Table: Selected Long-acting Antipsychotic Medications

Medication Name	Typical maintenance, admin. interval: Time to peak level:	Loading or initiating dosing	Oral medication supplementation indicated at the initiation of LAA	Medication-specific benefits	Medication-specific disadvantages	Strategies with delayed/missed dosing	Supplementary materials
Haloperidol Decanoate	Admin. interval: q4 weeks Peak blood levels post-injection: 5-7 days	Day 1: 50mgl Day 8: (Monthly Dose: 50mg) Monthly Dose = Total oral Daily Dose x 10. Initiate q4 week interval from day 8	Yes. Optimally, at least 6 weeks (duration recommended based on clinical experience of authors) May taper oral dose earlier and more rapidly if EPS or other side-effects.	Q4 week dosing, lower cost, lower metabolic risk, clear oral dose conversion. Less metabolic syndrome risk than second generation anti-psychotics. Lower cost.	Risk of: TD, EPS, NMS* and prolactinemia. Individuals may associate this medication with haloperidol HCl IM experience, risk of neuroleptic induced negative syndrome. May require anti-EPS tx.		Patient Leaflet Patient Leaflet (2)
Fluphenazine Decanoate	Admin. Interval: q2-3 weeks Peak blood levels after injection: 2-5 days	Day 1: Oral dose x 1.25. Alternatively, may initiate 25mg IM q2 weeks and titrate/taper based on treatment response and tolerability.	Yes. Optimally for 3-5 weeks.	Can more rapidly titrate or taper due to shorter half-life, short onset to peak plasma levels (2- 5 days), lower cost. Less metabolic syndrome risk than second generation agents. Lower cost.	Q2 weeks, risk of: TD, EPS, NMS and prolactinemia. May require anti-EPS medications.		Patient Leaflet
Paliperidone Palmitate (Sustenna)	Admin. Interval: q4 weeks Peak blood levels after injection: 2 weeks	Day 1: 234mg IM Day 8: 156mg IM Then q4 weeks maintenance dose from day 8.	Not necessary to oral dose during initiation.	No oral dose supplementation is needed after loading doses, q4 week interval.	Risk of: prolactinemia, metabolic syndrome, DM2, dyslipidemia, obesity, HTN, EPS/TD risk. High cost.	If > 6 weeks delayed for maintenance dose, administer maintenance dose on day 1 and 8. Exception: if maintenance dose 234mg follow package insert. If > 6 months delayed, reload according to package insert.	Invega Sustenna Patient Brochure Patient Experience Videos
Paliperidone Palmitate (Trinza)	Admin. Interval: q12 weeks Peak blood levels after injection: 4-5 weeks	Transition only from paliperidone palmitate (Sustenna) (stable dose for 4 months) Sustenna to Trinza Conversion: mg: 78=234 mg:117=410 mg:156=546 mg:234=819	Not Applicable. (Transitioned from Sustenna LAA)	q12 weeks	Slow to taper or titrate if suboptimal dose or symptom exacerbation. Risk of: prolactinemia, metabolic syndrome, DM2, dyslipidemia, obesity, HTN, EPS/TD risk. High cost.	If delayed >3.5 -4 months, administer last dose of Trinza. If miss 4-9 months, use re-initiation regimen with Sustenna as per package insert. If > 9 months, reload with Sustenna and follow insert.	Invega Trinza Patient Brochure Patient Experience Videos
Aripiprazole (Maintena)	Admin. Interval: q4 week Peak blood levels after injection: 5-7 days	400mg then q 4 weeks. 300mg dose if slow metabolizer CYP2D6.	Yes. 1st 2 weeks.	Very low risk of prolactinemia, less metabolic risk than other second generation anti-psychotics, but more than first generation agents.	Fixed dosing with low dose flexibility. Risk: akathisia, metabolic syndrome, DM2, dyslipidemia, obesity, HTN, high cost, EPS/TD.	For 2nd or 3rd Injection: >5 weeks delayed, reload and oral supplement x2 weeks. If 4th dose or thereafter, >6 weeks delayed, reload and oral supplement x2 weeks.	Patient Appointment Prep Guide Caregiver Appointment Prep Guide Patient Experience Videos
Risperidone LAA "Consta"	Admin. Interval: q2 weeks Peak level after injection: 3 weeks	Oral dose conversion oral risperidone to Consta: mg: <3 =25 mg: >3-5 = 37.5 mg: >5=50 >8mg=N/A	Yes. At least 5 weeks recommended after initiation. Manufacturer recommends briefer duration.	Less EPS/TD/NMS/ anti-psychotic induced negative syndrome risk than first generation agents.	q2 weeks, low therapeutic ceiling vs. Sustenna, high risk of prolactinemia, metabolic risk, EPS. Must refrigerate. High cost (varies by state formulary).	If missed dose during maintenance for more than 2 weeks, consider oral supplement 6 weeks after restarted injection for duration of missed dose.	Patient Leaflet
Aripiprazole (Aristada) Lauroxil	Admin. Intervals: q4 weeks, q6 weeks or q8 week dosing Peak blood levels after injection: 3-5 days	Dosing and oral dose equivalents: 1064mg q8 weeks= Abilify 15mg PO daily 882mg q6 weeks =Abilify 15mg PO daily 882mg IM q4 weeks > Abilify 20mg PO daily 662mg IM q4 weeks= Abilify 15mg PO daily 441mg q4 weeks= Abilify 10mg PO daily	Yes. 1st 3 weeks.	Low risk of prolactinemia, less metabolic risk than other second-generation agents, but more than first generation, aripiprazole preparation with dose adjustment options (vs. Maintena) and dosing interval flexibility.	Risk of akathisia, metabolic syndrome, DM2, dyslipidemia, obesity, HTN, high cost, EPS/TD.	For q8 wk. dosing: Delayed 10-12 weeks from last injection, supplement with oral meds for 7 days. If >12 weeks since last injection, reload dose and oral supplement. For 882mg or 662 mg dosing: if 8-12 weeks since last dose, oral supplement for 7 days. If missed >12 weeks, reload. For 441mg dosing, see package insert.	Patient Brochure
Olanzapine (Zyprexa)	Admin. Interval: Every 2 to 4 weeks	*Target Oral Dose – 10mg/day* First 8 weeks: 210 mg/2 weeks or 405mg/4 weeks. Maintenance Dose: 150 mg/2 weeks or 300 mg/4 weeks *Target Oral Dose – 15mg/day* First 8 weeks: 300 mg/2 weeks Maintenance Dose: 210 mg/2 weeks or 405 mg/4 weeks *Target Oral Dose – 20mg/day* First 8 weeks: 300 mg/2 weeks Maintenance Dose: 300 mg/2 weeks	Oral supplementation was not generally necessary.		Patient needs to remain in the clinic for 3 hours after administration.	Typically given by a health care professional in an emergency setting, so patients are unlikely to miss a dose.	

Table developed by the American Association of Community Psychiatrists (AACP)

Note: Authors have no clinical experience with Olanzapine Relprevv. Use in the community is limited due to the risk of post injection delirium/sedation syndrome, required 3-hour monitoring after administration and administration location of a registered health care facility with ready access to emergency services.

TD: tardive dyskinesia, EPS: extrapyramidal signs/symptoms, NMS*: neuroleptic malignant syndrome

Prescribing providers must check package inserts, review scientific literature and consult guidelines while prescribing. Content from this table consists of clinician experience and consensus.