

STANDARD OPERATING PROCEDURE

Title: INITIATION AND PRESCRIBING OF PALIPERIDONE LONG ACTING INJECTION (PLAI)		Procedure No: Clinical SOP 03	Document Replaced: N/A	Version 2
Procedure Written By: Senior Pharmacist Deputy Chief Pharmacist	Procedure Approved By: Gurj Bhella Chief Pharmacist	Approved Date: 22/05/2018	Review Date: 22/05/2020	Page 1 of 3

Objective

To ensure that all prescriptions for paliperidone are initiated by consultants on a named-patient basis and that a record of all patients is kept.

Scope

All BCPFT consultant teams, Pharmacy Team.

Procedure

1. When a patient is identified as being a candidate for paliperidone LAI, the following criteria must be fulfilled:
 - a. The prescribing of a typical antipsychotic depot injection first line has been tried to no effect or has not been tolerated, or is not considered clinically appropriate.
 - b. PLAI to be initiated by Consultants only and be prescribed for its licensed indication only i.e. for maintenance treatment of schizophrenia in adult patients stabilised with risperidone (**Oral or LAI**) or have responded to it previously. In selected adult patients with schizophrenia and previous responsiveness to oral paliperidone or risperidone, it may be used without prior stabilisation with oral treatment if psychotic symptoms are mild to moderate and a long-acting injectable treatment is needed. Patients may now be switched from oral risperidone as well as risperidone LAI.
 - c. PLAI must be prescribed in line with the treatment guidance for the use of long acting injections contained within NICE guideline CG178 'Psychosis and schizophrenia in adults: treatment and management' issued February 2014.
 - d. Paliperidone LAI must be prescribed once each calendar month i.e. 12 times a year. It must not be prescribed every 4 weeks.
 - e. The injection will be supplied for named individuals only and the names recorded in a Pharmacy-held database. No clinics or wards will hold stock. The named patient registration form (see attached) will be completed by the Consultant for each patient initiated on the injection including patients from community bases where the injection is ordered via Polarspeed[®] direct delivery.

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2. Dosing information

- Recommended initiation of paliperidone LAI is with a dose of 150 mg on treatment day 1 and 100 mg one week later (day 8), both administered in the deltoid muscle in order to attain therapeutic concentrations rapidly.
 - The recommended monthly maintenance dose is 75 mg; some patients may benefit from lower or higher doses within the recommended range of 25 to 150 mg based on individual patient tolerability and/or efficacy. Maintenance injections may be given by either the gluteal or the deltoid routes.
 - Patients who are overweight or obese may require doses in the upper range.
 - Following the second dose, monthly maintenance doses can be administered in either the deltoid or gluteal muscle.
3. For inpatients, prescriptions will be dispensed by the contracted dispensing provider.
 4. For community patients, prescriptions will be written on the community prescription stationery. However, injections will be dispensed via Polarspeed. Please refer to the Polarspeed SOP.

**PALIPERIDONE LONG ACTING INJECTION
 NAMED PATIENT REGISTRATION FORM**

This form must be completed for each patient initiated on paliperidone long acting injection (LAI)

Patient's name	
Date of birth	
NHS number	
Name of Unit/Team/Ward	
Name of initiating Consultant	
Reason for prescribing paliperidone LAI	

- I confirm that the above patient is currently stabilised with, or has previously been responsive to, oral risperidone or risperidone LAI
- I confirm that arrangements are in place for the administration of paliperidone LAI to take place on a **monthly** basis (i.e. once per calendar month, not 4 weekly) either after initial loading doses have been administered on day 1 and day 8 or if patient has been switched from risperidone LAI

Name of initiating Consultant	
Signature	
Date	

For patients not currently stabilised with, or previously responsive to, oral risperidone or risperidone LAI, approval will be required from the Medical Director before initiating paliperidone LAI.

Please submit completed form to the Pharmacy Department at Penn Hospital or Hallam Street Hospital before prescribing/ordering paliperidone LAI.