Information sheet

Risperidone Long-Acting Injection (Risperdal Consta®)

For treatment of psychosis or bipolar illness

General Information

Indication:

Risperidone Long acting Injection (LAI) is an atypical antipsychotic depot and is licensed for the maintenance treatment of schizophrenia whose condition has been stabilised with, or there has been a previous response to, oral risperidone.

According to NICE Guidelines for Schizophrenia, long acting injection antipsychotics should be offered to patients:

- Who would prefer such treatment after an acute episode
- Where avoiding covert non-adherence (either intentional or unintentional) to antipsychotic medication is a clinical priority within the treatment plan.

Formulary Status:

Following approval by the ELFT Trust's Medicines Committee for use of Risperidone Consta as an **AMBER** drug

Additional information when considering Risperidone Long acting injection:

- It is not appropriate for patients who have not tolerated or responded to the oral form in the past to assess tolerability.
- Supplementation with the previously used dose of oral risperidone or previous antipsychotic should be provided during the first three weeks after the first injection. This is to ensure coverage until the main release phase of risperidone from the injection site has begun. Oral risperidone or previous antipsychotic should then be tapered and discontinued.
- Only small quantities (<1% of the dose) are released in the first 3 weeks. The main release starts from week 3 onwards and is maintained in weeks 4 to 6. Because of this, no dose increase should be made until after three injections have been given at two weekly intervals.

Dosing Interval:

Injection	Test dose	Dose range	Duration of action (weeks)	Peak (days)	Interval
Risperidone (powder and solvent for prolonged release suspension)	None. Response and tolerability to oral risperidone must be checked prior to initiating the depot.	25-50mg/2weeks. Initial lag period means oral/IM supplementation is required.	5-6 weeks, will not start until 3-4 weeks after administration.	28-42	Two weekly

Storage and administration:

- Each pack of Risperidal Consta® contains one dose of the injection, diluent and needles
- The entire box must be refrigerated between 2-8 ^{o}C for safe storage

Janssen has updated its storage data: The manufacturer reports that if the cold chain is broken, and the depot is stored between 8°C and 25°C, <u>for no longer than 7 days</u>, it can be put back in the fridge and the original expiry date will not change. i.e. storage life is not reduced. Novemeber 2019 (www.medicines.org.uk)
If refrigeration is unavailable, Risperdal Consta can be stored at temperatures not exceeding 25°C for <u>no more than 7 days prior to administration</u>.

- Packs should not be exposed to teparatures over 25^{o}C.
- The product must be used within seven days of the dispensing date; this will be indicated on the pharmacy dispensing label.
- The SmPC recommends the dose pack is removed from the refrigerator and allow to sit at room temperature for at least 30 minutes before reconstituting

Administration:

- Before adminsitraation the risperidone biospeheres need to be reconstituted according to the instructions
- Once reconstituted, the suspension should be used straight away.
- After reconstitution, RLAI should be administered immediately. If not used immediately, it is considered suitable for use for a maximum of 6 hours, if stored below 25^0 C

Risperidal Consta® should be administered every two weeks by <u>deep intramuscular</u> deltoid or gluteal injection using the appropriate safety needle and according to the manufacture's insructions.

- Due to the formulation the whole syringe must be given to deliver the dose contained within the syringe. Giving a proportion of the syringe contents by volume will not necessarily deliver the same proportion of the dose.
- Risperdal® Consta™ packs have two administration needles for deltoid and gluteal administration.
- For deltoid administration, use the 1-inch needle alternating injections between the two arms.
- For gluteal administration, use the 2-inch needle alternating injections between the two buttocks.

Adverse effects:

- Although risperidone is classed as an atypical antipsychotic, EPSEs do still occur.
- Weight gain is also a commonly reported side-effect.
- Symptoms of hyperprolactinaemia occur but are uncommon
- Tardive dyskinesia and seizures have occasionally been reported
- Pain may occur at injection site and occasionally erythema, swelling and nodules.
- Depot antipsychotics generally do not produce acute movement disorders at the time of administration;
- Antipsychotic use may be associated with an increased risk of venous thromboembolic events. Some of the known side effects of antipsychotics (e.g., sedation, weight gain) are known risk factors for VTE, and a direct or indirect causal association between antipsychotic use and VTE could not be excluded
- Refer to current BNF and SPCs (www.medicines.org.uk) for comprehensive list of side effects and interactions.
- Increased risk of ventricular arrhythmias when antipsychotics co-administered with other drugs known to significantly increase the QT interval. Combination to avoid includes citalopram and antipsychotics..

Review:

- Regular non-attendance or missed appointments by patients may indicate cause for concern.
- If a patient misses appointments, then attempts should be made to contact the patient and ascertain reasons for non-attendance and seek advice from specialist
- Any impact of delayed or missed risperidone consta® may likely to be seen only on week five to six from last dose (plasma levels begin to drop). If necessary oral cover may need to be considered during this period – seek advice from specialist.
- Annual monitoring of weight (or BMI), fasting lipids, blood glucose, LFTs, U&Es, prolactin, BP/Pulse (same as oral risperidone and other anti-psychotic treatment).

Aknowledgements - Berkshire Healthcare NHS Foundation Trust (BHFT) Prescribing Arrangements for Patients Prescribed Long Acting Injectable (LAI) Antipsychotics,