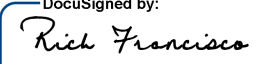




<b>Procedure Title:</b> Maintenance of Formulary of Approved Medications	<b>Procedure #:</b> 06-009	<b><u>Review Dates</u></b>	
<b>Category:</b> Medical  <b>Subject:</b> Maintenance of Formulary of Approved Medications	<b>Prepared by:</b> Name: Greg Green, MD Title: Medical Director  <b>Approved by:</b> DocuSigned by:  AA7EBD48ABBE04A3 Rich Francisco, Executive Director	12/17/2025	
	<b>Effective Date:</b> 02/26/1997	<b>Last Revised Date:</b> 04/10/2024	

## I. PURPOSE

To assure the maintenance of an approved formulary for all medications prescribed or administered at HealthWest, for the treatment of psychiatric disorders or the side effects of psychotropic medications.

## II. APPLICATION

Medications prescribed by HealthWest contracted/employed Physicians/Physician Assistants/Nurse Practitioners to individuals receiving services, for the treatment of psychiatric disorders or the side effects of these medications.

## III. DEFINITIONS

Formulary: A catalogue of the medications approved for agency use in the treatment of psychiatric disorders and the side effects of those medications. The formulary shall include the generic name of the drug, common proprietary name, normal dosage range, and number of the corresponding medication teaching sheet.

## IV. PROCEDURE

The formulary may also be revised and approved by the Doctors Work Group as needed throughout the year, without amendment to this procedure.

## V. REFERENCES

Attachment A: M016 – Formulary of Approved Medications

Attachment B: M010 – Request for Changes in the Psychotropic Medications

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