

**PSYCHOTROPIC DRUGS – MAXIMUM DOSE TABLE**  
**(ADULTS)**

**IMPORTANT NOTES:**

- a) This table is only intended to serve as a quick guide. The user is responsible for checking the doses carefully before use and should always consult standard references or check with the pharmacists for more detailed information.
- b) Oral doses are given, unless otherwise stated (e.g. IM = Intramuscular injection).
- c) The usual starting dose provides an indication of the amount of drug administered when initiating treatment. The initial dose is subsequently adjusted to the maintenance dose, according to patient response and side effects.
- d) The usual dose range is provided only as an indication of the amount of drug typically given or taken during therapy.
- e) Minimum effective doses should be used at all times.

DRUG NAME	BRAND NAMES	USUAL ADULT STARTING DOSE	USUAL ADULT DOSE RANGE (PER DAY)	MAX. ADULT RECOMMENDED DOSE (PER DAY)
<b><i>ANTIDEPRESSANTS</i></b>				
AMITRIPTYLINE		50 – 100 MG/day in single or divided doses	30 – 300 MG	300 MG
BUPROPION	WELLBUTRIN SR	150 MG om, increase to 150MG bd on day 4 if well tolerated	150 – 300 MG	300 MG
CLOMIPRAMINE	ANAFRANIL	25 MG/day	25 – 250 MG	250 MG
ESCITALOPRAM	LEXAPRO	5-10 MG/day	10 – 20 MG	20 MG
DOTHIEPIN	PROTHIADEN	75 MG in single or divided doses	75 – 150 MG	225 MG
DULOXETINE	CYMBALTA	Major Depressive Disorder: 60 MG/day Generalized Anxiety Disorder: 30 – 60 MG/day	30 – 60 MG	120 MG
FLUOXETINE	PROZAC	20 MG om	20 – 60 MG	80 MG
FLUVOXAMINE	FAVERIN	50 – 100 MG/day	50 – 300 MG	300 MG
IMIPRAMINE		75 – 100 MG in divided doses	50 – 200 MG	300 MG
MIRTAZAPINE	REMERON SOLTAB	15 MG/day	15 – 45 MG	45 MG
MOCLOBEMIDE	AURORIX	300 MG/day usually in divided doses	150 – 600 MG	600 MG
NORTRIPTYLINE		25 MG/day	75 – 100 MG	150 MG
PAROXETINE	SEROXAT	10 – 20 MG/day	20 – 50 MG	60 MG
SERTRALINE	ZOLOFT	25 – 50 MG/day	25 – 200 MG	200 MG
TIANEPTINE	STABLON	12.5MG tds	37.5 - 50 MG	50 MG
TRAZODONE	TRITTICO	75 – 150 MG/day in divided doses	50 – 300 MG	600 MG
VENLAFAXINE	EFEXOR XR	75 MG/day	75 – 225 MG	225 MG (375MG in severe depression)
<b><i>ANXIOLYTIC / HYPNOTIC</i></b>				
ALPRAZOLAM	XANAX	0.25 – 0.5 MG tds	0.5 – 4 MG	10 MG
CLONAZEPAM	RIVOTRIL	0.25 MG bd	0.5 – 1 MG	4 MG
DIAZEPAM	VALIUM	2 MG bd-qds; 5 – 15 MG at bedtime	4 – 40 MG	40 MG
HYDROXYZINE	ATARAX	30 - 100 MG/day in divided doses or at night	100 – 400 MG	400 MG
LORAZEPAM	ATIVAN (ORAL)	1– 3 MG/day in 2 – 3 divided doses	1 – 6 MG	10 MG
MIDAZOLAM INJECTION	DORMICUM		Pre-operative Sedation: IM 0.07 – 0.08 MG/KG (IM 2.5 – 5 MG)	IM 0.5 MG/KG has been safely used in children

				(monitor cardiac and respiratory function)
ZOPICLONE	IMOVANE	7.5 MG at bedtime	7.5 MG	15 MG
ZOLPIDEM	STILNOX CR	12.5 MG at bedtime	6.25 – 12.5 MG	12.5 MG

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<b>ANTIPSYCHOTICS</b>				
AMISULPRIDE	SOLIAN	Predominant negative symptoms: 50-300 MG/day Mixed positive and negative symptoms: 400-800 MG/day	50 – 800 MG	1.2 G
ARIPIRAZOLE	ABILIFY	10 or 15 MG/day	10 – 30 MG	30 MG
CHLORPROMAZINE	LARGACTIL	25 MG bd or tds	50 – 400 MG	1 G
CLOZAPINE	CLOZARIL	12.5 MG on/bd (Day 1), 25-50 MG (day 2), increase gradually if well tolerated in steps of 25-50 MG/day	200 – 450 MG	900 MG
HALOPERIDOL	SERENACE / HALDOL (ORAL)	0.5 – 3 MG bd or tds or 3 – 5 MG bd or tds (severe symptoms)	5 – 15 MG (Conversion for 2 mg/mL oral solution: 10 drops = 1 mg)	100 MG
	HALOPERIDOL (INJECTION)	IM 2 – 5 MG per dose	IM 2 – 10 MG per dose	IM 18 MG
OLANZAPINE	ZYPREXA	10 MG/day	5 – 20 MG	20 MG
PALIPERIDONE	INVEGA	6 MG/day	3 – 12 MG	12 MG
QUETIAPINE	SEROQUEL	25 MG bd (Day 1), 50 MG bd (Day 2), 100 MG bd (Day 3), 150 MG bd (Day 4)	150 – 500 MG	800 MG
RISPERIDONE	RISPERDAL	2 MG/day in 1 or 2 divided doses	2 – 6 MG (Conversion for oral solution: 1mL = 1mg)	16 MG
SULPIRIDE	DOGMATIL	Predominant negative symptoms: 200 MG/day in divided doses Predominant positive symptoms: 800 MG/day in divided doses	400 – 800 MG	2.4 G
TRIFLUORPERAZINE	STELAZINE	1 – 5 MG bd	2 – 20 MG	40 MG
ZIPRASIDONE	ZELDOX	20MG bd	40 – 160 MG	160 MG
<b>DEPOT / LONG ACTING INJECTIONS</b>				
FLUPHENAZINE DECANOATE	MODECATE	Test dose IM 12.5 – 25 MG (at least 4-7 days interval before top up dose)	IM 12.5 – 75 MG / 2 – 6 WK	IM 100 MG / 2 WK
FLUPENTHIXOL DECANOATE	FLUANXOL	Test dose IM 20 MG (at least 7 days interval before top up dose)	IM 20 – 40 MG / 2 – 4 WK	IM 400 MG / WK
HALOPERIDOL DECANOATE	HALDOL	Test dose IM 25 – 50 mg (At least 3-7 days interval before top up dose) Initial dose: 10-15 times the previous daily dose of oral haloperidol	IM 50 - 300mg / 4 weeks (doses should be halved if 2 weekly administration preferred)	IM 450 mg / 4 wk
PIPTHIAZINE PALMITATE	PIPORTIL	Test dose IM 25 MG (at least 4-7 days interval before top up dose)	IM 50 – 100 MG / 4 WK	IM 200 MG / 4 WK
RISPERIDONE LONG-ACTING INJECTION	RISPERDAL CONSTA	IM 25 MG / 2 WK (if on oral dose of up to 4 MG/day) IM 37.5 MG / 2 WK (if on oral dose > 4 MG/day)	IM 25 – 37.5 MG / 2 WK	IM 50 MG / 2 WK
ZUCLOPENTHIXOL DECANOATE	CLOPIXOL DEPOT	Test dose IM 100 MG (at least 7 days interval before top up dose)	IM 200 – 400 MG / 1 – 4 WK	IM 600 MG / WK
ZUCLOPENTHIXOL ACETATE	CLOPIXOL ACUPHASE	IM 50 MG	IM 50 – 150 MG / 2 – 3 DAY	IM 150 MG / 2 – 3 DAY; Accumulated dosage not more than 400mg over 2 week period.

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<b>ANTIEPILEPTIC / MOOD STABILIZER</b>				
CARBAMAZEPINE	TEGRETOL	100-200 MG on / bd*	400 MG – 1.6 G *	2.4 G *
CLONAZEPAM	RIVOTRIL	Up to 1 MG/day (Epilepsy)	4 – 8 MG	20 MG
LAMOTRIGINE	LAMICTAL	<p><b>Monotherapy:</b> 25 MG/day for 2 WK, then 50 MG/day for 2 WK, then increase by max. 50 – 100 MG every 1 – 2 WK.</p> <p><b>Adjunctive Therapy with valproate:</b> 25 MG eod for 2 WK, then 25 MG/day for 2 WK, then increase by max. 25 – 50 MG every 1 – 2 WK.</p> <p><b>Adjunctive Therapy with enzyme-inducing drugs (without valproate):</b> 50 MG/day for 2 WK, then 50 MG bd for 2 WK, increase by max. 100 MG every 1 – 2 WK (in 2 divided doses)</p>	<p><b>Epilepsy:</b> 50 – 500 MG</p> <p><b>Bipolar disorder</b> Monotherapy: 200 MG</p> <p>Adjunctive therapy with valproate<sup>a</sup>: 100 – 200 MG</p> <p>Adjunctive Therapy with enzyme-inducing drugs (without valproate): 300-400 MG</p>	<p><b>Epilepsy:</b> 500 MG (monotherapy)</p> <p>Added to valproate: 200MG</p> <p>700 MG (adjunct with enzyme-inducing drugs, without valproate)</p> <p><b>Bipolar disorder</b> Monotherapy: 400 MG</p> <p>Adjunctive therapy with valproate: 200MG</p> <p>Adjunctive Therapy with enzyme-inducing drugs (without valproate): 400MG</p>
LITHIUM CARBONATE	CAMCOLIT / PRIADEL	400 MG/day *	900 MG – 1.2 G *	3.6 G *
PHENOBARBITONE		60 MG/day *	60 – 250 MG *	300 MG *
PHENYTOIN	DILANTIN	3 – 4 MG/KG/DAY or 150-300 MG/day in single or divided doses *	200 – 500 MG *	600 MG *
SODIUM VALPROATE	EPILIM / EPILIM CR	<p><b>Epilepsy:</b> 10 – 15 MG/KG/day *</p> <p><b>Bipolar mania:</b> 600MG/day</p>	1G – 2 G * (20-30 MG/KG)	2.5 G *
TOPIRAMATE	TOPAMAX	25 – 50 MG/day	200 – 400 MG in two divided doses.	400 MG <sup>b</sup> (Monotherapy)

\* Therapeutic drug monitoring of serum levels necessary; titrate dosage based on levels and response.

**Footnotes:**

<sup>a</sup> Concomitant administration of valproic acid with lamotrigine may increase the risk of Stevens-Johnson syndrome or other potentially life-threatening rashes. (Prod Info Lamictal, 2010)

<sup>b</sup> Some patients with refractory forms of epilepsy have tolerated topiramate monotherapy at doses of 1000 mg/day. Dosages exceeding 1.6g daily have not been studied

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<b>ALCOHOL / OPIOID/ NICOTINE DEPENDENCE</b>				
ACAMPROSATE	CAMPRAL	Body weight ≥ 60 KG: 666 MG tds Body weight < 60 KG: 666 MG om, 333MG oa, 333 MG on.	Body weight ≥ 60 KG: 1998 MG Body weight < 60 KG: 1333 MG	1998 MG
BUPROPION	ZYBAN SR	150MG/day for at least 3 – 6 days, then 150MG bd.	150 – 300MG (Discontinue if abstinence is not achieved by the 7 <sup>th</sup> week)	300MG
DISULFIRAM	ANTABUSE	<u>Ensure that alcohol is not consumed for at least 24 hours before initiating treatment.</u> Day 1: 800 MG/day as a single dose. Reduce over 5 days to 100 - 200 MG/day	100 – 200 MG	500 MG
METHADONE	PHYSEPTONE	10 – 20 MG/day	40 – 60 MG	120 MG
NALTREXONE		(A) Narcotic Addiction: 25 MG/day <u>Initiate after opioid-free for at least 7 – 10 days</u> (B) Alcohol Dependence 50 MG/day	50 MG/DAY or 100 –150 MG 3X PER WK	50 MG
<b>DEMENTIA / ALZHEIMER'S DISEASE</b>				
DONEPEZIL	ARICEPT	5 MG/day for at least 1 month	5 – 10 MG	10 MG
GALANTAMINE	REMINYL PROLONGED RELEASE	8 MG/day for 4 WK	8 – 24 MG	24 MG
MEMANTINE	EBIXA	5 MG/day	5 – 20 MG	20 MG
RIVASTIGMINE	EXELON	1.5 MG bd	3 – 12 MG	12 MG
RIVASTIGMINE PATCH	EXELON PATCH	5 CM <sup>2</sup> (4.6 MG)/24hr	10 CM <sup>2</sup> (9.5 MG)/24hr	10 CM <sup>2</sup> (9.5 MG)/24hr
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)</b>				
ATOMOXETINE	STRATTERA	<u>Children/Adolescents with up to 70kg body weight</u> 0.5MG/KG/day as single or 2 evenly divided doses	0.5MG/KG - 1.2MG/KG	1.2 MG/KG
		<u>Adults or Children and Adolescents above 70kg body weight:</u> 40 MG/day as single or 2 evenly divided doses	40 – 80 MG	100 MG
METHYLPHENIDATE	RITALIN	5 MG once-twice a day	5 – 30 MG	60 MG
	RITALIN SR / LA	20 MG/day	20 – 60 MG	60 MG
	CONCERTA	18 MG/day	18 – 36 MG	Adult/Children: 54 Adolescent: 72 MG (not to exceed 2mg/kg/day)

**REFERENCES:**

British National Formulary Vol. 59 (Mar 2010)  
MICROMEDEX (DRUGDEX) Healthcare Series Vol. 148 (2<sup>nd</sup> Quarter 2011)  
American Hospital Formulary System (2010 Edition)  
Manufacturers Product Information

**DISCLAIMER:** Considerable care has been taken to ensure the accuracy of the information. Due to the constantly evolving nature of drug information, users are advised to consult the manufacturers most current product literature or other standard references for details prior to drug use. Actual dosing amount for any drug should be based on an in-depth evaluation of the individual patient's therapy requirement and strong consideration given to issues such as contraindications, warnings, precautions, adverse reactions and interactions with other drugs.

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