
MOLINDONE (Moban) Fact Sheet [G]

Bottom Line:

Molindone is an effective, well-tolerated first-generation antipsychotic of medium potency—a solid medication that some clinicians have gained experience with and favor for select patients. Recently it has been reintroduced into the market, and is still generic and inexpensive.

FDA Indications:

Schizophrenia.

Off-Label Uses:

Bipolar disorder; behavioral disturbances; impulse control disorders.

Dosage Forms:

Tablets (G): 5 mg, 10 mg, 25 mg.

Dosage Guidance:

Start 50–75 mg/day divided BID–QID, ↑ to 100 mg/day in three or four days. Max dose 225 mg/day divided TID–QID.

Monitoring: No routine monitoring recommended unless clinical picture warrants.

Cost: \$\$\$\$

Side Effects:

- Most common: Sedation (dose-related), EPS, agitation.
- Serious but rare: Rare reports of leukopenia and leukocytosis.
- Pregnancy/breastfeeding: Not enough data to recommend.

Mechanism, Pharmacokinetics, and Drug Interactions:

- Dopamine D2 antagonist.
- Metabolized primarily through CYP2D6; $t_{1/2}$: 1.5 hours.

Clinical Pearls:

- Molindone is an intermediate-potency first-generation antipsychotic; this leads to less EPS compared to high-potency agents (eg, fluphenazine, haloperidol) and to less sedation, less orthostasis, and fewer anticholinergic side effects compared to low-potency agents (eg, chlorpromazine).
- Unlike most antipsychotics, molindone has been shown to reduce weight in some patients.

Fun Fact:

In 2010, the only manufacturer of molindone in the US (as brand Moban), Endo Pharmaceuticals, announced that they would be discontinuing production because of poor sales. In December 2015, Core Pharma launched a new generic version, bringing molindone back to life.