## USUAL DOSAGE RANGE FOR NEUROLEPTICS

These are usual and customary dosage ranges endorsed by Vermont State Hospital. These may be exceeded when clinically indicated by process.

A) Oral Medication: Up to: Aripiprazole (Abilify) 30 mg/day Chlorpromazine (Thorazine) 1000 mg/day Clozapine (Clozaril) 900 mg/day - Fluphenazine (Prolixin) 40 mg/day Haloperidol (Haldol) 25 mg/day Loxapine (Loxitane) 250 mg/day Molindone (Moban) 225 mg/day \* Olanzapine (Zyprexa) 30 mg/day Perphenazine (Trilafon) 64 mg/day Quetiapine (Seroguel) 800 mg/day - Risperidone (Risperdal) 16 mg/day - Thiothizene (Navane) 60 mg/day - Thioridazine (Mellaril) 800 mg/day Trifluoperazine (Stelazine) 40 mg/day Ziprasidone (Geodon) 160 mg/day

B) Parenteral Depot Preparations

\* Fluphenazine Decanoate

\* Haloperidol Decanoate

- Risperidone (Risperdal Consta)

Up to:

300 mg I.M. q two weeks 300 mg I.M. q month 50 mg I.M. q.2 weeks

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- C) Combinations: For patients on both oral and depot preparations, the combined dose is taken into account.
- D) Process for exceeding usual dosage range: If a physician wishes to prescribe a dose in excess of the usual dosage range, he/she documents the clinical considerations underlying the decision in a note, indicating the proposed dose. He/she contacts another member of the VSH physician staff for a second opinion. If the second doctor agrees, he/she also writes a note in the patient's chart.

A usual dosage range to be exceeded form is filled out by both physicians and a copy is sent to the Pharmacy. (?? Direction and how many other copies ??)
The Pharmacist will then fill the order.

## References:

- \* = Suggested range by Med Staff approved 7/20/05 by Med Staff
- = Drug Facts and Comparisons, Package Insert