



**Wake County Health and Human Services**  
**Mental Health Formulary for Wake County Uninsured**  
**Alliance/Integrated Payment and Reporting System (IPRS) Patients**  
 June 2023

	<b>Cost to Patient</b>	<b>PA (Patient Assistance)</b>	<b>ID required for pickup</b>	<b>Additional information</b>
<b>A</b>				
<b>Abilify Maintena</b> 300mg, 400mg				Injectable; available for PA and insured patients; PA requires SSN (Social Security number)
<b>Alprazolam</b> 0.25mg, 0.5mg, 1mg, 2mg	\$			
<b>Amitriptyline</b> 10mg, 25mg, 50mg				
<b>Amphetamine salts</b> 10mg, 15mg, 20mg	\$			
<b>Aripiprazole</b> 2mg, 5mg, 10mg, 20mg	\$			\$3/30 day supply
<b>Aristada*</b> 441mg, 662mg, 882mg, 1064mg				Injectable; available for PA and insured patients; PA requires SSN
<b>Atomoxetine</b> 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg	\$			\$3/30 day supply; For new patients who were not grandfathered into PA Strattera
<b>B</b>				
<b>Benztropine</b> 1mg, 2mg				
<b>Bupropion HCL</b> 75mg, 100mg				
<b>Bupropion SR</b> 100mg, 150mg, 200mg				
<b>Bupropion XL</b> 150mg, 300mg	\$			\$3/30 day supply
<b>Bupirone</b> 5mg, 10mg, 15mg				
<b>C</b>				
<b>Caplyta</b> 42mg				18 years and older
<b>Carbamazepine</b> 200mg	\$			\$3/30 day supply
<b>Citalopram</b> 10mg, 20mg, 40mg				
<b>Clonazepam</b> 0.5mg, 1mg, 2mg	\$			
<b>Clonidine</b> 0.1mg, 0.2mg, 0.3mg				
<b>Cymbalta</b> 20mg, 30mg, 60mg				Must be <65 years old; maximum 120mg/day
<b>D</b>				
<b>Depakote DR</b> 125mg, 250mg, 500mg				For grandfathered-in patients (no new starts)
<b>Depakote ER</b> 250mg, 500mg				For grandfathered-in patients (no new starts)
<b>Desvenlafaxine</b> 50mg, 100mg	\$			\$3/30 day supply; to begin when Pristiq PA supply exhausted
<b>Diazepam</b> 2mg, 5mg, 10mg	\$			
<b>Diphenhydramine</b> 25mg				
<b>Divalproex DR</b> 250mg, 500mg	\$			\$3/30 day supply
<b>Divalproex ER</b> 250mg, 500mg	\$			\$3/30 day supply
<b>Doxepin</b> 25mg, 50mg				
<b>E</b>				
<b>Escitalopram</b> 10mg, 20mg	\$			\$3/30 day supply
<b>F</b>				
<b>Fanapt*</b> 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg				PA requires SSN












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<b>Fetzima*</b> 20mg, 40mg, 80mg, 120mg				PA requires SSN
<b>Fluoxetine</b> 10mg, 20mg				
<b>G</b> <b>Gabapentin</b> 300mg	\$			Max of #180 caps/30 days
<b>H</b> <b>Haldol Decanoate</b> 50mg, 100mg				Injectable; <b>Program ends 8/31/23</b>
<b>Haloperidol</b> 2mg, 5mg, 10mg				
<b>Haloperidol Decanoate</b> 50mg, 100mg	\$			Injectable; \$3/30 day supply
<b>Hydroxyzine HCL</b> 25mg, 50mg				
<b>I</b> <b>Imipramine</b> 25mg, 50mg				
<b>Ingrezza*</b> 40mg, 60mg, 80mg				
<b>Intuniv*</b> 1mg, 2mg, 3mg, 4mg				PA requires SSN
<b>Invega</b> 1.5mg, 3mg, 6mg, 9mg				<b>Program ended 11/30/22</b> ; patients approved prior to program end can receive until pharmacy supply exhausted
<b>Invega Sustenna</b> 39mg, 78mg, 117mg, 156mg, 234mg				Injectable; available for PA and insured patients
<b>Invega Trinza</b> 273mg, 410mg, 546mg, 819mg				Injectable; available for PA and insured patients
<b>L</b> <b>Lamictal</b> 25mg, 100mg, 150mg, 200mg				For grandfathered-in patients
<b>Lamotrigine</b> 25mg, 100mg, 150mg, 200mg	\$			\$3/30 day supply
<b>Latuda</b> 20mg, 40mg, 60mg, 80mg, 120mg				Maximum of 160mg/day and 30 tabs/month; <b>Program ended 1/31/23</b> ; patients approved prior to program end can receive until pharmacy supply exhausted; Generic on \$3 list
<b>Lithium Carbonate HCL Caps</b> 150mg, 300mg				
<b>Lorazepam</b> 0.5mg, 1mg, 2mg	\$			
<b>Lurasidone</b> 20mg, 40mg, 60mg, 80mg, 120mg	\$			\$3/30 day supply; Maximum of 160mg/day and 30 tabs/month; For new starts/patients not approved for PA in 2022
<b>Lybalvi*</b> 5mg/10mg, 10mg/10mg, 15m/10mg, 20mg/10mg				PA requires SSN; 18 years and older
<b>M</b> <b>Mirtazapine</b> 15mg, 30mg, 45mg				
<b>N</b> <b>Naltrexone</b> 50mg				
<b>Nortriptyline</b> 25mg, 50mg				



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<b>O</b>				
<b>Olanzapine</b> 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg				New to formulary after 6/30/23, no charge
<b>Olanzapine ODT</b> 5mg, 10mg, 15mg, 20mg	\$			New to formulary after 6/30/23, \$3/30 day supply
<b>Oxcarbazepine</b> 300mg, 600mg	\$			\$3/30 day supply
<b>P</b>				
<b>Paroxetine</b> 20mg				
<b>Prazosin</b> 1mg, 2mg, 5mg				Max: 1mg – 3 capsules/daily; 2mg – 2 capsules/daily; 5mg – 1 capsule/daily per month
<b>Pristiq</b> 50mg, 100mg				<b>Program ended 12/31/22</b> ; patients approved prior to program end can receive until pharmacy supply exhausted; Generic on \$3 list
<b>Propranolol</b> 10mg, 20mg				
<b>Prozac</b> 10mg, 20mg, 40mg				18-65 years old; maximum of 60mg/day
<b>Q</b>				
<b>Quetiapine</b> 25mg, 50mg, 100mg, 200mg, 300mg, 400mg	\$			\$3/30 day supply
<b>Quetiapine ER</b> 150mg, 200mg, 300mg, 400mg	\$			\$3/30 day supply
<b>R</b>				
<b>Rexulti</b> 0.5mg, 1mg, 2mg, 3mg, 4mg				PA requires SSN; maximum 4mg/day; maximum 30 tabs/month
<b>Risperdal</b> 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg				<b>Program ended 11/30/22</b> ; patients approved prior to program end can receive until pharmacy supply exhausted; Generic on \$3 list
<b>Risperdal Consta</b> 12.5mg, 25mg, 37.5mg, 50mg				
<b>Risperidone</b> 0.5mg, 1mg, 2mg, 3mg, 4mg	\$			\$3/30 day supply
<b>S</b>				
<b>Saphris SL Black Cherry</b> 5mg, 10mg				PA requires SSN
<b>Sertraline</b> 25mg, 50mg, 100mg				
<b>Strattera</b> 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg				For grandfathered-in patients (no new starts) as of 1/1/23; Must be <65 years old; maximum of 100mg/day; Generic on \$3 list
<b>Symbyax*</b> 3/25mg, 6/25mg				<b>Program ends 6/30/2023</b>
<b>Synthroid*</b> 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 125mcg, 150mcg				PA requires SSN



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<b>T</b> Tegretol 200mg				For grandfathered-in patients (no new starts)
Tegretol XR 100mg, 200mg, 400mg				For grandfathered-in patients (no new starts)
Trazodone 50mg, 100mg, 150mg				
Trileptal 150mg, 300mg, 600mg				For grandfathered-in patients (no new starts)
Trintellix 5mg, 10mg, 20mg				PA requires SSN
Venlafaxine XL capsule 75mg, 150mg	\$			\$3/30 day supply
<b>V</b> Viibryd 10mg, 20mg, 40mg				PA requires SSN
Vraylar 1.5mg, 3mg, 4.5mg, 6mg				PA requires SSN
Zolpidem 5mg, 10mg	\$			
<b>Z</b> Zyprexa 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg				Must be <65 years old; maximum of 20mg/day; Patients will continue to receive until supply exhausted; <b>Program ends 6/30/2023</b>
Zyprexa Zydis 5mg, 10mg, 15mg, 20mg				Must be <65 years old; maximum of 20mg/day; Patients will continue to receive until supply exhausted; <b>Program ends 6/30/2023</b>
<b>Labs performed at Wake County Health and Human Services lab for IPRS eligible patients only</b>				
<b>August, 2020</b>				
• ALT	• Creatinine	• Prolactin		
• AST	• CBC with diff and platelets	• TSH		
• B12+ Folate	• Hem A1c	• UDS		
• BMP	• Hepatic function			
• BUN	• Lipid			
<b>Drug Level Monitoring (only for the following):</b>				
• Carbamazepine	• Depakote	• Tegretol		
• Clozaril	• Lithium	• Valproic Acid		