



**Community Health Plan of Washington**  
**Mental Health Drug Formulary**

- Community Health Plan of Washington utilizes a mandatory generic policy. This means that the brand name product won't be covered without adequate trial and documented failure of the formulary generic product.
- Non-formulary and prior authorization requests must be called to Express Scripts Inc (ESI) at 1-888-256-6132.
- Formulary Status: F = Formulary; NF = Non-Formulary
- [G] = Generic Available; [ST] = Step Therapy; [PA] = Prior Authorization

TYPE	GENERIC NAME	BRAND NAME	FORMULARY STATUS
<b>Monoamine Oxidase Inhibitors Antidepressants</b>	isocarboxazid	Marplan	NF
	phenelzine	Nardil	F [G]
	selegiline	Emsam	NF
	tranylcypromine	Parnate	F [G]
<b>Selective Serotonin Reuptake Inhibitors Antidepressants</b>	citalopram	Celexa	F [G]
	escitalopram	Lexapro	NF
	fluoxetine	Prozac	F [G]
	fluoxetine DR	Prozac Weekly	NF [G]
	fluvoxamine	Luvox and Luvox CR	NF [G]
	paroxetine	Paxil	F [G]
	paroxetine CR	Paxil CR	NF [G]
	sertraline	Zoloft	F [G]
	vilazodone	Viibryd	NF
<b>Serotonin Norepinephrine Reuptake Inhibitors Antidepressants</b>	desvenlafaxine	Pristiq	NF
	duloxetine	Cymbalta	F [PA] <sup>1</sup>
	venlafaxine	Effexor	F [G]
	venlafaxine ER	Effexor XR	F [G] [ST] <sup>2</sup>
<b>Tricyclic Antidepressants</b>	amitriptyline	Elavil	F [G]
	amoxapine	Asendin	F [G]

<sup>1</sup> **Cymbalta Prior Authorization Criteria** = trial of 2 formulary SSRIs (citalopram, fluoxetine, paroxetine, and sertraline) and venlafaxine ER or 1 formulary SSRI and venlafaxine IR for treatment of depression; trial of gabapentin for the treatment of diabetic peripheral neuropathy; trial of a tricyclic antidepressant, gabapentin and an SSRI first for treatment of fibromyalgia; trial of acetaminophen, one NSAID and a tricyclic antidepressant or gabapentin for musculoskeletal pain due to chronic low back pain; trial of acetaminophen, one NSAID and topical capsaicin cream for musculoskeletal pain due to osteoarthritis

<sup>2</sup> **Venlafaxine ER Step Therapy Criteria** = trial of 2 formulary SSRIs (citalopram, fluoxetine, paroxetine, and sertraline) first or 1 formulary SSRI and venlafaxine IR first

TYPE	GENERIC NAME	BRAND NAME	FORMULARY STATUS
	clomipramine	Anafranil	F [G]
	desipramine	Norpramin	F [G]
	doxepin	Sinequan	F [G]
	imipramine	Tofranil	F [G]
	nortriptyline	Pamelor	F [G]
	protriptyline	Vivactil	NF [G]
	trimipramine	Surmontil	NF [G]
<b>Tetracyclic Antidepressants</b>	maprotiline	Ludiomil	F [G]
	mirtazapine	Remeron	F [G]
<b>Miscellaneous Antidepressants</b>	bupropion	Wellbutrin	F [G]
	nefazodone	Serzone	F [G]
	trazodone	Desyrel	F [G]
	vilazodone	Viibryd	NF
<b>Mood Stabilizers</b>	carbamazepine	Tegretol	F [G]
	gabapentin	Neurontin	F [G]
	lamotrigine	Lamictal	F [G]
	lithium	Lithobid	F [G]
	oxcarbazepine	Trileptal	F [G]
	topiramate	Topamax	F [G]
	valproic acid	Depakote	F [G]
<b>Anxiolytics</b>	alprazolam	Xanax	F [G]
	buspirone	BuSpar	F [G]
	chloral hydrate	Somnote	F
	clonazepam	Klonopin	F [G]
	diazepam	Valium	F [G]
	flurazepam	Dalmane	F [G]
	hydroxyzine	Vistaril	F [G]
	lorazepam	Ativan	F [G]
	oxazepam	Serax	F [G]
	quazepam	Doral	NF
	temazepam	Restoril	F [G]
	triazolam	Halcion	F [G]
	zaleplon	Sonata	NF [G]
	zolpidem	Ambien	F [G]
<b>Atypical Antipsychotics</b>	aripiprazole	Abilify	F [ST] <sup>3</sup>
	asenapine	Saphris	NF
	clozapine	Clozaril	F [G]
	iloperidone	Fanapt	NF
	lurasidone	Latuda	NF
	olanzapine	Zyprexa	F [ST] <sup>4</sup>

<sup>3</sup> **Abilify Step Therapy Criteria** = trial of Seroquel or Seroquel XR first (step therapy; 2<sup>nd</sup> step); treatment of major depressive disorder after trial of three antidepressants; treatment of irritability with autistic disorder after trial of risperidone or clinical concerns regarding use of risperidone first

TYPE	GENERIC NAME	BRAND NAME	FORMULARY STATUS
	paliperidone	Invega	NF
	quetiapine	Seroquel & Seroquel XR	F [ST] <sup>5</sup>
	risperidone	Risperdal	F [G]
	ziprasidone	Geodon	NF
<b>Typical Antipsychotics</b>	chlorpromazine	Thorazine	F [G]
	fluphenazine	Prolixin	F [G]
	haloperidol	Haldol	F [G]
	loxapine	Loxitane	F [G]
	molindone	Moban	F
	perphenazine	Trilafon	F [G]
	pimozide	Orap	F
	thioridazine	Mellaril	F [G]
	thiothixene	Navane	F [G]
	trifluoperazine	Stelazine	F [G]
<b>Anticholinergics</b>	amantadine	Symmetrel	F [G]
	benztropine	Cogentin	F [G]
	diphenhydramine	Benadryl	F [G]
	trihexyphenidyl	Artane	F [G]
<b>Anti-Alzheimer's</b>	donepezil	Aricept	F [G]
	donepezil	Aricept 23	NF
	rivastigmine	Exelon	NF [G]
	tacrine hydrochloride	Cognex	NF
<b>Beta Blockers</b>	atenolol	Tenormin	F [G]
	metoprolol	Lopressor	F [G]
	propranolol	Inderal	F [G]
<b>Stimulants</b>	amphetamine salts combo	Adderall, Adderall XR	F [G]
	dexmethylphenidate	Focalin	NF [G]
	dexmethylphenidate ER	Focalin XR	NF
	dextroamphetamine	Dexedrine	F [G]
	lisdexamfetamine	Vyvanse	NF
	methylphenidate	Concerta	F
	methylphenidate	Daytrana	NF
	methylphenidate	Metadate CD	NF
	methylphenidate	Methylin, Methylin ER	F [G]
	methylphenidate	Ritalin LA	NF

<sup>4</sup> Zyprexa Step Therapy Criteria = trial of Seroquel or Seroquel XR first (step therapy; 2<sup>nd</sup> step)

<sup>5</sup> Seroquel/Seroquel XR Step Therapy Criteria = trial of risperidone first (step therapy; 1<sup>st</sup> step) in patients < 65 years of age; treatment of major depressive disorder after trial of three antidepressants; bipolar depression or depressive episodes associated with bipolar disorder

TYPE	GENERIC NAME	BRAND NAME	FORMULARY STATUS
<b>Non-Stimulants</b>	atomoxetine	Strattera	F [ST] <sup>6</sup>
<b>Wakefulness Promoting Agent</b>	armodafinil	Nuvigil	NF
	modafinil	Provigil	NF
<b>Alpha Agonists</b>	clonidine	Catapres	F [G]
	guanfacine	Intuniv	NF
<b>Antihistamines</b>	diphenhydramine	Benadryl	F [G]
	hydroxyzine	Vistaril, Atarax	F [G]
<b>Vitamins</b>	vitamin E	Various	NF

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<sup>6</sup> **Strattera Step Therapy Criteria** = trial of CNS stimulant first unless contraindication to CNS stimulant; patient history of substance abuse