**ANTIPSYCHOTICS**
chlorpromazine (Thorazine®), fluphenazine (Prolixin®), haloperidol (Haldol®), loxapine (Loxitane®), perphenazine (Trilafon®), thiothixene (Navane®), trifluoperazine (Stelazine®)

**INDICATIONS**

1) Disorders with psychotic symptoms (schizophrenia, schizoaffective disorder, manic disorders, depression with psychotic features, drug-induced psychosis, psychosis associated with other organic conditions)
2) Tourette’s disorder (haloperidol only)
3) Personality disorders – schizotypal, paranoid and borderline
4) Acute and/or short term use for management of aggressive or violent behavior
5) Stereotypies

**PRECAUTIONS TO CONSIDER**

**Contraindications**

*Absolute:*
1) History of anaphylactic reaction and similarly severe significant hypersensitivity to medication prescribed or structurally related medication
2) Severe CNS depression

*Relative:*
1) Pregnancy/nursing mothers
2) History of drug-induced agranulocytosis or leukopenia
3) Breast cancer
4) History of neuroleptic malignant syndrome
5) Narrow angle glaucoma (for chlorpromazine)
6) Impaired hepatic function
7) Prostatic hypertrophy (for chlorpromazine)
8) Parkinson’s disease
9) Severe cardiovascular diseases, including certain conduction disturbances

**Precautions**
Alcoholism (active), recent or current blood dyscrasias, angina, hypotension, congestive heart failure, arrhythmias, glaucoma, poorly controlled seizure disorder, urinary retention, patients at risk for paralytic ileus, severe tardive dyskinesia, dementia-related psychosis.

**Pregnancy and Breast-Feeding**
ANTIPSYCHOTICS - (continued)
chlorpromazine (Thorazine®), fluphenazine (Prolixin®), haloperidol (Haldol®), loxapine (Loxitane®), perphenazine (Trilafon®), thiothixene (Navane®), trifluoperazine (Stelazine®)

PRECAUTIONS TO CONSIDER (continued)

<table>
<thead>
<tr>
<th>Drug Interactions of Major Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Concomitant use of CNS depressants</td>
</tr>
<tr>
<td>2) Antithyroid agents</td>
</tr>
<tr>
<td>3) Concomitant use of agents that cause EPS (including droperidol, prochlorperazine, promethazine, metoclopramide, amoxapine, metyrosine, pimozide, reserpine)</td>
</tr>
<tr>
<td>4) Concomitant use of hypotension producing agents</td>
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<tr>
<td>5) Levodopa</td>
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<tr>
<td>6) Concomitant anticholinergic drugs (for chlorpromazine)</td>
</tr>
<tr>
<td>7) Strong inhibitors or inducers of Cytochrome P450</td>
</tr>
<tr>
<td>8) The following are the major metabolic pathways for the typical antipsychotics:</td>
</tr>
<tr>
<td>Chlorpromazine: major substrate CYP 2D6, major inhibitor CYP 2D6</td>
</tr>
<tr>
<td>Fluphenazine: major substrate CYP 2D6</td>
</tr>
<tr>
<td>Haloperidol: major substrate CYP 2D6 and 3A4, moderate inhibitor CYP2D6 and 3A4</td>
</tr>
<tr>
<td>Loxapine: unknown</td>
</tr>
<tr>
<td>Perphenazine: major substrate CYP 2D6</td>
</tr>
<tr>
<td>Thiothixene: major substrate CYP 1A2</td>
</tr>
<tr>
<td>Trifluoperazine: major substrate CYP 1A2</td>
</tr>
</tbody>
</table>

SEE TABLE A: Cytochrome P450 Drug Metabolism/Inhibition

Age-Specific Considerations
1) Conservative dosing and careful monitoring are advised in children and the elderly

Side Effects Which Require Medical Attention
1) Anticholinergic effects
2) Visual changes
3) Extrapyramidal side effects (dystonia, pseudo-Parkinsonism)
4) Akathisia
5) Tardive dyskinesia
6) Hypotension
7) Rashes, photosensitivity and altered pigmentation
8) Early symptoms of agranulocytosis effects (fever, sore throat, weakness)
9) Galactorrhea
10) Amenorrhea
11) Gynecomastia
12) Poikilothermia
13) Fluctuating vital signs
14) Altered consciousness
15) Signs and symptoms of neuroleptic malignant syndrome
ANTIPSYCHOTICS - (continued)
chlorpromazine (Thorazine®), fluphenazine (Prolixin®), haloperidol (Haldol®), loxapine (Loxitane®), perphenazine (Trilafon®), thiothixene (Navane®), trifluoperazine (Stelazine®)

PATIENT MONITORING

<table>
<thead>
<tr>
<th>Patient Monitoring Parameters</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Pregnancy test – as clinically indicated</td>
</tr>
<tr>
<td>2) BMI and waist circumference measurements – when a new antipsychotic is initiated, at every visit (monthly for inpatients) for 6 months after the new antipsychotic is initiated, and quarterly when the antipsychotic dose is stable.</td>
</tr>
<tr>
<td>3) Fasting plasma glucose level or hemoglobin A1c – before initiating a new antipsychotic, then every 6 months.</td>
</tr>
<tr>
<td>4) Lipid screening [total cholesterol, low- and high-density lipoprotein (LDL and HDL) cholesterol, and triglycerides] – Yearly if lipid levels are in the normal range, every 6 months if the LDL level is &gt; 130 mg/dl</td>
</tr>
</tbody>
</table>

If no lipid screening has been done within the last year, then a lipid profile should be obtained within 30 days of initiation of the drug.

If a patient is receiving an antipsychotic known to be associated with prolactin elevation, then at each visit (quarterly for inpatients) for the first 12 months after starting an antipsychotic or until the medication dose is stable and then yearly.

| 5) Sexual function inquiry – inquire for evidence of galactorrhea/gynecomastia, menstrual disturbance, libido disturbance or erectile/ejaculatory disturbance yearly. |

Dosing

See Texas Health and Human Services State Operated Facilities Drug Formulary for dosage guidelines.

Exceptions to maximum dosage must be justified as per medication rule.