



Behavioral Health Medication Reference Guide – New York

SEDATIVES & HYPNOTICS			
PREFERRED	Usual Bedtime Dosage for Insomnia		Comments/Suggestions
<i>estazolam tablet</i> (generic for ProSom)	1–2 mg		*melatonin/diphenhydramine: OTC-Covered w/Rx
<i>temazepam capsule</i> (generic for Restoril)	7.5–30 mg		
<i>trazodone tablet</i> (generic for Desyrel)	50–100 mg		
<i>zolpidem tablet</i> (AL min 18 yoa; QL 31/31 days) (generic for Ambien)	10 mg		
<i>melatonin* 5mg tablets</i>	0.3-5mg		
<i>nighttime sleep aid*</i> (diphenhydramine)	50mg		
ANTIPSYCHOTICS			
PREFERRED	Initial Dose	Usual Dosage Range	Comments/Suggestions
Second-Generation (Atypical)			<u>clozapine/FazaClo</u> : A baseline WBC count of 3500/mm(3) or greater and an absolute neutrophil count (ANC) of 2000/mm(3) or greater are required before initiating clozapine <u>risperidone</u> : Also available generically in liquid and orally disintegrating tablets (please reserve for members with swallowing difficulties) <u>olanzapine</u> : Also available generically in orally disintegrating tablets (please reserve for members with swallowing difficulties) <u>Saphris</u> : Covered with ST (Trial and failure of olanzapine, quetiapine or risperidone) <u>aripiprazole tablet</u> : Covered with ST (Trial and failure of 2 preferred agents: risperidone, quetiapine, or olanzapine)
<i>clozapine tablet</i> (AL min 18 yoa) (generic for Clozaril)	12.5mg Daily or BID titrated up to 300-450mg/day in 2-3 divided doses in first 2 weeks	Titration to max 900mg/day in 2-3 divided doses	
<i>clozapine dispersible tablet</i> (AL min 18 yoa; QL 31/31 DS) (generic for FazaClo)	12.5 mg Daily or BID titrated up to 300-450 mg/day in 2-3 divided doses in first 2 weeks	Titration to max 900 mg/day in 2-3 divided doses	
<i>risperidone tablet, dispersible tablet</i> (AL min 5 yoa; QL 62/31 DS) <i>risperidone oral solution</i> (AL min 5 yoa; QL 496 mL/31 DS) (generic for Risperdal)	0.25 mg–1 mg BID (depending on indication)	0.5 mg–6 mg daily or divided BID	
<i>quetiapine tablet</i> (AL min 10 yoa) (generic for Seroquel)	25–50 mg BID (depending on indication)	200–400 mg BID	
<i>olanzapine tablet</i> (AL min 13 yoa; QL 31/31 DS) (generic for Zyprexa)	5-10 mg Daily (depending on indication)	5–20 mg Daily	
Saphris sublingual tablet (AL min 10 yoa)	5mg Twice Daily	5-10 mg BID	
aripiprazole oral tablet/solution (ST, AL min 6-18 yoa depending on diagnosis)	2-15 mg Daily (Depending on indication)	5-15mg Daily	



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(PA)				
Abilify Maintena Intramuscular suspension (PA)	400 mg IM once monthly	400 mg IM once monthly	Abilify Maintena suspension*: Covered with PA for diagnosis and trial with oral aripiprazole, risperidone, quetiapine, or olanzapine. Consider use for non-compliant members or those with swallowing difficulties.	
Invega Sustenna Intramuscular suspension (PA)	Initiation: 234 mg IM single dose on day 1 then 156 mg IM as a single dose 1-week later.	Maintenance: 117 mg IM once per month		
First-Generation (Typical)				
<i>chlorpromazine tablet</i> (AL minimum: 6 months) (generic for Thorazine)	10–50 mg BID	200 mg BID	*These products are also available through the medical benefit using J-codes Zyprexa Relprevv, Risperdal Consta, and Invega Trinza are available through the Non-PDL prior authorization process.	
<i>fluphenazine tablet</i> (AL min age 18 yoa; QL on liquids) (generic for Prolixin)	2.5–5 mg DAILY	10–20 mg DAILY		
<i>haloperidol tablet</i> (AL min age 3 yoa) (generic for Haldol)	5 mg DAILY or divided BID or TID	10–15 mg (divided BID to TID)		
<i>loxapine capsule</i> (AL min age 18 yoa) (generic for Loxitane)	10 mg BID	60–100 mg (divided 2 to 4 times/day)		
<i>perphenazine tablet</i> (AL min 12 yoa) (generic for Trilafon)	4 mg TID	24 mg (divided BID to TID)		
<i>thioridazine tablet</i> (AL min 2 yoa) (generic for Mellaril)	50–100 mg TID	100–150 mg BID		
<i>thiothixene capsule</i> (AL min 12 yoa) (generic for Navane)	2 mg TID	30 mg DAILY or divided BID to TID		
<i>trifluoperazine tablet</i> (AL min 6 yoa) (generic for Stelazine)	2–5 mg BID	20 mg DAILY or divided BID		
Orap tablet (AL min 12 yoa)	1-2 mg/day in divided doses	10 mg/day or 0.2 mg/kg/day in divided doses; whichever is lower		Orap: used in patients with Gilles de la Tourette's syndrome
First-Generation (Typical) – Long-acting Injections				
<i>fluphenazine decanoate</i> (AL min 12 yoa) (generic for Prolixin Decanoate)	12.5–25 mg IM or SQ every 1–4 weeks	50 mg IM or SQ every 1–4 weeks		
<i>haloperidol decanoate</i> (AL min 18 yoa) (generic for Haldol Decanoate)	10–20 times total stable oral dose IM every 4 weeks	10–15 times total stable oral dose IM every 4 weeks		



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ANTIDEPRESSANTS			
PREFERRED	Initial Dose	Usual Daily Dosage	Comments/Suggestions
SSRIs (Selective Serotonin Reuptake Inhibitors)			
<i>citalopram tablet</i> (generic for Celexa)	20 mg	20–60 mg	Consider use of rating scales to assess severity of illness. Recommended scales include: <ul style="list-style-type: none"> Patient Health Questionnaire (PHQ-9) Beck Depression Inventory (BDI) Yale-Brown Obsessive Compulsive Scale (Y-BOCS) Generic MAOIs, TCAs and trazodone are also available as preferred agents
<i>fluoxetine capsule</i> (generic for Prozac)	10–40 mg	20–80 mg	
<i>paroxetine tablet</i> (generic for Paxil)	10 mg	20–60 mg	
<i>sertraline tablet</i> (generic for Zoloft)	25–50 mg	50–200 mg	
<i>escitalopram tablet</i> (generic for Lexapro)	10 mg	10-20 mg	
<i>fluvoxamine tablet</i> (generic for Luvox)	50 mg	50-300 mg	
SNRIs (Serotonin-Norepinephrine Reuptake Inhibitors)			
<i>venlafaxine tablet</i> (generic for Effexor)	25 mg BID	75–300 mg (divided BID)	
<i>venlafaxine ER capsule</i> (QL 31/31 DS) (generic for Effexor XR)	37.5–75 mg Daily	75–300 mg Daily	
<i>duloxetine capsule</i> (QL 62/31 except for 30 mg: QL 31/31)) (generic for Cymbalta)	40 mg Daily	60 mg Daily	
Other Antidepressants			
<i>bupropion tablet / bupropion SR tablet</i> (generic for Wellbutrin/ Wellbutrin SR)	150 mg	150–400 mg	mirtazapine is available generically in an orally disintegrating tablet (please reserve for members with swallowing difficulties)
<i>bupropion XL tablet</i> (generic for Wellbutrin XL)	150 mg	150–450 mg	
<i>mirtazapine tablet</i> (generic for Remeron)	15 mg	15–45 mg	
<i>doxepin capsule</i> (generic for Sinequan)	75 mg	75-150 mg	
CNS-STIMULANTS (Attention-Deficit/Hyperactivity Disorder (ADHD) Medications)			
PREFERRED	Duration of Action (hrs)	Usual Dosage Range	Comments/Suggestions
Short-acting			Recommended Screening Tools
<i>amphetamine mixed salt</i> (20mg tablet QL 93/31DS; 30mg tablet QL 62/31DS) (generic for Adderall)	4–6	2.5–40 mg/day	<ul style="list-style-type: none"> ADHD Rating Scale-IV Conner's Rating Scales-Revised (CRS-R). Child Behavior Checklist (CBCL)
<i>dextroamphetamine tablet</i> (generic for Dexedrine/Dextrostat)	4–6	2.5–40 mg/day	
<i>dexmethylphenidate tablet</i>	3–5	2.5-40 mg/day	



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(AL min 6 yoa; QL 62/31DS) (generic for Focalin)			<i>amphetamine-dextroamphetamine ER capsule</i> can be sprinkled for ease of administration in young members
<i>methylphenidate tablet</i> (AL min 6 yoa; 20mg tabs QL 93/31DS) (generic for Ritalin)	3–5	10–60 mg/day	
<i>methylphenidate chewable tablet</i> (AL min 6 yoa) (generic for Methylin chewable tablet)	3-5	2.5-10 mg/day	
Intermediate-acting			
<i>dextroamphetamine ER capsule</i> (AL min 6 yoa, max 20 yoa; QL 31/31DS) (generic for Dexedrine spansules)	6–8	5–40 mg/day	
<i>methylphenidate SR</i> (AL min 6 yoa, max 20 yoa; QL 93/31DS) (generic for Ritalin SR)	3–8	10–60 mg/day	
Long-acting			
<i>amphetamine-dextroamphetamine ER capsule</i> (AL min 6 yoa, max 20 yoa; QL 62/31DS) (generic for Adderall XR)	8–10	10–30 mg/day	
<i>dexmethylphenidate capsule ER</i> (AL min 6 yoa, max 20 yoa; QL 31/31DS) (generic for Focalin XR)	10–12	10–40 mg/day	
<i>methylphenidate ER tablet</i> (AL min 6 yoa, max 20 yoa; QL 31/31DS) (generic for Metadate ER)	10–12	10-60 mg/day	
<i>methylphenidate ER tablet</i> (AL min 6 yoa, max 20 yoa; 54 mg tabs QL 31/31DS; 18mg, 27mg, 36mg tabs QL 62/31DS) (generic for Concerta)	10–12	18–72 mg/day	
CNS- NON-STIMULANTS (Attention-Deficit/Hyperactivity Disorder (ADHD) Medications)			
<i>guanfacine hcl tablet immediate-release</i> (generic for Tenex)	4-6	0.5-4 mg/day	Intuniv and Kapvay are both non-preferred and require prior authorization to address medical necessity for use over generic, immediate-release guanfacine and/or generic clonidine
<i>clonidine hcl tablet immediate-release</i> (generic for Catapres)	4-6	0.05-0.4 mg/day	