

ZUCLOPENTHIXOL tab, drops , amp:

Class: Typical antipsychotic Agent.

Indications: Management of schizophrenia; acetate injection is intended for short-term acute treatment; decanoate injection is for long-term management; hydrochloride tablets may be used in either the initial or maintenance phase

Available dosage form in the hospital: 20MG /ML DROPS, TABLET (10MD,25MG)
, ZUCLOPENTHIXOL ACETATE 50MG/ML AMP, ZUCLOPENTHIXOL DECANOATE 200MG/ML AMP

Dosage:

-Management of schizophrenia/psychoses: Oral:

-Acute psychosis: Initial: 10-50 mg/day in 2-3 divided doses; may titrate dose upward by 10-20 mg every 2-3 days; usual dosage range: 20-60 mg/day; maximum dose: 100 mg/day

-Maintenance therapy: Maintain lowest effective dose; usual maintenance dose: 20-40 mg/day; may be given as a single dose

-Acute psychosis: Zuclopenthixol acetate: I.M.: Usual dose: 50-150 mg; may be repeated in 2-3 days (some patients may require an additional dose 1-2 days after the initial dose and then repeat every 2-3 days as necessary); no more than 400 mg or 4 injections should be given in the course of treatment; maximum treatment period: 2 weeks.

****Transfer of patients from I.M. acetate to oral tablets:**

Note: Allow 2-3 days after final injection before initiating oral therapy:

- 50 mg of acetate injection every 2-3 days = 20 mg daily of oral tablets
- 100 mg of acetate injection every 2-3 days = 40 mg daily of oral tablets
- 150 mg of acetate injection every 2-3 days = 60 mg daily of oral tablets

-Long-term management of psychosis: Zuclopenthixol decanoate: I.M.: Maintenance therapy: Usual maintenance dose: 150-300 mg every 2-4 weeks; dose increase or reduction and/or more frequent administration may be required in some patients. Maintain lowest effective dose.

****Transfer of patients from oral tablets to I.M. decanoate:**

- ≤20 mg daily of oral tablets = 100 mg of decanoate injection every 2 weeks
- 25-40 mg daily of oral tablets = 200 mg of decanoate injection every 2 weeks
- 50-75 mg daily of oral tablets = 300 mg of decanoate injection every 2 weeks
- >75 mg/day of oral tablets = 400 mg of decanoate injection every 2 weeks

****Transfer of patients from I.M. acetate to I.M. decanoate: Note:** When initiating maintenance therapy with decanoate, may administer initial dose concomitantly with final acetate injection:

- 50 mg of acetate injection every 2-3 days = 100 mg of decanoate injection every 2 weeks
- 100 mg of acetate injection every 2-3 days = 200 mg of decanoate injection every 2 weeks
- 150 mg of acetate injection every 2-3 days = 300 mg of decanoate injection every 2 weeks

Renal Impairment:

There are no dosage adjustments provided in manufacturer's labeling; however, renal impairment is not likely to influence systemic exposure as the drug undergoes extensive hepatic metabolism and is primarily excreted in the feces.

Hepatic Impairment:

There are no dosage adjustments provided in manufacturer's labeling. Zuclopenthixol undergoes extensive hepatic metabolism. Use caution

Common side effect:

Central nervous system: Somnolence/drowsiness (32%; injection 16% to 20%), anxiety/nervousness (17%; injection 4% to 9%), insomnia (16%; injection 5% to 10%), akathisia (14%; injection 13% to 16%), extrapyramidal effects (13%; injection 1% to 12%), dizziness (11%; injection 7% to 21%)

Gastrointestinal: Xerostomia (15%; injection 13% to 25%)

Neuromuscular & skeletal: Hypertonia (19%; injection 5% to 26%), tremor (19%; injection 8% to 21%), weakness (15%; injection 8% to 14%), hypokinesia (7%; injection 10% to 21%)

Pregnancy Risk Factor

Adverse events were observed in animal reproduction studies. Antipsychotic use during the third trimester of pregnancy has a risk for abnormal muscle movements (extrapyramidal symptoms [EPS]) and withdrawal symptoms in newborns following delivery. Symptoms in the newborn may include agitation, feeding disorder, hypertonia, hypotonia, respiratory distress, somnolence, and tremor; these effects may be self-limiting or require hospitalization