STATE OF CALIFORNIA--HEALTH AND WELFARE AGENCY

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April 10, 1996

DMH INFORMATION NOTICE NO.: 96-05

TO: LOCAL MENTAL HEALTH DIRECTORS
LOCAL MENTAL HEALTH PROGRAM CHIEFS
LOCAL MENTAL HEALTH ADMINISTRATORS
COUNTY ADMINISTRATIVE OFFICERS
CHAIRPERSONS, LOCAL MENTAL HEALTH BOARDS

SUBJECT: MEDI-CAL UPDATE

Enclosed is a copy of the latest Medi-Cal Update sent out to all participating pharmacies. The document highlights the addition to the formulary of four new antidepressants: Bupropion (Wellbutrin), Fluoxetine (Prozac), Nefazodone (Serzone), and Paroxetine (Paxil). These antidepressants have been determined to be as effective as the tricyclic antidepressants and are generally better tolerated.

We believe that the addition of these new generation drugs will provide more options for prescribers in determining the most appropriate agent to enhance medication compliance.

If you have any questions about these changes, please contact J. Ruben Lozano, Pharm.D., of my staff at (916) 654-3576.

STEPHEN W. MAYBERG, Ph.D.
Director

Enclosure

cc: California Mental Health Planning Council
Chief, Technical Assistance and Training

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MAY 14 1996
MENTAL HEALTH
Program Support Branch

ELECTRONIC DATA SYSTEMS CORPORATION

MEDI-CAL UPDATE

P.O. BOX 13029, SACRAMENTO, CA 95813-4029

Pharmacy Bulletin 387

March 1996

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Instructions for manual replacement pages:

Section 200

Remove and replace: 200-26-3 thru -6, -15/16

Section 300

Remove and replace: 300-64-1 thru -6, -13/14, -19/20
300-67-3/4, -7/8, -11/12, -15 thru -18, -25/26, -29/30
300-68-9 thru -12, -25/26, -35/36
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300-70-11 thru -14
300-73-5/6, -9/10
300-74-1 thru -10

* Pages updated/corrected due to ongoing provider manual revisions.

Please turn page over for Medi-Cal Hotlines and Change of Address Form.

MEDI-CAL LIST OF CONTRACT DRUGS: UPDATES (continued)

Effective May 1, 1996

Drug	Size and/or Strength	Billing Unit
* BUPROPION HCL		
Tablets	75 mg	ea
	100 mg	ea
* FLUOXETINE HCL		
Capsules	10 mg	ea
	20 mg	ea
Solution	20 mg/5cc	cc
* NEFAZODONE HCL		
Tablets	100 mg	ea
	150 mg	ea
	200 mg	ea
	250 mg	ea
* PAROXETINE HCL		
Tablets	20 mg	ea
	30 mg	ea

* Restricted to therapy lasting up to 9 months from the dispensing date of the first prescription.

The following drugs have been reinstated to the *Medi-Cal List of Contract Drugs*.

Effective April 1, 1996

Drug	Size and/or Strength	Billing Unit
* AMOXICILLIN/CLAVULANATE POTASSIUM		
Tablets		
oral	250 mg	ea
	500 mg	ea

* Restricted to use for individuals less than 8 years old with otitis media infection. Also restricted to individuals 50 years old and over with lower respiratory tract infection.

AURANOFIN		
+ Capsules	3 mg	ea
CEFAZOLIN SODIUM		
Injection	500 mg in 5% Dextrose and water (D5W) 50cc	cc
	1 Gm in 5% Dextrose and water (D5W) 50cc	cc