

DECANOATES

fluphenazine decanoate (Prolixin®, Decanoate), haloperidol decanoate (Haldol®, Decanoate)

INDICATIONS

- 1) Chronic psychotic disorder requiring prolonged parenteral treatment

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) Impaired hepatic function
- 6) Parkinson's disease
- 7) Severe cardiovascular diseases

Precautions

Alcoholism (active), recent or current blood dyscrasias, angina, hypotension, congestive heart failure, arrhythmias, poorly controlled seizure disorder, severe tardive dyskinesia, dementia-related psychosis.

Pregnancy and Breast-Feeding

See relative contraindications. FDA Pregnancy Category C.

Drug Interactions of Major Significance

- 1) Concomitant use of CNS depressants
- 2) Antithyroid agents
- 3) Concomitant use of agents that cause EPS (including droperidol, prochlorperazine, promethazine, metoclopramide, amoxapine, metyrosine, pimozide, reserpine)
- 4) Levodopa
- 5) Strong inhibitors or inducers of Cytochrome P450
- 6) The following are the major metabolic pathways:
Fluphenazine: major substrate CYP 2D6
Haloperidol: major substrate CYP 2D6 and 3A4, moderate inhibitor CYP2D6 and 3A4

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PRECAUTIONS TO CONSIDER (continued)

Age-Specific Considerations

Conservative dosing and careful monitoring are advised in children and the elderly

Side Effects Which Require Medical Attention

- 1) Extrapyramidal side effects
- 2) Akathisia
- 3) Tardive dyskinesia or other late-onset EPS
- 4) Rashes
- 5) Early symptoms of agranulocytosis (fever, sore throat, weakness)
- 6) Galactorrhea
- 7) Amenorrhea
- 8) Gynecomastia
- 9) Fluctuating vital signs
- 10) Altered consciousness
- 11) Signs and symptoms of neuroleptic malignant syndrome

PATIENT MONITORING

Patient Monitoring Parameters

- 1) Pregnancy test – as clinically indicated
- 2) BMI and waist measurements – when a new antipsychotic is initiated, at every visit (monthly for inpatients) 6 months after the new antipsychotic is initiated, and quarterly when the antipsychotic dose is stable.
- 3) Fasting plasma glucose level or hemoglobin A_{1c} – before initiating a new antipsychotic, then yearly.

If a patient has significant risk factors for diabetes and for those that are gaining weight – before initiating a new antipsychotic, 4 months after starting an antipsychotic, and then yearly.

- 4) Lipid screening [total cholesterol, low- and high-density lipoprotein (LDL and HDL) cholesterol, and triglycerides] – Every 2 years or more often if lipid levels are in the normal range, every 6 months if the LDL level is > 130 mg/dl

If no lipid screening has been done within the last 2 years, then a lipid profile should be obtained within 30 days of initiation of the drug.

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

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.

- 6) Prolactin level if there is evidence of galactorrhea/gynecomastia, menstrual disturbance, libido disturbance or erectile/ejaculatory yearly.

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PATIENT MONITORING (continued)

- 7) EPS Evaluation (examination for rigidity, tremor, akathisia) – before initiation of any antipsychotic medication, then weekly for the first 2 weeks after initiating treatment with a new antipsychotic or until the dose has been stabilized and weekly for 2 weeks after a dose increase
- 8) Tardive dyskinesia evaluation – every 3 months, and as clinically indicated.
- 9) Vision questionnaire – ask whether the patient has experienced a change in vision and should specifically ask about distance vision and blurry vision – yearly
- 10) Ocular evaluations – yearly for patients older than age 40 years; every 2 years for younger patients

Dosing

See DSHS/DADS Drug Formulary for dosage guidelines.

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