REFLECTIONS RECOVERY HOME
Reflect • Recover • Rediscover • Recreate

RESTRICTED MEDICATION LIST

Policy: Prescribed medications which are mood-altering and addictive are NOT allowed at Reflections Recovery Home.
All medications—including prescriptions, over-the-counter drugs, and supplements—must be approved by the House Director and inspected before being brought into the home.

PROHIBITED MEDICATIONS (NOT ALLOWED)

BENZODIAZEPINES & SLEEP AIDS
• Alprazolam (Xanax) • Ambien (Zolpidem) • Ativan (Lorazepam)
• Clonazepam (Klonopin) • Clorazepate (Tranxene) • Diazepam (Valium)
• Flunitrazepam (Rohypnol) • Flurazepam (Dalmane) • Librium (Chlordiazepoxide)
• Lunesta • Nitrazepam (Mogadon) • Prozac (Fluoxetine)*
• Oxazepam (Serax) • Sonata • Temazepam (Normison)
• Triazolam (Halcyon)
BARBITURATES
• Amobarbital (Amytal) • Aprobarbital (Alurate) • Butabarbital (Butisol)
• Butalbital (Fiorinal) • Mephobarbital (Mebara) • Metharbital (Germonil)
• Mysoline (Primidone) • Pentobarbital (Nembutal)• Phenobarbital (Luminal)
• Secobarbital (Seconal)
OPIATES & PAIN MANAGEMENT
• Buprenorphine • Codeine • Darvocet / Darvon
• Demerol (Meperidine) • Dilaudid (Hydromorphone)• Fentanyl
• Hydrocodone (Lortab/Norco)• Lorcet / Vicodin • Methadone
• Morphine • OxyContin (Oxycodone) • Percocet / Percodan
• Suboxone / Subutex • Ultram (Tramadol) • Vitracet / Zydone
• Zohydro ER

STIMULANTS & DIET AIDS
• Adderall • Amphetamine Salts • Attenade
• Concerta • Cylert • Dexedrine
• Dexatrim • Methylin • Phentermine
• Ritalin • Vyvanse
MUSCLE RELAXANTS & OTHER
• Baclofen • Cyclobenzaprine • Soma (Carisoprodol)
• Zoloft (Sertraline)*

APPROVED MEDICATIONS (ALLOWED)

The following medications are generally permitted, but still require Director approval:

• Buspar • Celexa (Citalopram) • Cymbalta (Duloxetine)
• Effexor (Venlafaxine) • Gabapentin • Lexapro (Escitalopram)
• Melatonin • Rozerem (Ramelton) • Trazodone (Desyrel)

RESIDENT ACKNOWLEDGMENT

I understand that bringing prohibited medications into the home or failing to disclose a prescription is grounds for immediate discharge. I agree to use only alcohol-free products (such as mouthwash).

Resident Signature: _____ Date: _____
House Director Signature: _____ Date: _____