**SANILAC CMH**

**MEDICATIONS WHICH REQUIRE**

**ROUTINE AIMS TESTING**

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| **Abilify/Aripiprazole** | **Invega Sustenna/ Paliperidone** | **Rexulti** |
| **Abilify Maintena** | **Invega Trinza** | **Saphris /Asenapine** |
| **Caplyta**  **(lumateperon)** | **Latuda/ Lurasidone** | **Serentil** |
| **Compazine/ Prochiorperazine** | **Loxitane/Loxapine** | **Seroquel /Quetiapine** |
| **Clozaril/Clozapine** | **Mellaril /Thioridazine** | **Stelazine /Trifluoperazine** |
| **Duo-vil/ Amitriptyline&Perphenazine** | **Moban** | **Symbyax /Olanzapine** |
| **Etrafon/Perphenazine** | **Navane /Thiothixene** | **Thorazine /Chlorprpmazine** |
| **Fanapt/Iloperidone** | **Orap /Pimozide** | **Triavil /Perphenazine** |
| **Fazaclo/Clozapine** | **Phenergan /Promethazine** | **Trilafon** |
| **Focalin/Dexmethylphenidate** | **Prolixin /Fluphenazine** | **Zyprexa /Olanzapine** |
| **Geodon/Ziprasidone** | **Reglan** | **Zyprexa Relprevv /Olanzapine** |
| **Haldol/Haloperidol** | **Risperdal /Risperidone** | **Aristada /Aripiprazole lauroxil** |
| **Inapsine/Droperidol** | **Risperdal Consta /Risperidone** | **Vraylar /Cariprazine** |
| **Invega/Paliperidone** |  |  |