



COUNTY OF YOLO

HEALTH AND HUMAN SERVICES AGENCY

POLICIES AND PROCEDURES

SECTION 5, CHAPTER 11, POLICY 017

PRESCRIPTIONS AND DRUG FORMULARY FOR CLIENTS OF YOLO COUNTY HHSA AND CONTRACTED PROVIDERS

- A. PURPOSE:** To ensure prescriptions for clients of Yolo County Health and Human Services (HHSA) and County-contracted providers are written by authorized, licensed prescribers and that medications are listed on the HHSA Drug Formulary or have a prior authorization.
- B. FORMS REQUIRED/ATTACHMENTS:**
- a. Attachment A – Yolo County HHSA Drug Formulary
- C. DEFINITIONS:**
- County-contracted provider:** an agency that has a Board of Supervisors approved agreement with HHSA to provide behavioral health services.
- D. POLICY:** HHSA and County-contracted prescribers will adhere to guidelines for writing prescriptions. All prescriptions will be issued by providers lawfully authorized to prescribe. HHSA recognizes the following as authorized prescribers: psychiatrist; nurse practitioner (NP); and physician assistant (PA). NPs may prescribe drugs and devices within the NP's scope of practice. PAs may prescribe drugs and Schedule II-IV controlled substances that are listed on the drug formulary, and as delegated and approved by the supervising physician. Current California law limits a psychiatrist/physician to supervise no more than four (4) PAs at one time. The supervising physician should complete a Delegation of Services Agreement to delegate in writing, services that a PA may provide.
- E. PROCEDURE**
1. Prescriptions shall be issued by an HHSA or County-contracted provider, as recognized above.
 2. Prescriptions shall only be issued to open, current clients seen by that provider.
 3. Medications prescribed should be on the HHSA Drug Formulary (see Attachment A), or otherwise have a prior authorization or medication/pharmacy services Treatment Authorization Request (TAR) for Partnership Healthplan of California (PHC) Medi-Cal clients.
 4. HHSA and County-contracted providers shall not pay for any prescriptions in which an alternate payer is identified for the client or the client has Medi-Cal and medication is covered by the Medi-Cal or PHC Formulary.

5. If it is determined that an HHS client is financially unable to pay for his/her own medication and/or has no prescription insurance coverage, the provider may refer the client to benefits via a case manager to assist the client in applying for the Patient Assistance Program (PAP).
6. The HHS Medical Director or his/her designee is responsible for maintaining, updating, and distributing the formulary to authorized providers, clinics, and contract pharmacies, if applicable. The formulary shall be revised as often as determined necessary by the Medical Director.
7. HHS and County-contracted providers shall prescribe formulary medications whenever possible, based on a tiered system and within guidelines on any formulary restrictions:
 - F: Formulary
 - RF: Restricted Formulary
 - NF: Non-formulary
 - Tier 1: no restrictions; prior authorization or TAR required for Brand Name
 - Tier 2: quantity restrictions; age restrictions; failure of other medications tried first

F. REFERENCES:

- California Business & Professions Code, § 2725
- California Business & Professions Code, § 2836.1, 2836.4
- California Business & Professions Code, § 3502(c), 3502.1
- California Code of Regulations, Title 16, § 1399.540
- Welfare and Institutions Code, § 16800

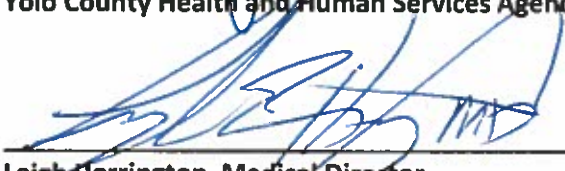
Approved by:



 Karen Larsen, Director
 Yolo County Health and Human Services Agency

1/30/19

 Date



 Leigh Harrington, Medical Director
 Yolo County Health and Human Services Agency

1/31/19

 Date

FOUR COUNTY HESA DRUG FORMULARY

CENTRAL NERVOUS SYSTEM AGENTS: ANTIDEPRESSANTS-TRICYCLICS AND RELATED

Generic	Common Trade	Classification	Strength(s)	Max Daily Dosage	Dosage Form	Medi-Cal Formulary	Tier	Comments
amitriptyline	Elavil	Antidepressant (NSRI)	10 mg	250 mg	TAB	F	1	No restrictions
			25 mg					
			50 mg					
			75 mg					
			100 mg					
bupropion hcl	Wellbutrin	Antidepressant (NDRI)	150 mg	450 mg	TAB	RF	2	QL: 3 tablets per day
			75 mg					
			100 mg					
			200 mg					
			300 mg					
bupropion hcl sr (12 hr)	Wellbutrin SR	Antidepressant (NDRI)	100 mg	400 mg	TAB	RF	2	QL: 2 tablets per day
			200 mg					
bupropion hcl sr (12 hr)	Wellbutrin SR	Antidepressant (NDRI)	150 mg	400 mg	TAB	RF	2	QL: 180 tablets per 360 days
			300 mg					
bupropion hcl xl (24 hr)	Wellbutrin XL	Antidepressant (NDRI)	150 mg	450 mg	TAB	RF	2	QL: 1 tablet per day
			300 mg					
citalopram	Celexa	Antidepressant (SSRI)	10 mg	40 mg	TAB	F	1	No restrictions
			20 mg					
clomipramine	Anafranil	Antidepressant (NSRI)	25 mg	250 mg	CAP	NF	n/a	PA/TAR Required: Alternative therapy: fluvoxamine, sertraline, paroxetine, fluoxetine
			50 mg					
			75 mg					
desipramine	Norpramine	Antidepressant (NSRI)	10 mg	300 mg	TAB	F	1	No restrictions
			25 mg					
			50 mg					
			75 mg					
			100 mg					
			150 mg					
			25 mg					
desvenlafaxine succinate er	Pristiq	Antidepressant (SNRI)	50 mg	400 mg	TAB	NF	n/a	PA/TAR Required
			100 mg					
			10 mg					
			25 mg					
			50 mg					
			75 mg					
			100 mg					
doxepin	Sinequan	Antidepressant (NSRI)	25 mg	300 mg	CAP	F	1	No restrictions
			50 mg					
			75 mg					
			100 mg					
			10 mg/ml					
doxepin	Sinequan	Antidepressant (NSRI)	100 mg	300 mg	CONC	F	1	No restrictions
			20 mg/ml					
duloxetine	Cymbalta	Antidepressant (SNRI)	30 mg	120 mg	CAP	RF	2	QL: 2 capsules per day
			60 mg					
duloxetine	Cymbalta	Antidepressant (SNRI)	40 mg	120 mg	CAP	NF	n/a	PA/TAR Required
			5 mg					
escitalopram	Lexapro	Antidepressant (SSRI)	10 mg	20 mg	TAB	F	1	No restrictions
			20 mg					
fluoxetine	Prozac	Antidepressant (SSRI)	40 mg	80 mg	CAP	F	1	No restrictions
			4 mg/ml					
fluoxetine	Prozac	Antidepressant (SSRI)	80 mg	80 mg	SOLN	F	1	No restrictions
			10 mg/ml					
fluoxetine	Prozac	Antidepressant (SSRI)	20 mg	80 mg	CAP	RF	2	QL: 8 capsules per day
			80 mg					
fluoxetine	Prozac	Antidepressant (SSRI)	10 mg	80 mg	TAB	NF	n/a	QL: 8 tablets per day (10 mg) PA/TAR Required
			20 mg					
fluvoxamine	Luvox	Antidepressant (SSRI)	25 mg	300 mg	TAB	F	1	No restrictions
			100 mg					
imipramine	Tofranil	Antidepressant (NSRI)	25 mg	300 mg	TAB	F	1	No restrictions
			50 mg					

Generic	Common Trade	Classification	Strength(s)	Max Daily Dosage	Dosage Form	Medi-Cal Formulary	Tier	Comments
mirtazapine	Remeron	Antidepressant (NASSA)	7.5 mg 15 mg 30 mg 45 mg 50 mg 100 mg 150 mg 200 mg	45 mg	TAB	RF	2	QL: 1 tablet per day; Process claim before continuing with TAR process to verify that a TAR is required
nefazodone	Serzone	Antidepressant (SARI)	100 mg 250 mg 300 mg	600 mg	TAB	RF	2	AL: minimum age 18 years
nortriptyline	Pamelor	Antidepressant (NSRI)	25 mg 50 mg	300 mg	CAP	F	1	No restrictions
nortriptyline	Pamelor	Antidepressant (NSRI)	75 mg 10 mg/5 ml 10 mg	300 mg	SOLN	F	1	No restrictions
paroxetine	Paxil	Antidepressant (SSRI)	20 mg 30 mg 40 mg	60 mg	TAB	F	1	No restrictions
paroxetine er (24 hr)	Paxil CR	Antidepressant (SSRI)	12.5 mg 25 mg 37.5 mg	75 mg	TAB	NF	n/a	PA/TAR Required; Failure of 2 formulary SSRIs: fluoxetine, paroxetine, sertraline, or citalopram
protriptyline	Vivactil	Antidepressant (NSRI)	5 mg 10 mg 25 mg	60 mg	TAB	F	1	No restrictions
sertraline	Zoloft	Antidepressant (SSRI)	50 mg 100 mg	200 mg	TAB	F	1	No restrictions
sertraline	Zoloft	Antidepressant (SSRI)	20 mg/ml 50 mg 100 mg 150 mg	200 mg	CONC	F	1	No restrictions
trazodone	Desyrel	Antidepressant (SARI)	100 mg 150 mg	400 mg	TAB	F	1	No restrictions
venlafaxine	Effexor	Antidepressant (SNRI)	25 mg 37.5 mg 75 mg 100 mg 37.5 mg 150 mg	225 mg	TAB	F	1	No restrictions
venlafaxine er (24 hr)	Effexor XR	Antidepressant (SNRI)	75 mg 150 mg	225 mg	CAP	F	1	No restrictions
vilazodone	Vibryd	Antidepressant (SSRI/5HT1a)	10 mg 20 mg 40 mg	40 mg	TAB	NF	n/a	PA/TAR Required AL: minimum age 18 years
vortioxetine	Trintellix	Antidepressant (SSRI/5HT)	5 mg 10 mg 20 mg	20 mg	TAB	NF	n/a	PA/TAR Required AL: minimum age 18 years

CENTRAL NERVOUS SYSTEM AGENTS: ANTIPSYCHOTICS								
Generic	Common Trade	Classification	Strength(s)	Max Daily Dosage	Dosage Form	Medi-Cal Formulary	Tier	Comments
aripiprazole	Abilify	Atypical Antipsychotic	2 mg 5 mg 10 mg 15 mg 20 mg 30 mg	30 mg	TAB	RF	n/a	State Medi-Cal Carve Out TAR required for age 0-17 years
aripiprazole ODT	Abilify	Atypical Antipsychotic	10 mg 15 mg	30 mg	ODT	RF	n/a	State Medi-Cal Carve Out TAR required for age 0-17 years
aripiprazole solution	Abilify	Atypical Antipsychotic	1 mg/ml	30 mg	SOLN	RF	n/a	State Medi-Cal Carve Out TAR required for age 0-17 years

aripiprazole er IM	Abilify Maintena	Atypical Antipsychotic	300 mg 400 mg	400 mg/monthly	INI	RF	n/a	State Medi-Cal Carve Out TAR required for age 0-17 years
aripiprazole lauroxil er IM	Aristaada	Atypical Antipsychotic	441 mg 662 mg 882 mg	882 mg/4-6 weeks	INI	RF	n/a	State Medi-Cal Carve Out TAR required for age 0-17 years
asenapine maleate	Saphris	Atypical Antipsychotic	5 mg 10 mg	20 mg	TAB	RF	n/a	State Medi-Cal Carve Out TAR required for age 0-17 years
brexipiprazole	Rexulti	Atypical Antipsychotic	0.25 mg 0.5 mg 1 mg 2 mg 3 mg 4 mg 1.5 mg 3 mg 4.5 mg 6 mg 10 mg 25 mg 50 mg	4 mg	TAB	NF	n/a	State Medi-Cal Carve Out PA/TAR Required
cariprazine	Vraylar	Atypical Antipsychotic	3 mg 4.5 mg 6 mg 10 mg 25 mg 50 mg	6 mg	CAP	NF	n/a	State Medi-Cal Carve Out PA/TAR Required
chlorpromazine	Thorazine	Phenothiazine	100 mg 200 mg 25 mg 50 mg 100 mg 200 mg 12.5 mg 25 mg 100 mg 150 mg 200 mg 1 mg 2.5 mg 5 mg 10 mg	2,000 mg	TAB	RF	n/a	State Medi-Cal Carve Out TAR required for age 0-17 years
clozapine	Clozaril	Atypical Antipsychotic	100 mg 200 mg 25 mg 50 mg 100 mg 200 mg 12.5 mg 25 mg 100 mg 150 mg 200 mg 1 mg 2.5 mg 5 mg 10 mg	900 mg	TAB	RF	n/a	State Medi-Cal Carve Out TAR required for age 0-17 years
clozapine ODT	Fazaclo	Atypical Antipsychotic	25 mg 100 mg 150 mg 200 mg 1 mg 2.5 mg 5 mg 10 mg	900 mg	ODT	RF	n/a	State Medi-Cal Carve Out TAR required for age 0-17 years
fluphenazine	Prolin	Phenothiazine Antipsychotic	2.5 mg 5 mg 10 mg	40 mg	TAB	RF	n/a	State Medi-Cal Carve Out TAR required for age 0-17 years
fluphenazine oral elixir	Prolin	Phenothiazine Antipsychotic	2.5 mg/5 ml	40 mg	ELIX	RF	n/a	State Medi-Cal Carve Out TAR required for age 0-17 years
fluphenazine decanoate	Prolin Dec	Phenothiazine Antipsychotic	25 mg/ml	40 mg	INI	RF	n/a	State Medi-Cal Carve Out TAR required for age 0-17 years
haloperidol	Haldol	Butyrophenone	0.5 mg 1 mg 2 mg 5 mg 10 mg 20 mg	100 mg	TAB	RF	n/a	State Medi-Cal Carve Out TAR required for age 0-17 years
haloperidol decanoate	Haldol Dec	Butyrophenone	50 mg/ml 100 mg/ml	450 mg/month	INI	RF	n/a	State Medi-Cal Carve Out TAR required for age 0-17 years
haloperidol lactate concentrate	Haldol	Butyrophenone	2 mg/ml 1 mg 2 mg 4 mg 6 mg 8 mg 10 mg 12 mg	100 mg	CONC	RF	n/a	State Medi-Cal Carve Out TAR required for age 0-17 years
lisperidone	Fanapt	Atypical Antipsychotic	24 mg	24 mg	TAB	RF	n/a	State Medi-Cal Carve Out TAR required for age 0-17 years

lurasidone	Latuda	Atypical Antipsychotic	20 mg 40 mg 60 mg 80 mg 120 mg 5 mg 10 mg 25 mg 50 mg 2.5 mg 5 mg 7.5 mg 15 mg 20 mg 5 mg 10 mg 15 mg 20 mg	TAB	RF	n/a	State Medi-Cal Carve Out TAR required for age 0-17 years
loxapine succinate	Loxitane	Dibenzoxazepine	10 mg 25 mg 50 mg 2.5 mg 5 mg	CAP	RF	n/a	State Medi-Cal Carve Out TAR required for age 0-17 years
olanzapine	Zyprexa	Atypical Antipsychotic	7.5 mg 15 mg 20 mg 5 mg 10 mg 15 mg 20 mg	TAB	RF	n/a	State Medi-Cal Carve Out TAR required for age 0-17 years
olanzapine ODT	Zyprexa Zydis	Atypical Antipsychotic	10 mg 15 mg 20 mg	ODT	RF	n/a	State Medi-Cal Carve Out TAR required for age 0-17 years
olanzapine IM	Zyprexa Relprev	Atypical Antipsychotic	150 mg 210 mg 300 mg 405 mg 1.5 mg	INJ	NF	n/a	State Medi-Cal Carve Out PA/TAR Required
paliperidone	Invega	Atypical Antipsychotic	3 mg 6 mg 9 mg 39 mg 78 mg 117 mg 156 mg	TAB	NF	n/a	State Medi-Cal Carve Out
paliperidone IM	Invega Sustenna	Atypical Antipsychotic	234 mg 273 mg 410 mg 546 mg 819 mg 2 mg	INJ	NF	n/a	State Medi-Cal Carve Out PA/TAR Required
perphenazine	Trilafon	Phenothiazine Antipsychotic	4 mg 8 mg 16 mg 2-10 mg 2-25 mg 4-10 mg 4-25 mg	TAB	RF	n/a	State Medi-Cal Carve Out TAR required for age 0-17 years
perphenazine-amitriptyline	Triavil	Tricyclic/Antipsychotic	1 mg 2 mg 5 mg 10 mg 25 mg 50 mg	TAB	F	1	No restrictions
pimozide	Orap	Antipsychotic	1 mg 2 mg 5 mg 10 mg 25 mg 50 mg	TAB	NF	n/a	State Medi-Cal Carve Out PA/TAR Required
prochlorperazine maleate	Compazine	Phenothiazine Antipsychotic	10 mg 20 mg 300 mg 400 mg 50 mg 150 mg 200 mg 300 mg 400 mg	TAB	F	1	No restrictions
quetiapine fumarate	Seroquel	Atypical Antipsychotic	100 mg 200 mg 300 mg 400 mg 50 mg 150 mg 200 mg 300 mg 400 mg	TAB	RF	n/a	State Medi-Cal Carve Out TAR required for age 0-17 years
quetiapine fumarate er	Seroquel XR	Atypical Antipsychotic	150 mg 200 mg 300 mg 400 mg	TAB	RF	n/a	State Medi-Cal Carve Out TAR required for age 0-17 years

risperidone	Risperdal	Atypical Antipsychotic	0.25 mg 0.5 mg 1 mg 2 mg 3 mg 4 mg 0.25 mg 0.5 mg	8 mg	TAB	RF	n/a	State Medi-Cal Carve Out TAR required for age 0-17 years
risperidone ODT	Risperdal M-Tab	Atypical Antipsychotic	1 mg 2 mg 3 mg 4 mg 12.5 mg	8 mg	ODT	NF	n/a	State Medi-Cal Carve Out PA/TAR Required
risperidone IM	Risperdal Consta	Atypical Antipsychotic	25 mg 37.5 mg 50 mg 10 mg 25 mg 50 mg 100 mg	50 mg (2 weeks)	INJ	NF	n/a	State Medi-Cal Carve Out PA/TAR Required
thioridazine	Mellaril	Phenothiazine Antipsychotic	1 mg 2 mg 5 mg 10 mg 1 mg 2 mg 5 mg	800 mg	TAB	NF	n/a	State Medi-Cal Carve Out PA/TAR Required
thiothixene	Navane	Thioxanthene	2 mg 5 mg 10 mg 1 mg 2 mg 5 mg	60 mg	CAP	RF	n/a	State Medi-Cal Carve Out TAR required for age 0-17 years
trifluoperazine	Stelazine	Phenothiazine Antipsychotic	10 mg 20 mg 40 mg 60 mg 80 mg	40 mg	TAB	RF	n/a	State Medi-Cal Carve Out TAR required for age 0-17 years
ziprasidone	Geodon	Atypical Antipsychotic	40 mg 60 mg 80 mg	200 mg	CAP	RF	n/a	State Medi-Cal Carve Out TAR required for age 0-17 years

CENTRAL NERVOUS SYSTEM AGENTS: ANXIOLYTICS/SEDATIVES/HYPNOTICS/ANTHISTAMINES

Generic	Common Trade	Classification	Strength(s)	Max Daily Dosage	Dosage Form	Medi-Cal Formulary	Tier	Comments
alprazolam	Xanax	Antianxiety/Benzodiazepine	0.25 mg 0.5 mg 1 mg 2 mg 5 mg 7.5 mg	8 mg	TAB	NF	n/a	PA/TAR Required Coverage duration 3 months
buspirone	Buspar	Antianxiety/Non-Benzodiazepine	10 mg 15 mg 30 mg 5 mg	60 mg	TAB	F	1	No restrictions
chlordiazepoxide	Librium	Antianxiety/Benzodiazepine	10 mg 25 mg 0.5 mg	300 mg	CAP	RF	2	QL: 4 capsules per day
clonazepam	Klonopin	Antianxiety/Benzodiazepine	1 mg 2 mg 4 mg	4 mg	TAB	RF	2	QL: 4 tablets per day 120 tablets per month
ciproheptadine	Periactin	Antihistamine	4 mg	24 mg	TAB	F	1	No restrictions
ciproheptadine syrup	Periactin	Antihistamine	2 mg/5 ml	24 mg	SYRUP	F	1	No restrictions
diazepam	Valium	Antianxiety/Benzodiazepine	2 mg 5 mg 10 mg	40 mg	TAB	RF	2	QL: 4 tablets per day 120 tablets per month
diphenhydramine	Benadryl	Sedative-Hypnotic/Antihistamine	25 mg	400 mg	TAB	F	1	No restrictions; OTC
diphenhydramine	Benadryl	Sedative-Hypnotic/Antihistamine	25 mg 50 mg	400 mg	CAP	F	1	No restrictions; OTC
eszopiclone	Lunesta	Sedative-Hypnotic	1 mg 2 mg 3 mg	3 mg	TAB	RF	2	QL: 1 tablet per day; AL: minimum age 18 years Prior use of zolpidem or temazepam in the last 120 days

Generic	Common Trade	Classification	Strength(s)	Max Daily Dosage	Dosage Form	Medi-Cal Formulary	Tier	Comments
flurazepam	Dalmane	Sedative-Hypnotic/Benzodiazepine	15 mg 30 mg	30 mg	CAP	RF	2	QL: 1 capsule per day
hydroxyzine hcl	Atarax	Antianxiety/Antihistamine	10 mg 25 mg 50 mg	400 mg	TAB	F	1	No restrictions
hydroxyzine pamoate	Vistaril	Antianxiety/Antihistamine	25 mg 50 mg 100 mg	400 mg	CAP	F	1	No restrictions
lorazepam	Ativan	Antianxiety/Benzodiazepine	0.5 mg 1 mg 2 mg 15 mg 16.2 mg 30 mg	10 mg	TAB	RF	2	QL: 4 tablets per day
phenobarbital	Phenobarbital	Sedative-Hypnotic/Barbiturate	32.4 mg 60 mg 64.8 mg 97.2 mg 100 mg	300 mg	TAB	F	1	No restrictions
ramelteon	Rozereem	Hypnotic/Melatonin M1/M2	8 mg	8 mg	TAB	NF	n/a	QL: 1 tablet per day AL: minimum age 18 years PA/TAR Required
suvorexant	Belsomra	Sedative-Hypnotic	5 mg 10 mg 15 mg 20 mg	20 mg	TAB	NF	n/a	AL: minimum age 18 years PA/TAR Required
temazepam	Restoril	Sedative-Hypnotic/Benzodiazepine	15 mg	30 mg	CAP	RF	2	QL: 2 capsules per day
temazepam	Restoril	Sedative-Hypnotic/Benzodiazepine	30 mg	30 mg	CAP	RF	2	QL: 1 capsule per day
temazepam	Restoril	Sedative-Hypnotic/Benzodiazepine	7.5 mg 22.5 mg	30 mg	CAP	NF	n/a	AL: minimum age 18 years PA/TAR Required
triazolam	Halcion	Sedative-Hypnotic/Benzodiazepine	0.125 mg 0.25 mg	0.5 mg	TAB	NF	n/a	AL: minimum age 18 years PA/TAR Required
zaleplon	Sonata	Sedative-Hypnotic	5 mg 10 mg	20 mg	CAP	RF	2	QL: 1 capsule per day AL: minimum age 18 years
zolpidem	Ambien	Sedative-Hypnotic	5 mg 10 mg	10 mg	TAB	F	1	No restrictions
zolpidem er	Ambien CR	Sedative-Hypnotic	6.25 mg 12.5 mg	12.5 mg	TAB	NF	n/a	QL: 1 tablet per day AL: minimum age 18 years PA/TAR Required

CENTRAL NERVOUS SYSTEM AGENTS: STIMULANTS, ADHD

Generic	Common Trade	Classification	Strength(s)	Max Daily Dosage	Dosage Form	Medi-Cal Formulary	Tier	Comments
atomoxetine	Strattera	SNRI	10 mg 18 mg 25 mg 40 mg 60 mg 80 mg 100 mg	100 mg	CAP	RF	2	QL: 1 capsule per day; TAR Required for Brand Name
dexamethylphenidate	Focalin	Stimulant	2.5 mg 5 mg 10 mg	20 mg	TAB	RF	2	QL: 60 tablets per month AL: minimum age 4 years, maximum age 17 years; PA required for adults ages 18 and older; Adult formulary alternatives: generic Ritalin CD, Ritalin LA, or Adderall XR

dexamethylphenidate er (biphasic 50-50)	Focalin XR	Stimulant	5 mg 10 mg 15 mg 20 mg 25 mg 30 mg 35 mg 40 mg 5 mg 7.5 mg 10 mg 12.5 mg 15 mg 20 mg 30 mg 5 mg 10 mg 15 mg 20 mg 25 mg 30 mg	40 mg	CAP	RF	2	QL: 1 capsule per day AL: minimum age 6 years, maximum age 17 years; PA required for adults ages 18 and older; Adult formulary alternatives: generic Ritalin CD, Ritalin LA, or Adderall XR
dextroamphetamine-amphetamine	Adderall	Stimulant	10 mg 15 mg 20 mg 30 mg 5 mg 10 mg 15 mg 20 mg 25 mg 30 mg	40 mg	TAB	RF	2	QL: 60 tablets per month AL: minimum age 4 years, maximum age 17 years; PA required for adults ages 18 and older; Adult formulary alternative: generic Adderall XR
dextroamphetamine-amphetamine er (24 hr)	Adderall XR	Stimulant	10 mg 15 mg 20 mg 25 mg 30 mg	30 mg	CAP	RF	2	QL: 1 capsule per day Generic available
dextroamphetamine	Dexedrine	Stimulant	5 mg 10 mg	40 mg	TAB	NF	n/a	AL: minimum age 3 years PA Required Pediatric formulary alternatives (ages 4-17): generics for Ritalin, Ritalin SR, Concerta, Ritalin LA, Metadate CD, Adderall XR; Adult formulary alternatives: generic Ritalin or Ritalin SR
dextroamphetamine er	Dexedrine Spansule	Stimulant	5 mg 10 mg 15 mg	40 mg	CAP	NF	n/a	PA Required Pediatric formulary alternatives: Ritalin IR, generic Metadate CD, Ritalin LA, Concerta, Adderall IR, Focalin IR & ER; Adult formulary alternatives: Ritalin CD, Ritalin LA, Adderall XR
lisdexamfetamine dimesylate	Vyvanse	Stimulant	10 mg 20 mg 30 mg 40 mg 50 mg 60 mg 70 mg	70 mg	CAP	RF	2	QL: 1 capsule per day AL: minimum age 6 years PA Required for adults ages 18 and older
methylphenidate hcl	Ritalin	Stimulant	5 mg 10 mg 20 mg	60 mg	TAB	RF	2	QL: 60 tablets per month AL: minimum age 4 years, maximum age 17 years PA Required for adults ages 18 and older; Adult formulary alternatives: generic Ritalin CD or Ritalin LA
methylphenidate la (biphasic 50-50)	Ritalin LA	Stimulant	10 mg 20 mg 30 mg 40 mg 60 mg 10 mg 20 mg 30 mg 40 mg 60 mg	60 mg	CAP	RF	2	QL: 1 capsule per day PA Required for Brand Name
methylphenidate cd (biphasic 30-70)	Metadate CD	Stimulant	30 mg 40 mg 50 mg 60 mg	60 mg	CAP	RF	2	QL: 1 capsule per day PA Required for Brand Name
methylphenidate er (biphasic 30-70)	Metadate ER	Stimulant	10 mg 20 mg	60 mg	TAB	NF	n/a	Available in generic PA Required - case specific

methamphetamine biphasic 30-70)	(generic)	Stimulant	10 mg 20 mg 30 mg 40 mg 50 mg 60 mg	60 mg	CAP	RF	2	QL: 1 capsule per day
methamphetamine hcl er (24 hr)	Concerta	Stimulant	18 mg 27 mg 36 mg 54 mg	72 mg	TAB	RF	2	QL: 1 tablet per day AL: minimum age 6 years, maximum age 17 years; PA Required for adults ages 18 and older; Adult formulary alternatives: generic Ritalin CD or Ritalin LA
methamphetamine transdermal patch	Daytrana	Stimulant	10 mg/9 hr daily 15 mg/9 hr daily 20 mg/9 hr daily 30 mg/9 hr daily	30 mg/9 hr daily	PATCH	NF	n/a	AL: minimum age 6 years PA/TAR Required Coverage duration 12 months

ANALGESICS, ANTI-INFLAMMATORY, OR ANTI-PYRETIC

Generic	Common Trade	Classification	Strength(s)	Max Daily Dosage	Dosage Form	Medi-Cal Formulary	Tier	Comments
acetaminophen	Tylenol	Analgesic/Antipyretic	325 mg 500 mg	3,000 mg	TAB	F	1	No restrictions; OTC
aspirin	Bayer Aspirin	Analgesic	325 mg 500 mg	1,300 mg	TAB	F	1	No restrictions; OTC
aspirin (chewable tablet)	Bayer Aspirin	Analgesic	81 mg 81 mg	1,300 mg	TAB	F	1	No restrictions; OTC
aspirin (delayed release)	Bayer Aspirin	Analgesic	325 mg 500 mg	1,300 mg	TAB	F	1	No restrictions; OTC
ibuprofen	Motrin	NSAID	650 mg 400 mg 600 mg	3,200 mg (Rx) 1,200 mg (OTC)	TAB	F	1	No restrictions; OTC
meloxicam	Mobic	NSAID	7.5 mg 15 mg	15 mg	TAB	F	1	No restrictions
methadone	Dolophine	Analgesic	5 mg	40 mg max Day 1 Dose 80 mg to 120 mg daily maintenance dose, after titration	TAB	RF	2	QL: 3 tablets per day; 90 tablets per month PA Required for Brand Name
naproxen	Naprosyn	NSAID	500 mg	1,500 mg for limited periods up to 6 months	TAB	F	1	No restrictions; PA Required for Brand Name
naproxen (delayed release)	EC-Naprosyn	NSAID	375 mg 500 mg	1,000 mg	TAB	F	1	No restrictions; PA Required for Brand Name
naproxen sodium	Anaprox DS	NSAID	550 mg	1,100 mg	TAB	F	1	No restrictions; PA Required for Brand Name
tramadol	Ultram	Analgesic	50 mg	400 mg	TAB	RF	2	QL: 8 tablets per day; 30 tablets in 30 days

CARDIOVASCULAR THERAPY AGENTS

Generic	Common Trade	Classification	Strength(s)	Max Daily Dosage	Dosage Form	Medi-Cal Formulary	Tier	Comments
atenolol	Tenormin	Beta Blocker	25 mg 50 mg 100 mg	100 mg	TAB	F	1	No restrictions; PA Required for Brand Name
clonidine hcl	Catapres	Central Alpha-2	0.1 mg 0.2 mg 0.3 mg	0.4 mg	TAB	F	1	No restrictions; PA Required for Brand Name
guanfacine	Tenex	Central Alpha-2	1 mg 2 mg 1 mg	4 mg	TAB	F	1	No restrictions; PA Required for Brand Name
guanfacine er (24 hr)	Intuniv ER	Central Alpha-2	2 mg 3 mg 4 mg	7 mg	TAB	RF	2	QL: 1 tablet per day PA Required for Brand Name

Generic	Common Trade	Classification	Strength(s)	Max Daily Dosage	Dosage Form	Medi-Cal Formulary	Tier	Comments
metoprolol succinate er (24 hr)	Toprol XL	Beta Blocker	25 mg 50 mg 100 mg 200 mg	200 mg	TAB	F	1	No restrictions; PA Required for Brand Name
metoprolol tartrate	Lopressor	Beta Blocker	25 mg 50 mg 100 mg	200 mg	TAB	F	1	No restrictions; PA Required for Brand Name
prazosin	Minipress	Alpha-1	1 mg 2 mg 5 mg 10 mg	15 mg	CAP	F	1	No restrictions; PA Required for Brand Name
propranolol	Inderal	Beta Blocker	20 mg 40 mg 60 mg 80 mg 120 mg 160 mg	120 mg	TAB	F	1	No restrictions; PA Required for Brand Name
propranolol er (24 hr)	Inderal LA	Beta Blocker	80 mg 120 mg 160 mg	160 mg	CAP	F	1	No restrictions; TAR Required for Brand Name

ANTICONVULSANTS: MOOD STABILIZERS

Generic	Common Trade	Classification	Strength(s)	Max Daily Dosage	Dosage Form	Medi-Cal Formulary	Tier	Comments
carbamazepine	Tegretol	Anticonvulsant/Mood	200 mg 100 mg 200 mg 400 mg	1,200 mg	TAB	F	1	No restrictions; PA Required for Brand Name
carbamazepine er (12 hr)	Tegretol XR	Anticonvulsant/Mood	125 mg 250 mg 500 mg 500 mg	1,200 mg	TAB	F	1	No restrictions; PA Required for Brand Name
divalproex	Depakote	Anticonvulsant/Mood	250 mg 500 mg	60 mg/kg/day	TAB	F	1	No restrictions; PA Required for Brand Name
divalproex er (24 hr)	Depakote ER	Anticonvulsant/Mood	250 mg 500 mg	60 mg/kg/day	TAB	F	1	No restrictions; PA Required for Brand Name
divalproex sprinkles	Depakote Sprinkles	Anticonvulsant/Mood	125 mg	60 mg/kg/day	CAP	F	1	No restrictions; PA Required for Brand Name
gabapentin	Neurontin	Anticonvulsant	600 mg 800 mg	3,600 mg	TAB	RF	2	PA Required for Brand Name QL: 6 tablets per day (600 mg) QL: 4 tablets per day (800 mg)
gabapentin	Neurontin	Anticonvulsant	300 mg 400 mg	3,600 mg	CAP	RF	2	PA Required for Brand Name QL: 36 capsules per day (100 mg) QL: 12 capsules per day (300 mg) QL: 9 capsules per day (400 mg)
lamotrigine	Lamictal	Anticonvulsant/Mood	25 mg 100 mg 150 mg 200 mg	600 mg	TAB	F	1	No restrictions; PA Required for Brand Name
lithium	Lithium	Mood	300 mg	2,400 mg	TAB	NF	n/a	State Medi-Cal Carve Out PA/TAR Required
lithium carbonate	Eskalith	Mood	150 mg 300 mg 600 mg	2,400 mg	CAP	NF	n/a	State Medi-Cal Carve Out PA/TAR Required
lithium carbonate er	Lithobid	Mood	300 mg	1,800 mg	TAB	NF	n/a	State Medi-Cal Carve Out PA/TAR Required
lithium carbonate sr	Eskalith CR	Mood	450 mg	1,800 mg	TAB	NF	n/a	State Medi-Cal Carve Out PA/TAR Required
lithium citrate	Cibalith-S	Mood	8 meq/5 ml	1,800 mg	SOLN	NF	n/a	State Medi-Cal Carve Out PA/TAR Required
oxcarbazepine	Trileptal	Anticonvulsant	150 mg 300 mg 600 mg	2,400 mg	TAB	F	1	No restrictions; PA Required for Brand Name
phenytoin chewable	Dilantin Infatab	Anticonvulsant	50 mg	600 mg	TAB	RF	2	Generic Preferred; Brand available if medically necessary
phenytoin sodium	Dilantin Extended	Anticonvulsant	100 mg	600 mg	CAP	RF	2	Generic Preferred; Brand available if medically necessary

Generic	Common Trade	Classification	Strength(s)	Max Daily Dosage	Dosage Form	Medi-Cal Formulary	Tier	Comments
MISCELLANEOUS								
phenytoin sodium er	Phenytek	Anticonvulsant	200 mg 300 mg	600 mg	CAP	F	1	No restrictions
topiramate	Topamax	Anticonvulsant	50 mg 100 mg	400 mg	TAB	F	1	No restrictions
topiramate sprinkles	Topamax Sprinkles	Anticonvulsant	15 mg 25 mg	400 mg	CAP	F	1	No restrictions
valproic acid	Depakene	Anticonvulsant/Mood	250 mg	60 mg/kg/day	CAP	F	1	No restrictions
valproic acid	Depakene	Anticonvulsant/Mood	250 mg/5 ml	60 mg/kg/day	SOLN	F	1	No restrictions
acamprostate	Campral	Chemical Dependency/Alcohol	333 mg	1,998 mg	TAB	NF	n/a	State Medi-Cal Carve Out PA/TAR Required
amantadine hcl	Symmetrel	Antiparkinson	100 mg	400 mg	TAB/CAP	NF	n/a	State Medi-Cal Carve Out PA/TAR Required
benztropine	Cogentin	Antiparkinson	0.5 mg 1 mg 2 mg	6 mg	TAB	NF	n/a	State Medi-Cal Carve Out PA/TAR Required
buprenorphine hcl	Suboxone	Chemical Dependency/Narcotics	2 mg-0.5 mg 4 mg-1 mg 8 mg-2 mg 12 mg-3 mg	16 mg	SL TAB	NF	n/a	State Medi-Cal Carve Out PA/TAR Required
buprenorphine-naloxone	Subutex	Chemical Dependency/Narcotics	2 mg-0.5 mg 8 mg-2 mg	16 mg	SL TAB	NF	n/a	State Medi-Cal Carve Out PA/TAR Required
disulfiram	Antabuse	Chemical Dependency/Alcohol	250 mg 500 mg	500 mg	TAB	F	1	No restrictions
docusate sodium	Colace	Lasative	100 mg 250 mg	500 mg	CAP	F	1	No restrictions
folic acid	FA-8	Vitamins	400 mcg 800 mcg	1,000 mcg	TAB	F	1	No restrictions
glimepiride	Amaryl	Antihyperglycemic	1 mg 2 mg	8 mg	TAB	F	1	No restrictions; PA Required for Brand Name
glipizide	Glucotrol	Antihyperglycemic	4 mg 5 mg 10 mg	40 mg	TAB	F	1	No restrictions; PA Required for Brand Name
glipizide er	Glucotrol XL	Antihyperglycemic	2.5 mg 5 mg	20 mg	TAB	F	1	No restrictions; PA Required for Brand Name
levothyroxine	Levothy	Thyroid Hormones	30 mg 50 mg 75 mcg 88 mcg 100 mcg 112 mcg 125 mcg 137 mcg 150 mcg 175 mcg 200 mcg 300 mcg 5 mcg	1.7 mcg/kg/day	TAB	F	1	No restrictions, PA Required for Brand Name
liothyronine	Cytomet	Thyroid Hormones	25 mcg 50 mcg 500 mg	75 mcg	TAB	F	1	No restrictions, PA Required for Brand Name
metformin	Glucophage	Endocrine/Insulin	850 mg 1,000 mg	2,500 mg	TAB	F	1	No restrictions; PA Required for Brand Name
metformin er (24 hr)	Glucophage XR	Endocrine/Insulin	500 mg 750 mg	2,000 mg	TAB	F	1	No restrictions; PA Required for Brand Name State Medi-Cal Carve Out PA/TAR Required
naloxone intranasal	Narcan	Opiate Antagonist	2 mg/actuation 4 mg/actuation	n/a (dependent on response)	SPRAY	NF	n/a	

Drug Name	Brand Name	Strength	Formulation	Quantity	Control Type	Notes
naloxone IM/SC	Evzio	2 mg/0.4 ml	INJ	n/a (dependent on response)	NF	State Medi-Cal Carve Out PA/TAR Required
naltrexone	Revia	50 mg	TAB	50 mg	NF	State Medi-Cal Carve Out PA/TAR Required
naltrexone er IM	Vivitrol	380 mg	INJ	380 mg/monthly	NF	State Medi-Cal Carve Out PA/TAR Required
nicotine polacrilex gum	Nicorette	2 mg 4 mg	GUM	24 pieces	RF	QL: limited to 1,050 pieces per fill, 2,100 in 365 days
nicotine transdermal patch	Nicoderm CQ	7 mg/24 hr 14 mg/24 hr 21 mg/24 hr	PATCH	One Patch/day	RF	QL: limited to 180 patches in within one year period, 1 strength per fill, up to 42 patches per fill
trihexphenidyl	Artane	2 mg 5 mg	TAB	15 mg	NF	State Medi-Cal Carve Out PA/TAR Required
valbenzazine	Ingrezza	40 mg 80 mg	CAP	80 mg	NF	State Medi-Cal Carve Out PA/TAR Required
varenicline	Chantix	0.5 mg 1 mg	TAB	2 mg	NF	State Medi-Cal Carve Out PA/TAR Required