

# DOSING AND TITRATION OF COMMONLY USED ANTIPSYCHOTICS (Part 1 of 2)

Brand (Generic & Formulation)	Indication(s)	Adult Initial Dose*	Adult Therapeutic Dose	Titration
<b>FIRST-GENERATION ANTIPSYCHOTICS</b>				
<i>Fluphenazine HCl (tabs, elixir, oral conc)</i>	Psychosis	2.5–10mg daily in 3–4 divided doses	<20mg dose should be optimal; max 40mg/day	When symptoms are controlled, can reduce gradually to daily maintenance doses of 1mg or 5mg, often given as a single daily dose
<b>Haldol</b> ( <i>haloperidol lactate inj</i> )	Schizophrenia	2–5mg IM every 4–8 hrs or up to hourly if needed	—	Switch to oral form 12–24 hrs after last injection
<i>Trifluoperazine HCl (tabs)</i>	Psychosis	2–5mg twice daily	15–20mg/day	—
<i>Thioridazine HCl (tabs)</i>	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
<i>Chlorpromazine HCl (tabs)</i>	Psychosis	<u>Less acutely disturbed:</u> 25mg three times daily	<u>Inpatient:</u> 500–1000mg/day	Increase dose gradually until symptoms are controlled. Continue optimum dosage for 2 weeks; then gradually reduce to lowest effective maintenance dose. See literature.
	Mania	<u>Outpatient:</u> 10mg 3–4 times daily or 25mg 2–3 times daily <u>Severe cases:</u> 25mg three times daily	<u>Less acutely disturbed:</u> 400mg/day <u>Outpatient:</u> 200–800mg/day	
<b>SECOND-GENERATION ANTIPSYCHOTICS</b>				
<b>Abilify</b> ( <i>aripiprazole tabs, soln</i> )	Schizophrenia	10mg or 15mg once daily	15mg/day; max 30mg/day	May increase at intervals of at least 2 weeks
<b>Abilify Discmelt</b> ( <i>aripiprazole ODT</i> )				
<b>Clozaril</b> ( <i>clozapine tabs</i> )	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 2 years)	May increase by increments of 25–50mg/day to 300–450mg/day in divided doses by the end of 2 weeks. Then may increase once or twice weekly in increments of up to 100mg; max 900mg/day. Reduce gradually over 1–2 weeks if discontinuing; may discontinue abruptly if necessary (eg, leukopenia, myocarditis; may cause relapse or cholinergic rebound). Retitrate if stopped for ≥2 days.
<b>Fanapt</b> ( <i>iloperidone tabs</i> )	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
<b>FazaClo</b> ( <i>clozapine ODT</i> )	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 2 years)	May increase by increments of 25–50mg/day to 300–450mg/day in divided doses by the end of 2 weeks. Then may increase once or twice weekly in increments of up to 100mg; max 900mg/day. Reduce gradually over 1–2 weeks if discontinuing; may discontinue abruptly if necessary (eg, leukopenia, myocarditis; may cause relapse or cholinergic rebound). Retitrate if stopped for ≥2 days.
<b>Geodon</b> ( <i>ziprasidone HCl caps</i> )	Schizophrenia	20mg twice daily, max 80mg twice daily	20–80mg twice daily	May increase at intervals of at least 2 days
<b>Geodon for Injection</b> ( <i>ziprasidone mesylate for inj</i> )	Rapid control of acute agitation	10–20mg as needed	Max 40mg/day (10mg every 2 hrs; or 20mg every 4 hrs); treat for max 3 days	Switch to oral form as soon as possible
<b>Invega</b> ( <i>paliperidone ext-rel tabs</i> )	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)
<b>Invega Sustenna</b> ( <i>paliperidone ext-rel inj</i> )	Schizophrenia	234mg on day 1, then 156mg one week later	117mg (39–234mg) monthly	—

(continued)

# DOSING AND TITRATION OF COMMONLY USED ANTIPSYCHOTICS (Part 2 of 2)

Brand (Generic & Formulation)	Indication(s)	Adult Initial Dose*	Adult Therapeutic Dose	Titration
<b>SECOND-GENERATION ANTIPSYCHOTICS (continued)</b>				
<b>Latuda</b> (lurasidone HCl tabs)	Schizophrenia	40mg once daily	40–160mg once daily; max 160mg/day	—
<b>Risperdal</b> (risperidone 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 24 hrs to target dose 4–8mg/day
<b>Risperdal M-Tabs</b> (risperidone ODT)				
<b>Risperdal Consta</b> (risperidone long-acting inj)	Schizophrenia	Give with oral risperidone (or other antipsychotic) for 3 weeks, then stop oral form	25mg IM every 2 weeks; max 50mg every 2 weeks	May adjust dose every 4 weeks
<b>Saphris</b> (asenapine SL tabs)	Schizophrenia	<u>Acute:</u> 5mg twice daily <u>Maintenance:</u> 5mg twice daily	<u>Acute:</u> 5mg twice daily; max 20mg/day <u>Maintenance:</u> 10mg twice daily; max 20mg/day	<u>Maintenance:</u> Increase to max 10mg twice daily after 1 week
<b>Seroquel</b> (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
<b>Seroquel XR</b> (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
<b>Zyprexa</b> (olanzapine 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 1 week
<b>Zyprexa Zydys</b> (olanzapine ODT)				
<b>Zyprexa IntraMuscular</b> (olanzapine inj)	Agitation due to schizophrenia	2.5–10mg/dose IM; up to 3 doses	—	Switch to oral form when appropriate

## NOTES

Ext-rel = extended-release; IM = intramuscular; inj = injection; ODT = orally-disintegrating tablets; SL = sublingual; tabs = tablets

\*Not a complete list of approved indications or dosing information. For a more complete description of indications or dosing, see individual product entries on [www.eMPR.com](http://www.eMPR.com) and/or contact the manufacturer for full labeling. (Rev. 5/2012)