**Table S5. Characteristics of antipsychotic drugs resulted to be used in Substance Induced Psychosis.**

| ANTIPSYCHOTIC DRUG | MECHANISM OF ACTION | THERAPEUTIC REGIMEN | CURRENT EVIDENCE | SIDE EFFECTS |
|---|---|---|---|---|
| **Aripiprazole** | Partial agonism at dopamine D2 and serotonin 5-HT1A receptors; Antagonism at serotonin 5-HT2A receptors; Blockade of serotonin type 5-HT2C and 7 receptors | Orally: 15-30 mg/day; available as a depot formulation (400 mg fl/28 days) | Significant improvement in positive and negative symptoms, reduction in substance use and craving (cocaine and cannabis) | Better safety profile than other AP in terms of extrapyramidal side effects, sedation, and metabolic changes. Akathisia and agitation are reported (Wang et al., 2016) |
| **Cariprazine** | Partial agonist at the dopamine (DA) D2 and D3 receptors and serotonin 5-HT1A receptors, and as an antagonist at the 5-HT2B receptors. | Orally: 1.5-3 mg/day; | Improvement in substance induced psychosis (psychostimulant, cocaine and methamphetamine) | Good safety profile. No reported side effects. Only insomnia treated with benzodiazepines (Ricci et al.,2022) |
| **Brexpiprazole** | Partial agonism of 5-$HT_{1A}$ and $D_2$ receptors and antagonism of 5-$HT_{2A}$. Brexpiprazole binds with high affinity to numerous monoaminergic receptors encompassing D2, D3, 5-HT1A, 5-HT2A, 5-HT2B, and 5-HT7 | Orally: 2-4 mg/day; | Improvement cannabis withdrawal psychosis. Modulator of dopamine-dependent behaviors during opioid use in rats | Good safety profile. No reported side effects. |
| **Lurasidone** | Full antagonist at dopamine D2 and serotonin 5-HT2A and 5-HT7 receptors | Orally: 40-160 mg/day; | Improvement in cannabis induced psychotic symptoms and LSD | Good safety profile. Only sedation reported (Ricci et al., 2022) |