

**MERCER COUNTY
MH/MR DRUG FORMULARY**

Effective July 1, 2019

Only the form of drugs listed on this formulary will be accepted. No ER, DR or Zydys unless listed below.

MH/MR scripts must be filled with Generic drugs only, unless no generic available.

<u>BRAND NAME</u>	<u>GENERIC NAME</u>
ABILIFY.....	ARIPIRAZOLE
ABILIFY MAINTENA	ARIPIRAZOLE
ADAPIN, SINEQUAN.....	DOXEPIN
ADDERALL.....	AMPHETAMINE & DEXTROAMPHETAMINE MIXTURE
ADDERALL XR.....	AMPHETAMINE & DEXTROAMPHETAMINE MIXTURE
AMBIEN.....	ZOLPIDEM TARTRATE
ANAFRANIL.....	CLOMIPRAMINE
ARICEPT.....	DONEPEZIL
ARTANE.....	TRIHEXYPHENIDYL
ATARAX.....	HYDROXYZINE HYDROCHLORIDE
ATIVAN.....	LORAZEPAM
BENADRYL.....	DIPHENHYDRAMINE
BUSPAR.....	BUSPIRONE
CAMPRAL.....	ACAMPROSATE
CELEXA.....	CITALOPRAM HYDROROMIDE
CLONODINE.....	CATAPRES
CLOZARIL.....	CLOZAPINE
COGENTIN.....	BENZTROPINE
CONCERTA.....	METHYLPHENIDATE HYDROCHLORIDE
CYLERT, ORAP.....	PEMOLINE
CYLERT.....	PEMOLINE
CYMBALTA.....	DULOXETINE HCl
DEPAKOTE	DIVALPROEX
DEPAKOTE ER.....	DIVALPROEX
DESYREL.....	TRAZODONE
DEXEDRINE.....	DEXTRO AMPHETAMINE
EFFEXOR.....	VENLAFAXINE HYDROCHLORIDE
EFFEXOR XR.....	VENLAFAXINE HYDROCHLORIDE
ELAVIL, ENDEP.....	AMITRIPTYLINE

* Denotes the addition of a new drug to the formulary list.

FANAPT	ILOPERIDONE
FOCALIN XR.....	DEXMETHYPHENIDATE
FOCALIN.....	DEXMETHYPHENIDATE
GABITRIL.....	TIAGABINE HCL
GEODON.....	ZIPRASIDONE
HALDOL.....	HALOPERIDOL
HALDOL DECANOATE.....	HALOPERIDOL DECANOATE
INDERAL.....	PROPRANOLOL
INVEGA.....	PALIPERIDONE
INVEGA SUSTENNA.....	PALIPERIDONE
KLONOPIN.....	CLONAZEPAM
KLONOPIN WAFERS.....	CLONAZEPAM
LAMICTAL.....	LAMOTRIGINE
LATUDA	LURASIDONE HC1
LEXAPRO.....	ESCITALOPRAM OXALATE
LIBRIUM.....	CHLORDIAZEPOXIDE
LITHOBID, ESKALITH.....	LITHIUM CARBONATE
LOXITANE.....	LOXAPINE
LUNESTA.....	ESZOPICIONE
LUVOX.....	FLUVOXAMINE MALEATE
LUVOX CR.....	FLUVOXAMINE
MELLARIL.....	THIORIDAZINE
MINIPRESS.....	PRAZOSIN
MYSOLINE.....	PRIMIDONE
NAVANE.....	THIOTHIXENE
NEURONTIN.....	GABAPENTIN
NORPRAMIN, PERTOFRANE.....	DESIPRAMINE
ORAP.....	PIMOZIDE
PAMELOR, AVENTYL.....	NORTRIPTYLINE
PARLODEL.....	BROMOCRIPTINE
PAXIL.....	PAROXETINE HYDROCHLORIDE
PAXIL CR	PAROXETINE
PEXEVA.....	PAROXETINE
PROLIXIN, PERMITIL.....	FLUPHENAZINE
PROLIXIN DECANOATE.....	FLUPHENAZINE DECANOATE
PROVIGIL	MODAFINIL
PROZAC.....	FLUOXETINE
PROZAC WEEKLY.....	FLUOXETINE

REMERON.....	MIRTAZAPINE
REMERON SOL TAB.....	MIRTAZAPINE
RESTORIL.....	TEMAZEPAM
REXULTI.....	BREXPIPIRAZOLE
RISPERDAL.....	RISPERIDONE
RISPERIDAL M TAB.....	RISPERIDONE
RITALIN.....	METHYLPHENIDATE
SERAX.....	OXAZEPAM
SEROQUEL.....	QUETIAPINE
SONATA.....	ZALEPLON
STELAZINE.....	TRIFLUOPERAZINE
STRATTERA.....	ATOMOXETINE HCL
SYMMETREL.....	AMANTADINE
TEGRETOL.....	CARBAMAZEPINE
TEGRETOL XR.....	CARBAMAZEPINE
THORAZINE.....	CHLORPROMAZINE HYDROCHLORIDE
TOFRANIL.....	IMIPRAMINE
TOPAMAX.....	TOPIRAMATE
TRANXENE.....	CLORAZEPATE DIPOTASSIUM
TRILAFON.....	PERPHENAZINE
TRILEPTAL.....	OXCARBAZEPINE
TRINTELLIX.....	VORTIOXETINE
VALIUM.....	DIAZEPAM
*VIIBRYD.....	VILAZODONE
VISTARIL.....	HYDROXYZINE PAMOATE
VRAYLAR.....	CARIPRAZINE
VYVANSE.....	LISDEXAMFETAMINE DIMESYLATE
WELLBUTRIN.....	BUPROPION HYDROCHLORIDE
WELLBUTRIN SR.....	BUPROPION HYDROCHLORIDE
WELLBUTRIN XL.....	BUPROPION HYDROCHLORIDE
XANAX.....	ALPRAZOLAM
XANAX XR.....	ALPRAZOLAM XR
ZOLOFT.....	SERTRALINE HC1
ZYPREXA.....	OLANZAPINE

* Denotes the addition of a new drug to the formulary list.