

**BHRS FDA Guidelines for Indications and Dosage Range**

Category	Generic Name	Route/ Formulation	Dosage	Frequency Range	Comments
<i>Antipsychotics</i>	Aripiprazole	Oral tablet	2 to 30mg	QDay	
	Aripiprazole monohydrate (Abilify Maintena®)	IM Long acting Injectable (LAI)	300-400mg	Q monthly	
	Aripiprazole Lauroxil (Aristada®)	IM / LAI	441-1064mg	Q4-8 weeks	
	Aripiprazole monohydrate (Asimtufii®)	IM/LAI	720 mg/2.4 ML & 960 mg/3.2 ML	Q2 mos	
	Asenapine (Saphris)	Sublingual tablet	5-10 mg/d	BID	
		Transdermal patch (Secuado)	3.8-7.6 mg/d	Q 24hrs	
	Brexiprazole (Rexulti)	Oral tablet	0.25-4 mg/d	QDay	
	Cariprazine (Vraylar)	Oral capsule	0.5-6 mg/d	QDay	
	Chlorpromazine	Oral tablet	25-800 mg/d	BID to QID	
	Clozapine	Oral tablet	6.25-900 mg/d	QDay to TID	
	Dexmedetomidine (Igalmi)	Sublingual film	120 mcg & 180 mcg	Qday	if agitation persists, up to 2 additional doses of 60 mcg or 90 mcg may be administered at least 2 hours apart. Maximum: 360 mcg/day.
	Fluphenazine	Oral tablet	1-20 mg/d	TID to QID	Some patients may require up to 40 mg/day for symptom control (long-term safety of higher doses not established)
		Injectable - long acting	6.25-100mg	Q2-6 wks	6.25 to 25 mg Q 2 weeks. Once at steady state, the effects of a single inj may last 4 to 6 weeks; titrate cautiously if doses >50 mg are needed, increase in 12.5 mg increments
	Haloperidol	Oral tablet	0.5-30 mg/d (100mg Max)	QDay	Bipolar Disorder: Oral: Initial: 2 to 15 mg/day or 0.2 mg/kg/d (up to 15 mg/d), in 1 or 2 divided doses. May increase dose based on response and tolerability in increments of ≤5 mg as frequently as every 2 days up to 30 mg/d
		Injectable - long acting	Initial: 10 to 20 times the daily oral dose Max: 450 mg	Q4 weeks	Oral overlap: Following the first ER decanoate dose, taper the oral dose by ~25% at weekly intervals during the second or third month of decanoate treatment. Adjust oral dose and rate of tapering based on clinical response and tolerability.  Alternative regimen without overlap of PO haloperidol: Discontinue oral haloperidol immediately prior to the first inj when using this regimen. Initial: 20 times the daily oral dose. If the initial dose conversion requires >100 mg ER injection, administer the dose in 2 injections with a maximum of 100 mg for the first injection and the remainder given in 3 to 7 days. Maintenance dose: Reduce the ER decanoate dose during the second and third months (eg, by ~25% each month), then continue to adjust based on response and tolerability. Usual maintenance dose is 10 to 15 times the previous daily oral dose administered at 4-week intervals. Maximum dose: 450 mg every 4 weeks
	Iloperidone (Fanapt)	Oral tablet	1-24 mg/d	BID	
	Loxapine	Oral capsule	20 mg to 250 mg/d	BID to QID	
	Lurasidone (Latuda)	Oral tablet	20-160mg/d (120-160 MDD)	QDay	
	Olanzapine	Oral and disintegrating tabs	2.5-20mg	QDay	experts suggest some patients may require doses up to 50 mg/day for optimal response (CANMAT [Yatham 2018]; Citrome 2009; Stovall 2019).
	Olanzapine/Samidorphan l-malate (Lybalvi)	Oral tablet	10 mg-10mg, 15 mg-10mg, 20 mg-10mg	QDay	may adjust dose based on response & tolerability in decrements/increments of 5 mg (based on the olanzapine component) to olanzapine 5 to 20 mg/samidorphan 10 mg once daily; maximum dose: olanzapine 20 mg/samidorphan 10 mg.
Paliperidone	Oral tablet	3 to 12 mg	QDay		
	Injectable - long acting (Invega Sustenna)	39-234mg	Q month		
	Injectable- long acting (Invega Trinza)	273-819mg	Q 3 months		

Perphenazine	Oral tablet	8-32 mg/d in divided doses	in divided doses	doses as high as 64 mg/d may be appropriate in some situations
Pimozide (Orap)	Oral tablet	0.5 mg to 10 mg/day (or 0.2 mg/kg/day whichever is less)	Qday	Delusional infestation (off-label): If exceeding dose of 4 mg/day, CYP2D6 genotyping should be performed.
Quetiapine	Oral tablet	12.5 mg to 800 mg	QDay to BID	some pts may require up to 1,200 mg/d for optimal response
	Oral tablet, Extended Release	300-800 mg	QDay	some pts may require up to 1,200 mg/d for optimal response
Risperidone	Oral and disintegrating tablet	0.25 to 8 mg/d	QDay to BID	Doses up to 16 mg/day have been evaluated in clinical trials and are approved according to manufacturer's labeling but are associated with increased adverse effects and generally are not recommended
	Injectable- long acting (Risperdal Consta)	25-50mg	Q 4 weeks	
	Injectable- long acting (Perseris)	90-120mg	Q month	
	Subcutaneous LAI (Uzedy®)	50mg/0.14mL to 250 mg/0.7 mL	Monthly or every-2-months	50 to 125 mg once monthly or 100 to 250 mg every 2 months
Thiothixene	Oral capsule	6 to 60mg/d	BID to TID	
Thioridazine	Oral tablet	100 to 800mg/d	BID to QID	
Trifluoperazine	Oral tablet	4 mg to 20 mg/d (2 mg to 10 mg BID)	BID	some patients may require up to 50 mg/day for symptom control (long-term safety of higher doses not established)
Ziprasidone	Oral capsule	40 mg to 160 mg/d (20-80mg BID)	BID	for some pts doses up to 240 mg/d may be necessary and tolerated

*Antidepressants*

Amitriptyline	Oral tablet	25-300 mg/d	QHS or in divided doses	
Amoxapine (Asendin®)	Oral tablet	25 mg to 400 mg/day	Qday to TID	Maximum daily dose: 400 mg outpatient; 600 mg hospitalized patients
Bupropion	Oral tablet IR	200-450mg/d	BID to QID	
Bupropion (Wellbutrin SR)	Oral tablet SR (12-hour ER)	100-450 mg/d	QDay to BID	
Bupropion (Wellbutrin XL)	Oral tablet XR (24-hour ER)	150-450 mg/d	QDay	
Bupropion/Dextromethorphan (Auvelity)	Oral tablet ER	Dextromethorphan 45 mg/bupropion 105 mg to dextromethorphan 90 mg/bupropion 210 mg/d	QD to BID	
Citalopram (Celexa)	Oral tablet	10-40 mg/d	QDay	
Clomipramine (Anafranil®)	Oral capsule	10 mg to 250 mg/d	QDay to TID	
Desipramine (Norpramin)	Oral tablet	25-300 mg/d	QDay	
Desvenlafaxine (Pristiq)	Oral tablet ER	50-100mg/d	QDay	
Doxepin (Silenor)	Oral tablet	3-6 mg/d	QDay	
Doxepin	Oral Capsule	10-300 mg/d	QDay to TID	max single dose: 150 mg
Duloxetine (Cymbalta)	Capsule DR	30-120mg	QDay to BID	
Escitalopram (Lexapro)	Oral tablet	5-40 mg/d	QDay	in some pts doses up to 60 mg/d may be necessary for optimal response
Fluoxetine (Prozac)	Oral capsule	10-80 mg/d		in some pts doses up to 120 mg/d may be necessary for optimal response
Fluoxetine (Prozac Weekly)	Oral capsule Delayed Release	90 mg	Once Weekly	
Fluoxetine	Oral tablet	5 mg to 80 mg/d	QDay	in some pts doses up to 120 mg/d may be necessary for optimal response
Fluvoxamine	Oral capsule Extended Release	100mg-300mg	QDay	
	Oral tablet	25 mg-300 mg	QDay to BID	Manufacturer's labeling recommends that daily doses >100 mg be given in 2 divided doses, with the larger dose administered at bedtime
Imipramine	Oral tablet	10-300mg/d	QDay to TID	
Isocarboxazid (Marplan®)	Oral tablet	10 mg to 60 mg/d	BID to QID	Use caution with doses >40 mg/day; experience is limited.
Maprotiline (Ludiomil®)	Oral tablet	25 mg to 225 mg/d	Qday or in divided doses	
Mirtazapine	Oral tablet & ODT	7.5 mg - 60 mg	QDay	
Nefazodone	Oral tablet	200-600 mg/d	BID	
Nortriptyline	Oral capsule	25-150 mg/d	QDay to TID	

Paroxetine (Paxil)	Oral tablet	10-100 mg/d	QDay	max 60 to 100 mg/d especially in rapid metabolizers or those with inadequate response after 8 weeks
Paroxetine (Paxil CR)	Oral tablet, Extended Release	12.5-75 mg/d	QDay	
Phenelzine (Nardil®)	Oral tablet	15 mg to 90 mg/d	Qday to TID	
Protriptyline (Vivactil®)	Oral tablet	10 mg to 60 mg/d	TID to QID	
Selegiline Transdermal (Emsam®)	Transdermal patch	6 mg/24hr to 12 mg/24hr	Qday	
Sertraline (Zoloft)	Oral tablet	25-200 mg/d	QDay	max 200 to 400 mg/d especially in rapid metabolizers or those with inadequate response after 8 weeks
Tranlycypromine Sulfate (Parnate®)	Oral tablet	10 mg to 60 mg/d	BID	
Trazodone	Oral tablet	50-400 mg/d	QDay or in divided doses	
Trimipramine (Surmontil®)	Oral capsule	25 mg to 300 mg/d	QHS or in divided doses	
Venlafaxine (Effexor)	Oral tablet	75 - 225mg/d	BID to TID	
Venlafaxine (Effexor)	Oral tablet, Extended Release	37.5-300 mg/d	QDay	
Venlafaxine (Effexor)	Oral capsule, Extended Release	37.5- 300 mg/d	QDay	
Vilazodone	Oral tablet	10-40 mg/d	QDay	
Vortioxetine	Oral tablet	5-20 mg/d	QDay	

*Anxiolytic/Hypnotic*

Alprazolam	Oral tablet, ODT	0.25-10 mg/d	QDay to QID	
Alprazolam	Oral tablet, Extended Release	0.5-6 mg/d	QDay	
Buspirone	Oral tablet	10 mg to 60 mg/d	BID to TID	
Chlordiazepoxide	Oral capsule	5 mg to 300 mg/d	QDay to QID	
Clonazepam	Oral tablet, ODT	0.25 mg to 4 mg/d	QDay to BID prn	
Clorazepate (Tranxene-T®)	Oral tablet	7.5 mg to 60 mg/d	Qday to QID	Usual dosage: 30 mg/day in divided doses
Daridorexant (Quviviq®)	Oral tablet	25 mt to 50 mg/d	QHS	
Diazepam	Oral tablet, oral solution	2 mg to 40 mg/d	QDay to Q3 hours prn	
Eszopiclone (Lunesta)	Oral tablet	1 mg to 3 mg/d	QHs	
Flurazepam	Oral capsule	15 mg to 30 mg/d	QHs	
Lemborexant (Dayvigo®)	Oral tablet	5 mg to 10 mg/d	QHS	
Lorazepam	Oral tablet, oral solution	0.5 mg to 10 mg/d	QDay to Q4 hours prn	doses upto 30 mg/d have been reported for the treatment of Catatonia (off-label-use)
Oxazepam (Serax®)	Oral capsule	10 mg to 120 mg/d	TID to QID	Usual dosage: 45 to 60 mg/day in divided doses
Ramelteon (Rozerem)	Oral tablet	8 mg/d	QHs	
Suvorexant (Belsomra)	Oral tablet	10 mg to 20 mg/d	QHs	
Temazepam (Restoril)	Oral capsule	7.5 mg to 30 mg/d	QHs	
Zaleplon (Sonata)	Oral capsule	5-20 mg/d	QHs	
Zolpidem	Oral tablet	5-10mg/d	QHs	
	Oral tablet, Extended Release	6.25-12.5mg/d	QHs	
	Sublingual tablet	1.75-3.5 mg/d	QDay	For Sleep-maintenance insomnia, awakening with 4 hours planned sleep

*Mood Stabilizers*

Carbamazepine	IR (susp, tab, chewable tab) and ER tabs	100 to 1600 mg a day	IR dosed BID to QID ER dosed BID	Bipolar Disorder: upto 1.8 g/day may be necessary (Stoval, 2019). Significant drug interactions requiring dose adjustment/avoidance
Lamotrigine (Lamictal)	Oral tablet	25 mg to 400 mg/d	every other day, QDay, or in divided doses	Up to 400 mg/d may be necessary in some pts for optimal response Significant DDIs requiring dose adjustment/avoidance
Lithium	IR (tabs & caps), ER tabs, solution	300 to 1800 mg/day	IR dosed 2 to 3 times daily. ER tabs dosed BID. Solution dosed 2 to 3 times daily	<ul style="list-style-type: none"> <li>• Significant DDIs requiring dose adjustment/avoidance</li> <li>• After 5 to 7 days at a stable therapeutic dose, further adjust as needed based on clinical response, tolerability, and serum concentration</li> <li>• After several weeks at an established dose and stable serum concentrations, may consolidate schedule to a single dose of IR or ER at bedtime</li> </ul>

Valproic Acid (Depakene)	IR (caps/solution, Depakene), Delayed Release Sprinkle (caps, Depakote Sprinkles), DR (tabs, Depakote), ER (tabs, Depakote ER)	500 to 2,500 mg/day. Max 60 mg/kg/day	IR dosed 3 to 4 times daily. DR dosed 2 to 3 times daily. ER dosed 1 to 2 times daily	<ul style="list-style-type: none"> <li>• Available formulations of valproate (active moiety) include valproic acid, valproate sodium, and divalproex sodium (also known as valproate semisodium) salts. All doses are expressed as the equivalent amounts of valproic acid</li> <li>• Dosing conversions between formulations available on Lexicomp</li> <li>• Significant DDIs requiring dose adjustment/avoidance</li> </ul>
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ADHD Medications

Dexmethylphenidate (Focalin)	Oral tablet	2.5 mg to 20 mg/d	BID	Children ≥6 years and Adolescents: Maximum daily dose: 20 mg/day; however, some patients may require and tolerate daily doses up to 50 mg/day with frequent monitoring
Dexmethylphenidate (Focalin XR)	Oral capsule ER	5 mg to 40 mg/d	QDay	Children ≥6 years and Adolescents: Initial: 5 mg once daily; maximum daily dose: 30 mg/day; however, some patients may require and tolerate daily doses up to 50 mg/day with frequent monitoring Adults: initial dose: 10 mg a day; MDD 40 mg/d
Dextroamphetamine/Amphetamine (Adderall)	Oral tablet	• although doses >40 mg/d will rarely be necessary, doses as high as 60 mg/day with		
Dextroamphetamine/Amphetamine (Adderall XR)	Oral capsule	• although doses >40 mg/d will rarely be necessary, doses as high as 60 mg/day with		
Dextroamphetamine/Amphetamine (Mydayis)	Triple bead ER caps	12.5 mg to 50 mg	QDay	
Atomoxetine	Oral capsule	40 mg to 100 mg a day	QDay to BID	
Dextroamphetamine	IR tabs, ER caps	5 mg to 60 mg/d	IR dosed BID to TID ER dosed QDay	Narcolepsy dosing
Guanfacine (Intuniv®)	Oral tablet	0.5 mg to 2 mg /day	QDay	HTN dosing only for adults
Lisdexamfetamine (Vyvanse)	Oral capsule, chewable tabs	30 mg to 70 mg/day	QDay	
Methylphenidate IR (Methylin chewable tabs, solution & Ritalin tabs)	Oral tablet, chewable tabs, & solution	10mg to 60 mg/d	BID to TID	• Dosing conversions between formulations available on Lexicomp
Methylphenidate Intermediate-acting ER	Oral capsule	10 mg to 60 mg/d	BID	• Dosing conversions between formulations available on Lexicomp • up to 100 mg/d may be necessary in some pts
Methylphenidate Long-acting ER (Adhansia XR)	Oral capsule, chewable tabs	25 mg to 100 mg/d	QAM	• Dosing conversions between formulations available on Lexicomp • Doses >85 mg are associated with higher rate of AEs
Methylphenidate Long-acting ER (Aptensio XR)	Oral capsule	10mg to 60mg	QAM	• Dosing conversions between formulations available on Lexicomp
Methylphenidate Long-acting ER (Concerta tabs)	Oral tablet	18 mg to 72 mg	QAM	• Dosing conversions between formulations available on Lexicomp
Methylphenidate Long-acting Transdermal (Davtrana patch)	Transdermal topical	10 mg to 30 mg topically	QDay	up to 60 mg/d may be necessary in some pts
Methylphenidate Long-acting ER (Jornay PM caps)	Oral capsule	20 mg to 100 mg	QPM	
Methylphenidate Long-acting ER (Metadate CD, QuilliChew ER chewable tabs, Quillivant XR susp)	Oral capsule, ER chewable tabs, XR susp	20 mg to 60 mg	QAM	up to 100 mg/d may be necessary in some pts. QuilliChew ER tabs are scored & may be broken in half for 10 mg and 15 mg doses
Methylphenidate Long-acting ER (Ritalin LA)	Oral capsule	10 mg to 60 mg	QAM	up to 100 mg/d may be necessary in some pts

Viloxazine (Qelbree)	Oral capsule ER	100 mg to 600 mg/d	Qday	Children 6 to 11 years: Initial: 100 mg once daily; maximum daily dose: 400 mg/day. Children ≥12 years and Adolescents ≤17 years: Initial: 200 mg once daily; maximum daily dose: 400 mg/day Adults: initial dose: 200 mg a day; MDD 600 mg/d.
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*Antiparkinson*

Amantadine	Oral tablet ER	129 mg to 322 mg/d	QDay	
Amantadine	Oral tablet IR	200 mg to 300 mg/d	BID to TID	
Benzotropine	Oral tablet / solution	1 mg to 6 mg/d	QDay to TID	
Diphenhydramine	Oral tablet, capsule, liquid, syrup	25 mg to 200 mg/d	Once to Q4hrs prn	
Hydroxyzine	Oral tablet, capsule, syrup	25 mg to 400 mg/d	QDay to QID	
Selegiline (Eldepryl®)	Oral capsule	5 mg to 10 mg/d	BID	
Trihexyphenidyl	Oral tablet, solution	1 mg to 15 mg/d	TID to QID	

*Medication Assisted Treatments*

Acamprosate (Campral)	Oral tablet	666 mg	TID	
Buprenorphine	Oral SL tablet	1 mg to 24 mg/d	Qday	<ul style="list-style-type: none"> <li>target dose 16 mg/d</li> <li>doses &gt;24 mg/d have not shown to provide any clinical advantage</li> </ul> Buprenorphine 8 mg SL tab = buprenorphine/naloxone 8 mg/2 mg SL film = buprenorphine/naloxone 4.2 mg/0.7 mg buccal film = buprenorphine/naloxone 5.7 mg/1.4 mg SL tab
Buprenorphine/naloxone (Suboxone)	SL Film	Buprenorphine 2 mg/naloxone 0.5 mg to buprenorphine 24 mg/naloxone 6 mg	Qday	
Buprenorphine/naloxone (Suboxone)	SL tablet	Buprenorphine 2 mg/naloxone 0.5 mg to buprenorphine 24 mg/naloxone 6 mg	Qday	<ul style="list-style-type: none"> <li>Target dose: Buprenorphine 16 mg/naloxone 4 mg once daily</li> <li>Doses higher than buprenorphine 24 mg/naloxone 6 mg have not been demonstrated to provide any clinical advantage</li> </ul>
Buprenorphine/naloxone (Sublocade)	Injection- long acting SC	100 mg to 300 mg once monthly	Once monthly (at least 26 days apart)	<ul style="list-style-type: none"> <li>Initial, 300 mg SQ monthly for 2 doses; maintenance 100 mg to 300 mg once monthly, with a minimum of 26 days between doses clinical response</li> <li>For patients in established treatment of 100 mg monthly, a 2-month dosing interval may be appropriate in some instances (eg, extended travel); in those instances, a single 300 mg-dose may be given to cover a 2-month period, then resume 100 mg once monthly</li> </ul>
Clonidine	Oral tablet	0.1 mg to 2.4 mg/d	QDay to QID prn	Opioid withdrawal and alcohol withdrawal (both off-label use) ADHD (FDA approved soing for pediatric pts only)
Disulfiram	Oral tablet	125 mg to 500 mg	QDay	
Gabapentin	Oral tablet, capsule	300 mg to 3,600 mg/d	QDay to TID	Alcohol withdrawal (off-label use)
Nalmefene (Opvee®)	Intranasal spray	2.7 mg/0.1 mL (2 doses per box)	may repeat every 2 to 5 minutes in alternating nostrils for continued or recurrent respiratory depression until medical assistance becomes available	
Naloxone Nasal Spray	Intranasal (Narcan®)	4 mg/0.1 ml (2 doses per box)	may repeat every 2 to 3 minutes in alternating nostrils if patient does not respond or responds initially followed by recurrence of respiratory depression until medical assistance becomes available	
	Intranasal (Kloxxado®)	8 mg/0.1 mL (2 doses per box)	may repeat every 2 to 3 minutes in alternating nostrils if patient does not respond or responds initially followed by recurrence of respiratory depression until medical assistance becomes available	
Naltrexone	Oral tablet	25 mg to 100 mg/d	QDay	
Naltrexone IM (Vivitrol)	Injection- long acting IM	380 mg	Q4weeks	

Nicotine Gum	Chewable gum	2 mg to 4 mg (max 24 pieces/d)	1 piece of gum every 1 to 8 hours	Patients who smoke their first cigarette within 30 minutes of waking should use the 4 mg strength; otherwise 2 mg
Nicotine Lozenges	Lozenge	2 mg to 4 mg (max 5 lozenges Q 6 hours)	1 lozenge when urge to smoke occurs	Patients who smoke their first cigarette within 30 minutes of waking should use the 4 mg strength; otherwise 2 mg. Do not use more than 1 lozenge at a time
Nicotine Transdermal	Patch transdermal	7 mg to 21 mg/d	QDay	> 10 cigarettes/d: 21 mg/d transdermally for 6 weeks, then 14 mg/d for 2 weeks, and then 7 mg/d for 2 weeks ≤ 10 cigarettes/d: 14 mg/d for 6 weeks, then 7 mg/d for 2 weeks
Topiramate	Oral tablets, ER caps	25 mg to 400 mg/d	IR dosed BID, ER dosed QDay	Off-label for alcohol use disorder. Dose based on binge eating & antipsych induced wt gain
Varenicline (Chantix)	Oral tablet	0.5 mg to 2 mg/d	Initial, 0.5 mg QDay for days 1 thru 3, then 0.5 mg BID for days 4 thru 7, then 1 mg BID	Continue maintenance dose for at least 11 weeks (total of at least 12 weeks of treatment). May consider extended maintenance therapy based on individual patient risk:benefit; evidence suggests relapse prevention benefits with continuing therapy for up to 1 year