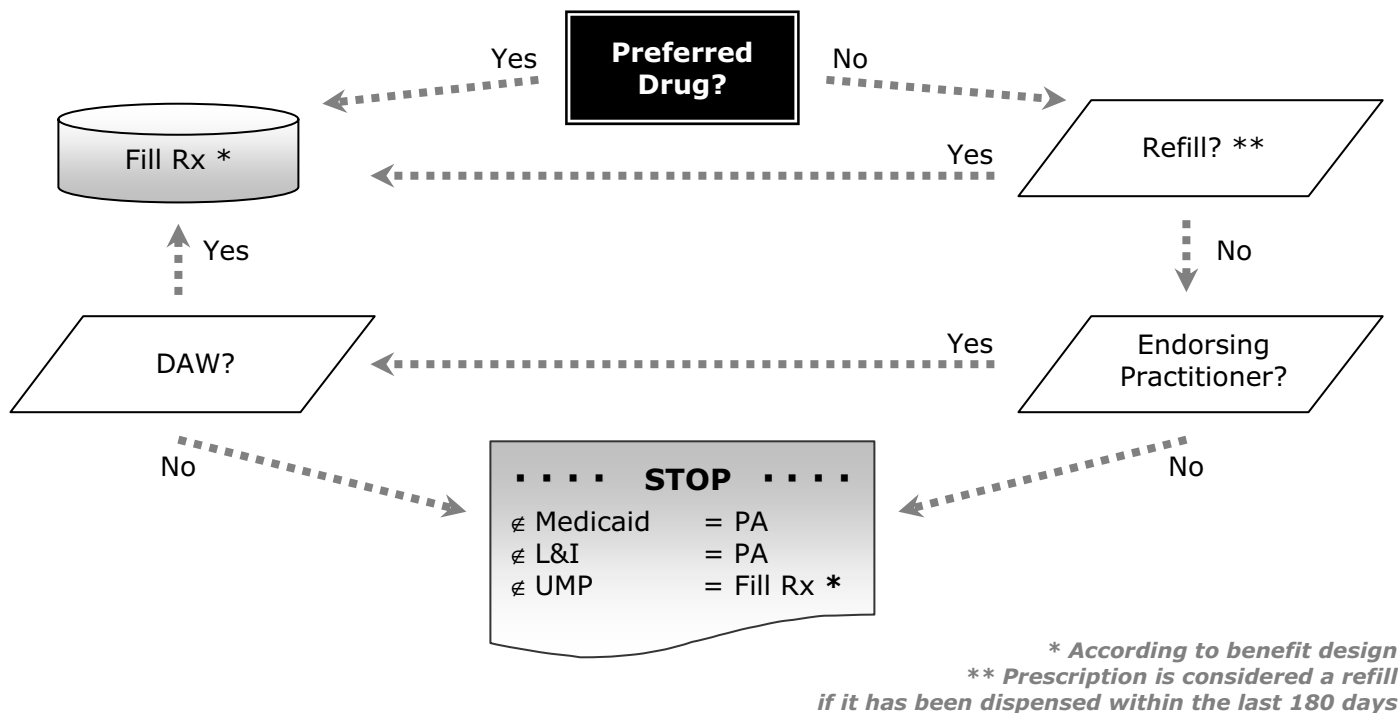


# Washington State Prescription Drug Program ... Refill for Antidepressant Medications ...

**Figure 1A.** Handling of Preferred vs. Non-Preferred Antidepressant Medications



**Figure 1B.** Washington Preferred Drug List  
*Second Generation Antidepressants (as of 07/01/05)*

Preferred Generic Alternative	Non-Preferred Generic
bupropion/SR (generic products only) <sup>1</sup> citalopram (generic products only) fluoxetine HCl (generic products only) mirtazapine (generic products only) paroxetine (generic products only)	fluvoxamine nefazadone
Preferred Brand Name Alternative	Non-Preferred Brand Name Drugs
N/A	Celexa® (citalopram) Cymbalta® (duloxetine HCl) <sup>2</sup> Effexor® /XR (venlafaxine) Lexapro® (escitalopram oxalate) Luvox® (fluvoxamine) Paxil® /CR (paroxetine) Prozac® /Prozac Weekly® (fluoxetine HCl) Remeron® (mirtazapine) Serzone® (nefazadone) Wellbutrin® /SR/XL (bupropion/SR) Zoloft® (sertraline)

<sup>1</sup> DSHS – MAA requires EPA for treatment of depression (not smoking cessation)

<sup>2</sup> DAW not applicable, this drug has not been reviewed by OHSU and/or the Washington P&T Committee

~ As defined in WAC 182-50-010 (9) "Refill" means the continuation of therapy with the same drug (including the renewal of a previous prescription or adjustments in dosage) when a prescription is for an antipsychotic, antidepressant, chemotherapy, antiretroviral, or immunosuppressive drug.