
Common Antipsychotics: Fast Facts for Rapid Decision Making

Last updated February 2024

Note: Information is accurate as of April 2023. Listing is alphabetical by brand name. Abbreviations used: LAI (Long Acting Injectable); ODT (orally disintegrating tablet); IM (intramuscular); EPS (extra pyramidal symptoms); TD (tardive dyskinesia).

- Abilify (Aripiprazole)
 - Starting dose: 2-5 mg/day
 - Target dose: 10-30 mg/day
 - LAI: Available. Abilify Maintena: 300-400 mg Q 4 weeks; Aristada Initio: 675 mg; Aristada 441-1064 mg Q 4-6 weeks 300-724 mg Q 6 weeks
 - IM for agitation: Not available.
 - ODT: Available.
 - Advantages: Low risk of weight gain and metabolic side effects. Approved for depression augmentation.
 - Disadvantages: Akathisia is a common side effect.

- Clozapine
 - Starting dose: 12.5-25 mg/day
 - Target dose: 300-900 mg/day
 - LAI: Not available
 - IM for agitation: Not available
 - ODT: Available: FazaClo.
 - Advantages: Gold standard for treatment-resistant schizophrenia, effective for positive and negative symptoms, low risk of EPS and TD.
 - Disadvantages: Agranulocytosis risk requiring regular blood monitoring, significant metabolic side effects, sedation, anticholinergic effects, increased risk of seizures.

- Geodon (Ziprasidone)
 - Starting dose: 20-40 mg/day
 - Target dose: 40-160 mg/day
 - LAI: Not available
 - IM for agitation: Available. 10-20 mg IM for agitation, may be used for acute agitation
 - ODT: Not available
 - Advantages: Low risk of metabolic side effects, low risk of EPS and TD.
 - Disadvantages: QTc prolongation risk, must take with food for adequate absorption.

- Haldol (Haloperidol)
 - Starting dose: 0.5-2 mg/day
 - Target dose: 5-20 mg/day
 - LAI: Available. 50-100 mg Q 4 weeks
 - IM for agitation: Available. 5 mg IM for agitation, often combined as “B-52” cocktail with Ativan and Benadryl
 - IV for agitation: Only antipsychotic available as an IV formulation, often used in ICUs for agitation.
 - ODT: Not available, but oral liquid concentrate available (2 mg/mL)

- Advantages: Inexpensive, long track record, anecdotally unusually effective for severe psychosis with agitation.
 - Disadvantages: Higher risk of EPS and TD
- Invega (Paliperidone)
 - Starting dose: 3-6 mg/day
 - Target dose: 3-12 mg/day
 - LAI: Available. Invega Sustenna: Loading 234 mg, 156 mg one week later, 117 mg 3 weeks later then monthly; Invega Trinza: 234 mg-819 mg Q 12 weeks (Invega Trinza); Invega Hafyera: 1092-1560 mg Q 6 months.
 - IM for agitation: Not available
 - ODT: Not available
 - Advantages: Moderate weight gain potential, available in several long acting injectables.
 - Disadvantages: Risk of prolactin elevation.
- Latuda (Lurasidone)
 - Starting dose: 20-40 mg/day
 - Target dose: 40-160 mg/day
 - LAI: Not available
 - IM for agitation: Not available
 - ODT: Not available
 - Advantages: Low risk of metabolic side effects, low risk of EPS and TD, approved for bipolar depression.
 - Disadvantages: Must be taken with food for adequate absorption, some risk of akathisia.
- Nuplazid (Pimavanserin)
 - Starting dose: 34 mg/day
 - Target dose: 34 mg/day
 - LAI: Not available
 - IM for agitation: Not available
 - ODT: Not available
 - Advantages: Specifically approved for Parkinson's disease psychosis, no known risk of worsening motor symptoms in Parkinson's patients, low risk of EPS and TD.
 - Disadvantages: Not generic, so expensive. Limited use outside of Parkinson's disease psychosis, less studied for other indications.
- Prolixin (Fluphenazine)
 - Starting dose: 2.5-5 mg/day
 - Target dose: 5-20 mg/day
 - LAI: Available. 12.5-50 mg Q 2-4 weeks
 - IM for agitation: Available. 2.5-10 mg IM for agitation for acute agitation
 - ODT: Not available
 - Advantages: Long track record, long-acting injectable formulation available.
 - Disadvantages: Higher risk of EPS and TD compared to SGAs.
- Rexulti (Brexipiprazole)
 - Starting dose: 1-2 mg/day

- Target dose: 2-4 mg/day
 - LAI: Not available
 - IM for agitation: Not available
 - ODT: Not available
 - Advantages: Low risk of metabolic side effects, low risk of EPS and TD.
 - Disadvantages: Not generic, so very expensive.
- Risperdal (Risperidone)
 - Starting dose: 1-2 mg/day
 - Target dose: 4-6 mg/day
 - LAI: Available. Risperdal Consta: 25-50 mg Q 2 weeks; Perseris: 90-120 mg Q 4 weeks
 - IM for agitation: Not available.
 - ODT: Available. Risperdal M-Tab
 - Advantages: Often considered a first-line treatment due to efficacy and moderate side effects.
 - Disadvantages: Higher risk of EPS and prolactin elevation compared to other SGAs.
- Seroquel (Quetiapine)
 - Starting dose: 25-50 mg/day of IR version or 300 mg/day of XR version
 - Target dose: 150-800 mg/day
 - LAI: Not available
 - IM for agitation: Not available
 - ODT: Not available
 - Advantages: Low risk of EPS and TD, useful for patients with insomnia, approved for bipolar depression.
 - Disadvantages: Higher risk of sedation, orthostatic hypotension, and metabolic side effects compared to other SGAs.
- Trilafon (Perphenazine)
 - Starting dose: 4-8 mg/day
 - Target dose: 8-64 mg/day
 - LAI: Not available
 - IM for agitation: Not available
 - ODT: Not available
 - Advantages: Good choice among FGAs, minimal weight gain, well-tolerated overall.
 - Disadvantages: Higher risk of EPS and TD compared to most SGAs
- Thorazine (Chlorpromazine)
 - Starting dose: 25-50 mg/day
 - Target dose: 100-800 mg/day
 - LAI: Not available
 - IM for agitation: Available. 25-50 mg
 - ODT: Not available
 - Advantages: Inexpensive, long track record, useful for severe agitation.
 - Disadvantages: Higher risk of EPS and TD compared to SGAs, sedation, anticholinergic effects.
- Vraylar (Cariprazine)

- Starting dose: 1.5 mg/day
 - Target dose: 3-6 mg/day
 - LAI: Not available
 - IM for agitation: Not available
 - ODT: Not available
 - Advantages: Low risk of metabolic side effects, low risk of EPS and TD.
 - Disadvantages: No generic, so very expensive. Akathisia is a common side effect.
- Zyprexa (Olanzapine)
 - Starting dose: 5-10 mg/day
 - Target dose: 10-20 mg/day
 - LAI: Available. Zyprexa Relprevv: 210-405 mg Q 2-4 weeks
 - IM for agitation: Available. 10 mg IM
 - ODT: Available, Zyprexa Zydis.
 - Advantages: Possibly more effective than other antipsychotics; Lybalvi (olanzapine + samidorphan) decreases weight gain.
 - Disadvantages: Very significant metabolic side effects, including weight gain and increased risk of diabetes.

-