



SAN BERNARDINO DEPARTMENT OF BEHAVIORAL HEALTH FORMULARY

FORMULARY BY DRUG CLASS

This formulary is intended for Department Pay Patients Only

Effective 12/1/2010

P: 888-311-7632

www.ramsellcorp.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 |



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2a. ANTIDEPRESSANTS - SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS) 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 |
|-----------------|---------|--------------------|



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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 | |