

Comparison of Antipsychotic Attributes

Antipsychotic	Aripiprazole	Asenapine	Clozapine	Iloperidone	Lurasidone	Olanzapine	Olanzapine Pamoate	Paliperidone	Paliperidone Palmitate	Quetiapine	Risperidone	Risperidone Microspheres	Ziprasidone
Indication(s)	<ul style="list-style-type: none"> ✓ Schizophrenia ✓ Bipolar Mania ✓ Autism ✓ Partially Responsive Depression 	<ul style="list-style-type: none"> ✓ Acute Schizophrenia ✓ Bipolar Mania 	<ul style="list-style-type: none"> ✓ Refractory Schizophrenia ✓ Recurrent Suicidal Behavior 	<ul style="list-style-type: none"> ✓ Schizophrenia 	<ul style="list-style-type: none"> ✓ Schizophrenia 	<ul style="list-style-type: none"> ✓ Schizophrenia ✓ Bipolar Mania 	<ul style="list-style-type: none"> ✓ Schizophrenia 	<ul style="list-style-type: none"> ✓ Schizophrenia 	<ul style="list-style-type: none"> ✓ Schizophrenia ✓ Bipolar Mania ✓ Bipolar Depression 	<ul style="list-style-type: none"> ✓ Schizophrenia ✓ Bipolar Mania ✓ Autism 	<ul style="list-style-type: none"> ✓ Schizophrenia ✓ Bipolar I Disorder 	<ul style="list-style-type: none"> ✓ Schizophrenia ✓ Bipolar Mania 	
Potential Benefit or Advantage	<ul style="list-style-type: none"> ✓ Partial Agonist (D₂, 5-HT_{2A}) ✓ Very Low Sedation ✓ Long Half-life ✓ Injection 	<ul style="list-style-type: none"> ✓ Rich Pharmacology ✓ Two Indications ✓ Simple Dosing 	<ul style="list-style-type: none"> ✓ ↑ Efficacy in Refractory Patients ✓ Pregnancy Category B 	<ul style="list-style-type: none"> ✓ EPS (Particularly Akathisia) Rates < Placebo 	<ul style="list-style-type: none"> ✓ Rich Pharmacology ✓ Pregnancy Category B 	<ul style="list-style-type: none"> ✓ Possibly Greater Efficacy ✓ Sedating ✓ Injection 	<ul style="list-style-type: none"> ✓ No Oral Overlap ✓ Assured Administration 	<ul style="list-style-type: none"> ✓ No Metabolic Drug Interactions 	<ul style="list-style-type: none"> ✓ No Oral Overlap ✓ Assured Administration ✓ No Metabolic Drug Interactions 	<ul style="list-style-type: none"> ✓ Low EPS ✓ Sedating 	<ul style="list-style-type: none"> ✓ Possibly Greater Efficacy 	<ul style="list-style-type: none"> ✓ Assured Administration 	<ul style="list-style-type: none"> ✓ Near Zero Mean Weight Gain ✓ Injection
Potential Harm or Concern	<ul style="list-style-type: none"> ✓ Highest Akathisia ✓ CYP 2D6 & 3A4 Substrate 	<ul style="list-style-type: none"> ✓ Requires Sublingual Dosing ✓ CYP 1A2 & UGT 1A4 Substrate 	<ul style="list-style-type: none"> ✓ Metabolic Profile ✓ Agranulocytosis ✓ Sialorrhea ✓ CYP 1A2 & 3A4 Substrate 	<ul style="list-style-type: none"> ✓ QTc Prolongation ✓ CYP 2D6 & 3A4 Substrate 	<ul style="list-style-type: none"> ✓ Take With Food ✓ CYP 3A4 Substrate 	<ul style="list-style-type: none"> ✓ Worst Metabolic Profile ✓ CYP 1A2 & 3A4 Substrate 	<ul style="list-style-type: none"> ✓ Post Injection Delirium Sedation Syndrome ✓ Worst Metabolic Profile ✓ CYP 1A2 & 3A4 Substrate 	<ul style="list-style-type: none"> ✓ Highest Prolactin Elevation ✓ QTc Prolongation ✓ Renal Elimination 	<ul style="list-style-type: none"> ✓ Highest Prolactin Elevation ✓ QTc Prolongation ✓ Renal Elimination 	<ul style="list-style-type: none"> ✓ QTc Prolongation ✓ CYP 3A4 Substrate ✓ Metabolic Profile ✓ Sedating 	<ul style="list-style-type: none"> ✓ Highest Prolactin Elevation ✓ QTc Prolongation ✓ CYP 2D6 Substrate 	<ul style="list-style-type: none"> ✓ Oral Overlap Needed 3–4 Weeks ✓ Highest Prolactin Elevation ✓ QTc Prolongation ✓ Non-1st Order Kinetic Absorption ✓ CYP 2d6 & 3A4 ✓ CYP 2D6 Substrate 	<ul style="list-style-type: none"> ✓ QTc Prolongation ✓ Take With Food ✓ Aldehyde Oxidase & CYP 3A4 Substrate
Usual Dosing	<ul style="list-style-type: none"> ✓ 2–30 mg/day 	<ul style="list-style-type: none"> ✓ 5–10 mg SL BID 	<ul style="list-style-type: none"> ✓ Titration over Several Weeks to <900 mg/day (usually BID) 	<ul style="list-style-type: none"> ✓ Titration over 1st Week to 12–24 mg/day 	<ul style="list-style-type: none"> ✓ 40–80 mg/day after >350 cal Food 	<ul style="list-style-type: none"> ✓ 5–20 mg/day 	<ul style="list-style-type: none"> ✓ Loading Dose; then Maintenance Doses Depending upon PO Dose; 150 mg q 14 days to 300 mg q 14 or 28 days 	<ul style="list-style-type: none"> ✓ 3–12 mg/day 	<ul style="list-style-type: none"> ✓ Loading Doses: 234 mg & 156 mg 7 days Apart; then 117 mg q 28 days 	<ul style="list-style-type: none"> ✓ 400–800 mg/day (usually BID) 	<ul style="list-style-type: none"> ✓ 2–6 mg/day 	<ul style="list-style-type: none"> ✓ 12.5–50 mg q 2 Weeks; Oral Overlap 3–4 Weeks 	<ul style="list-style-type: none"> ✓ 120–160 mg/day (BID) after 500 cal Meal

- Based upon Product Labels, Controlled Clinical Trials, and Personal Clinical Impressions
- Beware of Over-interpretation of Table: *Use Clinical Judgement with Measurement-based Care*

Last revised 02-02-2012. Comments, corrections, and suggestions may be sent to Saklad@uthscsa.edu

