

PSYCHOSIS TREATMENTS (Part 1 of 2)

Generic	Brand	Form	Indication	Adult Initial Dose	Adult Dose	Titration
FIRST-GENERATION ANTIPSYCHOTICS						
chlorpromazine HCl	—	tabs	Psychosis. Mania	<i>Less acutely disturbed:</i> 25mg three times daily <i>Outpatient:</i> 10mg 3–4 times daily or 25mg 2–3 times daily <i>Severe cases:</i> 25mg three times daily	<i>Inpatient:</i> 500–1000mg/day <i>Less acutely disturbed:</i> 400mg/day <i>Outpatient:</i> 200–800mg/day	Increase dose gradually until symptoms are controlled. Continue optimum dosage for 2wks; then gradually reduce to lowest effective maintenance dose. See full labeling.
fluphenazine HCl	—	tabs, elixir, oral conc	Psychosis	2.5–10mg daily in 3–4 divided doses	<i>Maintenance:</i> 1–5mg/day; max 40mg/day	Reduce gradually to 1–5mg/day when symptoms are controlled
haloperidol decanoate	Haldol Decanoate	inj	Schizophrenia when prolonged parenteral therapy required	10–20 times previous daily dose of oral haloperidol; max initial dose: 100mg (if >100mg, give balance in 3–7 days)	<i>Maintenance:</i> 10–15 times previous daily dose of oral haloperidol; max: 450mg/month.	—
haloperidol lactate	Haldol	inj	Schizophrenia	—	2–5mg IM every 4–8hrs or up to hourly if needed; max: 20mg/day	Switch to oral form 12–24hrs after last inj
loxapine	—	caps	Schizophrenia	10mg twice daily. <i>Severe:</i> up to 50mg/day in 2–4 divided doses	<i>Maintenance:</i> 20–60mg/day in 2–4 divided doses	May increase over first 7–10 days until effective response; usual range 60–100mg/day; max 250mg/day
	Adasuve	pwd for oral inh	Agitation due to schizophrenia	—	10mg/24hrs	—
thioridazine HCl	—	tabs	Schizophrenia unresponsive to (preferably 2) other antipsychotics	50–100mg three times daily	200–800mg/day in 2–4 divided doses	May increase gradually to max 800mg/day
thiothixene	—	caps	Schizophrenia	<i>Mild:</i> 2mg three times daily; max 15mg/day. <i>Severe:</i> 5mg twice daily	20–30mg/day; max 60mg/day	—
trifluoperazine HCl	—	tabs	Psychosis	2–5mg twice daily	15–20mg/day	—
SECOND-GENERATION ANTIPSYCHOTICS						
aripiprazole	Abilify	tabs	Schizophrenia	10mg or 15mg once daily	10–15mg/day; max 30mg/day	May increase at intervals of at least 2wks
	Abilify Maintena	ext-rel inj	Schizophrenia	400mg IM once monthly (no sooner than 26 days after the previous inj)	400mg IM once monthly (no sooner than 26 days after the previous inj)	After first Maintena dose, continue with concurrent oral aripiprazole (10mg or 20mg) or other antipsychotic for 14 consecutive days. May reduce to 300mg IM once monthly if adverse reactions occur.
	Abilify Mycite	tabs with sensor	Schizophrenia	10mg or 15mg once daily	10–15mg/day; max 30mg/day	May increase at intervals of at least 2wks
aripiprazole lauroxil	Aristada	ext-rel inj	Schizophrenia	441mg, 662mg, or 882mg IM once monthly (no sooner than 14 days after the previous inj), or 882mg IM once every 6wks, or 1064mg IM every 2mos.	441mg, 662mg, or 882mg IM once monthly (no sooner than 14 days after the previous inj), or 882mg IM once every 6wks, or 1064mg IM every 2mos.	Concurrently with first Aristada dose, administer oral aripiprazole for 21 consecutive days.
	Aristada Initio	ext-rel inj	Schizophrenia when used for initiation (or reinitiation after a missed dose) of Aristada	675mg IM once	—	Concurrently administer oral aripiprazole 30mg once. Administer first Aristada inj on same day as Aristada Initio or ≤10 days after.
asenapine	Saphris	SL tabs	Schizophrenia	<i>Acute:</i> 5mg twice daily; max 20mg/day	<i>Maintenance:</i> 5mg twice daily; max 20mg/day	May increase to 10mg twice daily after 1wk
	Secuado	trans-dermal system	Schizophrenia	One 3.8mg/24hrs patch once daily	3.8mg/24hrs, 5.7mg/24hrs, or 7.6mg/24hrs patch once daily	May increase as needed after 1wk
brexpiprazole	Rexulti	tabs	Schizophrenia	1mg once daily on days 1–4; increase to 2mg once daily on days 5–7, then 4mg once daily on day 8	2–4mg/day; max 4mg/day	—
cariprazine	Vraylar	caps	Schizophrenia	1.5mg once daily	1.5–6mg once daily; max 6mg/day	May increase to 3mg on Day 2. May further adjust by 1.5mg or 3mg increments based on response and tolerability

(continued)

PSYCHOSIS TREATMENTS (Part 2 of 2)

Generic	Brand	Form	Indication	Adult Initial Dose	Adult Dose	Titration
SECOND-GENERATION ANTIPSYCHOTICS (continued)						
clozapine	Clozaril	tabs	Treatment-resistant schizophrenia. Reduce risk of recurrent suicidal behavior in schizophrenia or schizoaffective disorders	12.5mg 1–2 times daily	300–450mg/day in divided doses	May increase by increments of 25–50mg/day to 300–450mg/day in divided doses by the end of 2wks. Then may increase once or twice weekly in increments of up to 100mg; max 900mg/day. Reduce gradually over 1–2wks if discontinuing; may discontinue abruptly if necessary (eg, severe neutropenia, myocarditis; may cause relapse or cholinergic rebound). Retitrate if stopped for ≥2 days.
		Versacloz				
iloperidone	Fanapt	tabs	Schizophrenia	1mg twice daily on day 1, 2mg twice daily on day 2, 4mg twice daily on day 3, 6mg twice daily on day 4, 8mg twice daily on day 5, 10mg twice daily on day 6, 12mg twice daily on day 7	12–24mg/day	Retitrate if stopped for >3 days
lumateperone	Caplyta	caps	Schizophrenia	—	42mg once daily	—
lurasidone HCl	Latuda	tabs	Schizophrenia	40mg once daily	40–160mg once daily; max 160mg/day	—
olanzapine	Zyprexa	tabs	Schizophrenia	5–10mg once daily, increase to 10mg once daily within several days	10–20mg/day; max 20mg/day	May adjust by 5mg/day at intervals of 1wk
	Zyprexa Zydys	ODT				
	Zyprexa IntraMuscular	inj	Agitation due to schizophrenia	—	2.5–10mg/dose IM; up to max 3 doses/day (2–4hrs apart)	Switch to oral form when appropriate
	Zyprexa Relprevv	ext-rel inj	Schizophrenia	<i>Target oral dose 10mg/day:</i> 210mg every 2wks or 405mg every 4wks for first 8wks. <i>Target oral dose 15mg/day:</i> 300mg every 2wks for first 8wks. <i>Target oral dose 20mg/day:</i> 300mg every 2wks for first 8wks.	<i>Maintenance: Target oral dose 10mg/day:</i> 150mg every 2wks or 300mg every 4wks. <i>Target oral dose 15mg/day:</i> 210mg every 2wks or 405mg every 4wks. <i>Target oral dose 20mg/day:</i> 300mg every 2wks.	—
paliperidone	Invega	ext-rel tabs	Schizophrenia. Schizoaffective disorder	6mg once daily in AM	3–12mg once daily; max 12mg/day	May increase in increments of 3mg/day at intervals of >5 days (for schizophrenia) or >4 days (for schizoaffective disorder)
	Invega Sustenna	ext-rel inj	Schizophrenia. Schizoaffective disorder	234mg IM on day 1, then 156mg IM one week later	<i>Maintenance: Schizophrenia:</i> 117mg IM (39–234mg) once monthly; max 234mg/month <i>Schizoaffective:</i> 78–234mg IM once monthly; max 234mg/month	—
	Invega Trinza	ext-rel inj	Schizophrenia	Give when next Invega Sustenna dose is scheduled using 3.5-fold higher dose equivalent (see full labeling)	Give once every 3mos	May adjust dose every 3mos in increments of 273–819mg based on tolerability and/or efficacy
pimavanserin	Nuplazid	tabs, caps	Parkinson disease psychosis	—	34mg once daily	—
quetiapine fumarate	Seroquel	tabs	Schizophrenia	25mg twice daily on day 1; increase by 25–50mg 2–3 times daily on days 2 and 3; target 300–400mg/day in 2–3 divided doses by day 4	400–800mg/day in divided doses; max 800mg/day	May adjust at 2-day intervals by 25–50mg twice daily up to max 750mg/day
	Seroquel XR	ext-rel tabs	Schizophrenia	300mg once daily in the PM	400–800mg/day; max 800mg/day	May increase at 1-day intervals in increments of up to 300mg/day
risperidone	Perseris	ext-rel inj	Schizophrenia	90mg or 120mg SC once monthly	90–120mg/month; max 1 dose/month	—
	Risperdal	tabs, soln	Schizophrenia	2mg/day in 1–2 doses	4–16mg/day; max 16mg/day	May increase by 1–2mg/day at intervals of at least 24hrs to target dose 4–8mg/day
	Risperdal M-Tabs	ODT				
Risperdal Consta	long-acting inj	Schizophrenia	Give with oral risperidone (or other antipsychotic) for 3wks, then stop oral form	25mg IM every 2wks; max 50mg every 2wks	May adjust dose every 4wks	
ziprasidone HCl	Geodon	caps	Schizophrenia	20mg twice daily, max 80mg twice daily	20–80mg twice daily	May increase at intervals of at least 2 days
ziprasidone mesylate	Geodon for Injection	inj	Rapid control of acute agitation	10–20mg IM as needed	Max 40mg/day (10mg every 2hrs; or 20mg IM every 4hrs); treat for max 3 days	Switch to oral form as soon as possible

NOTES

Key: ext-rel = extended-release; immediate-rel = immediate-release; ODT = orally-disintegrating tablets; SL = sublingual

Not an inclusive list of medications and/or official indications. Please see drug monograph at www.eMPR.com and/or contact company for full drug labeling.

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