Ziprasidone IM Criteria for Non formulary* Use in Veteran Patients

VHA Pharmacy Benefits Management Strategic Healthcare Group
and the Medical Advisory Group

These criteria are based on the best clinical evidence currently available. The recommendations in this document are dynamic, and will be revised as new clinical information becomes available. These guidelines are intended to assist practitioners in providing consistent, high quality, cost effective drug therapy. They are not intended to interfere with clinical judgment; the clinician must ultimately decide the course of therapy based on individual patient situations.

Ziprasidone IM is the first parenteral atypical antipsychotic for acute use. It is not a depot parenteral product. Haloperidol IM has been the standard of care for acute use for many years. Although extrapyramidal side effects may be problematic for some, the majority of patients can be safely treated with haloperidol IM, particularly when appropriate doses are used (e.g. 1-5mg IM for $\leq$ 60 years old and 0.5 – 2mg for $\geq$ 60 years old). Haloperidol may still be considered the primary IM antipsychotic medication when patient history supports its safe and effective use.

USE IN VA PATIENTS

- Emergent use in patients with agitated schizophrenia receiving care in emergency room facilities and on the inpatient floor where the use of an oral antipsychotic is not feasible.

AND

- In patients with a history of significant intolerance to (e.g. acute dystonic reaction, akathisia, neuroleptic-induced parkinsonism, allergy) or unresponsiveness to haloperidol
- Ziprasidone should not be used in patients with a history of or underlying risk factors for QTc or QT prolongation (congenital long QT syndrome, recent acute myocardial infarction, uncompensated heart failure, or a history of cardiac arrhythmias, hypokalemia, hypomagnesemia, administration with medications that have demonstrated QT prolongation or known to inhibit CYP3A4)
- Until data are available, do not use in the setting of non-psychiatric agitation (e.g. substance abuse, delirium in the medically ill, etc.)

There is no experience regarding safety of using IM ziprasidone in patients already taking oral ziprasidone; therefore, the manufacturer recommends that oral and IM ziprasidone not be co-administered.

DOSING

Doses of 10mg can be administered every 2 hours or doses of 20mg may be administered every 4 hours as needed up to a maximum dose of 40mg per day. IM administration for more than 3 consecutive days has not been studied.

Ziprasidone IM has not been systematically evaluated in patients $\geq$ 65 years old or in patients with hepatic or renal impairment. Cyclodextrin, an excipient in the IM formulation is cleared by renal filtration. The toxicity of cyclodextrin in the setting of impaired renal function is unknown; therefore, administer cautiously in these patients.

DOSAGE PREPARATION

- Reconstitute the single use vial of 20mg/mL, with 1.2mL of sterile water for injection. Shake vial for 30-60 seconds until solution turns pale pink and no visible particles are apparent. Do not mix with other medications or solvents.

- After reconstitution, the total final volume created is 1.5mL. Clinicians must measure the dose based upon the 20mg/mL volume; therefore, withdraw 0.5mL for a 10mg dose and 1mL for a 20mg dose.

- Once reconstituted, the solution can be stored for up to 24 hours at 59-86°F or refrigerated for up to 7 days. However, as there are no preservatives or bacteriostatic agents in the vial, the manufacturer recommends that any unused portion be discarded.

COMPARATIVE COSTS

The price of each 20mg/ml vial of ziprasidone is $26.20. The price of generic haloperidol 5mg/ml ranges from $2.80 – $3.90 and the brand name product is approximately $4.90.

* Non-formulary nationally; however, may be added to VISN formularies if so elected.