



# PHYSICIAN REFERENCE

ANTIDEPRESSANT DOSING GUIDELINES

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## ANTIDEPRESSANT DOSING GUIDELINES

Given the many choices of antidepressant medication available, and because proper dosing is critical to relief from symptoms for your patients, we have collaborated with ValueOptions® to develop the enclosed Antidepressant Dosing Guidelines. This reference guide contains optimal dosing for a wide variety of antidepressants.\* While it should prove to be a valuable resource for you, it is not a replacement for your clinical judgment.

We encourage you to consult this guide when prescribing antidepressants. If you have any questions about these guidelines, please contact the Quality Management department at **1-888-447-5451**.

\*Not all drugs listed are covered by all pharmacy benefit programs, so coverage is not guaranteed. It is recommended that you confirm coverage for each patient. These are the current dosing guidelines in effect as of October 1, 2013. Dosing guidelines are subject to change.

## DOSING GUIDELINES FOR PCPs

Brand Name / Medication / Type of Medication	Dosing Range	Indications for Treatment	Initial Dosing Guidelines (Adult unless otherwise specified)
<b>Anafranil</b> <b>Clomipramine</b> <b>Tricyclic Amine (Tertiary Amine)</b>	25-250 mg	Obsessive Compulsive Disorder (OCD)	<p>25 mg daily and gradually increased, as tolerated, to approximately 100 mg daily in divided doses during the first 2 weeks. Dosage may be increased gradually over the next several weeks, up to a maximum of 250 mg daily. May give as a single daily dose at bedtime once tolerated. Maximum dose: 250 mg daily.</p> <p><b>Children &gt;10 years:</b> 25 mg daily and gradually increased, as tolerated, to a maximum daily dose of 3 mg/kg or 100 mg (whichever is less) in divided doses during the first 2 weeks. Dosage may be increased gradually over the next several weeks up to a maximum of 3 mg/kg or 200 mg (whichever is less). May give as a single daily dose at bedtime once tolerated.</p> <p><b>Maintenance:</b> Maintain patient on lowest effective dosage. Reassess patient periodically to determine need for treatment.</p>

## DOSING GUIDELINES FOR PCPs

Brand Name / Medication / Type of Medication	Dosing Range	Indications for Treatment	Initial Dosing Guidelines (Adult unless otherwise specified)
<b>Asendin</b> <b>Amoxapine</b> <b>Tricyclic Amine (Secondary Amine)</b>	100-400 mg	Depression	<p>50 mg 2-3 times daily. Dosage may be increased to 100 mg 2-3 times daily by the end of the first week, if tolerated. Usual effective dosage is 200-300 mg daily. If 300 mg daily has been reached and maintained for at least 2 weeks and no response is observed, dosage may be increased to 400 mg daily, depending on tolerance. Once an effective dose is reached, doses <math>\leq</math> 300 mg may be given once daily at bedtime. Doses &gt; 300 mg daily should be divided.</p> <p><b>Maintenance:</b> Maintenance dosage is lowest dose that will maintain remission.</p>
<b>Celexa</b> <b>Citalopram</b> <b>Selective Serotonin-Reuptake Inhibitor (SSRI)</b>	10-40 mg	Depression	<p>20 mg daily. Dosage may be increased to a maximum of 40 mg daily in intervals of no less than one week.</p>

## DOSING GUIDELINES FOR PCPs

Brand Name / Medication / Type of Medication	Dosing Range	Indications for Treatment	Initial Dosing Guidelines (Adult unless otherwise specified)
<b>Cymbalta</b> <b>Duloxetine</b> <b>SNRI</b> <b>(Serotonin-Norepinephrine Reuptake Inhibitor)</b>	40-60 mg	Major Depressive Disorder (MDD)	40 mg daily (given as 20 mg twice daily) to 60 mg daily (given either once daily or as 30 mg twice daily). Dosage for patients initiated at 30 mg daily for 1 week may be increased to 60 mg daily. <b>Maintenance:</b> Reassess patient periodically to determine the need for maintenance treatment and the appropriate dose for such treatment.
		Diabetic Neuropathy	60 mg daily. Lower initial doses may be considered in patients where tolerability is a concern and/or renal impairment is present.
		Fibromyalgia	30 mg daily for 1 week, then increased to 60 mg daily as tolerated.
		Generalized Anxiety Disorder (GAD)	30 mg daily for 1 week, then increased to 60 mg daily as tolerated. Maximum dose: 120 mg daily. <b>Maintenance:</b> Reassess patient periodically to determine the need for maintenance treatment and the appropriate dose for such treatment.
		Chronic musculo-skeletal pain	30 mg daily for 1 week, then increased to 60 mg daily as tolerated.

## DOSING GUIDELINES FOR PCPs

Brand Name / Medication / Type of Medication	Dosing Range	Indications for Treatment	Initial Dosing Guidelines (Adult unless otherwise specified)
<p>Desyrel</p> <p>Oleptro (Extended Release Formulation)</p> <p>Trazodone</p> <p>Selective Serotonin-Reuptake Inhibitor (SSRI) / Antagonist</p>	150-400 mg	Depression	<p>150 mg daily in 3 divided doses. Dosage may be increased by 50 mg/day every 3-7 days. Maximum dose: 600 mg daily.</p> <p><b>Extended Release Formulation:</b> 150 mg daily at bedtime. The dosage may be increased by 75 mg/day every 3 days. Maximum dosage is 375 mg daily. Once adequate response is obtained, gradually reduce dosage with subsequent adjustment depending on therapeutic response.</p> <p><b>Maintenance:</b> Maintain patient on lowest effective dosage. Reassess patient periodically to determine need for treatment.</p>

## DOSING GUIDELINES FOR PCPs

Brand Name / Medication / Type of Medication	Dosing Range	Indications for Treatment	Initial Dosing Guidelines (Adult unless otherwise specified)
Effexor XR Venlafaxine SNRI	75-375 mg	Depression	75 mg daily administered in 2 or 3 divided doses. Dosage may be increased by 75 mg daily every 4 or more days as tolerated. Maximum dose: 225-375 mg/day.  <b>Extended Release Formulation:</b> 37.5-75 mg daily. Patients initiated at 37.5 mg daily may be increased to 75 mg daily after 4-7 days. Dosage may then be increased in increments of $\leq 75$ mg daily at intervals of $\geq 4$ days as tolerated. Maximum dose: 225 mg/day.  <b>Maintenance:</b> Reassess patient periodically to determine the need for maintenance treatment and the appropriate dose for such treatment.
		Generalized Anxiety Disorder (GAD)	<b>Extended Release Formulation:</b> 37.5-75 mg daily. Patients initiated at 37.5 mg daily may be increased to 75 mg daily after 4-7 days. Dosage may then be increased in increments of $\leq 75$ mg daily at intervals of $\geq 4$ days as tolerated. Maximum dose: 225 mg/day.  <b>Maintenance:</b> Reassess patient periodically to determine the need for maintenance treatment and the appropriate dose for such treatment.



## DOSING GUIDELINES FOR PCPs

Brand Name / Medication / Type of Medication	Dosing Range	Indications for Treatment	Initial Dosing Guidelines (Adult unless otherwise specified)
Effexor XR Venlafaxine SNRI (continued)	75-375 mg	Panic Disorder	<p><b>Extended Release Formulation:</b> 37.5-75 mg daily for 1 week. Dosage may be increased to 75 mg daily after 7 days. Dosage may then be increased in increments of <math>\leq 75</math> mg daily at intervals of <math>\geq 7</math> days as tolerated. Maximum dose: 225 mg/day.</p> <p><b>Maintenance:</b> Reassess patient periodically to determine the need for maintenance treatment and the appropriate dose for such treatment.</p>
		Social Anxiety Disorder	<p><b>Extended Release Formulation:</b> 75 mg daily. Maximum dose: 75 mg/day. There is no evidence that doses <math>&gt;75</math> mg/day offer any additional benefit.</p> <p><b>Maintenance:</b> Reassess patient periodically to determine the need for maintenance treatment and the appropriate dose for such treatment.</p>

## DOSING GUIDELINES FOR PCPs

Brand Name / Medication / Type of Medication	Dosing Range	Indications for Treatment	Initial Dosing Guidelines (Adult unless otherwise specified)
<b>Elavil</b> <b>Amitriptyline</b> <b>Tricyclic Amine</b> <b>(Tertiary Amine)</b>	50-300 mg	Depression	50-150 mg daily in single dose at bedtime or in divided doses. Dosage may be increased gradually up to 300 mg daily. <b>Adolescents:</b> 25-50 mg daily may be administered in divided doses. Dosage may be increased gradually to 100 mg daily in divided doses. <b>Maintenance:</b> Maintenance dosage is lowest dose that will maintain remission.
<b>Eldepryl</b> <b>Selegiline</b> <b>MAOI (Monoamine Oxidase Inhibitor)</b>	10 mg	Parkinson's Disease	5 mg twice daily with breakfast and lunch.
<b>Emsam</b> <b>Selegiline</b> <b>MAOI</b>	6-12 mg	Depression	Transdermal System delivers 6 mg over 24 hours. <b>Maintenance:</b> Reassess patient periodically to determine the need for maintenance treatment and the appropriate dose for such treatment.

## DOSING GUIDELINES FOR PCPs

Brand Name / Medication / Type of Medication	Dosing Range	Indications for Treatment	Initial Dosing Guidelines (Adult unless otherwise specified)
<b>Etrafon</b> <b>Perphenazine / Amitriptyline</b> Tricyclic Amine (Tertiary Amine); Antipsychotic Agent, Typical, Phenothiazine	25-200 mg	Depression and Anxiety	One 2-25 mg tablet (2 mg perphenazine and 25 mg amitriptyline) or one 4-25 mg tablet (4 mg perphenazine and 25 mg amitriptyline) taken 3-4 times daily or one 4-50 mg tablet (4 mg perphenazine and 50 mg amitriptyline) taken 2 times daily. Observe therapeutic response after several days or upwards of a few weeks or longer. Maximum dosage: 16 mg perphenazine and 300 mg amitriptyline. <b>Maintenance:</b> Smallest dose necessary for symptom relief; usually one 2-25 tablet or one 4-25 tablet taken 2-4 times daily or one 4-50 tablet taken 2 times daily.
<b>Lexapro</b> <b>Escitalopram</b> Selective Serotonin-Reuptake Inhibitor (SSRI)	10-20 mg	Depression	10 mg daily <b>Maintenance:</b> Reassess patient periodically to determine the need for maintenance treatment and the appropriate dose for such treatment.

## DOSING GUIDELINES FOR PCPs

Brand Name / Medication / Type of Medication	Dosing Range	Indications for Treatment	Initial Dosing Guidelines (Adult unless otherwise specified)
<b>Ludiomil</b> <b>Maprotiline</b> <b>Tricyclic Amine</b>	75-150 mg	Mild to moderate anxiety/depression	75 mg daily for 2 weeks. Lower doses may be considered in some patients. Dosage may be increased by 25 mg, as tolerated, up to maximum dosage of 150 mg daily given in divided doses or in a single daily dose.
		Severe depression	100-150 mg daily for 2 weeks. Dosage may be increased by 25 mg, as tolerated, up to maximum of 225 mg daily given in divided doses or in a single daily dose.
<b>Luvox</b> <b>Fluvoxamine</b> <b>Selective Serotonin-Reuptake Inhibitor (SSRI)</b>	50-300 mg	Obsessive Compulsive Disorder (OCD)	<p>50 mg daily at bedtime, with increases of 50 mg as tolerated every 4-7 days, not to exceed 300 mg daily. Total daily doses of more than 100 mg should be given in two divided doses.</p> <p><b>Children 8-17 years:</b> 25 mg daily at bedtime with increase of 25 mg, as tolerated, every 4-7 days, not to exceed 200 mg/day. Total daily doses of more than 50 mg should be given in two divided doses.</p> <p><b>Maintenance:</b> Reassess patient periodically to determine the need for maintenance treatment.</p>

## DOSING GUIDELINES FOR PCPs

Brand Name / Medication / Type of Medication	Dosing Range	Indications for Treatment	Initial Dosing Guidelines (Adult unless otherwise specified)
<p>Marplan Isocarboxazid MAOI</p>	20-60 mg	Depression	<p><b>Note: Dosage must be individually adjusted on the basis of careful observation of the patient.</b></p> <p>10 mg 2-4 times daily. Dosage may be increased by 10 mg every 2-4 days to achieve a dosage of 40 mg daily in divided doses by the end of the first week. Maximum dosage: 60 mg daily. Beneficial effect may not be seen for 3-6 weeks.</p> <p><b>Maintenance:</b> After maximum clinical response is achieved, gradually reduce dosage over several weeks without jeopardizing the therapeutic response. If no response is obtained within 6 weeks, additional titration is unlikely to be beneficial.</p>

## DOSING GUIDELINES FOR PCPs

Brand Name / Medication / Type of Medication	Dosing Range	Indications for Treatment	Initial Dosing Guidelines (Adult unless otherwise specified)
Nardil Phenelzine MAOI	15-90 mg	Depression	15 mg 3 times daily. Dosage may be increased rapidly to 60-90 mg daily, based on patient tolerance. Beneficial effect may not be seen until patient has received 4 weeks of 60 mg/day therapy. After maximum benefit is obtained, slowly reduce dose over several weeks. Dosage may be reduced to as low as 15 mg daily or 15 mg every other day. <b>Maintenance:</b> After maximum benefit is obtained, slowly reduce dose over several weeks. Dosage may be reduced to as low as 15 mg daily or 15 mg every other day.
Norpramin Desipramine Tricyclic Amine (Secondary Amine)	100-300 mg	Depression	100 mg daily, in single or divided doses. Dosage may be increased to 200 mg daily. In more severely ill patients, dosage may be further increased gradually to 300 mg daily, if necessary. Maximum dosage: 300 mg/day. Start at the lower range and increase based on tolerance and response. <b>Adolescents:</b> 25 mg once daily. Dosage may be increased to 100 mg daily, in single or divided doses. In more severely ill patients, dosage may be further increased gradually to 150 mg daily, if necessary. Start at the lower range and increase based on tolerance and response.

## DOSING GUIDELINES FOR PCPs

Brand Name / Medication / Type of Medication	Dosing Range	Indications for Treatment	Initial Dosing Guidelines (Adult unless otherwise specified)
<p>Pamelor Nortriptyline Tricyclic Amine (Secondary Amine)</p>	30-100 mg	Depression	<p>25 mg 3-4 times daily up to 150 mg daily. Dosage should begin at a low level and be increased as required. Alternatively, total daily dosage may be given once daily.</p> <p><b>Maintenance:</b> Maintenance dosage is lowest dose that will maintain remission.</p>
<p>Pamate Tranlycypromine MAOI</p>	30-60 mg	Depression	<p>30 mg daily in divided doses. If symptoms don't improve after 2 weeks, dosage may be increased by 10 mg increments at 1- to 3-week intervals. Maximum dose: 60 mg/day.</p> <p>If patient is transitioning from another MAO inhibitor or dibenzazepine derivative (e.g, TCAs, carbamazepine, cyclobenzaprine) to tranlycypromine therapy, allow at least 1 medication-free week. Then initiate tranlycypromine at 50% of usual starting dose for at least 1 week.</p>

## DOSING GUIDELINES FOR PCPs

Brand Name / Medication / Type of Medication	Dosing Range	Indications for Treatment	Initial Dosing Guidelines (Adult unless otherwise specified)
<p>Paxil Paroxetine Selective Serotonin-Reuptake Inhibitor (SSRI)</p>	20-50 mg	Major Depressive Disorder (MDD)	<p>20 mg daily taken in the morning. Dosage may be increased in 10 mg increments in intervals of at least 1 week. Maximum dose: 50 mg/day.</p> <p><b>Controlled Release Form:</b> 25mg daily taken in the morning. Dosage may be increased in 12.5 mg increments in intervals of at least 1 week. Maximum dose: 62.5 mg/day. Recommended dose 25-62 mg/day.</p>
		Panic Disorder (PD)	<p>10 mg daily taken in the morning. Dosage may be increased in 10 mg increments in intervals of at least 1 week. Maximum dose: 60 mg/day.</p> <p><b>Controlled Release Form:</b> 12.5 mg daily taken in the morning. Dosage may be increased in 12.5 mg increments in intervals of at least 1 week. Maximum dose: 75 mg/day. Recommended dose 40 mg/day.</p> <p><b>Maintenance:</b> Maintain the patient on the lowest effective dosage. Reassess patient periodically to determine the need for continued treatment.</p>



## DOSING GUIDELINES FOR PCPs

Brand Name / Medication / Type of Medication	Dosing Range	Indications for Treatment	Initial Dosing Guidelines (Adult unless otherwise specified)
<p>Paxil Paroxetine Selective Serotonin-Reuptake Inhibitor (SSRI) (continued)</p>	20-50 mg	Social Anxiety Disorder	<p>20 mg daily taken in the morning. Recommended dose 20 mg/day.</p> <p><b>Maintenance:</b> Maintain the patient on the lowest effective dosage. Reassess patient periodically to determine the need for continued treatment.</p>
		Generalized Anxiety Disorder (GAD)	<p>20 mg daily taken in the morning. Dosage may be increased in 10 mg increments in intervals of at least 1 week. Recommended dose 20 mg/day.</p> <p><b>Maintenance:</b> Reassess patient periodically to determine the need for maintenance treatment.</p>
		Posttraumatic Stress Disorder (PTSD)	<p>20 mg daily taken in the morning. Dosage may be increased in 10 mg increments in intervals of at least 1 week. Recommended dose 10 mg/day.</p> <p><b>Maintenance:</b> Reassess patient periodically to determine the need for maintenance treatment.</p>

## DOSING GUIDELINES FOR PCPs

Brand Name / Medication / Type of Medication	Dosing Range	Indications for Treatment	Initial Dosing Guidelines (Adult unless otherwise specified)
<b>Pristiq</b> <b>Desvenlafaxine</b> <b>SNRI</b>	50-400 mg	Depression	50 mg daily. Although doses of 50-400 mg daily were shown to be effective, no additional benefit was demonstrated at doses greater than 50 mg daily. Higher doses produced more frequent adverse reactions.  <b>Maintenance:</b> Reassess patient periodically to determine the need for maintenance treatment.
<b>Prozac</b> <b>Fluoxetine</b> <b>Selective Serotonin-Reuptake Inhibitor (SSRI)</b>	20-80 mg	Major Depressive Disorder (MDD)	20 mg daily taken in the morning. Dosage may be increased after several weeks as needed. Maximum dose: 80 mg/day. Recommended dose 20 mg/day.  <b>Children &gt;8 years:</b> 10-20 mg daily taken in the morning. Dosage may be increased in 10 mg increments in intervals of at least 1 week (or several weeks for lower weight children). Recommended dose 10-20 mg/day.  <b>Maintenance:</b> Reassess patient periodically to determine the need for maintenance treatment.

## DOSING GUIDELINES FOR PCPs

Brand Name / Medication / Type of Medication	Dosing Range	Indications for Treatment	Initial Dosing Guidelines (Adult unless otherwise specified)
<b>Prozac</b> <b>Fluoxetine</b> <b>Selective Serotonin-Reuptake Inhibitor (SSRI)</b> <b>(continued)</b>	20-80 mg	Obsessive Compulsive Disorder (OCD)	<p>20 mg daily taken in the morning. Dosage may be increased after several weeks as needed. Maximum dose: 80 mg/day. Recommended dose 20-60 mg/day.</p> <p><b>Children &gt;8 years:</b> 10 mg daily taken in the morning. After 2 weeks, dosage should be increased to 20 mg daily. Additional dosage increases may be considered after several more weeks if insufficient clinical improvement is observed. Recommended dose 20-60 mg/day (20-30 mg/day for lower weight children).</p> <p><b>Maintenance:</b> Maintain patient on lowest effective dosage. Reassess patient periodically to determine need for treatment.</p>
	10-60 mg	Panic Disorder (PD)	<p>10 mg daily taken in the morning. A dosage increase may be considered after several weeks if no clinical improvement is observed. Maximum dose: 60 mg/day.</p> <p><b>Maintenance:</b> Maintain patient on lowest effective dosage. Reassess patient periodically to determine need for treatment.</p>

## DOSING GUIDELINES FOR PCPs

Brand Name / Medication / Type of Medication	Dosing Range	Indications for Treatment	Initial Dosing Guidelines (Adult unless otherwise specified)
Prozac Fluoxetine Selective Serotonin-Reuptake Inhibitor (SSRI) (continued)	60 mg	Bulimia Nervosa	60 mg daily taken in the morning. Recommended dose is 60 mg/day. <b>Maintenance:</b> Reassess patient periodically to determine need for treatment.
Remeron Mirtazapine Alpha-2 Antagonist	15-45 mg	Depression	15 mg daily taken at bedtime. Dosage may be increased up to 15-45 mg daily in intervals of at least 1 week. Effective dose 15-45 mg/day. <b>Maintenance:</b> Reassess patient periodically to determine the need for maintenance treatment and the appropriate dose for such treatment.
Savella Milnacipran SNRI	12.5-200 mg	Fibromyalgia	Day 1 - 12.5 mg once; Days 2 and 3 - 12.5 mg twice daily; Days 4 through 7 - 25 mg twice daily; thereafter, 50 mg twice daily. Dose may be increased to 100 mg twice daily, based on individual response. Maximum dose: 200 mg/day. Recommended dose: 100 mg/day (50 mg twice daily). <b>Discontinuation of therapy:</b> Gradually taper dose. If intolerable symptoms occur following a dose reduction, consider resuming the previously prescribed dose and/or decrease dose at a more gradual rate.

## DOSING GUIDELINES FOR PCPs

Brand Name / Medication / Type of Medication	Dosing Range	Indications for Treatment	Initial Dosing Guidelines (Adult unless otherwise specified)
<b>Serzone</b> <b>Nefazodone</b> Selective Serotonin- Reuptake Inhibitor (SSRI) / Antagonist	200-600 mg	Depression	200 mg daily taken in 2 divided doses. Dosage may be increased in 100-200 mg increments in intervals of at least 1 week. Recommended dose 300-600 mg/day.
<b>Silenor</b> <b>Doxepine</b> Tricyclic Amine (Tertiary Amine)	3-6mg	Insomnia	3-6 mg daily 30 minutes prior to bedtime. Maximum dose: 6 mg/day.
<b>Sinequan</b> <b>Doxepine</b> Tricyclic Amine (Tertiary Amine)	25-300 mg	Depression and/ or Anxiety	25-150 mg daily at bedtime in single or 2-3 divided doses. Dosage may be increased gradually up to 300 mg daily. Single dose should not exceed 150 mg. Usual optimum dose range is 75-150 mg/day. Some patients may respond to 25-50 mg/day.

## DOSING GUIDELINES FOR PCPs

Brand Name / Medication / Type of Medication	Dosing Range	Indications for Treatment	Initial Dosing Guidelines (Adult unless otherwise specified)
<p>Surmontil Trimipramine Tricyclic Amine (Tertiary Amine)</p>	50-200 mg	Depression	<p><b>Note: Dosage should be initiated at a low level and increased gradually, noting carefully the clinical response and any evidence of intolerance.</b></p> <p>75 mg daily at bedtime or in single or divided doses. Dosage may be increased to 150 mg daily, as needed. Maximum dose: 200 mg/day.</p> <p><b>Adolescents &amp; Elderly:</b> 50 mg daily with gradual increments up to 100 mg daily, depending upon patient response and tolerance.</p> <p><b>Maintenance:</b> Maintenance dosage is lowest dose that will maintain remission.</p>
<p>Symbyax Olanzapine &amp; Fluoxetine Selective Serotonin- Reuptake Inhibitor (SSRI); Antipsychotic Agent, Atypical</p>	6-18/25-50 mg	Depression associated with Bipolar I Disorder	<p>One 6-25 mg tablet (6 mg olanzapine and 25 mg fluoxetine) daily in the evening with dosing adjustments as needed. Maximum dose: 18 mg olanzapine and 75 mg fluoxetine.</p> <p><b>Maintenance:</b> Reassess patient periodically to determine the need for continued treatment.</p>

## DOSING GUIDELINES FOR PCPs

Brand Name / Medication / Type of Medication	Dosing Range	Indications for Treatment	Initial Dosing Guidelines (Adult unless otherwise specified)
<b>Symbyax</b> <b>Olanzapine &amp; Fluoxetine</b> <b>Selective Serotonin-Reuptake Inhibitor (SSRI); Antipsychotic Agent, Atypical (continued)</b>	6-18/25-50 mg	Treatment-Resistant Depression	<p>One 6-25 tablet daily in the evening with dosing adjustments as needed. Maximum dose: 18 mg olanzapine and 75 mg fluoxetine.</p> <p><b>Maintenance:</b> Reassess patient periodically to determine the need for continued treatment.</p>
<b>Tofranil</b> <b>Imipramine</b> <b>Tricyclic Amine (Tertiary Amine)</b>	25-300 mg	Depression	<p>75 mg daily. May increase dosage gradually to 150 mg daily, noting carefully the clinical response and any evidence of intolerance. May be given in divided doses or as a single bedtime dose. Maximum dose: 200 mg/day.</p> <p><b>Adolescents &amp; Elderly:</b> 30-40 mg daily. May increase dosage gradually to 100 mg daily, noting carefully the clinical response and any evidence of intolerance. May be given in divided doses or as a single bedtime dose. Maximum dose: 100 mg/day.</p> <p><b>Maintenance:</b> Maintenance dosage is lowest dose that will maintain remission.</p>

## DOSING GUIDELINES FOR PCPs

Brand Name / Medication / Type of Medication	Dosing Range	Indications for Treatment	Initial Dosing Guidelines (Adult unless otherwise specified)
Tofranil Imipramine Tricyclic Amine (Tertiary Amine) (continued)		Enuresis	<b>Children <math>\geq 6</math> years:</b> 25 mg daily one hour before bedtime. If inadequate response after 1 week of therapy, dosage may be increased to 50 mg daily for children under 12 years, or 75 mg daily for children over 12 years. Maximum dose: Children 6-12 years - 2.5 mg/kg daily or 50 mg daily at bedtime. Children 12 years and older - 75 mg daily at bedtime.
Viibryd Vilazodone Antidepressant; Combined Selective Serotonin-Reuptake Inhibitor (SSRI) and 5-HT <sub>1A</sub> Receptor Partial Antagonist	10-40 mg	Major Depressive Disorder (MDD)	10 mg once daily for 7 days, followed by 20 mg once daily for days 8-14, and then 40 mg once daily for days 15 and thereafter. Recommended dose is 40 mg once daily. <b>Maintenance:</b> Reassess patient periodically to determine the need for continued treatment.
Wellbutrin Bupropion Dopamine Reuptake Inhibitor	150-450 mg	Depression	<b>Immediate Release Form:</b> 100 mg twice daily. Based on clinical response, dosage may be increased to 100 mg three times daily, no sooner than 3 days after beginning therapy. Maximum dose: 450 mg/day given in divided doses of not more than 150 mg each. <b>Maintenance:</b> Maintenance dosage is lowest dose that will maintain remission.



## DOSING GUIDELINES FOR PCPs

Brand Name / Medication / Type of Medication	Dosing Range	Indications for Treatment	Initial Dosing Guidelines (Adult unless otherwise specified)
Wellbutrin SR Bupropion Dopamine Reuptake Inhibitor	150-400 mg	Depression	<p><b>Sustained Release Form:</b> 150 mg single daily dose in the morning. Dosage may be increased as early as day 4 to 150 mg twice daily, with an interval of at least 8 hours between doses. Maximum dose: 400 mg/day given in divided doses of 200 mg each.</p> <p><b>Maintenance:</b> Reassess patient periodically to determine the need for continued treatment.</p>
Wellbutrin XL Bupropion Dopamine Reuptake Inhibitor	150-300 mg	<p>Depression</p> <p>Seasonal Affective Disorder (SAD)</p>	<p><b>Extended Release Form:</b> 150 mg single dose daily in the morning. If tolerated, dosage may be increased after 1 week to 300 mg daily.</p> <p><b>Maintenance:</b> Reassess patient periodically to determine the need for continued treatment.</p> <p><b>Extended Release Form:</b> 150 mg single dose daily in the morning. If tolerated, dosage may be increased after 1 week to 300 mg daily.</p>

## DOSING GUIDELINES FOR PCPs

Brand Name / Medication / Type of Medication	Dosing Range	Indications for Treatment	Initial Dosing Guidelines (Adult unless otherwise specified)
Wellbutrin XL Bupropion Dopamine Reuptake Inhibitor (continued)	150-300 mg	Smoking Cessation	<b>Extended Release Form (Marketed as Zyban):</b> 150 mg once daily for days 1-3, then 150 mg twice daily for days 4 and thereafter, with an interval of at least 8 hours between doses. Maximum dose: 300 mg/day. Treatment should continue for 7-12 weeks.
Zelapar Selegiline MAOI (Monoamine Oxidase Inhibitor)	1.25 - 2.5 mg	Parkinson's Disease	1.25 mg daily for at least 6 weeks. After 6 weeks, dosage may be increased to 2.5 mg daily based on clinical response. Maximum dose: 2.5 mg daily.
Zoloft Sertaline Selective Serotonin-Reuptake Inhibitor (SSRI)	50-200 mg	Depression	50 mg once daily. Dosing can be increased weekly but cannot exceed 200 mg/day. <b>Maintenance:</b> Reassess patient periodically to determine the need for continued treatment.

## DOSING GUIDELINES FOR PCPs

Brand Name / Medication / Type of Medication	Dosing Range	Indications for Treatment	Initial Dosing Guidelines (Adult unless otherwise specified)
<b>Zoloft</b> <b>Sertaline</b> <b>Selective Serotonin-Reuptake Inhibitor (SSRI)</b> <b>(continued)</b>	50-200 mg	Obsessive Compulsive Disorder (OCD)	50 mg once daily. Dosing can be increased weekly but cannot exceed 200 mg/day. <b>Children ≥ 6 years:</b> 25 mg once daily for children 6-12 years; 50 mg once daily for children 13-17 years. Dosage may be increased up to 200 mg daily, at intervals of no less than 1 week. <b>Maintenance:</b> Reassess patient periodically to determine the need for continued treatment.
		Panic Disorder (PD) Posttraumatic Stress Disorder (PTSD) Social Anxiety Disorder	25 mg daily. After 1 week, dosage should be increased to 50 mg daily. Dosage may be increased up to a maximum of 200 mg daily at intervals of no less than 1 week. <b>Maintenance:</b> Reassess patient periodically to determine the need for continued treatment.

## DOSING GUIDELINES FOR PCPs

Brand Name / Medication / Type of Medication	Dosing Range	Indications for Treatment	Initial Dosing Guidelines (Adult unless otherwise specified)
<b>Zoloft</b> <b>Sertaline</b> <b>Selective Serotonin-Reuptake Inhibitor (SSRI)</b> <b>(continued)</b>	50-200 mg	Premenstrual Dysphoric Disorder	50 mg daily (either daily throughout menstrual cycle or limited to the luteal phase of menstrual cycle), depending on physician assessment. When dosing throughout menstrual cycle, dosage may be increased in 50 mg increments per menstrual cycle up to 150 mg daily. When dosing during the luteal phase of the menstrual cycle, dosage may be increased to 100 mg daily. If a 100 mg/day dose has been established with luteal phase dosing, a 50 mg/day titration step for 3 days should be utilized at the beginning of each luteal phase dosing period.  <b>Maintenance:</b> Reassess patient periodically to determine the need for continued treatment.

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