



GUIDELINES FOR THE PRESCRIBING & ADMINISTRATION OF DEPOT ANTIPSYCHOTIC MEDICATION

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

CHANGE RECORD

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Version	Date	Change details		
V 1.0	May 2009	Reviewed May 2011, no changes.		
V 2.0	May 2013	Formatted as per HFT Guidelines. Layout		
		of tables and flowcharts modified.		
V 2.01	Aug 14	Information on aripiprazole injection added and clarification on monthly administration		
V 2.02	Oct 17	Added prescribing into scope to cover process. Added 3 monthly Paliperidone Injection (Trevicta) Information added on the discontinuation of fluphenazine injection Modecate®. 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)		





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 2-4 weeks (up to 400mg every week if necessary)
Fluphenazine		every 5 weeks (up to every 2 weeks if necessary) (*To de discontinued by end 2018)
Haloperidol		every 4 weeks (may be given every 2 weeks at half dose)
Pipotiazine		every 4 weeks
Risperidone		every 2 weeks
Zuclopenthixol		every 4 weeks (up to 600mg 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 at least four monthly injections have been given and the patient is stable)
Olanzapine every (Not approved by HFT DTC)		every 2 or 4 weeks

- 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





1. SCOPE

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

2. 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 made using variance codes.

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

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</u>

3. REFERENCES/DEFINITIONS

- 1- BNF Online (Accessed 22nd Nov 2017)
- 2- Procedures for Safe and Secure Handling of Medicines. HFT 2016





Appendix 1

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

