

SAN BERNARDINO DEPARTMENT OF BEHAVIORAL HEALTH FORMULARY



FORMULARY BY DRUG CLASS

This formulary intended for Department Pay Patients Only

Effective 12/1/2010

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
1. ANTI-ANXIETY DRUGS		
ALPRAZOLAM	Xanax	Xanax XR not covered. 1mg and 2mg tablets
BUSPIRONE HCL	Buspar	10mg, and 30mg - scored tabs
LORAZEPAM	Ativan	1mg and 2mg tabs
2. ANTIDEPRESSANTS		
AMITRIPTYLINE HCL	Elavil	10mg, 25mg, 50mg, 75mg, 100mg
BUPROPION HCL	Wellbutrin	75mg and 100mg
BUPROPION HCL SR	Wellbutrin SR	100mg, 150mg and 200mg tablets
CLOMIPRAMINE HCL	Anafranil	25mg, 50mg, and 75mg capsules
DESIPRAMINE HCL	Norpramin	10mg, 25mg, 50mg, 75mg, and 100mg tablets
DOXEPIN HCL	Sinequan, Adapin	50mg, 75mg, 100mg, and 150mg capsules
IMIPRAMINE HCL	Tofranil	10mg, 25mg, and 50mg tablets 75mg, 100mg and 150mg capsules
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	10mg, 25mg, 50mg and 75mg capsules.
PERPHENAZINE/ AMITRIPTYLINE HCL	Triavil, Etrafon	2/10mg, 2/25mg and 4/25mg
TRAZODONE HCL	Desyrel	Only 100 mg and 150 mg scored tablets are covered
VENLAFAXINE HCL	Effexor	Only 50 mg, 75 mg, 100 mg scored tablets are covered
2a. ANTIDEPRESSANTS - SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)		
CITALOPRAM HYDROBROMIDE	Celexa 40mg	Only 40 mg - scored tablets covered without restrictions
	Celexa 20mg	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
FLUOXETINE HCL	Prozac	10 mg and 20 mg tablets and caspules are covered. 40 mg strength not covered. Prozac weekly not covered
FLUVOXAMINE MALEATE	Luvox	50mg and 100mg

SAN BERNARDINO DEPARTMENT OF BEHAVIORAL HEALTH FORMULARY



FORMULARY BY DRUG CLASS

This formulary intended for Department Pay Patients Only

Effective 12/1/2010

P: 888-311-7632

www.publichealthrx.com

F: 800-848-4241

2a. ANTIDEPRESSANTS - SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRI) Continued

PAROXETINE HCL	Paxil	Only 30 mg and 40 mg scored tablets are covered without restrictions
	Paxil 20mg	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 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
SERTRALINE HCL	Zoloft 100mg	100 mg scored tablets covered without restrictions
	Zoloft 50mg	50 mg is covered with restrictions and is only available to prescribe as less than 1 tablet per day dosing. (i.e. 50 mg 1/2 tablet PO QD for 25 mg per day dosing). Use 100 mg 1/2 tablet PO QD for 50 mg per day dosing

3. ANTIHISTAMINES - 1ST GENERATION

HYDROXYZINE HCL	Vistaril, Atarax	25mg, 50mg, and 100mg tabs
-----------------	------------------	----------------------------

4. ANTIPARKINSONISM DRUGS,ANTICHOLINERGIC

BENZTROPINE MESYLATE	Cogentin	0.5mg, 1mg, and 2mg
TRIHENXYPHENIDYL HCL	Artane	2mg and 5mg tabs

5. ANTIPSYCHOTICS

CHLORPROMAZINE HCL	Thorazine	25mg, 50mg, 100mg and 200mg tablets. ER and solutions not covered
CLOZAPINE	Clozaril	25mg, 100mg scored tablets. FazaClo not covered
FLUPHENAZINE DECANOATE	Prolixin Dec	25mgmg/ml (inj)
FLUPHENAZINE HCL	Prolixin, Permitil	1mg, 2.5mg, 5mg, and 10mg tablets
HALOPERIDOL	Haldol	0.5mg, 1mg, 2mg, 5mg, 10mg and 20mg tabs
HALOPERIDOL	Haldol Dec	50mg/ml, 100mg/ml (inj)
LOXAPINE	Loxitane	5mg, 10mg, 25mg, and 50mg capsules
PERPHENAZINE	Trilafon	2mg, 4mg, 8mg, and 16mg tabs
RISPERIDONE	Risperdal 2mg	Risperdal 2mg has quantity limit of one tab per day dosing. (i.e. not available for BID or TID dosing) Risperdal Consta and Risperdal M tab not covered.
	Risperdal	3 mg, and 4 mg strengths. 1mg is also covered for children
THIOTHIXENE	Navane	1mg, 2mg, 5mg, 10mg and 20mg capsules
TRIFLUOPERAZINE HCL	Stelazine	1mg, 2mg, 5mg and 10 mg tablets

6. BETA-ADRENERGIC BLOCKING AGENTS

PROPRANOLOL HCL	Inderal	10mg, 20mg tablets
-----------------	---------	--------------------



SAN BERNARDINO DEPARTMENT OF BEHAVIORAL HEALTH FORMULARY

FORMULARY BY DRUG CLASS

This formulary intended for Department Pay Patients Only

Effective 12/1/2010

P: 888-311-7632

www.publichealthrx.com

F: 800-848-4241

7. CENTRAL NERVOUS SYSTEM STIMULANTS - TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)

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)
DEXTROAMPHETAMINE SULFATE	Dexedrine	Restricted to use to A.D.H.D. in individuals between 6-16 years of age.
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. 5mg, 10mg, and 20mg.

8. MOOD STABILIZERS

CARBAMAZEPINE	Tegretol	200mg CR and XR not covered
CLONAZEPAM	Klonopin	1mg, and 2mg tablets
DIVALPROEX SODIUM	Depakote	125mg, 250mg, 500mg tablets
LAMOTRIGINE	Lamictal	100mg, 150mg and 200mg strengths 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
VALPROIC ACID	Depakene	250mg capsule
LITHIUM CARBONATE	Eskalith, Lithium, Lithobid	150mg, 300mg capsules. 300mg tablets, Eskalith - 450mg tablets
LITHIUM CITRATE	Lithium Citrate	8mEq/5ml

9. SEDATIVE-HYPNOTICS, NON-BARBITURATE

DIPHENHYDRAMINE HCL	Benadryl	25mg and 50mg capsules
TEMAZEPAM	Restoril	15mg and 30mg tabs

10. OTHER

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.

GABAPENTIN	Neurontin	
OXCARBAZEPINE	Trileptal	