

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

Antipsychotic Agent	Max Dose / Day (mg) <sup>B</sup>	Preferred Tier 1 and 2 and Non-Preferred Antipsychotics - FDA Indications														
		Anxiety	Apprehension/ Restlessness (presurgical)	Autism <sup>A</sup> (irritability)	Behavioral Problems (severe) <sup>A</sup>	Bipolar Disorder <sup>A</sup>	Hiccups (intractable)	Hyperactivity	MDD (including adjunct tx) <sup>A</sup>	Nausea/Vomiting	Porphyria (acute intermittent)	Psychotic Disorders	Schizoaffective Disorder	Schizophrenia <sup>A</sup>	Suicidal Behavior (recurrent)	Tetanus
<b>Tier 1 - Preferred Agents</b>																
Abilify <sup>®</sup> Maintena	400/month															✓
Aristada <sup>®</sup> (aripiprazole) IM/ER	882 / 30 days															✓
clozapine (Clozaril <sup>®</sup> )	900														✓	✓
fluphenazine (Prolixin <sup>®</sup> )	40										✓					
fluphenazine decanoate inj (Prolixin <sup>®</sup> Decanoate)	100 / 4-6 wks										✓					
Geodon <sup>®</sup> IM	40															✓
haloperidol (Haldol <sup>®</sup> )	100				✓			✓					✓			✓
haloperidol decanoate inj (Haldol <sup>®</sup> Decanoate)	450 / month												✓			
Invega Sustenna <sup>®</sup> (paliperidone)*	234 / 4 wks											✓		✓		
Invega Trinza <sup>®</sup>	819 / 90 days													✓		
loxapine (Loxitane <sup>®</sup> )	250											✓				
perphenazine (Trilafon <sup>®</sup> )	64								✓							✓
perphenazine/amitriptyline (Triavil <sup>®</sup> )	32 / 200	✓						✓		✓		✓				
pimozide (Orap <sup>®</sup> )*	10															✓
quetiapine (Seroquel <sup>®</sup> )*	800							✓						✓		
risperidone (Risperdal <sup>®</sup> )*	16			✓				✓						✓		
Risperdal Consta <sup>®</sup> *	50 / 2 Weeks							✓						✓		
Risperdal M-Tab ODT <sup>®</sup>	16			✓				✓						✓		
thioridazine (Mellaril <sup>®</sup> )	800													✓		
thiothixene (Navane <sup>®</sup> )	60													✓		
trifluoperazine (Stelazine <sup>®</sup> )	40	✓										✓		✓		
ziprasidone (Geodon <sup>®</sup> )*	160							✓						✓		
<b>Tier 2 - Preferred Agents</b>																
aripiprazole (Abilify <sup>®</sup> ) *	30							✓								✓
aripiprazole ODT (Abilify Discmelt <sup>®</sup> ) *	15							✓								✓
Latuda <sup>®</sup> (lurasidone)*	160							✓								✓
olanzapine (Zyprexa <sup>®</sup> ) *	20							✓								✓
olanzapine IM (Zyprexa <sup>®</sup> IM)	20							✓								✓
olanzapine ODT (Zyrexia Zydis <sup>®</sup> )	20							✓								✓
<b>Non - Preferred Agents</b>																
Abilify <sup>®</sup> IM (aripiprazole IM)	30															
Adasuve <sup>®</sup> *	10						✓									✓
Fanapt <sup>®</sup> (iloperidone)*	24															✓
Fazaclo <sup>®</sup> (clozapine)	900														✓	✓
Invega <sup>®</sup> (paliperidone) <sup>C</sup>	12											✓		✓		
Rexulti <sup>®</sup> (brexpiprazole)	4								✓					✓		
Saphris <sup>®</sup> (asenapine)*	20							✓						✓		
Seroquel <sup>®</sup> XR (quetiapine)*	800							✓						✓		
Symbyax <sup>®</sup> (fluoxetine/olanzapine)*	18 / 75							✓								
Versacloz <sup>®</sup> *	900															✓
Vraylar <sup>®</sup> (cariprazine)	6							✓						✓		✓
Zyprexa Relprevv <sup>®</sup> (olanzapine)*	300 / 2 Weeks or 405 / 4 Weeks													✓		

<sup>A</sup> See FDA Label (ex. for age and diagnostic specifications)

<sup>B</sup> 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)

<sup>C</sup> Brand Preferred

\* Quantity Limit - see website (<http://mmcp.dhmh.maryland.gov/pap/docs/QL.pdf>)