



Review of Psychotropic Drugs 2013

Key



C	Capsule
CH	Chewable tablet
CR	Controlled Release
DR	Delayed Release
EPS	Extrapyramidal Side Effects
ER	Extended Release
H	Hour
I	Injectable
IV	Intravenous
IM	Intramuscular Injection
L	Liquid
MAOI	Monoamine Oxidase Inhibitor
MAX	Maximum
OCD	Obsessive-Compulsive Disorder
ODT	Orally Disintegrating Tablet
OTC	Over-the-Counter

PO	By Mouth
P	Pulvules
REM	Rapid Eye Movement
SR	Sustained Release
SUPP	Suppository
Sx	Symptom(s)
T	Tablet
TCA	Tricyclic Antidepressant
TD	Transdermal
Tx	Treatment (of)
XR	Extended Release
↑/↓	Increase/decrease

Side Effects (SE) - Degree &/or Occurrence	
-	no data
0	none
+	slight
++	moderate
+++	high
++++	very high
+++++	highest
qd	daily
bid	twice per day
tid	three times per day
qid	four times per day
hs	hour of sleep
O	dose for outpatients
H	dose for hospitalized patients

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NOTES - General

- Do not abruptly stop any of these medications without consulting with the prescribing physician.
- All the listed medications have the potential to effect the sensorium. Caution must be taken when operating hazardous machinery, including automobiles.
- The physician and/or pharmacist must be informed of ANY other medications an individual takes before initiation of drug/psychotropic therapy due to the potential interactive effects. This includes over-the-counter medications and medicinal herbs. In addition, some foods may have an affect on the medication.
- Medication administration in children and the elderly always necessitates careful and complete individual assessment before initial dosing and maintenance therapy to best balance beneficial effects with side/adverse effects.
- Monoamine Oxidase Inhibitors (MAOI) interact with a number of Over-the-Counter drugs and foods. Make sure the individual is aware of the need to avoid consuming such drugs as those containing dextromethorphan (Robitussin©), nasal decongestants, hay-fever, sinus, and asthma medication; and foods with high tyramine or dopamine content such as beer, wine including those that are alcohol free or reduced, pickled herring, liver, broad bean pods, cheese, yogurt, yeast extract, and excessive chocolate or caffeine. (This medication/food list is not complete.)
- Antidepressants can increase the risk of suicidality in children, adolescents and young adults with major depressive or other psychiatric disorders, especially during the first month of treatment. Patients should be monitored for clinical worsening, suicidality, or unusual behavior changes.

TABLE COMMENTS/ COMMON ADVERSE EFFECTS

1. Dose reductions are necessary in elderly patients.
2. Dose reductions are necessary in children and/or adolescents.
3. Safety and efficacy has not been established in children and/or adolescents.
4. THERAPEUTIC DOSE ANTICHOLINERGIC EFFECTS may include dry mouth, decreased sweating, headache, mydriasis (pupil dilation), blurred vision, cycloplegia (loss of ciliary eye muscle power/accommodation), urinary hesitancy & retention,

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TABLE COMMENTS/ COMMON ADVERSE EFFECTS (continued)

constipation, palpitation (awareness of one's heart beat), and tachycardia (rapid heart rate). TOXIC ANTICHOLINERGIC EFFECTS may include signs & symptoms resembling psychosis (disorientation, confusion, hallucination, delusions, anxiety, agitation, and restlessness); dilated, non-reactive pupils; blurred vision; hot, dry, flushed skin; dry mucous membranes; dysphagia (difficulty in swallowing); decreased/absent bowel sounds; urine retention; hyperthermia; tachycardia; hypertension (elevated blood pressure); and increased respiratory rate. (Springhouse Nurse's Drug Guide, 2004) Encourage good dental hygiene because of persistent dry mouth may increase the risk of dental caries.

5. Extrapyramidal Side Effects--This is a collection of abnormal movements effecting voluntary muscles and coordination of the neck, spine, gait/walking, oral/facial, fingers, limbs, and eyes as well as associated vocalizations, breathing and swallowing. These can occur with both therapeutic and toxic dosage and may occur after any dosage change/cessation.
 6. Advise individual to avoid using alcohol during therapy with this medication.
 7. Advise individual to avoid smoking during therapy with this medication.
 8. Advise individual to use sunblock, wear protective clothing, and avoid prolonged exposure to strong sunlight to prevent photosensitivity reactions.
 9. Take medication with food or milk.
 10. It is preferable to take full dosage of medication at bedtime.
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IMPORTANCE OF HALF-LIFE ($t_{1/2}$) & STEADY STATE (SS)

- Half-life ($t_{1/2}$) - the time it takes for half of the drug to be eliminated from the body.
 - Half-life is affected the elimination rate constant (k_e) which is a patient specific factor
 - The elimination rate constant is determined by the patients' clearance (Cl) and volume of distribution (V_d)
- Steady state - when the rate of drug administration equals the rate of drug elimination.

IMPORTANCE OF HALF-LIFE ($t_{1/2}$) & STEADY STATE (SS) (continued)

- It takes approximately 5 half-lives to reach steady state.
- It is not until steady state that the true effects of the medication can be expected to be seen.
- Increasing the dose or the dosing frequency will not result in a decreased time to reach SS because $t_{1/2}$ is unaffected.
 - Doing so too rapidly, could actually result in toxicity or overdose, which may lead to adverse effects.

11. Facts & Comparison® eAnswers. Wolters Kluwer Health, Inc 2012. Accessed 27 February 2012.
Available from: <http://proxy.library.siu.edu:2188/index.aspx>

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Medication Categories/ Name (Generic/Brand)	Dosage Facts		t _{1/2} ¹¹	Major Side Effects - (severity and/or incidence)						Comments
	Dosage Forms	Usual Adult Dosage (mg)		Anticholinergic Effect ⁴	Sedation	Orthostatic Hypotension	Sexual Dysfunction	GI Effects	Activation/Insomnia	
Antidepressants										
Amitriptyline (Elavil)	T, L, IM	O: 75-150 QD H: 100-300 QD	31-46 h	++++	++++	++++	++++	++++	++++	1, 2, 3, 6, 7, 8, May need to increase fluids & use stool softener as needed.
Clomipramine (Anafranil)	C	25 – 250 QHS	19-37 h	+++	+++	++	+++++	+++++	++++ +	2, 6, 8
Desipramine (Norpramin)	T	25 – 300 QHS	12-24 h	+	+	+	++	++	++	1, 2, 3, 6, 8
Doxepin (Sinequan)	C, L	25 – 150 QHS	8-24 h	++	+++	++	++	++	++	3, 6, 8, 10, Dilute liquid in H ₂ O, milk or juice (orange, grapefruit, tomato, prune, or pineapple <u>only</u>) just prior to use.
Duloxetine Hydrochloride (Cymbalta)	C	20 – 60 QD	8-17 h	0/+	+	0	++	+++	+++	3, 6
Imipramine (Tofranil)	T,C	O: 75-200 QHS H: 100-300 QHS	11-25 h	++	++	+++	++++	++++	++++	1, 2, 6, 7, 8, 9, 10
Nortriptyline (Pamelor)	C,L	30-150 QHS	18-44 h	++	++	+	+++	+++	+++	1, 2, 3, 6, 8, 10
Protriptyline (Vivactil)	T	5-10 TID-QID	67-89 h	+++	+	+	++	++	++	1, 3, 6, 8, 10, Take each dose with 8 ounces of water.
Trimipramine (Surmontil)	C	O: 75-150 QHS H: 100-300 QHS	7-30 h	++	+++	++	+	+	+	1, 3, 6, 8
Citalopram (Celexa)	T,L	20-60 QD	33 h	0/+	0/+	0/+	++++	++++	++++	1, 2, 3, 6
Escitalopram (Lexapro)	T,L	10-20 QD	27-32 h	+	0/+	+	++++	++++	++	6
Fluoxetine (Prozac/Sarafem)	T,L, C (DR)	20-80 QAM 90 DR Qweek	1-16 days	0/+	0/+	0/+	+++++	+++++	++++ +	1, 2, 6, Do not take in the p.m. as may cause insomnia.
Fluvoxamine (Luvox)	T, C(ER)	50-150 BID	~ 15 h	0/+	0/+	0	+++++	+++++	++++ +	1, 2, 6, 7

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Antidepressants (continued)										
Paroxetine (Paxil)	T, T(CR), L	10-50 QD	10-24 h	0	0/+	0	+++++	+++++	+++++	1, 2, 3, 6, The CR tablet must not be chewed or crushed.
Sertraline (Zoloft)	T,L	50-200 QD	1-4 days	0	0/+	0	+++++	+++++	+++++	2, Mix liquid form immediately before use with H ₂ O, ginger ale, lemon/lime soda, lemonade, or orange juice only.
Isocarboxazid (Marplan)	T	10-30 BID	-	++	++	+++	+++	++++	++	1, 3, 6, 10, MAOI
Phenelzine (Nardil)	T	15-30 TID	-	+	+	+	-	-	-	1, 3, 6, 10, MAOI
Tranylcypromine (Parnate)	T	10-20 TID	~ 2 h	+	+	0	-	-	-	1, 3, 6, 10, MAOI
Amoxapine (Asendin)	T	50-600 QHS	8 h	+++	++	+	++	++	++	1, 2, 3, 6, 7, 8, Increase fluids & use stool softener as needed.
Bupropion (Wellbutrin)	T, T(SR), T(ER)	100-400 BID/QD	8-24 h	++	++	+	0/+	0/+	0/+	3, 6, Take as 3 divided doses as scheduled, do not use with Zyban®.
Maprotiline (Ludiomil)	T	75-225 QHS	21-25 h	++	++	+	0/+	0/+	0/+	1, 3, 6, 8, Take with food.
Trazodone (Desyrel)	T	50-300 BID/QHS	4-9 h	+	++++	++	+++	+++	+++	1, 2, 3, 6, Take with food.
Vilazodone (Viibryd)	T	10-40 QD	25 h	0	0	-	+	++	+	3, 6, Take with food.
Mirtazapine (Remeron)	T, ODT	15-45 QHS	20-40 h	++	+++	++	+++	+++	+++	1, 3, 6, After removal from package, immediately place on tongue, water not necessary.
Nefazodone (Serzone)	T	50-300 BID	2-4 h	0/+	++	+	++++	++++	++++	1, 3, 6, 8, Notify MD immediately if liver failure signs are detected.
Venlafaxine (Effexor)	T, C(XR)	37.5-375 BID/QD	5-11 h	0	0	0	+++	+++	+++	1, 3, 6, Take with food.
Desvenlafaxine (Pristiq)	T (ER)	50-400 QD	11-14 h	0	0	0	+	++	+	3, 4, 6, Take with food.

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	Dosage Forms	Usual Adult Dose (mg)		Anticholinergic Effect ⁴	Sedation	Orthostatic Hypotension	Sexual Dysfunction	GI Effects	Activation/ Insomnia	
Antidepressants (continued)										
Olanzapine/Fluoxetine (Symbyax)	C	6-12/25- 50 QHS	1-16 days (fluoxetine component)	++	++	+++	+++	++	+	1, 3, 6. See comments for Olanzapine & Fluoxetine.
Selegiline (Emsam)	TD	6-12 QD	18-25 h	++	0/+	+++	0/+	+++	+++	3, 6. MAOI. Apply to dry skin of upper torso, upper arm, or upper thigh.

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	Dosage Forms	Usual Adult Dosage (mg)		Anticholinergic Effect ⁴	Sedation	Orthostatic Hypotension	EPS ⁵	
Antipsychotics								
Chlorpromazine (Thorazine)	C (CR), I, L, T Supp	10-300 TID	24 h	++	+++	+++	++	1, 2, 6, 8, Liquid form, if spilled on skin, can cause rash/irritation. The injection form may cause stinging.
Thioridazine (Mellaril)	L, T	50-300 BID-TID	4-10 h	+++	+++	+++	+	1, 2, 6, 8, Urine may be discolored. Dilute solution prior to administration.
Fluphenazine (Prolixin)	L, I, T	1-10 TID-QID	18 h	+	+	+	+++	1, 2, 3 (<12 yrs), 6, 8, Urine may be discolored. Do not mix concentrate with beverages containing caffeine, tannins (tea), or pectinates (i.e. apple juice).
Perphenazine (Trilafon)	L, I, T	4-16 BID-QID	9-12 h	+	++	+	++	1, 3 (<12 yrs), 6, 8, Do not mix concentrate with colas, black coffee, grape or apple juice or tea
Trifluoperazine (Stelazine)	T, L, I	1-20 BID	18 h	+	+	+	+++	1, 2, 3 (<12 yrs), 6, 8
Olanzapine (Zyprexa)	T, ODT, I	5-20 QD	21-54 h (T); 30 days (I)	++	++	++	+	2, 3 (<5 yrs), 6, 7 (Could also be used as an antidepressant)
Aripiprazole (Abilify)	I, T, L, ODT	10-30 QD	75 -146 h	0/+	+	+	0	3, 6
Paliperidone (Invega); Paliperidone palmitate (Invega Sustenna)	T(ER), IM	6-12 QAM	23 h (T); 25-49 days (IM)	0/+	+	++	++	1, 3, 6, tablets should not be chewed, crushed, or divided.
Haloperidol (Haldol)	T, L, I	0.5-50 BID-TID	~ 18 h (T); ~ 3 wks (decanoate)	+	+	+	++++	1, 2, 6, 8
Loxapine (Loxitane)	T, C, L, I	10-125 BID	8 h	+	+	+	++	3, 6, Urge periodic eye examinations.

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	Dosage Forms	Usual Adult Dosage (mg)		Anticholinergic Effect ⁴	Sedation	Orthostatic Hypotension	EPS ⁵	
Antipsychotics (continued)								
Molindone (Moban)	T, L	15-100 TID-QID	~ 2 h	+	+	+	++	3 (<12 yrs), 6, 8, Do not take within 2 hours of antacids or medications for treating diarrhea.
Thiothixene (Navane)	C, L, I	2-20 TID	34 h	+	+	+	+++	1,2 (12-18 yrs), 3 (<12 yrs), 6, 8
Clozapine (Clozaril)	T, ODT	25-900 QD-BID	8-12 h	+++	+++	+++	0	1, 3, (<16 yrs), 6. Guard against agranulocytosis with blood tests. (Based upon time on medication. Can be used infrequently as 1 x a month).
Lurasidone (Latuda)	T	40-160 QD	~18 h	0	++	0/+	+++	3, 6, 10 Take with food.
Quetiapine (Seroquel)	T, T(ER)	25-400 BID 300-800 QPM (ER)	~ 6 h	0/+	++	++	0	1, 3, 6, Avoid overheating/dehydration, weight gain typical. Have eye examination initially & every 6 months.
Ziprasidone (Geodon)	C, I	20-80 BID	~ 7 h (C); 2 - 5 h (IM)	+	++	++	++	1, 3, Take with food.
Risperidone (Risperdal) Risperdal Consta	T, L, ODT, IM	1-16 QD 1-8 BID	3 - 20 h (T); ~3 - 6 days (IM)	0/+	+	++	++	1, 2, 3, 6, 8, Avoid overheating/dehydration, weight gain typical. May be taken without regard to food. Consta injectable form for long-term control. (Injection should not be given more frequently than every 2 weeks).
Iloperidone (Fanapt)	T	6-12 BID	~ 18-33 h	0/+	++	++	+	1, 3, 6. Weight gain typical. Avoid overheating/dehydration. Use with caution in patients with cardiovascular disease.
Asenapine (Saphris)	ODT	5-10 BID	~ 24 h	0/+	++	0/+	+	1, 3, 6. Weight gain typical. Avoid eating and drinking 10 minutes after dose. Do not swallow, crush, or chew.

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Mood Disorders	Dosage Form	Usual Adult Dosage (in mg, all adjusted per lab values)	Comments (includes t _{1/2} ¹¹)
Lithium Carbonate (Eskalith CR, Lithobid)	C, T, T (ER), L	1200-2100 mg/day (acute mania); 900-1800mg/day (long-term) div TID-QID	1,2,3 (12 < years), Side effects may include nausea, fine hand tremor, ↑ urination & thirst, toxicity; slurred speech, confusion, severe GI effects, weight gain and acne. Drink plenty of water. Avoid caffeine. t _{1/2} = ~ 24 h
Carbamazepine (Carbatrol, Tegretol)	T, T (ER), C, C (ER), L, CH	200-1200 BID	2, Side effects may include nausea, dizziness, sedation, headache, dry mouth, constipation and rash. t _{1/2} = 25-65 h; 35-40 h (ER) ↓ to 12-17 h on repeated dosing (due to autoinduction of its own metabolism)
Valproic Acid (Depakene, Depakote)	C, C(sprinkle), C(DR), T(DR), I	250-500 TID. 60mg/kg/day (max)	1, 3 (Tx for mania), nausea, diarrhea, abdominal cramps, sedation, tremor, weight gain and rash. Give with food. t _{1/2} = 9-16 h
Anxiolytics (Antianxiety)			
Alprazolam (Xanax)	T, T(ER)	0.25-0.5 TID (initial). 4mg/day (max)	1, 2, 3, 6, 7 t _{1/2} = ~ 6-27 h
Chlordiazepoxide (Librium)	T, C, I	5-25 tid/qid (anxiety); 50-300 QD (acute alcohol withdrawal)	1, 2, 3, 6, 7, Side effects may include drowsiness, lethargy, hangover, thrombophlebitis and swelling/pain @ injection sight. t _{1/2} = 5-30 h
Clonazepam (Klonopin)	T, I	0.25 BID-TID (initial); 4.0 QD (max)	1, 2, 6, Side effects may include drowsiness, ataxia, behavioral disturbances (especially in children), ↑ salivation. t _{1/2} = 18-50 h
Clorazepate (Tranxene)	C, T	7.5-30 BID-TID (anxiety); 30-90 QD (acute alcohol withdrawal)	1,2,3 (< 9 years), 6, 7, Side effects may include drowsiness, lethargy and hangover. t _{1/2} = 40-50 h
Diazepam (Valium)	T, IM, IV, L, Rectal gel	2-10 BID-QID (anxiety); 5-10 TID-QID (acute alcohol withdrawal)	1, 2, 6, 7, Side effects may include pain, drowsiness, lethargy, hangover, ataxia, phlebitis at injection site, possibility of drug dependence. t _{1/2} = 20-80 h
Lorazepam (Ativan)	T, L, IM, IV	0.5-2 BID-TID 10mg/day (max)	1,2,3 (< 12 years),6, 7, drowsiness, lethargy and hangover. t _{1/2} = 10-20 h
Oxazepam (Serax)	T, C	10-30 TID-QID	1, 3, 6, 7, Side effects may include mental status changes. t _{1/2} = 5-20 h

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Buspirone (BuSpar)	T	5-30 BID-TID	3, 6, 9, Side effects may include dizziness. $t_{1/2} = 2-3$ h
Hydroxyzine (Vistaril, Atarax)	T, C, IM, L,	50-100 QID	2, 6, 9, Side effects may include drowsiness and dry mouth. -Clinical effects are usually noted 15-30 mins post oral administration.

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Hypnotics (these meds are typically taken at night)	Dosage Form	Usual Adult Dosage (in mg, all adjusted per lab values)	Comments (includes $t_{1/2}$ ¹¹)
Estazolam (ProSom)	T	1-2 QHS	1, 3, 6, 7, Side effects may include daytime drowsiness, somnolence, asthenia and hypokinesia. $t_{1/2}$ = 10-24 h
Flurazepam (Dalmane)	C	15-30 QHS	1 (start at lowest dose), 3, 6, 7, Side effects may include daytime sedation, dizziness, drowsiness, disturbed coordination and headache. $t_{1/2}$ = 47-100 h
Quazepam (Doral)	T	15-30 QHS	3 $t_{1/2}$ = 39-73 h
Temazepam (Restoril)	C	7.5-30 QHS	1 (start at lowest dose), 3, Side effects may include drowsiness, dizziness and lethargy. $t_{1/2}$ = 3.5-18.4 h
Triazolam (Halcion)	T	0.125-0.5 QHS	1 (start at lowest dose), 3, 6, Side effects may include drowsiness, dizziness and headache. $t_{1/2}$ = 1.5-5.5 h
Diphenhydramine (Benadryl)	T, C, L, IV, IM,	25-50 QHS or Q4-6h	6, 8, Side effects may include drowsiness, sedation, sleepiness, dizziness, nausea, dry mouth, epigastric distress and hemolytic anemia.
Doxylamine (Unisom)	T	25-100 QHS	Give 30 minutes prior to bedtime.
Zaleplon (Sonata)	C	5-20 QHS	1 (start at lowest dose), 3, 6, Side effects may include headache and possibility of drug dependence. Do not take drug after high-fat or heavy meal. $t_{1/2}$ = ~ 1 h
Zolpidem (Ambien)	T, T(CR)	5-10 QHS	1 (start at lowest dose), 3, 6, Side effects may include headache. Take on empty stomach immediately before bedtime. $t_{1/2}$ = ~2.5 (IR); ~2.8 (CR)
Chloral Hydrate	C, L, SUPP	500-1000 QHS. 500-1000 Q6h (alcohol withdrawal)	2, 6, Store liquid in a dark container. Side effects may include nausea/vomiting and diarrhea. $t_{1/2}$ = 7-10 h

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Midazolam (Versed)	L, IV, IM	<ul style="list-style-type: none"> ▪ 0.07-0.08 mg/kg IM injection 30-60 minutes prior to procedure (usually 5 mg) ▪ 0.02-0.04 mg/kg IV infusion ▪ 0.5-0.75 mg/kg PO (max of 20 mg) 	1, 2, 6. Do not mix with any liquid prior to dispensing. Side effects may include decreased respiratory rate. $t_{1/2}$ = ~2-7 h
Eszopiclone (Lunesta)	T	2 mg QHS; max of 3 mg QHS	3 (<18 yoa), 4, 5, 6, 10. Side effects may include headache and unpleasant taste. Do not take with or immediately following a high-fat meal. $t_{1/2}$ = ~ 6 h
Ramelteon (Rozerem)	T	8 mg QHS	2 (use 4 mg QHS), 6, 10. Side effects may include hallucinations. Do not administer with or immediately following a high-fat meal. $t_{1/2}$ = 1-2.6 h