GEODON (ziprasidone) Fact Sheet

Manufacturer: Pfizer

Indications:
- Schizophrenia, both short-term and maintenance treatment.
- Bipolar disorder, manic and mixed episodes.
- IM version approved for treatment of acute agitation in patients with schizophrenia.

Mechanism: D2 and 5HT 2 receptor antagonist.

Dosing:
- Supplied in 20 mg, 40 mg, 60 mg, and 80 mg capsules (not breakable). Also available for acute agitation as an injectable in 20 mg/ml single-dose vials.
- Start at 20 mg BID with food for 2-3 days, then increase to 80 mg BID. Can usually increase rather quickly to 60 mg or 80 mg BID.
- Can probably go higher than the recommended daily maximum of 160 mg; there is good safety data for doses up to 320 mg/day.

Side effects:
- BLACK BOX WARNING: All atypicals may increase mortality in elderly patients by 1.7 times greater than placebo.
- Most common are somnolence, dizziness, and akathisia. Treat akathisia with inderal 20 mg BID or nadolol 20-40 mg QD.
- EPS: Low risk, but possible, especially at higher doses.
- Weight gain: Very little, about 1 pound in short-term trials.
- Glucose, lipids: Minimal to no effect.
- EKG: Average increase in QTc greater than any other atypical although not much more than for Seroquel. Post-marketing surveillance has shown one or two instance of torsade possibly related to Geodon use.
- Prolactin level: No effect.
- Pregnancy Category C.

Drug-drug interactions:
- The following drugs are contraindicated in combination with Geodon because they all cause QT widening: **Psychiatric drugs**: thioridazine (Mellaril), chlorpromazine (Thorazine), mesoridazine (Serentil), pimozide (Orap), droperidal. **Others**: arsenic trioxide, dofetilidine, dolasetron mesylate, gatifloxacin, halofantrine, levomethadyl acetate, mefloquine, moxifloxacin, pentamidine, probucol, quinidine, sotalol, sparfloxacin, and tacrolimus.

Pharmacokinetics:
- Short half-life of 7 hours, leading to manufacturer's recommendation of BID dosing, but in practice QD dosing is as effective.

Laboratory Monitoring:
- No routine EKG needed. Get EKG if risk factors for higher QTc exist (bradycardia, hypokalemia, hypomagnesemia).