

Ohio Department of Mental Health
and Addiction Services
Ohio Pharmacy Services



Central Pharmacy Outpatient

2150 West Broad Street
Columbus, Ohio 43223
614-752-0150

Central Pharmacy Outpatient Section was established in 1972 upon the recommendations of Work Group #21 responsible for the “Development of Effective Methods of Distribution of Psychotropic Drugs to Needy Patients.” Central Pharmacy Outpatient was established to provide prescription services to needy individuals (medically indigent clients) residing in the state of Ohio that are being maintained by community mental health agencies. Community mental health agencies utilizing Central Pharmacy Outpatient services and/or accessing State Funding (GRF 335421-Continuum of Care Services Mental Health Portion line item 421) must adhere to rules and regulations as outlined in this manual.

Eligibility is determined by the Mental Health Board and their agencies based on income and clinical characteristics. A suggested resource to view income guidelines is HHS Federal Poverty Guideline, published yearly.

Patients meeting income guidelines and clinical characteristics may be:

- Uninsured adults not eligible for insurance
- Children coming of age and no longer covered by parent/guardian insurance
- Newly diagnosed individuals with no coverage
- Individual with recent loss of coverage or change in status
- Individual released from mental health hospital, jails, prisons or homeless
- Individual below poverty guideline with inadequate insurance

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*Please make copies of these forms for daily use.

CENTRAL PHARMACY OUTPATIENT

HOURS OF OPERATION

7:30AM – 4:00PM

Monday through Friday (except State holidays)

STATE HOLIDAYS

New Year's Day	January 1 st
Martin Luther King's Birthday	3 rd Monday in January
Presidents' Day	3 rd Monday in February
Memorial Day	4 th Monday in May
Independence Day	July 4 th
Labor Day	1 st Monday in September
Columbus Day	2 nd Monday in October
Veterans Day	November 11 th
Thanksgiving Day	4 th Thursday in November
Christmas Day	December 25 th

and any other day so designated by an act of the President of the United States and/or Governor of this State. When holidays fall on a Saturday, the preceding Friday is usually the holiday. When holidays fall on a Sunday, the following Monday is usually the holiday.

TELEPHONE DIRECTORY

OHIO DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

OHIO PHARMACY SERVICES (OPS)

2150 West Broad Street, Columbus, Ohio 43223-1200 Phone (614)-752-0116

Brandon Haas, Chief

brandon.haas@mha.ohio.gov

CENTRAL PHARMACY OUTPATIENT

Phone: 614-752-0150

Fax: 614-752-0151

Mary Kay Devlin, R.Ph.
Supervisor

(614) 752-0159
marykay.devlin@mha.ohio.gov

Robert Spivey, R.Ph.
Pharmacist

(614) 752-0150
robert.spivey@mha.ohio.gov

Joanna Klepzig, R.Ph.
Pharmacist

(614) 752-0150
joanna.klepzig@mha.ohio.gov

Denise Nauman, R.Ph.
Drug Information

(614) 752-0133
denise.nauman@mha.ohio.gov

FISCAL

Matt Monell, Fiscal Supervisor
Kim Samson, Fiscal Specialist

(614) 752-0104
(614) 752-0114

Patient Counseling

(888) 847-0688

CENTRAL PHARMACY OUTPATIENT (CPO) OPERATIONS

Objectives

- To ensure compliance with Ohio Drug Laws, departmental policies/protocols
- To establish uniform procedures that meet above requirements, conserve pharmacy, nursing & clinic staff time; provide best care to all patients served.
- To provide consistent services and communication

Services

Central Pharmacy Outpatient (CPO) strives to provide the best pharmaceutical mental health services:

- Reviewing and maintaining of patient medication profiles
 - Over-utilization or under-utilization
 - Drug-disease state contraindications
 - Incorrect drug dosage
 - Inappropriate duration of drug treatment
 - Documented food and/or nutritional supplements/drug interaction
 - Therapeutic duplication
 - Drug-drug interactions
 - Drug-allergy interactions
 - Abuse/misuse
- Providing drug information and consultative education for staff and patients
- Timely dispensing of prescriptions **24 to 48 hour turn-around time**
- Maintaining a pharmacy policy and procedure manual
- Patient counseling via telephone. Pharmacists are available 7:30AM to 4:00PM Monday through Friday. CPO toll-free number: 1-888-847-0688. Patients receive an offer to counsel with each prescription.
- All prescriptions orders are delivered overnight via OPS transportation or UPS.
- Providing local acquisition of emergency and controlled mental health medications through on-line adjudication.

Responsibilities

CPO shall be responsible to provide the mental health prescription services that meet the needs of the patient and clinic. To this end, CPO shall work with the mental health Boards and clinic staff to see that fiscal integrity is insured, professional standards are met, and all legal requirements are closely observed.

NEW ORDERS

Information Required on the Prescription

- There will be a written prescription for medication. CPO prescription blanks or computer-generated prescription forms may be used. All prescriptions must contain the following information as required by Ohio Drug Laws and must be signed by the prescriber:
 - Patient first **and** last name
 - Patient ID number
 - Facility ID number
 - Patient address
 - Patient date of birth
 - Patient allergies
 - Date prescription was written
 - Name, strength and dosage form of medication
 - Directions
 - Quantity to be dispensed
 - Refills
 - Prescriber's signature and printed signature

PATIENT #	PATIENT DATE OF BIRTH	MH 3582001
PATIENT NAME	FACILITY NUMBER	
PATIENT ADDRESS	DATE WRITTEN	
AGENCIES: If 10-day emergency Rx, give Part I to client to fill at local pharmacy. PHARMACY: Processor-MedCall Management, Inc. - Bin# 004410	Central Pharmacy Outpatient 2150 W. Broad St., Columbus, OH 43223-1200 Phone: (614) 752-0150 Fax: (614) 752-0151	PART I
WRITE ONE PRESCRIPTON PER Rx BLANK		
REFILL X _____		
<i>Complete prescription as required by Ohio Administrative Code (Rule 4729-5-30)</i>		
PRESCRIBER SIGNATURE	ADDRESS	
PRINTED NAME	PHONE	
DMH-0369 (REV 3/15)	DMH-PSIC-036	DEAF

Central Pharmacy Use Only

REFILL REQUESTS

Facilities should request refills using the Medication Order Form. Stickers should be removed from the label enclosed with each prescription and placed on the Medication Order Form. If a sticker is not available, please write the prescription number, patient name, patient ID number and medication name and strength in a box on the form. Fax form to CPO. Refill requests may also be called into CPO.

Facility Log reports are generated alerting the agency or clinic of medication being requested too soon, medications that have no refills and discontinued medications. When the last refill of a prescription is filled, a computer-generated script is printed. The prescriber can sign this script, fax it to pharmacy and will be filled when the fill is due. The facility log and computer-generated script are sent with the shipping report.

ACCOUNTABILITY AND RESPONSIBILITIES

All agencies and clinics will be responsible for implementing a medication accountability system. This system should include at minimum:

- | | |
|-------------------------|--|
| -Rx number | -Initials of person checking in Rx |
| -Patient name | -Date Rx given to patient |
| -Date Rx written | -Initials of person issuing Rx |
| -Date Rx sent to CPO | -Patient or agent's signature receiving Rx |
| -Date received from CPO | |

The "Central Pharmacy Medication Record" may be used to assist with medication accountability. It reflects the flow of medication into and out of an agency or clinic by documentation of the order, receipt and issue dates of the CPO medication. This is optional if other accountability procedures are in place. The "Central Pharmacy Medication Record" forms may be requested by calling CPO at 614-752-0150.

DELIVERY & CHECKING-IN THE PHARMACY ORDER

Delivery of Medications

- Medications will be delivered by UPS or by an Ohio Pharmacy Services (OPS) driver. Deliveries will be made Monday through Friday, except State holidays.

Checking in the Pharmacy Order

- All medications delivered will be accompanied by a Shipping Report which lists the medications being delivered.
- Medications will be shipped in resealable bags, one patient per bag. Remove bags from box. Each prescription must be checked against the Shipping Report to ensure accuracy of:

Rx number	Patient	Drug	Quantity
-----------	---------	------	----------

- Any discrepancies should be documented on the Shipping Report and reported to CPO via telephone the same day you receive the medication.
- The Shipping Report must be signed and dated by the person receiving and checking-in the prescriptions.
- The Shipping Report serves as the record of receipt and must be kept for three years and filed in chronological order.

Propharm One
6/25/2019

Shipping Report
TEST-DON'T USE/BILL

Page: 1
11:28:42 AM

, OH 00000

Patient	NDC	Pat Num Controlled	Rx Num	Refill	Drug Manufacturer	Dispensed Lot #	Price Lot Exp.	Fill Date
OUTPATIENT, EXAMPLE#1	31722-0827-30	284078	1504893	0 of 2	ARIPRAZOLE 10MG TABS CAMB	30.0 EA	12.52	06/25/19
OUTPATIENT, EXAMPLE#2	33342-0070-07	284080	1504894	0 of 3	OLANZAPINE 10MG TABS MACLE	30.0 EA	9.69	06/25/19
OUTPATIENT, EXAMPLE#3	00185-0415-60	284081	1504895	0 of 2	BUPROPION HCL ER SR 150MG SAND	30.0 EA	9.86	06/25/19
	00093-7386-56		1504897	0 of 2	VENLAFAXINE ER# 150MG CAPS TEVA	30.0 EA	13.01	06/25/19
	00093-7385-56		1504896	0 of 2	VENLAFAXINE ER# 75MG CAPS TEVA	30.0 EA	11.53	06/25/19
Total Price							\$56.61	
Record Count							5	
Patient Count							3	

- An example of a Facility Log Report below, shows refill too soon and when to re-order. This is a method of communication back to the facility. It may also be informing the facility that a new script is needed or a medication has been discontinued.

Propharm One 8/5/2019		Facility Log Report New Log Records Facility: TEST - TEST-DONT USE/BILL		Page 1 11:37:46 AM
Patient Drug	Log Type Note	Reason		
OUTPATIENT, EXAMPLE#1 ARIPRAZOLE 10MG TABS	Refill Too Soon REQUEST AFTER 8/7/19	Script - Refill - 1504912-1		

RETURNS TO PHARMACY & MEDICATION DESTRUCTION

*****ONLY CPO DISPENSED MEDS CAN BE RETURNED*****

RETURNS

- All CPO medications not used by the patient **MUST** be returned to the pharmacy. Any “left-over” medications are not to be relabeled or given to another patient.
- Per pharmacy laws, CPO cannot take back medication dispensed by another pharmacy. (See Destruction in next section)
- Monetary credit may be issued as follows:
 - If the medication is received within 90 days of the dispensed date on the prescription label.
 - More than six months must remain before the manufacturer’s expiration date.
 - Not a controlled substance.
 - Tamper evident packaging must be intact.
 - The patient must never have been in the possession of the medication.
- Medication Return Form must be filled out placing stickers from the prescription label or writing in the required information.
- Returns are processed within a few days upon receipt back to CPO. This allows better management of funds.
- Please review medication storage on a monthly basis.

DESTRUCTION

Since CPO cannot take back medication dispensed by another pharmacy, the clinic must have a procedure to destroy that medication.

- Medications **not** dispensed by CPO may NOT be returned and must be destroyed at the clinic.
- Non-controlled medications to be destroyed are written on a Certificate of Drug Destruction by clinic personnel.
- Medications to be written up that are patient labeled by another pharmacy, must be documented on the Certificate of Drug Destruction form as follows:

In the Drug name/Strength/Dosage Form column	In the Quantity column
-Pharmacy Name and store number	-Qty being destroyed
-Patient name & ID#	
-Rx number	
-Label date	
-Drug Name/Strength/Dosage Form	
- Two licensed healthcare professionals need to verify that the information on the form is correct for what is being destroyed.
- The medication must be rendered unusable and must be destroyed. If placed in a container for disposal, the waste company must be licensed with the Ohio State Board of Pharmacy as a Terminal Distributor (TD) and the clinic must have a copy of the valid and current TD license on file. Medications cannot be flushed or poured down the drain. Local "Take-Back" events may also be used to dispose of these medications.
- After completing the destruction, the two licensed healthcare professionals must sign on the Witness Signature/Title lines and include title after signature.
- The form needs to be maintained at the clinic address for 3 years.

STORAGE OF MEDICATION

Clinic personnel are responsible for storing medications under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation and security as required by State and Federal laws, standards, rules, regulations and pharmacy policy manual.

Proper and secured storage area for medications include, however not limited to an effective key control system. Medications and CPO script blanks must be stored in a secure area with limited access to only to authorized personnel.

Proper room temperature must be maintained between 68 and 77 degrees Fahrenheit.
Proper refrigerator temperatures must be maintained between 36 and 46 degrees Fahrenheit.

EMERGENCY AND CONTROLLED MEDICATION ACQUISITION

For emergency medications that must be obtained immediately, not waiting for next day delivery from CPO, the following procedure will be followed:

- A prescription will be written on a CPO prescription blank for a 10-day supply of a formulary mental health medication or up to a 30 day supply of a formulary controlled mental health medication.
- The local pharmacy will process the prescription through MedCall using the following information:

Rx Group	Facility Number + 00**
Patient ID#	Patient ID+ MMDDYYYY*
Person Code	01
Rx BIN Number	004410
Rx PCN Number	SCI
Processor	MedCall
Help Desk Phone	1-866-607-6980

- CPO formulary will be followed.
- Generics are required.
- The mental health clinic will be billed with CPO filled prescriptions each month.

**Or other number issued by MedCall

**Those facilities with a letter, add only one "0"

*Today's Date

All pharmacies are eligible to participate. They must enroll with MedCall. Enrollment can be done by calling 866-607-6980.

Medication Packaging Waiver
Central Pharmacy Outpatient
2150 W. Broad Street, Columbus, OH 43223-1200
PHONE: 614-752-0150 FAX: 614-752-0151

I request my medication be dispensed in packaging that is non-compliant according to the Poison Prevention Packaging Act of 1970. (i.e., I am requesting non-child resistant packaging.) I have received a Written Offer to Counsel from pharmacy.

Patient _____ Date _____
(please print)

Signature _____

Facility _____

File original on chart and maintain for 3 years

Cut or tear on dotted line and give the Written Offer to Counsel (below) to patient./

WRITTEN OFFER TO COUNSEL
<p>Pharmacists at Central Pharmacy Outpatient will be available to counsel you about your medications from 7:30 AM to 4:00 PM Monday through Friday except state holidays at: (888) 847-0688</p>

Medication Packaging Waiver for requesting non-child proof packaging. Send a copy to CPO after patient signs request.

TERMINAL DISTRIBUTOR OF DANGEROUS DRUGS LICENSE

Each agency or clinic is required to have a current Terminal Distributor of Dangerous Drugs (TDDD or TD) license issued by the State Board of Pharmacy. TD licenses are now renewable every two years, every other March 31st. A current license allows the agency or clinic to store medications overnight in a State Board of Pharmacy approved secure location (medication room) within the agency or clinic. CPO cannot dispense and send controlled medications to an agency or clinic. CPO prescription blanks are available for controlled mental health medications. The Board of Pharmacy must be notified if there is a change, for example a change in business description, which includes an address change or business name, or responsible person. This can be done on the website at www.ohio.pharmacy.ohio.gov. Guidance documents are available on the website to walk you through the process.

CPO cannot send medications to an agency or clinic that has moved and NOT contacted the Board of Pharmacy.

The Mental Health Boards and their agencies/clinics can access monthly billing through the OPS i-Portal. For access, a Central Pharmacy Outpatient Electronic Form must be filled out. It must include the name of the Board and agencies/clinics for which you are requesting access.

Fax the completed form to 614-752-0151 or scan and email to:

marykay.devlin@mha.ohio.gov

Mary Kay Devlin R.Ph., CPO Supervisor

614-752-0159

You will be notified through email when access is available.

Follow the prompts to change your password. Passwords expire every 60 days.

Contact the ODMHAS OIS Help Desk at 614-466-1483 to reset your password if you have not accessed the i-Portal within those 60 days.



**STATE OF
OHIO**
BOARD OF PHARMACY

LICENSE TO DISTRIBUTE DANGEROUS DRUGS

The entity named below is duly licensed, and is entitled to conduct business in the state of Ohio until March 31, 2021.

CENTRAL PHARMACY OUTPATIENT

**2150 WEST BROAD STREET
COLUMBUS, OH 43223**

License Number: 020171800

Terminal - Pharmacy - Category 3

Expiration Date: March 31, 2021

CLASS: Terminal - Pharmacy - Category 3
BUSINESS TYPE: CP - Clinic Pharmacy

Responsible Person – Print, sign and keep license in a readily retrievable location at the address listed on this license.

Responsible Person Name (Print) <i>Mary-Catherine Devlin</i>	Signature of Responsible Person <i>Mary-Catherine Devlin</i>
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Any change of responsible person must be reported within ten days of the effective date of the appointment of the new responsible person via Service Request on your Ohio eLicense Dashboard - https://elicense.ohio.gov/oh_homepage.

State of Ohio Board of Pharmacy
77 South High Street, 17th Floor, Columbus, Ohio 43215
T: 614/466-4143 | F: 614/752-4836 | licensing@pharmacy.ohio.gov

APPENDIX

CLINIC INFORMATION SHEET

CENTRAL PHARMACY OUTPATIENT

2150 WEST BROAD ST

COLUMBUS, OHIO 43223

P: (614) 752-0150 F: (614) 752-0151

CLINIC INFORMATION

CLINIC NAME AND NUMBER
CLINIC ADDRESS
CLINIC PHONE NUMBER
CLINIC FAX NUMBER
CLINIC CONTACT

RN, LPN, MA/Technician information (PLEASE PRINT)

FULL NAME and TITLE

Prescriber information

FULL NAME (PRINTED) and TITLE	DEA #	NPI #	SIGNATURE

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HEALTHCARE PRESCRIBER DATA RECORD

Ohio Department of Mental Health and Addiction Services - Central Pharmacy Outpatient

2150 West Broad Street

Phone: 614-752-0150

Columbus, Ohio 43223-1200

Fax: 614-752-0151

Prescriber Data Record

The pharmacy is required to maintain a means of identifying the signatures of prescribers as well as their Drug Enforcement Administration (DEA) numbers.

Please provide the information below and return this form to the pharmacy prior to or with the first written prescriptions by the prescriber.

NAME OF CLINIC _____

CLINIC NUMBER _____

Prescriber's Name _____

MD DO PA CNP

Office Address _____

Office Phone Number _____

Phone Number Where you can be reached _____

Fax Number _____

DEA Number _____

Sample Signature _____

Date signed _____

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MEDICATION ORDER FORM

Fax to: (614) 752-0151

or

**Mail to: Central Pharmacy Outpatient
2150 West Broad Street
Columbus, OH 43223-1200
(614) 752-0150**

Date	# of pages faxed
Facility Name	Number
Phone Number	Fax Number
Signature of person completing form	

Confidential Information: Pursuant to State law, the information that is being transmitted is confidential and it must not be reviewed by unauthorized parties. It must be immediately given to the person listed as the recipient. If this information has been transmitted to you in error, please immediately notify the sender.

Instructions: To request a refill, please place sticker from patient's prescription label on the boxes below. If a sticker is not available, please write in prescription number, patient name, patient id number, medication name and strength in the box below. For patients or prescribers new to Central Pharmacy, please send appropriate forms. Please complete all shaded areas.

Total number of refills:		Total number of Patient Information Forms:	
Total number of new prescriptions:			
1.	2.	3.	4.
5.	6.	7.	8.
9.	10.	11.	12.
13.	14.	15.	16.
17.	18.	19.	20.
21.	22.	23.	24.
25.	26.	27.	28.
29.	30.	31.	32.
33.	34.	35.	36.

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2150 West Broad Street
Columbus, Ohio 43223
Phone: 614-752-0150
Fax: 614-752-0151



Fax

To: Central Pharmacy Outpatient	From:
Fax: 614-752-0151	Pages:
Phone: 614-752-0150	Date:
Re:	cc:

Urgent For Review Please Comment Please Reply Please Recycle

Comments:

"X" here if pages are confidential.

Note: This transmission, including any attachments, is intended solely for the use of the named recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution of confidential information is expressly prohibited. If you are not the intended recipient, please contact the sender by reply email, fax or phone and destroy any and all copies of the original.

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PATIENT #	PATIENT DATE OF BIRTH	MH 3582001
PATIENT NAME	FACILITY NUMBER	
PATIENT ADDRESS		
AGENCIES: If 10-day emergency Rx, give Part I to client to fill at local pharmacy. PHARMACY: Processor-MedCall Management, Inc. - Bin# 004410		Central Pharmacy Outpatient PART I 2150 W. Broad St., Columbus, OH 43223-1200 Phone: (614) 752-0150 Fax: (614) 752-0151
WRITE ONE PRESCRIPTON PER Rx BLANK		DATE WRITTEN

Central Pharmacy Use Only

Rx

REFILL X _____

Complete prescription as required by Ohio Administrative Code (Rule 4729-5-30)

PRESCRIBER SIGNATURE	ADDRESS
PRINTED NAME	PHONE
DMH-2360 (REV 3/15)	DEA#

Central Pharmacy script blanks can be obtained by calling pharmacy at
614-752-0150

OHIO DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES



Ohio Pharmacy Services

CENTRAL PHARMACY OUTPATIENT

Notice of Privacy Practices

Effective June 21, 2016

- I. THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

II. OUR DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION.

Individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for the health care is considered "Protected Health Information" ("PHI"). The Ohio Pharmacy Services, Central Pharmacy Outpatient is required to extend certain protections to your PHI, and to give you this Notice about our privacy practices that explains how, when and why we may use or disclose your PHI. Except in specified circumstances, we must use or disclose only the minimum necessary PHI to accomplish the intended purpose of the use or disclosure. These duties are similar to, but distinct from, the duties relating to the confidentiality of alcohol and drug abuse patient records.

We are required to follow the privacy practices described in this Notice, though **we reserve the right to change our privacy practices and the terms of this Notice at any time.** If we do so, we will post a new Notice at the **Department of Mental Health and Addiction Services website at <http://mha.ohio.gov/>**. You may also request a copy of the new notice in writing from the **Privacy Officer (direct line 614-752-0133), Ohio Pharmacy Services, Central Pharmacy Outpatient, 2150 W. Broad Street, Columbus, Ohio 43223 or call alternative phone number 614-752-0150.**

III. HOW MAY WE USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION.

We use and disclose PHI for a variety of reasons. We have a limited right to use and/or disclose your PHI for purposes of treatment, payment or our health care operations. For uses beyond that, we must have your written authorization unless the law permits or requires us to make the use or disclosure without your authorization. If we disclose your PHI to an outside entity in order for that entity to perform a function on our behalf, we must have in place an agreement from the outside entity that it will extend the same degree of privacy protection to your information that we must apply to your PHI. However, the law provides that we are permitted to make some uses/disclosures without your consent or authorization. The following offers more description and some examples of our potential uses/disclosures of your PHI.

Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations. Generally, we may use or disclose your PHI as follows:

For treatment: If we are the entity filling your prescription, we may disclose your PHI to doctors, nurses, and other health care personnel who are involved in providing your health care. For example, questions or concerns relating to your prescribed medications may be shared with treatment staff at your community agency.

To obtain payment: We may use/disclose your PHI in order to bill and collect payment for your prescription medications. For example, we may release portions of your PHI to the local ADAMH/CMH/ADAS Board to get paid or process payment to another pharmacy for your prescription medications.

For health care operations: We may use/disclose your PHI in the course of operating our pharmacy. For example, we may use your PHI in evaluating the quality of services provided, or disclose your PHI to our accountant or attorney for audit purposes. Since we are an integrated system, we may disclose your PHI to designated staff in our central office or our Ohio Pharmacy Services for similar purposes.

Uses and Disclosures Requiring Authorization: For uses and disclosures beyond treatment, payment, and operation purposes, we are required to have your written authorization, unless the use or disclosure falls within one of the exceptions described below. Authorizations can be revoked at any time to stop future uses/disclosures except to the extent that we have already undertaken an action in reliance upon your authorization.

Uses and Disclosures of PHI from Mental Health Records Not Requiring Consent or Authorization: The law provides that we may use/disclose your PHI from mental health records without consent or authorization in the following circumstances:

When required by law: We may disclose PHI when a law requires that we disclose information, for instance, reporting about dispensing controlled substances, or relating to suspected criminal activity, or in response to a court order. We must also disclose PHI to authorities that monitor compliance with these privacy requirements.

For health oversight activities: PHI may be released to our central office, the protection and advocacy agency, the State Board of Pharmacy, the Food and Drug Administration or other health oversight agencies authorized by law, for audits; administrative actions or proceedings; or reporting of adverse events, product problems or defects, or biological product deviations.

For research purposes: In certain circumstances, and under supervision of a privacy board, we may disclose PHI to our central office research staff and their designees in order to assist medical/psychiatric research.

IV. YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION.

You have the following rights relating to your protected health information:

To request restrictions on uses/disclosures: You have the right to ask that we limit how we use or disclose your PHI. We will consider your request, but generally are not legally bound to agree to the restriction unless the restriction is of a disclosure to a health plan and the PHI relates only to a health care item or service for which you have paid "out of pocket" in full. To the extent that we do agree to any restrictions on our use/disclosure of your PHI, we will put the agreement in writing and abide by it except in emergency situations. We cannot agree to limit uses/disclosures that are required by law.

To inspect and request a copy of your PHI: Unless your access is restricted for clear and documented treatment reasons, you have a right to see your PHI upon your written request. We will respond to your request within 30 days. If we deny your access, we will give you written reasons for the denial and explain any right to have the denial reviewed. If you want paper copies of your PHI, a charge for copying may be imposed, depending on your circumstances. You have a right to choose what portions of your information you want copied and to have prior information on the cost of copying. If your record is available electronically, you may request a copy in electronic format to be delivered to you or a designated person or entity.

To request amendment of your PHI: If you believe that there is a mistake or missing information in our record of your PHI, you may request, in writing that we correct or add to the record. We will respond within 60 days of receiving your request. We may deny the request if we determine that the PHI is: (i) correct and complete; (ii) not created by us and/or not part of our records, or; (iii) not permitted to be disclosed. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, appended to your PHI. If we approve the request for amendment, we will change the PHI and so inform you, and tell others that need to know about the change in the PHI.

To find out what disclosures have been made: You have a right to get a list of when, to whom, for what purpose, and what content of your PHI has been released other than instances of disclosure: for treatment, payment, and operations*; to you; or pursuant to your written authorization. The list also will not include any disclosures made for national security purposes, to law enforcement officials or correctional facilities. We will respond to your written request for such a list within 60 days of receiving it. Your request can relate to disclosures going as far back as six years. There will be no charge for up to one such list each year. There may be a charge for more frequent requests.

To be notified of any breach of the privacy of your PHI: You have a right to be notified about any disclosure of your PHI to persons not authorized to receive your PHI if the PHI has not been encrypted or otherwise made unreadable to such unauthorized recipients.

To receive this notice: You have a right to receive a paper copy of this Notice and/or an electronic copy by email upon request.

To choose how we contact you: You have the right to ask that we send you information at an alternative address or by an alternative means. We must agree to your request as long as it is reasonably easy for us to do so.

V. HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES.

If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the person listed in Section VI Below. You also may file a written complaint with the Office of Civil Rights, US Department of Health and Human Services, 233 North Michigan Avenue, Suite 240, Chicago, Illinois 60601, voice (800) 368-1019, TDD (800) 537-7697, or link at <http://www.hhs.gov/ocr> or the Secretary of the U.S. Department of Health and Human Services at 200 Independence Ave. SW, Washington, D.C. 20201 or by phone at 1-877-696-6775. We will take no retaliatory action against you if you make such complaints.

VI. CONTACT PERSON FOR INFORMATION, OR TO SUBMIT A COMPLAINT:

If you have questions about this Notice or any complaints about our privacy practices, please contact the statewide Consumer Advocacy and Protection Specialist, at:

Ohio Department of Mental Health and Addiction Services
Rhodes Tower: 30 East Broad Street, 36th Floor
Columbus, Ohio 43215-3430
Telephone: 1-877-275-6364 (toll free)

VII. Effective Date:

This notice is effective on June 21, 2016

*In the future, disclosures of your PHI for treatment, payment, and operations purposes may be included in the accounting of PHI disclosures in an electronic medical record.

CENTRAL PHARMACY OUTPATIENT
2150 W. BROAD ST.,
COLUMBUS, OH 43223-1200
Phone: 614-752-0150
Fax: 614-752-0151

Facility TEST - TEST-DON'T USE/BILL

Propharm One Patient Drug Education
Patient: OUTPATIENT, EXAMPLE#1
6/25/2019
Page 1

Drug: ARIPiprazole 10MG TABS

GENERIC NAME: Aripiprazole Tablets (ay ri PIP ray zole)

WARNING: There is a higher chance of death in older adults who take this drug for mental problems caused by dementia. Most of the deaths were linked to heart disease or infection. This drug is not approved to treat mental problems caused by dementia. Drugs like this one have raised the chance of suicidal thoughts or actions in children and young adults. The risk may be greater in people who have had these thoughts or actions in the past. All people who take this drug need to be watched closely. Call the doctor right away if signs like low mood (depression), nervousness, restlessness, grouchiness, panic attacks, or changes in mood or actions are new or worse. Call the doctor right away if any thoughts or actions of suicide occur. **COMMON USES:** It is used to treat schizophrenia. It is used to treat bipolar problems. It is used to treat low mood (depression). It is used to treat certain behavior problems in patients with autism. It is used to treat Tourette's syndrome. It may be given to you for other reasons. Talk with the doctor.

BEFORE USING THIS MEDICINE: WHAT DO I NEED TO TELL MY DOCTOR BEFORE I TAKE THIS DRUG? TELL YOUR DOCTOR: If you have an allergy to aripiprazole or any other part of this drug. **TELL YOUR DOCTOR:** If you are allergic to any drugs like this one, any other drugs, foods, or other substances. Tell your doctor about the allergy and what signs you had, like rash; hives; itching; shortness of breath; wheezing; cough; swelling of face, lips, tongue, or throat; or any other signs. **TELL YOUR DOCTOR:** If you are breast-feeding or plan to breast-feed. This drug may interact with other drugs or health problems. Tell your doctor and pharmacist about all of your drugs (prescription or OTC, natural products, vitamins) and health problems. You must check to make sure that it is safe for you to take this drug with all of your drugs and health problems. Do not start, stop, or change the dose of any drug without checking with your doctor.

HOW TO USE THIS MEDICINE: HOW IS THIS DRUG BEST TAKEN? Use this drug as ordered by your doctor. Read all information given to you. Follow all instructions closely. Take with or without food. Swallow whole. Do not chew, break, or crush. Drink lots of noncaffeine liquids every day unless told to drink less liquid by your doctor. To gain the most benefit, do not miss doses. Keep taking this drug as you have been told by your doctor or other health care provider, even if you feel well. **HOW DO I STORE AND/OR THROW OUT THIS DRUG?** Store at room temperature. Store in a dry place. Do not store in a bathroom. Keep all drugs in a safe place. Keep all drugs out of the reach of children and pets. Throw away unused or expired drugs. Do not flush down a toilet or pour down a drain unless you are told to do so. Check with your pharmacist if you have questions about the best way to throw out drugs. There may be drug take-back programs in your area. **WHAT DO I DO IF I MISS A DOSE?** Take a missed dose as soon as you think about it. If it is close to the time for your next dose, skip the missed dose and go back to your normal time. Do not take 2 doses at the same time or extra doses.

CAUTIONS: Tell all of your health care providers that you take this drug. This includes your doctors, nurses, pharmacists, and dentists. Avoid driving and doing other tasks or actions that call for you to be alert or have clear eyesight until you see how this drug affects you. To lower the chance of feeling dizzy or passing out, rise slowly if you have been sitting or lying down. Be careful going up and down stairs. Have blood work checked as you have been told by the doctor. Talk with the doctor. Avoid drinking alcohol while taking this drug. Talk with your doctor before you use other drugs and natural products that slow your actions. If you drink grapefruit juice or eat grapefruit often, talk with your doctor. Be careful in hot weather or while being active. Drink lots of fluids to stop fluid loss. Chance of seizures may be higher. Talk with the doctor. Low white blood cell counts have happened with drugs like this one. This may lead to a higher chance of getting an infection. Deadly infections have rarely happened. Tell your doctor if you have ever had a low white blood cell count. Call your doctor right away if you have signs of infection like fever, chills, or sore throat. Talk with your doctor. High blood sugar or diabetes, high cholesterol, and weight gain have happened with drugs like this one. These changes may raise the chance of heart and brain blood vessel disease. Talk with the doctor. Check your blood sugar as you have been told by your doctor. Dizziness, sleepiness, and feeling less stable may happen with this drug. These may lead to falling. Broken bones or other health problems can happen from falling. Talk with the doctor. Older adults with dementia taking drugs like this one have had a higher number of strokes. Sometimes these strokes have been deadly. This drug is not approved to treat mental problems caused by dementia. Talk with your doctor. If you are 65 or older, use this drug with care. You could have more side effects. Tell your doctor if you are pregnant or plan on getting pregnant. You will need to talk about the benefits and risks of using this drug while you are pregnant. Taking this drug in the third trimester of pregnancy may lead to muscle movements that cannot be controlled and withdrawal in the newborn. Talk with the doctor.

POSSIBLE SIDE EFFECTS: WHAT ARE SOME SIDE EFFECTS THAT I NEED TO CALL MY DOCTOR ABOUT RIGHT AWAY? WARNING/CAUTION: Even though it may be rare, some people may have very bad and sometimes deadly side effects when taking a drug. Tell your doctor or get medical help right away if you have any of the following signs or symptoms that may be related to a very bad side effect: Signs of an allergic reaction, like rash; hives; itching; red, swollen, blistered, or peeling skin with or without fever; wheezing; tightness in the chest or throat; trouble breathing, swallowing, or talking; unusual hoarseness; or swelling of the mouth, face, lips, tongue, or throat. Signs of high blood sugar like confusion, feeling sleepy, more thirst, more hungry, passing urine more often, flushing, fast breathing, or breath that smells like fruit. Trouble controlling body movements, twitching, change in balance, trouble swallowing or speaking. Strong urges that are hard to control (such as eating, gambling, sex, or spending money). Very bad dizziness or passing out. Change in balance. Feeling very tired or weak. Seizures. Blurred eyesight. A very bad and sometimes deadly health problem called neuroleptic malignant syndrome (NMS) may happen. Call your doctor right away if you have any fever, muscle cramps or stiffness, dizziness, very bad headache, confusion, change in thinking, fast heartbeat, heartbeat that does not feel normal, or are sweating a lot. Some people who take this drug may get a very bad muscle problem called tardive dyskinesia. This muscle problem may not go away even if this drug is stopped. Sometimes, signs may lessen or go away over time after this drug is stopped. The risk of tardive dyskinesia may be greater in people with diabetes and in older adults, especially older women. The risk is also greater the longer you take this drug or with higher doses. Muscle problems may also occur after short-term use with low doses. Call your doctor right away if you have trouble controlling body movements or if you have muscle problems with your tongue, face, mouth, or jaw like tongue sticking out, puffing cheeks, mouth puckering, or chewing. **WHAT ARE SOME OTHER SIDE EFFECTS OF THIS DRUG?** All drugs may cause side effects. However, many people have no side effects or only have minor side effects. Call your doctor or get medical help if any of these side effects or any other side effects bother you or do not go away: Dizziness; Feeling sleepy; Feeling tired or weak; Restlessness; Anxiety; Headache; Upset stomach or throwing up; Weight gain; Constipation; Trouble sleeping; Feeling more or less hungry; Nose and throat irritation; Dry mouth; Shakiness; Drooling; Stuffy nose. These are not all of the side effects that may occur. If you have questions about side effects, call your doctor. Call your doctor for medical advice about side effects. You may report side effects to the FDA at 1-800-FDA-1088. You may also report side effects at <http://www.fda.gov/medwatch>.

OVERDOSE: If you think there has been an overdose, call your poison control center or get medical care right away. Be ready to tell or show what was taken, how much, and when it happened.

ADDITIONAL INFORMATION: If your symptoms or health problems do not get better or if they become worse, call your doctor. Do not share your drugs with others and do not take anyone else's drugs. Keep a list of all your drugs (prescription, natural products, vitamins, OTC) with you. Give this list to your doctor. Talk with the doctor before starting any new drug, including prescription or OTC, natural products, or vitamins. This drug comes with an extra patient fact sheet called a Medication Guide. Read it with care. Read it again each time this drug is refilled. If you have any questions about this drug, please talk with the doctor, pharmacist, or other health care provider.

MEDICATION GUIDE

Aripiprazole Tablets

(air-eh-PIP-rah-zole)

What is the most important information I should know about aripiprazole tablets?

(For other side effects, also see “What are the possible side effects of aripiprazole tablets?”)

Serious side effects may happen when you take aripiprazole tablets, including:

- **Increased risk of death in elderly patients with dementia-related psychosis:** Medicines like aripiprazole tablets can raise the risk of death in elderly people who have lost touch with reality (psychosis) due to confusion and memory loss (dementia). Aripiprazole tablets are not approved for the treatment of patients with dementia-related psychosis.
- **Risk of suicidal thoughts or actions:** Antidepressant medicines, depression and other serious mental illnesses, and suicidal thoughts or actions:
 1. **Antidepressant medicines may increase suicidal thoughts or actions in some children, teenagers, and young adults within the first few months of treatment.**
 2. **Depression and other serious mental illnesses are the most important causes of suicidal thoughts and actions. Some people may have a particularly high risk of having suicidal thoughts or actions.** These include people who have (or have a family history of) suicidal thoughts or actions.
 3. **How can I watch for and try to prevent suicidal thoughts and actions in myself or a family member?**
 - Pay close attention to any changes, especially sudden changes, in mood, behaviors, thoughts, or feelings. This is very important when an antidepressant medicine is started or when the dose is changed.
 - Call the healthcare provider right away to report new or sudden changes in mood, behavior, thoughts, or feelings.
 - Keep all follow-up visits with the healthcare provider as scheduled. Call the healthcare provider between visits as needed, especially if you have concerns about symptoms.

Call a healthcare provider right away if you or your family member has any of the following symptoms, especially if they are new, worse, or worry you:

- thoughts about suicide or dying
- attempts to commit suicide
- new or worse depression
- new or worse anxiety
- feeling very agitated or restless
- panic attacks
- trouble sleeping (insomnia)
- new or worse irritability
- acting aggressive, being angry, or violent

- acting on dangerous impulses
- an extreme increase in activity and talking (mania)
- other unusual changes in behavior or mood

What else do I need to know about antidepressant medicines?

- **Never stop an antidepressant medicine without first talking to a healthcare provider.** Stopping an antidepressant medicine suddenly can cause other symptoms.
- **Antidepressants are medicines used to treat depression and other illnesses.** It is important to discuss all the risks of treating depression and also the risks of not treating it. Patients and their families or other caregivers should discuss all treatment choices with the healthcare provider, not just the use of antidepressants.
- **Antidepressant medicines have other side effects.** Talk to the healthcare provider about the side effects of the medicine prescribed for you or your family member.
- **Antidepressant medicines can interact with other medicines.** Know all of the medicines that you or your family member takes. Keep a list of all medicines to show the healthcare provider. Do not start new medicines without first checking with your healthcare provider.
- **Not all antidepressant medicines prescribed for children are FDA approved for use in children.** Talk to your child's healthcare provider for more information.

What are aripiprazole tablets?

- **Aripiprazole tablets are prescription medicine used to treat:**
 - Schizophrenia

It is not known if aripiprazole tablets are safe or effective in children:

- under 13 years of age with schizophrenia

Do not take aripiprazole tablets if you are allergic to aripiprazole or any of the ingredients in aripiprazole tablets. See the end of this Medication Guide for a complete list of ingredients in aripiprazole tablets.

Before taking aripiprazole tablets, tell your healthcare provider about all your medical conditions, including if you have or had:

- diabetes or high blood sugar in you or your family; your healthcare provider should check your blood sugar before you start aripiprazole tablets and also during therapy.
- seizures (convulsions).
- low or high blood pressure.
- heart problems or stroke.
- pregnancy or plans to become pregnant. It is not known if aripiprazole tablets will harm your unborn baby.
- breast-feeding or plans to breast-feed. Aripiprazole can pass into your breast milk and may harm your baby. Talk to your healthcare provider about the best way to feed your baby if you receive aripiprazole tablets.
- low white blood cell count.

Tell your healthcare provider about all the medicines that you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.

Aripiprazole tablets and other medicines may affect each other causing possible serious side effects. Aripiprazole tablets may affect the way other medicines work, and other medicines may affect how aripiprazole tablets works.

Your healthcare provider can tell you if it is safe to take aripiprazole tablets with your other medicines. Do not start or stop any medicines while taking aripiprazole tablets without talking to your healthcare provider first. Know the medicines you take. Keep a list of your medicines to show your healthcare provider and pharmacist when you get a new medicine.

How should I take aripiprazole tablets?

- Take aripiprazole tablets exactly as your healthcare provider tells you to take it. Do not change the dose or stop taking aripiprazole tablets yourself.
- Aripiprazole tablets can be taken with or without food.
- Aripiprazole tablets should be swallowed whole.
- If you miss a dose of aripiprazole tablets, take the missed dose as soon as you remember. If it is almost time for the next dose, just skip the missed dose and take your next dose at the regular time. Do not take two doses of aripiprazole tablets at the same time.
- If you take too much aripiprazole tablets, call your healthcare provider or poison control center at 1-800-222-1222 right away, or go to the nearest hospital emergency room.

What should I avoid while taking aripiprazole tablets?

- Do not drive, operate heavy machinery, or do other dangerous activities until you know how aripiprazole tablets affects you. Aripiprazole tablets may make you drowsy.
- Avoid getting over-heated or dehydrated.
 - Do not over-exercise.
 - In hot weather, stay inside in a cool place if possible.
 - Stay out of the sun. Do not wear too much or heavy clothing.
 - Drink plenty of water.

What are the possible side effects of aripiprazole tablets?

Aripiprazole tablets may cause serious side effects, including:

- See “What is the most important information I should know about aripiprazole tablets?”
- **Stroke in elderly people (cerebrovascular problems) that can lead to death**
- **Neuroleptic malignant syndrome (NMS).** Tell your healthcare provider right away if you have some or all of the following symptoms: high fever, stiff muscles, confusion, sweating, changes in pulse, heart rate, and blood pressure. These may be symptoms of a rare and serious condition that can lead to death. Call your healthcare provider right away if you have any of these symptoms.
- **Uncontrolled body movements (tardive dyskinesia).** Aripiprazole tablets may cause movements that you cannot control in your face, tongue, or other body parts. Tardive dyskinesia may not go away, even if you stop receiving aripiprazole tablets. Tardive dyskinesia may also start after you stop receiving aripiprazole tablets.
- **Problems with your metabolism such as:**
 - **High blood sugar (hyperglycemia) and diabetes.** Increases in blood sugar can happen in some people who take aripiprazole tablets. Extremely high blood sugar

can lead to coma or death. If you have diabetes or risk factors for diabetes (such as being overweight or a family history of diabetes), your healthcare provider should check your blood sugar before you start aripiprazole tablets and during your treatment.

Call your healthcare provider if you have any of these symptoms of high blood sugar while receiving aripiprazole tablets:

- feel very thirsty
- need to urinate more than usual
- feel very hungry
- feel weak or tired
- feel sick to your stomach
- feel confused, or your breath smells fruity.
- **Increased fat levels (cholesterol and triglycerides) in your blood.**
- **Weight gain.** You and your healthcare provider should check your weight regularly.
- **Unusual urges.** Some people taking aripiprazole tablets have had unusual urges, such as gambling, binge eating or eating that you cannot control (compulsive), compulsive shopping and sexual urges.

If you or your family members notice that you are having unusual urges or behaviors, talk to your healthcare provider.

- **Orthostatic hypotension (decreased blood pressure).** Lightheadedness or fainting may happen when rising too quickly from a sitting or lying position.
- **Low white blood cell count**
- **Seizures (convulsions)**
- **Problems with control of your body temperature especially when you exercise a lot or are in an area that is very hot. It is important for you to drink water to avoid dehydration.** See “What should I avoid while receiving aripiprazole tablets?”
- **Difficulty swallowing that can cause food or liquid to get into your lungs.**

The most common side effects of aripiprazole tablets in adults include:

- | | |
|-----------------------------|--|
| • nausea | • dizziness |
| • vomiting | • anxiety |
| • constipation | • insomnia |
| • headache | • restlessness |
| • blurred vision | • inner sense of restlessness/need to move (akathisia) |
| • upper respiratory illness | |

The most common side effects of aripiprazole tablets in children include:

- | | |
|-----------------------------------|---------------------------------|
| • feeling sleepy | • insomnia |
| • headache | • nausea |
| • vomiting | • stuffy nose |
| • fatigue | • weight gain |
| • increased or decreased appetite | • uncontrolled movement such as |

- increased saliva or drooling
- restlessness, tremor
- muscle stiffness

These are not all the possible side effects of aripiprazole tablets.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

How should I store aripiprazole tablets?

- Store aripiprazole tablets at 20° to 25° C (68° to 77°F) [see USP Controlled Room Temperature].

Keep aripiprazole tablets and all medicines out of the reach of children.

General information about the safe and effective use of aripiprazole tablets

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. Do not use aripiprazole tablets for a condition for which it was not prescribed. Do not give aripiprazole tablets to other people, even if they have the same symptoms you have. It may harm them. You can ask your healthcare provider or pharmacist for information about aripiprazole tablets that was written for healthcare professionals.

What are the ingredients in aripiprazole tablets?

Active ingredient: aripiprazole USP

Inactive ingredients: corn starch, FD&C Blue #2/Indigo Carmine Al, ferric oxide red, ferric oxide yellow, hydroxypropyl cellulose, lactose monohydrate, magnesium stearate and microcrystalline cellulose

Additional pediatric use information is approved for Otsuka America Pharmaceutical, Inc.'s ABILIFY® (aripiprazole) product. However, due to Otsuka America Pharmaceutical, Inc.'s marketing exclusivity rights, this drug product is not labeled with that information.

Manufactured by:
 **HETERO™**
HETERO LABS LIMITED 2040512
 Unit V, Polepally, Jadcherla,
 Mahaboob Nagar-509 301, India.

ABILIFY is a trademark of Otsuka Pharmaceutical Company.

This Medication Guide has been approved by the U.S. Food and Drug Administration

Revised: March 2017

CENTRAL PHARMACY OUTPATIENT ELECTRONIC REPORTS

Authorization is granted to Central Pharmacy Outpatient (OhioMHAS OPS) to release electronic files representing monthly pharmaceutical activity as listed below.

Electronic Reports

Reports to authorized users are now available electronically through an online portal maintained by OPS. (These are the same reports that are currently received by mail). Reports include, but are not limited to:

Board reports:

- Board Summary
- Sales Monthly
- Special Reports as agreed upon
- Monthly Billing (future availability; release date to be determined)

Agency reports:

- Institution Activity
- 10-day Prescriptions -MedCall
- Special Reports as agreed upon

Secure Site Access

To obtain authorization for access to electronic reports, individuals must submit a completed application form for each user.

1. Each "Application for Access" must be completed, signed, and emailed or faxed to:
MaryKay.Devlin@mha.ohio.gov
Fax number: 614-752-0151
2. Usernames will consist of the individual's employee email address, or State of Ohio OAKS ID. **Group emails will not be accepted.**
3. Once the "Application for Access" is received and the authorization for access is approved, an email will notify the user of access approval.

CPO report files will be available to authorized users from the following site:
<https://apps.mha.ohio.gov>

Authorized users can contact mhahelpdesk@mha.ohio.gov for questions and additional information, including user issues or password resets. All email requests will be responded to within 48 business hours.

CENTRAL PHARMACY OUTPATIENT ELECTRONIC REPORTS

Applicant Information

Facility Contact: _____ Date: _____
Last First M.I.
Title: _____ Phone: () _____
Email: _____ Fax: () _____

Facility Information

Facility Name: _____
Board/Agency # _____
Address: _____
Street Address Suite #
City State ZIP Code

User Name / Password

User Name: _____
Oaks ID or email address _____
Password: _____

Authorization is granted to Central Pharmacy Outpatient/Ohio Department of Mental Health and Addiction Services to release electronic files representing monthly pharmaceutical activity - patients served, medications prescribed and associated costs, as well as, patient profiles, and any other special reports requested. In submitting this request, the facility agrees that it has established and will maintain appropriate administrative and technical safeguards to prevent any unauthorized access to the electronic billing reporting system.

Signature

Date



Ohio Pharmacy Services

Lori Criss, Director • Brandon Haas, Chief • 2150 W. Broad St. • Columbus, OH 43223 • (614) 752-0116 • mha.ohio.gov/pharmacy

Date and time faxed: _____

We have received a prescription request that was either incomplete or requires additional information. Please contact our office between the hours of 7:30 a.m. and 4:00 p.m. (fax 614 -752-0151 or phone 614-752-0150). We will not be able to process the order until the missing information is received.

Patient name: _____

D.O.B.: _____

Patient ID #: _____

Clinic Name/#: _____

The following information is needed to process the request for the above patient: Please **WRITE** all changes or any corrections on the **ORIGINAL PRESCRIPTION** & fax the **CORRECTED** prescription back to us.

___ D.O.B.

___ Gender

___ Patient Name

___ Patient Address

___ Allergy Information

___ Diagnosis (ICD-9 code)

___ Prescription was sent without a DAW or with an invalid DAW, and patient has been getting brand only in the past. Please call to confirm continuation of BRAND ONLY or a change to generics. (Ohio law requires DAW to be hand written by the prescriber only. Preprinted or stamped DAW is not valid.)

___ MD Signature Missing (please call with verbal or re-fax with signature)

___ Rx received was written on a security prescription blank and we are unable to read the faxed copy. Please resend on a Central Pharmacy Rx blank, non-secure Rx blank, or call in prescription(s).

___ Other: _____

CENTRAL PHARMACY OUTPATIENT COMMUNICATION

AGENCY:

PATIENT:

DATE:

ITEM:

PLACE STICKER HERE OR

FILL IN INFORMATION

TEMPORARILY OUT OF STOCK

The item listed above is temporarily out of stock. We will ship the item as soon as it is received. Please see the area above for patient and medication information. We are sorry for any inconvenience this may have caused.

Sincerely,

CPOP Staff

MEDICATION ERROR REPORT

		Date of Report	Time of Report	<p style="text-align: center;">Level of Error</p> <p>Level 0 - No medication error occurred (potential errors would be classified here). Level 0 is catching the potential error before reaching the patient.</p> <p>Level 1 through Level 6 are ORYX reportable errors.</p> <p><input type="checkbox"/> Level 1 - An error occurred that did not result in patient harm.</p> <p><input type="checkbox"/> Level 2 - An error occurred that resulted in the need for increased patient monitoring but no change in vital signs and no patient harm.</p> <p><input type="checkbox"/> Level 3 - An error occurred that resulted in the need for increased patient monitoring with a change in vital signs but no ultimate patient harm, or any error that resulted in the need for increased laboratory monitoring.</p> <p><input type="checkbox"/> Level 4 - An error occurred that resulted in the need for treatment with another drug or an increased length of stay or that affected patient participation in an investigational drug study.</p> <p>Levels 5 and 6 are incident reports.</p> <p><input type="checkbox"/> Level 5 - An error occurred that resulted in permanent patient harm or transfer to general hospital.</p> <p><input type="checkbox"/> Level 6 - An error occurred that resulted in patient death.</p> <p>A medication error is any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer. Such events may be related to professional practice, health care products, procedures, and systems, including prescribing; order communication, product labeling, packaging, and nomenclature; compounding, dispensing; distribution; administration; education; monitoring; and use.</p> <p><input type="checkbox"/> Did not obtain informed consent</p>
Date of Occurrence	Time of Occurrence	End Date	End Time	
Name & Title of Person Who Committed Error				
Name & Title of Person Who Discovered/Reported Error				
Name & Title of Receiving Supervisor				
How many treatment variances took place?*	Shift <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd	Type of Order <input type="checkbox"/> Telephone <input type="checkbox"/> Written <input type="checkbox"/> Verbal		
*Number of deviations from the intended course of treatment.				
LOCATION				
<input type="checkbox"/> On Ward, PCS Designation <input type="checkbox"/> In Building <input type="checkbox"/> On Grounds <input type="checkbox"/> Off Grounds <input type="checkbox"/> CSN				
PRESCRIBING				
PERSON PRESCRIBING Select One <input type="checkbox"/> Physician <input type="checkbox"/> Admitting <input type="checkbox"/> Attending <input type="checkbox"/> MOD <input type="checkbox"/> Consulting <input type="checkbox"/> CCO <input type="checkbox"/> Other _____	TYPE OF ERROR Select One Wrong: <input type="checkbox"/> Patient <input type="checkbox"/> Choice of Drug <input type="checkbox"/> Dose <input type="checkbox"/> Route <input type="checkbox"/> Known Allergy <input type="checkbox"/> Failure to Monitor <input type="checkbox"/> Contraindication Due to Patient's Condition <input type="checkbox"/> Untimely Drug Renewal <input type="checkbox"/> Other _____	PRIMARY CAUSE Select One <input type="checkbox"/> Frequent Interruptions <input type="checkbox"/> Failure to Follow Policy/Procedures <input type="checkbox"/> Illegible Handwriting <input type="checkbox"/> Improper Calculations <input type="checkbox"/> Sound Alike/Look Alike <input type="checkbox"/> Inadequate Knowledge of Medication <input type="checkbox"/> Electronic/Automation <input type="checkbox"/> Other _____		
DISPENSING/ DISTRIBUTION (ADM)				
PERSON DISPENSING Select One <input type="checkbox"/> Pharmacist <input type="checkbox"/> Pharmacist <input type="checkbox"/> Technicians <input type="checkbox"/> Contract <input type="checkbox"/> Other _____	TYPE OF ERROR Select One Wrong: <input type="checkbox"/> Patient <input type="checkbox"/> Drug <input type="checkbox"/> Dose <input type="checkbox"/> Prep. of a Dose <input type="checkbox"/> Labeling Prep. <input type="checkbox"/> Known Allergy <input type="checkbox"/> Failure to Monitor <input type="checkbox"/> Omission of Medication <input type="checkbox"/> Contraindication Due to Patient's Condition Wrong (ADM): <input type="checkbox"/> Dose <input type="checkbox"/> Drug/Drawer <input type="checkbox"/> Incorrect Data Entry (ADM) <input type="checkbox"/> Incorrect Label (ADM) <input type="checkbox"/> Other _____	PRIMARY CAUSE Select One <input type="checkbox"/> Frequent Interruptions <input type="checkbox"/> Failure to Follow Policy/Procedures <input type="checkbox"/> Order Misinterpreted <input type="checkbox"/> Improper Storage <input type="checkbox"/> Transcribing <input type="checkbox"/> Electronic/Automation (ADM) <input type="checkbox"/> Mechanical (ADM) <input type="checkbox"/> Illegible Handwriting <input type="checkbox"/> Improper Calculations <input type="checkbox"/> Sound Alike/Look Alike <input type="checkbox"/> Inadequate Knowledge of Medication <input type="checkbox"/> Stock Out <input type="checkbox"/> Other _____		
ADMINISTERING				
PERSON ADMINISTERING Select One Nursing <input type="checkbox"/> RN Regular Assigned <input type="checkbox"/> RN Float <input type="checkbox"/> LPN Regular Assigned <input type="checkbox"/> LPN Float <input type="checkbox"/> Student Nurse <input type="checkbox"/> Other _____	TYPE OF ERROR Select One Wrong: <input type="checkbox"/> Patient <input type="checkbox"/> Drug <input type="checkbox"/> Dose <input type="checkbox"/> Route <input type="checkbox"/> Time <input type="checkbox"/> Prep. of a Dose <input type="checkbox"/> Known Allergy <input type="checkbox"/> Failure to Monitor <input type="checkbox"/> Contraindication Due to Patient's Condition <input type="checkbox"/> Untimely Drug Renewal <input type="checkbox"/> Other _____	PRIMARY CAUSE Select One <input type="checkbox"/> Frequent Interruptions <input type="checkbox"/> Failure to Follow Policy/Procedures <input type="checkbox"/> Order Misinterpreted <input type="checkbox"/> Patient Not Identified <input type="checkbox"/> Inadequate Knowledge of Medication <input type="checkbox"/> Transcribing <input type="checkbox"/> Illegible Handwriting <input type="checkbox"/> Sound Alike/Look Alike <input type="checkbox"/> Improper Verification <input type="checkbox"/> Electronic/Automation (ADM) <input type="checkbox"/> Other _____		

Patient Name	Legal Status	Pt. ID No. or SSN	DOB	Sex
Description of Medication Error - include the name(s) and dose(s) of medication(s) involved, how error was discovered or occurred, cause of error and action taken. If transcription error, note name of nurse transcribing and verifying.)				
Signature & Title of Person Completing This Section		Date	Time	
Physician's Findings and Action - following your assessment of the patient.				
Signature of Physician		Date	Time	
Supervisor's Evaluation of Error Incident - include cause and action taken, indicate corrective measures to prevent future errors of similar nature.				
Signature & Title of Supervisor		Date	Time	
Conclusive Findings/Recommendations - What processes were identified that need analysis or improvement.				
Signature & Title of Person		Date	Time	

CENTRAL PHARMACY OUTPATIENT FORMULARY

Controlled drugs are highlighted and noted @, up to a 30 day supply may be obtained using CPO RX blanks locally.
 Please write or e-scribe noncontrols and fax to pharmacy. Generics Only if available.
 Pharmacy telephone: 614-752-0150 Fax: 614-752-0151

Updated July 2019

GENERIC NAME	BRAND NAME
Acamprosate tab 333mg	CAMPRAL TAB 333MG
Alprazolam tab 0.25mg@	XANAX TAB 0.25MG
Alprazolam tab 0.5mg@	XANAX TAB 0.5MG
Alprazolam tab 1mg@	XANAX TAB 1MG
Alprazolam tab 2mg@	XANAX TAB 2MG
Amantadine cap 100mg	SYMMETREL CAP 100MG
Amantadine syrup 50mg/5ml	SYMMETREL SYRUP 50MG/5ML
Amitriptyline tab 100mg	ELAVIL TAB 100mg
Amitriptyline tab 10mg	ELAVIL TAB 10MG
Amitriptyline tab 150mg	ELAVIL TAB 150MG
Amitriptyline tab 25mg	ELAVIL TAB 25MG
Amitriptyline tab 50mg	ELAVIL TAB 50MG
Amitriptyline tab 75mg	ELAVIL TAB 75MG
Amoxapine tab 100mg	ASENDIN TAB 100MG
Amoxapine tab 150mg	ASENDIN TAB 150MG
Amoxapine tab 25mg	ASENDIN TAB 25MG
Amoxapine tab 50mg	ASENDIN TAB 50MG
Amphetamine mixed salts 12.5mg@	ADDERALL TAB 12.5MG
Amphetamine mixed salts tab 10mg@	ADDERALL TAB 10MG
Amphetamine mixed salts tab 15mg@	ADDERALL TAB 15MG
Amphetamine mixed salts tab 20mg@	ADDERALL TAB 20MG
Amphetamine mixed salts tab 30mg@	ADDERALL TAB 30MG
Amphetamine mixed salts tab 5mg@	ADDERALL TAB 5MG
Amphetamine mixed salts tab 7.5mg@	ADDERAL TAB 7.5MG
Amphetamine mixed salts XR cap 10mg@	ADDERALL XR CAP 10MG
Amphetamine mixed salts XR cap 15mg@	ADDERALL XR CAP 15MG
Amphetamine mixed salts XR cap 20mg@	ADDERALL XR CAP 20MG
Amphetamine mixed salts XR cap 25mg@	ADDERALL XR CAP 25MG
Amphetamine mixed salts XR cap 30mg@	ADDERALL XR CAP 30MG
Amphetamine mixed salts XR cap 5mg	ADDERALL XR CAP 5MG
Aripiprazole lauroxil inj 1064mg	ARISTADA INJ 1064MG
Aripiprazole lauroxil inj 441mg	ARISTADA INJ 441MG
Aripiprazole lauroxil inj 662mg	ARISTADA INJ 662MG
Aripiprazole lauroxil inj 882mg	ARISTADA INJ 882MG
Aripiprazole Maintena inj 300mg	ABILIFY MAINTENA INJ 300MG

Aripiprazole Maintena inj 400mg	ABILIFY MAINTENA INJ 400MG
Aripiprazole soln 1mg/ml	ABILIFY SOLN 1MG/ML
Aripiprazole tab 10mg	ABILIFY TAB 10MG
Aripiprazole tab 15mg	ABILIFY TAB 15MG
Aripiprazole tab 20mg	ABILIFY TAB 20MG
Aripiprazole tab 2mg	ABILIFY TAB 2MG
Aripiprazole tab 30mg	ABILIFY TAB 30MG
Aripiprazole tab 5mg	ABILIFY TAB 5MG
Asenapine SL tab 10mg	SAPHRIS SL TAB 10MG
Asenapine SL tab 2.5mg	SAPHRIS SL TAB 2.5MG
Asenapine SL tab 5mg	SAPHRIS SL TAB 5MG
Atenolol tab 100mg	TENORMIN TAB 100MG
Atenolol tab 25mg	TENORMIN TAB 25MG
Atenolol tab 50mg	TENORMIN TAB 50MG
Atomoxetine cap 100mg	STRATTERA CAP 100MG
Atomoxetine cap 10mg	STRATTERA CAP 10MG
Atomoxetine cap 18mg	STRATTERA CAP 18MG
Atomoxetine cap 25mg	STRATTERA CAP 25MG
Atomoxetine cap 40mg	STRATTERA CAP 40MG
Atomoxetine cap 60mg	STRATTERA CAP 60MG
Atomoxetine cap 80mg	STRATTERA CAP 80MG
Benztropine inj 1mg/ml	COGENTIN INJ 1MG/ML
Benztropine tab 0.5mg	COGENTIN TAB 0.5MG
Benztropine tab 1mg	COGENTIN TAB 1MG
Benztropine tab 2mg	COGENTIN TAB 2MG
Bupropion SR tab 100mg	WELLBUTRIN SR TAB 100MG
Bupropion SR tab 150mg	WELLBUTRIN SR TAB 150MG
Bupropion SR tab 200mg	WELLBUTRIN SR TAB 200MG
Bupropion tab 100mg	WELLBUTRIN TAB 100MG
Bupropion tab 75mg	WELLBUTRIN TAB 75MG
Bupropion XL tab 150mg	WELLBUTRIN XL TAB 150MG
Bupropion XL tab 300mg	WELLBUTRIN XL TAB 300MG
Buspirone tab 10mg	BUSPAR TAB 10MG
Buspirone tab 15mg	BUSPAR TAB 15MG
Buspirone tab 30mg	BUSPAR TAB 30MG
Buspirone tab 5mg	BUSPAR TAB 5MG
Carbamazepine chew tab 100mg	TEGRETOL CHEW TAB 100MG
Carbamazepine ER cap 100mg	CARBATROL ER CAP 100MG
Carbamazepine ER cap 200mg	CARBATROL ER CAP 200MG
Carbamazepine ER cap 300mg	CARBATROL ER CAP 300MG
Carbamazepine Susp 100mg/5ml	TEGRETOL SUSP 100MG/5ML

Carbamazepine tab 200mg	TEGRETOL TAB 200MG
Carbamazepine XR tab 100mg	TEGRETOL XR TAB 100MG
Carbamazepine XR tab 200mg	TEGRETOL XR TAB 200MG
Carbamazepine XR tab 400mg	TEGRETOL XR TAB 400MG
Chlordiazepoxide cap 10mg@	LIBRIUM CAP 10MG
Chlordiazepoxide cap 25mg@	LIBRIUM CAP 25MG
Chlordiazepoxide cap 5mg@	LIBRIUM CAP 5MG
Chlorpromazine tab 100mg	THORAZINE TAB 100MG
Chlorpromazine tab 10mg	THORAZINE TAB 10MG
Chlorpromazine tab 200mg	THORAZINE TAB 200MG
Chlorpromazine tab 25mg	THORAZINE TAB 25MG
Chlorpromazine tab 50mg	THORAZINE TAB 50MG
Citalopram Soln 10mg/5ml	CELEXA SOLN 10MG/5ML
Citalopram tab 10mg	CELEXA TAB 10MG
Citalopram tab 20mg	CELEXA TAB 20MG
Citalopram tab 40mg	CELEXA TAB 40MG
Clomipramine cap 25mg	ANAFRANIL CAP 25MG
Clomipramine cap 50mg	ANAFRANIL CAP 50MG
Clomipramine cap 75mg	ANAFRANIL CAP 75MG
Clonidine tab 0.1mg	CATAPRES TAB 0.1MG
Clonidine tab 0.2mg	CATAPRES TAB 0.2MG
Clonidine tab 0.3mg	CATAPRES TAB 0.3MG
Clonidine-TTS patch 0.1mg/24hr	CATAPRES-TTS DIS 0.1/24HR
Clonidine-TTS patch 0.2mg/24hr	CATAPRES-TTS DIS 0.2/24HR
Clonidine-TTS patch 0.3mg/24hr	CATAPRES-TTS DIS 0.3/24HR
Clorazepate tab 15mg@	TRANXENE T TAB 15MG
Clorazepate tab 3.75mg@	TRANXENE T TAB 3.75MG
Clorazepate tab 7.5mg@	TRANXENE T TAB 7.5MG
Clozapine Susp 50mg/ml	CLOZARIL SUSP 50MG/ML
Clozapine tab 100mg	CLOZARIL TAB 100MG
Clozapine tab 200mg	CLOZARIL TAB 200MG
Clozapine tab 25mg	CLOZARIL TAB 25MG
Clozapine tab 50mg	CLOZARIL TAB 50MG
Cyproheptadine Syrup 2mg/5ml	PERIACTIN SYRUP 2MG/5ML
Cyproheptadine tab 4mg	PERIACTIN TAB 4MG
Desipramine tab 100mg	NORPRAMIN TAB 100MG
Desipramine tab 10mg	NORPRAMIN TAB 10MG
Desipramine tab 150mg	NORPRAMIN TAB 150MG
Desipramine tab 25mg	NORPRAMIN TAB 25MG
Desipramine tab 50mg	NORPRAMIN TAB 50MG
Desipramine tab 75mg	NORPRAMIN TAB 75MG

Desvenlafaxine ER tab 100mg	PRISTIQ ER TAB 100MG
Desvenlafaxine ER tab 25mg	PRISTIQ ER TAB 25MG
Desvenlafaxine ER tab 50mg	PRISTIQ ER TAB 50MG
Dexmethylphenidate tab 10mg@	FOCALIN TAB 10MG
Dexmethylphenidate tab 2.5mg@	FOCALIN TAB 2.5MG
Dexmethylphenidate tab 5mg@	FOCALIN TAB 5MG
Dexmethylphenidate XR cap 10mg@	FOCALIN XR CAP 10MG
Dexmethylphenidate XR cap 15mg@	FOCALIN XR CAP 15MG
Dexmethylphenidate XR cap 20mg@	FOCALIN XR CAP 20MG
Dexmethylphenidate XR cap 25mg@	FOCALIN XR CAP 25MG
Dexmethylphenidate XR cap 30mg@	FOCALIN XR CAP 30MG
Dexmethylphenidate XR cap 35mg@	FOCALIN XR CAP 35MG
Dexmethylphenidate XR cap 40mg@	FOCALIN XR CAP 40MG
Dexmethylphenidate XR cap 5mg@	FOCALIN XR CAP 5MG
Dextroamphetamine ER cap 10mg@	DEXEDRINE ER CAP 10MG
Dextroamphetamine ER cap 15mg@	DEXEDRINE ER CAP 15MG
Dextroamphetamine ER cap 5mg@	DEXEDRINE ER CAP 5MG
Dextroamphetamine Soln 5mg/5ml@	DEXEDRINE SOLN 5MG/5ML
Dextroamphetamine tab 10mg@	DEXEDRINE TAB 10MG
Dextroamphetamine tab 15mg@	DEXEDRINE TAB 15MG
Dextroamphetamine tab 2.5mg@	DEXEDRINE TAB 2.5MG
Dextroamphetamine tab 20mg@	DEXEDRINE TAB 20MG
Dextroamphetamine tab 30mg@	DEXEDRINE TAB 30MG
Dextroamphetamine tab 5mg@	DEXEDRINE TAB 5MG
Dextroamphetamine tab 7.5mg@	DEXEDRINE TAB 7.5MG
Diazepam tab 10mg@	VALIUM TAB 10MG
Diazepam tab 2mg@	VALIUM TAB 2MG
Diazepam tab 5mg@	VALIUM TAB 5MG
Diphenhydramine cap 25mg	BENADRYL CAP 25MG
Diphenhydramine cap 50mg	BENADRYL CAP 50MG
Disulfiram tab 250mg	ANTABUSE TAB 250MG
Disulfiram tab 500mg	ANTABUSE TAB 500MG
Divalproex DR tab 125mg	DEPAKOTE TAB 125mg
Divalproex DR tab 250mg	DEPAKOTE DR TAB 250MG
Divalproex DR tab 500mg	DEPAKOTE DR TAB 500MG
Divalproex ER tab 250mg	DEPAKOTE ER 250MG
Divalproex ER tab 500mg	DEPAKOTE ER TAB 500MG
Divalproex Sprinkle cap 125mg	DEPAKOTE SPRINKLE CAP 125MG
Doxepin cap 100mg	SINEQUAN CAP 100MG
Doxepin cap 10mg	SINEQUAN CAP 10MG
Doxepin cap 150mg	SINEQUAN CAP 150MG

Doxepin cap 25mg	SINEQUAN CAP 25MG
Doxepin cap 50mg	SINEQUAN CAP 50MG
Doxepin cap 75mg	SINEQUAN CAP 75MG
Doxepin Conc soln 10mg/ml	SINEQUAN CONC SOLN 10MG/ML
Duloxetine cap 20mg	CYMBALTA CAP 20MG
Duloxetine cap 30mg	CYMBALTA CAP 30MG
Duloxetine cap 60mg	CYMBALTA CAP 60MG
Escitalopram soln 5mg/5ml	LEXAPRO SOLN 5MG/5ML
Escitalopram tab 10mg	LEXAPRO TAB 10MG
Escitalopram tab 20mg	LEXAPRO TAB 20MG
Estazolam tab 1mg@	PROSOM TAB 1MG
Estazolam tab 2mg@	PROSOM TAB 2MG
Eszopiclone tab 1mg@	LUNESTA TAB 1MG
Eszopiclone tab 2mg@	LUNESTA TAB 2MG
Eszopiclone tab 3mg@	LUNESTA TAB 3MG
Fluoxetine cap 10mg	PROZAC CAP 10MG
Fluoxetine cap 20mg	PROZAC CAP 20MG
Fluoxetine soln 20mg/5ml	PROZAC SOLN 20MG/5ML
Fluphenazine Conc soln 5mg/ml	PROLIXIN CONC SOLN 5MG/ML
Fluphenazine decanoate inj 25mg/ml	PROLIXIN DECANOATE INJ 25MG/ML
Fluphenazine Elixir 2.5mg/5ml	PROLIXIN ELIXIR 2.5MG/5ML
Fluphenazine tab 10mg	PROLIXIN TAB 10MG
Fluphenazine tab 1mg	PROLIXIN TAB 1MG
Fluphenazine tab 2.5mg	PROLIXIN TAB 2.5MG
Fluphenazine tab 5mg	PROLIXIN TAB 5MG
Fluvoxamine ER cap 100mg	LUVOX ER CAP 100MG
Fluvoxamine ER cap 150mg	LUVOX ER CAP 150MG
Fluvoxamine tab 100mg	LUVOX TAB 100MG
Fluvoxamine tab 25mg	LUVOX TAB 25MG
Fluvoxamine tab 50mg	LUVOX TAB 50MG
Gabapentin cap 100mg	NEURONTIN CAP 100MG
Gabapentin cap 300mg	NEURONTIN CAP 300MG
Gabapentin cap 400mg	NEURONTIN CAP 400MG
Gabapentin soln 250mg/5ml	NEURONTIN SOLN 250MG/5ML
Gabapentin tab 600mg	NEURONTIN TAB 600MG
Gabapentin tab 800mg	NEURONTIN TAB 800MG
Guanfacine ER tab 1mg	INTUNIV ER TAB 1MG
Guanfacine ER tab 2mg	INTUNIV ER TAB 2MG
Guanfacine ER tab 3mg	INTUNIV ER TAB 3MG
Guanfacine ER tab 4mg	INTUNIV ER TAB 4MG
Guanfacine tab 1mg	TENEX TAB 1MG

Guanfacine tab 2mg	TENEX TAB 2MG
Haloperidol Conc soln 2mg/ml	HALDOL CONC SOLN 2MG/ML
Haloperidol decanoate inj 100mg/ml	HALDOL DECANOATE INJ 100MG/ML
Haloperidol decanoate inj 50mg/ml	HALDOL DECANOATE INJ 50MG/ML
Haloperidol tab 0.5mg	HALDOL TAB 0.5MG
Haloperidol tab 10mg	HALDOL TAB 10MG
Haloperidol tab 1mg	HALDOL TAB 1MG
Haloperidol tab 20mg	HALDOL TAB 20MG
Haloperidol tab 2mg	HALDOL TAB 2MG
Haloperidol tab 5mg	HALDOL TAB 5MG
Hydroxyzine HCl syrup 10mg/5ml	ATARAX/VISTARIL SYRUP 10MG/5ML
Hydroxyzine HCl tab 10mg	ATARAX TAB 10MG
Hydroxyzine HCl tab 25mg	ATARAX TAB 25MG
Hydroxyzine HCl tab 50mg	ATARAX TAB 50MG
Hydroxyzine pamoate cap 100mg	VISTARIL CAP 100MG
Hydroxyzine pamoate cap 25mg	VISTARIL CAP 25MG
Hydroxyzine pamoate cap 50mg	VISTARIL CAP 50MG
Iloperidone tab 10mg	FANAPT TAB 10MG
Iloperidone tab 12mg	FANAPT TAB 12MG
Iloperidone tab 1mg	FANAPT TAB 1MG
Iloperidone tab 2mg	FANAPT TAB 2MG
Iloperidone tab 4mg	FANAPT TAB 4MG
Iloperidone tab 6mg	FANAPT TAB 6MG
Iloperidone tab 8mg	FANAPT TAB 8MG
Imipramine tab 10mg	TOFRANIL TAB 10MG
Imipramine tab 25mg	TOFRANIL TAB 25MG
Imipramine tab 50mg	TOFRANIL TAB 50MG
Lamotrigine ODT tab 100mg	LAMICTAL ODT TAB 100MG
Lamotrigine ODT tab 25mg	LAMICTAL ODT TAB 25MG
Lamotrigine ODT tab 50mg	LAMICTAL ODT TAB 50MG
Lamotrigine tab 100mg	LAMICTAL TAB 100MG
Lamotrigine tab 150mg	LAMICTAL TAB 150MG
Lamotrigine tab 200mg	LAMICTAL TAB 200MG
Lamotrigine tab 25mg	LAMICTAL TAB 25MG
Levetiracetam soln 100mg/ml	KEPPRA SOLN 100MG/ML
Levetiracetam tab 1000mg	KEPPRA TAB 1000MG
Levetiracetam tab 250mg	KEPPRA TAB 250MG
Levetiracetam tab 500mg	KEPPRA TAB 500MG
Levetiracetam tab 750mg	KEPPRA TAB 750MG
Levothyroxine tab 100mcg	SYNTHROID TAB 100MCG
Levothyroxine tab 112mcg	SYNTHROID TAB 112MCG

Levothyroxine tab 125mcg	SYNTHROID TAB 125MCG
Levothyroxine tab 137mcg	SYNTHROID TAB 137MCG
Levothyroxine tab 150mcg	SYNTHROID TAB 150MCG
Levothyroxine tab 175mcg	SYNTHROID TAB 175MCG
Levothyroxine tab 200mcg	SYNTHROID TAB 200MCG
Levothyroxine tab 25mcg	SYNTHROID TAB 25MCG
Levothyroxine tab 300mcg	SYNTHROID TAB 300MCG
Levothyroxine tab 50mcg	SYNTHROID TAB 50MCG
Levothyroxine tab 75mcg	SYNTHROID TAB 75MCG
Levothyroxine tab 88mcg	SYNTHROID TAB 88MCG
Liothyronine tab 25mcg	CYTOMEL TAB 25MCG
Liothyronine tab 50mcg	CYTOMEL TAB 50MCG
Liothyronine tab 5mcg	CYTOMEL TAB 5MCG
Lisdexamfetamine cap 10mg@	VYVANSE CAP 10MG
Lisdexamfetamine cap 20mg@	VYVANSE CAP 20MG
Lisdexamfetamine cap 30mg@	VYVANSE CAP 30MG
Lisdexamfetamine cap 40mg@	VYVANSE CAP 40MG
Lisdexamfetamine cap 50mg@	VYVANSE CAP 50MG
Lisdexamfetamine cap 60mg@	VYVANSE CAP 60MG
Lisdexamfetamine cap 70mg@	VYVANSE CAP 70MG
Lithium carbonate cap 150mg	LITHIUM CARB 150MG CAPS
Lithium carbonate cap 300mg	LITHIUM CARB 300MG CAPS
Lithium carbonate cap 600mg	LITHIUM CARB 600MG CAPS
Lithium carbonate CR tab 300mg	ESKALITH CR/LITHOBID TAB 300MG
Lithium carbonate CR tab 450mg	ESKALITH CR TAB 450MG
Lithium citrate syrup 8MEQ/5ml	ESKALITH SYRUP 8MEQ/5ML
Lorazepam tab 0.5mg@	ATIVAN TAB 0.5MG
Lorazepam tab 1mg@	ATIVAN TAB 1MG
Lorazepam tab 2mg@	ATIVAN TAB 2MG
Loxapine cap 10mg	LOXITANE CAP 10MG
Loxapine cap 25mg	LOXITANE CAP 25MG
Loxapine cap 50mg	LOXITANE CAP 50MG
Loxapine cap 5mg	LOXITANE CAP 5MG
Lurasidone tab 120mg	LATUDA TAB 120MG
Lurasidone tab 60mg	LATUDA TAB 60MG
Lurasidone tab 20mg	LATUDA TAB 20MG
Lurasidone tab 40mg	LATUDA TAB 40MG
Lurasidone tab 80mg	LATUDA TAB 80MG
Methylphenidate CD cap 60mg@	METADATE CD CAP 60MG
Methylphenidate CD cap 10mg@	METADATE CD CAP 10MG
Methylphenidate CD cap 20mg@	METADATE CD CAP 20MG

Methylphenidate CD cap 30mg@	METADATE CD CAP 30MG
Methylphenidate CD cap 40mg@	METADATE CD CAP 40MG
Methylphenidate CD cap 50mg@	METADATE CD CAP 50MG
Methylphenidate ER tab 18mg@	CONCERTA ER TAB 18MG
Methylphenidate ER tab 27mg@	CONCERTA ER TAB 27MG
Methylphenidate ER tab 36mg@	CONCERTA ER TAB 36MG
Methylphenidate ER tab 54mg@	CONCERTA ER TAB 54MG
Methylphenidate LA cap 10mg@	RITALIN LA CAP 10MG
Methylphenidate LA cap 20mg@	RITALIN LA CAP 20MG
Methylphenidate LA cap 30mg@	RITALIN LA CAP 30MG
Methylphenidate LA cap 40mg@	RITALIN LA CAP 40MG
Methylphenidate LA cap 60mg@	RITALIN LA CAP 60MG
Methylphenidate patch 10mg/9hr@	DAYTRANA PATCH 10MG/9HR
Methylphenidate patch 15mg/9hr@	DAYTRANA PATCH 15MG/9HR
Methylphenidate patch 20mg/9hr@	DAYTRANA PATCH 20MG/9HR
Methylphenidate patch 30mg/9hr@	DAYTRANA PATCH 30MG/9HR
Methylphenidate SR tab 20mg@	RITALIN SR TAB 20MG
Methylphenidate tab 10mg@	RITALIN TAB 10MG
Methylphenidate tab 20mg@	RITALIN TAB 20MG
Methylphenidate tab 5mg@	RITALIN TAB 5MG
Mirtazapine ODT tab 15mg	REMERON ODT TAB 15MG
Mirtazapine ODT tab 30mg	REMERON ODT TAB 30MG
Mirtazapine ODT tab 45mg	REMERON ODT TAB 45MG
Mirtazapine tab 15mg	REMERON TAB 15MG
Mirtazapine tab 30mg	REMERON TAB 30MG
Mirtazapine tab 45mg	REMERON TAB 45MG
Naltrexone inj 380mg	VIVITROL INJ 380MG
Naltrexone tab 50mg	REVIA TAB 50MG
Nortriptyline cap 10mg	PAMELOR CAP 10MG
Nortriptyline cap 25mg	PAMELOR CAP 25MG
Nortriptyline cap 50mg	PAMELOR CAP 50MG
Nortriptyline cap 75mg	PAMELOR CAP 75MG
Nortriptyline soln 10mg/5ml	PAMELOR SOLN 10MG/5ML
Olanzapine ODT tab 10mg	ZYPREXA ZYDIS ODT 10MG
Olanzapine ODT tab 15mg	ZYPREXA ZYDIS ODT 15MG
Olanzapine ODT tab 20mg	ZYPREXA ZYDIS ODT 20MG
Olanzapine ODT tab 5mg	ZYPREXA ZYDIS ODT 5MG
Olanzapine tab 10mg	ZYPREXA TAB 10MG
Olanzapine tab 15mg	ZYPREXA TAB 15MG
Olanzapine tab 2.5mg	ZYPREXA TAB 2.5MG
Olanzapine tab 20mg	ZYPREXA TAB 20MG

Olanzapine tab 5mg	ZYPREXA TAB 5MG
Olanzapine tab 7.5mg	ZYPREXA TAB 7.5MG
Olanzapine/fluoxetine cap 12/25mg	SYMBYAX CAP 12/25MG
Olanzapine/fluoxetine cap 12/50mg	SYMBYAX CAP 12/50MG
Olanzapine/fluoxetine cap 3/25mg	SYMBYAX CAP 3/25MG
Olanzapine/fluoxetine cap 6/25mg	SYMBYAX CAP 6/25MG
Olanzapine/fluoxetine cap 6/50mg	SYMBYAX CAP 6/50MG
Oxazepam cap 10mg@	SERAX CAP 10MG
Oxazepam cap 15mg@	SERAX CAP 15MG
Oxazepam cap 30mg@	SERAX CAP 30MG
Oxcarbazepine susp 300mg/5ml	TRILEPTAL SUSP 300MG/5ML
Oxcarbazepine tab 150mg	TRILEPTAL TAB 150MG
Oxcarbazepine tab 300mg	TRILEPTAL TAB 300MG
Oxcarbazepine tab 600mg	TRILEPTAL TAB 600MG
Paliperidone ER tab 1.5mg	INVEGA ER TAB 1.5MG
Paliperidone ER tab 3mg	INVEGA ER TAB 3MG
Paliperidone ER tab 6mg	INVEGA ER TAB 6MG
Paliperidone ER tab 9mg	INVEGA ER TAB 9MG
Paliperidone Sustenna inj 117mg	INVEGA SUSTENNA INJ 117MG
Paliperidone Sustenna inj 156mg	INVEGA SUSTENNA INJ 156MG
Paliperidone Sustenna inj 234mg	INVEGA SUSTENNA INJ 234MG
Paliperidone Sustenna inj 39mg	INVEGA SUSTENNA INJ 39MG
Paliperidone Sustenna inj 78mg	INVEGA SUSTENNA INJ 78MG
Paliperidone Trinza inj 273mg	INVEGA TRINZA INJ 273MG
Paliperidone Trinza inj 410mg	INVEGA TRINZA INJ 410MG
Paliperidone Trinza inj 546mg	INVEGA TRINZA INJ 546MG
Paliperidone Trinza inj 819mg	INVEGA TRINZA INJ 819MG
Paroxetine CR tab 12.5mg	PAXIL CR TAB 12.5MG
Paroxetine CR tab 25mg	PAXIL CR TAB 12.5MG
Paroxetine CR tab 37.5mg	PAXIL CR TAB 37.5MG
Paroxetine Susp 10mg/5ml	PAXIL SUSP 10MG/5ML
Paroxetine tab 10mg	PAXIL TAB 10MG
Paroxetine tab 30mg	PAXIL TAB 30MG
Paroxetine tab 40mg	PAXIL TAB 40MG
Perphenazine tab 16mg	TRILAFON TAB 16MG
Perphenazine tab 2mg	TRILAFON TAB 2MG
Perphenazine tab 4mg	TRILAFON TAB 4MG
Perphenazine tab 8mg	TRILAFON TAB 8MG
Perphenazine/Amitriptyline tab 2-10mg	TRIAVIL TAB 2-10MG
Perphenazine/Amitriptyline tab 2-25mg	TRIAVIL TAB 2-25MG
Perphenazine/Amitriptyline tab 4-10mg	TRIAVIL TAB 4-10MG

Perphenazine/Amitriptyline tab 4-25mg	TRIAVIL TAB 4-25MG
Perphenazine/Amitriptyline tab 4-50mg	TRIAVIL TAB 4-50MG
Phenelzine tab 15mg	NARDIL TAB 15MG
Phenobarbital elixir 20mg/5ml@	PHENOBARBITAL ELIXIR 20MG/5ML
Phenobarbital tab 100mg@	PHENOBARBITAL TAB 100 MG
Phenobarbital tab 15mg@	PHENOBARBITAL TAB 15 MG
Phenobarbital tab 30mg@	PHENOBARBITAL TAB 30 MG
Phenobarbital tab 60mg@	PHENOBARBITAL TAB 60 MG
Phenytoin chew tab 50mg	DILANTIN CHEW TAB 50MG
Phenytoin Extended cap 100mg	DILANTIN SODIUM EXTENDED CAP 100MG
Phenytoin Extended cap 30mg	DILANTIN SODIUM EXTENDED CAP 30MG
Phenytoin susp 125mg/5ml	DILANTIN SUSP 125MG/5ML
Pimozide tab 1mg	ORAP TAB 1MG
Pimozide tab 2mg	ORAP TAB 2MG
Prazosin cap 1mg	MINIPRESS CAP 1MG
Prazosin cap 2mg	MINIPRESS CAP 2MG
Prazosin cap 5mg	MINIPRESS CAP 5MG
Pregabalin cap 100mg@	LYRICA CAP 100MG
Pregabalin cap 150mg@	LYRICA CAP 150MG
Pregabalin cap 200mg@	LYRICA CAP 200MG
Pregabalin cap 225mg@	LYRICA CAP 225MG
Pregabalin cap 25mg@	LYRICA CAP 25MG
Pregabalin cap 300mg@	LYRICA CAP 300MG
Pregabalin cap 50mg@	LYRICA CAP 50MG
Pregabalin cap 75mg@	LYRICA CAP 75MG
Primidone tab 250mg	MYSOLINE TAB 250MG
Primidone tab 50mg	MYSOLINE TAB 50MG
Prochlorperazine tab 10mg	COMPazine TAB 10MG
Prochlorperazine tab 5mg	COMPazine TAB 5MG
Promethazine tab 25mg	PHENERGAN TAB 25MG
Propranolol LA cap 120mg	INDERAL LA CAP 120MG
Propranolol LA cap 160mg	INDERAL LA CAP 160MG
Propranolol LA cap 60mg	INDERAL LA CAP 60MG
Propranolol LA cap 80mg	INDERAL LA CAP 80MG
Propranolol soln 20mg/5ml	INDERAL SOLN 20MG/5ML
Propranolol soln 40mg/5ml	INDERAL SOLN 40MG/5ML
Propranolol tab 10mg	INDERAL TAB 10MG
Propranolol tab 20mg	INDERAL TAB 20MG
Propranolol tab 40mg	INDERAL TAB 40MG
Propranolol tab 60mg	INDERAL TAB 60MG
Propranolol tab 80mg	INDERAL TAB 80MG

Quetiapine tab 100mg	SEROQUEL TAB 100MG
Quetiapine tab 200mg	SEROQUEL TAB 200MG
Quetiapine tab 25mg	SEROQUEL TAB 25MG
Quetiapine tab 300mg	SEROQUEL TAB 300MG
Quetiapine tab 400mg	SEROQUEL TAB 400MG
Quetiapine tab 50mg	SEROQUEL TAB 50MG
Quetiapine XR tab 150mg	SEROQUEL XR TAB 150MG
Quetiapine XR tab 200mg	SEROQUEL XR TAB 200MG
Quetiapine XR tab 300mg	SEROQUEL XR TAB 300MG
Quetiapine XR tab 400mg	SEROQUEL XR TAB 400MG
Quetiapine XR tab 50mg	SEROQUEL XR TAB 50MG
Risperidone CONSTA inj 25mg	RISPERDAL CONSTA INJ 25MG
Risperidone CONSTA inj 37.5mg	RISPERDAL CONSTA INJ 37.5MG
Risperidone CONSTA inj 50mg	RISPERDAL CONSTA INJ 50MG
Risperidone ODT tab 0.5mg	RISPERDAL M ODT TAB 0.5MG
Risperidone ODT tab 1mg	RISPERDAL M ODT TAB 1MG
Risperidone ODT tab 2mg	RISPERDAL M ODT TAB 2MG
Risperidone ODT tab 3mg	RISPERDAL M ODT TAB 3MG
Risperidone ODT tab 4mg	RISPERDAL M ODT TAB 4MG
Risperidone soln 1mg/ml	RISPERDAL SOLN 1MG/ML
Risperidone tab 0.25mg	RISPERDAL TAB 0.25MG
Risperidone tab 0.5mg	RISPERDAL TAB 0.5MG
Risperidone tab 1mg	RISPERDAL TAB 1MG
Risperidone tab 2mg	RISPERDAL TAB 2MG
Risperidone tab 3mg	RISPERDAL TAB 3MG
Risperidone tab 4mg	RISPERDAL TAB 4MG
Sertraline conc soln 20mg/ml	ZOLOFT CONC SOLN 20MG/ML
Sertraline tab 100mg	ZOLOFT TAB 100MG
Sertraline tab 25mg	ZOLOFT TAB 25MG
Sertraline tab 50mg	ZOLOFT TAB 50MG
Temazepam cap 15mg@	RESTORIL CAP 15MG
Temazepam cap 22.5mg@	RESTORIL CAP 22.5MG
Temazepam cap 30mg@	RESTORIL CAP 30MG
Temazepam cap 7.5mg@	RESTORIL CAP 7.5MG
Thioridazine tab 100mg	MELLARIL TAB 100MG
Thioridazine tab 10mg	MELLARIL TAB 10MG
Thioridazine tab 25mg	MELLARIL TAB 25MG
Thioridazine tab 50mg	MELLARIL TAB 50MG
Thiothixene cap 10mg	NAVANE CAP 10MG
Thiothixene cap 1mg	NAVANE CAP 1MG
Thiothixene cap 2mg	NAVANE CAP 2MG

Thiothixene cap 5mg	NAVANE CAP 5MG
Tiagabine tab 12mg	GABITRIL TAB 12MG
Tiagabine tab 16mg	GABITRIL TAB 16MG
Tiagabine tab 2mg	GABITRIL TAB 2MG
Tiagabine tab 4mg	GABITRIL TAB 4MG
Topiramate Sprinkle cap 15mg	TOPAMAX SPRINKLE CAP 15MG
Topiramate tab 100mg	TOPAMAX TAB 100MG
Topiramate tab 200mg	TOPAMAX TAB 200MG
Topiramate tab 25mg	TOPAMAX TAB 25MG
Trazodone tab 100mg	DESYREL TAB 100MG
Trazodone tab 150mg	DESYREL TAB 150MG
Trazodone tab 50mg	DESYREL TAB 50MG
Triazolam tab 0.125mg@	HALCION TAB 0.125MG
Triazolam tab 0.25mg@	HALCION TAB 0.25MG
Trifluoperazine tab 10mg	STELAZINE TAB 10MG
Trifluoperazine tab 1mg	STELAZINE TAB 1MG
Trifluoperazine tab 2mg	STELAZINE TAB 2MG
Trifluoperazine tab 5mg	STELAZINE TAB 5MG
Trihexyphenidyl soln 0.4mg/ml	ARTANE SOLN 0.4MG/ML
Trihexyphenidyl tab 2mg	ARTANE TAB 2MG
Trihexyphenidyl tab 5mg	ARTANE TAB 5MG
Valproic acid caps 250mg	DEPAKENE CAP 250MG
Valproic acid syrup 250mg/5ml	DEPAKENE SYRUP 250MG/5ML
Venlafaxine tab 100mg	EFFEXOR TAB 100MG
Venlafaxine tab 25mg	EFFEXOR TAB 25MG
Venlafaxine tab 37.5mg	EFFEXOR TAB 37.5MG
Venlafaxine tab 50mg	EFFEXOR TAB 50MG
Venlafaxine tab 75mg	EFFEXOR TAB 75MG
Venlafaxine XR cap 150mg	EFFEXOR XR CAP 150MG
Venlafaxine XR cap 37.5mg	EFFEXOR XR CAP 37.5MG
Venlafaxine XR cap 75mg	EFFEXOR XR CAP 75MG
Vilazodone tab 10mg	VIIBRYD TAB 10MG
Vilazodone tab 20mg	VIIBRYD TAB 20MG
Vilazodone tab 40mg	VIIBRYD TAB 40MG
Vortioxetine tab 10mg	TRINTELLIX TAB 10MG
Vortioxetine tab 5mg	TRINTELLIX TAB 5MG
Vortioxetine tab 20mg	TRINTELLIX TAB 20MG
Ziprasidone cap 20mg	GEODON CAP 20MG
Ziprasidone cap 40mg	GEODON CAP 40MG CAPS
Ziprasidone cap 60mg	GEODON CAP 60MG CAPS
Ziprasidone cap 80mg	GEODON CAP 80MG CAPS

Ziprasidone inj 20mg/ml	GEODON INJ 20MG/ML
Zonisamide cap 100mg	ZONEGRAN CAP 100MG
Zonisamide cap 25mg	ZONEGRAN CAP 25MG
Zonisamide cap 50mg	ZONEGRAN CAP 50MG

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