i>citalopram hydrobromide TABS</i>	P	MP
<i>escitalopram oxalate SOLN</i>	P	MP
<i>escitalopram oxalate TABS</i>	P	MP
<i>fluoxetine hcl CAPS</i>	P	MP
<i>fluoxetine hcl CPDR</i>	P	MP
<i>fluoxetine hcl SOLN</i>	P	MP
<i>fluoxetine hcl TABS</i>	P	MP

Drug Name	Drug Tier	Requirements/ Limits
<i>fluvoxamine maleate CP24</i>	P	MP
<i>fluvoxamine maleate TABS</i>	P	MP
<i>paroxetine hcl SUSP</i>	P	ST; MP
<i>paroxetine hcl TABS</i>	P	MP
<i>paroxetine hcl TB24</i>	P	MP
<i>sertraline hcl CAPS 150 MG, 200 MG</i>	P	MP
<i>sertraline hcl CONC</i>	P	MP
<i>sertraline hcl TABS</i>	P	MP
Serotonin Modulators		
<i>nefazodone hcl</i>	P	MP
<i>trazodone hcl TABS</i>	P	MP
TRINTELLIX	P	ST; MP
VIIBRYD STARTER PACK KIT	P	ST; MP
<i>vilazodone hcl TABS</i>	P	ST; MP
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
DESVENLAFAXINE ER	P	MP
<i>desvenlafaxine succinate</i>	P	MP
DRIZALMA SPRINKLE CSDR	P	MP
<i>duloxetine hcl CPEP</i>	P	MP
FETZIMA TITRATION C4PK	P	ST; MP
FETZIMA CP24	P	ST; MP
<i>venlafaxine hcl CP24</i>	P	MP
<i>venlafaxine hcl TABS</i>	P	MP
<i>venlafaxine hcl TB24</i>	P	MP
Tricyclic Agents		
<i>amitriptyline hcl TABS</i>	P	MP
<i>amoxapine</i>	P	MP
<i>clomipramine hcl</i>	P	MP
<i>desipramine hcl TABS</i>	P	MP
<i>doxepin hcl CAPS</i>	P	MP

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>doxepin hcl CONC</i>	P	MP	<i>lithium carbonate TABS</i>	P	MP
<i>imipramine hcl TABS</i>	P	MP	<i>lithium carbonate TBCR</i>	P	MP
<i>imipramine pamoate</i>	P	MP	Antipsychotics - Misc.		
<i>nortriptyline hcl CAPS</i>	P	MP	CAPLYTA	P	QL(1 EA daily); MP
<i>nortriptyline hcl SOLN</i>	P	MP	EQUETRO	P	MP
<i>protriptyline hcl</i>	P	MP	<i>lurasidone hcl</i>	P	MP
<i>trimipramine maleate CAPS</i>	P	MP	NUPLAZID CAPS	P	MP
ANTIDOTES AND SPECIFIC ANTAGONISTS			NUPLAZID TABS 10 MG	P	MP
Opioid Antagonists			VRAYLAR CAPS	P	MP
<i>naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML</i>	P		VRAYLAR CPPK	P	MP
<i>naloxone hcl SOSY 2 MG/2ML</i>	P		<i>ziprasidone hcl</i>	P	MP
<i>naltrexone hcl</i>	P	MP	<i>ziprasidone mesylate</i>	P	
ANTI-HISTAMINES - Drugs to Treat Allergies			Benzisoxazoles		
Antihistamines - Ethanolamines			ERZOFRI 351 MG/2.25ML	P	SP
BENADRYL ALLERGY EXTRA STR TABS	P		ERZOFRI 39 MG/0.25ML, 78 MG/0.5ML, 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML	P	AL(At least 18 yrs old); SP
BENADRYL ALLERGY CAPS (Use <i>diphenhydramine hcl</i>)	P		FANAPT	P	MP
<i>diphenhydramine hcl CAPS</i>	P		FANAPT TITRATION PACK A	P	MP
<i>diphenhydramine hcl ELIX 12.5 MG/5ML</i>	P		FANAPT TITRATION PACK B	P	
<i>diphenhydramine hcl SOLN 50 MG/ML</i>	P		FANAPT TITRATION PACK C	P	
ANTI-HYPERTENSIVES - Drugs to Treat High Blood Pressure			INVEGA HAFYERA	P	SP
Antiadrenergic Antihypertensives			INVEGA SUSTENNA	P	AL(At least 18 yrs old); SP
<i>clonidine hcl TABS</i>	P		INVEGA TRINZA	P	AL(At least 18 yrs old); SP
<i>guanfacine hcl</i>	P		<i>paliperidone</i>	P	MP
ANTI-PSYCHOTICS/ANTI-MANIC AGENTS - Drugs to Treat Mood Disorders			PERSERIS PRSY	P	SP
Antimanic Agents			<i>risperidone microspheres</i>	P	SP
<i>lithium carbonate CAPS</i>	P	MP	<i>risperidone SOLN</i>	P	MP
			<i>risperidone TABS</i>	P	MP
			<i>risperidone TBDP</i>	P	MP
			RYKINDO SRER	P	SP
			UZEDY SUSY	P	SP

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Butyrophenones			<i>prochlorperazine</i>	P	MP
<i>haloperidol decanoate</i>	P		<i>prochlorperazine edisylate 10 MG/2ML</i>	P	
<i>haloperidol lactate CONC</i>	P	MP	<i>prochlorperazine maleate TABS</i>	P	MP
<i>haloperidol lactate SOLN</i>	P		<i>thioridazine hcl</i>	P	MP
<i>haloperidol TABS</i>	P	MP	<i>trifluoperazine hcl TABS</i>	P	MP
Dibenzapines			Quinolinone Derivatives		
ADASUVE	P		ABILIFY ASIMTUFII PRSY	P	SP
<i>asenapine maleate</i>	P	MP	ABILIFY MAINTENA PRSY	P	SP
<i>clozapine TABS</i>	P	MP	ABILIFY MAINTENA SRER	P	SP
<i>clozapine TBDP</i>	P	MP	ABILIFY MYCITE MAINTENANCE KIT	P	SP; MP
<i>loxapine succinate</i>	P	MP	ABILIFY MYCITE STARTER KIT	P	SP; MP
<i>olanzapine SOLR</i>	P		<i>aripiprazole SOLN PO</i>	P	MP
<i>olanzapine TABS</i>	P	MP	<i>aripiprazole TABS</i>	P	MP
<i>olanzapine TBDP</i>	P	MP	<i>aripiprazole TBDP</i>	P	MP
<i>quetiapine fumarate TABS</i>	P	MP	ARISTADA	P	AL (At least 18 yrs old); SP
<i>quetiapine fumarate TB24</i>	P	MP	ARISTADA INITIO	P	AL (At least 18 yrs old); SP
SECUADO	P	MP	OPIPZA FILM	P	MP
VERSACLOZ SUSP	P	MP	REXULTI	P	MP
ZYPREXA RELPREVV	P	SP	Thioxanthenes		
Dihydroindolones			<i>thiothixene</i>	P	MP
<i>molindone hcl</i>	P	MP	BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Muscarinic Agents			Beta Blockers Non-Selective		
COBENFY STARTER PACK CPPK	P	MP	<i>propranolol hcl CP24</i>	P	MP
COBENFY CAPS	P	MP	<i>propranolol hcl SOLN IV 1 MG/ML</i>	P	
Phenothiazines			<i>propranolol hcl TABS</i>	P	MP
<i>chlorpromazine hcl CONC</i>	P	MP	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
<i>chlorpromazine hcl SOLN</i>	P		Antihistamine Hypnotics		
<i>chlorpromazine hcl TABS</i>	P	MP			
<i>fluphenazine decanoate</i>	P				
<i>fluphenazine hcl CONC</i>	P	MP			
<i>fluphenazine hcl ELIX</i>	P	MP			
<i>fluphenazine hcl SOLN</i>	P				
<i>fluphenazine hcl TABS</i>	P	MP			
<i>perphenazine TABS</i>	P	MP			

Ohana Community Care Services

Updated January 2026

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Drug; ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drugs listed in UPPERCASE are brand-name drugs; lowercase are generic drugs.

Drug Name	Drug Tier	Requirements/ Limits
<i>diphenhydramine hcl (sleep) CAPS 25 MG</i>	P	
<i>diphenhydramine hcl (sleep) TABS 25 MG</i>	P	
<i>ZZZQUIL CAPS (Use diphenhydramine hcl (sleep))</i>	P	
MULTIVITAMINS		
B-Complex Vitamins		
<i>b-complex vitamins CAPS</i>	P	
<i>b-complex vitamins TABS</i>	P	
B-Complex w/ C		
<i>b complex w/ c CAPS</i>	P	RX/OTC
<i>LUMAVEX CAPS</i>	P	RX/OTC
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium</i>	P	MP
<i>disulfiram</i>	P	MP
Combination Psychotherapeutics		
<i>chlordiazepoxide-amitriptyline</i>	P	MP
<i>LYBALVI</i>	P	QL(1 EA daily)
<i>olanzapine-fluoxetine hcl</i>	P	MP
<i>perphenazine-amitriptyline</i>	P	MP
Psychotherapeutic and Neurological Agents - Misc.		
<i>pimozide</i>	P	AL(At least 12 yrs old)
Smoking Deterrents		
<i>bupropion hcl (smoking deterrent)</i>	P	
VITAMINS		
Water Soluble Vitamins		

Drug Name	Drug Tier	Requirements/ Limits
<i>thiamine hcl SOLN</i>	P	
<i>thiamine hcl TABS 100 MG</i>	P	
<i>thiamine mononitrate TABS 100 MG</i>	P	

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amphetamine-dextroamphetamine TABS 30 MG	1	carbamazepine CHEW 100 MG	2	DEPAKOTE TBEC (Use divalproex sodium)	3
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aripiprazole TABS	6	carbamazepine TB12	2	dexmethylphenidate hcl CP24 25 MG, 35 MG	1
aripiprazole TBDP	6	CARBATROL CP12 (Use carbamazepine)	2	dexmethylphenidate hcl CP24 5 MG, 10 MG, 15 MG, 20 MG, 30 MG, 40 MG	1
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LORAZEPAM SOLN 2 MG/ML	2	naltrexone hcl	5	pimozide	7
lorazepam SOLN	2	nefazodone hcl	4	prochlorperazine	6
lorazepam TABS	2	NEURONTIN CAPS (Use gabapentin)	3	prochlorperazine edisylate 10 MG/2ML	6
loxapine succinate	6	NEURONTIN SOLN (Use gabapentin)	3	prochlorperazine maleate TABS	6
LUMAVEX CAPS	7	NEURONTIN TABS (Use gabapentin)	3	propranolol hcl CP24	6
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thiothixene	6	vilazodone hcl TABS	4
tiagabine hcl	3	VRAYLAR CAPS	5
TOPAMAX SPRINKLE CPSP (Use topiramate)	3	VRAYLAR CPPK	5
TOPAMAX TABS (Use topiramate) .	3	VYVANSE CAPS	1
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topiramate CPSP	3	ziprasidone mesylate	5
topiramate CS24	3	ZURZUVAE 20 MG, 25 MG	4
topiramate SOLN 25 MG/ML	3	ZURZUVAE 30 MG	4
topiramate TABS	3	ZYPREXA RELPREVV	6
tranylcypromine sulfate	4	ZZZQUIL CAPS (Use diphenhydramine hcl (sleep))	7
trazodone hcl TABS	4		
trifluoperazine hcl TABS	6		
TRILEPTAL SUSP (Use oxcarbazepine)	3		
TRILEPTAL TABS (Use oxcarbazepine)	3		
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TRINTELLIX	4		