



**BEHAVIORAL HEALTH GUIDELINE**

**BIPOLAR AND SCHIZOPHRENIA GUIDELINE**

Guideline History

Date Approved	7/20
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These Guidelines are promulgated by Sentara Healthcare (SHC) as recommendations for the clinical Management of specific conditions. Clinical data in a particular case may necessitate or permit deviation from these Guidelines. The SHC Guidelines are institutionally endorsed recommendations and are not intended as a substitute for clinical judgment.

# Medications for the Treatment of Bipolar Disorder and Schizophrenia

## MOOD STABILIZERS

Medication	Indication	Dosage	Side Effects
<b>Divalproex (Depakote)</b>			
	Bipolar I disorder- Manic	<b>DR</b> Initial 750 mg orally daily in divided doses; increase as quickly as possible to clinical effect; usual trough plasma level 50 to 125 mcg/ml (347 to 693 mcmol/L); MAX 60 mg/kg/day  <b>ER</b> Initial 25mg/kg/day orally once daily increase as quickly as possible to clinical effect; usual trough plasma level 85 to 125 mcg/ml (589 to 867 mcmol/L); MAX 60 mg/kg/day	Common: Alopecia, Weight gain, Abdominal pain, Weakness, Diarrhea, Nausea/Vomiting, Tremor, Headache  Serious: Hepatotoxicity, Teratogenicity, Pancreatitis, Thrombocytopenia (dose dependent)
<b>Lamotrigine (Lamictal)</b>			
	Bipolar I disorder, <i>monotherapy</i>	Initial 25mg/day orally for 2 weeks  Titration 50mg/day for 2 weeks 100mg/day for 1 week  Maintenance 200mg/day	Common: Rash, Abdominal pain, Diarrhea, Nausea/Vomiting, Dizziness, Headache, Somnolence, Blurred vision  Serious: Stevens-Johnson syndrome/Toxic Epidermal Necrolysis, Liver failure, Aseptic meningitis, Neuroleptic malignant syndrome
	Bipolar I disorder, <i>in combination with valproic acid</i>	Initial 25mg/day orally every other day for 2 weeks  Titration 25mg/day for 2 weeks 50mg/day for 1 week  Maintenance 100mg/day	
	Bipolar I disorder, <i>in combination with carbamazepine or other enzyme inducing antiepileptic</i>	Initial 50mg/day orally for 2 weeks  Titration 100mg/day for 2 weeks in divided doses 200mg/day for 1 week in divided doses 300mg/day for 1 week in divided doses  Maintenance	

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		May increase up to the usual maintenance dose of 400mg/day in divided doses	
<b>Carbamazepine ER (Equetro)</b>			
	Bipolar I disorder, acute manic or mixed episodes	<p>Initial 200mg orally twice daily</p> <p>Titration May increase in increments of 200mg/day</p> <p>Max dose Doses in excess of 1600mg/day have not been studied</p>	<p>Common: Dizziness, Drowsiness, Ataxia, Nausea, Vomiting, Pruritus, Skin Rash, Constipation, Xerostomia</p> <p>Serious: Stevens-Johnson Syndrome/Toxic Epidermal Necrolysis, Aplastic Anemia, Agranulocytosis</p>
<b>Lithium</b>			
	Bipolar I disorder, acute treatment of manic or mixed episodes <i>monotherapy</i>	<p>Immediate Release</p> <p>Initial 300mg orally 3 times daily</p> <p>Titration Add 300mg every 3 days to acute goal</p> <p>Extended Release 1800mg/day orally in 2-3 divided doses</p> <p>Target Serum Level 0.8-1.2meq/L</p>	<p>Common: Hyperparathyroidism, Weight gain, Dizziness/Fatigue, Leukocytosis, Increased thirst</p> <p>Serious: Bradycardia, Hypothyroidism, Erythema multiforme, Blurred vision, Nephrogenic diabetes insipidus</p>
	Bipolar I disorder, maintenance <i>monotherapy</i>	<p>Immediate-release tablet and capsule Initial 300mg orally 3 times daily; titrate by 300 mg every 3 days to maintenance goal, desired serum lithium level 0.8 to 1mEq/L usually 300 to 600 mg 2 to 3 times daily.</p> <p>Extended-release tablet 900 to 1200 mg/day orally in 2 to 3 divided doses; desired serum lithium level 0.6 to 1.2 mEq/L</p>	

# Medications for the Treatment of Bipolar Disorder and Schizophrenia

## FIRST GENERATION ANTIPSYCHOTICS

Medication	Indication	Dosage	Side Effects
<b>Chlorpromazine (Thorazine)</b>			
	Bipolar Disorder, Manic Episode (hospitalized)	<p>Oral preparation:</p> <p>Initial 25mg orally 3 times a day</p> <p>Titration Increase gradually until effective dose is reached (usually 400mg/day)</p> <p>Injectable preparation:</p> <p>Initial 25mg IM for control of severe symptoms May give 25-50mg in 1 hour as needed</p> <p>Titration Increase subsequent IM doses gradually over several days as needed 400mg IM every 4-6 hours until patient is controlled</p>	<p>Common:</p> <p>Orthostatic hypotension, Tachycardia, Ineffective thermoregulation (heat stroke or hypothermia), Constipation, Xerostomia, Akathisia, Dizziness, Parkinsonism, Somnolence, Tardive dyskinesia</p> <p>Serious QT prolongation, Agranulocytosis, Aplastic Anemia, Anaphylaxis, Dystonia, Neuroleptic Malignant Syndrome</p>
	Schizophrenia (hospitalized)	Same as above	
	Bipolar Disorder, Maintenance	<p>Initial 10mg orally 3-4 times daily OR 25mg orally 2-3 times daily</p> <p>Titration Increase gradually until symptom control Continue optimal dosage for 2 weeks Gradually reduce to lowest effective dose</p> <p>Typical dose 200mg-800mg/day is typical target range</p>	
	Schizophrenia, Maintenance	Same as above	

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<b>Thioridazine (Mellaril)</b>			
	Schizophrenia, refractory	<p>Initial 50-100mg orally 3 times a day</p> <p>Titration increase gradually to a max of 800mg/day in 2-4 divided doses</p> <p>Maintenance reduce dose to determine minimum maintenance dose (range 200- 800mg/day)</p> <p>Max dose 800mg/day</p>	<p>Common: Orthostatic hypotension, Diminished sweating, Photosensitivity, Constipation, Xerostomia, Extrapyramidal disease, Somnolence, Blurred vision, Epithelial Keratopathy, Urinary Retention</p> <p>Serious: QT prolongation, Paralytic Ileus, Myelosuppression, Drug induced lupus, Ineffective thermoregulation</p>
<b>Loxapine (Adasuve)</b>			
	Bipolar I Disorder – psychomotor agitation	Initial/ Maintenance 10mg via oral inhalation as single dose within a 24 hour period	<p>Common: Altered taste sense, Sedation, Pharyngitis</p> <p>Serious: Bronchospasm, Cerebrovascular Accident/Transient Ischemic Attack, Death</p>
	Schizophrenia – psychomotor agitation	Initial/ Maintenance 10mg via oral inhalation as single dose within a 24 hour period	
<b>Perphenazine (Trilafon)</b>			
	Schizophrenia (hospitalized)	<p>Initial/ Maintenance 8-16mg orally 2-4 times daily</p> <p>Max dose 64mg/day</p>	<p>Common Orthostatic hypotension, Diminished sweating, Constipation, Xerostomia, Extrapyramidal disease, Somnolence, Tardive Dyskinesia, Blurred Vision, Urinary Retention, Epithelial Keratopathy, Retinitis Pigmentosa, Nasal congestion</p> <p>Serious: QT prolongation, Drug induced Lupus</p>

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<b><i>Fluphenazine Hydrochloride (Prolixin)</i></b>			
	Schizophrenia	<p><b>Oral preparation:</b>  <b>Initial</b>                      2.5-10mg/day in divided doses every 6-8 hours and may increase to clinical effect and tolerance usually achieved at less than 20mg/day; 40mg/day may be necessary in severe cases, however safety of prolonged use is not established.</p> <p><b>Maintenance</b>                      1 to 5mg orally once daily after acute symptom control that is generally achieved with higher doses. Oral dose is generally 2 to 3 times the parenteral dose.</p> <p><b>Injection:</b> (Acute agitation) 2 - 5mg IM                      Depending on the severity of symptoms, daily dosage may range from 2.5 to 10 mg IM given in divided doses every six to eight hours. Exceed 10mg/day with caution. Switch to oral therapy when feasible. IM dose is generally about one-third to one-half the oral dose.</p>	<p><b>Common:</b>                      Hypotension, Extrapyramidal disease, Tardive dyskinesia, Nasal Congestion</p> <p><b>Serious:</b>                      Agranulocytosis, Leukopenia, Neutropenia, Thrombocytopenia, Drug induced Lupus, Dystonia, Neuroleptic malignant syndrome</p>
<b><i>Fluphenazine Decanoate (Long Acting Injectable)</i></b>			
	Schizophrenia, chronic	<p><b>Initial</b>                      12.5-25mg IM or SQ with the dose being repeated or increased as needed and tolerated; generally a single injection may control symptoms up to 4 to 6 weeks.</p> <p><b>Titration:</b> Dosage should not exceed 100mg. If doses greater than 50mg are deemed necessary, the next dose and succeeding doses should be increased cautiously in increments of 12.5mg</p>	<p><b>Common:</b>                      Hypotension, Extrapyramidal Disease, Tardive dyskinesia</p> <p><b>Serious:</b>                      QT prolongation, Paralytic ileus, Agranulocytosis, Leukopenia, Thrombocytopenia, Liver Damage, Drug induced Lupus, Neuroleptic Malignant Syndrome</p>
<b><i>Haloperidol Lactate (Haldol)</i></b>			
	Schizophrenia	<p><b>Initial/ Maintenance</b>                      0.5-5mg orally 2-3 times a day</p> <p><b>Injection (acute agitation)</b> 2 to 5 mg IM; may repeat every 4 to 8 hours depending on patient response; increase to every 1 hour if needed; MAX 20mg/day</p>	<p><b>Common:</b>                      Hypotension, Constipation, Xerostomia, Extrapyramidal Disease, Somnolence, Blurred Vision</p> <p><b>Serious:</b>                      QT prolongation (particularly in IV form), Paralytic ileus, Priapism, Agranulocytosis, Dystonia, Neuroleptic Malignant Syndrome</p>

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<b><i>Haloperidol Decanoate</i></b> <b><i>(Long Acting Injectable)</i></b>			
	Schizophrenia, chronic	<p>Patients stabilized on oral doses up to 10mg/day 10-15 times previous daily oral dose IM monthly Initial doses &gt;100mg should be administered in 2 separate doses</p> <p>Patients stabilized on oral doses &gt;10mg/day 20 times previous daily oral dose IM for the first month, then 10-15 times previous oral dose IM monthly</p> <p>Max dose Doses &gt;450mg monthly have limited clinical experience</p>	<p>Common: Extra pyramidal disease</p> <p>Serious: QT prolongation, Agranulocytosis, Leukopenia, Anaphylaxis, Neuroleptic Malignant Syndrome, Seizure, Pulmonary Embolism</p>
<b><i>Thiothixene</i></b> <b><i>(Navane)</i></b>			
<p>Brand name is no longer manufactured generics are available in US/Canada.</p> <p>Pfizer</p>	Schizophrenia	<p>Initial 2 mg orally 3 times daily (milder conditions) or 5mg orally twice daily (severe conditions) with gradual titration to optimal clinical effect.</p> <p>Typical dosage 20-30mg/day</p> <p>Max dose 60mg/day</p>	<p>Common: Orthostatic hypotension, Diminished sweating, Photosensitivity, Constipation, Xerostomia, Extrapyramidal Disease, Somnolence, Blurred vision, Epithelial keratopathy, Retinitis Pigmentosa, Urinary retention</p> <p>Serious: QT prolongation, Paralytic Ileus, Agranulocytosis, Thrombocytopenia, Cholestatic jaundice, Drug induced lupus</p>

# Medications for the Treatment of Bipolar Disorder and Schizophrenia

\*?Olanzapine (Zyprexa) is not listed  
 Has PO/\*ODT/IM \*2.5, 5, \*7.5, 10, 15, 20mg  
 \*no 1/2 strengths for ODT  
 LAIA form (Relprevv at 150,210, 300, 405mg)

## SECOND GENERATION ANTIPSYCHOTICS

<b>Aripiprazole (Abilify)</b>			
	Bipolar I disorder-  Acute treatment of manic or mixed episodes; in combination with lithium or valproate; Adjunct  Acute treatment of manic or mixed episodes; monotherapy	Initial 10-15mg orally once a day; target dose 15 mg once a day; may increase to MAX 30 mg/day  Initial and target dose, 15 mg orally once a day; may increase to MAX dose of 30 mg/day	Common: Weight gain, Constipation, Nausea/Vomiting, Extrapyramidal disease, Headache, Insomnia, Sedation, Blurred vision, Anxiety  Serious: QT prolongation, Myocardial Infarction, DKA, Pancreatitis, Agranulocytosis, Leukopenia, CVA/TIA, Suicidal behavior, Angioedema
	Schizophrenia	Initial 10-15mg orally once daily  Titration May increase after 2 weeks at each dose strength	
<b>Aripiprazole Lauroxil (Abilify Maintena)</b>			
For completeness	Bipolar I disorder-maintenance monotherapy	Initial/ Maintenance 400mg IM once monthly or 300mg continue oral aripiprazole after initial injection for 14 consecutive days IM site: Deltoid or gluteal	Common: Weight gain, Constipation, Nausea/Vomiting, Extrapyramidal disease, Headache, Insomnia, Sedation, Blurred vision, Anxiety  Serious: QT prolongation, Myocardial Infarction, DKA, Pancreatitis, Agranulocytosis, Leukopenia, CVA/TIA, Suicidal behavior, Angioedema
	Schizophrenia *Other formulations are available: Aristada q6w 441mg, 662mg, 882mg (or q8w at 1064mg). --(Loading with Aristada Initio +30mg Abilify x1)  Initio - NOT FDA-approved for Bipolar; Schizophrenia: YES  Asimtufii: q2m, 960mg (IM: gluteal only) or 720mg), 14-day Abilify PO	Same as above	
<b>Asenapine (Saphris)</b>			
also has Secuado, TD option 3.8, 5.7, and 7.6mg	Bipolar I disorder – adjunct	Initial 5mg sublingually twice daily with either lithium or valproate  Titration May increase to 10mg twice daily  Max dose Safety of doses >10mg twice daily is not established	Common: Oral Hypoesthesia, Myalgias, Extrapyramidal disease, Dizziness  Serious: QT prolongation, Hyperglycemia, Hypercholesterolemia, Hypertriglyceridemia, Weight gain, Agranulocytosis, Hypersensitivity, Somnolence, Suicidal thoughts
	Bipolar I disorder monotherapy	Initial/ Maintenance 5-10mg sublingually twice daily	
	Schizophrenia	Initial/ Maintenance	

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		5 mg sublingually twice daily  Titration after 1 week may increase to 10mg twice daily	
<b>Brexipiprazole (Rexulti)</b>			
	Schizophrenia	Initial 1mg orally once daily on days 1-4  Titration 2mg orally once daily on days 5-7  Typical dosage Target dosage of 4mg orally once daily beginning on day 8 based on response and tolerability  Max dose 4mg	Common: Hyperglycemia, Hypertriglyceridemia, Weight gain, Extrapyramidal disease, Headache  Serious: CVA/TIA, Orthostatic hypotension, Syncope, DKA, Agranulocytosis, Seizure, Increased suicidal thoughts, Neuroleptic Malignant Syndrome
<b>Cariprazine (Vraylar)</b>			
Mindful of aggression w/incr doses	Bipolar I disorder, Acute mixed or manic episodes	Initial 1.5mg orally once daily on day 1 Titration Increase to 3mg once daily on day 2 Further adjust dose in 1.5 or 3mg increments as needed Max dose 6mg/day	Common: Indigestion, Vomiting, Extrapyramidal disease, Somnolence  Serious: Ischemic stroke, Orthostatic hypotension, Diabetes Mellitus, Hyperglycemia, Dyslipidemia, Esophageal dysmotility, Leukopenia, Seizure, Increased Risk of Suicide
	Bipolar I disorder, Maintenance	Maintenance Continue 3 to 6 mg orally once daily	
	Schizophrenia	Initial 1.5mg orally once daily on day 1  Titration Increase to 3mg once daily on day 2 Further adjust dose in 1.5 or 3mg increments as needed  Maintenance 1.5 to 6mg daily  Max dose 6mg/day	

## Medications for the Treatment of Bipolar Disorder and Schizophrenia

<b><i>Clozapine (Clozaril)</i></b>			
<p>Benign Ethnic Neutropenia</p> <p>BEN in Black patients ANC &gt;1000/mm<sup>3</sup> is acceptable; correlate clinically</p> <p>REMS not required, reports for monitoring are pending. However, clinicians may continue their usual monitoring frequency</p>	<p>Schizophrenia, Treatment Resistant or with Recurrent Suicidal Behavior</p> <p>Acceptable; correlate</p> <p>Reports for monitoring are pending. However, clinicians may continue their usual monitoring frequency</p>	<p>Initial 12.5mg orally 1-2 times daily</p> <p>Titration Increase in increments of 25 to 50mg per day as tolerated</p> <p>Target maintenance dose 300-450mg/day in 2-3 divided doses by the end of 2 weeks</p> <p>Rapid titration in hospitalized patients Day 1-50mg followed by 50-100mg as needed every 6 hours up to a max of 150 additional mg Continue with daily increases in increments of 50-100mg per day thereafter as tolerated.</p> <p>Max dose 900mg/day</p>	<p>Common: Hypotension, Syncope, Tachycardia, Sweating, Weight gain, Constipation, Excess salivation, Nausea, Fever</p> <p>Serious: Cardiomyopathy, QT prolongation, Diabetes Mellitus, Hepatotoxicity, Neuroleptic Malignant Syndrome</p> <p><b>Life Threatening:</b> Agranulocytosis</p> <ul style="list-style-type: none"> <li>- prior to initiation, baseline absolute neutrophil count should be at least 1500/mcL or 1000/mcL for patients with documented ethnic neutropenia</li> <li>- CBC with differential and ANC weekly for the first 6 months, then once every two weeks for the next 6 months, then once a month</li> </ul>
<b><i>Haloperidone (Fanapt)</i></b>			
	Schizophrenia	<p>Initial 1 mg orally twice daily</p> <p>Titration Slow increase not to exceed increase of 2mg twice daily or 4mg/day</p> <p>Target maintenance dose 6-12mg twice daily</p> <p>Max dose 12mg twice daily</p>	<p>Common: Orthostatic hypotension, Tachycardia, Weight gain, Hyperprolactinemia, Xerostomia, Dizziness, Somnolence, Congestion</p> <p>Serious: Hyperglycemia, CVA/TIA, Neuroleptic malignant syndrome</p>
<b><i>Lurasidone (Latuda)</i></b>			
	Bipolar disorder, depressed phase <i>in combination with lithium or valproate</i>	<p>Initial 20mg orally once daily with food (350 cal)</p> <p>Max dose 120mg daily</p>	<p>Common: Dyslipidemia, Hyperglycemia, Weight gain, Diarrhea, Nausea/Vomiting, Extrapyramidal disease, Somnolence</p> <p>Serious: Orthostatic hypotension, Agranulocytosis, CVA/TIA, Suicidal thoughts, Increased creatinine, Neuroleptic Malignant Syndrome</p>
	Schizophrenia	<p>Initial 40mg orally once daily with food (350 cal)</p> <p>Max dose 160mg daily</p>	<p>Serious: Orthostatic hypotension, Agranulocytosis, CVA/TIA, Suicidal thoughts, Increased creatinine, Neuroleptic Malignant Syndrome</p>

## Medications for the Treatment of Bipolar Disorder and Schizophrenia

<b>Quetiapine (Seroquel)</b>			
	Bipolar disorder, depressed phase <i>Monotherapy in acute management</i>	<p>Initial 50mg orally once daily on day 1</p> <p>Titration 100 mg once daily on day 2; 200mg once daily on day 3; 300mg once daily on day 4, all doses given at bedtime</p> <p>Max dose 300mg/day</p>	<p>Common: Orthostatic hypotension, Hypercholesterolemia, Hypertriglyceridemia, Weight Gain, Abdominal pain, Constipation, Xerostomia, Increased LFTs, Weakness, Dizziness, Extrapyrarnidal disease, Headache, Somnolence</p> <p>Serious: QT prolongation, Syncope, DKA, Pancreatitis, Agranulocytosis, Seizure, Suicidal thoughts, Neuroleptic Malignant Syndrome</p>
	Bipolar disorder, maintenance <i>in combination with lithium or divalproex</i>	<p>Initial/ maintenance 400 to 800mg per day orally divided twice daily, generally continuation of stabilization dose</p> <p>Max dose 800mg/day</p>	
	Bipolar Mania- Adults  <i>Monotherapy <b>or</b> as an adjunct to lithium or divalproex</i>	<p>Initial day 1: 100mg orally divided twice daily</p> <p>Titration day 2: 200mg divided twice daily day 3: 300mg divided twice daily day 4: 400mg divided twice daily; with further dose adjustments in increments of not more than 200mg/day</p> <p>Max dose 800mg/day by day 6</p>	
	Schizophrenia	<p>Initial day 1: 25mg orally twice daily</p> <p>Titration increase total daily dosage by 25 to 50mg divided into 2 to 3 doses on days 2 and 3 to achieve a target dose of 300 to 400mg by day 4 further dose adjustment should generally occur in increments of 20 to 50mg twice daily at intervals of no less than 2 days</p> <p>Max dose 750mg/day</p>	

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<b>Quetiapine Extended Release (Seroquel)</b>			
	Bipolar disorder, depressed phase <i>Monotherapy in acute management</i>	Initial 50mg orally once daily on day 1  Titration 100 mg once daily on day 2; 200mg once daily on day 3; 300mg once daily on day 4, with all doses at bedtime  Max dose 300mg/day	Common: Orthostatic hypotension, Hypercholesterolemia, Hypertriglyceridemia, Weight Gain, Abdominal pain, Constipation, Xerostomia, Increased LFTs, Weakness, Dizziness, Extrapyrarnidal disease, Headache, Somnolence  Serious: QT prolongation, Syncope, DKA, Pancreatitis, Agranulocytosis, Seizure, Suicidal thoughts, Neuroleptic Malignant Syndrome
	Bipolar disorder, maintenance <i>in combination with lithium or divalproex</i>	Initial/ maintenance 400 to 800mg per day orally divided twice daily, generally continuation of sta biliza tion dose  Max dose 800mg/day	
	Bipolar Mania- Adults  <i>Monotherapy or as an adjunct to lithium or divalproex</i>	Initial day 1:300mg orally in the evening  Titration day 2: 600mg divided twice daily day 3: further dosage a djustment to usual daily dose (400-800mg)  Max dose 800mg/day	
	Schizophrenia	Initial 300mg orally in the evening on day 1  Titration usual maintenance dose between 400 to 800mg once daily dose increases may occur at intervals of at least 1 day in increments of up to 300mg/day  Max dose 800mg/day	
	Schizophrenia, Ma intenance	400 to 800mg per day orally once daily in the evening	
<b>Paliperidone (Invega)</b>			
	Bipolar I disorder, Acute manic and mixed episodes <i>(off label)</i>	Initial 6mg orally once daily  Titration	Common: Tachycardia, Hyperprolactinemia, Weight gain, Constipation, Indigestion, Extrapyrarnidal Disea se, Somnolence, Tremor

# Medications for the Treatment of Bipolar Disorder and Schizophrenia

LAIA not listed		Adjust based on efficacy and tolerance with 3mg/day increments at intervals of more than 4 days  Max dose 12mg/day	<p>Serious: QT prolongation, Agranulocytosis, Dysphagia, Tardive dyskinesia</p> <p>Add: Invega Sustenna IM, loading dose of 234mg, 156mg, 117mg, 78mg</p> <p>Invega Trinza, q3months 273, 410, 546 or 819</p> <p>Newer: Hafyera: 1092 (Per 156mg maintenance) or 1560mg (per 234mg maintenance dose)</p> <p>Newest: Erzofri: monthly IM, no loading dose: *351mg monthly per pharma's marketing recs. 39 mg/0.25 mL, 78 mg/0.5 mL, 117 mg/0.75 mL, 156 mg/mL, 234 mg/1.5 mL, and 351 mg/2.25 mL</p>
	Schizoaffective disorder	Same as above	
	Schizophrenia	<p>Initial 6mg orally once daily</p> <p>Titration Adjust based on efficacy and tolerance with 3mg/day increments at intervals of more than 5 days</p> <p>Max dose 12mg/day</p>	

## Ziprasidone (Geodon)

could say 160mg/d	Bipolar I disorder, Acute manic or mixed episodes, <i>monotherapy</i>	<p>Initial 40mg twice daily with food on day 1</p> <p>Titration 60 or 80mg twice daily with food on day 2 Adjust based on tolerance and efficacy within range of 40 to 80mg twice daily</p> <p>Max dose Up to 80mg twice a day</p>	<p>Common: Rash, Weight gain, Constipation, Nausea/Vomiting, Headache, Somnolence, Extrapyramidal disease, Dizziness</p> <p>Serious: Dysphagia, QT prolongation, Seizure, Neuroleptic malignant syndrome</p>
	Bipolar I disorder, <i>adjunct with lithium or valproate</i>	Initial/ maintenance 40 to 80mg orally twice daily with food	
	Schizophrenia	<p>Initial 20mg orally twice a day with food</p> <p>Titration May gradually increase dosage not less than every 2 days</p> <p>Max dose Up to 80mg twice a day</p> <p>Periodically reassess the need for maintenance treatment and use lowest effective dose; no additional benefit has been demonstrated for doses greater than 20mg twice daily</p>	

# Medications for the Treatment of Bipolar Disorder and Schizophrenia

<i>(Risperdal)</i>			
	Bipolar I disorder	<p><b>Initial</b> 2-3mg orally once a day</p> <p><b>Maintenance</b> Dose adjustments should be made in increments of 1mg/day at intervals of at least 24 hours,</p> <p><b>Max dose</b> Doses higher than 6mg/day have not been evaluated in clinical trials</p>	<p><b>Common:</b> Rash, Hyperprolactinemia, Weight gain, Constipation, Diarrhea, Excess salivation, Nausea/Vomiting, Xerostomia, Extrapyramidal Disease, Sedation, Tremor, Anxiety</p> <p><b>Serious:</b> QT prolongation, Syncope, DKA, Pancreatitis, Agranulocytosis, Thrombocytopenia, Seizure, Priapism</p>
	Schizophrenia	<p><b>Initial</b> 2mg/day orally, administered in either one or two doses</p> <p><b>Titration</b> Increase as tolerated in increments of 1 to 2 mg/day at intervals not less than 24 hours</p> <p><b>Typical dosage</b> 4 to 8mg/day</p> <p><b>Max dose</b> Doses higher than 16mg/day have not been evaluated in clinical trials</p>	<p><b>Common:</b> Rash, Hyperprolactinemia, Weight gain, Constipation, Diarrhea, Excess salivation, Nausea/Vomiting, Xerostomia, Extrapyramidal Disease, Sedation, Tremor, Anxiety</p> <p><b>Serious:</b> QT prolongation, Syncope, DKA, Pancreatitis, Agranulocytosis, Thrombocytopenia, Seizure, Priapism</p>

## *Olanzapine*

Olanzapine is an atypical antipsychotic available as regular oral tablets and orally disintegrating tablets (ODT, or Zydys), typically taken once daily with or without food. Common strengths include 2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg, and 20 mg

### Common Olanzapine Dosages (Adults)

Indications	Initial Dose	Usual Target	Maximum Dose
<b>Schizophrenia</b>	5–10 mg once daily	10 mg/day	20 mg/day
<b>Bipolar Mania</b>	10–15 mg once daily	10–15 mg/day	20 mg/day
<b>Bipolar Depression</b>	5 mg + 20 mg Fluoxetine	5–12.5 mg + 20-50mg Fluoxetine	Variable

*Cobefy*  
(xanomeline and trospium choroide)  
Novel oral  
muscarinic first-in  
class muscarinic  
agonist

## Medications for the Treatment of Bipolar Disorder and Schizophrenia

	Treatment of Schizophrenia in Adults	<b>Dosage:</b> Starting dosage 50mg/20 mg BID for 2 days or longer  <b>Maintenance dosage</b> 100 mg/20 mg BID 5 days or longer and based on tolerability 125 mg/30 mg BID	<b>Most common side effects:</b> nausea, dyspepsia (indigestion), constipation, vomiting, hypertension (high blood pressure), abdominal pain, diarrhea, tachycardia (increased heart rate), dizziness, and gastroesophageal reflux disease (GERD). These side effects are often mild to moderate and may occur during the first few weeks of treatment. May also cause urinary retention.
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# Medications for the Treatment of Bipolar Disorder and Schizophrenia

<b>Risperidone Long Acting Injectable</b> <i>Establish tolerability to oral risperidone prior to initiation of treatment for all indications</i>			
<p>Uzedey SC, shorter needle length, ?less pain option for q4wk or q2wk 50mg, 75, 100, 125mg (or double dose if using 8wk frequency)</p> <p>Site: deltoid, abdomen</p>	Bipolar I disorder	<p><b>Initial</b> 25mg IM every 2 weeks, oral risperidone or another antipsychotic medication should be given with the initial injection, continued for 3 weeks, and then discontinued</p> <p><b>Titration</b> Dose may be increased to 37.5mg or 50mg IM with adjustments made not more frequently than every 4 weeks; clinical effects of dose adjustment should not be expected earlier than 3 weeks after any dose change</p> <p><b>Max dose</b> 50mg IM every 2 weeks</p>	<p><b>Common:</b> Rash, Hyperprolactinemia, Weight gain, Constipation, Diarrhea, Excess salivation, Nausea/Vomiting, Xerostomia, Extrapyramidal Disease, Sedation, Tremor, Anxiety</p> <p><b>Serious:</b> QT prolongation, Syncope, DKA, Pancreatitis, Agranulocytosis, Thrombocytopenia, Seizure, Priapism</p>
	Schizophrenia	<p><b>IM:</b> same as above</p> <p><b>SQ:</b> 90 or 120mg SQ in abdomen once a month, max 90 to 120mg/month; no loading dose or supplemental oral risperidone is advised</p>	

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## Resources

DailyMed: <https://dailymed.nlm.nih.gov>

Micromedex: <https://www.micromedexsolutions.com>

Lexicomp: <https://online.lexi.com>

## **Resources**

National Institute of Mental Health (NIMH) <https://nimh.nih.gov/health/index.shtml>

National Alliance on Mental Illness (NAMI) <https://nami.org/About-Mental-Illness>

Substance Abuse and Mental Health Services Administration (SAMHSA) <https://www.samhsa.gov>

Depression and Bipolar Support Alliance <https://dbsalliance.org>

Mental Health America <https://mhanational.org>

SMI Adviser <https://www.smiadviser.org>

## **Additional Reference**

**The American Psychiatric Association Practice Guideline for the Treatment of Patients with Schizophrenia, Third Edition. Published September 2020, Copyright 2021. [psychiatryonline.org/doi/epdf/10.1176/appi.books.9780890424841](https://psychiatryonline.org/doi/epdf/10.1176/appi.books.9780890424841)**