

**SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH FORMULARY**



**FORMULARY BY DRUG CLASS**

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 100-day supply. Supplies greater than 100 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
<b>1. ANTI-ANXIETY DRUGS</b>		
ALPRAZOLAM	Xanax	Xanax XR not covered. 1mg, and 2mg Tabs
BUSPIRONE HCL	Buspar	10mg, and 30mg - scored tabs.
LORAZEPAM	Ativan	1 mg, and 2 mg tabs.
<b>2. ANTIDEPRESSANTS</b>		
AMITRIPTYLINE HCL	Elavil	10mg, 25mg, 50mg, 75mg, 100mg
BUPROPION HCL	Wellbutrin	75mg and 100mg
BUPROPION HCL SR	Wellbutrin SR	100mg, 150mg and 200mg tabs
CLOMIPRAMINE HCL	Anafranil	25mg, 50mg, and 75mg capsules
DESIPRAMINE HCL	Norpramin	10 mg, 25 mg, 50 mg, 75 mg, and 100 mg tabs
DOXEPIN HCL	Sinequan, Adapin	50 mg, 75 mg, 100 mg, and 150 mg capsules.
IMIPRAMINE HCL	Tofranil	10 mg, 25 mg, and 50 mg tabs, 75 mg, 100 mg, and 150 mg capsules.
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 .
PERPHENAZINE WITH AMITRIPTYLINE HCL	Triavil, Etrafon	2/10 mg, 2/25 mg, and 4/25 mg .
TRAZODONE HCL	Desyrel	Only 100 mg, 150 mg scored tabs.
VENLAFAXINE HCL	Effexor	Only 50 mg, 75 mg, 100 mg scored tabs are covered.
VELAFAXINE XR	Effexor XR	<b>Not covered.</b>
<b>2a. ANTIDEPRESSANTS - SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)</b>		
CITALOPRAM HYDROBROMIDE	Celexa 40mg	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.

	FLUOXETINE HCL	Prozac	10 mg and 20 mg tabs and capsules are covered. 40 mg strength not covered. Prozac weekly not covered.
	FLUVOXAMINE MALEATE	Luvox	50 mg, and 100 mg tabs.
	PAROXETINE HCL	Paxil	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.
		Zoloft 100 mg	100 mg scored tabs covered without restrictions.
	SERTRALINE HCL	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.
<b>3. ANTIHISTAMINES - 1ST GENERATION</b>			
	HYDROXYZINE HCL	Vistaril, Atarax	25 mg, 50 mg, and 100 mg tablets.
<b>4. ANTIPARKINSONISM DRUGS,ANTICHOLINERGIC</b>			
	BENZTROPINE MESYLATE	Cogentin	0.5mg, 1mg, and 2mg
	TRIHENXYPHENIDYL HCL	Artane	2 mg and 5 mg tabs.
<b>5. ANTIPSYCHOTICS</b>			
	ARIPIPRAZOLE	Abilify	Only 20mg and 30mg strengths are covered. Abilify Discmelt, Injection and Solutio are not covered.
	CHLORPROMAZINE HCL	Thorazine	25mg, 50mg, 100mg and 200mg tabs. ER and solutions not covered.
	CLOZAPINE	Clozaril	25mg, 100mg scored tab. FazaClo not covered.
	FLUPHENAZINE DECANOATE	Prolixin Dec	25mg/ml (inj)
	FLUPHENAZINE HCL	Prolixin, Permitil	1 mg, 2.5 mg, 5 mg, and 10 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).
	LOXAPINE	Loxitane	5 mg, 10 mg, 25 mg, and 50 mg capsules.
		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.
	OLANZAPINE		
	PERPHENAZINE	Trilafon	2 mg, 4 mg, 8 mg and 16 mg tabs.

	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.
	THIOTHIXENE	Navane	1mg, 2mg, 5mg, 10mg and 20mg capsules
	TRIFLUOPERAZINE HCL	Stelazine	1 mg, 2 mg, 5 mg, and 10 mg tabs.
	ZIPRASIDONE HCL	Geodon	Only 60 mg and 80 mg strengths are covered. Geodon IM Injection not covered.
<b>6. CENTRAL NERVOUS SYSTEM STIMULANTS - TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)</b>			
	DEXTROAMPHETAMINE	Dexedrine	Restricted to use in A.D.H.D. in individuals between 6-16 years of age.
	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.
<b>7. MOOD STABILIZERS</b>			
	CARBAMAZEPINE	Tegretol	200mg CR and XR not covered.
	CLONAZEPAM	Klonopin	1mg, and 2mg tabs
	DIVALPROEX SODIUM	Depakote	125 mg, 250 mg, 500 mg tab.
	LAMOTRIGINE	Lamictal	Only 100 mg, 150 mg, and 200 mg tabs are covered.
	VALPROIC ACID	Depakene	250mg capsule
	LITHIUM CARBONATE	Eskalith, Lithium, Lithobid	150mg, 300mg capsules. 300mg tabs, Eskalith - 450mg tab
	LITHIUM CITRATE	Lithium Citrate	8mEq/5ml
<b>8. SEDATIVE-HYPNOTICS, NON-BARBITURATE</b>			
	DIPHENHYDRAMINE HCL	Benadryl	25mg and 50mg capsules
	TEMAZEPAM	Restoril	15mg and 30mg tabs
<b>9. OTHER</b>			
<i>To provide continuity of care, one time fill only of up to 14 days is allowed without prior authorization. This allows time to get authorization or change to alternate medications.</i>			
	GABAPENTIN	Neurontin	
	OXCARBAZEPINE	Trileptal	

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