

**THE CENTER FOR HEALTH CARE SERVICES**

**ESSENTIAL FORMULARY UHS CARELINK**

As of 10/01/05

GENERIC NAME	BRAND NAME	Dosage Form	Adult	Medicaid	UHS MAP	CareLink
			Recom. Max. Dose¥	Prior Auth*	Available	Subsidized
<b>AMPHETAMINES - 10 mg*</b>	<b>ADDERALL *</b>	<b>Tab</b>		<b>YES</b>		<b>NO</b>
<b>AMPHETAMINES - 20 mg*</b>	<b>ADDERALL *</b>	<b>Tab</b>		<b>YES</b>		<b>NO</b>
ALPRAZOLAM - 0.25 mg	GENERIC	Tab				YES
ALPRAZOLAM - 0.50 mg	GENERIC	Tab				YES
ALPRAZOLAM - 1 mg	GENERIC	Tab				YES
AMITRIPTYLINE - 10 mg	GENERIC	Tab	300 mg/Day			YES
AMITRIPTYLINE - 25 mg	GENERIC	Tab				YES
AMITRIPTYLINE - 50 mg	GENERIC	Tab				YES
AMITRIPTYLINE - 75 mg	GENERIC	Tab				YES
AMITRIPTYLINE - 100 mg	GENERIC	Tab				YES
AMITRIPTYLINE - 150 mg	GENERIC	Tab				YES
ARIPIPIRAZOLE - 10 mg	ABILIFY	Tab	30 mg/Day		YES, BULK	YES, PER CRITERIA
ARIPIPIRAZOLE - 15 mg	ABILIFY	Tab			YES, BULK	YES, PER CRITERIA
ARIPIPIRAZOLE - 20 mg	ABILIFY	Tab			YES, BULK	YES, PER CRITERIA
ARIPIPIRAZOLE - 30 mg	ABILIFY	Tab			YES, BULK	YES, PER CRITERIA
ATENOLOL 25 MG	GENERIC	Tab				YES
ATENOLOL 50 MG	GENERIC	Tab				YES
ATENOLOL 100 MG	GENERIC	Tab				YES
<b>ATOMOXETINE - HCl 5 mg **</b>	<b>STRATTERA **</b>	<b>Cap</b>		<b>YES</b>	<b>YES</b>	<b>NO</b>
<b>ATOMOXETINE - HCl 10 mg **</b>	<b>STRATTERA **</b>	<b>Cap</b>		<b>YES</b>	<b>YES</b>	<b>NO</b>
<b>ATOMOXETINE - HCl 18 mg **</b>	<b>STRATTERA **</b>	<b>Cap</b>		<b>YES</b>	<b>YES</b>	<b>NO</b>
<b>ATOMOXETINE - HCl 25 mg **</b>	<b>STRATTERA **</b>	<b>Cap</b>		<b>YES</b>	<b>YES</b>	<b>NO</b>
<b>ATOMOXETINE - HCl 40 mg **</b>	<b>STRATTERA **</b>	<b>Cap</b>		<b>YES</b>	<b>YES</b>	<b>NO</b>
<b>ATOMOXETINE - HCl 60 mg **</b>	<b>STRATTERA **</b>	<b>Cap</b>		<b>YES</b>	<b>YES</b>	<b>NO</b>
BENZTROPINE - 0.5 mg*	GENERIC*	Tab				YES
BENZTROPINE - 1 mg*	GENERIC*	Tab				YES
BENZTROPINE - 2 mg*	GENERIC*	Tab				YES
BUPROPION - 75 mg*	GENERIC*	Tab	450 mg/Day			YES
BUPROPION - 100 mg*	GENERIC*	Tab				YES
BUPROPION - SR 100 mg*	GENERIC*	Tab	400 mg/Day			YES
BUPROPION - SR-150 mg*	GENERIC*	Tab				YES
BUSPIRONE 5 mg	GENERIC	Tab				YES
BUSPIRONE 10 mg	GENERIC	Tab				YES
CARBAMAZEPINE - 100mg CHEW	TEGRETOL	Tab			YES	YES, PER CRITERIA
CARBAMAZEPINE - 100mg/5mL ORAL	TEGRETOL	Liq			YES	YES, PER CRITERIA
CARBAMAZEPINE - 200 mg	GENERIC	Tab			YES	YES
CARBAMAZEPINE - XR 200 mg	TEGRETOL	Tab			YES	YES, PER CRITERIA
CARBAMAZEPINE - XR 400 mg	TEGRETOL	Tab			YES	YES, PER CRITERIA
CHLORDIAZEPOXIDE - 5 mg	GENERIC	Cap				YES
CHLORDIAZEPOXIDE - 10 mg	GENERIC	Cap				YES
CHLORDIAZEPOXIDE - 25 mg	GENERIC	Cap				YES
CHLORPROMAZINE - 10 mg	GENERIC	Tab	2000 mg/Day			YES
CHLORPROMAZINE - 25 mg	GENERIC	Tab				YES
CHLORPROMAZINE - 50 mg	GENERIC	Tab				YES
CHLORPROMAZINE - 100 mg	GENERIC	Tab				YES
CHLORPROMAZINE - 200 mg	GENERIC	Tab				YES
CITALOPRAM - 20 mg *	GENERIC*	Tab	60 mg/Day			YES
CITALOPRAM - 40 mg *	GENERIC*	Tab				YES

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CLOMIPRAMINE -25 mg	GENERIC	Cap				YES, PER CRITERIA
CLOMIPRAMINE -50 mg	GENERIC	Cap				YES, PER CRITERIA
CLOMIPRAMINE -75 mg	GENERIC	Cap				YES, PER CRITERIA
CLONAZEPAM - 0.5 mg	GENERIC	Tab				YES
CLONAZEPAM - 1 mg	GENERIC	Tab				YES
CLONAZEPAM - 2 mg	GENERIC	Tab				YES
<b>CLOZAPINE - 25 mg**</b>	<b>CLOZARIL**</b>	<b>Tab</b>	900 mg/Day	<b>YES</b>		<b>NO</b>
<b>CLOZAPINE - 100 mg**</b>	<b>CLOZARIL **</b>	<b>Tab</b>		<b>YES</b>		<b>NO</b>
CLOZAPINE - 25 mg**	GENERIC*	Tab				YES
CLOZAPINE - 100 mg**	GENERIC*	Tab				YES
<b>CLOZAPINE DISINTEGRATING - 100 mg**</b>	<b>FAZACLO**</b>	<b>Tab</b>		<b>YES</b>		<b>NO</b>
<b>CLOZAPINE DISINTEGRATING - 100 mg**</b>	<b>FAZACLO**</b>	<b>Tab</b>		<b>YES</b>		<b>NO</b>
DESIPRAMINE - 10 mg	GENERIC	Tab	300 mg/Day			YES
DESIPRAMINE - 25 mg	GENERIC	Tab				YES
DESIPRAMINE - 50 mg	GENERIC	Tab				YES
DESIPRAMINE - 75 mg	GENERIC	Tab				YES
DESIPRAMINE - 100 mg	GENERIC	Tab				YES
DESIPRAMINE - 150 mg	GENERIC	Tab				YES
DEXTROAMPHETAMINE - 5 mg*	GENERIC*	Tab				NO
DEXTROAMPHETAMINE - 10 mg*	GENERIC*	Tab				NO
DIAZEPAM - 2 mg	GENERIC	Tab				YES
DIAZEPAM - 5 mg	GENERIC	Tab				YES
DIAZEPAM - 10 mg	GENERIC	Tab				YES
DISULFIRAM - 250 mg	ANTABUSE	Tab				YES
DIVALPROEX - 125 mg SPRINKLE	DEPAKOTE	Cap			YES	YES
DIVALPROEX - DR 250 mg	DEPAKOTE DR	Tab			YES	YES
DIVALPROEX - DR 500 mg	DEPAKOTE DR	Tab			YES	YES
DIVALPROEX - ER 250 mg	DEPAKOTE ER	Tab			YES	YES
DIVALPROEX - ER 500 mg	DEPAKOTE ER	Tab			YES	YES
DOXEPIN- 10 mg	GENERIC	Cap	300 mg/Day			YES
DOXEPIN- 25 mg	GENERIC	Cap				YES
DOXEPIN- 50 mg	GENERIC	Cap				YES
DOXEPIN- 75 mg	GENERIC	Cap				YES
DOXEPIN- 100 mg	GENERIC	Cap				YES
DOXEPIN- 150 mg	GENERIC	Cap				YES
<b>DULOXETINE 20 mg**</b>	<b>CYMBALTA**</b>	<b>Tab</b>	<b>60 mg/day</b>	<b>YES</b>	<b>YES</b>	YES, PER CRITERIA
<b>DULOXETINE 30 mg**</b>	<b>CYMBALTA**</b>	<b>Tab</b>		<b>YES</b>	<b>YES</b>	YES, PER CRITERIA
<b>DULOXETINE 60 mg**</b>	<b>CYMBALTA**</b>	<b>Tab</b>		<b>YES</b>	<b>YES</b>	YES, PER CRITERIA
FLUOXETINE - 10 mg CAP *	GENERIC*	Cap	80 mg/Day			YES
FLUOXETINE - 20 mg CAP*	GENERIC*	Cap				YES
FLUPHENAZINE - 1 mg	GENERIC	Tab	60 mg/Day			YES
FLUPHENAZINE - 2.5 mg	GENERIC	Tab				YES
FLUPHENAZINE - 5 mg	GENERIC	Tab				YES
HALOPERIDOL - 0.5 mg	GENERIC	Tab	100 mg/Day			YES
HALOPERIDOL - 1 mg	GENERIC	Tab				YES
HALOPERIDOL - 2 mg	GENERIC	Tab				YES
HALOPERIDOL - 5 mg	GENERIC	Tab				YES
HALOPERIDOL - 10 mg	GENERIC	Tab				YES
HALOPERIDOL - 20 mg	GENERIC	Tab				YES
HYDROXYZINE - 25 mg	GENERIC	Tab				YES
HYDROXYZINE - 50 mg	GENERIC	Tab				YES

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HYDROXYZINE - 100 mg	GENERIC	Tab				YES
IMIPRAMINE - 10 mg	GENERIC	Tab	300 mg/Day			YES
IMIPRAMINE - 25 mg	GENERIC	Tab				YES
IMIPRAMINE - 50 mg	GENERIC	Tab				YES
LAMOTRIGINE - 25 mg	LAMICTAL	Tab			YES	YES, PER CRITERIA
LAMOTRIGINE- 100 mg	LAMICTAL	Tab			YES	YES, PER CRITERIA
LAMOTRIGINE- 150 mg	LAMICTAL	Tab			YES	YES, PER CRITERIA
LAMOTRIGINE- 200 mg	LAMICTAL	Tab			YES	YES, PER CRITERIA
LITHIUM - 300 mg	LITHOBID/ESKALITH	Tab				YES
LITHIUM - 450 mg	LITHOBID/ESKALITH	Tab				YES
LORAZEPAM - 0. 5 mg TAB	GENERIC	Tab				YES
LORAZEPAM - 1 mg TAB	GENERIC	Tab				YES
LORAZEPAM - 2 mg TAB	GENERIC	Tab				YES
LOXAPINE - 5 mg	GENERIC	Cap	250 mg/Day			YES
LOXAPINE - 10 mg	GENERIC	Cap				YES
LOXAPINE - 25 mg	GENERIC	Cap				YES
LOXAPINE - 50 mg	GENERIC	Cap				YES
METHYLPHENIDATE - 10 mg*	GENERIC*	Tab				YES
METHYLPHENIDATE - 20 mg 8 HR ER*	GENERIC*	Tab				YES
METOPROLOL- 25 mg	GENERIC	Tab				YES
METOPROLOL- 50 mg	GENERIC	Tab				YES
METOPROLOL- 100 mg	GENERIC	Tab				YES
METOPROLOL SR- 25 mg	GENERIC	Tab				YES
METOPROLOL SR- 50 mg	GENERIC	Tab				YES
METOPROLOL SR- 100 mg	GENERIC	Tab				YES
METOPROLOL SR-200 mg	GENERIC	Tab				YES
MIRTAZAPINE - 15 mg*	GENERIC*	Tab	45 mg/Day			YES
MIRTAZAPINE - 30 mg*	GENERIC*	Tab				YES
MIRTAZAPINE - 45 mg*	GENERIC*	Tab				YES
NEFAZODONE - 100 mg **	SERZONE **	Tab	600 mg/Day	YES		YES, PER CRITERIA
NEFAZODONE - 150 mg **	SERZONE **	Tab		YES		YES, PER CRITERIA
NEFAZODONE - 200 mg **	SERZONE **	Tab		YES		YES, PER CRITERIA
NORTRIPTYLINE - 10 mg	GENERIC	Cap	200 mg/Day			YES
NORTRIPTYLINE - 25 mg	GENERIC	Cap				YES
NORTRIPTYLINE - 50 mg	GENERIC	Cap				YES
NORTRIPTYLINE - 75 mg	GENERIC	Cap				YES
OLANZAPINE **	ZYPREXA ZYDIS **		30 mg/Day	YES		
DESINTEGRATING TAB 5 mg		Tab			YES	NO
OLANZAPINE **	ZYPREXA ZYDIS **			YES		
DESINTEGRATING TAB 10 mg		Tab			YES	NO
OLANZAPINE *	ZYPREXA ZYDIS **			YES		
DESINTEGRATING TAB 15 mg		Tab			YES	NO
OLANZAPINE **	ZYPREXA ZYDIS **			YES		
DESINTEGRATING TAB 20 mg		Tab			YES	NO
OLANZAPINE - 2.5 mg **	ZYPREXA **	Tab		YES	YES	YES, PER CRITERIA
OLANZAPINE - 5 mg **	ZYPREXA **	Tab		YES	YES	YES, PER CRITERIA
OLANZAPINE - 7. 5mg **	ZYPREXA **	Tab		YES	YES	YES, PER CRITERIA
OLANZAPINE - 10 mg **	ZYPREXA **	Tab		YES	YES	YES, PER CRITERIA
OLANZAPINE - 15 mg **	ZYPREXA **	Tab		YES	YES	YES, PER CRITERIA
OLANZAPINE - 20 mg **	ZYPREXA **	Tab		YES	YES	YES, PER CRITERIA
OXCARBAZEPINE - 150 mg	TRILEPTAL	Tab			YES	YES, PER CRITERIA

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OXCARBAZEPINE - 300 mg	TRILEPTAL	Tab			YES	YES, PER CRITERIA
OXCARBAZEPINE - 600 mg	TRILEPTAL	Tab			YES	YES, PER CRITERIA
<b>PAROXETINE - 10 mg **</b>	<b>GENERIC **</b>	<b>Tab</b>	<b>60 mg/day</b>	<b>YES</b>		<b>YES</b>
<b>PAROXETINE - 20 mg **</b>	<b>GENERIC **</b>	<b>Tab</b>		<b>YES</b>		<b>YES</b>
<b>PAROXETINE - 30 mg **</b>	<b>GENERIC **</b>	<b>Tab</b>		<b>YES</b>		<b>YES</b>
<b>PAROXETINE - 40 mg **</b>	<b>GENERIC **</b>	<b>Tab</b>		<b>YES</b>		<b>YES</b>
PERPHENAZINE - 2 mg	GENERIC	Tab	64 mg/Day			YES
PERPHENAZINE - 4 mg	GENERIC	Tab				YES
PERPHENAZINE - 8 mg	GENERIC	Tab				YES
PHENELZINE SULFATE - 15 mg	GENERIC	Tab	90 mg/Day			YES
TAB REQ. OVERRIDE						
PROPRANOLOL - 20 mg*	GENERIC*	Tab				YES
PROPRANOLOL - 40 mg*	GENERIC*	Tab				YES
PROPRANOLOL - 60 mg*	GENERIC*	Tab				YES
PROPRANOLOL - 80 mg*	GENERIC*	Tab				YES
PROPRANOLOL - 60 mg	GENERIC*	Cap				YES
PROPRANOLOL - 80 mg	GENERIC*	Cap				YES
PROPRANOLOL - 120 mg	GENERIC*	Cap				YES
PROPRANOLOL - 160 mg	GENERIC*	Cap				YES
QUETIAPINE - 25 mg	SEROQUEL	Tab	800 mg/Day		YES, BULK	YES, PER CRITERIA
QUETIAPINE - 100 mg	SEROQUEL	Tab			YES, BULK	YES, PER CRITERIA
QUETIAPINE - 200 mg	SEROQUEL	Tab			YES, BULK	YES, PER CRITERIA
QUETIAPINE - 300 mg	SEROQUEL	Tab			YES, BULK	YES, PER CRITERIA
RISPERIDONE - .25 mg/TAB	RISPERDAL	Tab	8 mg/Day		YES	YES, PER CRITERIA
RISPERIDONE - 0.5 mg	RISPERDAL	Tab			YES	YES, PER CRITERIA
RISPERIDONE - 1 mg	RISPERDAL	Tab			YES	YES, PER CRITERIA
RISPERIDONE - 2 mg	RISPERDAL	Tab			YES	YES, PER CRITERIA
RISPERIDONE - 3 mg	RISPERDAL	Tab			YES	YES, PER CRITERIA
RISPERIDONE - 4 mg	RISPERDAL	Tab			YES	YES, PER CRITERIA
RISPERIDONE - M-Tab Oral	RISPERDAL M					
DESINTEGRATING TAB 0.5 mg		M-Tab			YES	NO
RISPERIDONE - M-Tab Oral	RISPERDAL M					
DESINTEGRATING TAB 1 mg		M-Tab			YES	NO
RISPERIDONE - M-Tab Oral	RISPERDAL M					
DESINTEGRATING TAB 2 mg		M-Tab			YES	NO
RiISPERIDONE- LA INJ 25 mg	RISPERDAL CONSTA	Inj	N/A		YES	NO
RiISPERIDONE- LA INJ 37.5 mg	RISPERDAL CONSTA	Inj	N/A		YES	NO
RiISPERIDONE- LA INJ 50 mg	RISPERDAL CONSTA	Inj	N/A		YES	NO
SERTRALINE - 50 mg	ZOLOFT	Tab	200 mg/Day		YES	YES, PER CRITERIA
SERTRALINE - 100 mg	ZOLOFT	Tab			YES	YES, PER CRITERIA
THIORIDAZINE - 10 mg	GENERIC	Tab				YES
THIORIDAZINE - 15 mg	GENERIC	Tab				YES
THIORIDAZINE - 25 mg	GENERIC	Tab				YES
THIORIDAZINE - 50 mg	GENERIC	Tab				YES
THIORIDAZINE - 100 mg	GENERIC	Tab				YES
THIOTHIXENE - 1 mg	GENERIC	Cap	60 mg/Day			YES
THIOTHIXENE - 2 mg	GENERIC	Cap				YES
THIOTHIXENE - 5 mg	GENERIC	Cap				YES
THIOTHIXENE - 10 mg	GENERIC	Cap				YES
THIOTHIXENE - 10 mg	GENERIC	Cap				YES

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GENERIC NAME	BRAND NAME	Dosage Form	Adult Recom. Max. Dose¥	Medicaid Prior Auth*	UHS MAP Available	CareLink
						Subsidized
TOPIRAMATE- 25 mg	TOPAMAX	Tab			YES	YES, PER CRITERIA
TOPIRAMATE- 100 mg	TOPAMAX	Tab			YES	YES, PER CRITERIA
TOPIRAMATE- 200 mg	TOPAMAX	Tab			YES	YES, PER CRITERIA
TOPIRAMATE SPRINKLES- 15 mg	TOPAMAX	Cap			YES	YES, PER CRITERIA
TOPIRAMATE SPRINKLES- 25 mg	TOPAMAX	Cap			YES	YES, PER CRITERIA
TRAZODONE - 50 mg*	GENERIC*	Tab	600 mg/Day			YES
TRAZODONE - 100 mg*	GENERIC*	Tab				YES
TRIFLUOPERAZINE - 1 mg	GENERIC	Tab	80 mg/Day			YES
TRIFLUOPERAZINE - 2 mg	GENERIC	Tab				YES
TRIFLUOPERAZINE - 5 mg	GENERIC	Tab				YES
TRIFLUOPERAZINE -10 mg	GENERIC	Tab				YES
TRIHEXYPHENIDYL - 2 mg	GENERIC	Tab				YES
TRIHEXYPHENIDYL - 5 mg	GENERIC	Tab				YES
VALPROIC ACID - 250 mg CAP	DEPAKENE	Cap				YES
VALPROIC ACID - 250 mg CAP	GENERIC	Cap				YES
VALPROIC ACID - 250 mg/5mL SYRUP	DEPAKENE	Syrup				YES
VENLAFAXINE XR - 37.5 mg	EFFEXOR XR	Cap	375 mg/Day		YES	YES, PER CRITERIA
VENLAFAXINE XR - 75 mg	EFFEXOR XR	Cap			YES	YES, PER CRITERIA
VENLAFAXINE XR - 150 mg	EFFEXOR XR	Cap			YES	YES, PER CRITERIA
ZIPRASIDONE - 20 mg	GEODON	Cap	240 mg/Day		YES	YES, PER CRITERIA
ZIPRASIDONE - 40 mg	GEODON	Cap			YES	YES, PER CRITERIA
ZIPRASIDONE - 60 mg	GEODON	Cap			YES	YES, PER CRITERIA
ZIPRASIDONE - 80 mg	GEODON	Cap			YES	YES, PER CRITERIA

\* Only Brand Requires Prior Medicaid Authorization

\*\* Requires Prior Medicaid Authorization

Medications not included in this Formulary must be approved with an Exception Form signed by the UM Medical Director or his designee, in order for the Center to pay for the non CareLink Formulary Drugs.

¥Max recommended doses for antipsychotics & antidepressants based on 2004 TDMHMR Guidelines

Note: On those medications requiring Medicaid Prior Authorization, call 1-877-PA-TEXAS (1-877-728-3927) providing the following information:

- Provider's Texas License #
- Patient's Name & Medicaid #
- Medication & Strength