



Edwin Lee
Mayor

CBHS PHARMACY SERVICES MANUAL

January 2017

**CBHS PHARMACY SERVICES
1380 Howard Street, Room 130
San Francisco, CA 94103
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SFDPH BEHAVIORAL HEALTH SERVICES FORMULARY Dec 2016

Family Mosaic

Tier	Antidepressants	*Max Daily Dosage (mg)	Dosage Form
T1	amitriptyline	300	TAB
T1	bupropion	450	TAB
T1	bupropion SR	400	TAB
T1	bupropion XL	450	TAB
T1	citalopram	40	TAB
T1	clomipramine	250	TAB
T1	desipramine	300	TAB
T3	desvenlafaxine ER	100	TAB
T1	doxepin	300	CAP
T1	duloxetine	120	CAP
T1	escitalopram	20	TAB
T1	fluoxetine	80	CAP
T1	fluvoxamine	300	TAB
T1	imipramine	300	TAB
T1	isocarboxizid	60	TAB
T3	levomilnacipran ER	120	CAP
T1	mirtazapine	45	TAB
T3	mirtazapine ODT	45	TAB
T1	nefazodone	600	TAB
T1	nortriptyline	150	CAP
T1	paroxetine	60	TAB
T1	phenelzine	90	TAB
T1	protriptyline	60	TAB
T1	sertraline	200	TAB
T1	tranylcypromine	60	TAB
T1	trazodone	400	TAB
T1	venlafaxine XR	225	CAP
T3	vilazodone	40	TAB
T3	vortioxetine	20	TAB

Tier	Antipsychotics	*Max Daily Dosage (mg)	Dosage Form
T3	aripiprazole	30	TAB
T3	aripiprazole ODT	30	ODT
PAP	aripiprazole ER injection	400	INJ
PAP	aripiprazole lauroxil ER injection	882	INJ
T3	asenapine	20	TAB
T3	brexpiprazole	4	TAB
T3	cariprazine	6	CAP
T1	chlorpromazine	800	TAB
T1	clozapine	900	TAB
T1	fluphenazine	20	TAB
T1	fluphenazine decanoate	40	INJ

T1	haloperidol	20	TAB
T1	haloperidol decanoate	200	INJ
T3	iloperidone	24	TAB
T3	lurasidone	80	TAB
T1	loxapine	150	CAP
T2	olanzapine	20	TAB
T3	olanzapine ODT	20	TAB
PAP	olanzapine long acting injection	405	INJ
T3	paliperidone	12	TAB
PAP	paliperidone inj (Sustenna)	234	INJ
PAP	paliperidone inj (Trinza)	819	INJ
T1	perphenazine	64	TAB
T2	quetiapine	800	TAB
T3	quetiapine XR	800	TAB
T1	risperidone	8	TAB
T1	risperidone ODT	8	ODT
T1	thiothixene	50	CAP
T1	trifluoperazine	20	TAB
T1	ziprasidone	160	CAP

Tier	Anxiolytics/Sedatives/Hypnotics	*Max Daily Dosage (mg)	Dosage Form
T3	alprazolam	4	TAB
T1	chloral hydrate conc.	1000	CONC
T3	chloral hydrate capsules	1000	CAP
T1	chlordiazepoxide	300	CAP
T1	clonazepam	3	TAB
T3	diazepam	60	TAB
T1	diphenhydramine	150	CAP
T3	eszopiclone	3	TAB
T1	flurazepam	30	CAP
T1	hydroxyzine HCl (Atarax)	300	TAB
T1	hydroxyzine pamoate (Vistaril)	300	CAP
T1	lorazepam	6	TAB
T3	ramelteon	8	TAB
T3	suvorexant	20	TAB
T3	tasimelteon	20	CAP
T1	temazepam	30	CAP
T1	zaleplon	20	CAP
T1	zolpidem	10	TAB
T3	zolpidem CR	12.5	TAB

CBHS	Stimulants	*Max Daily Dosage (mg)	Dosage Form
T1	amphetamine salts (Adderall)	40	TAB
T1	amphetamine salts (Adderall XR)	60	CAP

T3	dexmethylphenidate (Focalin)	20	TAB
T3	dexmethylphenidate XR (Focalin XR)	40	CAP
T1	dextroamphetamine IR	40	TAB
T1	dextroamphetamine ER	40	CAP
T3	dextroamphetamine IR liquid	40	SOLN
T3	lisdexamfetamine (Vyvanse)	70	CAP
T1	methylphenidate IR	60	TAB
T3	methylphenidate IR chewable	60	TAB
T3	methylphenidate IR oral solution	60	SOLN
T3	methylphenidate CD (Metadate CD)	60	CAP
T1	methylphenidate ER (Metadate ER)	60	TAB
T1	methylphenidate ER (Concerta)	72	TAB
T3	methylphenidate XR suspension (Quillivant X	60	SUS
T3	methylphenidate LA (Ritalin LA)	60	CAP
T1	methylphenidate SR (Ritalin SR)	60	TAB
T3	methylphenidate transdermal patch	30	PATCH
Tier	Miscellaneous	*Max Daily Dosage (mg)	Dosage Form
T1	amantadine	400	CAP
T1	atenolol	100	TAB
T3	atomoxetine	100	CAP
T1	benztropine	6	TAB
T1	bethanechol	400	TAB
T2	buprenorphine	16	TAB
T2	buprenorphine/naloxone	16	TAB
T1	bupirone	60	TAB
T1	carbamazepine	1200	TAB
T1	clonidine	0.4	TAB
T1	clonidine patch	0.4	PATCH
T1	cyproheptadine	32	TAB
T1	disulfiram	500	TAB
T1	divalproex (Depakote)	60mg/kg/day	TAB
T1	divalproex ext release (Depakote ER)	60mg/kg/day	TAB
T1	divalproex sprinkles (Depakote Sprinkles)	60mg/kg/day	CAP
T1	docusate sodium	500	CAP
T1	folic acid		TAB
T1	guanfacine	4	TAB
T3	guanfacine ER	4	TAB
T1	gabapentin	3600	CAP/TAB
T1	lamotrigine	400	TAB
T1	levothyroxine (T4, Synthroid)	0.3	TAB
T1	liothyronine (T3, Cytomel)	0.1	TAB
T1	lithium carbonate	2100	CAP
T1	lithium carbonate SR (Eskalith-CR)	2100	TAB
T1	lithium carbonate ER (Lithobid)	2100	TAB
T3	modafinil	400	TAB
T1	multivitamin		TAB

T1	naloxone		
T1	naltrexone (oral)	50	TAB
T2	nicotine transdermal patch		PATCH
T2	nicotine gum		GUM
T3	oxcarbazepine	2400	TAB
T1	prazosin	15	CAP
T1	propranolol	40	TAB
T1	psyllium powder		POW
T1	trihexyphenidyl	6	TAB
T1	valproic acid	60mg/kg/day	CAP

T1 = Formulary = Tier One

T2 = PAR = Prior Authorization Required = Tier Two

T3 = NF = Non-formulary = Tier Three

PAP = Patient Assistance Program (not paid for SFDPH BHS)

RF = Restricted formulary

CBHS Pharmacy Service 415-255-3659

*Max daily dosages are provided for formulary coverage limits, each patient must be in titrated to tolerance and response.