

## COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH

### Medication Formulary (Alphabetical by Generic)

[http://dmh.lacounty.gov/wps/portal/dmh/clinical\\_tools/clinical\\_pharmacy](http://dmh.lacounty.gov/wps/portal/dmh/clinical_tools/clinical_pharmacy)

GENERIC DRUG NAME	BRAND DRUG NAME	STRENGTH
ACAMPROSATE	CAMPRAL	333 MG
ACETAMINOPHEN	TYLENOL	325 MG
ACETAMINOPHEN	TYLENOL	500 MG
ALOGLIPTIN	* NESINA	6.25 MG
ALOGLIPTIN	* NESINA	12.5 MG
ALOGLIPTIN	* NESINA	25 MG
AMANTADINE	SYMMETREL	100 MG
AMITRIPTYLINE	ELAVIL	10 MG
AMITRIPTYLINE	ELAVIL	25 MG
AMITRIPTYLINE	ELAVIL	50 MG
AMITRIPTYLINE	ELAVIL	75 MG
AMITRIPTYLINE	ELAVIL	100 MG
AMLODIPINE	NORVASC	2.5 MG
AMLODIPINE	NORVASC	5 MG
AMLODIPINE	NORVASC	10 MG
AMPHETAMINE	ADDERALL	5 MG
AMPHETAMINE	ADDERALL	7.5 MG
AMPHETAMINE	ADDERALL	10 MG
AMPHETAMINE	ADDERALL	12.5MG
AMPHETAMINE	ADDERALL	15 MG
AMPHETAMINE	ADDERALL	20 MG
AMPHETAMINE	ADDERALL	30 MG
AMPHETAMINE XR	ADDERALL XR	5 MG
AMPHETAMINE XR	ADDERALL XR	10 MG
AMPHETAMINE XR	ADDERALL XR	15 MG
AMPHETAMINE XR	ADDERALL XR	20 MG
AMPHETAMINE XR	ADDERALL XR	25 MG
AMPHETAMINE XR	ADDERALL XR	30 MG
ARIPIRAZOLE	ABILIFY	1 MG/ML
ARIPIRAZOLE	ABILIFY	2 MG

\* PA required \*\* PA required (preferred LAI)

# COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH

## Medication Formulary (Alphabetical by Generic)

GENERIC DRUG NAME	BRAND DRUG NAME	STRENGTH
ARIPIRAZOLE	ABILIFY	5 MG
ARIPIRAZOLE	ABILIFY	10 MG
ARIPIRAZOLE	ABILIFY	15 MG
ARIPIRAZOLE	ABILIFY	20 MG
ARIPIRAZOLE	ABILIFY	30 MG
ARIPIRAZOLE LAUROXIL	** ARISTADA	441 MG
ARIPIRAZOLE LAUROXIL	** ARISTADA	662 MG
ARIPIRAZOLE LAUROXIL	** ARISTADA	882 MG
ARIPIRAZOLE LAUROXIL	** ARISTADA	1064 MG
ARIPIRAZOLE LAUROXIL	** ARISTADA INITIO	675 MG
ARIPIRAZOLE MONOHYDRATE	* ABILIFY MAINTENA	300 MG
ARIPIRAZOLE MONOHYDRATE	* ABILIFY MAINTENA	400 MG
ASPIRIN	ASPIRIN	81 MG
ASPIRIN	ASPIRIN	325 MG
ATORVASTATIN	LIPITOR	10 MG
ATORVASTATIN	LIPITOR	20 MG
ATORVASTATIN	LIPITOR	40 MG
ATORVASTATIN	LIPITOR	80 MG
BENZTROPINE	COGENTIN	0.5 MG
BENZTROPINE	COGENTIN	1 MG/ML
BENZTROPINE	COGENTIN	1 MG
BENZTROPINE	COGENTIN	2 MG
BETHANECHOL	URECHOLINE	5 MG
BETHANECHOL	URECHOLINE	10 MG
BETHANECHOL	URECHOLINE	25 MG
BETHANECHOL	URECHOLINE	50 MG
BUPRENORPHINE NALOXONE	SUBOXONE	8 MG
BUPRENORPHINE NALOXONE	SUBOXONE	2 MG
BUPROPION	WELLBUTRIN	75 MG
BUPROPION	WELLBUTRIN	100 MG
BUPROPION SR	WELLBUTRIN SR	100 MG
BUPROPION SR	WELLBUTRIN SR	150 MG
BUPROPION SR	WELLBUTRIN SR	200 MG
BUPROPION XL	WELLBUTRIN XL	150 MG
BUPROPION XL	WELLBUTRIN XL	300 MG

\* PA required \*\* PA required (preferred LAI)

# COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH

## Medication Formulary (Alphabetical by Generic)

GENERIC DRUG NAME	BRAND DRUG NAME	STRENGTH
BUSPIRONE	BUSPAR	5 MG
BUSPIRONE	BUSPAR	7.5 MG
BUSPIRONE	BUSPAR	10 MG
BUSPIRONE	BUSPAR	15 MG
BUSPIRONE	BUSPAR	30 MG
CARBAMAZEPINE	TEGRETOL	100 MG
CARBAMAZEPINE	TEGRETOL	200 MG
CHLORAL HYDRATE	NOCTEC	500 MG/ML
CHLORAL HYDRATE	NOCTEC	500 MG
CHLORPROMAZINE	THORAZINE	10 MG
CHLORPROMAZINE	THORAZINE	25 MG/ML
CHLORPROMAZINE	THORAZINE	25 MG
CHLORPROMAZINE	THORAZINE	50 MG
CHLORPROMAZINE	THORAZINE	100 MG
CHLORPROMAZINE	THORAZINE	200 MG
CITALOPRAM	CELEXA	10 MG
CITALOPRAM	CELEXA	20 MG
CITALOPRAM	CELEXA	40 MG
CLOMIPRAMINE	ANAFRANIL	25 MG
CLOMIPRAMINE	ANAFRANIL	50 MG
CLOMIPRAMINE	ANAFRANIL	75 MG
CLONIDINE	CATAPRES	0.1 MG
CLONIDINE	CATAPRES	0.2 MG
CLONIDINE	CATAPRES	0.3 MG
CLOZAPINE	CLOZARIL	25 MG
CLOZAPINE	CLOZARIL	50 MG
CLOZAPINE	CLOZARIL	100 MG
CLOZAPINE	CLOZARIL	200 MG
DESIPRAMINE	NORPRAMINE	10 MG
DESIPRAMINE	NORPRAMINE	25 MG
DESIPRAMINE	NORPRAMINE	50 MG
DESIPRAMINE	NORPRAMINE	75 MG
DESIPRAMINE	NORPRAMINE	100 MG
DESIPRAMINE	NORPRAMINE	150 MG
DEXTROAMPHETAMINE	DEXEDRINE	5 MG

\* PA required \*\* PA required (preferred LAI)

# COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH

## Medication Formulary (Alphabetical by Generic)

GENERIC DRUG NAME	BRAND DRUG NAME	STRENGTH
DEXTROAMPHETAMINE	DEXEDRINE	10 MG
DEXTROAMPHETAMINE	DEXEDRINE	15 MG
DIPHENHYDRAMINE	BENADRYL	12.5 MG/5ML
DIPHENHYDRAMINE	BENADRYL	25 MG
DIPHENHYDRAMINE	BENADRYL	50 MG
DIPHENHYDRAMINE	BENADRYL	50 MG/ML
DISULFIRAM	ANTABUSE	250 MG
DIVALPROEX DR	DEPAKOTE DR	125 MG
DIVALPROEX DR	DEPAKOTE DR	250 MG
DIVALPROEX DR	DEPAKOTE DR	500 MG
DIVALPROEX ER	DEPAKOTE ER	250 MG
DIVALPROEX ER	DEPAKOTE ER	500 MG
D-METHYLPHENIDATE XR	FOCALIN XR	5 MG
D-METHYLPHENIDATE XR	FOCALIN XR	10 MG
D-METHYLPHENIDATE XR	FOCALIN XR	15 MG
D-METHYLPHENIDATE XR	FOCALIN XR	20 MG
D-METHYLPHENIDATE XR	FOCALIN XR	25 MG
D-METHYLPHENIDATE XR	FOCALIN XR	30 MG
D-METHYLPHENIDATE XR	FOCALIN XR	35 MG
D-METHYLPHENIDATE XR	FOCALIN XR	40 MG
DOCUSATE SODIUM	COLACE (DSS)	100 MG
DOCUSATE SODIUM	COLACE (DSS)	250 MG
DOXEPIN	SINEQUAN	10 MG/ML
DOXEPIN	SINEQUAN	10 MG
DOXEPIN	SINEQUAN	25 MG
DOXEPIN	SINEQUAN	50 MG
DOXEPIN	SINEQUAN	75 MG
DOXEPIN	SINEQUAN	100 MG
DOXEPIN	SINEQUAN	150 MG
DULOXETINE DR	CYMBALTA DR	20 MG
DULOXETINE DR	CYMBALTA DR	30 MG
DULOXETINE DR	CYMBALTA DR	40 MG
DULOXETINE DR	CYMBALTA DR	60 MG
EMPAGLIFLOZIN	* JARDIANCE	10 MG
EMPAGLIFLOZIN	* JARDIANCE	25 MG

\* PA required \*\* PA required (preferred LAI)

# COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH

## Medication Formulary (Alphabetical by Generic)

GENERIC DRUG NAME	BRAND DRUG NAME	STRENGTH
ERTUGLIFLOZIN	* STEGLATRO	5 MG
ERTUGLIFLOZIN	* STEGLATRO	15 MG
ESCITALOPRAM	LEXAPRO	5 MG
ESCITALOPRAM	LEXAPRO	10 MG
ESCITALOPRAM	LEXAPRO	20 MG
FLUOXETINE	PROZAC	10 MG
FLUOXETINE	PROZAC	20 MG
FLUOXETINE	PROZAC	40 MG
FLUOXETINE	PROZAC	20 MG/5ML
FLUPHENAZINE	PROLIXIN	0.5 MG/ML
FLUPHENAZINE	PROLIXIN	1 MG
FLUPHENAZINE	PROLIXIN DEC	25 MG/ML D
FLUPHENAZINE	PROLIXIN	2.5 MG/ML
FLUPHENAZINE	PROLIXIN	2.5 MG
FLUPHENAZINE	PROLIXIN	5 MG/ML
FLUPHENAZINE	PROLIXIN	5 MG
FLUPHENAZINE	PROLIXIN	10 MG
FLURAZEPAM	DALMANE	15 MG
FLURAZEPAM	DALMANE	30 MG
FLUVOXAMINE	LUVOX	25 MG
FLUVOXAMINE	LUVOX	50 MG
FLUVOXAMINE	LUVOX	100 MG
FLUVOXAMINE CR	LUVOX CR	100 MG
FLUVOXAMINE CR	LUVOX CR	150 MG
GABAPENTIN	NEURONTIN	100 MG
GABAPENTIN	NEURONTIN	300 MG
GABAPENTIN	NEURONTIN	400 MG
GABAPENTIN	NEURONTIN	600 MG
GABAPENTIN	NEURONTIN	800 MG
GLIMEPIRIDE	AMARYL	1 MG
GLIMEPIRIDE	AMARYL	2 MG
GLIMEPIRIDE	AMARYL	4 MG
GLIPIZIDE	GLUCOTROL	5 MG
GLIPIZIDE	GLUCOTROL	10 MG
GUANFACINE	TENEX	1 MG

\* PA required \*\* PA required (preferred LAI)

# COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH

## Medication Formulary (Alphabetical by Generic)

GENERIC DRUG NAME	BRAND DRUG NAME	STRENGTH
GUANFACINE	TENEX	2 MG
HALOPERIDOL	HALDOL	0.5 MG
HALOPERIDOL	HALDOL	1 MG
HALOPERIDOL	HALDOL	2 MG/ML
HALOPERIDOL	HALDOL	2 MG
HALOPERIDOL	HALDOL	5 MG
HALOPERIDOL	HALDOL	5 MG/ML
HALOPERIDOL	HALDOL	10 MG
HALOPERIDOL	HALDOL	20 MG
HALOPERIDOL	HALDOL DEC	100 MG/ML
HALOPERIDOL	HALDOL DEC	50 MG/ML
HYDROCHLOROTHIAZIDE	MICROZIDE	12.5 MG
HYDROCHLOROTHIAZIDE	MICROZIDE	25 MG
HYDROCHLOROTHIAZIDE	MICROZIDE	50 MG
HYDROXYZINE	ATARAX	10 MG
HYDROXYZINE	ATARAX	10 MG/5ML
HYDROXYZINE	ATARAX	25 MG
HYDROXYZINE	ATARAX	50 MG
HYDROXYZINE	ATARAX	100 MG
HYDROXYZINE PAM	VISTARIL	25 MG
HYDROXYZINE PAM	VISTARIL	50 MG
ILOPERIDONE	FANAPT	1 MG
ILOPERIDONE	FANAPT	2 MG
ILOPERIDONE	FANAPT	4 MG
ILOPERIDONE	FANAPT	6 MG
ILOPERIDONE	FANAPT	8 MG
ILOPERIDONE	FANAPT	10 MG
ILOPERIDONE	FANAPT	12 MG
IMIPRAMINE	TOFRANIL	10 MG
IMIPRAMINE	TOFRANIL	25 MG
IMIPRAMINE	TOFRANIL	50 MG
INSULIN GLARGINE	* LANTUS	100 UNITS/ML
INSULIN LISPRO	* HUMALOG	100 UNITS/ML
INSULIN NPH	* HUMULIN N	100 UNITS/ML
INSULIN REGULAR	* HUMULIN R	100 UNITS/ML

\* PA required \*\* PA required (preferred LAI)

# COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH

## Medication Formulary (Alphabetical by Generic)

GENERIC DRUG NAME	BRAND DRUG NAME	STRENGTH
LAMOTRIGINE	LAMICTAL	25 MG
LAMOTRIGINE	LAMICTAL	100 MG
LAMOTRIGINE	LAMICTAL	150 MG
LAMOTRIGINE	LAMICTAL	200 MG
L-DEXAMPHETAMINE	VYVANSE	20 MG
L-DEXAMPHETAMINE	VYVANSE	30 MG
L-DEXAMPHETAMINE	VYVANSE	40 MG
L-DEXAMPHETAMINE	VYVANSE	50 MG
L-DEXAMPHETAMINE	VYVANSE	60 MG
L-DEXAMPHETAMINE	VYVANSE	70 MG
LEVONORGESTREL	* ECONTRA ONE-STEP	1.5 MG
LEVOTHYROXINE	SYNTHROID	0.025 MG
LEVOTHYROXINE	SYNTHROID	0.05 MG
LEVOTHYROXINE	SYNTHROID	0.075 MG
LEVOTHYROXINE	SYNTHROID	0.088 MG
LEVOTHYROXINE	SYNTHROID	0.1 MG
LEVOTHYROXINE	SYNTHROID	0.112 MG
LEVOTHYROXINE	SYNTHROID	0.125 MG
LEVOTHYROXINE	SYNTHROID	0.137 MG
LEVOTHYROXINE	SYNTHROID	0.15 MG
LEVOTHYROXINE	SYNTHROID	0.175 MG
LEVOTHYROXINE	SYNTHROID	0.2 MG
LEVOTHYROXINE	SYNTHROID	0.3 MG
LISINOPRIL	PRINIVIL	5 MG
LISINOPRIL	PRINIVIL	10 MG
LISINOPRIL	PRINIVIL	20 MG
LISINOPRIL	PRINIVIL	30 MG
LISINOPRIL	PRINIVIL	40 MG
LITHIUM CARBONATE	LITHIUM	150MG CAPS
LITHIUM CARBONATE	LITHIUM	300MG TABS
LITHIUM CITRATE	CIBALITH-S	300 MG/5ML
LITHOBID	LITHOBID	300 MG
LORAZEPAM	ATIVAN	0.5 MG
LORAZEPAM	ATIVAN	1 MG
LORAZEPAM	ATIVAN	2 MG

\* PA required    \*\* PA required (preferred LAI)

# COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH

## Medication Formulary (Alphabetical by Generic)

GENERIC DRUG NAME	BRAND DRUG NAME	STRENGTH
LOSARTAN	COZAAR	25 MG
LOSARTAN	COZAAR	50 MG
LOSARTAN	COZAAR	100 MG
LOXAPINE	LOXITANE	5 MG
LOXAPINE	LOXITANE	10 MG
LOXAPINE	LOXITANE	25 MG
LOXAPINE	LOXITANE	50 MG
LURASIDONE	LATUDA	20 MG
LURASIDONE	LATUDA	40 MG
LURASIDONE	LATUDA	60 MG
LURASIDONE	LATUDA	80 MG
LURASIDONE	LATUDA	120 MG
MEDROXYPROGESTERONE ACETATE	* DEPO-PROVERA	150 MG/ML
METFORMIN	GLUCOPHAGE	500 MG
METFORMIN	GLUCOPHAGE	1000 MG
METFORMIN	GLUCOPHAGE	850 MG
METHYLPHENIDATE	RITALIN	5 MG
METHYLPHENIDATE	RITALIN	10 MG
METHYLPHENIDATE	RITALIN	20 MG
METHYLPHENIDATE ER	CONCERTA	18 MG
METHYLPHENIDATE ER	CONCERTA	27 MG
METHYLPHENIDATE ER	CONCERTA	36 MG
METHYLPHENIDATE ER	CONCERTA	54 MG
METOPROLOL TARTRATE	LOPRESSOR	25 MG
METOPROLOL TARTRATE	LOPRESSOR	50 MG
METOPROLOL TARTRATE	LOPRESSOR	100 MG
MIRTAZAPINE	REMERON	7.5 MG
MIRTAZAPINE	REMERON	15 MG
MIRTAZAPINE	REMERON	30 MG
MIRTAZAPINE	REMERON	45 MG
MOMETASONE FUROATE	* ASMANEX	100 MCG
MOMETASONE FUROATE	* ASMANEX	200 MCG
MOMETASONE FUROATE AND FORMOTEROL FUMARATE	* DULERA	100 MCG/5 MCG
MOMETASONE FUROATE AND FORMOTEROL FUMARATE	* DULERA	200 MCG/5 MCG

\* PA required \*\* PA required (preferred LAI)



# COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH

## Medication Formulary (Alphabetical by Generic)

GENERIC DRUG NAME	BRAND DRUG NAME	STRENGTH
NALOXONE INHALER	NARCAN	4 MG
NALTREXONE	RE VIA	50 MG
NALTREXONE	VIVITROL	380 MG
NEFAZODONE	SERZONE	50 MG
NEFAZODONE	SERZONE	100 MG
NEFAZODONE	SERZONE	150 MG
NEFAZODONE	SERZONE	200 MG
NEFAZODONE	SERZONE	250 MG
NIC POLACRILEX	NICORETTE	2 MG
NIC POLACRILEX	NICORETTE	4 MG
NICOTINE	NICODERM	7 MG
NICOTINE	NICODERM	14 MG
NICOTINE	NICODERM	21 MG
NORETHINDRONE	* LYLEQ	0.35 MG
NORETHINDRONE ACETATE AND ETHYNYL ESTRADIOL AND FERROUS FUMARATE	* TARINA 24 FE	1 MG/20 MCG/75 MG
NORGESTIMATE AND ETHINYL ESTRADIOL	* VYLIBRA	0.25 MG/0.035 MG
NORTRIPTYLINE	PAMELOR	10 MG/5ML
NORTRIPTYLINE	PAMELOR	10 MG
NORTRIPTYLINE	PAMELOR	25 MG
NORTRIPTYLINE	PAMELOR	50 MG
NORTRIPTYLINE	PAMELOR	75 MG
OLANZAPINE	ZYPREXA	2.5 MG
OLANZAPINE	ZYPREXA	5 MG
OLANZAPINE	ZYPREXA	7.5 MG
OLANZAPINE	ZYPREXA	10 MG
OLANZAPINE	ZYPREXA	15 MG
OLANZAPINE	ZYPREXA	20 MG
OXCARBAZEPINE	TRILEPTAL	150 MG
OXCARBAZEPINE	TRILEPTAL	300 MG
OXCARBAZEPINE	TRILEPTAL	600 MG
PALIPERIDONE PALMITATE	* INVEGA SUSTENNA	39 MG
PALIPERIDONE PALMITATE	* INVEGA SUSTENNA	78 MG
PALIPERIDONE PALMITATE	* INVEGA SUSTENNA	117 MG

\* PA required \*\* PA required (preferred LAI)

# COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH

## Medication Formulary (Alphabetical by Generic)

GENERIC DRUG NAME	BRAND DRUG NAME	STRENGTH
PALIPERIDONE PALMITATE	* INVEGA SUSTENNA	156 MG
PALIPERIDONE PALMITATE	* INVEGA SUSTENNA	234 MG
PALIPERIDONE PALMITATE	* INVEGA TRINZA	273 MG
PALIPERIDONE PALMITATE	* INVEGA TRINZA	410 MG
PALIPERIDONE PALMITATE	* INVEGA TRINZA	546 MG
PALIPERIDONE PALMITATE	* INVEGA TRINZA	819 MG
PAROXETINE	PAXIL	10 MG
PAROXETINE	PAXIL	20 MG
PAROXETINE	PAXIL	30 MG
PAROXETINE	PAXIL	40 MG
PAROXETINE	PAXIL CR	12.5 MG
PAROXETINE	PAXIL CR	25 MG
PAROXETINE	PAXIL CR	37.5 MG
PERPHENAZINE	TRILAFON	2 MG
PERPHENAZINE	TRILAFON	4 MG
PERPHENAZINE	TRILAFON	8 MG
PERPHENAZINE	TRILAFON	16 MG
PHENOBARBITAL	PHENOBARBITAL	30 MG
PHENOBARBITAL	PHENOBARBITAL	60 MG
PHENYTOIN	DILANTIN	50 MG
PHENYTOIN ER	DILANTIN ER	100 MG
PHENYTOIN ER	DILANTIN ER	200 MG
PHENYTOIN ER	DILANTIN ER	300 MG
PIOGLITAZONE	ACTOS	15 MG
PIOGLITAZONE	ACTOS	30 MG
PIOGLITAZONE	ACTOS	45 MG
PRAZOSIN HCL	MINIPRESS	1 MG
PRAZOSIN HCL	MINIPRESS	2 MG
PRAZOSIN HCL	MINIPRESS	5 MG
PROPRANOLOL	INDERAL	10 MG
PROPRANOLOL	INDERAL	20 MG
PROPRANOLOL	INDERAL	40 MG
PROPRANOLOL	INDERAL	80 MG
QUETIAPINE	SEROQUEL	25 MG
QUETIAPINE	SEROQUEL	50 MG

\* PA required \*\* PA required (preferred LAI)

# COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH

## Medication Formulary (Alphabetical by Generic)

GENERIC DRUG NAME	BRAND DRUG NAME	STRENGTH
QUETIAPINE	SEROQUEL	100 MG
QUETIAPINE	SEROQUEL	200 MG
QUETIAPINE	SEROQUEL	300 MG
QUETIAPINE	SEROQUEL	400 MG
QUETIAPINE XR	SEROQUEL XR	50 MG
QUETIAPINE XR	SEROQUEL XR	150 MG
QUETIAPINE XR	SEROQUEL XR	200 MG
QUETIAPINE XR	SEROQUEL XR	300 MG
QUETIAPINE XR	SEROQUEL XR	400 MG
RISPERIDONE	RISPERDAL	0.25 MG
RISPERIDONE	RISPERDAL	0.5 MG
RISPERIDONE	RISPERDAL	1 MG/ML
RISPERIDONE	RISPERDAL	1 MG
RISPERIDONE	RISPERDAL	2 MG
RISPERIDONE	RISPERDAL	3 MG
RISPERIDONE	RISPERDAL	4 MG
RISPERIDONE MICROSPHERES	* RISPERDAL CONSTA	12.5 MG
RISPERIDONE MICROSPHERES	* RISPERDAL CONSTA	25 MG
RISPERIDONE MICROSPHERES	* RISPERDAL CONSTA	37.5 MG
RISPERIDONE MICROSPHERES	* RISPERDAL CONSTA	50 MG
ROSUVASTATIN	CRESTOR	5 MG
ROSUVASTATIN	CRESTOR	10 MG
ROSUVASTATIN	CRESTOR	20 MG
SERTRALINE	ZOLOFT	25 MG
SERTRALINE	ZOLOFT	50 MG
SERTRALINE	ZOLOFT	100 MG
SPIRONOLACTONE	ALDACTONE	25 MG
TEMAZEPAM	RESTORIL	7.5 MG
TEMAZEPAM	RESTORIL	15 MG
TEMAZEPAM	RESTORIL	30 MG
THIORIDAZINE	MELLARIL	10 MG
THIORIDAZINE	MELLARIL	15 MG
THIORIDAZINE	MELLARIL	25 MG
THIORIDAZINE	MELLARIL	50 MG
THIORIDAZINE	MELLARIL	100 MG

\* PA required \*\* PA required (preferred LAI)

# COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH

## Medication Formulary (Alphabetical by Generic)

GENERIC DRUG NAME	BRAND DRUG NAME	STRENGTH
THIORIDAZINE	MELLARIL	150 MG
THIOTHIXENE	NAVANE	1 MG
THIOTHIXENE	NAVANE	2 MG
THIOTHIXENE	NAVANE	5 MG
THIOTHIXENE	NAVANE	5 MG/ML
THIOTHIXENE	NAVANE	10 MG
TOPIRAMATE	TOPAMAX	25 MG
TOPIRAMATE	TOPAMAX	50 MG
TOPIRAMATE	TOPAMAX	100 MG
TOPIRAMATE	TOPAMAX	200 MG
TRAZODONE	DESYREL	50 MG
TRAZODONE	DESYREL	100 MG
TRAZODONE	DESYREL	150 MG
TRIAZOLAM	HALCION	0.125 MG
TRIAZOLAM	HALCION	0.25 MG
TRIFLUOPERAZINE	STELAZINE	1 MG
TRIFLUOPERAZINE	STELAZINE	2 MG
TRIFLUOPERAZINE	STELAZINE	5 MG
TRIFLUOPERAZINE	STELAZINE	10 MG
TRIHEXYPHENIDYL	ARTANE	2 MG
TRIHEXYPHENIDYL	ARTANE	5 MG
VALPROIC ACID	DEPAKENE	250 MG/5ML
VALPROIC ACID	DEPAKENE	250 MG
VARENICLINE	CHANTIX	0.5 MG
VARENICLINE	CHANTIX	1 MG
VENLAFAXINE	EFFEXOR	25 MG
VENLAFAXINE	EFFEXOR	35.7 MG
VENLAFAXINE	EFFEXOR	50 MG
VENLAFAXINE	EFFEXOR	75 MG
VENLAFAXINE	EFFEXOR	100 MG
VENLAFAXINE ER	VENLAFAXINE ER	37.5 MG
VENLAFAXINE ER	VENLAFAXINE ER	75 MG
VENLAFAXINE ER	VENLAFAXINE ER	150 MG
VENLAFAXINE ER	VENLAFAXINE ER	225 MG
ZIPRASIDONE	GEODON	20 MG

\* PA required \*\* PA required (preferred LAI)

# COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH

## Medication Formulary (Alphabetical by Generic)

GENERIC DRUG NAME	BRAND DRUG NAME	STRENGTH
ZIPRASIDONE	GEODON	40 MG
ZIPRASIDONE	GEODON	60 MG
ZIPRASIDONE	GEODON	80 MG

**\* PA required    \*\* PA required (preferred LAI)**