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## TRIFLUOPERAZINE (Stelazine) Fact Sheet [G]

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### Bottom Line:

Trifluoperazine, like thiothixene (Navane), is an effective older agent with similar potency to haloperidol or fluphenazine; however, given all our antipsychotic options, it sees only rare use these days.

### FDA Indications:

**Schizophrenia; nonpsychotic anxiety.**

### Off-Label Uses:

Bipolar disorder; behavioral disturbances; impulse control disorders.

### Dosage Forms:

**Tablets (G):** 1 mg, 2 mg, 5 mg, 10 mg.

### Dosage Guidance:

Schizophrenia: Start 1–2 mg BID, ↑ by 2–5 mg/day increments every three to seven days and adjust to lowest effective dose. Usual dose range 5–10 mg BID; max FDA-approved dose 40 mg/day.

**Monitoring:** No routine monitoring recommended unless clinical picture warrants.

**Cost:** \$

### Side Effects:

- Most common: EPS, headache, drowsiness, dry mouth, prolactin elevation (sexual side effects, amenorrhea, galactorrhea).
- Serious but rare: See class warnings in chapter introduction.
- Pregnancy/breastfeeding: Not enough data to recommend.

### Mechanism, Pharmacokinetics, and Drug Interactions:

- Dopamine D2 receptor antagonist.
- Metabolized primarily by CYP1A2;  $t_{1/2}$ : 18 hours.
- Smoking status may affect trifluoperazine metabolism as smoking is a potent CYP1A2 inducer; smokers may need higher doses.

### Clinical Pearls:

- Trifluoperazine is a high-potency first-generation antipsychotic; this leads to more EPS compared to mid- and low-potency agents (eg, perphenazine or chlorpromazine, respectively) and to less sedation, less orthostasis, and fewer anticholinergic side effects compared to low-potency agents (eg, chlorpromazine).
- Trifluoperazine was FDA approved for nonpsychotic anxiety at doses of no more than 6 mg/day used for no more than 12 weeks, but it is no longer used for this indication.

### Fun Fact:

Stelazine was marketed with the tagline “Calm, but still alert.”