Sacramento County Division of Behavioral Health Services
2014-2015 Outpatient Medication Treatment Algorithm for Bipolar I Disorder, Manic and Mixed (newly-diagnosed)

Bipolar I Disorder, Manic

Irritable or Rapid Cycling

DVP or a second-generation antipsychotic (OLZ, QTP, RIS, ZIP, ARP, or ASE) (monotherapy)

Partial or no response

Switch to another mood stabilizer from above, or use OXZ or CBZ (monotherapy)

Partial or no response

Use a combination of two mood stabilizers from above; may consider adding a first-generation antipsychotic (but not 2 second-generation antipsychotics)

Partial or no response

Change from a second-generation antipsychotic to clozapine or consider ECT

Euphoric

Start Lithium: DVP or a second-generation antipsychotic (OLZ, QTP, RIS, ZIP, ARP, or ASE) if cannot use Li (monotherapy)

Partial or no response

Comments:
1. Discontinue all antidepressants.
2. Optimize lithium levels to 0.8 -1.2 mEq/L (0.6-0.8mEq/L in geriatric patients) valproic acid levels to 50-125 mcg/mL carbamazepine levels to 4-12 mcg/mL.
3. There may be restrictions and/or limitations in the MediCal, MediCal Managed Care, Medicare Prescription Drug Plan (Part D) and Sacramento County formularies. Other newer agents, such as asenapine iloperidone & lurasidone are not covered by the Sacramento County formularies. Before prescribing, refer to the appropriate formulary, or ask your pharmacist.
4. ECT may be indicated at any stage of treatment if the illness becomes life-threatening.
5. Combination therapy may be considered sooner in hospitalized patients.
6. Agents available as generics are bolded.
7. Risperdal Consta is the only long-acting injection FDA indicated for Bipolar I D/O.
8. Iloperidone, Lurasidone, & Paliperidone are not FDA indicated for Bipolar I D/O.

Abbreviations: ARP = Aripiprazole; ASE = Asenapine; CBZ = Carbamazepine; DVP = Divalproex; ILO = Iloperidone; Li = Lithium; lurasidone = LUR; OLZ = Olanzapine; OXC = Oxcarbazepine; PAL = Paliperidone; QTP = Quetiapine; RIS = Risperidone (includes Consta); ZIP = Ziprasidone.

Note: There may be restrictions and/or limitations in the MediCal, MediCal Managed Care, Medicare Prescription Drug Plan (Part D) and Sacramento County formularies. Before prescribing, refer to the appropriate formulary or ask your pharmacist.
DSM-5 Diagnostic Criteria for Manic Episode

A. A distinct period of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently increased goal-directed activity or energy, lasting at least 1 week and present most of the day, nearly every day.

B. During the period of mood disturbance and increased energy or activity, three (or more) of the following symptoms (four if the mood is only irritable) are present to a significant degree and represent a noticeable change from usual behavior:
   1. Inflated self-esteem or grandiosity
   2. Decreased need for sleep
   3. More talkative than usual or pressure to keep talking
   4. Flight of ideas or subjective experience that thoughts are racing
   5. Distractibility, as reported or observed
   6. Increase in goal-directed activity or psychomotor agitation
   7. Excessive involvement in activities that have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments)

C. The mood disturbance is sufficiently severe to cause a marked impairment in social or occupational functioning or to necessitate hospitalization to prevent harm to self or others, or there are psychotic features.

D. The episode is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication, other treatment) or to another medical condition.
   NOTE: A full manic episode that emerges during antidepressant treatment (e.g., medication, ECT) but persists at a fully syndromal level beyond the physiological effect of that treatment is sufficient evidence for a manic episode and, therefore, a bipolar I diagnosis.