

# PRESCRIBING DIRECTIONS FOR PSYCHOTROPIC MEDICATIONS

This brief information is provided to facilitate the use of these medications and is NOT intended to replace the information provided in the FDA labeling information. For any questions, please consult with your pharmacist or review FDA labeling information available at [Drugs@FDA](mailto:Drugs@FDA). Last updated 01/01/2012 by the [AIMS Center](#) at the University of Washington.

## ANXIOLYTICS & HYPNOTICS

### ALPRAZOLAM (XANAX)

**DOSING INFORMATION:** **Anxiety Disorders:** *Week 1:* Consider CBC and LFTs (see *MONITORING*); Start 0.25 to 0.5 mg tid (lower doses typically used in older adults); *Of note:* Scheduled dosing is typically more effective than PRN dosing for control of anxiety symptoms. *Week 2 and beyond:* Assess for side effects, can increase as needed. **Typical target:** 0.5 to 1 mg tid. **Max dosage:** 4 mg/day. **Panic Disorder:** Consider CBC and LFTs (see *MONITORING*); *Week 1:* Start 0.5 mg tid. *Of note:* Scheduled dosing is typically more effective than PRN dosing for control of anxiety symptoms; *Week 2 and beyond:* Assess for side effects, can increase as needed in 1mg /day increments every 3-4 days. **Typical target:** 4-6 mg/day. **Max:** 9 mg/day. **Discontinuation:** Uniquely problematic withdrawal syndrome; Recommended taper of no more than 0.5 mg every 3 days; Doses above 4 mg/day may need slower taper of 10% per month. *Of note:* Alprazolam concentrations may be reduced by up to 50% in smokers compared to non-smokers.

**MONITORING:** Consider UTOX if abuse/diversion is a concern. *Per FDA:* “periodic” blood counts and liver-function tests are recommended for patients on long-term therapy.

**GENERAL INFORMATION:** **Mechanism of action:** enhances activity of GABA (benzodiazepine). **FDA Indications:** Panic Disorder; Anxiety disorders; Short-term use for anxiety symptoms. **Off-label indications:** Insomnia. **Pharmacokinetics:** T<sub>1/2</sub> = 11 hrs; Onset: Rapid. **Common Side effects (dose dependence and listed for panic disorder):** Drowsiness/sedation (77%), impaired coordination (40%), dysarthria (23%). **Warning/Precautions:** Cognitive/motor impairment (especially in elderly), suicidal behavior/ideation, worsening of depression, mania, uricosuric effect, risk of fetal harm, withdrawal symptoms including seizures, respiratory depression, sleep apnea/COPD, physical and psychological dependence, abuse potential, use in the elderly, paradoxical reaction. **Contraindications:** Known hypersensitivity reaction to the product. Acute narrow angle glaucoma and in patients taking ketoconazole or itraconazole. **Pregnancy: Category D; associated w/ increased risk of teratogenesis (need to inform women of childbearing age of this risk).** **Breastfeeding:** Enters breast milk /Not recommended. **Significant drug-drug interactions:** Caution with CYP 3A inhibitors. Check all drug-drug interactions. **Generic available:** Yes, inexpensive

## **BUSPIRONE (BUSPAR)**

**DOSING INFORMATION:** Week 1: Baseline weight. Consider BMP for baseline sodium in older adults. Start 7.5 mg BID. Week 2: Assess for side effects, increase to 15 mg bid; Consider further increases as needed. **Typical target dosage:** 15 mg bid. **Max dosage:** 30 mg bid. Of note: Time frame for improvement similar to SSRIs and other antidepressants.

**MONITORING:** Weight. Consider posttreatment BMP to rule out hyponatremia in older adults

**GENERAL INFORMATION: Mechanism of Action:** Unknown; Affinity for serotonin and dopamine receptors; Not related to benzodiazepines. Of note: BuSpar will not mitigate benzo withdrawal. **FDA Indications:** Anxiety. **Off-label indications:** Depression augmentation, Nicotine dependence. Of note: BuSpar may be helpful for reversing SSRI/SNRI induced sexual dysfunction. **Pharmacokinetics:** T<sub>1/2</sub> 2-3 hrs. **Common Side effects:** dizziness (12%), nausea (8%), headache (6%), nervousness (5%). **Warnings/Precautions:** Use of MAOI or within 14 days of stopping a MAOI, restlessness syndrome. **Contraindications:** Known hypersensitivity reaction to the product. **Pregnancy:** Category B. **Breastfeeding:** Unknown/Not recommended. **Significant drug-drug interactions:** MAO Inhibitors; Check all drug-drug interactions **Generic available:** Yes.

## **CLONAZEPAM (KLONOPIN)**

**DOSING INFORMATION:** Week 1: Consider CBC and LFTs (see *MONITORING*); Start 0.25 mg BID; Of note: Scheduled dosing is typically more effective than PRN dosing for control of anxiety symptoms. Week 2: Assess for side effects, can increase as needed to 0.5 mg BID (lower doses typically used in older adults); Can give more of dose at QHS to target insomnia, or if causing excessive daytime sedation. Week 3 and beyond: Can consider further increases as needed however most individuals experience less efficacy with more side effects at higher dosing. **Typical target:** 0.5 mg bid. **Max:** 4 mg/day. **Rapid Discontinuation:** 0.125 mg BID every 3 days. **Extended Discontinuation** (e.g., after months/years of use): 10% per month

**MONITORING:** Consider UTOX if abuse/diversion is a concern. Per FDA: “periodic” blood counts and liver-function tests are recommended for patients on long-term therapy.

**GENERAL INFORMATION: Mechanism of action:** enhances activity of GABA (benzodiazepine). **FDA Indications:** Panic disorder. **Off-label indications:** GAD, Social phobia. **Pharmacokinetics:** T<sub>1/2</sub> 19-50 hrs; Onset: intermediate (1-4 hrs). **Common Side effects:** Somnolence (37%), fatigue (9%), depression (8%), upper respiratory tract infection (8%), ataxia (6%), abnormal coordination (5%), memory disturbance (5%). **Warning/Precautions:** Cognitive/motor impairment (especially in elderly), suicidal behavior/ideation, worsening of depression, risk of fetal harm, withdrawal symptoms, respiratory depression, sleep apnea/COPD, worsening of seizures, physical and psychological dependence, abuse potential, use in the elderly, increased salivation, renal impairment, paradoxical reaction. **Contraindications:** Known hypersensitivity reaction to the product. Patients with clinical or biochemical evidence of significant liver disease, narrow angle glaucoma. **Pregnancy: Category D; associated w/ increased risk of teratogenesis (need to inform women of childbearing age of this risk).** **Breastfeeding:** Enters breast milk and causes lethargy etc./not recommended. **Significant drug-drug interactions:** Check all drug-drug interactions. **Generic available:** Yes, inexpensive.

### **HYDROXYZINE (VISTARIL, ATARAX)**

**DOSING INFORMATION:** Week 1: Start 25 mg q6 hr. Week 2: Assess for side effects/efficacy and consider increase to 50 mg q6hr. Week 3: Assess for side effects/efficacy and can consider further titration to 100 mg q6 hr. Of note: Can start at 50 mg q 6hrs and titrate up to 100 mg q 6hr more quickly, if needed. **Typical target:** 50-100 mg q6hs. **Max dosage:** 400 mg/day.

**GENERAL INFORMATION: Mechanism of action:** Antihistamine (H<sub>1</sub>-receptor). **FDA Indications:** Anxiety. **Non-FDA Indications:** Insomnia. **Pharmacokinetics:** T<sub>½</sub> 3-7hr. **Common Side effects:** Sedation; dry mouth. **Warning/Precautions:** Use in elderly patients, asthma, high environmental temperatures. **Contraindications:** **Use in early pregnancy is contraindicated by the manufacturer.** Known hypersensitivity reaction to the product. **Pregnancy:** Category C (fetal abnormalities in animal studies). Use in early pregnancy is contraindicated by the manufacturer. **Breastfeeding:** Excretion in breast milk unknown/not recommended. **Significant drug-drug interactions:** Check all drug-drug interactions. **Generic available:** Yes, medium.

### **LORAZEPAM (ATIVAN)**

**DOSING INFORMATION:** Week 1: Consider CBC and LFTs (see *MONITORING*); Start 0.5 mg bid (lower doses typically used in older adults); Of note: Scheduled dosing is typically more effective than PRN dosing for control of anxiety symptoms. Week 2: Assess for side effects, can increase as needed to 1 mg BID. Can give more of dose at QHS to target insomnia or if causing excessive daytime sedation. Week 3 and beyond: Can consider further increases as needed. **Typical target dosage:** 1-3 mg BID. **Max dosage:** 10 mg/day. **Rapid discontinuation:** 10% every 3 days. **Extended Discontinuation** (e.g., after months/years of use): 10% per month.

**MONITORING:** Consider UTOX if abuse/diversion is a concern. Per FDA: “periodic” blood counts and liver-function tests are recommended for patients on long-term therapy.

**GENERAL INFORMATION: Mechanism of action:** enhances activity of GABA (benzodiazepine). **FDA Indications:** Anxiety disorders; Short-term use for anxiety symptoms or anxiety associated with depressive symptoms. **Off-label indications:** Insomnia (1-4 mg QHS). **Pharmacokinetics:** T<sub>½</sub> = 12 hrs; Onset: intermediate (2 hrs); Of note: no active metabolites, so safer in liver disease. **Common Side effects:** (15.9%), dizziness (6.9%), weakness (4.2%), unsteadiness (3.4%). **Warning/Precautions:** Cognitive/motor impairment (especially in elderly), suicidal behavior/ideation, worsening of depression, risk of fetal harm, withdrawal symptoms, respiratory depression, sleep apnea/COPD, physical and psychological dependence, abuse potential, use in the elderly, paradoxical reaction. **Pregnancy: Category D; associated w/ increased risk of teratogenesis (need to inform women of childbearing age of this risk).** **Contraindications:** Known hypersensitivity reaction to the product. Acute narrow-angle glaucoma. **Breastfeeding:** Enters breast milk and causes lethargy etc./not recommended. **Significant drug-drug interactions:** Check all drug-drug interactions. **Generic available:** Yes, inexpensive.

## **TEMAZEPAM (RESTORIL)**

**DOSING INFORMATION:** *Week 1:* Start 7.5-15 mg qhs. *Week 2:* Assess for side effects, can increase as needed to 15-30 mg qhs. **Typical target:** 15-30 mg qhs. **Max dosage:** 30 mg qhs (15 mg typically used in older adults). **Discontinuation:** No taper needed, if less than 10 days use; Recommend taper 10% every 3 days with long-term use.

**MONITORING:** Consider UTOX if abuse/diversion is a concern.

**GENERAL INFORMATION: Mechanism of action:** enhances activity of GABA (benzodiazepine hypnotic). **FDA Indications:** Short-term use for insomnia (7-10 days). **Pharmacokinetics:**  $T_{1/2}$  = 8 hrs; Onset: rapid (0.5 hr). **Common Side effects:** Sedation. **Warnings/Precautions:** Severe anaphylactic and anaphylactoid reactions (rare), use in the elderly, “sleep-driving” and other complex behaviors, disinhibition, bizarre behavior, depersonalization, hallucinations, suicidal behavior/ideation, worsening of depression, use in patients with impaired renal or hepatic function or chronic pulmonary insufficiency, physical and psychological dependence, cognitive/motor impairment (especially in elderly), withdrawal syndrome, abuse potential. **Contraindications:** Known hypersensitivity reaction to the product. Women who are or may become pregnant. **Pregnancy: Category X/Established risk of congenital malformations (need to inform women of childbearing age of this risk).** **Breastfeeding:** Enters breast milk/of concern. **Significant drug-drug interactions:** Check all drug-drug interactions **Generic available:** Yes, inexpensive

## **ZOLPIDEM (AMBIEN, AMBIEN CR): CR—SUSTAINED RELEASE**

**DOSING INFORMATION:** *Week 1:* Ambien 5-10 mg qhs (Ambien CR 6.25-12.5 mg qhs); Start 5 mg (Ambien CR 6.25 mg qhs) for elderly/debilitated patients/hepatically impaired. *Week 2:* Assess for side effects. **Typical target:** 10 mg qhs (Ambien CR 12.5mg QHS). **Max:** 10 mg qhs (Ambien CR 12.5mg QHS). Of note: Should not be taken with or immediately after a meal.

**GENERAL INFORMATION: Mechanism of action:** Non-benzodiazepines hypnotic that acts at the benzodiazepine receptor. **FDA Indications:** Short-term treatment of insomnia. **Pharmacokinetics:**  $T_{1/2}$  2.5-3 hrs. **Common Side effects:** Drowsiness (8%), dizziness (5%). **Warnings/Precautions:** Severe anaphylactic/anaphylactoid reaction, abnormal thinking, behavioral changes and complex behaviors (e.g., “sleep driving” and hallucinations), worsening of depression or, suicidal thinking, withdrawal effects, CNS depressant effects, use in the elderly/debilitated, use in patients with hepatic impairment, mild to moderate COPD, impaired drug metabolism or hemodynamic responses, or mild to moderate sleep apnea. **Contraindications:** Known hypersensitivity reaction to the product. **Pregnancy: Category C.** **Breastfeeding:** Enters breast milk/use caution. **Significant drug-drug interactions:** Check all drug-drug interactions **Generic available:** Yes, medium.