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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
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

• Brexpiprazole (Rexulti)	Tab: 0.25, 0.5, 1,2,3,4 mg May be cut or crushed.	Adolescent/adult with schizophrenia: • Day 1-4: 1 mg daily. • Day 5-7: 2 mg daily • Target 2-4 mg daily, 4 mg max. Adolescent/adult for depression: • Start 0.5-1 mg daily; titrate up to 3 mg daily.	FDA approved for adjunctive treatment of depression in adults; schizophrenia in age 13-17 and adults.
More metabolic effects			
• Risperidone (Risperdal)	Tab: 0.25,0.5, 1,2,3,4 mg May cut or crush. M-Tab: 0.5,1,2,3,4 mg Label states do not cut or crush M-Tabs.	Child: 15-20 kg: Start 0.25 mg od up 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	Agitation / Aggression Alzheimer; Anxiety Bipolar, Major depression, Schizophrenia, Tourette Doses of < 3 mg daily are best for first episode psychosis Dosing bid or tid
• Paliperidone (Invega)	Tabs: 3,6,9 mg Susp: Sustenna, Trinza Don't cut or crush.	Adol/adult: Start 3 mg daily, up to 12 mg daily	
• Olanzapine (Zyprexa)	Tab: 2.5,5,7.5,10,15,20 mg Rapid dissolve Zydis: 5,10,15,20 IM solution 10 mg	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	Rapid dissolve (Zydis) helpful as PRN for agitated patients Compared to Risperidone: • Lower risk of motor side effects and elevated prolactin • Higher risk of sedation, weight gain
• Quetiapine (Seroquel) IR	Tab: 25,50,100,150,200,300 mg May be cut or crushed.	Child: Start 12.5 mg, titrate up to 150 mg daily initial target; max 300 mg daily Adol/adult: Start 25 mg qhs, titrate up to 400-800 mg daily, max 600-800 mg daily 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.	Bipolar disorder, mania, mixed episodes; Schizophrenia; Depression Adults: Studies show no additional benefit was seen with 400 mg twice daily vs 200 mg twice daily.

• Quetiapine XL (Seroquel XL)	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.	Child: Start 12.5 mg, titrate up to 150 mg daily initial target; max 300 mg daily Adol/adult: Start 25 mg qhs, titrate up to 400-800 mg daily, max 600-800 mg daily 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.	Bipolar disorder, mania, mixed episodes; Schizophrenia; Depression
Treatment resistant			
• Clozapine (Clozaril)	Tab: 25, 50, 100, 200 May be cut or crushed.	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	Indicated for treatment resistant psychosis Regular bloodwork required

* 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	Adult: Less acutely disturbed: 25mg tid Outpatient: 10mg, tid-qid or 25mg, bid-tid Severe cases: 25mg tid Initial target: 400-600 mg daily Max dosages: Less acutely disturbed: 400mg / daily Outpatient: 200–800 mg daily Inpatient: 500–1000 mg daily Low doses (<400 mg daily) preferable due to less side effects	

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