

Long Acting Injectables (LAIs)



What are LAIs?

Long acting injectable antipsychotics, originally developed to improve medication adherence, are injectable formulations of oral antipsychotics that can be administered at varying intervals (Castillo & Stroup, 2015).

Who can use LAIs?

LAI antipsychotics are indicated in the treatment of those diagnosed with schizophrenia, schizoaffective disorder, bipolar disorder, and delusional disorder (Llorca et al., 2013).



Why use LAIs?



Improved medication adherence



Reduced symptoms



Enhanced recovery and quality of life



Fewer re-hospitalizations



Lowered health care costs

When should LAI treatment start?

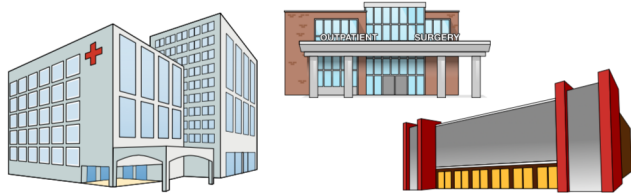
LAI treatment should start after a patient demonstrates tolerability to an oral antipsychotic. Some patients decline LAI antipsychotic formulations initially. It is important to understand and respect the patient's reason for declining. Providers should continue having conversations with patients regarding LAI antipsychotic advantages and disadvantages (Jann, 2020).

What should be considered when prescribing LAIs?

- Longer dose titration to obtain effect
- Lower flexibility with dose adjustments that may be needed
- A delay in observed change in distressing symptoms
- Injection-site pain
- Need to travel to clinics to obtain injection
- Perceived stigma surrounding injections
- Some specific risks related to each product

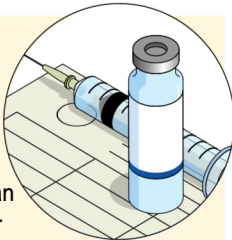
Where are LAIs available?

LAIs can be accessed in both inpatient and outpatient psychiatric settings (Romstadt & Wonson, 2018) as well as specialty outpatient pharmacies (Lin et al., 2019).



How are LAIs dosed?

Note: Starting doses are not included because several LAI starting doses are based on average daily oral dose. Some LAIs require an overlap period, which is when patients need to continue an oral medication for a specific amount of time after receiving the LAI.



Typical Maintenance Dose

First Generation

Fluphenazine decanoate (Prolixin Decanoate)
12.5-50 mg Q 2-4 weeks
4-8 week overlap with oral fluphenazine

Haloperidol decanoate (Haldol Decanoate)
50-200 mg Q 3-4 weeks
4 week overlap with oral haloperidol

Second Generation

Aripiprazole monohydrate (Abilify Mantenna)
400 mg Q month
Two week overlap with oral aripiprazole

Aripiprazole lauroxil (Aristada)
441-882 mg Q month
882 mg Q 6 weeks
Three week overlap with oral aripiprazole

Aripiprazole lauroxil (Aristada Initio)
675 mg one-time dose
Single dose to initiate Aristada treatment or re-initiate treatment after a missed Aristada dose
Must be given with one 30 mg dose of oral aripiprazole

Olanzapine pamoate (Zyprexa Relprevv)
150-300 mg Q 2 weeks
300-405 mg once/month
Requires 3 hour post-injection monitoring for delirium and sedation
Registry required
Oral supplementation not necessary

Paliperidone palmitate (Invega Sustenna, Xelplion)
117 mg Q month
Loading IM doses on day one and day 8
Oral supplementation not necessary.

Paliperidone palmitate (Invega Trinza)
410 mg Q 3 months
Use in patients already treated with at least two Invega Sustenna injections

Risperidone microspheres (Risperdal Consta)
25 mg Q 2 weeks
Three week overlap with oral risperidone

Risperidone (Perseris)
90-120 mg Q month
Oral supplementation not necessary

(Guzman, 2019; "What long acting injectable," 2017)

How are LAIs covered under Medicaid?

Both oral and LAI antipsychotics are covered by Medicaid. Clinical criteria (e.g. diagnosis, inpatient hospitalizations, etc.) must be met for second generation oral antipsychotics and LAI antipsychotics to be covered ("Kentucky pharmacy preferred drug list," 2020). As of January 1, 2021, there will be a single formulary for all Managed Care Organizations (MCO) and Fee for Service (FFS).

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