

Behavioral Health and Recovery Services (BHRS) Formulary

Supplemental formulary for psychiatric prescribers treating the following program members:
HPSM Medi-Cal, Healthykids, Healthworx, and BHRS Indigents

DRUG DESCRIPTION (RX)	FORMULARY	LIMITS & RESTRICTIONS
ADHD MEDICATIONS		
AMPHETAMINE SALT IR <i>Adderall IR</i>	YES <i>Generics</i>	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL #90/30DS 5mg,7.5mg,10mg,12.5mg,15mg,20mg</div> <div>QL #60/30DS 30mg</div> <div>AGE For ages 4-21 years old</div> </div>
AMPHETAMINE SALT ER <i>Adderall XR</i>	YES <i>Generics</i>	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL #30/30DS 5mg,10mg,15mg</div> <div>QL #60/30DS 20mg,25mg,30mg</div> <div>AGE For ages 4-21 years old</div> </div>
ATOMOXETINE <i>Strattera</i>	YES <i>Generics</i>	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL #30/30DS all strengths</div> </div>
DEXMETHYLPHENIDATE IR <i>Focalin</i>	YES <i>Generics</i>	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL #90/30DS all strengths</div> <div>AGE For ages 4-21 years old</div> </div>
DEXMETHYLPHENIDATE ER <i>Focalin XR</i>	YES <i>Generics</i>	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL #30/30DS all strengths</div> </div>
DEXTROAMPHETAMINE IR <i>Dexedrine</i>	YES <i>Generics</i>	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL #120/30DS all strengths</div> <div>AGE For ages 4-21 years old</div> </div>
DEXTROAMPHETAMINE ER <i>Dexedrine Spansule</i>	YES <i>Generics</i>	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL #30/30DS 5mg</div> <div>QL #60/30DS 10mg</div> <div>QL #120/30DS 15mg</div> </div>
GUANFACINE ER <i>Intuniv</i>	YES <i>Generics</i>	
GUANFACINE IR <i>Tenex</i>	YES <i>Generics</i>	
LISDEXAMFETAMINE <i>Vyvanse</i>	YES <i>Brands</i>	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL #30/30DS all strengths</div> </div>

METHYLPHENIDATE Intermediate-Acting <i>Metadate ER, Ritalin SR</i>	YES <i>Generics</i>	QL #90/30DS 20mg
METHYLPHENIDATE Short-Acting <i>Ritalin</i>	YES <i>Generics</i>	QL #90/30DS all strengths AGE For ages 4-21 years old
METHYLPHENIDATE Long-Acting <i>Concerta</i>	YES <i>Generics</i>	QL #30/30DS 18mg,27mg,54mg QL #60/30DS 36mg
METHYLPHENIDATE Long-Acting <i>Metadate CD, Ritalin LA</i>	YES <i>Generics</i>	QL #30/30DS 10mg,20mg,40mg,50mg QL #60/30DS 30mg

ANXIOLYTICS

ALPRAZOLAM <i>Xanax</i>	PA <i>Generics</i>	QL #120/30DS all strengths
BUSPIRONE HYDROCHLORIDE <i>Buspar</i>	Yes <i>Generics</i>	
CHLORDIAZEPOXIDE <i>Librium</i>	YES <i>Generics</i>	
CLONAZEPAM <i>Klonopin</i>	YES <i>Generics</i>	QL #120/30DS all strengths
CLORAZEPATE <i>Tranxene</i>	YES <i>Generics</i>	QL #120/30DS all strengths
DIAZEPAM <i>Valium</i>	PA <i>Generics</i>	QL #120/30DS all strengths
DIPHENHYDRAMINE <i>Benadryl</i>	YES <i>Generics</i>	
HYDROXYZINE <i>Atarax</i>	YES <i>Generics</i>	
LORAZEPAM <i>Ativan</i>	YES <i>Generics</i>	QL #120/30DS all strengths
OXAZEPAM <i>Serax</i>	YES <i>Generics</i>	QL #120/30DS all strengths

ANTIDEPRESSANTS

AMITRIPTYLINE <i>Elavil</i>	YES <i>Generics</i>	
AMOXAPINE <i>Asendin</i>	YES <i>Generics</i>	
BUPROPION IR, SR, XL <i>Wellbutrin, Zyban</i>	YES <i>Generics</i>	
CITALOPRAM <i>Celexa</i>	YES <i>Generics</i>	
CLOMIPRAMINE <i>Anafranil</i>	YES <i>Generics</i>	
DESIPRAMINE <i>Norpramine</i>	YES <i>Generics</i>	
DESVENLAFAXINE <i>Pristiq</i>	YES <i>Generics</i>	
DOXEPIN <i>Sinequan</i>	YES <i>Generics</i>	
DULOXETINE <i>Cymbalta</i>	YES <i>Generics</i>	QL #60/30DS all strengths
ESCITALOPRAM <i>Lexapro</i>	YES <i>Generics</i>	
FLUOXETINE <i>Prozac</i>	YES <i>Generics</i>	
FLUVOXAMINE <i>Luvox</i>	YES <i>Generics</i>	
IMIPRAMINE <i>Tofranil</i>	YES <i>Generics</i>	
ISOCARBOXAZID <i>Marplan</i>	YES <i>Generics</i>	
MAPROTILINE <i>Ludiomil</i>	YES <i>Generics</i>	
MIRTAZAPINE <i>Remeron</i>	YES <i>Generics</i>	
NEFAZODONE <i>Serzone</i>	YES <i>Generics</i>	

NORTRIPTYLINE <i>Pamelor</i>	YES <i>Generics</i>
PAROXETINE <i>Paxil</i>	YES <i>Generics</i>
PAROXETINE CONTROLLED RELEASE <i>Paxil CR</i>	PA <i>Generics</i>
PHENELZINE <i>Nardil</i>	YES <i>Generics</i>
PROTRIPTYLINE <i>Vivactil</i>	YES <i>Generics</i>
SELEGILINE ORAL <i>Eldepryl</i>	YES <i>Generics</i>
SELEGILINE TRANSDERMAL <i>Emsam patch</i>	PA <i>Brand</i>
SERTRALINE <i>Zoloft</i>	YES <i>Generics</i>
TRANLYCYPROMINE <i>Pamate</i>	YES <i>Generics</i>
TRAZODONE <i>Desyrel</i>	YES <i>Generics</i>
TRIMIPRAMINE <i>Surmontil</i>	YES <i>Generics</i>
VENLAFAXINE IR, ER, XR <i>Effexor</i>	YES <i>Generics</i>
VORTIOXETINE <i>Trintellix</i>	PA <i>Brands</i>
VILAZODONE <i>Viibryd</i>	PA <i>Brands</i>
ANTIPARKINSON AGENTS	
AMANTADINE <i>Symmetrel</i>	YES <i>Generics</i>
BENZTROPINE <i>Cogentin</i>	YES <i>Generics</i>

TRIHEXYPHENIDYL <i>Artane</i>	YES <i>Generics</i>	
ANTIPSYCHOTICS		
ARIPIRAZOLE <i>Abilify</i>	YES <i>Generics</i>	QL #30/30DS all strengths
ARIPIRAZOLE DISC MELTS, ORAL SOL <i>Abilify disc melts, oral sol</i>	PA <i>Generics</i>	
ARIPIRAZOLE Long-Acting Inj <i>Abilify Initio, Abilify Maintena</i>	PA <i>Brands</i>	QL #1/28DS all strengths
ARIPIRAZOLE LAUROXIL Inj <i>Aristada</i>	PA <i>Brands</i>	
ASENAPINE <i>Saphris</i>	PA <i>Brands</i>	
BREXIPRAZOLE <i>Rexulti</i>	PA <i>Brands</i>	QL #30/30DS all strengths
CARIPRAZINE <i>Vraylar</i>	PA <i>Brands</i>	
CHLORPROMAZINE <i>Thorazine</i>	YES <i>Generics</i>	
CLOZAPINE <i>Clozaril</i>	YES <i>Generics</i>	
CLOZAPINE DISINTEGRATING TABLETS <i>Fazaclo</i>	PA <i>Generics</i>	
FLUPHENAZINE ORAL <i>Prolixin</i>	YES <i>Generics</i>	
FLUPHENAZINE DECANOATE <i>Prolixin decanoate</i>	YES <i>Generics</i>	
HALOPERIDOL ORAL <i>Haldol</i>	YES <i>Generics</i>	
HALOPERIDOL DECANOATE <i>Haldol decanoate</i>	YES <i>Generics</i>	
ILOPERIDONE <i>Fanapt</i>	PA <i>Brands</i>	#60/30DS all strengths

QL

LOXAPINE <i>Loxitane</i>	YES <i>Generics</i>	
LURASIDONE <i>Latuda</i>	YES <i>Generics</i>	<p>QL #30/30DS 20mg,40mg,60mg,120mg</p> <p>QL #60/30DS 80mg</p>
OLANZAPINE ORAL TABLET <i>Zyprexa</i>	YES <i>Generics</i>	<p>QL #30/30DS 2.5mg,7.5mg,10mg,20mg</p> <p>QL #60/30DS 15mg</p>
OLANZAPINE ODT <i>Zyprexa Zydis</i>	PA <i>Generics</i>	<p>QL #30/30DS 5mg,10mg,20mg</p> <p>QL #60/30DS 15mg</p>
PALIPERIDONE ER ORAL TABLET <i>Invega ER</i>	PA <i>Generics</i>	
PALIPERIDONE PALMITATE Inj <i>Invega Sustenna</i>	PA <i>Brands</i>	QL #1/28DS all strengths
PALIPERIDONE PALMITATE Inj <i>Invega Trinza</i>	PA <i>Brands</i>	QL #1/84DS all strengths
PERPHENAZINE <i>Trilafon</i>	YES <i>Generics</i>	
PIMOZIDE <i>Orap</i>	YES <i>Generics</i>	
QUETIAPINE IR <i>Seroquel</i>	YES <i>Generics</i>	<p>QL #90/30DS all strengths</p> <p>QL #60/30DS 50mg</p>
QUETIAPINE ER <i>Seroquel XR</i>	YES <i>Generics</i>	<p>QL #30/30DS 150mg,200mg,300mg</p> <p>QL #90/30DS 400mg</p>
RISPERIDONE ORAL TABLET <i>Risperdal</i>	YES <i>Generics</i>	
RISPERIDONE DISC MELTS, SOLUTION <i>Risperdal M-Tab, solution</i>	PA <i>Generics</i>	
RISPERIDONE Long-Acting Inj <i>Risperdal Consta</i>	PA <i>Brands</i>	

RISPERIDONE Long-Acting Inj <i>Perseris</i>	PA <i>Brands</i>	QL #1/28DS <i>all strengths</i>
THIORIDAZINE <i>Mellaril</i>	YES <i>Generics</i>	
THIOTHIXENE <i>Navane</i>	YES <i>Generics</i>	
TRIFLUOPERAZINE <i>Stelazine</i>	YES <i>Generics</i>	
ZIPRASIDONE ORAL TABLET <i>Geodon</i>	YES <i>Generics</i>	
ZIPRASIDONE INJECTION,ORAL SOL <i>Geodon</i>	PA <i>Generics</i>	
GI/GU AGENTS		
BETHANECOL <i>Urecholine</i>	YES <i>Generics</i>	
BISACODYL <i>Dulcolax</i>	YES <i>Generics</i>	
DICYCLOMINE <i>Bentyl</i>	YES <i>Generics</i>	
DOCUSATE SODIUM <i>Colace</i>	YES <i>Generics</i>	
KAOPTECTATE	YES	
LACTULOSE	YES	
MAALOX	YES	
MECLIZINE <i>Antivert</i>	YES <i>Generics</i>	
METAMUCIL	YES	
METOCLOPRAMIDE <i>Reglan</i>	YES <i>Generics</i>	

MYLANTA	YES	
OXYBUTYNIN <i>Ditropan</i>	YES <i>Generics</i>	
PROCHLORPEMAZINE <i>Compazine</i>	YES <i>Generics</i>	
PROMETHAZINE <i>Phenergan</i>	YES <i>Generics</i>	
SENNA <i>Senokot</i>	YES <i>Generics</i>	
HYPNOTICS		
ESZOPICLONE <i>Lunesta</i>	YES <i>Generics</i>	QL #30/30DS all strengths
FLURAZEPAM <i>Dalmane</i>	YES <i>Generics</i>	QL #30/30DS all strengths
MELATONIN	YES	
RAMELTEON <i>Rozerem</i>	YES <i>Generic</i>	QL #30/30DS all strengths
SUVOREXANT <i>Belsomra</i>	PA <i>Brands</i>	QL #30/30DS all strengths
TEMAZEPAM <i>Restoril</i>	YES <i>Generics</i>	QL #30/30DS all strengths
ZALEPLON <i>Sonata</i>	YES <i>Generics</i>	QL #30/30DS all strengths
ZOLPIDEM <i>Ambien</i>	YES <i>Generics</i>	QL #30/30DS all strengths
ZOLPIDEM ER <i>Ambien CR</i>	PA <i>Generics</i>	QL #30/30DS all strengths

MOOD STABILIZERS

CARBAMAZEPINE ER <i>Tegretol XR</i>	YES <i>Generics</i>
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CARBAMAZEPINE IR <i>Tegretol</i>	YES <i>Generics</i>
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DIVALPROEX <i>Depakote</i>	YES <i>Generics</i>
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DIVALPROEX ER <i>Depakote ER</i>	YES <i>Generics</i>
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LAMOTRIGINE <i>Lamictal ER, ODT</i>	YES <i>Generics</i>
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LITHIUM <i>all forms</i>	YES <i>Generics</i>
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OXCARBAZEPINE <i>Trileptal</i>	YES <i>Generics</i>
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VALPROIC ACID <i>Depakene</i>	YES <i>Generics</i>
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MEDICATION ASSISTED TREATMENTS (MAT)

ACAMPROSATE <i>Campral</i>	YES <i>Generics</i>
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BUPRENORPHINE-NALOXONE <i>Suboxone SL, Film</i>	YES <i>Generics</i>
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CLONIDINE ORAL <i>Catapres</i>	YES <i>Generics</i>
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DISULFRAM <i>Antabuse</i>	YES <i>Generics</i>
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

NICOTINE GUM <i>Habitrol, Nicorette</i>	YES <i>Generics</i>	QL #360/30DS 2mg,4mg
NICOTINE LOZENGES <i>Habitrol, Nicorette</i>	YES <i>Generics</i>	QL #360/30DS 2mg,4mg
NICOTINE PATCH <i>Habitrol, Nicorette</i>	YES <i>Generics</i>	QL #28/28DS all strengths
NALTREXONE ORAL <i>Revia</i>	YES <i>Generics</i>	
NALTREXONE INJECTION <i>Vivitrol</i>	YES <i>Brands</i>	QL #1/28DS
VARENICLINE <i>Chantix</i>	YES <i>Generics</i>	QL #53/28DS starter pack QL #60/30DS 0.5mg,1mg
MISCELLANEOUS		
ARMODAFINIL	PA <i>Generics</i>	QL #1/28DS
FOLIC ACID	YES <i>Generics</i>	
GABAPENTIN <i>Neurontin</i>	YES <i>Generics</i>	
LEVOTHYROXINE <i>Levothroid</i>	YES <i>Generics</i>	
LIOthyRONINE <i>Cytomel</i>	YES <i>Generics</i>	
METOPROLOL <i>Toprol XL</i>	YES <i>Generics</i>	
MINIPRESS <i>Prazosin</i>	YES <i>Generics</i>	
MODAFINIL <i>Provigil</i>	PA <i>Generics</i>	
MUTLIVITAMIN	YES <i>Generics</i>	
PROPRANOLOL <i>Inderal</i>	YES <i>Generics</i>	

PYRIDOXINE (B6)	YES <i>Generics</i>
THIAMINE (B1)	YES <i>Generics</i>
TOPAMAX <i>Topiramate ER or Sprinkle</i>	PA <i>Generics</i>
VITAMIN E	YES <i>Generics</i>

BHRS Pharmacy Services Is Available to Help You

Call us at **(650) 599-1061**

	Phone	Office Hours
Monday - Friday	9:00 a.m. - 6:00 p.m.	9:00 a.m. - 5:00 p.m.

LEGEND		
TYPE		DESCRIPTION
	Quantity Limits	There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.
	Age Limit	This prescription drug may only be covered if you meet the minimum or maximum age limit.
PA	Prior Authorization	You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
DS	Day Supply	There is a limit on a specific time frame for this drug that is covered per prescription.