Updated September 2026

Olanzapine

Brand names - Zyprexa *Oral adult dosing for bipolar I disorder*

Olanzapine is a second-generation antipsychotic used for acute manic or mixed episodes and maintenance treatment in bipolar I disorder. Its exact therapeutic mechanism is unclear, but may be mediated by antagonism at dopamine D2 and serotonin 5-HT2A receptors.

	Acute Mania or Mixed Episode	Maintenance Treatment
Initial Dose	10-15mg/day	Continue the effective acute-treatment dose
Titration Timeline	Increase by 5mg at intervals no sooner than 24h	Use lowest effective dose and periodically reassess if dose can be decreased/discontinued
Maximum Dosage	20mg/day	20mg/day

Prescribing Pearls

- **Before and throughout treatment.** Monitor weight/BMI, blood pressure, HbA1c, and lipids. Ask about increased appetite and hyperglycemia symptoms.
- **Assess** for extrapyramidal symptoms, tardive dyskinesia, orthostasis, substantial weight gain, somnolence, and anticholinergic side effects.
- Commonly causes **sedation.** Nighttime dosing generally preferred.
- Review **smoking status and CYP1A2 interactions.** Because clearance is higher in smokers, a major change in smoking status may warrant reassessment of dose.
- Alcohol and other sedating or hypotensive agents may worsen somnolence or orthostatic symptoms.
- If treatment is being stopped or changed, individualize the taper. Monitor for recurrence. **Serious adverse reactions may require more urgent discontinuation.**

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Safety

- Consider an initial dose of 5mg daily in patients who are debilitated, predisposed to hypotension, pharmacodynamically sensitive, or who have factors associated with slower olanzapine metabolism.
- **Pregnancy.** Use individualized risk-benefit analysis. Available research has **not** found that olanzapine is associated with major birth defects, miscarriage, or adverse maternal or fetal outcomes. **Untreated bipolar I disorder carries substantial maternal and perinatal risk, including increased risk of developing postpartum psychosis.** Third-trimester antipsychotic exposure may cause neonatal extrapyramidal or withdrawal symptoms, so those exposed should be monitored as any other neonate.
- **Lactation.** Olanzapine is present in human milk. Available evidence suggests that infant exposure is low, but excess sedation, irritability, poor feeding, tremor, and abnormal movements have been reported. As with any other infant, monitor breastfed infant for these effects.
- **Urgent evaluation.** Fever with rigidity or confusion, autonomic instability, allergic reaction, syncope, severe hyperglycemia, or rapidly developing abnormal movements.
- **Prompt assessment.** Severe akathisia, new involuntary movements, marked hyperglycemia symptoms, rapid weight gain, marked sedation, severe constipation, significant orthostasis.
- **Driving and hazardous activity.** Use caution until the individual response to sedation and cognitive or motor effects is known.

Dementia-related psychosis. Not approved for this indication. Antipsychotic treatment is associated with increased mortality in older adults with dementia-related psychosis and carries a boxed warning.

Disclaimer. Indiana CHAMP is a resource hub and consultation service to supplement clinician decision-making. The information on this sheet does not constitute medical care. The clinician is responsible for ensuring appropriate application of guidance in patient care.