

Santa Clara County Mental Health Department
Medication Practice Guidelines

MAXIMUM DAILY DOSE (MDD)^{A,B,C}: MEDICATION SUMMARY

Bold = Non-Formulary Status at SCVH&HS

This medication summary contains both SCVHHS formulary and non-formulary medications. **Bolded agents reflect non-formulary status at SCVHHS.** The inclusion of the non-formulary medications are intended to guide the physicians' practices. It is not intended to encourage physicians to prescribe non-formulary medications or to prescribe medications off-label.

Patients age 65+: When initiating medication therapy for a new start, begin at a lower dose than standard dosage recommendation and titrate up slowly depending on the tolerability and efficacy, taking into consideration the side effect profile for all of the patient's medications.

Patients age 5-12: Evidence and experience indicates that psychopharmacologic treatments for children can not be extrapolated from the studies conducted in adult patients. Children and Adolescents have different central nervous system development, exhibit different cognitive, behavioral and affective "norms" and are exposed to different environmental influences. All these factors influence the response to psychopharmacological treatment, efficacy as well as tolerability. As a result, physicians should use prudence in prescribing psychiatric medications to young children. It is imperative that informed consent be obtained prior to initiation and following dosage recommendations followed unless clinical situation warrants otherwise.

"non-FDA approved" means the use of the medication is currently not approved by the FDA.

In general, many psychotropic agents are not approved for use in the pediatric population. Prescribing of psychiatric medications for children up to age 12 or adolescents up to age 17, unless otherwise specified by the FDA, is limited to child psychiatrists or in consultation with a child psychiatrist.

Alzheimer's Agents

Generic Name	Brand Name	Adults	Adolescents & Children
Donepezil	Aricept	23 mg	non-FDA approved
Galantamine	Reminyl, Razadyne ER	24 mg	non-FDA approved
Memantine	Namenda, Namenda XR	20 mg, 28mg	non-FDA approved
Rivastigmine	Exelon Exelon Patch	12 mg 13.3mg	non-FDA approved
Tacrine	Cognex	160 mg	non-FDA approved
Mamantine/Donpezil	Namzaric	28mgER/10	

Antianxiety & Sedative/Hypnotic Agents

Generic Name	Brand Name	Adults	Adolescents & Children
Alprazolam	Xanax	4 mg	non-FDA approved
	Xanax XR	6 mg	non-FDA approved
Buspirone	Buspar	90 mg	60 mg (≥6 yo)
Butabarbital	Butisol	120 mg	non-FDA approved
Chloralhydrate	Noctec	2000 mg	50 mg/kg
Chlordiazepoxide	Librium	100 mg	30 mg (≥6 yo)
Clonazepam	Klonopin	4 mg	.01 - .03 mg/kg
Clorazepate	Tranxene; Tranxene SD	90 mg	non-FDA approved
Diazepam	Valium	40 mg	10 mg (>6 mos)

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Diphenhydramine	Benadryl	400 mg	1 mg/kg (2-12 yo); 50 mg (>12 yo)
Estazolam	Prosom	2 mg	non-FDA approved
Eszopiclone	Lunesta	2 mg	non-FDA approved
Flurazepam	Dalmane	30 mg	non-FDA approved
Hydroxyzine	Atarax (HCl); Vistaril (Pamoate)	600 mg	2 mg/kg (<6 yo); 100 mg (>6 yo)
Lorazepam	Ativan	10 mg	4 mg (≥12 yo)
Oxazepam	Serax	120 mg	120 mg (≥12 yo)
Quazepam	Doral	30 mg	non-FDA approved
Phenobarbital	Luminal	320 mg	6 mg/kg
Ramelteon	Rozerem	8 mg	non-FDA approved
Secobarbital	Seconal	100 mg	5 mg/kg or 100 mg
Temazepam	Restoril	30 mg	non-FDA approved
Triazolam	Halcion	.5 mg	non-FDA approved
Zaleplon	Sonata	20 mg	non-FDA approved
Zolpidem	Ambien	10 mg	non-FDA approved
	Ambien CR	12.5 mg	non-FDA approved

Antidepressant Agents

Generic Name	Brand Name	Adults	Adolescents & Children
Amitriptyline	Elavil	300 mg	non-FDA approved
Amoxapine	Ascendin	600 mg	non-FDA approved
Bupropion	Wellbutrin, Wellbutrin XL	450 mg	non-FDA approved
	Wellbutrin SR	400 mg	non-FDA approved
Citalopram	Celexa	40 mg	non-FDA approved
Clomipramine	Anafranil	250 mg	25-100 mg
Desipramine	Norpramin	300 mg	5 mg/kg
Doxepin	Sinequan	300 mg	non-FDA approved
Duloxetine	Cymbalta	120 mg	non-FDA approved
Escitalopram	Lexapro	20 mg	non-FDA approved
Fluoxetine	Prozac	80 mg	20 mg
Fluoxetine weekly	Prozac Weekly	90 mg	non-FDA approved
Fluvoxamine	Luvox	300 mg	200 mg (8-11 yo); 300 mg (12-17 yo)
Imipramine	Tofranil	300 mg	5 mg/kg (6-12 yo); 100 mg (>12 yo)
Isocarboxazide	Marplan	60 mg	non-FDA approved
Maprotiline	Ludomil	225 mg	non-FDA approved
Mirtazapine	Remeron	45 mg	non-FDA approved
Nefazodone	Serzone	600 mg	non-FDA approved
Nortriptyline	Pamelor	150 mg	non-FDA approved
Paroxetine	Paxil	60 mg	60 mg (7-17 yo)
	Paxil CR	75 mg	non-FDA approved
Phenelzine	Nardil	90 mg	non-FDA approved

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Protriptyline	Vivactil	60 mg	non-FDA approved
Sertraline	Zoloft	200 mg	200 mg (6-17 yo)
Tranlycypromine	Parnate	60 mg	non-FDA approved
Trazodone	Desyrel	600 mg	6 mg/kg (6-18 yo)
Venlafaxine	Effexor	375 mg	non-FDA approved
	Effexor SR	225 mg	non-FDA approved

Antiparkinson Agents

Generic Name	Brand Name	Adults	Adolescents & Children
Amantadine	Symmetrel	300 mg	non-FDA approved
Benzotropine	Cogentin	8 mg	.1 mg/kg (>3 yo)
Biperiden	Akineton	8 mg	non-FDA approved
Diphenhydramine	Benadryl	200 mg	1 mg/kg (2-12 yo); 50 mg (>12 yo)
Trihexyphenidyl	Artane	15 mg	non-FDA approved

Antipsychotic Agents-Atypicals

Generic Name	Brand Name	Adults	Adolescents & Children
Aripiprazole	Abilify, Abilify Dismelt	30 mg	30 mg (10-17 yo)
	Abilify Intramuscular	30 mg	non-FDA approved
Clozapine	Clozaril, FazaClo ODT	900 mg	non-FDA approved
Olanzapine	Zyprexa, Zyprexa Zydis	20 mg	non-FDA approved
	Zyprexa Intramuscular	30 mg	non-FDA approved
Quetiapine	Seroquel, Seroquel XR	800 mg	non-FDA approved
Paliperidone	Invega	12 mg	non-FDA approved
Risperidone	Risperdal, Risperdal M-Tab	16 mg	.5 mg ≤20 kg; 1 mg ≥ 20kg; 6 mg (10-17 yo)
	Risperdal Consta	50 mg IM q2wk	non-FDA approved
Ziprasidone	Geodon	200 mg	non-FDA approved
	Geodon Intramuscular	40 mg	non-FDA approved

Antipsychotic Agents-Conventionals

Generic Name	Brand Name	Adults	Adolescents & Children
Chlorpromazine	Thorazine	1000 mg	100 mg (6 mos-12 yo)
Fluphenazine	Prolixen	40 mg	3 mg
Fluphenazine decanoate	Prolixen decanoate	100 mg/4wk	12.5 mg/wk (5-12 yo); 25 mg/wk (>12 yo)
Haloperidol	Haldol	100 mg	.15 mg/kg (3-12 yo & 15-40 kg); 15 mg (≥12 yo)
Haloperidol decanoate	Haldol decanoate	450 mg/mo	non-FDA approved
Loxapine	Loxitane	250 mg	non-FDA approved
Mesoridazine	Serentil	400 mg	non-FDA approved
Molindone	Moban	225 mg	.5 mg/kg (≥12 yo)
Perphenazine	Trilafon	64 mg	12 mg (≥12 yo)
Pimozide	Orap	10 mg	10 mg (≥12 yo)

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Thioridazine	Mellaril	800 mg	3 mg/kg (≥2 yo)
Thiothixene	Navane	60 mg	60 mg (≥12 yo)
Trifluoperazine	Stelazine	40 mg	15 mg (6-12 yo)

Mood Stabilizers

Generic Name	Brand Name	Adults	Adolescents & Children
Carbamazepine ER ¹	Equetro	1600 mg	non-FDA approved
Lamotrigine ²	Lamictal	200 mg	non-FDA approved
Lithium carbonate ³	Lithium	2400 mg	2400 mg (≥2 yo)
	Lithobid	1800 mg	1800 mg (≥2 yo)
Divalproex sodium ⁴	Depakote, Depakote ER	60 mg/kg	non-FDA approved

¹Carbamazepine (Tegretol) is not FDA approved for Bipolar Disorder. Carbamazepine extended release is available as **Tegretol XR, Carbatrol and Equetro**. Only **Equetro** has FDA approval for Bipolar Disorder.

²For patients taking Lamictal and Depakote, the MDD for Lamictal is 100mg. For patients take Carbamazepine, Phenytoin, Phenobarbital, Primidone, or Rifampin, but not taking Depakote, and Lamictal, the MDD for Lamictal is 400mg.

³Lithium is available as lithium carbonate, lithium carbonate ER (generic or as **Lithobid 300**). The brand Eskalith and Eskalith ER has been discontinued from the US.

⁴Divalproex sodium is available as Depakote and Depakote ER. When switching from Depakote to Depakote ER, the Depakote **ER** should be administered once-daily using a dose 8% to 20% higher than the total daily dose of Depakote

Psychostimulants

Generic Name	Brand Name	Adults	Adolescents & Children
Amphetamine/ Dextroamphetamine	Adderall	60 mg	40 mg (> 3 yo)
Amphetamine/ Dextroamphetamine	Adderall XR	60 mg	30 mg (6-12 yo); 40 mg (13-17 yo)
Atomoxetine	Strattera	100 mg	1.2 mg/kg (≤ 70kg); 100 mg (> 70kg)
Dexmethylphenidate	Focalin	20 mg	20 mg (≥ 6 yo)
Dexmethylphenidate	Focalin XR	40mg	30mg (≥ 6 yo)
Dextroamphetamine	Dexedrine¹ , Dextrostat, Dexedrine spansule¹	60 mg	40 mg (≥ 3 yo)
Lisdexamfetamine	Vyvanse	70 mg	70 mg (≥ 6 yo)
Methamphetamine	Desoxyn	non-FDA approved	25 mg (≥ 6 yo)
Methylphenidate	Methylin, Ritalin, Metadate ER, Methylin ER, Ritalin SR, Metadate CD, Ritalin LA	60 mg	60 mg (> 6 yo)
Methylphenidate	Concerta	72 mg	54 mg (6-12 yo); 72 (13-17 yo)
Methylphenidate	Daytrana	non-FDA approved	30 mg (6-12 yo)
Modafinil	Provigil	400 mg	non FDA approved

(Please See Table 5 in the Mood Stabilizer section for conversion chart.)

¹Age restricted for ADHD: 4-16 yo

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Alpha Agonist

Generic Name	Brand Name	Adults	Adolescents & Children
Clonidine	Catapres	.6 mg	.2 mg
Guanfacine	Tenex	3 mg	2 mg (27-40.5kg) 3mg (40.5-45kg) 4mg>45kg

Beta Blockers

Atenolol	Tenormin	100 mg	non-FDA approved
Metoprolol	Lopressor	200 mcg	non-FDA approved
Propranolol	Inderal	160 mg	non-FDA approved

Fixed Ratio Combinations

Generic Name	Brand Name	Adults	Adolescents & Children
Fluoxetine/Olanzapine	Symbyax	12 mg/50 mg	non-FDA approved

Thyroid Agents

Generic Name	Brand Name	Adults	Adolescents & Children
Levothyroxine	Synthroid	125 mcg	3 mcg/kg (>12 yo)
Liothyronine	Cytomel	75 mcg	75 mcg (> 3yo)

Attachment: MDD Exceed Request Form

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**SANTA CLARA VALLEY MEDICAL CENTER
DEPARTMENT OF PHARMACY SERVICES**

MAXIMUM DAILY DOSE (MDD) EXCEED REQUEST

Patients Name: _____ **MR#/Unicare#:** _____

Site/Nurs/Unit: _____

1. Diagnosis: _____

2. Drug Name: Generic _____ **Brand:** _____

3. Dosage Form: _____ **Strength:** _____

4. Dosage Schedule: _____

5. Approximate Duration of use: _____

6. Clinical Justification: Please state reason (s) for exceeding the maximum daily dose

Requesting Physician: _____ **M.D. Date:** _____

Approved for use: _____

Not approved for use: _____

Medical Director: _____ **M.D. Date:** _____

1. PLEASE FILL OUT COMPLETELY, FAX TO EITHER ENBORG LANE PHARMACY AT (408) 885-4109 OR DOWNTOWN PHARMACY AT (408) 287-5740
2. PHARMACY STAFF WILL FAX TO MEDICAL DIRECTOR OFFICE AT (408) 885-7583
3. THEN MEDICAL DIRECTOR OFFICE WILL FAX THE APPROVED/UNAPPROVED FORM BACK TO APPLICABLE PHARMACIES WITH THEIR ABOVE FAX NUMBERS.