



# Paliperidone Long-Acting Injection

## Prescribing Support Series - 2

**Indication & place in therapy:** “depot” injection for management of schizophrenia in adult patients who have responded to oral risperidone\* but would benefit from a long-acting formulation. The 3-monthly and 6-monthly preparations are only indicated for patients once they have been stabilised on the monthly preparation; not all preparations are currently approved for use in the Trust (see below).

**Available preparations:**

**Xeplion®** - administered MONTHLY (+/- 7 days) via deltoid or gluteal muscle (loading doses for initiation on day 1 & 8 via deltoid only).

**Trevicta®** - administered THREE-MONTHLY (+/- 14 days) via deltoid or gluteal muscle; patients can transfer to this preparation once they have received at least 4 doses of the same dose of Xeplion® and are stable.

**Byanli® (NOT approved in TEWV)** – administered SIX-MONTHLY (+21/-14 days) via gluteal muscle; patients can transfer to this preparation once they have received at least 4 doses of high-dose Xeplion® or one dose of high dose Trevicta®, and are stable.

**Formulary Status:**

**Xeplion® & Trevicta®:** **Amber Shared Care** – for Schizophrenia.

**Byanli®:** **Purple** (not approved); prescribers may apply for approval for named patients on an exceptional case basis

*\*oral paliperidone is non-formulary.*

**Dose Equivalence / switching:**

| Oral Risperidone (daily dose) | Xeplion® (MONTHLY) | Trevicta® (THREE-monthly) | Byanli® (SIX-monthly) |
|-------------------------------|--------------------|---------------------------|-----------------------|
| 2 mg                          | 50 mg              | 175 mg                    |                       |
| 3 mg                          | 75 mg              | 263 mg                    |                       |
| 4 mg                          | 100 mg             | 350 mg                    | 700 mg                |
| 6 mg                          | 150 mg             | 525 mg                    | 1000 mg               |

**Interactions – caution with:**

- other drugs that prolong QT interval
- other centrally-acting drugs, e.g. opiates, alcohol, anxiolytics (increased sedation)
- other drugs known to lower seizure threshold
- carbamazepine (reduced exposure to paliperidone, dose increase may be needed)
- psychostimulants (increased risk of EPSEs)

**Most common adverse effects:**

**All preparations:** headache, upper respiratory tract infection, injection site reaction, weight increased

**Xeplion®:** insomnia, anxiety, parkinsonism, akathisia, agitation, sedation/somnolence, nausea, constipation, dizziness, musculoskeletal pain, tachycardia, tremor, abdominal pain, vomiting, diarrhoea, fatigue, and dystonia.

**Trevicta®:** anxiety, insomnia

**Byanli®:** parkinsonism

**Patients of child-bearing potential:**

Paliperidone should be avoided in pregnancy. Paliperidone has been detected up to **18 months** after a single dose of **Trevicta®** and is expected to remain in the plasma for up to **4 years** after a single dose of **Byanli®**, this should be taken into consideration before prescribing.

**Cost per dose (October 2022 Drug Tariff):**

| Xeplion® (MONTHLY) | Trevicta® (THREE-monthly) | Byanli® (SIX-monthly) |
|--------------------|---------------------------|-----------------------|
| 50 mg (£183.92)    | 175 mg (£551.76)          |                       |
| 75 mg (£244.90)    | 263 mg (£734.70)          |                       |
| 100 mg (£314.07)   | 350 mg (£942.21)          | 700 mg (£1884.42)     |
| 150 mg (£392.59)   | 525 mg (£1177.77)         | 1000 mg (£2355.54)    |

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