




<div>  <div> SAN BERNARDINO DEPARTMENT OF BEHAVIORAL HEALTH FORMULARY FORMULARY ALPHA BY GENERIC This formulary is intended for Department Pay Patients Only Effective 01/01/2024 P: 888-311-7632 www.ramsellcorp.com F: 800-848-4241 V.1 2024 </div> </div>		
Formulary Notes and Dispensing Guidelines: 1. GENERIC MUST BE DISPENSED WHENEVER AVAILABLE. <u>PRIOR AUTHORIZATION IS REQUIRED TO DISPENSE MULTISOURCE BRAND PRODUCTS</u> 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
ACAMPROSATE		333 mg Tabs. Effective 5.1.2021
ALPRAZOLAM	Xanax	Xanax XR not covered. 1mg and 2mg tablets
AMITRIPTYLINE HCL	Elavil	10mg, 25mg, 50mg, 75mg, 100mg tablets
AMPHETAMINE- DEXTROAMPHETAMINE	Adderall	5mg, 10mg, 15mg, 20mg and 30mg tablets. Restricted to use in individuals between 6-21 years of age.
AMPHETAMINE- DEXTROAMPHETAMINE	Adderall XR	5mg, 10mg, 15mg, 20mg, 25mg, 30mg extended release capsules. Restricted to use in individuals between 6-21 years of age.
ARIPIPRAZOLE	Abilify	2mg, 5mg, 10mg, 15mg and 30mg
BENZTROPINE MESYLATE	Cogentin	0.5mg, 1mg, and 2mg tablets
BUPROPION HCL	Wellbutrin	75mg and 100mg tablets
BUPROPION HCL SR	Wellbutrin SR	100mg, 150mg and 200mg tablets
BUSPIRONE HCL	Buspar	10mg, and 30mg - scored tablets
BUPRENORPHINE/ NALOXONE		2mg/0.5mg SL Tab, 2mg/0.5mg SL Film. Effective 11.28.2022 4 mg/1 mg SL Film, 4 mg/1 mg SL Tab. Effective 11.28.2022 8 mg/2 mg SL Tab. Effective 5.1.2021 8 mg/2 mg SL Film. Effective 11.28.2022 12 mg/3 mg SL Tab. Effective 11.28.2022 12mg/3 mg SL Film. Effective 11.28.2022
CARBAMAZEPINE	Tegretol	200mg tablets
CHLORPROMAZINE HCL	Thorazine	25mg, 50mg, 100mg and 200mg tablets. ER and solutions not covered
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
CLOMIPRAMINE HCL	Anafranil	25mg, 50mg, and 75mg capsules
CLONAZEPAM	Klonopin	1mg, and 2mg tablets
CLONIDINE HCL	Catapress	0.1mg, 0.2mg and 0.3mg tablets

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CLOZAPINE	Clozaril	25mg and 100mg scored tablets. FazaClo not covered
DESIPRAMINE HCL	Norpramin	10mg, 25mg, 50mg, 75mg, and 100mg tablets
DEXMETHYLPHENIDATE HCL	Focalin	2.5mg, 5 mg and 10mg tablets. Focalin XR is not covered. Must be on security prescription form. Restricted to use in A.D.H.D. in individuals between 6-21 years of age.
DEXTROAMPHETAMINE SULFATE	Dexedrine	Restricted to use to A.D.H.D. in individuals between 6-21 years of age.
DIPHENHYDRAMINE HCL	Benadryl	25mg and 50mg capsules
DIVALPROEX SODIUM	Depakote	125mg, 250mg and 500mg tablets
DONEPEZIL	Aricept	5mg, and 10mg, tablets. Aricept ODT is not covered
DOXEPIN HCL	Sinequan, Adapin	50mg, 75mg, 100mg, and 150mg capsules
DULOXETINE	CYMBALTA	30mg , 60mg capsules added effective 12/16/2019
ESCITALOPRAM	Lexapro	5mg, 10mg, and 20mg tablets
FLUOXETINE HCL	Prozac	10 mg and 20 mg tablets and caspules are covered. 40 mg strength not covered. Prozac weekly is not covered
FLUPHENAZINE DECANOATE	Prolixin Dec	25mg/ml (inj)
FLUPHENAZINE HCL	Prolixin, Permitil	1mg, 2.5mg, 5mg, and 10mg tablets
FLUVOXAMINE MALEATE	Luvox	50mg and 100mg tablets
GABAPENTIN	Neurontin	100mg, 300mg, 400mg, 600mg and 800mg capsules. 250mg/5ml oral solution
GUANFACINE	Tenex, Intuniv	1mg and 2mg tablets
HALOPERIDOL	Haldol	0.5mg, 1mg, 2mg, 5mg, 10mg and 20mg tablets
HALOPERIDOL	Haldol Dec	50mg/ml, 100mg/ml (inj)
HYDROXYZINE HCL HYDROXYZINE PAMOATE	Vistaril, Atarax	25mg, 50mg, and 100mg tablets and capsules
IMIPRAMINE HCL	Tofranil	10mg, 25mg, and 50mg tablets 75mg, 100mg and 150mg capsules
LAMOTRIGINE	Lamictal	100mg, 150mg and 200mg tablets. 25mg is covered for children. 25mg tablet per day for 2 weeks is also covered as

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LEVOTHYROXINE	Synthroid	25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg tablets
LITHIUM CARBONATE	Eskalith, Lithium,	150mg, 300mg capsules. 300mg tablets, Eskalith - 450mg
LITHIUM CITRATE	Lithium Citrate	8mEq/5ml
LORAZEPAM	Ativan	1mg and 2mg tablets
LOXAPINE	Loxitane	Effective 12/16/19, drug REMOVED from formulary
METHYLPHENIDATE CD	Metadate CD	10mg, 20mg, 30mg, 40mg, 50mg and 60mg oral capsules. Must be on security prescription form. Restricted to use in
METHYLPHENIDATE HCL	Concerta	18mg, 36mg, 54mg extended release tablets. Restricted to use in individuals between 6-21 years of age.
METHYLPHENIDATE HCL	Ritalin	Must be on security prescription form. Restricted to use in A.D.H.D. in individuals between 6-21 years of age. 5mg, 10mg, and 20mg.
MIRTAZAPINE	Remeron	15mg, 30 mg and 45 mg tablets Orally disintegrating tablets (ODTS) are not covered.
NALTREXONE		50 mg Tabs. Effective 5.1.2021
NORTRIPTYLINE HCL	Pamelor	10mg, 25mg, 50mg and 75mg capsules.
OLANZAPINE	Zyprexa	2.5mg, 5mg, 7.5mg, 10mg, 15mg and 20mg tablets
OXCARBAZEPINE	Trileptal	Effective 12/16/19, drug REMOVED from formulary
PAROXETINE HCL	Paxil	Only 30 mg and 40 mg scored tablets are covered without restrictions
	Paxil 20mg	prescribe as less than 1 tab per day dosing.
PERPHENAZINE	Trilafon	2mg, 4mg, 8mg, and 16mg tablets
PERPHENAZINE/	Triavil, Etrafon	2/10mg, 2/25mg and 4/25mg tablets
PRAZOSIN	Minipress	1mg, 2mg and 5 mg capsules

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PROPRANOLOL HCL	Inderal	10mg and 20mg tablets
QUETIAPINE	Seroquel	25mg, 50mg, 100mg, 200mg, 300mg and 400mg tablets. Extended Release formulations are not covered
RISPERIDONE	Risperdal	0.25mg, 0.5mg, 1mg, 2mg, 3mg and 4mg tablets. 0.25mg,
SERTRALINE HCL	Zoloft 100mg	100 mg scored tablets covered without restrictions
	Zoloft 50mg	50 mg is covered with restrictions and is only available to
TEMAZEPAM	Restoril	15mg and 30mg tablets
THIOTHIXENE	Navane	1mg, 2mg, 5mg, 10mg and 20mg capsules
TRAZODONE HCL	Desyrel	Only 100 mg and 150 mg scored tablets are covered
TRIFLUOPERAZINE HCL	Stelazine	1mg, 2mg, 5mg and 10 mg tablets
TRIHENXYPHENIDYL HCL	Artane	2mg and 5mg tablets
VALPROIC ACID	Depakene	250mg capsule
VENLAFAXINE HCL	Effexor	Only 50 mg, 75 mg, 100 mg scored tablets are covered
VENLAFAXINE HCL XR	Effexor XR	37.5 mg, 75 mg, and 150 mg
ZIPRASIDONE HCL	Geodon	20mg, 40mg, 60mg and 80mg capsules