

**ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES**  
**MEDICATION FORMULARY**

**ANTIDEPRESSANTS**

<i>Serotonin Selective Reuptake Inhibitors</i>		<i>Ave \$ per Day</i>	<i>Covered Medi-Cal ?</i>	<i>Notes</i>
citalopram	10, 20, 40 mg, 10 mg/5cc	\$ 0.40	No	
escitalopram	10, 20 mg	\$ 2.60	Yes	
fluoxetine	10, 20 mg, 20 mg/5 ml	\$ 0.40	Yes	
fluvoxamine	25, 50, 100 mg	\$ 2.95	Yes	
paroxetine	10, 20, 30, 40 mg, 10 mg/5 ml	\$ 1.85	Yes	
sertraline	25, 50, 100 mg, 20 mg/cc	\$ 3.25	Yes	<b>Only brand name covered by MediCal</b>

<i>Miscellaneous Agents</i>		<i>Ave \$ per Day</i>	<i>Covered Medi-Cal ?</i>	<i>Notes</i>
bupropion	75, 100 mg, 100mg SR, 150mg SR, 200mg SR	\$ 2.20	Yes	<b>Only brand name covered by MediCal</b>
mirtazapine	15, 30, 45mg, sol tabs	\$ 1.40	Yes	
<b>phenelzine</b>	<b>15 mg</b>	<b>\$ 1.65</b>	<b>No</b>	<b>Not covered by Medi-Cal</b>
trazodone	50, 100, 150 mg	\$ 0.15	Yes	
venlafaxine	25, 37.5, 75, 100, 150 mg XR: 37.5 mg, 75 mg, 150 mg	\$ 5.15	Yes	<b>Only XR covered by Medi-Cal</b>
duloxetine	20, 30, 60 mg	\$4.45	Yes	

<i>Tricyclic Compounds Sizes</i>		<i>Ave \$ per Day</i>	<i>Covered Medi-Cal ?</i>	<i>Notes</i>
amitriptyline	10, 25, 50 mg, 100 mg	\$ 0.30	Yes	
clomipramine	25, 50, 75 mg	\$ 1.65	Yes	
desipramine	10, 25, 50, 75, 100, 150 mg	\$ 2.30	Yes	
doxepin	10, 25, 50, 75, 100, 150 mg	\$ 0.50	Yes	
imipramine	10, 25, 50 mg	\$ 0.75	Yes	
nortriptyline	10, 25, 50, 75 mg	\$ 0.40	Yes	
protriptyline	5, 10 mg	\$ 1.60	Yes	

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### ANTIPSYCHOTICS

<b>2<sup>ND</sup> Generation (Atypical Antipsychotics)</b>		<b>Ave \$ per Day</b>	<b>Covered Medi-Cal?</b>	<b>Notes</b>
olanzapine	2.5, 5, 7.5, 10, 15mg, 20mg, & Zydys	\$ 15.35	Yes	Restricted to individuals 6 yrs & older
quetiapine	25, 100, 200, 300, 400 mg	\$ 10.05	Yes	Restricted to individuals 6 yrs & older
risperidone	0.5, 1, 2, 3, 4 mg, 1 mg/ml soln & M-tabs 0.5, 1, 2 mg	\$ 8.35	Yes	Restricted to individuals 5 yrs & older
ziprasidone	20, 40, 60, 80 mg	\$ 8.85	Yes	Restricted to individuals 6 yrs & older

#### *AIMS/PANSS required Prior to Dispensing*

aripiprazole	2, 5, 10, 15, 20, 30	\$ 12.15	Yes	Restricted to individuals 6 yrs & older
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#### *Application/Approval Necessary Prior to Dispensing*

clozapine	25, 100 mg	\$ 7.50	Yes	
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#### *1<sup>st</sup> Generation*

chlorpromazine	10, 25, 50, 100, 200 mg, 10 mg/5 ml, 30 mg/ml, 100 mg/ml	\$ .05	Yes	
fluphenazine	1, 2.5, 10 mg, 0.5 mg/ml, 5 mg/ml, 2.5 mg/cc (inj)	\$ .30	Yes	
fluphenazine dec.	25 mg/cc (inj)	25mg inj = \$20.00	Yes	
haloperidol	0.5, 1, 2, 5, 10, 20 mg, 2 mg/ml, 5 mg/cc (inj)	\$ .05	Yes	
haloperidol dec.	50 mg/cc (inj), 100 mg/cc (inj)	50 mg inj= \$28.00	Yes	
loxapine	5, 10, 25, 50 mg	\$ .50	Yes	
molindone	5, 10, 25, 50, 100 mg, 20 mg/ml	\$ 1.35	Yes	
perphenazine	2, 4, 8, 16 mg, 16 mg/5 ml, 5mg/cc (inj)	\$ .50	Yes	Restricted to individuals 6 yrs & older
<b>pimozide</b>	<b>2 mg</b>	<b>\$ .35</b>	<b>No</b>	<b>Not covered by Medi-Cal</b>
thioridazine	10, 15, 25, 50, 100, 150, 200 mg, 30 mg/ml, 100 mg/ml	\$ .05	Yes	Restricted to individuals 6 yrs & older
thiothixene	1, 2, 5, 10, 20 mg, 5 mg/ml	\$ .20	Yes	
trifluoperazine	2, 5, 10 mg	\$ .40	Yes	Restricted to individuals 6 yrs & older

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**MOOD STABILIZERS**

		<i>Ave \$ per Day</i>	<i>Covered Medi-Cal ?</i>	<i>Notes</i>
carbamazepine	100, 200 mg, 100 mg/5 ml	\$ 0.35	Yes	
divalproex	125, 250, 500 mg, 500 mg	\$ 6.25	Yes	
lamotrigine	25, 100, 150, 200 mg	\$ 8.25	Yes	
lithium carbonate	150 mg, 300 mg	\$ 0.80	Yes	
<b>lithium CR</b>	<b>300, 450 mg</b>	<b>\$ 1.50</b>	<b>No</b>	<b>Not covered by Medi-Cal</b>
Oxcarbazepine (Trileptil)	150, 300, 600 mg	\$6.65	Yes	
valproic acid	250 mg, 250 mg/5 ml	\$ 2.10	Yes	

**ANTIPARKINSONIAN/ANTIDYSKINETIC AGENTS**

		<i>Ave \$ per Day</i>	<i>Covered Medi-Cal ?</i>	<i>Notes</i>
amantadine	100 mg cap, 50 mg/5 ml	\$ .10	Yes	
atenolol	25, 50, 100 mg	\$ .05	Yes	
benztropine	0.5, 1, 2 mg, 1 mg/cc (inj)	\$ .05	Yes	
diphenhydramine	<b>25 mg, 50 mg, 10 mg/ml, 50 mg/cc (inj)</b>	\$ .05	Yes	<b>25 mg not covered by Medi-Cal</b>
propranolol	10, 20, 40, 60, 80, 90 mg, 4 mg/ml 8 mg/ml	\$ .05	Yes	
trihexyphenidyl	2, 5 mg, 2 mg/5 ml	\$ .25	Yes	

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**ANTI-ANXIETY/HYPNOTICS**

<i>Benzodiazepines</i>		<i>Ave \$ per Day</i>	<i>Covered Medi-Cal ?</i>	<i>Notes</i>
<b>alprazolam</b>	0.25, 0.5, 1, 2 mg	\$ .10	<b>No</b>	<b>Not covered by Medi-Cal</b>
clonazepam	0.5, 1, 2 mg	\$ .60	Yes	Medi-Cal = 90 day limit
<b>diazepam</b>	<b>2 – 20 mg tab</b>	<b>\$ .05</b>	<b>No</b>	<b>Not covered by Medi-Cal</b>
flurazepam	15, 30 mg	\$ .05	Yes	Medi-Cal = Restricted to use in tx of insomnia
lorazepam	0.5, 1, 2 mg	\$ .25	Yes	Medi-Cal = Max tabs #30, 3 rx's per 75 days
temazepam	15, 30 mg	\$ .05	Yes	Medi-Cal = Restricted to use in tx of insomnia
triazolam	0.125, 0.25 mg	\$ .25	Yes	Medi-Cal = Restricted to use in tx of insomnia

*Non-Benzodiazepines*

buspirone	5, 10, 30 mg	\$ 1.40	Yes	
chloral hydrate	250, 500 mg	\$ .25	Yes	
zolpidem	5, 10 mg	\$ .85	Yes	Medi-Cal = Restricted to use in treatment of insomnia

**PSYCHOSTIMULANTS**

		<i>Ave \$ per Day</i>	<i>Medi-Cal ?</i>	<i>Notes</i>
dextroamphetamine	5, 10 mg,	\$ .20	Yes	Medi-Cal = Restricted to Attention Deficit Disorder age 4-16
<b>dextroamphetamine sustained release</b>	<b>5, 10, 15 mg</b>	<b>\$ 1.10</b>	<b>No</b>	<b>Not covered by Medi-Cal</b>
dexmethylphenidate HCL (Focalin XR)	5, 10, 15, 20 mg	\$6.50	Yes	<b>Only brand name covered by Medi-Cal</b>
methylphenidate	5, 10, 20 mg	\$ .20	Yes	Medi-Cal = Restricted to Attention Deficit Disorder age 4-16
<b>methylphenidate CD (Metadate CD)</b>	<b>20 mg</b>	<b>\$ .65</b>	<b>No</b>	<b>Not covered by Medi-Cal</b>
<b>Ritalin LA</b>	<b>10, 20, 30, 40 mg</b>	<b>\$ .70</b>	<b>No</b>	<b>Not covered by Medi-Cal</b>
<b>methylphenidate XR (Concerta)</b>	<b>18, 27, 36, 54 mg</b>	<b>\$ 3.37</b>	<b>No</b>	<b>Not covered by Medi-Cal, unless prev. disp. prior to 12/1/2004 &amp; within 100 days of last Rx</b>

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**MISC. AGENTS**

		<i>Ave \$ per Day</i>	<i>Covered Medi-Cal ?</i>	<i>Notes</i>
clonidine	0.1, 0.2, 0.3, 0.5 mg Patch: 2.5, 5.0, 7.5 mg	\$ .05	Yes	
disulfiram	250, 500 mg	\$ .05	Yes	
docusate sodium	100, 250 mg	\$ .05	Yes	
guanfacine	1 mg, 2 mg	\$ .35	Yes	
hydroxyzine	10, 25, 50 mg	\$ .05	Yes	
levothyroxin Tabs	all strengths	\$ .05	Yes	
Nicorette Gum	2, 4 mg	\$ .35	No	Limited to six months
Nicotine Transdermal Patches	7, 14, 21 mg/24 hr.	\$ .70	Yes	Limited to six weeks
Metamucil powder	390 g	\$ .10	Yes	
<b>vit E cap</b>	<b>all strengths</b>	<b>\$ .05</b>	<b>No</b>	<b>Not covered by Medi-Cal</b>
<b>multivit/minerals</b>	<b>Generic Centrum</b>	<b>\$ .05</b>	<b>No</b>	<b>Not covered by Medi-Cal</b>