

Santa Clara County Department of Behavioral Health Services
Medication Practice Guidelines

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

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 is intended to guide the providers' practices. It is not intended to encourage providers 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 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, providers 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.

Lastly, various medications may require dose adjustments for those with renal or hepatic impairment, poor or extensive metabolizers, or have other clearance issues; thus, the maximum daily dose may not apply for these patients. Please refer to the desired prescribing information for additional details and dosage adjustments, as necessary.

Alzheimer's Agents (Updated 11/2020)

Generic Name	Brand Name	Adults	Adolescents & Children
Donepezil	Aricept®	23 mg	non-FDA approved
Galantamine	Reminyl®	24 mg	non-FDA approved
Memantine	Namenda®	20 mg	non-FDA approved
Rivastigmine	Exelon®	12 mg	non-FDA approved

Antianxiety & Sedative/Hypnotic Agents (Updated 11/2020)

Generic Name	Brand Name	Adults	Adolescents & Children
Alprazolam	Xanax®	4 mg (anxiety) 10 mg (panic disorder)	non-FDA approved
	Xanax XR®	6 mg	non-FDA approved
Buspirone	Buspar®	60 mg	60 mg (≥6 yo)
Butabarbital	Butisol®	120 mg	non-FDA approved
Chlordiazepoxide	Librium®	100 mg	30 mg (≥6 yo)
Clonazepam	Klonopin®	4 mg	non-FDA approved
Clorazepate	Tranxene®; Tranxene SD®	90 mg	60 mg (≥9 yo-12 yo) 90 mg (>12 yo)

Section B, Page 1 of 9

^A The MDD presented here is a general dose for all indications or otherwise specified. This information should be used as a general guideline. For more comprehensive information, refer to your appropriate references.

^B The MDD refers to oral dosing unless otherwise specified.

^C References: Prescriber's Information, Micromedex, Epocrates

Santa Clara County Department of Behavioral Health Services
Medication Practice Guidelines

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

Bold = Non-Formulary Status at SCVH&HS

Diazepam	Valium®	40 mg	10 mg (>6 mos)
			50 mg insomnia (≥12 yo), Otherwise 300 mg (≥12 yo)
Diphenhydramine	Benadryl®	50 mg (insomnia); otherwise 300 mg	PO solution: 300 mg (>20 lbs & ≥12 yo) or 5 mg/kg or 150 mg/m ² (for BSA)
Doxepin	Silenor®	6 mg	non-FDA approved
Doxylamine	Unisom®	25 mg	25 mg (≥12 yo)
Estazolam	Prosom®	2 mg	non-FDA approved
Eszopiclone	Lunesta®	3 mg	non-FDA approved
Flurazepam	Dalmane®	30 mg	non-FDA approved
Hydroxyzine	Atarax (HCl)®; Vistaril (Pamoate)®	400 mg (anxiety) 600 mg (IM)	50 mg (<6 yo); 100 mg (>6 yo)
Lemborexant	Dayvigo®	10 mg	non-FDA approved
		10 mg (anxiety maintenance) 4 mg (insomnia due to anxiety or transient situational stress)	10 mg (anxiety maintenance) 4 mg (insomnia due to anxiety or transient situational stress) (≥12 yo)
Lorazepam	Ativan®		
Oxazepam	Serax®	120 mg	120 mg (≥12 yo)
		15 mg	
Quazepam	Doral®		non-FDA approved
Phenobarbital	Luminal®	400 mg	6 mg/kg
Ramelteon	Rozerem®	8 mg	non-FDA approved
Suvorexant	Belsomra®	20 mg	non-FDA approved
Tasimelteon	Hetlioz®	20 mg	non-FDA approved
Temazepam	Restoril®	30 mg	non-FDA approved
Triazolam	Halcion®	0.5 mg	non-FDA approved
Zaleplon	Sonata®	20 mg	non-FDA approved
	Ambien®, Edluar®, Zolpimist®	10 mg	non-FDA approved
	Ambien CR®	12.5 mg	non-FDA approved
Zolpidem	Intermezzo (SL)®	1.75 mg for females; 3.5 mg for males	non-FDA approved

Antidepressant Agents (Updated 11/2020)

Generic Name	Brand Name	Adults	Adolescents & Children
Amitriptyline*	Elavil®	150 mg (OP) 300 mg (IP)	10 mg TID & 20 mg QHS (>12 yo)
Amoxapine	Ascendin®	400 mg (OP) 600 mg (IP)	non-FDA approved
Bupropion	Wellbutrin®, Wellbutrin XL®	450 mg	non-FDA approved

Section B, Page 2 of 9

^A The MDD presented here is a general dose for all indications or otherwise specified. This information should be used as a general guideline. For more comprehensive information, refer to your appropriate references.

^B The MDD refers to oral dosing unless otherwise specified.

^C References: Prescriber's Information, Micromedex, Epocrates

Santa Clara County Department of Behavioral Health Services
Medication Practice Guidelines

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

Bold = Non-Formulary Status at SCVH&HS

	Wellbutrin SR®	400 mg	non-FDA approved
Brexanolone	Zulresso®	90 mcg/kg/hr	non-FDA approved
Citalopram	Celexa®	40 mg	non-FDA approved
Clomipramine	Anafranil®	250 mg	3 mg/kg or 200 mg (whichever is less) (>10 yo)
Desipramine	Norpramin®	300 mg	150 mg for adolescents (>13yo)
Desvenlafaxine	Pristiq®	50 mg	non-FDA approved
Doxepin	Sinequan®	300 mg (150 mg if given once daily)	300 mg (>12 yo)
Duloxetine	Cymbalta®	120 mg (MDD, GAD) 60 mg (diabetic peripheral neuropathic pain, chronic MSK pain)	120 mg (GAD - 7-17 yo)
Escitalopram	Lexapro®	20 mg	20mg (12-17 yo)
Esketamine	Spravato®	84 mg qweek	non-FDA approved
Fluoxetine	Prozac®	80 mg (MDD, OCD) 60 mg (bulimia nervosa, panic disorder)	20 mg (≥8 yo MDD & ≥7 yo OCD)
	Sarafem®	60 mg (PMDD) 80 mg (fluoxetine)	non-FDA approved
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®	200 mg (OP) 300 mg (IP) 150 mg	2.5 mg/kg or 50 mg (6-12 yo); 100 mg (>12 yo)
Isocarboxazid	Marplan®	60 mg	non-FDA approved
Levomilnacipran ER	Fetzima®	120 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	150 mg Depression >6yo
Paroxetine HCl	Paxil®	50 mg (MDD, PTSD, GAD) 60 mg (OCD, panic disorder, Social Anxiety Disorder)	non-FDA approved
	Paxil CR®	75 mg (Panic Disorder), 62.5 mg (MDD), 37.5 mg (SAD), 25 mg (PMDD)	non-FDA approved

Section B, Page 3 of 9

^A The MDD presented here is a general dose for all indications or otherwise specified. This information should be used as a general guideline. For more comprehensive information, refer to your appropriate references.

^B The MDD refers to oral dosing unless otherwise specified.

^C References: Prescriber's Information, Micromedex, Epocrates

Rev. 1/2021

Santa Clara County Department of Behavioral Health Services
Medication Practice Guidelines

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

Bold = Non-Formulary Status at SCVH&HS

	Brisdelle®	7.5 mg	non-FDA approved
Paroxetine Mesylate	Pexeva®	50 mg (MDD, GAD) 60 mg (OCD, PD)	non-FDA approved
Phenelzine*	Nardil®	90 mg	non-FDA approved
Protriptyline	Vivactil®	60 mg	non-FDA approved
Selegiline	Emsam® patch	12 mg	non-FDA approved (contraindicated in <12 yo, not recommended in 12-17 yo)
Sertraline	Zoloft®	200 mg (MDD, OCD, PD, PTSD, SAD) 150 mg (PMDD continuous dosing), 100 mg (PMDD intermittent dosing)	200 mg (6-17 yo)
Tranylcypromine	Parnate®	60 mg	non-FDA approved
Trazodone	Desyrel®	400mg (OP), 600 mg (IP)	6 mg/kg (6-18 yo)
Trimipramine	Surmontil	200 mg (OP), 150 mg (OP main), 250-300 mg (IP)	non-FDA approved
	Effexor®	225mg (OP), 375 mg (IP)	non-FDA approved
Venlafaxine	Effexor XR®	225 mg (MDD, GAD, panic disorder), 75 mg (SAD)	non-FDA approved
Vilazodone	Viibryd®	40 mg	non-FDA approved
Vortioxetine	Trintellix®	20 mg	non-FDA approved

Antiparkinson Agents (Updated 11/2020)

Generic Name	Brand Name	Adults	Adolescents & Children
Amantadine	Symmetrel®	300 mg	non-FDA approved
Benzotropine	Cogentin®	8 mg	non-FDA approved, (contraindicated in <3 yo)
Diphenhydramine	Benadryl®	200 mg	50mg (2-11yo), 300mg (>12yo)
Trihexyphenidyl	Artane	15 mg	non-FDA approved

Antipsychotic Agents-Atypicals (Updated 11/2020)

Generic Name	Brand Name	Adults	Adolescents & Children
Aripiprazole	Abilify, Abilify Discmelt®	30 mg (schizophrenia, bipolar mania monotherapy or adjunct) 15 mg (major depressive disorder adjunct to antidepressants)	30 mg (schizophrenia 13- 17 yo) 30 mg (bipolar mania monotherapy or adjunct 10-17 yo) 15 mg (irritability associated with autistic disorder 6-17 yo) 10 mg (Tourette's <50 kg)

Section B, Page 4 of 9

^A The MDD presented here is a general dose for all indications or otherwise specified. This information should be used as a general guideline. For more comprehensive information, refer to your appropriate references.

^B The MDD refers to oral dosing unless otherwise specified.

^C References: Prescriber's Information, Micromedex, Epocrates

Santa Clara County Department of Behavioral Health Services
Medication Practice Guidelines

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

Bold = Non-Formulary Status at SCVH&HS

			20 mg (Tourette's \geq 50 kg)
	Abilify Intramuscular®	30 mg	non-FDA approved
	Abilify Maintena®	400 mg qmonth	non-FDA approved
	Aristada®	1064 mg q2 months	non-FDA approved
Asenapine	Saphris®	20 mg	20 mg (bipolar mania monotherapy 10-17 yo)
Brexipiprazole	Rexulti®	4 mg (schizophrenia) 3 mg (major depressive disorder)	non-FDA approved
Cariprazine	Vraylar®	6 mg (schizophrenia or bipolar mania) 3 mg (bipolar depression)	non-FDA approved
Clozapine	Clozaril®, FazaClo ODT®	900 mg	non-FDA approved
Iloperidone	Fanapt®	24 mg	non-FDA approved
Lumateperone	Caplyta®	42 mg	non-FDA approved
Lurasidone	Latuda ®	160 mg (schizophrenia) 120 mg (bipolar depression)	80 mg (schizophrenia 13-17 yo, bipolar depression 10-17 yo)
Olanzapine	Zyprexa®, Zyprexa Zydis®	20 mg	20 mg (schizophrenia or bipolar mania/mixed 13-17 yo)
	Zyprexa Intramuscular®	30 mg	non-FDA approved
Olanzapine Pamoate	Zyprexa Relprevv®	300 mg q2 weeks or 405 mg q4 weeks	non-FDA approved
Paliperidone	Invega®	12 mg	12 mg (schizophrenia 12-17 yo \geq 51 kg) 6 mg (schizophrenia 12-17 yo <51 kg)
Paliperidone Palmitate	Invega Sustenna®	234 mg qmonth	non-FDA approved
	Invega Trinza®	819 mg q3 months	non-FDA approved
Quetiapine	Seroquel®	750 mg (schizophrenia) 800 mg (bipolar mania) 300 mg (bipolar depression)	800 mg (schizophrenia 13-17 yo), 600 mg (bipolar mania 10-17 yo)
	Seroquel XR®	800 mg (schizophrenia, bipolar mania/mixed) 300 mg (bipolar depression, major depressive disorder adjunct)	800 mg (schizophrenia 13-17 yo), 600 mg (bipolar mania 10-17 yo)
Risperidone	Risperdal®, Risperdal M-Tab®	16 mg (schizophrenia) 6 mg (bipolar mania)	6 mg (schizophrenia 13-17 yo, bipolar mania 10-17 yo), 3 mg (irritability associated with autistic disorder 5-17 yo)

Section B, Page 5 of 9

^A The MDD presented here is a general dose for all indications or otherwise specified. This information should be used as a general guideline. For more comprehensive information, refer to your appropriate references.

^B The MDD refers to oral dosing unless otherwise specified.

^C References: Prescriber's Information, Micromedex, Epocrates

Rev. 1/2021

Santa Clara County Department of Behavioral Health Services
Medication Practice Guidelines

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

Bold = Non-Formulary Status at SCVH&HS

	Perseris®	120 mg qmonth	non-FDA approved
	Risperdal Consta®	50 mg q2 weeks	non-FDA approved
Ziprasidone	Geodon®	200 mg (schizophrenia) 160 mg (bipolar mania/mixed acute or maintenance adjunct to lithium and valproate)	non-FDA approved
Ziprasidone Mesylate	Geodon Intramuscular®	40 mg	non-FDA approved

Antipsychotic Agents-Conventionals (Updated 11/2020)

Generic Name	Brand Name	Adults	Adolescents & Children
Chlorpromazine	Thorazine®	1000 mg-2000 mg (IP) 75 mg (OP)	100 mg-200 mg+ (IP 6 mos-12 yo) ¼ mg/lb q4-6h PRN (OP)
Fluphenazine	Prolixin®	40 mg	non-FDA approved
Fluphenazine Decanoate	Prolixin Decanoate®	100 mg q4 weeks	non-FDA approved
Haloperidol	Haldol®	100 mg	6 mg 0.15 mg/kg (psychotic disorders 3-12 yo & 15-40 kg); 0.075 mg/kg (non-psychotic disorders and Tourette's Disorder 3-12 yo & 15-40 kg)
Haloperidol Decanoate	Haldol Decanoate®	450 mg q4 weeks	non-FDA approved
Loxapine	Loxitane®	250 mg	non-FDA approved
Molindone	Moban®	225 mg	225 mg (≥12 yo)
Perphenazine	Trilafon®	24mg (OP) 64 mg (IP)	non-FDA approved
Pimozide	Orap®	10 mg or 0.2 mg/kg (whichever is less)	10 mg or 0.2 mg/kg (≥12 yo)
Thioridazine	Mellaril®	800 mg	3 mg/kg (≥2 yo)
Thiothixene	Navane®	60 mg	60 mg (≥12 yo)
Trifluoperazine	Stelazine®	40 mg (psychotic disorders) 6 mg (non-psychotic anxiety)	15 mg (6-12 yo)

Section B, Page 6 of 9

^A The MDD presented here is a general dose for all indications or otherwise specified. This information should be used as a general guideline. For more comprehensive information, refer to your appropriate references.

^B The MDD refers to oral dosing unless otherwise specified.

^C References: Prescriber's Information, Micromedex, Epocrates

Santa Clara County Department of Behavioral Health Services
Medication Practice Guidelines

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

Bold = Non-Formulary Status at SCVH&HS

Mood Stabilizers (Updated 11/2020)

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	Lithobid ®	1800 mg (acute mania) 1200 mg (long-term control)	1800 mg (acute mania ≥12 yo) 1200 mg (long-term control ≥12 yo)
Divalproex Dodium ⁴	Depakote®, Depakote ER®, Depakote DR®	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 (Please See Table 5 in the Mood Stabilizer section for conversion chart).

Alpha Agonist (Updated 12/2020)

Generic Name	Brand Name	Adults	Adolescents & Children
Clonidine ER	Kapvay®	non-FDA approved for ADHD	0.4 mg (6-17 yo)
Guanfacine ER	Intuniv®	non-FDA approved for ADHD	4 mg (6-12 yo) 7 mg (13-17 yo)

Beta Blockers

Generic Name	Brand Name	Adults	Adolescents & Children
Atenolol	Tenormin®	100 mg	non-FDA approved
Metoprolol	Lopressor®	200 mg	non-FDA approved
Propranolol	Inderal®	160 mg	non-FDA approved

Fixed Ratio Combinations

Generic Name	Brand Name	Adults	Adolescents & Children
Olanzapine/Fluoxetine	Symbyax®	12 mg/50 mg – 18 mg/75 mg	12 mg/50 mg (bipolar depression 10-17 yo)

^A The MDD presented here is a general dose for all indications or otherwise specified. This information should be used as a general guideline. For more comprehensive information, refer to your appropriate references.

^B The MDD refers to oral dosing unless otherwise specified.

^C References: Prescriber's Information, Micromedex, Epocrates

Santa Clara County Department of Behavioral Health Services
Medication Practice Guidelines

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

Bold = Non-Formulary Status at SCVH&HS

Psychostimulants (Updated 12/2020)

Generic Name	Brand Name	Adults	Adolescents & Children
Amphetamine/ Dextroamphetamine	Adderall®	60 mg (narcolepsy) 40 mg (ADHD)	60 mg (narcolepsy ≥6 yo) 40 mg (ADHD ≥6 yo, also indicated for ≥3 yo)
	Adderall XR®	20 mg	30 mg (6-12 yo), 20 mg (13-17 yo)
	Mydayis®	50 mg	25 mg (13-17 yo)
Armodafinil	Nuvigil®	250 mg (narcolepsy, OSA) 150 mg (shift work disorder (SWD))	non-FDA approved
Atomoxetine	Strattera®	100 mg	1.4 mg/kg or 100 mg (whichever is less) (≤70 kg & ≥6 yo), 100 mg (>70 kg & ≥6 yo)
Dexmethylphenidate	Focalin®	20 mg	20 mg (>6 yo)
	Focalin XR®	40 mg	30 mg (>6 yo)
Dextroamphetamine	ProCentra®, Zenedi®	60 mg (narcolepsy) non-FDA approved for ADHD	60 mg (narcolepsy ≥6 yo) 40 mg (ADHD ≥6 yo, also indicated for ≥3 yo)
Dextroamphetamine SR	Dexedrine® ¹ , Dextrostat® , Dexedrine Spansule® ¹	60 mg (narcolepsy) non-FDA approved for ADHD	60 mg (narcolepsy ≥6 yo) 40 mg (ADHD ≥6 yo)
Lisdexamfetamine	Vyvanse®	70 mg	70 mg (ADHD ≥6 yo)
Methamphetamine	Desoxyn®	non-FDA approved	25 mg (≥6 yo)
Methylphenidate	Methylin®, Ritalin®,	60 mg	60 mg (≥6 yo)
Methylphenidate XR-ODT	Cotempla XR-ODT®	non-FDA approved	51.8 mg (6-17 yo)
Methylphenidate ER	Aptensio XR®, Metadate CD®, Metadate ER®, QuilliChew ER®, Quillivant XR®, Ritalin SR®	60 mg	60 mg (≥6 yo)
	Ritalin LA®	non-FDA approved	60 mg (6-12 yo)
	Adhansia XR®	100 mg	85 mg (≥6 yo)
	Jornay PM®	100 mg	100 mg (≥6 yo)
Methylphenidate ER	Concerta®, Relexxii®	72 mg	54 mg (6-12 yo); 72 (13-17 yo)
Methylphenidate Transdermal	Daytrana®	non-FDA approved	30 mg (6-12 7 yo)
Modafinil	Provigil®	400 mg (narcolepsy, OSA) 200 mg (SWD)	non-FDA approved
Solriamfetol	Sunosi®	150 mg	non-FDA approved

¹Age restricted for ADHD: 4-16 yo

Section B, Page 1 of 9

^A The MDD presented here is a general dose for all indications or otherwise specified. This information should be used as a general guideline. For more comprehensive information, refer to your appropriate references.

^B The MDD refers to oral dosing unless otherwise specified.

^C References: Prescriber's Information, Micromedex, Epocrates

Rev. 1/2021

Santa Clara County Department of Behavioral Health Services
Medication Practice Guidelines

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

Bold = Non-Formulary Status at SCVH&HS

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)

^A The MDD presented here is a general dose for all indications or otherwise specified. This information should be used as a general guideline. For more comprehensive information, refer to your appropriate references.

^B The MDD refers to oral dosing unless otherwise specified.

^C References: Prescriber's Information, Micromedex, Epocrates