Paliperidone Long-Acting (Monthly) Injection (Xeplion®)
Guidelines for Prescribing and Administration
(Version 7 – April 2018)

1. Key Points.

1.1 Paliperidone long-acting (monthly) injection (LAI) is licensed / indicated for the maintenance treatment of adult patients with schizophrenia, whose condition has been stabilised with oral risperidone or paliperidone. (Note – oral paliperidone is not included in the Trust Formulary). In selected patients with previous responsiveness to oral risperidone (or paliperidone), paliperidone (monthly) LAI may be used without prior stabilisation with oral treatment if psychotic symptoms are mild to moderate and a long-acting injectable treatment is needed.

1.2 Paliperidone (monthly) LAI is not indicated for treatment-resistant schizophrenia, unlicensed indications or patients intolerant to oral risperidone or paliperidone.

1.3 Paliperidone (monthly) LAI may only be newly prescribed by doctors of specialist registrar grade or above. Other grades may not initiate therapy or adjust dose without direct instruction from their consultant.

1.4 Paliperidone (monthly) LAI is intended for once-monthly injection (ie. once per calendar month, rather than 4-weekly), by intramuscular route into the deltoid or gluteal muscle. However, initiation doses, where indicated, must be given into the deltoid muscle. (See below).

1.5 If switching from an oral antipsychotic, paliperidone (monthly) LAI requires the administration of two initiation doses, (on day 1 and on day 8), but does not require any oral supplementation. When switching from risperidone long-acting injection (Consta®) or a traditional depot, there is no need for either initiation doses or oral supplementation.

1.6 Paliperidone (monthly) LAI is supplied as pre-filled syringes and is available via Western Sussex Hospitals Trust’s pharmacy departments and also, to community teams, via Polar Speed direct delivery.

1.7 Paliperidone (monthly) LAI is expensive when compared to conventional antipsychotic depots and is also more expensive than risperidone LAI in terms of procurement cost. At 100mg per month (equivalent to risperidone Consta® 50mg per fortnight), it costs approximately £3,800 per patient year. (See section 6).

1.8 Paliperidone (monthly) LAI has not been approved by local CCGs for GP prescribing; therefore referral cannot be made to primary care for continuation of treatment unless a drug specific local arrangement is in place, (eg. SMILES in Brighton & Hove).

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2. Prescribing Treatment.

2.1 Generally, patients should have a history of response and tolerability to oral risperidone (or oral paliperidone). (See 1.1 above).

2.2 Recommended Dose Schemes:

2.2.1 Switching from other antipsychotics to paliperidone (monthly) LAI should normally only occur in response to inefficacy, intolerability or adherence issues. Switching well-stabilised patients should not generally occur as this will carry a risk of destabilisation, even where a change is made from risperidone LAI to paliperidone LAI.

2.2.2 Switching from oral antipsychotics - as described in Summary of Product Characteristics (SPC).
Under the terms of the product licence patients should be either stabilised on oral risperidone (or oral paliperidone), or have shown previous responsiveness to one of them. If not, it is recommended they be stabilised on oral risperidone prior to initiating treatment with paliperidone (monthly) LAI. (Note: Oral paliperidone is not in the Trust formulary)
Switch from oral risperidone (or oral paliperidone) to paliperidone (monthly) LAI by replacing the oral drug with an initiation dose of LAI on day 1. This should be followed with a second initiation dose on day 8 as described below.

Day 1 - 150mg into the deltoid muscle.
Day 8 (+/- 4 days) - 100mg into the deltoid muscle.
Day 36 (+/- 7 days) - Maintenance dose into deltoid or gluteal muscle

2.2.3 Switching from risperidone LAI - as described in the SPC.
Administer the equivalent dose of paliperidone (monthly) LAI at the time the next scheduled risperidone LAI is due. 50mg paliperidone replaces 25mg risperidone, 75mg replaces 37.5mg and 100mg replaces 50mg. Frequency changes from two-weekly to once per calendar month.

2.2.4 Switching from traditional depot injections - (There is no SPC guidance for this, but this advice is taken from information on file).
Administer the paliperidone (monthly) LAI dose at the time the next scheduled traditional depot injection is due. However, note that it is not possible to accurately determine 'dose equivalents' between paliperidone LAI and traditional depot injections, therefore the choice of dose should be based on clinical experience and individual patient assessment. It is suggested that the dose does not initially exceed 75mg, and that the patient is very closely monitored, both for response and for adverse effects.

2.3 The recommended maintenance dose is 75mg per month although some patients may benefit from lower or higher doses, within the range 50mg – 100mg, based on efficacy and tolerability. (NB. The BNF quotes a dose range starting at 25mg. However, a 25mg syringe is not available in the UK and as syringes must not be part-used, doses below 50mg cannot be given).

2.4 A maintenance (maximum) dose of 150mg per month is also within the terms of the Product Licence. However, it should be noted that this dose is equivalent to administering risperidone Consta® at a dose of 75mg fortnightly and in all but extreme cases should not be necessary in terms of efficacy.
3. Other Dosing Recommendations / Considerations.

3.1 **The elderly**: Efficacy and safety in patients over 65 years of age have not been established. If used, lower doses should be considered particularly if renal function is diminished. The product has not been studied in elderly patients with dementia and should not be used.

3.2 **Children & Adolescents**: The product is not licensed for use in patients less than 18 years of age. No efficacy or safety data are available.

3.3 **Renal impairment**: Lower loading and maintenance doses should be used. Manufacturer's data should be referred to before prescribing.

3.4 **Hepatic impairment**: No dosage adjustment is required in mild or moderate impairment. Use in severe impairment should be avoided.

4. Administration.

4.1 Where the two initiation doses of paliperidone (monthly) LAI are indicated, these must be administered on day 1 and day 8 (+/- 4 days), into the deltoid muscle. If administered into the gluteal muscle, plasma levels will not rise quickly enough and oral supplementation may then be required. Paliperidone (monthly) LAI is intended for administration without oral supplementation.

4.2 Following the two initiation doses of 150mg (day 1) and 100mg (day 8), the target maintenance dose is 75mg per month.

4.3 **Paliperidone (monthly) LAI is not intended for 4-weekly administration. Instead it requires maintenance doses to be administered 12 times a year – ie. once each calendar month.** Administering paliperidone (monthly) LAI every 4 weeks, (ie. 13 times a year), will not provide any greater efficacy but will greatly increase costs.

4.4 **Patients on paliperidone (monthly) LAI need to be scheduled to attend clinic or to be visited for injection, once each calendar month.** For example, administration could be scheduled for a certain day each month – eg. the first Tuesday of each month or the second Thursday etc. Applying this sort of schedule will mean that most doses are 4 weeks apart, but occasionally will be 5 weeks apart, dependent on the month. However, this will not affect efficacy.

4.5 Following administration of paliperidone (monthly) LAI there is no requirement for any enhanced level of patient monitoring and patients should be monitored for post-injection events in the same way as for risperidone LAI or for traditional depot injections. Clinicians should remain aware however that anaphylactic reactions in response to the injection have been reported, rarely, in patients that have previously tolerated oral risperidone or oral paliperidone.

5. Storage.

5.1 Packs of paliperidone (monthly) LAI should be stored in a locked medicines cabinet; there is no requirement for fridge storage.

5.2 Paliperidone (monthly) LAI is supplied in pre-filled syringes; there is no need for any reconstitution or dilution. Only full syringe doses may be used as the dose administered from less than a full syringe cannot be assured.

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<th>Preparation</th>
<th>Dose</th>
<th>Cost per year</th>
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<tr>
<td><strong>Paliperidone (monthly) LAI (Xeplion®)</strong></td>
<td>50mg monthly (x12)</td>
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<td>75mg monthly (x12)</td>
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7. References.


Guidelines prepared by:

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Reviewed and updated:

Date of next full review: April 2020