Low Income Health Plan (LIHP) Formulary Psychotropic Medications

As of September 2012, the following medications may be prescribed by a psychiatrist and filled at point of sale as LIHP Formulary Agents

ADHD Medications
Dextroamphetamine (**Dexedrine**) 5MG, 10MG & 15MG CAP, CAP CR & CAP SR 24HR
Mixed amphetamine salts (**Adderall**) 5mg, 7.5mg, 10mg, 12.5mg, 15mg, 20mg, 25mg & 30mg CAP and TAB and SR formulations.
Methylphenidate (**Ritalin**) 5mg, 10mg & 20mg TAB
Methylphenidate HCL ER (**Ritalin LA**) 20mg 30mg
(Generic only.)
Methylphenidate ER (**Metadate CD**)10mg, 20mg, 30mg, 40mg, 50mg & 60mg CAP CR

Antipsychotics
ATYPICAL
Risperidone (**Risperdal**) 0.25mg, 0.5mg, 1mg, 2mg, 3mg & 4mg TAB
Risperidone (**Risperdal Consta**)12.5 mg, 25mg, 37.5mg and 50mg
(Generic only)
Quetiapine (**Seroquel**) 25 mg, 100 mg, 200 mg, 300 mg TAB
(Generic only)

TYPICAL
Fluphenazine ORAL (**Prolixin**)1mg, 2.5mg, 5mg & 10mg TAB
Fluphenazine Decanoate (**Prolixin-D**) 25mg/ml

Haloperidol ORAL (**Haldol**) 0.5mg, 1mg, 2mg, 5mg, 10mg & 20mg TAB
Haloperidol Lactate (**Haldol IM**)
(Generic only.)
Haloperidol (**Haldol Conc**) 5mg/ml
(Generic only.)
Haloperidol Deconoate (**Haldol-D**) 100mg/ml

Fazaclo (**Clozapine**) 25mg, 100mg
(Generic only.)
Chlorpromazine (**Thorazine**) 10mg, 25mg, 50mg, 100mg & 200mg TAB
Loxapine (**Loxitane**) 5mg, 10mg, 25mg & 50mg CAP
Molindone (**Moban**) 5mg, 10mg, 25mg, 50mg &100mg TAB
Perphenazine (**Trilafon**) 2mg, 4mg, 8mg & 16mg TAB
Thioridazine (**Mellaril**) 10mg, 15mg, 25mg, 50mg, 100mg, 150mg & 200mg TAB
Thiothixene (**Navane**) 1mg, 2mg, 5mg, 10mg & 20mg TAB
Trifluoperazine (**Stelazine**) 1mg, 2mg, 5mg & 10mg TAB

Antidepressants
Citalopram (**Celexa**) 10mg, 20mg & 40mg TAB
Bupropion (**Wellbutrin**) 75mg & 100mg TAB
Bupropion SR (**Wellbutrin SR**) 100mg, 150mg & 200mg TAB SR 12HR
Bupropion XL (**Wellbutrin XL**)150mg & 300mg TAB SR 12HR
(Generic only.)
Venlafaxine (**Effexor**) 25mg, 37.5mg, 50 mg, 75mg, 100mg

(Generic only.)

Venlafaxine XR (**Effexor XR**) 37.5mg, 75mg, 150mg, 225mg
Fluoxetine (**Prozac**) 10mg, 20mg & 40mg CAP
Fluvoxamine (**Luvox**) 25mg, 50mg & 100mg TAB
Mirtazapine (**Remeron**) 7.5mg, 15mg, 30mg & 45mg TAB
Paroxetine (**Paxil**) 10mg, 20mg, 30mg & 40mg TAB
Sertraline (**Zoloft**) 50mg & 100mg CAP
Amitriptyline (**Elavil**) 10mg, 25mg, 50mg, 75mg, 100mg & 150mg TAB
Clomipramine (**Anafranil**) 25mg, 50mg & 75mg CAP
Desipramine (**Norpramin**) 25mg, 50mg CAP 10mg, 25mg, 50mg, 75mg, 100mg,150mg TAB
Doxepin (**Adapin**) 10mg, 25mg, 50mg, 75mg,100mg & 150mg CAP
Imipramine (**Tofranil**) 10mg, 25mg & 50mg TAB
Nortriptyline (**Pamelor**) 10mg, 25mg, 50mg & 75mg CAP
Trazodone (**Desyrel**) 50mg, 100mg, 150mg, 300mg TAB 150mg & 300mg TAB SR 24HR

Anxiolytics – Hypnotics
Buspirone (**Buspar**) 5mg, 7.5mg, 10mg, 15mg & 30mg TAB
Clonazepam (**Klonopin**) 0.5mg, 1mg & 2mg TAB
Clonazepam (**Klonopin wafers**) 0.125mg, 0.25mg, 0.5mg, 1mg & 2mg Disintegrating TAB
(PA required after 60 days. Dx for GAD, sz,)
Hydroxyzine (**Vistaril**) 25mg, 50mg & 100mg CAP
Lorazepam (**Ativan**) 0.5mg, 1mg & 2mg TAB
Diazepam (**Valium**) 15mg CAP CR 2mg, 5mg & 10mg TAB
(Must be prescribed by a Psychiatrist only for GAD. PA required after 60 days.)
Sinequan (**Doxepin**) 25mg, 50mg and 100mg tabs

Mood Stabilizers / Seizures
Chlordiazepoxide (**Librium**) 10mg, 25mg
(Limit 30 pills per 30 days.)
Lithium (**Eskalith, Lithobid, Eskalith CR**) 150mg, 300mg & 600mg CAP, 300mg TAB, 300mg & 450mg TAB CR
Valproic Acid (**Depakene**) 250mg CAP
Divalproex Sodium (**Depakote**) 125mg, 250mg & 500mg TAB DELAYED RELEASE
Divalproex Sodium SR 24 Hr (**Depakote ER**) 250mg & 500mg TAB (generic only)
Lamotrigine (**Lamictal**) 25mg, 100mg, 150mg & 200mg TAB
Carbamazepine (**Tegretol**) 100mg & 200mg TAB
Phenytoin (**Dilantin**) 30mg, 100mg, 200mg & 300mg EXTENDED CAP
Risperidone (**Risperdal**) 0.25mg, 0.5mg, 1mg, 2mg, 3mg & 4mg TAB
(Generic only.)
Risperidone (**Risperdal consta**) 12.5 mg, 25mg, 37.5mg and 50mg
(Generic only.)
Topiramate (**Topamax**) 25mg, 100mg, 200mg
(Generic only.)
Oxcarbazepine (**Trieptal**) 150mg, 300mg, 600mg
(Generic only.)
Gabapentin (**Neurontin**) 100mg, 300mg, 400mg CAP 100mg, 300mg, 400mg, 600mg & 800mg TAB;
Limit to 6 caps/tabs/day for 400mg caps/tabs;
5 tabs/day for 600mg tabs;
4 tabs/day for 800 mg tabs

Medications Used To Treat Common Side Effects
Benztropine (**Cogentin**) 0.5mg, 1mg & 2mg TAB
Diphenhydramine (**Benadryl**) 25mg & 50mg CAP & TAB, 12.5mg CHEW TAB & TAB DISP

12.5mg & 25mg ORAL STRIP, 12.5 OTD
Trihexyphenidyl (**Artane**) 2mg & 5mg TAB
Lactulose (**Kristalose**)10 GM & 20 GM ORAL CRYSTAL PACKET

The LIHP formulary is published on the Web and is updated on a quarterly basis. The most recent document is located at: **www2.sdcounty.ca.gov/hhsa/documents/Formulary.pdf**

Authorization Policy
Every provider has the right to request coverage of a non-formulary medication. However, medical justification for using a non-formulary medication is required. Please complete the "Drug Prior Authorization" form found at the end of this document and fax to informedRx at (866) 511-2202. Additionally, the informedRx Customer Service (800-626-0072) is available 24 hours a day, everyday, to assist with any formulary questions.

The LIHP Provider line is (858) 658-8650.

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XC and Catalyst are now Catamaran

San Diego CMS/LIHP Program

Phone: 800-626-0072
Fax: 866-511-2202

Check here for **URGENT** request: ☐ **Medical** justification for urgent request: _____

Completed by: _____ **Appeal or reconsideration of denial?** ☐ **YES** ☐ **NO**
Direct Phone #: _____ **Has Patient Assistance Program been denied?** ☐ **YES** ☐ **NO**
Has this medication been denied by ADAP? ☐ **YES** ☐ **NO** ☐ **N/A**

Prescriber Information

Last Name: | First Name

DEA/NPI: | Specialty:

Phone - - | Fax - -

Member Information

Last Name: | First Name

Member ID Number | DOB - -

Medication Information:

Drug Name and Strength: | Quantity and Dosing

Diagnosis: | Duration:

Medication Request: ☐NEW ☐RENEWAL – Renewal Original RX Date:

Prior Authorization Criteria: General (Non-Preferred)

You must answer ALL questions		
1. Has the patient tried/ failed an adequate trial of a preferred drug? (Document drug, dates of trials, and description of failures below)	Y	N
2. Has the patient experienced an adverse event, or been intolerant to, a preferred drug? (Document drug, dates of trials, and description of failures below)	Y	N
3. Is the patient currently taking the requested medication? (If yes, please describe how the medication was supplied)	Y	N

Please note any other information pertinent to this request:
Information given on this form is accurate as of this date.

Prescriber or Authorized Signature: _____ **Date:** _____

I understand that Informed Rx's use or disclosure of individually identifiable health information, whether furnished by me or obtained by another source such as medical providers, shall be in accordance with federal privacy regulations under HIPAA (Health Insurance Portability and Accountability Act of 1996).