ECHO IDAHO

Behavioral Health in Primary Care

Long-Acting Injectables for Psychotic Disorders

8/5/26

Stephen Carlson, PharmD

University of Idaho
School of Health and Medical Professions

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Learning Objectives

- Describe advantages of utilizing Long-Acting Injectables (LAIs) and your role in promoting the use of long-term outcomes
- Describe difference between lack of hypersensitivity verses establishing tolerance of medication
- Describe key differences between different LAIs in terms of dosing, site of injection, test dose requirements and oral supplementation.

Pre-Test: Long-Acting Injectable Antipsychotics

All of the following medications have long-acting injectables products EXCEPT:

- Aripiprazole
- Paliperidone
- Olanzapine
- Quetiapine
- Risperidone

Pre-Test: Long-Acting Injectable Antipsychotics

Which of the following can be administered via subcutaneous route?

- Aripiprazole 300mg or 400mg
- Paliperidone 156mg or 234mg
- Olanzapine 300mg or 405mg
- Risperidone 25mg or 50mg
- Risperidone 100mg or 200mg

Pre-Test: Long-Acting Injectable Antipsychotics

Which of the following has a REMS program which requires administration within a registered health care facility where the patient can be monitored for at least 3 hours?

- Aripiprazole 300mg or 400mg
- Paliperidone 156mg or 234mg
- Olanzapine 300mg or 405mg
- Risperidone 25mg or 50mg
- Risperidone 100mg or 200mg

Pre-Test: Long-Acting Injectable Antipsychotics

A patient must be stabilized on oral therapy for 30 days prior to starting a long-acting injectable antipsychotic?

- True
- False

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What do these indications have in common?

- Ankylosing Spondylitis
- Plaque Psoriasis
- Diabetes Mellitus
- Migraine prophylaxis
- Cancer
- Crohn’s disease
- Contraception
- HIV/AIDS

Advantages of LAIs

- “Life, Death and Recurrence of Schizophrenia symptoms” -Dr. Rakesh Jain
- Schizophrenia and Bipolar Disorder Patients are associated with higher percentage of non-compliance then other common disease states. (1-4)
- Community Benefits (5)
- Improved medication adherence (6)
- Reduced hospitalizations and ED visits (6)
- Steady medication levels (7)
- Fewer missed appointments (6)
- Lower relapse risk (8)
- Improved quality of life (7)

Patient Conversations about LAI's

Please ensure your complete staff is educated and aware of benefits

- LAI's are not reserved for only the worst cases
- Plant the seed and offer this option
- Don't avoid offering a LAI due to personal fear of injections
- Fear of the injection can be self fulfilling
- Normalize LAI use as it is similar to how other conditions are being treated
- LAI's are used for compliance not punishment

Avoiding an Adverse Reaction

Verifying appropriate medication by doing the following:

- Establishing a history of taking the oral formulation without anaphylaxis

  --OR--

- Observing the patient following two separate doses over a minimum of 48hrs without anaphylaxis
- I considered this a lack of hypersensitivity but is not establishing tolerability
- **No reversal agents**, once you administer a LAI your committed to causing an adverse reaction requiring mitigation strategies for up to 2 months

LAI Second Generation

- RisperiDONE or Paliperidone containing formulations
  - RisperiDONE microspheres every 2 weeks
  - RisperiDONE subcutaneous once monthly or every 2 months
  - Paliperidone palmitate once monthly, every 3 months & every 6 months
- ARIPiprazole containing formulations
  - ARIPiprazole monohydrate once monthly or every 2 months
  - ARIPiprazole lauroxil once monthly, every 6 weeks, or every 2 months
- OLANZapine containing formulations
  - OLANZapine subcutaneous once monthly
    - No Post-injection Delirium/Sedation Syndrome (PDSS) 3-hour post-injection monitoring
  - OLANZapine pamoate every 2 weeks or once monthly
    - Post-injection Delirium/Sedation Syndrome (PDSS) requires certified facility administration and 3-hour post-injection monitoring

Goals of Initiation Phases

- Lack of hypersensitivity is established
- Goal is to get to steady state
- Each product has specific dosing to get to steady state as soon as possible

Examples of Initiation – RisperiDONE LAI

- On the day following discontinuation of oral risperidone, administer the initial SUBQ dose based on oral risperidone dose. Initiate maintenance dosing 1 or 2 month after initial SUBQ dose [50mg-250mg].

- A single dose of 25 mg IM **or**, for patients on a stable oral risperidone dose, choose the appropriate IM LAI dose based on current oral risperidone dose. Initiate maintenance dosing 2 weeks after initial IM LAI dose [25mg-50mg].

Examples of Initiation – Paliperidone LAI

- Day 1 - 234mg LAI & stop oral medication, then Day 8(+/- 4 days) 156mg Dose LAI, then once every 4 weeks following 2nd injection [39mg-234mg].

- Day 1 - 351 mg IM on treatment day 1. Initiate maintenance dosing 4 weeks after initial dose [39mg-234mg].

Examples of Initiation – ARIPiprazole LAI

- **Option 1: Single injection start with oral overlap**
- Day 1 400mg IM once, continue oral aripiprazole for 14 days and then discontinue oral aripiprazole. If patient is currently stabilized on a different oral antipsychotic, continue oral treatment with that antipsychotic for 14 days, and then discontinue oral antipsychotic. Initiate maintenance dosing ~1 month after first IM dose.
- **Option 2: Double injection start with single oral overlap**
- Day 1 two 400mg IM injections in separate injection sites (eg, right deltoid and left gluteal muscle) on the same day. Initiate maintenance ~1 month after first two IM doses. (Note 400mg/960mg may be used for ~ 2 month)
- Day 1 give a single oral aripiprazole 20 mg dose on the same day as the two IM injections. No further oral overlap is needed.

Examples of Initiation – ARIPiprazole Lauroxil LAI

- **Double injection start with single oral overlap**
- Day 1 675mg & 441,662,882 or 1064mgIM injections in separate injection sites (eg, right deltoid and left gluteal muscle) on the same day *. Initiate maintenance ~1-2 months after first two IM doses.
  - 675mg/441mg ~ 4 weeks maintenance
  - 675mg/662mg ~ 4 weeks maintenance
  - 675mg/882mg ~ 6 weeks maintenance
  - 675mg/1064mg ~ 8 weeks maintenance
  - 675mg/882mg ~ 4 weeks maintenance
- Day 1 give a single oral aripiprazole 30 mg dose on the same day IM injections. No further oral overlap is needed.
- *Recommended for compliance 441,662,882 or 1064mgIM may be given within 10 days.

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Examples of Initiation – OLANZAPINE LAI

- REMS - The goal of the *Relprevv* REMS is to mitigate the risk of serious adverse drug experiences resulting from post-injection delirium/sedation syndrome (PDSS).
- Objective: Patients are monitored for at least 3 hours after administration of *Relprevv* at a certified health care setting.
- Prescriber Requirements
- Pharmacy Requirements
- Health care settings that dispense *Relprevv* for administration
- Wholesalers-distributors that distribute *Relprevv*

Examples of Initiation – OLANZAPINE LAI

- Day 1 – 150mg or 300mg IM & stop oral medication, then once every 2 weeks.
  - patients must be observed in a health care setting for at least 3 hours after every injection.
- Day 1 – 405mg IM & stop oral medication, then once every 4 weeks.
  - patients must be observed in a health care setting for at least 3 hours after every injection.

OLANZAPINE LAI investigational once-monthly subcutaneous

- Phase 3 SOLARIS trial (10)

- Safety: No cases of **Post-Injection Delirium/Sedation Syndrome (PDSS)** were reported, a notable risk associated with intramuscular long-acting olanzapine formulations

- Possible to market by late 2026 – stay tuned

Post-Test: Long-Acting Injectable Antipsychotics

Long-acting injectable antipsychotic should be reserved for patients who have experienced at least 3 inpatient psychiatric admissions?

- True
- False

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Post-Test: Long-Acting Injectable Antipsychotics

Your patient MC is a 19 yr old who has aversion to needles. They are open to an LAI with the smallest needle size. Which of the following can be administered via subcutaneous route?

- Aripiprazole 300mg or 400mg
- Paliperidone 156mg or 234mg
- Olanzapine 300mg or 405mg
- Risperidone 25mg or 50mg
- Risperidone 100mg or 200mg

Post-Test: Long-Acting Injectable Antipsychotics

Your patient RK has been stabilized on an antipsychotic for 3 months and at today's visit was open to transitioning to an LAI if they could have a regimen that was at least every 2 months. Which of the following would NOT be an option for this patient?

- Aripiprazole 300mg or 400mg
- Paliperidone 156mg or 234mg
- Olanzapine 300mg or 405mg
- Risperidone 25mg or 50mg
- Risperidone 100mg or 200mg

Post-Test: Long-Acting Injectable Antipsychotics

Which of the following has a REMS program which requires administration within a registered health care facility where the patient can be monitored for at least 3 hours?

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Key Points

- We all play a role in in describe advantages of utilizing Long-Acting Injectables (LAIs) due to increased compliance and positive long-term outcomes
- Lack of hypersensitivity means you are safe to start and LAI verses
- Initiation of a LAI can be confusing ask a pharmacist when in doute bout what patients' options are for starting patients and how to get them to steady state quickly and safely. 208.202.4498 VM

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