Guidance for the use of Depot antipsychotics or Long-Acting Injectable antipsychotics for Patients who are Self-isolating or in other similar circumstances

This guidance is to support decision making regarding the use of depot or Long-Acting Injectable (LAI) antipsychotics in a range of scenarios that can occur in a pandemic situation.

It is to support but not replace the judgement of clinical staff or clinical decision making.

The Products

Depots and LAIs have particular pharmacokinetic profiles, and most release the antipsychotic medicine slowly and over a prolonged period. In some cases, the medicine is released over many months.

It takes a long time for the levels of medicine in the patient to stabilise (called ‘steady state’) and for all of the medicine to be excreted, when the injections are stopped. In fact, the peak time for relapses to occur when a depot/LAI is stopped is 3 to 6 months after the last injection.

Only some manufacturers provide guidance about late or delayed administration (see Evidence Tables overleaf for more information).

The Situation

It is important to establish the exact nature of the situation. Is the patient:

1. Self-isolating for a short period because they have symptoms of Coronavirus
2. Self-isolating for a short period because a member of their household has symptoms of Coronavirus
3. Self-isolating for a longer period because they are in a vulnerable group
4. In a care home or other setting and restricted from leaving

It is important to understand how stable the patient’s treatment is. Is the patient:

1. Only just getting started on the medicine
2. Stable on the medicine, having been on it for more than 3 months

Consider the patient’s current engagement with the service and if this is vulnerable and could be affected.

Specialist Advice

Specialist advice is available from the Trust Pharmacy Service who can advise on the best way to manage individual patient medication, according to the specific details of the scenario and pharmacokinetics of the particular medicine in use. This may be useful if the following recommendations leave you with any concerns of uncertainty.
RECOMMENDATIONS

If the patient is self-isolating for a prolonged period (may be referred to as social-distancing) because they are in a vulnerable group, or there are restrictions in place to preclude their attendance for their injection:

- arrange to attend the patient’s home address to administer the depot/LAI as prescribed
- check in advance that no-one in the household is symptomatic, and if so proceed using the personal protective equipment (PPE) currently recommended by the Trust
- practice good hand hygiene before and after contact with the patient

If the patient is self-isolating for a short period (usually 7 days) because they have symptoms of Coronavirus and the patient is only just getting started on the medicine:

- seek specialist advice to inform a multidisciplinary (MDT) discussion
- make a decision after an MDT discussion between prescriber and person administering the injection
- if the injection is to be given, then proceed using the personal protective equipment (PPE) currently recommended by the Trust

If the patient is stable on the medicine, having been on it for more than 3 months, from a pharmacological perspective the administration of the medicine could be delayed until they are no longer symptomatic or self-isolating:

- make a decision after an MDT discussion between prescriber and person administering the injection
- carefully consider any anxiety/concern this may cause the patient or their carers; and the impact it may have on engagement/therapeutic alliance
- if the injection is to be given, proceed using the personal protective equipment (PPE) currently recommended by the Trust

If the patient is symptomatic and the period of isolation extends beyond 7 days but will be 14 days or less, seek specialist advice from pharmacy if the patient is prescribed Risperdal Consta. For all other depot/LAIs, from a pharmacological perspective, the administration of the medicine could be delayed until they are no longer symptomatic or self-isolating:

- make a decision after an MDT discussion between prescriber and person administering the injection
- carefully consider any anxiety/concern this may cause the patient or their carers; and the impact it may have on engagement/therapeutic alliance
- if the injection is to be given, then proceed using the personal protective equipment (PPE) currently recommended by the Trust

If the patient remains symptomatic and in isolation for longer than 14 days, seek specialist advice to inform an MDT discussion of the case in the same way as outlined above.
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<tr>
<th>Depot or LAI</th>
<th>Manufacturer Information</th>
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| Aripiprazole ‘Abilify Maintena’ | If 2nd or 3rd dose missed and less than 5 weeks have elapsed since the last injection, should be administered as soon as possible and then the monthly schedule resumed.  
If 4th or subsequent dose missed and less than 6 weeks have elapsed since the last injection, should be administered as soon as possible and then the monthly schedule resumed.  
In other cases, give concomitant oral treatment for 14 days with next injection. | https://www.medicines.org.uk/emc/product/7965  
| Flupentixol Decanoate ‘Depixol’ | No specific guidance                                                                                                                                                                                                       | https://www.medicines.org.uk/emc/product/995  
| Fluphenazine Decanoate ‘Modecate’ | No specific guidance                                                                                                                                                                                                       | https://www.medicines.org.uk/emc/product/1456  
| Haldol Decanoate ‘Haldol’   | No specific guidance                                                                                                                                                                                                       | https://www.medicines.org.uk/emc/product/968  
| Paliperidone Palmitate (monthly) ‘Xepion’ | To avoid a missed monthly dose, patients may be given the injection up to 7 days before or after the monthly time point.  
If less than 6 weeks have elapsed since the last injection, then the previously stabilised dose should be administered as soon as possible, followed by injections at monthly intervals. | https://www.medicines.org.uk/emc/product/7654  
| Paliperidone Palmitate (3-monthly) ‘Trevicta’ | To avoid a missed dose of TREVICTA patients may be given the injection up to 2 weeks before or after the 3-month time point.  
If less than 4 months have elapsed since the last injection, the injection should be administered as soon as possible and then resume the 3-monthly injection schedule. | https://www.medicines.org.uk/emc/product/7713  
| Risperdal Consta             | No specific guidance                                                                                                                                                                                                       | https://www.medicines.org.uk/emc/product/1690  
| Zuclopenthixol Decanoate ‘Clopixol’ | No specific guidance                                                                                                                                                                                                       | https://www.medicines.org.uk/emc/product/6414  