Manic depression medication list

FDA-approved bipolar disorder medications by class, phase and monitoring requirement

Page 1 is a prescribing reference. Page 2 maps first-line choices to each episode phase and sets the monitoring cadence. Page 3 is a fillable record for one patient. Verify current prescribing information against the FDA label before you prescribe.

1. BIPOLAR MEDICATIONS BY CLASS

DRUG CLASS	GENERIC NAME	BRAND NAME	FDA INDICATION (BIPOLAR)	KEY MONITORING
Lithium salt	**Lithium carbonate**	Lithobid (ER), generic IR	Acute manic episodes, bipolar I; maintenance	Serum level 0.6–1.2 mEq/L; creatinine and eGFR; TSH; calcium. Narrow therapeutic index. Interacts with NSAIDs, ACE inhibitors and thiazides
Anticonvulsant mood stabilizer	**Divalproex sodium**	Depakote, Depakote ER	Acute manic or mixed episodes, bipolar I	Valproate level 50–125 mcg/mL; LFTs at baseline and through the first 6 months; CBC with platelets. Boxed: hepatotoxicity, pancreatitis, fetal risk
	Lamotrigine	Lamictal	Maintenance treatment of bipolar I	No routine bloods. Follow the titration schedule exactly (page 2). Boxed: serious rash. Stop at the first sign of any rash
	Carbamazepine ER	Equetro	Acute manic or mixed episodes, bipolar I	CBC with platelets; LFTs; serum sodium. Screen HLA-B*1502 in patients of Asian ancestry. Boxed: aplastic anemia, agranulocytosis, SJS/TEN. Strong CYP3A4 inducer
Atypical antipsychotic	**Quetiapine**	Seroquel, Seroquel XR	Acute mania, bipolar I; depressive episodes, bipolar I or II; maintenance, bipolar I, as adjunct to lithium or divalproex	Weight and BMI, fasting glucose or HbA1c, lipids, blood pressure. Sedation. Lens examination per label
	Olanzapine	Zyprexa	Acute manic or mixed episodes, bipolar I, alone or with lithium or divalproex; maintenance monotherapy	Highest metabolic burden of the class. Weight, fasting glucose or HbA1c, lipids at baseline, 12 weeks, then every 3–6 months
	Olanzapine / fluoxetine	Symbyax	Acute depressive episodes, bipolar I	Metabolic panel as for olanzapine. Watch for mood switch and for suicidal thoughts in patients under 25. Boxed: suicidality (antidepressant component)
	Olanzapine / samidorphan	Lybalvi	Acute manic or mixed episodes, bipolar I, alone or as adjunct; maintenance monotherapy	Metabolic panel as for olanzapine. Boxed: precipitated opioid withdrawal. Contraindicated with opioid use or acute opioid withdrawal
	Risperidone	Risperdal; Risperdal Consta (LAI)	Acute manic or mixed episodes, bipolar I, alone or with lithium or divalproex. Consta: maintenance, alone or as adjunct	Prolactin (highest of the class); galactorrhea and sexual dysfunction. EPS and tardive dyskinesia (AIMS). Metabolic panel
	Ziprasidone	Geodon	Acute manic or mixed episodes, bipolar I; maintenance as adjunct to lithium or valproate	QTc and ECG where cardiac risk exists; potassium and magnesium. Take with a meal of at least 500 kcal. Watch for DRESS
	Asenapine	Saphris (sublingual)	Acute manic or mixed episodes, bipolar I, alone or as adjunct; maintenance monotherapy	Oral hypoesthesia; nothing to eat or drink for 10 minutes after each dose. EPS, metabolic panel, hypersensitivity reactions
	Aripiprazole	Abilify; Abilify Maintena (LAI)	Acute manic or mixed episodes, bipolar I, alone or as adjunct; maintenance	Akathisia; tardive dyskinesia (AIMS). Ask about compulsive gambling, eating and shopping. Lower metabolic burden
	Lurasidone	Latuda	Depressive episodes, bipolar I, alone or as adjunct to lithium or valproate	Take with a meal of at least 350 kcal or absorption drops. Akathisia; prolactin. Weight-neutral profile
	Cariprazine	Vraylar	Acute manic or mixed episodes, bipolar I; depressive episodes, bipolar I	Akathisia and EPS. Long half-life, so effects and side effects accrue over weeks. Metabolic panel
	Lumateperone	Caplyta	Depressive episodes, bipolar I or II, alone or as adjunct to lithium or valproate	Sedation and somnolence. Blood pressure and orthostatic symptoms. Modest metabolic effect
Antidepressant	**SSRIs and SNRIs (sertraline, fluoxetine, venlafaxine)**	Zoloft, Prozac, Effexor XR	None. No antidepressant is FDA-approved as monotherapy for bipolar depression	Prescribe only under mood stabilizer or antipsychotic cover. Watch for mood switch through weeks 1–12. Stop if mania or mixed features emerge

Brand accuracy: Equetro (carbamazepine ER) and Depakote / Depakote ER (divalproex sodium) carry the bipolar mania indication. Tegretol and Depakene are approved for epilepsy, not bipolar disorder.
Class boxed warning: every atypical antipsychotic above carries an increased mortality warning in elderly patients with dementia-related psychosis.
Off-label: topiramate, oxcarbazepine and levetiracetam have no FDA bipolar indication. Document the clinical rationale and the patient's consent before you prescribe one.

2. FIRST-LINE CHOICES BY EPISODE PHASE

EPISODE PHASE	BIPOLAR I	BIPOLAR II
Acute mania or hypomania	Lithium, divalproex, or an atypical antipsychotic (quetiapine, olanzapine, risperidone, aripiprazole, asenapine, ziprasidone, cariprazine). Combine a mood stabilizer with an antipsychotic in severe mania. Stop any antidepressant	Hypomania is treated less intensively than full mania. Lithium or divalproex first; add quetiapine where an antipsychotic is needed. Stop any antidepressant. Lamotrigine has no role in an acute elevated episode
Acute bipolar depression	Quetiapine, lurasidone, cariprazine or lumateperone. Olanzapine is used here only as the olanzapine / fluoxetine combination (Symbyax). Lithium or lamotrigine as adjunct	Quetiapine or lumateperone, both of which cover bipolar II depression. Lamotrigine as adjunct. An SSRI only under mood stabilizer cover
Maintenance	Lithium, lamotrigine or divalproex. Aripiprazole, olanzapine, olanzapine / samidorphan or asenapine as monotherapy. Quetiapine, ziprasidone or risperidone LAI as adjunct to lithium or divalproex	Lithium or lamotrigine, with lamotrigine favored where depression dominates. Continue the agent that worked acutely. Review any antidepressant at every visit
Rapid cycling 4 or more episodes a year	Lithium or divalproex, often combined. Add lamotrigine where depressive episodes dominate. Discontinue antidepressants	Lamotrigine with lithium or divalproex. Avoid antidepressants, which can accelerate the cycle

MONITORING SCHEDULE

TEST	APPLIES TO	BASELINE	THEN
Serum lithium level	Lithium	Yes	5 days after any dose change, then every 3–6 months. Target 0.6–1.2 mEq/L
Renal function (creatinine, eGFR)	Lithium	Yes	Every 6–12 months, and sooner if the level rises
Thyroid function (TSH)	Lithium	Yes	Every 6–12 months
Metabolic panel (weight, BMI, blood pressure, fasting glucose or HbA1c, lipids)	All atypical antipsychotics. Tightest cadence on olanzapine, olanzapine / samidorphan and quetiapine	Yes	At 12 weeks, then every 3–6 months
Liver function	Divalproex, carbamazepine ER	Yes	Valproate: through the first 6 months, then annually. Carbamazepine: periodically
CBC with platelets	Carbamazepine ER, divalproex	Yes	Carbamazepine: through the first months and periodically after. Valproate: with each LFT
Serum valproate level	Divalproex	—	At steady state and after each dose change. Target 50–125 mcg/mL
AIMS (movement disorder score)	Any antipsychotic	Yes	Every 6–12 months, or every 3–6 months where risk is high
Pregnancy test and contraception review	Divalproex, carbamazepine ER	Yes	At every medication review
Lamotrigine	Lamotrigine	—	No routine bloods. Titration is the safety control, not a lab schedule

Lamotrigine titration (bipolar maintenance, adult). Alone: 25 mg daily weeks 1–2, 50 mg daily weeks 3–4, 100 mg week 5, 200 mg week 6 as target. With valproate, halve every step: 25 mg every other day weeks 1–2, 25 mg daily weeks 3–4, 50 mg week 5, 100 mg week 6. With carbamazepine or another inducer and no valproate, double it: 50 mg daily weeks 1–2, 100 mg in two doses weeks 3–4, 200 mg week 5, 300 mg week 6, up to 400 mg week 7. Restart from step 1 after any break of 5 days or more.

Safety box — three warnings to check at every review

Antidepressant monotherapy
No antidepressant is FDA-approved as monotherapy for bipolar depression. Used alone it can precipitate mania, a mixed state or cycle acceleration. Prescribe only alongside a mood stabilizer or an antipsychotic, and stop it if elevated mood emerges. The class also carries a boxed warning for suicidal thoughts in patients under 25.

Valproate in pregnancy
Boxed warning. Valproate causes major congenital malformations, particularly neural tube defects, and lowers IQ after exposure in the womb. Do not prescribe it to a patient who can become pregnant unless other options have failed. Document effective contraception and the counseling conversation at every review.

Lamotrigine rash
Boxed warning for serious skin reactions, including Stevens-Johnson syndrome and toxic epidermal necrolysis. Risk rises with rapid escalation, with a starting dose above the label, and with concomitant valproate. Brief the patient to report any rash the same day, and stop the drug at the first sign unless the cause is clearly unrelated.

3. PATIENT MEDICATION AND MONITORING RECORD

Patient name: _____ **Date of birth:** _____ mm / dd / yyyy

MRN: _____ **Date of review:** _____ mm / dd / yyyy

Bipolar subtype

◯ Bipolar I ◯ Bipolar II ◯ Cyclothymic ◯ Other / unspecified

Current phase

◯ Acute mania ◯ Hypomania ◯ Acute depression ◯ Maintenance ◯ Rapid cycling

Current regimen

MEDICATION (GENERIC / BRAND)	DOSE AND FREQUENCY	START DATE	PRESCRIBER	PHASE COVERED	ON-LABEL OR OFF-LABEL (RATIONALE)

Lab tracker

TEST	LAST DATE	RESULT	NEXT DUE
Serum lithium level			
Creatinine and eGFR			
TSH			
Fasting glucose or HbA1c			
Lipid panel			
Liver function			
CBC with platelets			
Serum valproate level			

Side effect log

DATE	EFFECT REPORTED	SEVERITY (MILD / MODERATE / SEVERE)	ACTION TAKEN

Checks

AIMS total, items 1–7 (if on an antipsychotic): _____ / 28 **Date:** _____ **Examiner:** _____ ◯ Not applicable

Contraception discussed (if on valproate or carbamazepine): ◯ Yes ◯ No ◯ Not applicable **Date:** _____

Antidepressant, if prescribed, is covered by a mood stabilizer or antipsychotic: ◯ Yes ◯ No ◯ Not applicable

Clinician signature _____ **Date** _____

This template is a clinical reference and a documentation aid. It does not replace the FDA prescribing information, your own clinical judgment, or your national regulatory body's guidance.