PREScribing Directions FOR ANtiPSychotics

This brief information is provided to facilitate the use of these medications and is NOT intended to replace the information provided in the FDA labeling information. For any questions, please consult with your pharmacist or review FDA labeling information available at Drugs@FDA.

Last updated 01/01/2012 by the AIMS Center at the University of Washington.

<table>
<thead>
<tr>
<th>ARipiprazole (Abilify)</th>
<th>Antipsychotic risk profile: EPS: Mild; TD Risk: Mild; Sedation: Mild; Metabolic Effects: Mild.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dosing Information:</strong></td>
<td>Assess baseline weight, waist circumference, blood pressure, fasting plasma glucose, fasting lipid profile, CBC (for baseline WBC), EKG (to assess QTc) and AIMS test.</td>
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<tr>
<td><strong>Initiation for Schizophrenia:</strong></td>
<td>Week 1: Start 5 mg Qday. Week 2-3: Assess for side effects and increase and increase dose to 10 mg Qday for at least 2 weeks. Week 4: Assess for side effects; if still symptomatic consider further increase to 15 mg QDay. Maximum dosage: 30 mg Qday, although there is no evidence for benefit of doses above 15 mg QDay. Typical Target: 10-15 mg Qday.</td>
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<tr>
<td><strong>Initiation for Bipolar Manic/Mixed Episode:</strong></td>
<td>Week 1: Start 7.5 mg Qday. Week 2: Assess for side effects and increase dose to 15 mg QDay. Maximum dosage: 30 mg Qday, although there is no evidence for benefit of doses above 15 mg QDay. Typical target: 15 mg Qday.</td>
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<tr>
<td><strong>Initiation for Major Depressive Disorder, Adjunctive:</strong></td>
<td>Week 1-2: Start 2 mg Qday. Continue for at least 2 weeks. Week 3: Assess for side effects; Consider further increase to 5 mg Qday, if still severely symptomatic. Typical target: 2-5 mg Qday. Usual max: 10 mg Qday.</td>
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<td><strong>Ongoing Monitoring:</strong></td>
<td>EKG at target dose (at least once to assess QTc). At 4 weeks: weight. At 8 weeks: weight. At 12 weeks: weight, blood pressure, fasting plasma glucose, fasting lipid profile. Quarterly thereafter: weight. Annually /ongoing: waist circumference, weight, blood pressure, fasting plasma glucose, fasting lipid profile, and AIMS test. Repeat CBC in patients with previous low WBC.</td>
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<tr>
<td><strong>General Information:</strong></td>
<td>Atypical antipsychotic/partial dopamine agonist. FDA Indications: Schizophrenia; Bipolar mania and mixed episode (also as adjunctive to lithium and valproate); Major depressive disorder, adjunctive; Irritability associated with autism (pediatrics). Off-Label Indications: PTSD/ODC augmentation. Pharmacokinetics: T 1/2 = 75 h. Side effects: Common: Akathisia (19%), insomnia (18%), constipation (11%), sedation/fatigue (8%), tremor (6%), extra-pyramidal symptoms (5%). Warnings and Precautions: Seizures, QTc prolongation, orthostatic hypotension, neuroleptic malignant syndrome, agranulocytosis, hyperglycemia/diabetes, tardive dyskinesia, sudden cardiac death, cerebrovascular accident and body temperature dysregulation. Contraindications: Known hypersensitivity reaction to the product. Black Box Warnings: (1) Increased mortality in elderly patients with dementia related psychosis. (2) Increased initial risk of suicidality when used for treatment of depression. Pregnancy: Category C. Developmental toxicity and teratogenic effects in animal studies. Breastfeeding: Enters breast milk/not recommended. Significant drug-drug interactions: Check all drug-drug interactions before prescribing. Generic Available: No.</td>
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<tr>
<th>ASenapine (Saphris)</th>
<th>Antipsychotic risk profile: EPS: Mild to moderate; TD Risk: Unknown; Sedation: Mild to moderate Metabolic Effects: Mild.</th>
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<tbody>
<tr>
<td><strong>Dosing Information:</strong></td>
<td>Initiation for Schizophrenia and Bipolar Mania: Week 1: Assess baseline weight, waist circumference, blood pressure, fasting plasma glucose, fasting lipid profile, EKG (to assess QTc) and AIMS test. Week 1: Start 5 mg BID. This is a sublingual medication and patient should not eat or drink for 10 min after administration. Can consider 10 mg BID for severe presentations. Week 2: Assess for side effects. Consider further titration to 10 mg BID dosing as needed. Typical target: 5-10 mg BID. Maximum Dose: 10 mg BID.</td>
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<td><strong>Ongoing Monitoring:</strong></td>
<td>EKG at target dose (at least once to assess QTc). At 4 weeks: Weight. At 8 weeks: Weight. At 12 weeks: Weight, blood pressure, fasting plasma glucose, fasting lipid profile. Quarterly thereafter: Weight. Annually ongoing: Waist circumference, weight, blood pressure, fasting plasma glucose, fasting lipid profile, AIMS test. Repeat CBC in patients with previous low WBC.</td>
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</tbody>
</table>
| **General Information:**| Atypical antipsychotic. FDA Indications: Acute schizophrenia; Acute bipolar mania or
HALOPERIDOL (HALDOL)  Antipsychotic risk profile:  EPS: High; TD Risk: High; Sedation: Mild; Metabolic Effects: Mild.

**DOsing information:** Assess baseline weight, waist circumference, blood pressure, fasting plasma glucose, fasting lipid profile, EKG (to assess QTc) and AIMS test.  **Initiation for Schizophrenia:**  
- **Week 1:** Start haloperidol 1 mg BID*.  
- **Week 2:** Assess for side effects and increase haloperidol to 2mg BID.  
- **Week 3 and beyond:** Assess for side effects and consider further increases to 1 mg BID increments until symptom remission or max dose is reached.  
If QAM dosage is excessively sedating consider consolidating more of the dose to QHS.  **Typical Target:**  
- 6-10 mg.  **Max Dosing:** 20mg  
**Note:** Often need to prescribe an anticholinergic medication to deal with Parkinsonian side effects (Benadryl 25 mg or Cogentin 1-2 mg PRN or scheduled).

**ONGOING monitoring:** EKG at target dose (at least once to assess QTc).  
- At 4 weeks: weight.  
- At 8 weeks: weight, blood pressure, fasting plasma glucose, fasting lipid profile.  
- Quarterly thereafter: weight, blood pressure, fasting plasma glucose, fasting lipid profile, and AIMS test.

**GENERAL INFORMATION:** Typical antipsychotic.  **FDA Indications:** Schizophrenia.  **Pharmacokinetics:** T ½ = 18 hrs.  **Side Effects:** Common: Extra-pyramidal symptoms (Parkinsonism, akathisia), orthostatic hypotension, sedation/fatigue, weight gain, dry mouth, nausea, insomnia, dizziness, anxiety, and tremor.  **Warnings/Precautions:** Tardive dyskinesia, QTc prolongation, neuroleptic malignant syndrome, agranulocytosis, hypoglycemia/diabetes, Hyperprolactinemia, priapism, sudden cardiac death, cerebrovascular accident.  **Contraindications:** Known hypersensitivity reaction to the product.  **Black Box Warning:** (1) Increased mortality in elderly patients with dementia related psychosis.  
**Pregnancy:** Category C.  **Breastfeeding:** Not known if enters breast milk/not recommended.  **Significant drug-drug interactions:** Check all drug-drug interactions before prescribing.  **Generic Available:** Yes, inexpensive.

ILIOPERIDONE (FANAPT)  Antipsychotic risk profile:  EPS: Very low; TD Risk: Mild; Sedation: Unknown, likely moderate; Metabolic Effects: Moderate

**DOsing information:**  
- **Initiation for Schizophrenia:** Assess baseline weight, waist circumference, blood pressure, fasting plasma glucose, fasting lipid profile, EKG (to assess QTc) and AIMS test.  
- **Week 1:**  
  - **Day 1:** Start 1 mg BID.  
  - **Day 2:** 2 mg BID.  
  - **Day 3:** 4 mg BID.  
  - **Day 4:** 6 mg BID.  
- **Titration can be slowed for orthostatic hypotensive effects.**  
- **Week 2:** Assess for side effects.  
- **Consider further titration to max dosing as needed.**  
- **Typical target dosage:** 12mg/day.  **Maximum Dose:** 24 mg/day.  
- **Restarting therapy after discontinuation:** If medication has been stopped for greater than 3 days, the initial titration schedule should be followed.

**ONGOING monitoring:** EKG at target dose (at least once to assess QTc).  
- At 4 weeks: Weight.  
- At 8 weeks: Weight, blood pressure, fasting plasma glucose, fasting lipid profile.  
- Quarterly thereafter: Weight.  
- Annually ongoing: Waist circumference, weight, blood pressure, fasting plasma glucose, fasting lipid profile, AIMS test.  
- Repeat CBC in patients with previous low WBC.

**GENERAL INFORMATION:** Atypical antipsychotic.  **FDA Indications:** Schizophrenia.  **Off-Label Indications:** None.  **Pharmacokinetics:** T ½ = 18-33hrs.  **Side effects:** Common: Dizziness (20%), fatigue/somnolence (15%), tachycardia (12%), dry mouth (10%), increased weight (9%), nasal congestion (8%), orthostatic hypotension (5%).  **Warnings and Precautions:** QTc prolongation, neuroleptic malignant syndrome, tardive dyskinesia,
hyperglycemia/diabetes, seizures, orthostatic hypotension, agranulocytosis, priapism, hyperprolactinemia, impaired body temperature regulation, dysphasia, sudden cardiac death, cardiovascular accident, body temperature dysregulation. **Contraindications:** Known hypersensitivity reaction to the product. **Black Box Warnings:** (1) Increased mortality in elderly patients with dementia related psychosis. **Pregnancy:** Category C. **Breastfeeding:** Not know if enters breast milk/not recommended. **Significant drug-drug interactions:** Fanapt dose should be reduced by one-half when administered concomitantly with strong CYP2D6 inhibitors such as fluoxetine or paroxetine, in known slow CYP2D6 metabolizers, and in patients taking strong CYP3A4 inhibitors. Caution with centrally acting antihypertensives (due to its α1-adrenergic receptor antagonism). Medications that prolong QTc; Check all drug-drug interactions. **Generic Available:** No

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<tr>
<th><strong>Lurasidone (Latuda)</strong></th>
<th><strong>Antipsychotic risk profile:</strong></th>
<th>EPS: Mild to Moderate; TD Risk: Unknown; Sedation: Moderate; Metabolic Effects: Mild.</th>
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<tr>
<td><strong>DOsing INFORMATION:</strong></td>
<td>Assess baseline weight, waist circumference, blood pressure, fasting plasma glucose, fasting lipid profile, CBC (for baseline WBC), EKG (to assess QTc) and AIMS test. <strong>Initiation for Schizophrenia:</strong> Week 1: Start 40 mg QDay; Take with meal. <strong>Week 2:</strong> Assess for side effects. <strong>Typical Target:</strong> 40 mg Qday. <strong>Typical Max dosage:</strong> 80 mg/day.</td>
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<td><strong>ONGOING MONITORING:</strong></td>
<td>EKG at target dose (at least once to assess QTc). At 4 weeks: Weight. At 8 weeks: Weight. At 12 weeks: Weight, blood pressure, fasting plasma glucose, fasting lipid profile. Quarterly thereafter: Weight. Annually ongoing: Waist circumference, weight, blood pressure, fasting plasma glucose, fasting lipid profile, AIMS test. Repeat CBC in patients with previous low WBC.</td>
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<tr>
<td><strong>GENERAL INFORMATION:</strong></td>
<td>Atypical antipsychotic. <strong>FDA Indications:</strong> Schizophrenia. <strong>Off-Label Indications:</strong> No data yet. <strong>Pharmacokinetics:</strong> T½ = 18hrs. <strong>Side effects:</strong> Common: Somnolence (22%), akathisia (15%), nausea (12%), parkinsonism (11%), agitation (6%), anxiety (6%). <strong>Warnings and Precautions:</strong> Seizures, orthostatic hypotension/syncope, neuroleptic malignant syndrome, hyperprolactinemia, leucopenia/neutropenia/agranulocytosis, hyperglycemia/diabetes/weight gain, tardive dyskinesia, sudden cardiac death, cardiovascular accident, body temperature dysregulation. Contraindications: Known hypersensitivity reaction to the product. Coadministration with a strong CYP3A4 inhibitor (e.g., ketoconazole) and inducer (e.g., rifampin). <strong>Black Box Warnings:</strong> (1) Increased mortality in elderly patients with dementia related psychosis. <strong>Pregnancy:</strong> Category B. <strong>Breastfeeding:</strong> Unknown if enters breast milk/not recommended. <strong>Significant drug-drug interactions:</strong> Check all drug-drug interactions. <strong>Generic Available:</strong> No.</td>
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<tr>
<th><strong>Olanzapine (Zyprexa)</strong></th>
<th><strong>Antipsychotic risk profile:</strong></th>
<th>EPS: Mild; TD Risk: Mild; Sedation: Moderate; Metabolic Effects: Severe.</th>
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<tr>
<td><strong>DOsing INFORMATION:</strong></td>
<td>Assess baseline weight, waist circumference, blood pressure, fasting plasma glucose, fasting lipid profile, CBC (for baseline WBC), EKG (to assess QTc) and AIMS test. <strong>Initiation for Schizophrenia:</strong> Week 1: Start 5 mg QHS. <strong>Week 2:</strong> Assess for side effects and increase dose to 10 mg QHS. <strong>Week 3 and beyond:</strong> Assess for side effects. If still symptomatic, consider further increase to 15-20 mg QHS. <strong>Typical Target:</strong> 10 mg QHS Maximum Dose: 20 mg QHS <strong>Initiation for Bipolar Manic/Mixed Episode:</strong> Week 1: Start 10 mg QHS. <strong>Week 2 and beyond:</strong> Assess for side effects and increase dose to 15 mg QHS as needed. <strong>Typical target:</strong> 10-15 mg QDay. Maintenance dosage typically lower than dose used in acute episodes. <strong>Maximum Dose:</strong> 20 mg QHS.</td>
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<tr>
<td><strong>ONGOING MONITORING:</strong></td>
<td>EKG at target dose (at least once to assess QTc). At 4 weeks: Weight. At 8 weeks: Weight. At 12 weeks: Weight, blood pressure, fasting plasma glucose, fasting lipid profile. Quarterly thereafter: Weight. Annually ongoing: Waist circumference, weight, blood pressure, fasting plasma glucose, fasting lipid profile, and AIMS test.</td>
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<td><strong>GENERAL INFORMATION:</strong></td>
<td>Atypical antipsychotic. <strong>FDA Indications:</strong> Schizophrenia, Bipolar mania and mixed episode. <strong>Off-Label Indications:</strong> PTSD/OCD augmentation, Depression augmentation. <strong>Pharmacokinetics:</strong> T ½ = 30hr. <strong>Side effects:</strong> Common: Somnolence (35%), dry mouth (22%), dizziness (18%), fatigue (15%), dyspepsia (11%), constipation (9%), personality disorder (8%), tremor (6%), weight gain/increased appetite (6%), akathisia (5%), postural hypotension (5%). <strong>Warnings and Precautions:</strong> Neuroleptic malignant syndrome, hyperglycemia/diabetes, hyperlipidemia, weight gain, seizures, serotonin syndrome, manic switch, tardive dyskinesia,</td>
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orthostatic hypotension, leukopenia/neutropenia/agranulocytosis, seizures, abnormal bleeding, hyponatremia, hyperprolactinemia, sudden cardiac death, cerebrovascular accident, QTc prolongation and body temperature dysregulation. **Contraindications:** Known hypersensitivity reaction to the product. **Black Box Warnings:** (1) Increased mortality in elderly patients with dementia related psychosis.  **Pregnancy:** Category C. **Breastfeeding:** Enters breast milk/not recommended. **Significant drug-drug interactions:** MAO-inhibitors. Check all drug-drug interactions before prescribing. **Generic Available:** Yes, moderate to expensive.

### OLANZAPINE AND FLUOXETINE (SYMBYAX)

**Antipsychotic risk profile:** EPS: Mild TD Risk: Mild Sedation; Moderate Metabolic Effects: Severe

**DOSING INFORMATION:** Initiation for Bipolar Depression and Adjunctive Treatment for Major Depression:
Assess baseline weight, waist circumference, blood pressure, fasting plasma glucose, fasting lipid profile, EKG (to assess QTc) and AIMS test.  **Week 1:** Start Olanzapine 3 mg/Fluoxetine 25 mg QHS.  **Week 2 and beyond:** Assess for side effects and increase dose to Olanzapine 6 mg/Fluoxetine 25 mg QHS as needed.  **Typical target:** Olanzapine 6 mg/Fluoxetine 25 mg QHS.  **Maximum Dose:** Olanzapine 12 mg/Fluoxetine 50 mg QHS.

**ONGOING MONITORING:** EKG at target dose (at least once to assess QTc).  **At 4 weeks:** Weight.  **At 8 weeks:** Weight.  At 12 weeks: Weight, blood pressure, fasting plasma glucose, fasting lipid profile. Quarterly thereafter: Weight.  **Annually ongoing:** Waist circumference, weight, blood pressure, fasting plasma glucose, fasting lipid profile, AIMS test.  Repeat CBC in patients with previous low WBC.

**GENERAL INFORMATION:** Atypical antipsychotic combined with SSRI. **FDA Indications:** Bipolar Depression and Adjunctive Treatment for Major Depression.  **Off-Label Indications:** None.  **Pharmacokinetics:** T½ (olanzapine) = 30 hr; T½ (fluoxetine) = 4-6 days.  **Side effects:** Common: Weight gain (25%), increased appetite (20%), dry mouth (15%), somnolence (14%), fatigue (12%), hypersomnia, peripheral edema (9%), tremor (9%), sedation (8%), vision blurred (5%), disturbance in attention (5%).  **Warnings and Precautions:** Neuroleptic malignant syndrome, hyperglycemia/diabetes, hyperlipidemia, weight gain, rash, manic switch, tardive dyskinesia, orthostatic hypotension, leucopenia/neutropenia/agranulocytosis, seizures, abnormal bleeding, hyponatremia, hyperprolactinemia, sudden cardiac death, cardiovascular accident, QTc prolongation, body temperature dysregulation.  **Contraindications:** Known hypersensitivity reaction to the product. Do not use with an MAOI or within 14 days of discontinuing an MAOI due to risk of drug interaction. At least 5 weeks should be allowed after stopping Symbyax before starting treatment with an MAOI. Do not use with pimozide due to risk of drug interaction or QTc prolongation. Do not use with thioridazine due to risk of drug interaction.  **Black Box Warnings:** (1) Increased mortality in elderly patients with dementia related psychosis, (2) Increased initial risk of suicidality when used for treatment of depression.  **Pregnancy:** Category C.  **Breastfeeding:** Enters breast milk/not recommended. **Significant drug-drug interactions:** Check all drug-drug interactions. **Generic Available:** No.

### PALIPERIDONE (INVEGA)–Oral formulation

**Antipsychotic risk profile:** EPS: Moderate; TD Risk: Moderate; Sedation: Moderate; Metabolic Effects: Moderate.

**DOSING INFORMATION:** Initiation for Schizophrenia and Bipolar Mania:
Assess baseline weight, waist circumference, blood pressure, fasting plasma glucose, fasting lipid profile, and EKG (to assess QTc) and AIMS test.  **Week 1:** 3 mg QDay in the morning.  **Week 2 and beyond:** Consider further increases in 3mg increments up to a maximum of 12 mg/day.  **Typical target:** 6 mg Qday.  **Maximum Dose:** 12 mg QDay.

**ONGOING MONITORING:** EKG at target dose (at least once to assess QTc).  **At 4 weeks:** Weight.  **At 8 weeks:** Weight.  At 12 weeks: Weight, blood pressure, fasting plasma glucose, fasting lipid profile. Quarterly thereafter: Weight.  **Annually ongoing:** Waist circumference, weight, blood pressure, fasting plasma glucose, fasting lipid profile, AIMS test.  Repeat CBC in patients with previous low WBC.

**GENERAL INFORMATION:** Atypical antipsychotic.  **FDA Indications:** Schizophrenia; Schizoaffective disorder (monotherapy or as adjunctive).  **Off-Label Indications:** Bipolar, mixed or manic.  **Pharmacokinetics:** T½ =23 hrs.  **Side effects:** Common: Somnolence/fatigue (26%), extra-pyramidal symptoms (23%), akathisia (17%), headache (14%), tachycardia (14%), constipation (4%), orthostatic hypotension (4%), salivary hypersecretion (4%), weight gain (4%), gynecomastia (3%).

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Warnings and Precautions: Sudden cardiac death, cardiovascular accident, neuroleptic malignant syndrome, QTc prolongation, tardive dyskinesia, hyperglycemia/diabetes/weight gain, hyperprolactinemia, GI narrowing, orthostatic hypotension, leucopenia/neutropenia/agranulocytosis, seizures, body temperature dysregulation.

Contraindications: Known hypersensitivity reaction to the product or Risperdal. Black Box Warnings: (1) Increased mortality in elderly patients with dementia related psychosis.


**PERPHENAZINE (TRILAFON)**  Antipsychotic risk profile: EPS: Moderate; TD Risk: High; Sedation: Moderate; Metabolic Effects: Mild.

**DOsing Information:** Assess baseline Weight, waist circumference, blood pressure, fasting plasma glucose, fasting lipid profile, CBC (for baseline WBC) and EKG (to assess QTc) and AIMS test. **Initiation for Schizophrenia:** Week 1: Start perphenazine 4 mg BID. Week 2: Assess for side effects and increase to 8 mg BID. Week 3 and beyond: Assess for side effects and consider further increases to 12 mg BID if still symptomatic. If QAM dosage is excessively sedating consider consolidating more of the dose to QHS. **Typical Target:** 12-24 mg/day. **Max Dosing:** 24 mg/day as an outpatient.

**ONGOING MONITORING:** EKG at target dose (at least once to assess QTc). At 4 weeks: Weight. At 8 weeks: Weight. At 12 weeks: Weight, blood pressure, fasting plasma glucose, fasting lipid profile. Quarterly thereafter: Weight. Annually ongoing: Waist circumference, weight, blood pressure, fasting plasma glucose, fasting lipid profile and AIMS test.

**GENERAL INFORMATION:** Typical antipsychotic. **FDA Indications:** Schizophrenia. **Pharmacokinetics:** T ½ = 9-12 hrs. **Side Effects:** Common: Extra-pyramidal symptoms (seen at higher doses; Parkinsonism, akathisia), orthostatic hypotension, sedation/fatigue and anticholinergic effects. **Warnings/Precautions:** Tardive dyskinesia, neuroleptic malignant syndrome, suicidality, lowers seizures threshold, temperature dysregulation, orthostatic hypotension, QTc prolongation, hyperprolactinemia, sudden cardiac death, cerebrovascular accident, body temperature dysregulation. **Contraindications:** Blood dyscrasia, bone marrow depression, liver damage, subcortical brain damage (vulnerability to hyperthermia). **Black Box Warnings:** (1) Increased mortality in elderly patients with dementia related psychosis. **Pregnancy:** Category C. **Breastfeeding:** Enters breast milk/not recommended; AAP “of concern”. **Significant drug-drug interactions:** Check all drug-drug interactions before prescribing. **Generic Available:** Yes, inexpensive.

**QUETIAPINE (SEROQUEL (IR), SEROQUEL XR)**  Antipsychotic risk profile: EPS: Mild; TD Risk: Mild; Sedation: Moderate; Metabolic Effects: Moderate.

**DOsing Information:** Assess baseline weight, waist circumference, blood pressure, fasting plasma glucose, fasting lipid profile, CBC (for baseline WBC), EKG (to assess QTc) and AIMS test. **Initiation for Schizophrenia or Bipolar Manic/Mixed Episode:** Week 1 -Start Seroquel-IR: Day 1, 25 mg BID; Day 2, 50 mg BID; Day 3, 100 mg BID; Day 4, 150 mg BID and Day 5, 200 mg BID. At higher daily dosages consider scheduling a greater proportion of dose QHS to limit daytime sedation. **Week 1 -Start Seroquel-XR:** Day 1, 50 mg QHS; Day 2, 100 mg QHS; Day 3, 200 mg QHS; Day 4, 300 mg QHS and Day 5, 400 mg QHS. **Week 2:** Assess for side effects. Can consider further increases in 100 mg increments up to max of 800 mg total daily dose for either Seroquel-IR or Seroquel-XR. This titration schedule can be slowed down because of side effects. **Typical Target:** 400-800 mg. **Initiation for Bipolar Depression:** Week 1 -For both Seroquel-IR and Seroquel-XR: Day 1, 50 mg QHS; Day 2, 100 mg QHS; Day 3, 200 mg QHS; and Day 4, 300 mg QHS (usual maximum dose for this indication.). **Typical Target:** 300 mg.

**Initiation for Adjunctive Treatment for Typical Target Major Depression:** Week 1: Seroquel-XR Day 1, 50 mg QHS; Day 2, 100 mg QHS; Day 3, 150 mg QHS.

**ONGOING MONITORING:** EKG at target dose (at least once to assess QTc). At 4 weeks: weight. At 8 weeks: weight. At 12 weeks: weight, blood pressure, fasting plasma glucose, fasting lipid profile. Quarterly thereafter: weight. Annually /ongoing: Waist circumference, weight, blood pressure, fasting plasma glucose, fasting lipid profile and AIMS test. Consider checking for cataracts.

**GENERAL INFORMATION:** Atypical antipsychotic. **FDA Indications:** Schizophrenia (IR, XR), Bipolar I – manic (IR, XR), Bipolar I – mixed (XR), Bipolar disorder – depressive episode (IR, XR), Bipolar maintenance as adjunctive to
| **RISPERIDONE (RISPERDAL)** | **Antipsychotic risk profile:** | EPS: Moderate; TD Risk: Moderate; Sedation: Moderate; Metabolic Effects: Moderate. | **DOsing INFORMATION:** Assess baseline weight, waist circumference, blood pressure, fasting plasma glucose, fasting lipid profile, CBC (for baseline WBC), EKG (to assess QTc) and AIMS test. | **Initiation for Schizophrenia:** Week 1: Start risperidone 1 mg QHS. **Week 2:** Assess for side effects and increase risperidone to 1 mg BID. | **Week 3:** Assess for side effects and increase to 1 mg QAM and 2 mg QHS. If QAM dosage is excessively sedating consider consolidating more of the dose to QHS. **Week 4 and beyond:** Assess side effects and consider further increases in 1 mg increments until symptom remission or max dose of 6 mg reached. | **Initiation for Bipolar Mania and Mixed Episodes:** **Week 1:** Start risperidone 1-2 mg QHS. **Week 2:** Assess for side effects and increase risperidone to 1 QM and 1-2 mg QHS. **Week 3 and beyond:** Assess for side effects and consider further increases in 1 mg increments until symptom remission or max dose of 6 mg reached. If QAM dosage is excessively sedating consider consolidating more of the dose to QHS. **Typical Target:** 3-4 mg/day (note: dosages above 4 mg/day are much more likely to be associated with EPS). | **ONGOING MONITORING:** EKG at target dose (at least once to assess QTc). At 4 weeks: Weight. At 8 weeks: Weight. At 12 weeks: Weight, blood pressure, fasting plasma glucose, fasting lipid profile. Quarterly thereafter: Weight. Annually /ongoing: Waist circumference, weight, blood pressure, fasting plasma glucose, fasting lipid profile, and AIMS test. | **GENERAL INFORMATION:** Atypical antipsychotic. | **FDA indications:** Bipolar mania and mixed episode; Schizophrenia. | **Off-Label Indications:** Depression augmentation, anxiety disorders augmentation. | **Pharmacokinetics:** T ½ = 20 hrs. **Side effects:** Common: Insomnia (32%), extra-pyramidal symptoms (Parkinsonism (25%), akathisia (10%)), anxiety (16%), nausea (9%), dizziness (7%), sedation/fatigue (6%), weight gain, dry mouth (4%), tremor (3%), orthostatic hypotension (2%). **Warnings and Precautions:** Sudden cardiac death, cerebrovascular accident, orthostatic hypotension, QTc prolongation, neuroleptic malignant syndrome, hyperprolactinemia, leucopenia/neutropenia/agranulocytosis, seizures, hyperglycemia/diabetes/weight gain, tardive dyskinesia, priapism, thrombotic thrombocytopenic purpura, body temperature dysregulation. **Contraindications:** Known hypersensitivity reaction to the product. **Black Box Warnings:** (1) Increased mortality in elderly patients with dementia related psychosis. (2) Increased initial risk of suicidality when used for treatment of depression. | **Pregnancy:** Category C. **Breastfeeding:** Enters breast milk/not recommended. | **Significant drug-drug interactions:** Caution with anti-hypertensives (because of orthostatic hypotension). Check all drug-drug interactions before prescribing. | **Generic Available:** Yes; Moderately expensive. |

| **ZIPRASIDONE (GEODON)** | **Antipsychotic risk profile:** | EPS: Moderate; TD Risk: Mild; Sedation: Moderate; Metabolic Effects: Mild. | **DOsing INFORMATION:** Assess baseline weight, waist circumference, blood pressure, fasting plasma glucose, fasting lipid profile, CBC (for baseline WBC), EKG (to assess QTc) and AIMS test. | **Initiation for Schizophrenia:** **Week 1:** Start 20 mg twice daily (with food). **Week 2 and beyond:** Assess for side effects and consider further increase to 40 mg BID as needed. | **Initiation for Bipolar Mania and Mixed Episodes:** **Week 1:** Start 20 mg twice daily (with food). **Week 2 and beyond:** Assess for side effects and consider further increase to 40 mg BID as needed. | © 2012 University of Washington. Anna Ratzliff, MD, PhD and David A. Harrison, MD, PhD. V 2.7.12. Page 6 of 7 |
(with food). **Week 2 and beyond:** Assess for side effects and consider further increase; consider increase to 60 mg - 80 mg BID as needed. **Maintenance:** Range 20 - 100 mg BID; however, dosages >80 mg twice daily are generally not recommended.

**ONGOING MONITORING:** EKG at target dose (at least once to assess QTc). At 4 weeks: Weight. At 8 weeks: Weight. At 12 weeks: Weight, blood pressure, fasting plasma glucose, fasting lipid profile. Quarterly thereafter: Weight. Annually ongoing: Waist circumference, weight, blood pressure, fasting plasma glucose, fasting lipid profile, and AIMS test.

**GENERAL INFORMATION:** Atypical antipsychotic. **FDA Indications:** Bipolar mania and mixed episode (monotherapy and as adjunctive to lithium and Depakote), Schizophrenia maintenance. **Off-Label Indications:** Schizoaffective disorder. **Pharmacokinetics:** T ½ = 7hrs. **Side effects: Common:** Somnolence (14%), extrapyramidal symptoms (14%), dizziness (8%), akathisia (8%), respiratory tract infection (8%), abnormal vision (6%), asthenia (5%), vomiting (5%). **Warnings and Precautions:** QTc prolongation, neuroleptic malignant syndrome, tardive dyskinesia, hyperglycemia/diabetes, rash, orthostatic hypotension, leukopenia/neutropenia/agranulocytosis, seizures, dysphagia, hyperprolactinemia, priapism, sudden cardiac death, cerebrovascular accident, body temperature dysregulation. **Contraindications:** Known hypersensitivity reaction to the product. Do not use in patients with a known history of QT prolongation. Do not use in patients with recent acute myocardial infarction. Do not use in patients with uncompensated heart failure. Do not use in combination with other drugs that have demonstrated QT prolongation. **Black Box Warnings:** (1) Increased mortality in elderly patients with dementia related psychosis. **Pregnancy:** Category C. **Breastfeeding:** Enters breast milk/not recommended. **Significant drug-drug interactions:** Contraindicated: Methadone, many others including any medications that prolong QTc. Check all drug-drug interactions before prescribing. **Generic Available:** No.