Antipsychotic CPZ equivalents

Chlorpromazine-equivalent doses and WHO DDD across typicals, atypicals, and LAIs. Reviewed against current guidelines as of June 8, 2026.

CPZ equivalents are a rough guide, not a substitute for judgment. Useful for switching, reading older literature, and having a dose-review conversation. Not useful as a precise conversion tool. Values below are approximate mid-range estimates, weighted toward Leucht 2014. Partial agonists (aripiprazole, brexpiprazole, cariprazine) don't fit the framework because they're intrinsically ceiling-limited. Clozapine is the most contested. Use equivalents to orient, then dose to response.

CPZ equivalence and WHO DDD

Drug	Approx dose = 100 mg CPZ	WHO DDD (mg a day)	Notes
Chlorpromazine	100 mg	300	Reference
Haloperidol	2 mg	8	Some sources 1.5 to 3 mg
Fluphenazine	2 mg	10	
Perphenazine	8 mg	30	
Trifluoperazine	5 mg	20	
Thioridazine	100 mg	300	QTc; largely retired
Thiothixene	5 mg	30	
Loxapine	15 mg	100	Inhaled formulation dosed differently
Molindone	10 mg	50	Rarely used
Pimozide	2 mg	4	QTc; mostly Tourette's
Risperidone	2 mg	5	Range 2 to 3 mg
Paliperidone	3 mg	6	Active metabolite of risperidone
Olanzapine	5 mg	10	
Quetiapine	100 mg	400	IR vs XR matters clinically
Ziprasidone	60 mg	80	With food
Aripiprazole	7.5 mg	15	Partial agonist; equivalence is a rough analogy
Brexpiprazole	2 mg	2	Partial agonist
Cariprazine	1.5 mg	3	Partial agonist; long half-life
Asenapine	10 mg	20	Sublingual
Iloperidone	8 mg	16	Titration required for orthostasis
Lurasidone	40 mg	60	With food (350 kcal)
Lumateperone	42 mg	42	Single-dose formulation
Clozapine	50 to 100 mg	300	Wide range; effect is not purely D2

Sulpiride	200 mg	800	Common in Europe, Japan

Long-acting injectables

LAI	Typical maintenance dose	Approx oral equivalent
Haloperidol decanoate	100 to 200 mg IM q4 weeks	Oral haloperidol 5 to 10 mg a day
Fluphenazine decanoate	12.5 to 25 mg IM q2 weeks	Oral fluphenazine 5 to 10 mg a day
Risperidone microspheres (Consta)	25 to 50 mg IM q2 weeks	Oral risperidone 2 to 4 mg a day
Risperidone (Perseris) subQ	90 or 120 mg subQ q4 weeks	Oral risperidone 3 or 4 mg a day
Risperidone (Uzedy) subQ	Monthly or bi-monthly	Oral risperidone 2 to 5 mg a day
Paliperidone monthly (Sustenna)	78 to 234 mg q4 weeks	Oral paliperidone 3 to 12 mg a day
Paliperidone 3-monthly (Trinza)	273 to 819 mg q12 weeks	Same steady state as monthly at 3.5x
Paliperidone 6-monthly (Hafyera)	1092 or 1560 mg q6 months	Same steady state as Trinza at 2x
Aripiprazole monohydrate (Maintena)	400 mg IM q4 weeks (300 if 2D6 poor)	Oral aripiprazole 10 to 20 mg a day
Aripiprazole lauroxil (Aristada)	441, 662, 882, or 1064 mg IM	Oral aripiprazole 10, 15, 20 mg per strength
Olanzapine pamoate (Relprevv)	150 to 300 mg IM q2 weeks or 405 q4 weeks	Oral olanzapine 10 to 20 mg; PDSS monitoring

For paliperidone LAI transitions, the manufacturer conversion chart beats any equivalence table. Use it.

How to use this in practice

- Switching. Use CPZ equivalence as a starting frame, not a target. Cross-taper to a reasonable dose of the new drug, assess over 2 to 4 weeks, then adjust.
- Dose review. Adding two antipsychotics in CPZ-eq units gives a concrete number for the conversation. 1000+ mg CPZ-eq is at the high end of what evidence supports.
- Reading older trials. 500 mg CPZ-eq is a typical treatment dose. 1000+ is high-dose.
- What not to do. Two antipsychotics at 300 mg CPZ-eq each is not clinically equivalent to one antipsychotic at 600 mg CPZ-eq. Receptor coverage, side effect burden, and adherence risk don't add that way.

Not medical advice.