Welcome

Clozapine & LAI Virtual Forum
December 6, 2023 | 4:00 – 4:45 pm ET

The Clozapine & LAI Virtual Forum is a peer-to-peer, interactive dialogue between psychiatrists, nurse practitioners, and other prescribing clinicians. It is informal, no registration required — just join our Zoom call and share your challenges and questions on the month's trending topic around either clozapine or LAIs.

**TODAY’S TOPIC:**
Comparing Risperidone and Paliperidone LAI Products
MODERATORS

Donna Rolin, PhD, APRN, PMHCNS-BC, PMHNP-BC  
Clinical Nurse Expert; Clinical Associate Professor  
APA/SMI Adviser; University of Texas at Austin

Megan Ehret, PharmD, MS, BCPP  
Clinical Pharmacy Expert; Professor  
APA/SMI Adviser; University of Maryland

Robert Cotes, MD  
Clinical Physician Expert; Associate Professor  
APA/SMI Adviser; Emory University
Discussion Questions for Virtual Forum: Comparing Risperidone and Paliperidone LAI Products

• We now have (soon) 4 Risperidone LAIs and 3 Paliperidone LAIs

• With which of these new/new-ish LAIs are you familiar or have seen prescribed?
• Which are you (or colleagues) prescribing and why?
  • Invega Hafyera
  • Perseris
  • Uzedy
  • [Rykindo - FDA approved but not yet available in US market]

• Are you considering renal dosing with Risperidone and Paliperidone LAI agents?
• What are your thoughts on having this many such LAI agents available?
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</thead>
<tbody>
<tr>
<td>Year approved</td>
<td>2003</td>
<td>2009</td>
<td>2009</td>
<td>2018</td>
<td>2021</td>
<td>2023</td>
<td>2023</td>
</tr>
<tr>
<td>Other indications</td>
<td>Bipolar disorder</td>
<td>Schizoaffective disorder</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
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<tr>
<td>Injection sites</td>
<td>Deltoid or gluteal</td>
<td>Deltoid or gluteal</td>
<td>Deltoid or gluteal</td>
<td>Subcutaneous</td>
<td>Gluteal</td>
<td>Gluteal</td>
<td>Subcutaneous</td>
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<tr>
<td>Needle gauge</td>
<td>20G or 21G</td>
<td>22G or 23G (23G option for monthly only)</td>
<td>22G</td>
<td>18G</td>
<td>20G</td>
<td>20G</td>
<td>21G</td>
</tr>
<tr>
<td>Injection volume</td>
<td>~2 mL</td>
<td>0.25 to 1.5 mL (monthly) 0.88 to 2.6 mL (3 month)</td>
<td>312 mg/mL; range 0.9 mL (273 mg) to 2.6 mL (819 mg)</td>
<td>0.6 mL (90 mg), 0.8 mL (120 mg)</td>
<td>3.5-5 mL</td>
<td>2 mL</td>
<td>0.14-0.7 mL</td>
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<td>Injection frequency</td>
<td>Every 2 weeks</td>
<td>Every 4 weeks (every 3 months for the 3-month formulation)</td>
<td>12 weeks</td>
<td>4 weeks</td>
<td>Every six months</td>
<td>Every 2 weeks</td>
<td>Every 4 or 8 weeks</td>
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<tr>
<td>Starting dose</td>
<td>25 mg</td>
<td>234 mg Day 1 + 156 mg Day 8 in deltoid</td>
<td>After treatment with 1-month paliperidone palmitate for at least 4 months: 273 mg, 410 mg, 546 mg, 819 mg (3.5 times the last dose of the once monthly formulation)</td>
<td>90 or 120 mg</td>
<td>After treatment with either 4-1 month Paliperidone palmitate injections or 1-3 month Paliperidone palmitate injection: 1092 mg or 1560 mg</td>
<td>25 mg</td>
<td>Based on the oral risperidone dose (50 mg, 75mg, 100 mg, 125 mg, 150 mg, 200 mg, or 250 mg)</td>
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<tr>
<td>Maintenance dose</td>
<td>25 mg (max 50 mg)</td>
<td>117 mg (range 39 to 234 mg); dose for 3 month formulation = 3.5 x once monthly dose)</td>
<td>Same as above</td>
<td>90 or 120 mg</td>
<td>Same as above</td>
<td>25 mg (max 50 mg)</td>
<td>Same as above</td>
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<tr>
<td>Oral supplement</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
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<td>Reconstitution</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
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<td>No</td>
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<td>Refrigeration</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Observation</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
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<td>No</td>
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Risperdal Consta - Renal Dosing

- Renal Impairment: less ability to eliminate risperidone
  - Moderate to severe renal disease, oral risperidone, clearance of the sum of risperidone and its active metabolite decreased by 60%

- Carefully titrate on oral risperidone before treatment with Risperdal Consta; Risperdal Consta initiated at 25 mg every 2 weeks; 12.5 mg may be appropriate when clinical factors warrant dose adjustments

Invega Sustenna- Renal Dosing

- Mild renal impairment (CrCL >50 mL/min to < 80 mL/min)
  - Invega Sustenna 156 mg on day 1, Invega Sustenna 117 mg one week later
  - Recommended monthly maintenance dose of 78 mg, adjust monthly maintenance dose based on tolerability and/or efficacy with strengths of 39 mg, 78 mg, 117 mg, or 156 mg

- Invega Sustenna not recommended in patients with moderate or severe renal impairment (CrCl <50 mL/min)

Titration Guidance for Renal Dosing with Newer Agents

• Perseris - Titrate with oral risperidone (up to at least 3 mg daily) before initiating treatment

• Rykindo - Titrate with oral risperidone (up to at least 2 mg daily) prior to initiating treatment

• Uzedy - Titrate with oral risperidone (up to at least 2 mg daily) before initiating treatment
SMI ADVISER ASSETS ON LONG-ACTING INJECTABLES

Long-Acting Injectable Center of Excellence
LAI DOSE CONVERSION TOOL

Download at SMIAdviser.org/app
FEEDBACK
Please help us improve the Clozapine & LAI Virtual Forum by completing this survey:
http://smiadviser.org/forumfeedback

Pre-submit Cases
www.smiadviser.org/vfcases

UPCOMING VIRTUAL FORUM
1/3/24 @4:00-4:45 PM ET
Clozapine and Aggressive Behavior
For additional questions and resources – join the Clozapine and LAI Centers of Excellence Exchange Community
- www.smiadviser.org/cloz_lai_signup