

Guide Safe Use of Long-Acting Injectable Antipsychotics

Ensuring safe transitions of care with long-acting injectable antipsychotics will be in the spotlight...as options stack up.

These meds can boost adherence, since they're given every few weeks to months...instead of every day like orals. But the plethora of products can be a recipe for error...due to confusion between formulations, dosing intervals, routes, etc.

For example, there are 3 paliperidone products. *Invega Sustenna* is dosed monthly...*Invega Trinza* every 3 months...and *Invega Hafyera* every 6 months.

And there are both long-acting AND short-acting injectable versions of fluphenazine, haloperidol, and olanzapine.

During med histories, ask patients what non-oral, non-daily meds they receive...to prevent omission.

Verify the regimen with the patient's pharmacy or facility where the med is administered. And document specifics in the EHR...such as the complete brand name, dose, frequency, and date last given.

For instance, risperidone may be given IM every 2 weeks (*Risperdal Consta*, *Rykindo*)...subcutaneously every month (*Perseris*)...or subcutaneously every 1 or 2 months (*Uzedly*).

And oral meds should continue for a couple weeks after the first dose of certain long-acting injectables...such as the aripiprazole products *Abilify Maintena* or *Abilify Asimtufii*.

Don't be surprised if these long-acting injectables aren't on formulary.

But ensure they're included in the med list...with the correct date the next dose is due...so your EHR can flag interactions.

If necessary, it's okay to delay the dose of a long-acting injectable antipsychotic during a brief hospitalization...due to the med's long half-life.

Check product labels for specifics...but many of these meds can be resumed at the normal dose within a few weeks of the due date.

For extended delays or breakthrough symptoms, work with specialists to bridge with an oral or short-acting injectable antipsychotic until long-acting meds can be restarted.

At discharge, clearly document any doses given while admitted, when the next dose is due, if oral meds were used, etc.

See our resource, *Comparison of Atypical Antipsychotics*, for more on how injectable and oral options stack up.

Key References:

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