

Behavioral Health Medication Reference Guide-Kentucky

SEDATIVES & HYPNOTICS							
PREFERRED		Usual Bedtime Dosage for Insomnia			Comments/Suggestions		
estazolam tablet (generic for ProSom)		1–2 mg					
temazepam capsule (generic for Restoril)		7.5–30 mg			*melatonin/diphenhydramine: OTC- Covered w/Rx		
trazodone tablet (generic for Desyrel)		50–100 mg					
zolpidem tablet (AL min 18 yoa; QL 31/31 days) (generic for Ambien)		10 mg					
melatonin* 5mg tablets			0.3-5mg				
nighttime sleep aid* (diphenhydramine)			50mg				
ANTIPSYCHOTICS							
PREFERRED	Initial Dose		Usual Dosage Range	Comm	nents/Suggestions		
Second-Generation (Atypic							
clozapine tablet (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	3500/n neutro	Clozapine/Fazaclo: 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		
clozapine dispersible tablet (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	Risperidone: Also available generically in liquid and orally disintegrating tablets (please reserve for members with swallowing difficulties)			
risperidone oral tablet, dispersible tablet (AL min 5 yoa; QL 62/31 DS)	0.25 mg–1 mg BID (depending on indication)		0.5 mg–6 mg				
risperidone oral solution (AL min 5 yoa; QL 496/31 DS)			daily or divided BID		s: Covered with ST (Trial and failure of pine, quetiapine or risperidone)		
(generic for Risperdal) quetiapine tablet (AL min	25–50 mg BID			Sustenna: Covered with PA for			
10 yoa) (generic for Seroquel)	(depending on indication)		200–400 mg BID	diagnosis and trial with oral risperidone. Steady state reached after 2 nd injection; consider for members with adherence			
olanzapine tablet (AL min 13 yoa; QL 31/31 DS) (generic for Zyprexa)	5-10 mg Daily (depending on indication)		5–20 mg Daily		lifficulties		



Saphris sublingual tablet (ST, AL min 18 yoa)	5mg Twice Daily	5-10 mg BID	Abilify: Covered with ST (Trial and failure of 2 preferred agents: risperidone, quetiapine, or
Abilify oral tablet/solution (ST, AL min 6-18 yoa depending on diagnosis)	2-15mg Daily (Depending on indication	5-15mg Daily	olanzapine) <u>Abilify Maintena</u> : Covered with PA for
Second-Generation (Atypic	al) – Long-acting	diagnosis and trial with oral Abilify	
Invega Sustenna (PA, AL min 18 yoa; QL 1 syringe/28 DS)	18 yoa; QL 1 234mg day 1,		
Abilify Maintena (PA, AL min 18 yoa)	300-400mg	300-400mg once per month	
First-Generation (Typical)			
chlorpromazine tablet (AL min 6 months) (generic for Thorazine)	lorpromazine tablet (AL n 6 months) 10–50 mg BID		
fluphenazine tablet (AL min 18 yoa; QL on liquids) (generic for Prolixin)	2.5–5 mg DAILY	10-20 mg DAILY	
haloperidol tablet (AL min age 3 yoa) (generic for Haldol)	5 mg DAILY or divided BID or TID	10–15 mg (divided BID to TID)	
loxapine capsule (AL min age 18 yoa) (generic for Loxitane)	10 mg BID	60–100 mg (divided 2 to 4 times/day)	
perphenazine tablet (AL min 12 yoa) (generic for Trilafon)	4 mg TID	24 mg (divided BID to TID)	
thioridazine tablet (AL min 2 yoa) (generic for Mellaril)	50–100 mg TID	100–150 mg BID	
thiothixene capsule (AL min 12 yoa) (generic for Navane)	2 mg TID	30 mg DAILY or divided BID to TID	
trifluoperazine tablet (AL min 6 yoa) (generic for Stelazine)	2–5 mg BID	20 mg DAILY or divided BID	Orap: used in patients with Gilles de la
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	Tourette's syndrome
First-Generation (Typical) -	Long-acting Injectio		
fluphenazine decanoate (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	



haloperidol decanoate (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							
ANTIDEPRESSANTS									
PREFERRED Initial Dose		Usual Daily Dosage	Comments/Suggestions						
SSRIs (Selective Serotonin	Reuptake Inhibitors)								
citalopram tablet (generic for Celexa)	20 mg	20–60 mg							
fluoxetine capsule (generic for Prozac)	10–40 mg	20–80 mg	Note that we only cover fluoxetine in a solution formulation						
paroxetine tablet (generic for Paxil)	10 mg	20–60 mg							
sertraline tablet (generic for Zoloft)	25–50 mg	50–200 mg	Consider use of rating scales to assess severity of illness. Recommended scales include:						
escitalopram tablet (generic for Lexapro)	10 mg	10-20 mg	Hamilton Rating Scale for Depression						
fluvoxamine tablet (generic for Luvox)	60 mg		(HAM-D)Beck Depression Inventory (BDI)						
SNRIs (Serotonin-Norepine	ephrine Reuptake Inhi	 Yale-Brown Obsessive Compulsive Scale (Y-BOCS) 							
venlafaxine tablet (generic for Effexor)	25mg BID	75–225 mg (divided BID)	Scale (1-bocs)						
venlafaxine ER capsules (QL 31/31 DS) (generic for Effexor XR)	37.5mg–75mg Daily	75–225 mg Daily	Generic MAOIs, TCAs and trazodone are also available as preferred agents						
Other Antidepressants									
bupropion tablet/ bupropion SR tablet (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)						
bupropion XL (generic for Wellbutrin XL)	150 mg	150–450 mg	3						
mirtazapine tablet (generic for Remeron)	15 mg	15–45 mg							
(4	C Attention-Deficit/Hype	NS-STIMULANTS ractivity Disorder (ADHD) Medications)						
PREFERRED	Duration of Action (h	Usual	Comments/Suggestions						
Short-acting									
amphetamine mixed salt (20mg tabs QL 93/31DS; 30mg tab QL 62/31DS) (generic for Adderall) 4-6		2.5–40 mg/day	Recommended Screening Tools ADHD Rating Scale-IV Conner's Rating Scales-Revised						

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dextroamphetamine tablet (generic for Dexedrine/Dextrostat)	4–6	2.5–40 mg/day	(CRS-R). • Child Behavior Checklist (CBCL)
dexmethylphenidate tablet (AL min 6 yoa; QL 62/31DS) (generic for Focalin)	3–5	2.5-40 mg/day	
methylphenidate tablet (AL min 6 yoa; 20mg tabs QL 93/31DS) (generic for Ritalin)	3–5	10–60 mg/day	*dextroamphetamine ER capsule: Covered
Methylin Chewable tablet (AL min 6 yoa)	3-5	10-60 mg/day	with ST (trial and failure of Vyvanse OR amphetamine-dextroamphetamine ER capsule)
Intermediate-acting		capsule)	
dextroamphetamine ER capsule* (AL min 6 yoa, max 20 yoa; QL 31/31DS) (generic for Dexedrine Spansules)	6–8	5–40 mg/day	
methylphenidate SR (AL min 6 yoa, max 20 yoa; QL 93/31DS) (generic for Ritalin SR)	3–8	10–60 mg/day	amphetamine-dextroamphetamine ER capsule can be sprinkled for ease of administration in young members
Long-acting		Intuniv and Kapvay are both non-preferred	
amphetamine- dextroamphetamine ER capsule (AL min 6 yoa, max 20 yoa; QL 62/31DS)	8–10	10–30 mg/day	and require PA to address medical necessity for use over generic guanfacine and/or generic clonidine.
Vyvanse capsule (AL min 6 yoa, max 20 yoa; QL 31/31DS)	10–12	30–70 mg/day	
methylphenidate ER tablet (AL min 6 yoa,max 20 yoa; 20mg tabs QL 93/31DS) (generic for Metadate ER)	10–12	10-60 mg/day	
methylphenidate ER tablet (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	