

# SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH FORMULARY



## FORMULARY BY ALPHA - GENERIC

This formulary intended for Department Pay Patients Only

Effective 12/01/2010

P: 888-311-7632

www.publichealthrx.com

F: 800-848-4241

### Formulary Notes and Dispensing Guidelines:

1. GENERICS MUST BE DISPENSED WHENEVER AVAILABLE. PRIOR AUTHORIZATION IS REQUIRED TO DISPENSE MULTISOURCE BRAND PRODUCTS.
2. **Only strengths listed are covered.**
3. Prior authorization is required for medications not included on this list.
4. All drugs are to be dispensed with a maximum 90-day supply. Supplies greater than 90 days require prior authorization.
5. Refills may be obtained after 75% of the previously dispensed day supply has been used.

Generic Name	Brand Name	Notes
ALPRAZOLAM	Xanax	Xanax XR not covered. 1mg, and 2mg tablets
AMITRIPTYLINE HCL	Elavil	10mg, 25mg, 50mg, 75mg, 100mg
AMPHETAMINE- DEXTROAMPHETAMINE	Adderall	5mg, 10mg, 15mg, 20mg, 30mg tablets (For children)
AMPHETAMINE- DEXTROAMPHETAMINE	Adderall XR	5mg, 10mg, 15mg, 20mg, 25mg, 30mg extended release capsules (For children)
BENZTROPINE MESYLATE	Cogentin	0.5mg, 1mg, and 2mg
BUPROPION HCL	Wellbutrin	75mg and 100mg
BUPROPION HCL SR	Wellbutrin SR	100mg, 150mg and 200mg tablets
BUSPIRONE HCL	Buspar	10mg, and 30mg - scored tablets
CARBAMAZEPINE	Tegretol	200mg CR and XR not covered
CHLORPROMAZINE HCL	Thorazine	25mg, 50mg, 100mg and 200mg tablets. ER and solutions not covered
CITALOPRAM HYDROBROMIDE	Celexa 40 mg	Only 40 mg - scored tab covered without restrictions
	Celexa 20 mg	20 mg tablets has restrictions. 20 mg is available to prescribe only as less than 1 tablet per day dosing. (i.e. 20 mg 1/2 tablet PO QD for 10 mg per day dosing) Use 40 mg 1/2 tablet PO QD for 20 mg per day dosing
CLOMIPRAMINE HCL	Anafranil	25mg, 50mg, and 75mg capsules
CLONAZEPAM	Klonopin	1mg, and 2mg tablets
CLOZAPINE	Clozaril	25mg, 100mg scored tab. FazaClo not covered
DESIPRAMINE HCL	Norpramin	10 mg, 25 mg, 50 mg, 75 mg, and 100 mg tablets
DEXTROAMPHETAMINE SULFATE	Dexedrine	Restricted to use in A.D.H.D. in individuals between 6-16 years of age
DIPHENHYDRAMINE HCL	Benadryl	25mg and 50mg capsules
DIVALPROEX SODIUM	Depakote	125 mg, 250 mg, 500 mg tab
DOXEPIN HCL	Sinequan, Adapin	50 mg, 75 mg, 100 mg, and 150 mg capsules
FLUOXETINE HCL	Prozac	10 mg and 20 mg tablets and caspules are covered. 40 mg strength not covered. Prozac weekly not covered

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Generic Name	Brand Name	Notes
FLUPHENAZINE DECANOATE	Prolixin Dec	25 mg/ml (inj)
FLUPHENAZINE	Prolixin,Permitil	1 mg, 2.5 mg, 5 mg, and 10 mg tablets
FLUVOXAMINE MALEATE	Luvox	50 mg, and 100 mg tablets
HALOPERIDOL	Haldol	0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg, and 20 mg
HALOPERIDOL DECANOATE	Haldol Dec	50 mg/ml, 100 mg/ml (inj)
HYDROXYZINE HCL	Vistaril, Atarax	25 mg, 50 mg, and 100 mg tablets
IMIPRAMINE HCL	Tofranil	10 mg, 25 mg, and 50 mg tablets, 75 mg, 100 mg, and 150 mg capsules
LAMOTRIGINE	Lamictal	Only 100 mg, 150 mg, and 200 mg tablets are covered. 25mg is covered for children. 25mg tablet per day for 2 weeks is also covered as a starting dose for adults, no PA required
LITHIUM CARBONATE	Eskalith, Lithium, Lithobid	150 mg, 300 mg capsules, 300 mg tablets, Eskalith: 450 mg tablets
LITHIUM CITRATE	Lithium Citrate	8mEq/5ml
LORAZEPAM	Ativan	1 mg, and 2 mg tablets
LOXAPINE	Loxitane	5 mg, 10 mg, 25 mg, and 50 mg capsules
METHYLPHENIDATE HCL	Concerta	18mg, 36mg, 54mg extended release tablets (For children)
METHYLPHENIDATE HCL	Ritalin	Must be on security prescription form (for children). Restricted to use in A.D.H.D. in individuals between 6-16 years of age. 5 mg, 10 mg, and 20 mg are covered
MIRTAZAPINE	Remeron	30 mg and 45 mg tablets are covered. 15mg is also covered for children. Orally disintegrating tablets (ODTS) are not covered
NORTRIPTYLINE HCL	Pamelor	10 mg, 25 mg, 50 mg, and 75 mg capsules
PAROXETINE	Paxil 30 mg and 40 mg	Only 30 mg and 40 mg scored tablets are covered without restrictions
	Paxil 20 mg	20 mg is covered with restrictions and is only available to prescribe as less than 1 tablet per day dosing. (i.e. 20 mg 1/2 tablet PO QD for 10 mg per day dosing).Use 40 mg 1/2 tablet PO QD for 20 mg per day dosing. Paxil CR not covered
PERPHENAZINE	Trilafon	2 mg, 4 mg, 8 mg and 16 mg tablets
PERPHENAZINE WITH AMITRIPTYLINE HCL	Triavil, Etrafon	2/10 mg, 2/25 mg, and 4/25 mg
PROPRANOLOL	Inderal	10mg, 20mg tablets

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Generic Name	Brand Name	Notes
RISPERIDONE	Risperdal 2 mg	Risperdal 2 mg has quantity limit of one tablet per day dosing (i.e. not available for BID or TID dosing.)
	Risperdal 3 mg and 4 mg	3 mg, and 4 mg strengths. 1mg is also covered for children
SERTRALINE	Zoloft 100 mg	100 mg scored tablets covered without restrictions
SERTRALINE	Zoloft 50 mg	available to prescribe as less than 1 tablet per day dosing. (i.e. 50 mg 1/2 tablet PO QD for 25 mg per
TEMAZEPAM	Restoril	15mg and 30mg tablets
THIOTHIXENE	Navane	1mg, 2mg, 5mg, 10mg and 20mg capsules
TRAZODONE HCL	Desyrel	Only 100 mg, 150 mg scored tablets
TRIFLUOPERAZINE HCL	Stelazine	1 mg, 2 mg, 5 mg, and 10 mg tablets
TRIHXYPHENIDYL HCL	Artane	2 mg and 5 mg tablets
VALPROIC ACID	Depakene	250mg capsule
VENLAFAXINE HCL	Effexor	Only 50 mg, 75 mg, 100 mg scored tablets are covered
<b>Temporary Coverage Agents</b>		
<p><i>To provide continuity of care, one time fill only of up to 14 days is allowed without prior authorization for the following drugs. This allows time to get authorization or change to alternate medications.</i></p>		
GABAPENTIN	Neurontin	
OXCARBAZEPINE	Trileptal	