

PSYCHOSIS TREATMENTS (Part 1 of 2)

Brand (Generic & Form)	Indication	Adult Initial Dose	Adult Dose	Titration
FIRST-GENERATION ANTIPSYCHOTICS				
(fluphenazine HCl; tabs, elixir, oral conc)	Psychosis	2.5–10mg daily in 3–4 divided doses	<u>Maintenance:</u> 1–5mg/day; max 40mg/day	Reduce gradually to 1–5mg/day when symptoms are controlled
Haldol (haloperidol lactate; inj)	Schizophrenia	2–5mg IM every 4–8hrs or up to hourly if needed	—	Switch to oral form 12–24hrs after last inj
(trifluoperazine HCl; tabs)	Psychosis	2–5mg twice daily	15–20mg/day	—
(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
(chlorpromazine HCl; tabs)	Psychosis Mania	<u>Less acutely disturbed:</u> 25mg three times daily <u>Outpatient:</u> 10mg 3–4 times daily or 25mg 2–3 times daily <u>Severe cases:</u> 25mg three times daily	<u>Inpatient:</u> 500–1000mg/day <u>Less acutely disturbed:</u> 400mg/day <u>Outpatient:</u> 200–800mg/day	Increase dose gradually until symptoms are controlled. Continue optimum dosage for 2wks; then gradually reduce to lowest effective maintenance dose. See literature.
SECOND-GENERATION ANTIPSYCHOTICS				
Abilify (aripiprazole; tabs, soln)	Schizophrenia	10mg or 15mg once daily	15mg/day; max 30mg/day	May increase at intervals of at least 2wks
Abilify Discmelt (aripiprazole; ODT)				
Abilify Maintena (aripiprazole; 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.
Clozaril (clozapine; tabs)	Refractory severe schizophrenia Reduce risk of recurrent suicidal behavior in schizoaffective disorders	<u>Schizophrenia:</u> 12.5mg 1–2 times daily <u>Recurrent suicidal behavior:</u> 300mg/day	<u>Schizophrenia:</u> 300–450mg/day in divided doses <u>Recurrent suicidal behavior:</u> 300mg/day (12.5–900mg daily; treat for at least 2yrs)	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, leukopenia, myocarditis; may cause relapse or cholinergic rebound). Retitrate if stopped for ≥2 days.
Fanapt (iloperidone; tabs)	Acute treatment of 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	6–12mg twice daily; max 24mg/day	Retitrate if stopped for >3 days
FazaClo (clozapine; ODT)	Refractory severe schizophrenia Reduce risk of recurrent suicidal behavior in schizoaffective disorders	<u>Schizophrenia:</u> 12.5mg 1–2 times daily <u>Recurrent suicidal behavior:</u> 300mg/day	<u>Schizophrenia:</u> 300–450mg/day in divided doses <u>Recurrent suicidal behavior:</u> 300mg/day (12.5–900mg daily; treat for at least 2yrs)	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, leukopenia, myocarditis; may cause relapse or cholinergic rebound). Retitrate if stopped for ≥2 days.

(continued)

PSYCHOSIS TREATMENTS (Part 2 of 2)

Brand (Generic & Form)	Indication	Adult Initial Dose	Adult Dose	Titration
SECOND-GENERATION ANTIPSYCHOTICS (continued)				
Geodon (ziprasidone HCl; caps)	Schizophrenia	20mg twice daily, max 80mg twice daily	20–80mg twice daily	May increase at intervals of at least 2 days
Geodon for Injection (ziprasidone mesylate; for inj)	Rapid control of acute agitation	10–20mg 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
Invega (paliperidone; ext-rel tabs)	Schizophrenia Acute treatment of 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 (paliperidone; ext-rel inj)	Schizophrenia	234mg IM on day 1, then 156mg IM one week later	117mg IM (39–234mg) monthly	—
Invega Trinza (paliperidone; 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
Latuda (lurasidone HCl; tabs)	Schizophrenia	40mg once daily	40–160mg once daily; max 160mg/day	—
Risperdal (risperidone; tabs, soln) Risperdal M-Tabs (risperidone; ODT)	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 Consta (risperidone; 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
Saphris (asenapine 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
Seroquel (quetiapine fumarate; 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	150–750mg/day; max 800mg/day, all in divided doses	May adjust at 2-day intervals by 25–50mg twice daily. Continue at lowest dose to maintain remission.
Seroquel XR (quetiapine fumarate; 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
Versacloz (clozapine; oral susp)	Treatment-resistant schizophrenia Reduce risk of recurrent suicidal behavior in schizoaffective disorders	12.5mg 1–2 times daily	—	May increase by 25–50mg/day to 300–450mg/day by the end of 2wks. Then may increase once or twice weekly in increments of up to 100mg; max 900mg/day
Zyprexa (olanzapine; tabs) Zyprexa Zydys (olanzapine; ODT)	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 IntraMuscular (olanzapine; inj)	Agitation due to schizophrenia	2.5–10mg/dose IM; up to 3 doses (2–4hrs apart)	—	Switch to oral form when appropriate

NOTES

Key: ext-rel = extended-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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