

SAN BERNARDINO DEPARTMENT OF BEHAVIORAL HEALTH FORMULARY
FORMULARY BY DRUG CLASS



This formulary is intended for Department Pay Patients Only
 Effective 01/01/2024

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V.1 2024

Formulary Notes and Dispensing Guidelines:

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 tablets
DULOXETINE	CYMBALTA	30mg , 60mg capsules added effective 12/16/2019
LORAZEPAM	Ativan	1mg and 2mg tablets
2. ANTIDEPRESSANTS		
AMITRIPTYLINE HCL	Elavil	10mg, 25mg, 50mg, 75mg, 100mg tablets
BUPROPION HCL	Wellbutrin	75mg and 100mg tablets
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	15mg, 30 mg and 45 mg tablets 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 tablets
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

VENLAFAXINE HCL XR	Effexor XR	37.5 mg, 75 mg, and 150 mg
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
ESCITALOPRAM	Lexapro	5mg, 10mg, and 20mg tablets
FLUOXETINE HCL	Prozac	10 mg and 20 mg tablets and capsules are covered. 40 mg strength not covered. Prozac weekly is not covered
2a. ANTIDEPRESSANTS - SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS) CONTINUED		
FLUVOXAMINE MALEATE	Luvox	50mg and 100mg tablets
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. ANTICONVULSANTS		
OXCARBAZEPINE	Trileptal	Effective 12/16/19, drug REMOVED from formulary
GABAPENTIN	Neurontin	100mg, 300mg, 400mg, 600mg and 800mg capsules. 250mg/5ml oral solution
4. ANTIHISTAMINES - 1ST GENERATION		
HYDROXYZINE Pamoate HYDROXYZINE HCL	Vistaril, Atarax	25mg, 50mg, and 100mg tablets and capsules
5. ANTIPARKINSONISM DRUGS,ANTICHOLINERGIC		
BENZTROPINE MESYLATE	Cogentin	0.5mg, 1mg, and 2mg tablets
TRIHEXYPHENIDYL HCL	Artane	2mg and 5mg tablets
6. ANTIPSYCHOTICS		
ARIPIPRAZOLE	Abilify	2mg, 5mg, 10mg, 15mg and 30mg
CHLORPROMAZINE HCL	Thorazine	25mg, 50mg, 100mg and 200mg tablets. ER and solutions not covered
CLOZAPINE	Clozaril	25mg and 100mg scored tablets. FazaClo not covered
FLUPHENAZINE DECANOATE	Prolixin Dec	25mg/ml (inj)
FLUPHENAZINE HCL	Prolixin, Permitil	1mg, 2.5mg, 5mg, and 10mg tablets
HALOPERIDOL	Haldol	0.5mg, 1mg, 2mg, 5mg, 10mg and 20mg tablets
6. ANTIPSYCHOTICS Continued		
HALOPERIDOL	Haldol Dec	50mg/ml, 100mg/ml (inj)
LOXAPINE	Loxitane	Effective 12/16/19, drug REMOVED from formulary

OLANZAPINE	Zyprexa	2.5mg, 5mg, 7.5mg, 10mg, 15mg and 20mg tablets
PERPHENAZINE	Trilafon	2mg, 4mg, 8mg, and 16mg tablets
RISPERIDONE	Risperdal	0.25mg, 0.5mg, 1mg, 2mg, 3mg and 4mg tablets. 0.25mg, 0.5mg, 1mg, 2mg, 3mg, and 4mg ODTs. Risperdal Consta and Risperdal M tab not covered. As of 5/29/2013 , AGE and PILL SPLIT restrictions have been removed.
THIOTHIXENE	Navane	1mg, 2mg, 5mg, 10mg and 20mg capsules
TRIFLUOPERAZINE HCL	Stelazine	1mg, 2mg, 5mg and 10 mg tablets
QUETIAPINE	Seroquel	25mg, 50mg, 100mg, 200mg, 300mg and 400mg tablets. Extended Release formulations are not covered
ZIPRASIDONE HCL	Geodon	20mg, 40mg, 60mg and 80mg capsules
7. BETA-ADRENERGIC BLOCKING AGENTS		
PROPRANOLOL HCL	Inderal	10mg and 20mg tablets
8. CENTRAL NERVOUS SYSTEM STIMULANTS - TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)		
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.
DEXTROAMPHETAMINE SULFATE	Dexedrine	Restricted to use to A.D.H.D. in individuals between 6-21 years of age.
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.
METHYLPHENIDATE CD	Metadate CD	10mg, 20mg, 30mg, 40mg, 50mg and 60mg oral capsules. Must be on security prescription form. Restricted to use in A.D.H.D. in individuals between 6-21 years of age.
8. CENTRAL NERVOUS SYSTEM STIMULANTS - TX FOR ADHD CONTINUED		
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.
9. MOOD STABILIZERS		
CARBAMAZEPINE	Tegretol	200mg tablets
CLONAZEPAM	Klonopin	1mg, and 2mg tablets
DIVALPROEX SODIUM	Depakote	125mg, 250mg and 500mg tablets
LAMOTRIGINE	Lamictal	100mg, 150mg and 200mg tablets. 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
10. SEDATIVE-HYPNOTICS, NON-BARBITURATE		
DIPHENHYDRAMINE HCL	Benadryl	25mg and 50mg capsules
TEMAZEPAM	Restoril	15mg and 30mg tablets
11. OTHER		
CLONIDINE HCL	Catapress	0.1mg, 0.2mg and 0.3mg tablets
GUANFACINE	Tenex, Intuniv	1mg and 2mg tablets
DONEPEZIL	Aricept	5mg, and 10mg, tablets. Aricept ODT is not covered

PRAZOSIN	Minipress	1mg, 2mg and 5 mg capsules
LEVOTHYROXINE	Synthroid	25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg tablets
12. ANALGESIC - OPIOD AGONIST		
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
13. ALCOHOL DETTERENT		
ACAMPROSATE		333 mg Tabs. Effective 5.1.2021
14. OPIOD ANTAGONIST		
NALTREXONE		50 mg Tabs. Effective 5.1.2021