Fluphenazine *Prolixin®*	ROUTE	USUAL DOSE (Range)	FREQUENCY (Range)	CONVERSION RATIO PO to IM	OTHER INFORMATION	KINETICS
Oral 1mg 2.5mg 5mg 10mg 5mg/ml soln	PO	2.5-20 mg/dy (2-60 mg/dy)	QD - QID	NA	↑ dose by 2.5mg/dy Q week. After symptoms controlled, slowly ↓ dose to 1-5mg/dy (dosed QD) Caution for doses > 20mg/dy (↑ risk EPS) Elderly: Initial dose = 1 - 2.5mg/dy Oral Soln: Dilute in 2oz water, tomato or fruit juice, milk, or uncaffeinated carbonated drinks Avoid caffeinated drinks (coffee, cola), tannics (tea), or pectinates (apple juice) 2° possible incompatibility	Onset: ≤ 1hr Cmax: 0.5hr t½: 14.7-15.3hr Duration of Action: 6-8hr Elimination: Hepatic to inactive metabolites Hemodialysis: Not dialyzable
HCl Immediate Release 2.5mg/ml	IM	2.5-10 mg/dy	Q6-8 hr	1/3-1/2 po dose = IM dose	Initial dose (usual): 1.25mg Caution for doses > 10mg/dy	Onset: ≤ 1hr Cmax: 1.5-2hr t½: 14.7-15.3hr Duration Action: 6-8hr Elimination: Hepatic to inactive metabolites Hemodialysis: Not dialyzable
Decanoate Long-Acting 25mg/ml	IM SC	12.5-50mg (12.5-100mg)	Q2-3 wks (1-4 wks)	10mg po = 12.5mg IM Round to nearest 12.5mg	**CONVERTING FROM PO TO LONG-ACTING DECANOATE**: *Method 1*: 1.25 X po daily dose = equiv decanoate dose; admin Q2-3wks. Cont ½ po daily dose X 1st few mths *Method 2*: ↑ decanoate dose over 4wks & ↓ po dose over 4-8wks as follows (accelerate taper for sx of EPS):	Onset: 24-72hr (4-72hr) Cmax: 48-96hr t½: 6.8-9.6dy (single dose) 15dy (14-100dy chronic administration) Steady State: 2mth (1.5-3mth) Duration Action: 2wk (1-6wk) Elimination: Hepatic to inactive metabolites Hemodialysis: Not dialyzable

ORAL		**DECANOATE** (Administer Q 2 weeks)		
ORAL DOSE (mg/dy)	↓ **DOSE OVER** (wks)	**INITIAL DOSE** (mg)	**TARGET DOSE** (mg)	**DOSE OVER** (wks)
5	4	6.25	6.25	0
10	4	6.25	12.5	4
20	8	6.25	12.5	4
30	8	6.25	25	4
40	8	6.25	25	4

Method 3: Admin equivalent decanoate dose Q2-3wks. Continue po dose X 1 wk
Method 4: Admin equivalent decanoate dose Q2-3wks. For stable pt - d/c po after 1st decanoate inj
If ↑ risk relapse/acutely psychotic pt - taper po over 1mth
After 4-6 wks, can ↑decanoate dosing interval to Q 3 wks (drug accumulates), Z-track

Haloperidol *Haldol®*	ROUTE	USUAL DOSE (Range)	FREQUENCY (Range)	CONVERSION RATIO PO to IM	OTHER INFORMATION	KINETICS
Oral 0.5mg, 1mg, 2mg, 5mg, 10mg, 20mg, 2mg/ml soln	PO	2-40mg/dy (1-100mg/dy)	QD-TID	NA	Elderly: Initial dose: 0.25-2mg QD-TID dose by 0.25-0.5 mg/day Q4-7dys Oral Soln: Dilute in 2oz water, juice (orange, apple, tomato) or soda & take immediately after mixing Avoid skin contact with oral solution and injection - contact dermatitis can occur (rare)	Onset: 2hr Cmax: 3hr (2-6hr) t½: 12-38hr Duration: 8-12hr Elimination: Hepatic to inactive metabolites Hemodialysis: Not dialyzable
Lactate Immediate Release 5mg/ml	IM	10-30mg/dy	Q4-8 hr	2mg po = 1mg lactate	Usual dose: 2-5mg. MR Q1hr (Note: Usually dosed Q4-8hr) To convert IM haloperidol lactate to po haloperidol (Manufacturer rec – does not follow conversion ratio info): Total daily IM dose ≈ total daily po dose. Oral dose can be administered QD Adjust dose based on efficacy & side effects Administer first po dose 12–24 hours after last IM dose of haloperidol lactate Avoid skin contact with haloperidol lactate injection - contact dermatitis can occur (rare)	Onset: 20-30min (10-60min) Cmax: 30-45min (20-60min) t½: 21hr Duration: 4-8hr Elimination: Hepatic to inactive metabolites Hemodialysis: Not dialyzable
Decanoate Long-Acting 50mg/ml 100mg/ml	IM	25-300mg/dose (Max: 450mg/dose)	Q4 wks (3-4 wks)	10-15 X QD po dose = IM dose Round to nearest 50mg	Max initial dose=100mg. If > 100 mg needed, give balance in 3-7 dys if no EPS. **CONVERTING FROM PO TO LONG-ACTING DECANOATE:** *Method 1:* 10-15 X po daily dose = equiv decanoate dose; admin Q4wks. Cont ½ po daily dose X 1st few mths *Method 2:* Admin equivalent decanoate dose Q4wks. ↓ po dose over 3 months. Accelerate taper if SE occur *Method 3:* Admin equivalent decanoate dose Q4wks. Continue po X 1 mth (or d/c w/in 7 dys of 2nd injection) Note: ↓decanoate dose Q3-4 months by 25% until minimum effective dose achieved (drug accumulates). Z-track, 21G 2 ½" needle	Onset: 48-72hr Cmax: 6-7dys (1-9dy) t½: 3 wk (8-21dy) Chronic administration Steady State: 3 months (4-12 wk) Duration of Action: 4 wk (3-4wk) Elimination: Hepatic to inactive metabolites Hemodialysis: Not dialyzable

Chlorpromazine *Thorazine®*	ROUTE	USUAL DOSE (Range)	FREQUENCY (Range)	CONVERSION RATIO PO to IM	OTHER INFORMATION	KINETICS
HCl (Oral) 10mg, 25mg, 50mg, 100mg, 200mg, 100mg/ml Soln	PO	25-800mg/dy (25-2000mg/dy)	BID-QID (QD-QID)	NA	Elderly: ↑ dose by 10-25mg/dy Q4-7dys	Onset: 30-60min Cmax: 2-4hr (1.5-8hr) t½: 16-30hr (3-40hr) Chronic administration Elimination: Hepatic to active/ inactive metab Hemodialysis: Not dialyzable
HCl (Inj) 25mg/ml	IM	300-800mg/dy	Q4-6hr	1/4 po dose = IM dose	Initial dose: 25mg -50mg. MR Q1-4hr Gradually ↑ dose until symptoms controlled (up to 400mg q4-6hr) then change to po	Onset: 15min Cmax: 2-3hr t½: 16-30hr (3-40hr) Chronic administration Elimination: Hepatic to active/ inactive metab Hemodialysis: Not dialyzable

Risperidone *Risperdal®*	ROUTE	USUAL DOSE (Range)	FREQUENCY	CONVERSION RATIO PO to IM	OTHER INFORMATION	KINETICS
Oral 0.25mg,0.5mg* 1mg*,2mg*, 3mg*, 4mg*, 2mg/ml Soln (*=avail as M-Tab)	PO	2-8mg (0.5-16mg/dy)	QD-BID	NA	Severe renal (Cr Cl < 30ml/min) and/or hepatic impairment: 0.25-0.5mg BID Elderly: 0.25-1mg/dy, admin QD-BID. After 2-3dys, may change to QD dosing ↑ dose by 1-2 mg/dy Q24hr	Cmax: w/in 1 hr risperidone/3-17hrs metab t½: 20hr (avg of risperidone+active metab) 3-20hr risperidone / 21-30hr metab Steady State: 1-5dy risperidone/5-6dy metab Elimination: Hepatic to active metabolites Renal-Risperidone+metabolite Hemodialysis: No data
Risperdal Consta® 12.5mg 25mg 37.5mg 50mg	IM	25-50mg (12.5-75mg)	Q2 wks	NA Risperdal Consta® IM (mg/2 wks) / Invega Sustenna® IM (mg/mth) 12.5 / 39 25 / 78 37.5 / 117 50 / 156 75 / 234	Initial dose = 25mg (Liver/renal impairment or elderly: 12.5mg) Continue po dose X 3 wks then d/c (manufacturer rec.) - Continue po dose X 4 wks then d/c (Sac County rec.) Adjust dose: Q month (manufacturer rec.) ↑ to 37.5mg after 4 doses of 25mg; ↑ to 50mg after 2 doses of 37.5mg (Sac County rec.) Deep IM deltoid (1" needle-incl-alternate arms) or gluteal (2" needle-incl-alternate buttocks), Z-track not req'd To convert patient from a different antipsychotic to Risperdal Consta® 1. Administer test dose of po risperidone (to check for tolerance/hypersensitivity) 2. Titrate as above 3. Continue original po atypical antipsychotic X 3 wks then dc (manufacturer rec) -or- Continue original po atypical antipsychotic X 4 wks then dc (Sac County rec) To convert from haloperidol decanoate or fluphenazine decanoate to Risperdal Consta® (Sac County rec): 1. Administer test dose of po risperidone 2. Begin Risperdal Consta® when the next dose of decanoate is due Initial dose = 25mg Risperdal Consta® (no po supplementation required) If pt stablized on high dose depot formulation, can administer > 25mg Risperdal Consta® 3. If patient remains symptomatic, add po meds X 2 weeks	Onset: 3 weeks after initial injection Cmax: 4-6wk Clinical effects of each dose↑ seen ≈ 3wks after injection t½: 3-6dys Steady State: 8 wks after 1st inj Duration of Action: 2 wk Elimination: Hepatic to active metabolites Renal-Risperidone+metabolite Hemodialysis: No data

Paliperidone *Invega® InvegaSustenna®*	ROUTE	USUAL DOSE (Range)	FREQUENCY	CONVERSION RATIO PO to IM	OTHER INFORMATION	KINETICS
Invega® Extended Release Tablet	PO	6mg/dy (3-12mg/dy)	QD	NA Risperdal® Tablets (mg/dy) / Invega® Tablets (mg/dy) 2mg / 3mg 4mg / 6mg 6mg / 9-12mg Per mfr: Doses not necessarily equivalent	Major active metabolite of risperidone Usual initial dose = 6mg QAM. ↑ dose by 3mg/dy at intervals of greater than 5 days. Maximum dose = 12mg/dy Renal impairment: Mild (50ml/min ≤ Cr Cl < 80ml/min): Initial dose = 3 mg/day. Max = 6mg/dy Moderate to severe (10 ml/min ≤ Cr Cl <50ml/min): Initial dose = 1.5 mg/day. Max = 3mg/day Cr Cl < 10ml/min: Not recommended Hepatic Impairment: Mild to moderate: No dose adjustment Severe: Not studied Elderly: Adjust dose based on renal function	Cmax: 24 hr t½: 23hr Steady State: 4-5dys Elimination: Renal Hemodialysis: No data
Invega Sustenna® Long-Acting 39mg 78mg 117mg 156mg 234mg	IM	**Initiation** (Loading Doses) Dy 1: 234mg - deltoid Dy 8 (± 4 dy): 156mg – deltoid **2nd Initiation Dose Missed:** Time Since Day 1 Initiation Dose / Dosing Schedule <4 weeks: 2 Injections: 1st-156mg ASAP, deltoid; 2nd-117mg 5 wks after Dy 1 dose, deltoid or gluteal; Then maint dose (39-234mg) IM Q4wk, deltoid or gluteal 4 - 7 weeks: 2 Injections: 1st-156mg ASAP, deltoid; 2nd-156mg in 1 week, deltoid; Then maint. dose (39-234mg) IM Q4wk, deltoid or gluteal >7 weeks: Re-initiate w/ recommended initiation regimen **Maintenance** Qmth(±7dy):117 mg (39-234mg) Deltoid or gluteal muscle	Q mth	Invega ER® Tablets PO (mg/dy) / Invega Sustenna® IM (mg/mth) 3 / 39 - 78 6 / 117 9 / 156 12 / 234 Risperdal Consta® IM (mg/q2 wks) / Invega Sustenna ®IM (mg/mth) 12.5 / 39 25 / 78 37.5 / 117 50 / 156 75 / 234	Administer paliperidone (po) or risperidone (po or IM) prior to initiating tx to assess tolerance/hypersensitivity Discontinue po antipsychotic when Sustenna® tx initiated - no oral supplementation required Adjust maintenance dose Q month **Missed Maintenance Dose** ➢ 4-6 Weeks since last dose: Admin same dose pt previously stabilized on. Resume Q monthly inj ➢ >6 Weeks to 6 Months since last dose: 1) Administer same dose patient previously stabilized on via deltoid injection 2) Administer same dose 1 week later via deltoid injection 3) Resume monthly injections. Administer in either deltoid or gluteal muscle NOTE: If patient stabilized on 234 mg, first two injections should be 156 mg ➢ >6 Months since last dose: Treat as new start Invega Sustenna® Renal Impairment: Mild (50 ml/min ≤ Cr Cl < 80ml/min): Day 1: 156 mg; Day 8: 117mg (both admin in deltoid muscle) Maintenance: 78 mg IM Qmth in deltoid or gluteal muscle Moderate to severe (Cr Cl < 50ml/min): Not recommended Hepatic Impairment: Mild to moderate: No dose adjustment Severe: Not studied Elderly: Adjust dose based on renal function To switch pt currently @ steady state on different long-acting inj antipsychotic to SUSTENNA®: Give test dose po paliperidone or risperidone. Then start Invega Sustenna® @ desired **maint. dose** at next scheduled inj date (no initiation dosing regimen or po supplementation req'd). Continue SUSTENNA® Q mth. Z-track **NOT** req'd	Cmax: 13dy Drug release starts as early as day 1 & continues for up to 126 days. Cmax: deltoid 28% > gluteal injection t½: 25-49dy Elimination: Renal Hemodialysis: No data

TRIAL OF PO ANTIPSYCHOTIC BEFORE INITIATING LONG-ACTING THERAPY REQUIRED TO ASSESS PATIENT TOLERANCE/HYPERSENSITIVITY