



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 who have been stabilised on the monthly preparation; not all preparations are currently approved for use in the Trust (see below).
**oral paliperidone is non-formulary.*

Available preparations:

- Monthly injection** (Xeplion® / Paliperidone Mercury Pharma / Paliperidone TEVA – initiation requires approval via [single application form](#)) - administered MONTHLY (+/- 7 days) via deltoid or gluteal muscle (loading doses for initiation on day 1 & 8 via deltoid only; the lower loading doses recommended for patients with mild renal impairment are also recommended for elderly patients).
- 3-monthly injection** (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 the monthly injection and are stable (further approval is not required).
- 6-monthly injection** (Byannli®; NOT approved in TEWV, see below) – 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 monthly paliperidone or one dose of high dose Trevicta® and are stable.

Note: where possible doses of all preparations should be administered on the due date at the required frequency; the tolerances stated above should only be used on an exceptional basis.

Formulary Status:

- Monthly & 3-monthly injection:** **Amber Shared Care** – [shared care guidelines](#).
- 6-monthly injection:** **Black** (not approved); prescribers may apply for approval for named patients on an exceptional case basis via [single application form](#)

Dose equivalence/switching

Injections are pre-filled syringes, doses other than those listed, e.g. 125mg monthly, are not possible.

Oral Risperidone (daily)	MONTHLY injection	3-MONTHLY injection	6-MONTHLY injection
2 mg	50 mg	175 mg	No equivalent
3 mg	75 mg	263 mg	No equivalent
4 mg	100 mg	350 mg	700 mg
6 mg	150 mg	525 mg	1000 mg

Cost per dose – to nearest £ (correct at June 2025)

	Monthly		3-monthly		6-monthly	
	In house	FP10	In house & FP10		In house & FP10	
50 mg	£110	£184	175 mg	£552*	-	-
75 mg	£93	£245	263 mg	£735*	-	-
100 mg	£108	£314	350 mg	£942*	700 mg	£1884*
150 mg	£131	£393	525 mg	£1178*	1000 mg	£2356*

*no longer cost neutral c.f. monthly injection at in-house price

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 Byannli®. Patients of child-bearing potential who are receiving paliperidone LAI should be offered pre-conception counselling if they are considering pregnancy

Most common adverse effects:

Reported with all preparations: headache, upper respiratory tract infection, injection site reaction, weight increased.

Hyperprolactinaemia is a common adverse effect, [Trust guidance](#) suggests avoiding drugs known to cause hyperprolactinaemia in patients <25 years (who have not attained peak bone mass), women planning pregnancy, and patients with history of breast cancer, prolactinoma or osteoporosis. See [FEP/EIP guidance](#) for recommended treatment options in younger patients.

Additionally reported with MONTHLY preparations: insomnia, anxiety, parkinsonism, akathisia, agitation, sedation/somnolence, nausea, tremor, constipation, dizziness, musculoskeletal pain, tachycardia, abdominal pain, vomiting, diarrhoea, fatigue, dystonia.

Additionally reported with 3-MONTHLY preparations: anxiety, insomnia

Additionally reported with 6-MONTHLY preparations: parkinsonism

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)