

# 91 - Paliperidone long acting injection 3 monthly

## Paliperidone long-acting injection 3-monthly

Schizophrenia and related psychoses CHAPTER 1 Paliperidone long-acting injection 3-monthly

Paliperidone LAI 3-monthly (PP3M) is indicated for patients who are clinically stable on PP1M and do not require dose adjustment.<sup>15</sup> It is recommended that before switching to PP3M, patients be treated for 4 months or more with PP1M and that the last two doses of PP1M are the same. PP3M is generally well tolerated, with a tolerability and safety profile similar to the 1-monthly preparation.<sup>16,17</sup> PP3M has a lower risk of hospitalisations and emergency department visits compared with PP1M.<sup>18</sup> Patient and family perspective of PP3M have been systematically examined.<sup>19</sup> In this study, PP3M was reported to be as effective, or even more effective, than PP1M and had similar or fewer adverse effects. The majority of patients preferred PP3M over PP1M. The advantages for the patients included less frequent and painful injections, less travelling and fewer moments of experiencing shame. The switch did not influence the frequency of their interaction with healthcare professionals. Practical experience suggests that contacts with healthcare staff are reduced when LAIs are used. Healthcare workers should probably work towards ensuring that contact with patients is not reduced just because there are fewer antipsychotic administrations. When initiating PP3M, give the first dose in place of the next scheduled dose of PP1M ( $\pm 7$  days). The dose of PP3M should be based on the previous PP1M dose

Switching from Recommended method of switching Comments Oral antipsychotics Reduce the dose of the oral antipsychotic over 1–2 weeks following the first injection of paliperidone. Give the two initiation doses followed by the maintenance dose. Depot antipsychotic Start paliperidone (at the maintenance dose) when the next injection is due Doses of paliperidone palmitate IM are difficult to predict from the dose of FGA depots. The manufacturer recommends a dose of 75mg monthly for the general adult population but in practice 100mg and 150mg are more often prescribed.<sup>13,14</sup> If switching from risperidone LAI see Table 1.18 and prescribe equivalent dose. NB No initiation doses are required Maintenance dose adjustments should be made monthly. However, the full effect of the dose adjustment may not be apparent for several months.<sup>3</sup> Antipsychotic polypharmacy with depot Start paliperidone (at the maintenance dose) when the next injection is due NB No initiation doses are required Aim to treat the patient with paliperidone palmitate IM as the sole antipsychotic Reduce the dose of the oral antipsychotic over 1–2 weeks following the first injection of paliperidone The maintenance dose should be governed as far as possible by the total dose of oral

and injectable antipsychotic (see section on dose equivalence in this chapter) Table 1.19  
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