



Mental Health & Addictions Services

Multnomah Treatment Fund Client Pharmacy Log

Client Full Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

DOB: _____ Gender: _____ Does client meet MTF Criteria? Yes No

Prescriber's Name: _____ Agency: _____
(print name)

License number: _____ Phone: _____

Primary Diagnosis Code: _____ Level of Care: _____

MTF Formulary covered medications ordered:	Dosage information:

Pharmacy name: _____ Fax: _____

The undersigned certifies that client meets Priority 1 criteria under ORS 430.644. .
Priority 1 is defined as those persons who, in accordance with the assessment of professionals in the field of mental health, are at immediate risk of hospitalization for the treatment of mental or emotional disorders, or are in need of continuing services to avoid hospitalization, or pose a hazard to the health and safety of others, and those persons under 18 years who, in accordance with the assessment of professionals in the field of mental health, are at immediate risk of removal from their homes for treatment of mental or emotional disturbances, or exhibit behavior indicating high risk of developing disturbances of a severe or persistent nature. (ORS 430.675.)

Authorized Prescriber Signature _____ Date _____

1. Fax this form to: **Multnomah County contracted pharmacy with the Prescription.**
Pharmacy information is located here: <https://multco.us/mhas/help-paying-medication>
and:

2. Fax this form to: **Multnomah County Business Services 503-988-3575**
Pharmacy submits bills to:
MHASD
209 4th Ave Suite 520
Portland, OR 97204

Contact Multnomah.Treatment.Fund@multco.us with questions



Multnomah Indigent Medication formulary
Adult Alphabetical List of Medications by Trade Name¹

Trade Name	Generic Name	Trade Name	Generic Name
<i>Antipsychotic</i>	<i>Medications</i>	<i>Antidepressant</i>	<i>Medications</i>
Abilify	Aripiprazole	Adapin	doxepine
Clozaril	clozapine	Anafranil	clomipramine
Fanapt	iloperidone	Asendin	amoxapine
Geodon	ziprasidone	Aventyl	nortriptyline
Haldol	haldoperidol	Celexa (SSR)	citalopram
Latuda	lurasidone	Cymbalta	duloxetine
Lidone	molindone	Desyrel	trazadone
Loxitane	loxapine	Effexor	venlafaxine
Mellaril	thioridazine	Elavil	amitriptyline
Moban	Molindone	Lexapro (SSRI)	escitalopram
Navane	thiothixene	Ludiomil	maprotiline
Orap (for Tourette's)	pimozide	Luvox (SSRI)	fluvoxamine
Permitil	fluphenazine	Marplan (MAOI)	phenelzine
Prolixin	fluphenazine	Nardil (MAOI)	phenezine
Risperdal	risperidone	Norpramin	desipramine
Saphirs	asenapine	Pamelor	nortriptyline
Seroquel	quetiapine	Parnate (MAOI)	tranylcypromine
Stelazine	trifluoperazine	Paxil (SSRI)	paroxetine
Taractan	chlorpromazine	Pertofane	desipramine
Trilafon	perphenazine	Pristig	desvenlafaxine
Vesprin	trifluopromazine	Prozac (SSRI)	fluoxetine
Zyprexa	olanzapine	Remeron	mirtazapine
		Serzone	sinequan
<i>Injectable / IM</i>	<i>Medications*</i>	Surmontil	trimipramine
HALDOL Decanoate	haloperidol decanoate	Tofranil	imipramine
Prolixin Decanoate	fluphenazine IM	Viibryd	vilazodone
Resperidone Consta	<i>risperidone</i>	Vivactil	protriptyline
		Wellbutrin	bupropine
<i>Antianxiety</i>	<i>Medications</i>	Zoloft (SSRI)	sertaline
Ativan 18+	lorazepam	<i>Antimanic</i>	<i>Medications</i>
Azene	clorazepate	Cibalith-S	lithium citrate
BuSpar 10+	bupirone	Depakote	valproic acid
Centrax	prazepam	Eskalith	lithium carbonate
Librax Librium +6	chlordiazepoxide	Lamictal	lamotrigine
Klonopin 18+	clonazepam	Lithane	lithium carbonate
Paxipam	halazepam	Lithobid	lithium carbonate
Serax	oxazepam	Neurotin	gabapentin
Tranxene	clorazepate	Tegretol	carbamazepine
Valium	diazepam	Topomax	topiramate
Xanax	alprazolam	Trileptal	oxcarbazepine

Contact Multnomah.Treatment.Fund@multco.us with questions or concerns, ONLY medications on this formulary can be covered, no exceptions, the Indigent Medications program has limited funding.