

# HealthPAC-BEHAVIORAL HEALTH CARE SPECIALITY SERVICE

## FORMULARY

Levels II & III

### ANTIDEPRESSANTS

<i>Serotonin Selective Reuptake Inhibitors</i>		<i>Ave \$/Rx</i>	<i>Covered Medi-Cal ?</i>	<i>Notes</i>
citalopram (Celexa)	10, 20, 40 mg	\$8	No	Not covered by Medi-Cal
fluoxetine (Prozac)	10, 20 mg, 40 mg	\$7	Yes	
paroxetine (Paxil)	10, 20, 30, 40 mg	\$15	Yes	
sertraline (Zoloft)	25, 50, 100 mg	\$6	Yes	

<i>Miscellaneous Agents</i>		<i>Ave \$/Rx</i>	<i>Covered Medi-Cal ?</i>	<i>Notes</i>
bupropion (Wellbutrin SR)	100mg SR, 150mg SR, 200mg SR, 300mg SR	100SR,150SR & 300SR= \$40 200SR=\$95	Yes	Only brand name covered by Medi-Cal
mirtazapine (Remeron)	15, 30, 45mg, Sol Tabs	\$18	Yes	
trazodone	50, 100, 150 mg	\$5	Yes	
venlafaxine (Effexor IR)	25, 37.5, 75, 100 mg	\$35	Yes	Only brand name covered by Medi-Cal

<i>Tricyclic Compounds Sizes</i>		<i>Ave \$/Rx</i>	<i>Covered Medi-Cal ?</i>	<i>Notes</i>
amitriptyline	10, 25, 50 mg, 100 mg	\$5	Yes	
clomipramine	25, 50, 75 mg	\$20	Yes	
doxepin	10, 25, 50, 75, 100, 150 mg	\$7	Yes	
imipramine	10, 25, 50 mg	\$20	Yes	
nortriptyline	10, 25, 50, 75 mg	\$5	Yes	

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### ANTIPSYCHOTICS

<b>2<sup>ND</sup> Generation (Atypical Antipsychotics)</b>		<b>Ave \$/ Rx</b>	<b>Covered Medi-Cal?</b>	<b>Notes</b>
risperidone (Risperdal)	0.5, 1, 2, 3, 4 mg, 1 mg/ml soln	\$50	Yes	
olanzapine (Zyprexa)	2.5, 5, 7.5, 10, 15, 20mg	\$810	Yes	

<b>1<sup>st</sup> Generation</b>		<b>Ave \$/ Rx</b>	<b>Covered Medi-Cal?</b>	<b>Notes</b>
chlorpromazine (Thorazine)	10, 25, 50, 100, 200 mg, 30 mg/ml, 100 mg/ml	\$10	Yes	
fluphenazine (Prolixin)	1, 2.5, 10 mg	\$10	Yes	
fluphenazine dec.	25 mg/cc (inj)	\$20	No	Not covered by Medi-Cal
haloperidol (Haldol)	0.5, 1, 2, 5, 10, 20 mg	\$10	Yes	
haloperidol dec.	50 mg/cc (inj), 100 mg/cc (inj)	\$30	No	Not covered by Medi-Cal
loxapine	5, 10, 25, 50 mg	\$15	Yes	
perphenazine (Trilafon)	2, 4, 8, 16 mg	\$15	Yes	
thiothixene (Navane)	1, 2, 5, 10, 20 mg	\$10	Yes	
trifluoperazine (Stelazine)	2, 5, 10 mg	\$20	Yes	

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### **MOOD STABILIZERS**

		<b>Ave \$ / Rx</b>	<b>Covered Medi-Cal ?</b>	<b>Notes</b>
carbamazepine (Tegretol)	100, 200 mg	\$8	Yes	
Divalproex DR(Depakote)	125, 250, 500 mg	\$55	Yes	
lamotrigine (Lamictal)	25, 100, 150, 200 mg	\$15	Yes	
lithium carbonate	150, 300 mg	\$15	Yes	

### **ANTIPARKINSONIAN/ANTIDYSKINETIC AGENTS**

		<b>Ave \$ / Rx</b>	<b>Covered Medi-Cal ?</b>	<b>Notes</b>
amantadine (Symmetrel)	100 mg cap	\$10	Yes	
atenolol	25, 50, 100 mg	\$10	Yes	
benztropine (Cogentin)	0.5, 1, 2 mg	\$7	Yes	
diphenhydramine (Benadryl)	25 mg, 50 mg	\$5	Yes	25 mg not covered by Medi-Cal
propranolol	10, 20, 40, 60, 80, 90 mg	\$5	Yes	
trihexyphenidyl (Artane)	2, 5 mg	\$15	Yes	

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### ANTI-ANXIETY/HYPNOTICS

<b>Benzodiazepines</b>		<b>Ave \$ / Rx</b>	<b>Covered Medi-Cal</b>	<b>Notes</b>
clonazepam (Klonopin)	0.5, 1, 2 mg	\$10	Yes	Medi-Cal = 90 day limit
lorazepam (Ativan)	0.5, 1, 2 mg	\$10	Yes	Medi-Cal = Max tabs #30, 3 rx per 75 days
temazepam (Restoril)	15, 30 mg	\$10	Yes	Medi-Cal = Restricted to use in tx of insomnia

### **Non-Benzodiazepines**

bupirone (Buspar)	5, 10, 30 mg	\$10	Yes	
Hydroxyzine pamoate (Vistaril)	10, 25, 50 mg	\$10	Yes	
prazosin (Minipress)	1, 2, 5 mg	\$15	Yes	
zolpidem (Ambien)	5, 10 mg	\$5	Yes	Medi-Cal = Restricted to use in treatment of insomnia

### PSYCHOSTIMULANTS

		<b>Ave \$ / Rx</b>	<b>Covered Medi-Cal</b>	<b>Notes</b>
amphetamine/dextroamphetamine sustained release (Adderal XR)	10, 15, 20, 30 mg	\$22	Yes	Medi-Cal = Restricted to Attention Deficit Disorder age 4-16
methylphenidate (Ritalin)	5, 10, 20 mg	\$38	Yes	Medi-Cal = Restricted to Attention Deficit Disorder age 4-16
methylphenidate LA (Ritalin LA)	10, 20, 30, 40 mg	\$43	No	Not covered by Medi-Cal

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### **MISC. AGENTS**

		<b>Ave \$ / Rx</b>	<b>Covered Medi-Cal</b>	<b>Notes</b>
docusate sodium	100mg, 250mg	\$0.05	Yes	