



Behavioral Health Services (BHS)

Quick Guide: Parameters for the Use of
Antipsychotic Medications

Adult and Older Adult Behavioral
Health

2026



Quick Guide

I. General Parameters for Use of Antipsychotic Medications

A. Definition:

Antipsychotic medications in this parameter include any psychotropic medication that is FDA approved to treat psychotic illness as monotherapy. They can be categorized in multiple ways, but one common way is separating TYPICAL from ATYPICAL. TYPICAL is used to define the first large group of antipsychotic medications that block dopamine by basically the same mechanism and have a classic profile of side effects. This category includes phenothiazine, haloperidol, thiothixene, and loxapine. More recently, a whole set of antipsychotic medications were developed with different and various mechanisms of action and side-effect profiles and thus were categorized as ATYPICAL. These include aripiprazole (Abilify), asenapine (Saphris), brexpiprazole (Rexulti), cariprazine (Vraylar), clozapine (Clozaril), iloperidone (Fanapt), lurasidone (Latuda), olanzapine (Zyprexa), quetiapine (Seroquel), paliperidone (Invega), risperidone (Risperdal), ziprasidone (Geodon), and xanomeline/trospium (Cobenfy).

B. Essential Use:

Antipsychotic medications should almost always be tried in the acute treatment of individuals with a diagnosis of schizophrenia or schizoaffective disorder if positive or negative symptoms are present, or have been present in the last year, and no contraindications to their use exist.

C. Optional Use:

1. Antipsychotic medications may be continued in individuals with a diagnosis of schizophrenia or schizoaffective disorder who are asymptomatic for greater than one year if the benefit of reduced risk of relapse outweighs the risks and discomfort of medication use.
2. Antipsychotic medications may be tried in individuals with diagnoses other than schizophrenia or schizoaffective disorder when psychotic symptoms (including negative symptoms) are present.
3. Antipsychotic medications may be used to treat mania in bipolar disorder manic phase or mixed type; and prophylactically to decrease the likelihood of developing mania during antidepressant treatment for bipolar disorder depressed phase; and as prophylaxis against developing further mood episodes for bipolar disorder in partial or complete remission.



4. Specific antipsychotic medications (aripiprazole, brexpiprazole, olanzapine-fluoxetine combination, cariprazine, lumateperone, and quetiapine extended-release) may be used as an adjunctive to augment a sub-optimal antidepressant response to antidepressant medications when changing the type or dose of the antidepressant is not clinically indicated.

5. Specific antipsychotic medications (aripiprazole and risperidone) may be used for the treatment of irritability associated with autistic spectrum disorders.

6. Lurasidone, cariprazine, olanzapine-fluoxetine combination, lumateperone, and quetiapine may be used for the treatment of bipolar disorder, depressed phase.

II. Multiple Concurrent Antipsychotic Medications

- A. Whenever possible, it is best practice to limit treatment to one antipsychotic at a time to lessen the risk of stacking the risk of added side effects.
- B. It is common practice to cross-titrate antipsychotic medication for up to 90 days.
- C. Prior to initiating concurrent treatment with 2 or more antipsychotic medications for individuals who have not responded to treatment with single antipsychotic medication, a trial of clozapine or xanomeline/trospium should be considered. Any significant contraindications should be clearly documented in the clinical record.
- D. Whenever 2 or more antipsychotics are prescribed simultaneously, possible reasons for this polypharmacy should be documented in the clinical record. Possible reasons include:
 - 1. When one of two antipsychotic medications is being used as a sleeping aid, yet that antipsychotic as monotherapy is poorly tolerated or ineffective for target symptoms.
 - 2. When successive trials of all appropriate monotherapy with available newer antipsychotic medications at appropriate dose and duration have been unsuccessful.

III. Selection of Antipsychotic Medications

- A. Factors that can be used in selecting an antipsychotic medication:
 - 1. Side effect profiles that appear best suited for a given history and presentation,
 - 2. Contraindication or lack of availability of other antipsychotic medications, and
 - 3. Current stabilization on a particular antipsychotic medication.



- B. If six months elapse on an antipsychotic trial and the individual’s target symptoms persist and are clinically significant after an adequate dose of medication is reached, switching to a different antipsychotic should be considered, especially if blood tests confirm an adequate level.
- C. An antipsychotic medication with a low incidence of extrapyramidal side effects should be considered if clinically significant parkinsonism, dystonia, or akathisia is present and cannot be effectively managed by lowering the dose of the current antipsychotic medication, or by adding anti- Parkinsonian agents.
- D. If no contraindications to clozapine are present and the client agrees, clozapine use should be considered if tardive dyskinesia develops, and there is an ongoing need for further antipsychotic medication.
- E. In cases in which tardive dyskinesia is present and clozapine is contraindicated or refused, and an ongoing need for antipsychotic medication persists, another antipsychotic medication with a low incidence of extrapyramidal side effects should be considered. One can also consider adding a medication approved to treat tardive dyskinesia including Ingrezza (valbenazine) and Austedo (deutetrabenazine).

IV. Additional Precautions with the Use of Antipsychotic Medications

- A. **Black Box Warning:** Because of concerns that treatment of older adults with dementia-related psychosis treated with antipsychotic drugs may be at an increased risk of death, the reason for selection and consideration of the risk of these medications in such an individual should be documented in the clinical record.
- B. **Contraindications:** Because of the relatively greater risks of sedation, cardiac arrhythmias, and metabolic disturbances, along with the availability of antipsychotics with fewer such risks, chlorpromazine and thioridazine should no longer be used without a clear clinical reason documented in the clinical record.

v. Use of Clozapine

- A. **Essential Use:**
 - 1. Clozapine should be considered if symptoms persist and are clinically significant more than 6 months after adequate trials of at least two other antipsychotic medications, and there are no contraindications to such treatment.
 - 2. Clozapine should be considered if there is tardive dyskinesia that does not stabilize or reverse with switch to other antipsychotic medications with a low incidence of extrapyramidal side effects.



- B. Optional Use: Clozapine may be tried for individuals with psychotic disorders who have persistent suicidal ideation or behaviors that have not been significantly diminished while using other antipsychotic medications.
- C. Special Considerations:
 - 1. Although clozapine no longer has a special registry, special monitoring and clinical documentation should be compliant with FDA mandated standards.
 - 2. Program practices should support the proper use of clozapine by:
 - a) Ensuring that program staff participating in clozapine use understand clozapine FDA prescribing and monitoring requirements.
 - b) If severe tardive dyskinesia is the reason for initiating clozapine treatment, evaluate and document if there was a substantial reduction in AIMS Global Score with no deterioration in clinical condition.

VI. Use of Long-Acting Antipsychotic Medications

- 1. Use of long acting injectable (LAI) antipsychotic medications have become a mainstay of treatment. Due to their steady blood level, they are often effective without side effects at a lower daily dosage than oral alternative. They can be considered in any situation. For those with current non-adherence to antipsychotic medication as reported by beneficiary/client or others, leading to treatment failure as evidenced by hospitalizations, incarceration, or clinical non-response, long-acting injectable medications can change the trajectory for the better.
- 2. LAI antipsychotic medications should not be used concurrently with oral antipsychotic medications unless alternatives are carefully considered or they are specifically recommended for medication initiation.
- 3. Specific LAI antipsychotic medications should be used only within programs that have the capacity to provide the necessary clinical and logistical support required by those medications. Since patients cannot be monitored in our clinics for the directed minimum of three hours, BHS clinics do not have the capacity to support use of Zyprexa Relprevv.



VII. Antipsychotic Dosages

- A. The lowest effective dose of antipsychotic medication should be used to minimize the risks of side effects including extra-pyramidal symptoms (EPS) and tardive dyskinesia. Using antipsychotic medication at dosages higher than those supported by the FDA must have clear rationale recorded in the documentation including a careful and thorough discussion of risk versus benefit.
- B. An adequate trial with a daily dose within the usual range for a specific antipsychotic medication should be attempted before using higher doses. Use of higher doses should be associated with appropriately increased monitoring of target symptoms and untoward effects and should not be continued for longer than 90 days in the absence of clinical improvement.

VIII. General Health-Related Assessment and Monitoring for Individuals Receiving Antipsychotic Medications

Antipsychotic medication should be initiated and maintained only in circumstances that permit adequate general health-related assessment and monitoring that is consistent with the general parameters discussed in General Health-Related Monitoring, Interventions and Consultation. Please refer to the Quick Guide: Parameters for General Health-Related Monitoring, Consultation and Interventions, Section III.

IX. Non-Adherence with Antipsychotic Medications

- A. Assessment and interventions for non-adherence with antipsychotic medication involve clinical, social, and ethical considerations, and should involve close collaboration between the clinician, the individual being prescribed antipsychotic medication, and family and other involved individuals.
- B. In situations in which individuals are non-adherent with assessment and monitoring recommendations, visits should continue to build rapport and encourage proper use of medication.