

Preferred Tier 1 and 2 and Non-Preferred Antipsychotics - FDA Indications

Antipsychotic Agent	Max Dose/ Day (mg) ^B	Anxiety	Apprehension/ Restlessness (pre-surgical)	Autism ^A (irritability)	Behavioral Problems (severe) ^A	Bipolar Disorder ^A	Hiccups (intractable)	Hyperactivity	MDD (including adjunct) ^A	Nausea / Vomiting	Parkinson's Psychosis	Porphyria (acute intermittent)	Psychotic Disorders	Schizoaffective Disorder	Schizophrenia ^A	Subsidiary Behavior (recurrent)	Tetanus	Tourette's Disorder
		Tier 1 - Preferred Agents																
Abilify Maintena®*	400/month					●									●			
aripiprazole (Abilify®)*	30		●			●			●						●			●
aripiprazole ODT (Abilify Discmelt®)*	30		●			●			●						●			●
chlorpromazine (Thorazine®)	1000	●			●	●	●	●		●		●	●		●		●	
clozapine (Clozaril®)	900														●	●		
fluphenazine (Prolixin®)	40											●			●			
fluphenazine decanoate inj (Prolixin® Decanoate)	100 / 4-6 wks											●			●			
Geodon® IM	40														●			
haloperidol (Haldol®)	100				●			●					●		●			●
haloperidol decanoate inj (Haldol® Decanoate)	450 / month														●			●
Invega Sustenna® (paliperidone)*	234 / 4 wks												●		●			
Invega Trinza®*	819 / 90 days													●	●			
loxapine (Loxitane®)	250											●			●			
olanzapine (Zyprexa®)*	20					●			●						●			
olanzapine IM (Zyprexa® IM)*	20					●									●			
olanzapine ODT (Zyrex Zydys®)*	20					●			●						●			
perphenazine (Trilafon®)	64									●					●			
perphenazine/amitriptyline (Triavil®)	32 / 200	●							●				●					
pimozide (Orap®)*	10																	●
quetiapine IR (Seroquel®)*	800					●									●			
quetiapine ER (Seroquel® XR)*	800					●			●						●			
risperidone (Risperdal®)*	16			●		●									●			
Risperdal Consta®*	50 / 2 Weeks					●									●			
Risperdal M-Tab ODT®*	16		●			●									●			
thioridazine (Mellaril®)	800														●			
thiothixene (Navane®)	60														●			
trifluoperazine (Stelazine®)	40	●										●			●			
ziprasidone (Geodon®)*	160					●									●			
Tier 2 - Preferred Agent																		
Latuda® (lurasidone)*	160					●									●			
Non - Preferred Agents																		
Adasuve® (loxapine)*	10					●									●			
Aristada® (aripiprazole ER IM)*	882 / 30 days														●			
Fanapt® (iloperidone)*	24														●			
clozapine ODT (Fazaclo®)*	900													●	●			
Invega® (paliperidone) ^C *	12												●		●			
Nuplazid® (Pimavanserin)	34									●								
Rexulti® (brexpiprazole)*	4							●							●			
Saphris® (asenapine)*	20					●									●			
Symbyax® (fluoxetine/olanzapine)*	18 / 75					●			●									
Versacloz® (clozapine solution)*	900														●	●		
Vraylar® (cariprazine)*	6					●									●			
Zyprexa Relprevv® (olanzapine)*	300 / 2 Weeks or 405 / 4 Weeks					●									●			

^A See FDA Label (ex. for age and diagnostic specifications) ^B Max dosages may be less for specific indications (ex. Max dose for **Abilify** is 15 mg/day for: MDD – adjunct treatment and for Autistic Disorder – irritability; Max dose for **Rexulti** is 3 mg/day for: MDD. 4 mg/day for: Schizophrenia) ^C Brand Preferred * Quantity Limit - see website (<http://mmcp.dhnh.maryland.gov/pap/docs/QL.pdf>)