

Medication Table:

Antipsychotic Medications

Summary: This medication table is for informational purposes only and is not a replacement for clinical judgment and consulting a drug reference (such as PDR or Lexi-Comp).

Antipsychotic Medications

Second General Antipsychotics (SGA) (aka “Atypicals”)

| Medication | Forms | Dose for Psychosis (Start, Initial Target, Max) | Comments |
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| Less metabolic effects | | | |
| • Aripiprazole (Abilify) | Tab: 2,5,10,15,20,30 May cut or crush. | Child: Start 2.5 mg daily, up to 15 mg daily Adol/adult: Start 5 mg daily, initial target 5-15 mg daily, max 30 mg daily | Theoretically less metabolic side effects |
| • Lurasidone (Latuda) | Tab: 20,40, 60, 80, 120 mg May cut or crush. | Adol/adult: Start 20-40 mg daily, increase by 20 mg daily every 2-7 days up to 80-120 mg daily | Bipolar depression, Schizophrenia |
| • Ziprasidone (Zeldox) | Capsule: 20,40,60,80 mg Label states capsule should be swallowed whole. However, not on ISMP’s “Do Not Crush List”. | Child: Unknown Adol/adult: Start 20 mg daily, initial target 20-40 mg daily, max 160-180 mg in adults | Schizophrenia, Autistic disorder (irritability), Bipolar, Tourette Disorder |
| • Asenapine (Saphris) | Tab: 5,10 mg May cut or crush. | Child: Start 2.5 mg bid x 3-5 days, then 10 mg bid Usual dose range: 2.5-10 mg bid Max 10 mg bid (i.e. 20 mg daily total) Adult: Start 5-10 mg twice daily; max dosage 10 mg twice daily. | Agitation/aggression, bipolar disorder, schizophrenia, psychosis with dementia |

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| <ul style="list-style-type: none"> • Brexpiprazole (Rexulti) | <p>Tab: 0.25, 0.5, 1,2,3,4 mg May be cut or crushed.</p> | <p>Adolescent/adult with schizophrenia:</p> <ul style="list-style-type: none"> • Day 1-4: 1 mg daily. • Day 5-7: 2 mg daily • Target 2-4 mg daily, 4 mg max. <p>Adolescent/adult for depression:</p> <ul style="list-style-type: none"> • Start 0.5-1 mg daily; titrate up to 3 mg daily. | <p>FDA approved for adjunctive treatment of depression in adults; schizophrenia in age 13-17 and adults.</p> |
| <p>More metabolic effects</p> | | | |
| <ul style="list-style-type: none"> • Risperidone (Risperdal) | <p>Tab: 0.25,0.5, 1,2,3,4 mg May cut or crush.</p> <p>M-Tab: 0.5,1,2,3,4 mg Label states do not cut or crush M-Tabs.</p> | <p>Child:</p> <p>15-20 kg: Start 0.25 mg od up to 0.5-3 mg daily > 20 kg: Start 0.5 mg od, up to 1-3 mg daily Adol/adult: Start 1-2 mg daily, up to 6-8 mg daily</p> | <p>Agitation / Aggression Alzheimer; Anxiety Bipolar, Major depression, Schizophrenia, Tourette Doses of < 3 mg daily are best for first episode psychosis Dosing bid or tid</p> |
| <ul style="list-style-type: none"> • Paliperidone (Invega) | <p>Tabs: 3,6,9 mg Susp: Sustenna, Trinza Don't cut or crush.</p> | <p>Adol/adult: Start 3 mg daily, up to 12 mg daily</p> | |
| <ul style="list-style-type: none"> • Olanzapine (Zyprexa) | <p>Tab: 2.5,5,7.5,10,15,20 mg Rapid dissolve Zydis: 5,10,15,20 IM solution 10 mg</p> | <p>Child: Start 2.5 mg daily, up to 5 mg initial target; max 10 mg daily Adol/adult: Start 2.5-5 mg daily, up to 10 mg daily initial target, max 20-30 mg daily</p> | <p>Rapid dissolve (Zydis) helpful as PRN for agitated patients</p> <p>Compared to Risperidone:</p> <ul style="list-style-type: none"> • Lower risk of motor side effects and elevated prolactin • Higher risk of sedation, weight gain |
| <ul style="list-style-type: none"> • Quetiapine (Seroquel) IR | <p>Tab: 25,50,100,150,200,300 mg May be cut or crushed.</p> | <p>Child: Start 12.5 mg, titrate up to 150 mg daily initial target; max 300 mg daily</p> <p>Adol/adult: Start 25 mg qhs, titrate up to 400-800 mg daily, max 600-800 mg daily</p> <p>Sample titration for Immediate-release tablet (IR): Day 1: 25 mg twice daily Day 2: 50 mg twice daily Day 3: 100 mg twice daily Day 4: 150 mg twice daily Day 5: 200 mg twice daily target dosage Usual dosage range: 200 to 400 mg twice daily Maximum daily dose: 800 mg/day.</p> | <p>Bipolar disorder, mania, mixed episodes; Schizophrenia; Depression</p> <p>Adults: Studies show no additional benefit was seen with 400 mg twice daily vs 200 mg twice daily.</p> |

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| <ul style="list-style-type: none"> • Quetiapine XL (Seroquel XL) | <p>Tab XR: 50,150,200,300,400 mg May not be cut or crushed; doing so would eliminate the XL features and make it immediate release.</p> | <p>Child: Start 12.5 mg, titrate up to 150 mg daily initial target; max 300 mg daily</p> <p>Adol/adult: Start 25 mg qhs, titrate up to 400-800 mg daily, max 600-800 mg daily</p> <p>Sample rapid titration Day 1: 50 mg qhs Day 2: 100 mg qhs Day 3: 200 mg qhs Day 4: 300 mg qhs Day 5: 400 mg qhs Usual dosage range: 400-800 mg once daily Max daily dose: 800 mg/day.</p> | <p>Bipolar disorder, mania, mixed episodes; Schizophrenia; Depression</p> |
| <p>Treatment resistant</p> | | | |
| <ul style="list-style-type: none"> • Clozapine (Clozaril) | <p>Tab: 25, 50, 100, 200 May be cut or crushed.</p> | <p>Child: Start 6.25-25 mg, titrate up to 150-300 mg daily, max 300 mg daily Adol/adult: Start 6.25-25 mg daily, titrate up to 200-300 mg daily, max 600 mg daily</p> | <p>Indicated for treatment resistant psychosis Regular bloodwork required</p> |

* Monitor side effects as per [CAMESA Guidelines](#).

* Dosage information from manufacturer.

First-Generation Antipsychotics (FGA) (aka “Typicals”)

| Medication | Forms | Dose for Psychosis (Start, Initial Target, Max) | Comments Indication / Comments |
|-----------------------------|-------------------|--|--------------------------------|
| Chlorpromazine (Largactil®) | Tab: 25,50,100 mg | <p>Adult: Less acutely disturbed: 25mg tid</p> <p>Outpatient: 10mg, tid-qid or 25mg, bid-tid</p> <p>Severe cases: 25mg tid</p> <p>Initial target: 400-600 mg daily</p> <p>Max dosages: Less acutely disturbed: 400mg / daily</p> <p>Outpatient: 200-800 mg daily</p> <p>Inpatient: 500-1000 mg daily</p> <p>Low doses (<400 mg daily) preferable due to less side effects</p> | |

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| Loxapine HCl (Loxitane®, Loxapac®, Xylac®) | Tab: 5,10,25,50 mg | 10 mg PO tid 12.5-50 mg IM q4-6h Titrate up to 60-100 mg daily Max 250 mg daily | |
| Fluphenazine enanthate (Moditen®, Modecate® for IM formulation) | Tab 1,2,5 mg | Start 2.5-10 mg/d Titrate up to 1-5 mg qhs 25 mg IM/SC q1-3wk Max 20 mg daily | |
| Perphenazine (Trilafon®) | Tab: 2,4,8,16 mg | Outpatient with schizophrenia: 4-8 mg tid initially; reduce as soon as possible to minimum effective dosage. Inpatient with schizophrenia: 8-6 mg bid to qid Max 64 mg daily | |
| Haloperidol (Haldol®) | Tab: 0.5,1,5,10 mg Liquid 5 mg/mL Long acting (LA) 100 mg/mL | Starting dose: 2-5 mg IM q4-8h 0.5-5 mg po tid 0.2 mg/kg/d po Max 20-30 mg daily | Start low, go slow Watch for EPS |