

OLANZAPINE:

Class: atypical Antipsychotic Agent

Indications:

Oral: Treatment of the manifestations of schizophrenia; treatment of acute or mixed mania episodes associated with bipolar I disorder (as monotherapy or in combination with lithium or valproate); maintenance treatment of bipolar disorder; in combination with fluoxetine for treatment-resistant or bipolar I depression

I.M., extended-release (Zyprexa Relprevv): Treatment of schizophrenia

I.M., short-acting (Zyprexa IntraMuscular): Treatment of acute agitation associated with schizophrenia and bipolar I mania

Treatment of psychosis/schizophrenia in children; chronic pain; prevention of chemotherapy-associated delayed nausea or vomiting; psychosis/agitation related to Alzheimer's dementia; acute treatment of delirium

Available dosage form in the hospital: TAB(5MD,10MG)

Dosage:

-Schizophrenia:

-Oral: Initial: 5-10 mg once daily (increase to 10 mg once daily within 5-7 days); thereafter, adjust by 5 mg/day at 1-week intervals, up to a recommended maximum of 20 mg/day.

****Maintenance:** 10-20 mg once daily. Doses of 30-50 mg/day have been used; however, doses >10 mg/day have not demonstrated better efficacy, and safety and efficacy of doses >20 mg/day have not been evaluated.

-Extended-release I.M. injection: **Note:** Establish tolerance to oral olanzapine prior to changing to extended-release I.M. injection. Maximum dose: 300 mg/2 weeks or 405 mg/4 weeks

-Patients established on oral olanzapine 10 mg/day: Initial dose: 210 mg every 2 weeks for 4 doses or 405 mg every 4 weeks for 2 doses; Maintenance dose: 150 mg every 2 weeks or 300 mg every 4 weeks

-Patients established on oral olanzapine 15 mg/day: Initial dose: 300 mg every 2 weeks for 4 doses; Maintenance dose: 210 mg every 2 weeks or 405 mg every 4 weeks

-Patients established on oral olanzapine 20 mg/day: Initial and maintenance dose: 300 mg every 2 weeks

-Acute mania associated with bipolar disorder: Oral:

-Monotherapy: Initial: 10-15 mg once daily; increase by 5 mg/day at intervals of not less than 24 hours. Maintenance: 5-20 mg/day; recommended maximum dose: 20 mg/day.

-Combination therapy (with lithium or valproate): Initial: 10 mg once daily; dosing range: 5-20 mg/day

-Agitation (acute, associated with bipolar disorder or schizophrenia): Short-acting I.M. injection: Initial dose: 10 mg (a lower dose of 5-7.5 mg may be considered when clinical factors warrant); additional doses (up to 10 mg) may be considered; however, 2-4 hours should be allowed between doses to evaluate response (maximum total daily dose: 30 mg, per manufacturer's recommendation)

-Depression:

-Depression associated with bipolar disorder (in combination with fluoxetine): Oral: Initial: 5 mg in the evening; adjust as tolerated to usual range of 5-12.5 mg/day. See "Note."

-*Treatment-resistant depression (in combination with fluoxetine)*: Oral: Initial: 5 mg in the evening; adjust as tolerated to range of 5-20 mg/day. See "**Note.**"

Note: When using individual components of fluoxetine with olanzapine rather than fixed dose combination product (Symbyax), approximate dosage correspondence is as follows:

- Olanzapine 2.5 mg + fluoxetine 20 mg = Symbyax 3/25
- Olanzapine 5 mg + fluoxetine 20 mg = Symbyax 6/25
- Olanzapine 12.5 mg + fluoxetine 20 mg = Symbyax 12/25
- Olanzapine 5 mg + fluoxetine 50 mg = Symbyax 6/50
- Olanzapine 12.5 mg + fluoxetine 50 mg = Symbyax 12/50

-Delirium (unlabeled use): Oral: 5 mg once daily for up to 5 days (NICE, 2010)

-Prevention of chemotherapy-associated delayed nausea or vomiting (unlabeled use; in combination with a corticosteroid and serotonin [5-HT₃] antagonist): Oral: 10 mg once daily for 3-5 days, beginning on day 1 of chemotherapy **or** 5 mg once daily for 2 days before chemotherapy, followed by 10 mg once daily (beginning on the day of chemotherapy) for 3-8 days .

Geriatric: Refer to adult dosing.

-Short-acting I.M., Oral: Consider lower starting dose of 2.5-5 mg/day for elderly or debilitated patients; may increase as clinically indicated and tolerated with close monitoring of orthostatic blood pressure

-Extended release I.M.: Consider lower starting dose of 150 mg every 4 weeks for elderly or debilitated patients; increase dose with caution as clinically indicated.

-Delirium (unlabeled use): Oral: Patients >60 years: Oral: 2.5 mg/day for up to 5 days (NICE, 2010)

-Psychosis/agitation related to Alzheimer's dementia (unlabeled use): Oral: Initial: 2.5-5 mg/day (Sultzer, 2008)

Renal Impairment:

No dosage adjustment necessary. Not removed by dialysis.

Hepatic Impairment:

No dosage adjustment provided in manufacturer's labeling except when used in combination with fluoxetine (as separate components) the initial olanzapine dose should be limited to 2.5-5 mg daily. Use with caution (cases of hepatitis and liver injury have been reported with olanzapine use).

Common side effect:

Central nervous system: Somnolence (dose dependent; 20% to 39%; adolescents 39% to 48%), extrapyramidal symptoms (dose dependent; $\leq 32\%$), dizziness (11% to 18%), headache (adolescents 17%), fatigue (adolescents 3% to 14%), insomnia (12%)

Endocrine & metabolic: Prolactin increased (30%; adolescents 47%)

Gastrointestinal: Weight gain (5% to 6%, has been reported as high as 40%; adolescents 29% to 31%), appetite increased (3% to 6%; adolescents 17% to 29%), xerostomia (dose dependent; 3% to 22%), constipation (9% to 11%), dyspepsia (7% to 11%)

Hepatic: ALT increased ≥ 3 x ULN (adolescents 12%; adults 5%)

Neuromuscular & skeletal: Weakness (dose dependent; 8% to 20%)

Miscellaneous: Accidental injury (12%)

Pregnancy Risk Factor: C