

DSH PSYCHOTROPIC MEDICATION

Operational Procedures

DOSE MAXIMUM TABLES:

I. GENERAL COMMENTS

- A. Dosages exceeding the upper limits (as stated in the tables below) for >15 days (with the exception of haloperidol decanoate, which is permitted up to six weeks for loading doses) must be referred for consultation or review to the Therapeutic Review Committee (TRC) or Medication Review Committee (MRC) as stated in Chapter 6. Combined oral and depot forms of the same medication continued for more than 90 days also requires MRC or TRC consultation or review as per Chapter 9.
- B. The *Jamison v. Farabee* Federal Consent Decree recommends a TRC or MRC consultation if the prescribed dosage exceeds 1200mg per day in chlorpromazine equivalence and requires a TRC or MRC consultation if the dosage exceeds 1600mg chlorpromazine equivalence per day.
- C. The dosages reflected in this chapter apply, in general, to physically healthy adults of typical body mass. They should be decreased when applied to children, the elderly, or to adults who are debilitated.

II. MONITORING OF PSYCHOTROPIC MEDICATIONS

- A. It is recommended that physical examination and laboratory evaluation for individuals on psychotropic medications be performed as clinically indicated, and not less often than once a year. Please refer to the chapters of these policies reflecting specific medication protocols.

III. INTRODUCTION

- A. The maximum doses stated in the following tables do not preclude any DSH facility from requiring monitoring, review or consultation at doses lower than those in the following tables. Doses greater than those reflected in the following tables do require consultation or review by the local facility's TRC or MRC, when continued for more than 15 days, excepting initiation of haloperidol decanoate as noted above.
- B. Inclusion or exclusion of medications from the following tables does not indicate the medication's status with respect to either the Common Drug Formulary (CDF) or the CDF as amended for local formularies. An asterisk (*) following the maximum dose indicates that the cited dose differs from that in the package insert.

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Table 1. Antipsychotics Dose Maximums

GENERIC NAME	PROPRIETARY NAME	UPPER LIMITS (in mg/24 hours, unless otherwise specified)
Aripiprazole	Abilify	30
Aripiprazole	Abilify Maintena	400 / 4 weeks
Aripiprazole	Aristada	441/ 4 weeks
Aripiprazole	Aristada	882/ 6 weeks
Aripiprazole	Aristada	1064/8 weeks
Asenapine	Saphris	20
Brexipiprazole	Rexulti	4
Cariprazine	Vraylar	6
Chlorpromazine	Thorazine; Sonazine	1600
Clozapine	Clozaril; FazaClo	900
Fluphenazine	Prolixin Decanoate	100 / 2 weeks
Fluphenazine HCL	Prolixin; Permitil	80
Haloperidol	Haldol	80
Haloperidol	Haldol decanoate	600 / 4 weeks
Iloperidone	Fanapt	24
Loxapine	Loxitane	250
Lumateperone	Caplyta	42
Lurasidone	Latuda	160
Olanzapine	Zyprexa	60*
Paliperidone	Invega	12
Paliperidone	Invega Sustena	234 / 4 weeks
Paliperidone	Erzofri	234 / 4 weeks
Paliperidone	Invega Trinza	819 / 3 months
Paliperidone	Invega Hafyera	1560/6 months
Perphenazine	Trilafon	64
Pimozide	Orap	10
Quetiapine	Seroquel	1200*
Quetiapine XR	Seroquel XR	1200*
Risperidone	Risperdal	10*
Risperidone, depot	Consta	50 / 2 weeks
Risperidone, depot	Uzedy®	250 / 4 weeks
Thiothixene	Navane	100
Trifluoperazine	Stelazine	60
Ziprasidone	Geodon	240*

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Table 2. Mood Stabilizers Dose Maximums

GENERIC NAME	PROPRIETARY NAME	UPPER LIMITS (in mg/24 hours)
Carbamazepine	Tegretol, Equetro	2000
Lamotrigine	Lamictal	500
Lithium	Eskalith, Lithobid	2100
Oxcarbazepine	Trileptal	2400
Topiramate	Topamax	400*
Valproic acid	Depakene, Depakote	4000

For carbamazepine, lithium, and valproic acid, please see the relevant protocol chapters of these policies regarding level and/or blood monitoring. Note that oxcarbazepine has failed multiple trials as a mood stabilizer.

Table 3. Heterocyclic Antidepressants Dose Maximums

GENERIC NAME	PROPRIETARY NAME	UPPER LIMITS (in mg/24 hours)
Amitriptyline	Elavil, Endep	300
Amoxapine	Asendin	300
Bupropion	Wellbutrin, Wellbutrin XL	450
Bupropion SA	Wellbutrin SR	400
Desipramine	Norpramin, Pertofrane	300
Desvenlafaxine	Pristiq	100
Doxepin	Adapin, Sinequan	300
Duloxetine	Cymbalta	120
Imipramine	Tofranil, Pramine	300
Levomilnacipran SR	Fetzima	120
Maprotiline	Ludiomil	225
Mirtazapine	Remeron	45
Nortriptyline	Aventyl, Pamelor	150
Protriptyline	Triptil, Vivactil	60
Trazodone	Desyrel	600
Venlafaxine	Effexor	375
Venlafaxine extended release	Effexor XR	225

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Table 4. Selective Serotonin Reuptake Inhibitors (SSRIs) Dose Maximums

GENERIC NAME	PROPRIETARY NAME	UPPER LIMITS (in mg/24 hours)
Citalopram	Celexa	40
Escitalopram	Lexapro	20
Fluoxetine	Prozac	80
Fluvoxamine	Luvox	300
Paroxetine	Paxil	60*
Sertraline	Zoloft	200
Vilazodone	Viibryd	40
Vortioxetine	Trinellix	20

Table 5. Monoamine Oxidase Inhibitors (MAOIs) Dose Maximums

GENERIC NAME	PROPRIETARY NAME	UPPER LIMITS (in mg/24 hours)
Isocarboxazid	Marplan	30
Phenelzine	Nardil	90
Transdermal Seligeline	Emsam	12
Tranylcypromine	Parnate	60

Table 6. Anxiolytics Dose Maximums

GENERIC NAME	PROPRIETARY NAME	UPPER LIMITS (in mg/24 hours)
Alprazolam	Xanax	6
Buspirone	Buspar	60
Clonazepam	Klonopin	20
Clorazepate	Tranxene	60
Chlordiazepoxide	Librium	100
Diazepam	Valium	60
Chlordiazepoxide	Librium	100
Diazepam	Valium	60
Hydroxyzine	Vistaril, Atarax	200*
Lorazepam	Ativan	10
Oxazepam	Serax	120

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Table 7. Stimulants Dose Maximums

GENERIC NAME	PROPRIETARY NAME	UPPER LIMITS (in mg/24 hours)
Atomoxetine	Strattera	1.4 mg/kg in children up to 70 kg 100 mg in children >70kg or in adults
Dextroamphetamine	Dexedrine	60
Dextroamphetamine-amphetamine mixture	Adderall	80
Methylphenidate	Ritalin	1 mg/kg for children/adolescents 80 mg for adults

Table 8. Sedative Hypnotics Dose Maximums

GENERIC NAME	PROPRIETARY NAME	UPPER LIMITS (in mg/24 hours)
Amobarbital	Amytal	1000 (500 per dose)
Eszopiclone	Lunesta	8*
Flurazepam	Dalmane	30
Ramelteon	Rozerem	16
Tasimelteon	Hetlioz	20
Temazepam	Restoril	30
Triazolam	Halcion	0.25
Zaleplon	Sonata	20
Zolpidem	Ambien	10
Zolpidem CR	Ambien CR	12.5

Table 9. Antiparkinson Agents Dose Maximums

GENERIC NAME	PROPRIETARY NAME	UPPER LIMITS (in mg/24 hours)
Amantadine	Symmetrel	400
Benzotropine	Cogentin	6
Diphenhydramine	Benadryl	150
Trihexyphenidyl	Artane	15
Biperiden	Akineton	6