

**SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH FORMULARY**  
**FORMULARY BY ALPHA - GENERIC**  
 This formulary intended for Department Pay Patients Only  
 Effective 11/9/2009  
 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 Tabs
AMITRIPTYLINE HCL	Elavil	10mg, 25mg, 50mg, 75mg, 100mg
ARIPIRAZOLE	Abilify	Only 20mg and 30mg strengths are covered. Abilify Discmelt, Injection and Soutlion are not covered.
BENZTROPINE MESYLATE	Cogentin	0.5mg, 1mg, and 2mg
BUPROPION HCL	Wellbutrin	75mg and 100mg
BUPROPION HCL SR	Wellbutrin SR	100mg, 150mg and 200mg tabs
BUSPIRONE HCL	Buspar	10mg, and 30mg - scored tabs.
CARBAMAZEPINE	Tegretol	200mg CR and XR not covered.
CHLORPROMAZINE HCL	Thorazine	25mg, 50mg, 100mg and 200mg tabs. ER and solutions not covered.
CITALOPRAM HYDROBROMIDE	Celexa 40 mg	Only 40 mg - scored tab covered without restrictions.
	Celexa 20 mg	20 mg tabs has restrictions. 20 mg is available to prescribe only as less than 1 tab per day dosing. (i.e. 20 mg 1/2 tab PO QD for 10 mg per day dosing) Use 40 mg 1/2 tab PO QD for 20 mg per day dosing.
CLOMIPRAMINE HCL	Anafranil	25mg, 50mg, and 75mg capsules
CLONAZEPAM	Klonopin	1mg, and 2mg tabs
CLOZAPINE	Clozaril	25mg, 100mg scored tab. FazaClo not covered.
DESIPRAMINE HCL	Norpramin	10 mg, 25 mg, 50 mg, 75 mg, and 100 mg tabs
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 tabs and caspules are covered. 40 mg strength not covered. Prozac weekly not covered.

FLUPHENAZINE DECANOATE	Prolixin Dec	25 mg/ml (inj).
FLUPHENAZINE	Prolixin, Permitil	1 mg, 2.5 mg, 5 mg, and 10 mg tabs.
FLUVOXAMINE MALEATE	Luvox	50 mg, and 100 mg tabs.
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 tabs, 75 mg, 100 mg, and 150 mg capsules.
LAMOTRIGINE	Lamictal	Only 100 mg, 150 mg, and 200 mg tabs are covered.
LITHIUM CARBONATE	Eskalith, Lithium, Lithobid	150 mg, 300 mg capsules, 300 mg tabs, <b>Eskalith:</b> 450 mg tab,
LITHIUM CITRATE	Lithium Citrate	8mEq/5ml
LORAZEPAM	Ativan	1 mg, and 2 mg tabs.
LOXAPINE	Loxitane	5 mg, 10 mg, 25 mg, and 50 mg capsules.
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 tabs are covered. Orally disintegrating tabs (ODTS) are not covered.
NORTRIPTYLINE HCL	Pamelor	10 mg, 25 mg, 50 mg, and 75 mg capsules .
OLANZAPINE	Zyprexa 15mg and 20mg	Only 15mg and 20mg strengths are covered without restrictions.
	Zyprexa 10mg	Zyprexa 10 mg has Quantity limit restriction of one tab per day dosing. (i.e. not available for BID or TID dosing.) Zyprexa Zydis, Zyprexa IM injection are not covered.
PAROXETINE	Paxil 30 mg and 40 mg	Only 30 mg and 40 mg scored tabs are covered without restrictions.
	Paxil 20 mg	20 mg is covered with restrictions and is only available to prescribe as less than 1 tab per day dosing. (i.e. 20 mg 1/2 tab PO QD for 10 mg per day dosing). Use 40 mg 1/2 tab PO QD for 20 mg per day dosing. Paxil CR not covered.
PERPHENAZINE	Trilafon	2 mg, 4 mg, 8 mg and 16 mg tabs.
PERPHENAZINE WITH AMITRIPTYLINE HCL	Triavil, Etrafon	2/10 mg, 2/25 mg, and 4/25 mg .
QUETIAPINE	Seroquel	Not covered.
	Seroquel XR 300 mg	
	Seroquel XR 400 mg	300 mg and 400 mg strengths are covered.

QUETIAPINE XR	Seroquel XR 200 mg	Seroquel XR 200 mg has Quantity limit of one tab per day dosing. (i.e. not available for BID or TID dosing.)
RISPERIDONE	Risperdal 3 mg and 4 mg	3 mg, and 4 mg strengths.
	Risperdal 2 mg	Risperdal 2 mg has Quantity limit of one tab per day dosing. (i.e. not available for BID or TID dosing.)
	Risperdal Consta and Risperdal M tabs	Not covered.
SERTRALINE	Zoloft 100 mg	100 mg scored tabs covered without restrictions.
	Zoloft 50 mg	50 mg is covered with restrictions and is only available to prescribe as less than 1 tab per day dosing. (i.e. 50 mg 1/2 tab PO QD for 25 mg per day dosing). Use 100 mg 1/2 tab PO QD for 50 mg per day dosing.
TEMAZEPAM	Restoril	15mg and 30mg tabs
THIOTHIXENE	Navane	1mg, 2mg, 5mg, 10mg and 20mg capsules
TRAZODONE HCL	Desyrel	Only 100 mg, 150 mg scored tabs.
TRIFLUOPERAZINE HCL	Stelazine	1 mg, 2 mg, 5 mg, and 10 mg tabs.
TRIHENXYPHENIDYL HCL	Artane	2 mg and 5 mg tabs.
VALPROIC ACID	Depakene	250mg capsule
VENLAFAXINE HCL	Effexor	Only 50 mg, 75 mg, 100 mg scored tabs are covered.
VELAFAXINE XR	Effexor XR	Not covered.
ZIPRASIDONE HCL	Geodon	Only 60 mg and 80 mg strengths are covered. Geodon IM Injection not covered.
<b>Temporary Coverage Agents</b>		
<i>To provide continuity of care, one time fill only of up to 14 days is allowed without prior authorization for the</i>		
GABAPENTIN	Neurontin	
OXCARBAZEPINE	Trileptal	
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