



	ANTIPSYCHOTIC	START DOSE	INCREASE BY	TARGET RANGE
<b>First Line</b>	Quetiapine (Seroquel)	50-100 mg	50-100 mg	300-800 mg
	Risperidone (Risperdal)	3 mg	1-2 mg	3-8 mg
	Olanzapine (Zyprexa)	5 mg	5 mg	5-30mg
	Haloperidol (Haldol)	5 mg	5 mg	5-20 mg
	Chlorpromazine (Thorazine)	25 mg	25 mg	25-800 mg
<b>Second Line</b>	Paliperidone (Invega)	3 mg	1 mg	3-6 mg
	Aripiprazole (Abilify)	5 mg	5 mg	10-30 mg
	Ziprasidone (Geodon)	20 mg BID	20 mg BID	20mg BID- 80mg BID
	Lurasidone (Latuda)	20 mg BID	20 mg	20-120 mg
<b>Third Line</b>	Clozapine (Clozaril)	12.5 mg	25 mg	200-450 mg*

**Clinical Pearls:**

- If patient has high risk of gestational diabetes (GDM) or weight gain, trial first generation antipsychotic (FGA) before second generation antipsychotic (SGA)
- If patient has history of extrapyramidal symptoms (EPS) or catatonia, trial SGA before FGA (preference for agents with more anti-cholinergic side effects)
- If patient has history of poor adherence, trial risperidone > haloperidol > paliperidone = aripiprazole to determine tolerability/efficacy before transitioning to long-acting injectable (LAI) [LAIs do not exist for other listed agents]
- If patient is at high risk for postpartum psychosis (especially history of previous postpartum psychosis), can initiate lithium during pregnancy or immediately after delivery

§The Young Mania Rating Scale (YMRS) can be used to serially track manic symptoms, while the Patient Health Questionnaire-9 (PHQ-9) can be used to track depressive symptoms.  
\*Clozapine should be increased by no more than 25 mg/day in clozapine-naïve patient; if titrating a patient who is currently/recently on clozapine, may increase by 50 mg/day if tolerated, watching out for seizures, sialorrhea, and agranulocytosis.

Source: Westin AA, Brekke M, Molden E, Skogvoll E, Castberg I, Spigset O. Treatment With Antipsychotics in Pregnancy: Changes in Drug Disposition. Clin Pharmacol Ther. 2018;103(3):477-484. doi:10.1002/cpt.770