

GUIDELINES FOR THE PRESCRIBING AND ADMINISTRATION OF DEPOT ANTIPSYCHOTIC MEDICATION

Document currently under review – please continue to use this version until it is replaced by the next approved version

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VALIDITY – Documents should be accessed via the Trust internet to ensure the current version is used.

CHANGE RECORD

Date	Change details
May 2009	Reviewed May 2011, no changes.
May 2013	Formatted as per HFT Guidelines.
	Layout of tables and flowcharts modified.
Aug 14	Information on aripiprazole injection added and clarification on monthly administration
Oct 17	No changes to main text required. Link for Guidance on the Administration to Adults of Oil-based Depot and other Long-Acting Intramuscular Antipsychotic Injections updated to latest version (v5. June 2016) Info added on Discontinuation Modecate.
July 2021	Updated links to latest Safe and Secure Handling of Medicines Procedures, and to the latest Guidelines for administration of depots. Fluphenazine and Pipotiazine deleted from table: now discontinued in UK. Updated information regarding use of ePMA for administration on inpatient wards.
	May 2009 May 2013 Aug 14 Oct 17

1. INTRODUCTION

All depots can be administered at their maximum licensed dose interval as summarised in the table below:

Depot		Licensed Interval
Aripiprazole		Monthly (minimum 26 days between injections)
Flupentixol		every 4 weeks (up to every 2 weeks if necessary)
Haloperidol		every 4 weeks (may be given every 2 weeks at half dose)
Risperidone		every 2 weeks
Zuclopenthixol		every 4 weeks (every week if necessary)
Paliperidone	Xeplion	Monthly (after 2 initiation doses, 1 st on day 1 [150mg] and 2 nd on day 8 [100mg], both DELTOID route)
	Trevicta	3 Monthly (to be initiated only after a minimum of 4 monthly injections have been administered and the patient is stable)
Olanzapine every 2 or 4 weeks (Not approved by HFT DTC)		

- There is no evidence to suggest that effectiveness is improved by increasing the frequency of injections
- Injections are painful and injection sites may cause complications so the longest interval between injections is usually preferred
- Plasma levels continue to fall slowly for some hours or even days after administration
- The risk of deterioration is therefore highest just after and not just before the next injection.
- In trials relapse occurs 3 to 6 months after the last depot

2. SCOPE

This guideline is aimed at every qualified professional involved in the administration of depot antipsychotic medication.

3. PROCEDURES

The Procedure for Safe and Secure Handling of Medicines states that medication should be administered on the date and time due or within one hour of the specified time. Administration at other times can be marked as late/early in Lorenzo ePMA, or using variance codes for CMHT

Depot medication should be administered on the date that it is due. Exceptions to this are only allowed in certain circumstances:

- In the situations outlined Appendix 1
- In the case of monthly long acting injections (Aripiprazole and Paliperidone) where
 the date of administration is due on a Saturday or Sunday, the dose may be
 administered the Friday (or Thursday) before due or the Monday (or Tuesday) after
 due
- Consider the need to supply a dose of the depot for patients who are due administration within 7 days of discharge. In these cases liaise with the team supporting the patient on discharge to avoid missing doses due to supply or prescribing issues.

For guidance on administration of depot intramuscular injections refer to The Royal Marsden Hospital Manual of Clinical Nursing Procedures, and the <u>Guidance on the Administration to Adults of Oil-based Depot and other Long-Acting Intramuscular Antipsychotic Injections (6th edition 2020)</u>

4. REFERENCES/DEFINITIONS

1- BNF Online (Accessed 25th Sept 2017)

Procedures for Safe and Secure Handling of Medicines.

FLOW CHART FOR THE ADMINISTRATION OF DEPOTS TO CLIENTS ATTENDING EARLY OR LATE

