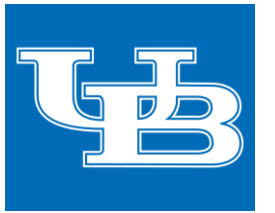


# Long-Acting Injectable Antipsychotics and the Impact of Legislation Expanding Pharmacist Roles

October 17<sup>th</sup>, 2023

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Geriatric Pharmacotherapy Institute, Inc.



# Disclosures

- None to disclose

# Objectives

## Pharmacist Objectives

- 1) Differentiate between long-acting injectable (LAIs) antipsychotics
- 2) Recommend appropriate dosing and administration
- 3) Discuss New York State's legislation regarding pharmacist administration of LAI psychotropic medications
- 4) Outline the process for administering LAIs in a practice setting
- 5) Discuss the location, room, and supplies needed for administering LAIs in a practice setting

## Pharmacy Technician Objectives

- 1) Identify available LAI antipsychotics

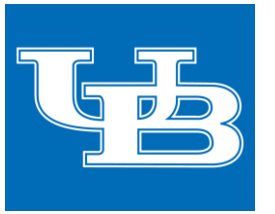
# Antipsychotics

## Labeled indications

- Major depressive disorder
- **Bipolar disorder**
- **Schizophrenia**
- **Schizoaffective disorder**

## Categorization

- Typical (first generation)
  - Example: haloperidol
- Atypical (second-generation)
  - Example: risperidone, aripiprazole



# Antipsychotic formulations

---

Tablets/oral disintegrating tablets

---

Patch

---

Liquid/suspensions

---

Inhalation powder

---

Immediate-release injections

---

**Long-acting injections**

# LAI Antipsychotics

Haloperidol  
decanoate\*

Fluphenazine  
decanoate

Aripiprazole  
injections\*

Risperidone  
injections

Paliperidone  
injections\*

Olanzapine  
pamoate

## American Psychiatric Association (APA) Guideline Recommendations

- LAIs recommended with history of poor or uncertain adherence
- In conjunction with person-centered treatment

## Benefits of use

- Reduces medication nonadherence
- Flexible dosing strategies
- Continuous provider assessment
- Decreased likelihood of symptom relapse and rehospitalization compared to oral formulations
- **Subjective sense of better symptom control**

# Barriers to LAI Use



Logistics



Fear of  
injections



Cost



Prescriber  
discomfort



Service  
barriers

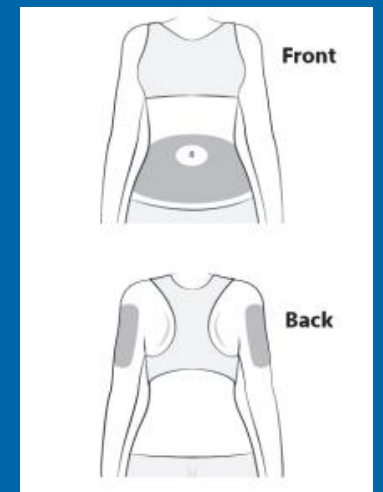


# Transitioning to LAIs from Oral Medication

- Select oral antipsychotic with corresponding LAI
- Establish efficacy and tolerability
  - Target symptom reduction evident
  - No adverse effects present warranting discontinuation
- Select dose according to established oral dose
- Continue/discontinue oral medication bridge depending on agent
- Little evidence for antipsychotic polypharmacy/dual LAIs

# LAI Formulations and Routes of Administration

- Decanoates
  - Microspheres
  - Suspensions
- Injection Sites
    - Intramuscular (IM)
      - Deltoid
      - Gluteal
    - Subcutaneous
      - Abdomen
      - Upper arm



# Formulations

## Decanoates

- Haloperidol and fluphenazine
- Ester form of drug attached to fatty acid chain
- Made in sesame oil
- May cause injection site pain

## Microspheres

- Risperidone (Risperdal Consta<sup>®</sup>, Rykindo<sup>®</sup>)
- Active drug encapsulated in microspheres
- Multiphasic release
- Refrigeration required



# Aqueous Suspensions

Risperidone  
injections

Paliperidone  
palmitate  
injections

Aripiprazole  
injections

Olanzapine  
pamoate

# Haloperidol and Fluphenazine Decanoate



Brand	Generic	Route	PO Conversion	Dosing Range	
Haldol Decanoate	haloperidol decanoate (50 mg/1 mL, 100 mg/1 mL)	IM (gluteal or deltoid)	Depends on PO dose and severity of symptoms 10-20x PO dose	50-400 mg	
Prolixin Decanoate	fluphenazine decanoate (25 mg/1 mL)		1.25 x PO dose	12.5-100 mg	<b>Q2-3</b> weeks

Haloperidol Decanoate Injection [package insert].  
Fluphenazine Decanoate Injection [package insert].

# Haloperidol and Fluphenazine Decanoate

- Avoid in those with sesame allergies
  - Storage: protect from light
  - Use Z-track administration technique
  - 21G needle
  - Monitor for extrapyramidal symptoms, blood pressure
- Haloperidol
    - Maximum first injection dose= 100 mg
    - Conventional dosing: 10-15x PO dose (doses of  $\leq 10$  mg)
    - Loading dose strategies:
      - 20x PO dose
      - 10x PO weekly x 4 weeks, then 20 x PO Q4weeks

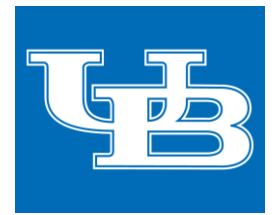
# Aripiprazole Injections

- For those stabilized on aripiprazole
- Aripiprazole monohydrate
- Aripiprazole lauroxil (loading dose)
- Aripiprazole lauroxil
- Aripiprazole extended-release ( recently approved in 2023)

# Aripiprazole LAIs

Brand	Generic	Route	Dosing
Abilify Maintena	aripiprazole monohydrate (300 mg, 400 mg, vial/syringe)	IM (Deltoid or Gluteal)	400 mg + 14 days oral overlap
Asimtufi®	Aripiprazole (720 mg, 960 mg pre- filled syringe)	IM (Gluteal)	10-20 mg PO aripiprazole= 960 mg Q2 months + 14 days oral overlap





# Aripiprazole LAIs

Brand	Generic	Route	Dosing	
Aristada Initio	aripiprazole lauroxil (pre-filled syringe)	IM (Deltoid or Gluteal)	Administer 675 mg x 1 + one 30 mg dose of oral aripiprazole in conjunction with the first injection	
Aristada	aripiprazole lauroxil extended- release (pre-filled syringes)	IM (Gluteal only except 441 mg dose)*	10 mg 15 mg  20-30mg	441 mg Q4 Weeks 662 mg Q4 Weeks 882 mg Q6 Weeks 1064 Q8 Weeks 882 mg Q4 Weeks + 21 days oral overlap

Aristada Initio Injection [package insert]. Waltham, MA: Alkermes, Inc.; February 2020.

Aristada [package insert]. Waltham, MA: Alkermes, Inc.; February 2020.

# Aripiprazole and Drug Interactions

- Metabolism through cytochrome P450 (CYP) 2D6 and 3A4
- Consult manufacturer labeling
  - Strong CYP3A4 inhibition/induction
  - Strong CYP2D6 inhibition
  - Known CYP2D6 poor metabolizers

# Risperidone LAIs

Brand	Generic	Route	Dosing	Oral Overlap
Risperdal Consta	risperidone microspheres (12.5 mg, 25 mg, 37.5 mg, 50 mg, reconstitute with 2 mL diluent, refrigerate)	IM (gluteal or deltoid)	Range: 12.5-50 mg Q 2 weeks 1 mg PO/day=12.5 mg Q2 weeks 2-3 mg PO/day=25 mg IM Q2 weeks 3-5 mg PO/day=37.5 mg Q2 weeks 4-5 mg PO/day: 50 mg Q2weeks	21 days
Rykindo	risperidone microspheres (12.5 mg, 25 mg, 37.5 mg, 50 mg)	IM (gluteal)	25 -50 mg IM Q2 weeks	7 days

# Risperidone LAIs

Brand	Generic	Route	Dosing	Oral Overlap
Perseris	risperidone extended-release (90 mg, 120 mg)	SQ (abdomen)	3 mg PO/day= 90 mg Q4 weeks 4 mg PO/day= 120 mg Q4 weeks	None
Uzedy	risperidone (50, 75, 100, 125, 150, 200, 250 mg pre-filled syringes)	SQ (abdomen/ Upper arm)	2 mg= 50 mg Qmonth or 100 mg Q2months 3 mg= 75 mg Qmonth or 150 mg Q2months 4 mg= 100 mg Qmonth or 200 mg Q2months	None

# Storage and Preparation

Brand	Refrigeration (Y/N)	Protect from Light (Y/N)	Reconstitution (Y/N)
Risperdal Consta	Y (7 days maximum, room temperature)	N	Y (maximum storage of 6 hours after suspended)
Rykindo		N	Y
Perseris	Y (30 days maximum, room temperature)	N	Y (reconstitute powder, use immediately)
Uzedy	Y	Y	N

Risperdal Consta® [package insert]. Titusville, NJ: Janssen Pharmaceuticals, Inc.; January 2020.

Rykindo® [package insert]. Shandong Luye Pharmaceutical Co., Ltd; January 2023.

Perseris® [package insert]. North Chesterfield, VA: Indivior, Inc.; December 2019.

Uzedy™ [package insert]. Parsippany, NJ: Teva Neuroscience, Inc., 2023.

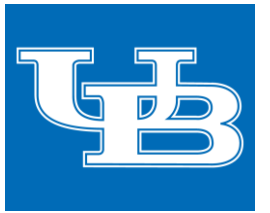
# Paliperidone Injections

★ Paliperidone  
Palmitate Q1  
month (PP1M)

Paliperidone  
Palmitate Q6  
months (PP6M)

Paliperidone  
Palmitate Q3  
months (PP3M)





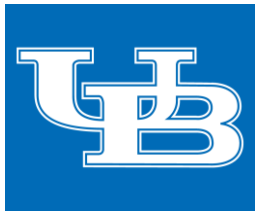
# PP1M

Brand	Generic	Route	Dosing	Oral Overlap
Invega Sustenna	paliperidone palmitate (protect from light)	IM (Deltoid-initiation, Deltoid/gluteal-maintenance)	<p>Normal renal function</p> <p><u>Initiation:</u> 234 mg x 1 dose on day 1, then 156 mg x 1 dose on day 4-8</p> <p><u>Maintenance:</u> dose dependent on oral dose:                      Paliperidone 3 mg PO= 39-78 mg monthly                      Paliperidone 6 mg PO= 117 mg monthly                      Paliperidone 9 mg PO= <b>156 mg monthly</b>                      Paliperidone 12 mg PO= <b>234 mg monthly</b></p>	None

# Paliperidone Palmitate Use in Renal Dysfunction

- Modified initiation dosing regimen for CrCl 50-80 mL/min: 156 mg x 1 dose on day 1, 78 mg x 1 dose on day 4-8
- PP1M/PP3M use not recommended with CrCl < 50 mL/min
- PP6M use not recommended with CrCl < 90 mL/min
- Monitor serum creatinine and for EPS





## Transitioning to PP3M and PP6M

May consider initiating after 4 PP1M injections or 1 PP3M injection

- PP6M administered via gluteal injection only

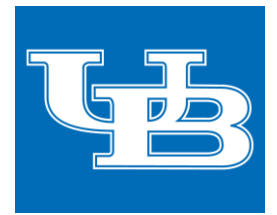
PP1M Equivalent	PP3M Equivalent	PP6M Equivalent
78 mg	273 mg	--
117 mg	410 mg	--
156 mg	546 mg	1092 mg
234 mg	819 mg	1560 mg

# Olanzapine Pamoate

Brand	Generic	Route	Dosing				Oral Overlap
Zyprexa Relprevv	olanzapine pamoate (210 mg, 300 mg, 405 mg)	IM (Gluteal)	Olanzapine PO	First 8 weeks	After 8 weeks	Dosing Interval	None
			10 mg/day	210mg	150 mg	Q2 weeks	
			10 mg/day	405 mg	300 mg	Q4 weeks	
			15 mg/day		210 mg	Q2 weeks	
			15 mg/day	300mg	405 mg	Q4 weeks	
			20 mg/day	300mg	300mg	Q2 weeks	

# Risk of Post-injection Delirium Sedation Syndrome (PDSS) with Olanzapine Pamoate

- Constellation of symptoms including oversedation and delirium
  - Mimics olanzapine overdose
- FDA Risk Evaluation and Mitigation Strategy (REMS) program
  - Certified healthcare facilities and providers may administer only
  - Patients and pharmacies must be enrolled
  - Mandatory 3-hour monitoring period post-injection
  - Mandatory post-injection documentation



# Early, Missed, or Late LAI Doses

- Patients frequently miss scheduled doses
- Consult package insert
  - Most will have explicit instructions on management

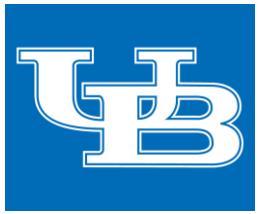
**Table 3: Management of a Missed Maintenance Dose**

TIMING OF MISSED MAINTENANCE DOSE	DOSING
4 to 6 weeks since last injection	Resume regular monthly dosing as soon as possible at the patient's previously stabilized dose, followed by injections at monthly intervals.
More than 6 weeks to 6 months since last injection	Resume the same dose the patient was previously stabilized on (unless the patient was stabilized on a dose of 234 mg, then the first 2 injections should each be 156 mg) in the following manner: <ol style="list-style-type: none"> <li>1. Administer a deltoid injection as soon as possible.</li> <li>2. Administer a second deltoid injection 1 week later at the same dose.</li> <li>3. Thereafter, resume administering the previously stabilized dose in the deltoid or gluteal muscle 1 month after the second injection.</li> </ol>
More than 6 months since last injection	Restart dosing with recommended initiation (see Section 2.2, Table 1): <ol style="list-style-type: none"> <li>1. Administer a 234 mg deltoid injection on Day 1.</li> <li>2. Administer a 156 mg deltoid injection 1 week later.</li> <li>3. Thereafter, resume administering the previously stabilized dose in the deltoid or gluteal muscle 1 month after the second injection.</li> </ol>

# Administration

- Most LAIs are available in a kit and/or with pre-filled syringes
  - Use syringes provided only
- Carefully follow instructions
  - Preparation
  - Reconstitution
  - Manufacturer websites contain videos or graphics to assist

# **New York's Psychotropic LAI Legislation & What it Means for Pharmacists**



# Overview

- 2022 Legislation
- Psychotropic Long-acting Medications and NY Law
- 2023 Amendment
- Training & Implementation

# Objectives

1. Discuss New York's legislation regarding pharmacist administration of long-acting injectable (LAI) psychotropic medications.
2. Outline the process for administering LAIs in a practice setting.
3. Discuss the location, room, and supplies needed for administering LAIs in a practice setting.



# Background

- NY is 1 of only 14 States that don't allow pharmacists to administer Long-Acting Injectable Antipsychotics (LAIs).
- Patients with mental illness struggle with adherence which contributes to high rates of readmission and/or recidivism.
- There is a need for improved access to treatment for mental health and substance use disorders; this includes LAIs that improve adherence.

## 2022 Legislation:

*A licensed pharmacist within their lawful scope of practice may administer injectable medications into the deltoid muscle, pursuant to section six thousand eight hundred two of this article, for the treatment of mental health and substance use disorder, as prescribed or ordered by a licensed prescriber, acting within their scope of practice in this state and in accordance with regulations, including but not limited to regulations promulgated by the commissioner in consultation with any other state agencies, as necessary.*

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## 2022 Legislation Continued...

Such activity is conducted in accordance with regulations, promulgated or adopted by the commissioner, in consultation with the department of health and any other state agencies, as necessary, which shall include requirements for the following:

**Training accredited by the accreditation council for pharmacy education**, that may include **educational experiences** obtained through pharmacy school curricula, or a similar health authority or professional body appropriate for the medications being administered and their respective patient populations. Such **training must be satisfactory to the commissioner and the department of health, in consultation with the board of pharmacy and any other state agencies, as necessary, which shall include, but not be limited to learning modules on techniques for administration by injections, indications, precautions, and contraindications in the use of agent or agents; record keeping and information; and handling emergencies, including anaphylaxis, needle-sticks and cardiopulmonary resuscitation**

# Psychotropic Long-Acting Injectable Products

## First Generation Products

- Fluphenazine decanoate
- Haloperidol decanoate

## Aripiprazole Products

- Abilify Maintena®
- Abilify Asimtufii®
- Aristada®
- Aristada Initio®

## Olanzapine Product

- Zyprexa® Relprevv™

## Paliperidone Products

- Invega Sustenna®
- Invega Trinza®
- Invega Hafyera™

## Risperidone Products

- Risperdal Consta®
- Perseris®
- Rykindo®
- Uzedy™

## Naltrexone Product

- Vivitrol®

## Buprenorphine Products

- Sublocade®
- Brixadi™

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- ~~Uzedy™~~

## Naltrexone Product

- Vivitrol®

## Buprenorphine Products

- Sublocade®
- ~~Brixadi™~~

Current law allows RPhs  
to administer 10/17  
products

## 2023 Amendment: Bill A06779

- Waiting to be signed by the Governor.
- Removes restriction of deltoid muscle only.
- Clarifies no standing orders.
- Removes strict oversight of training.
- Clarifies notification requirements.

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## Naltrexone Product

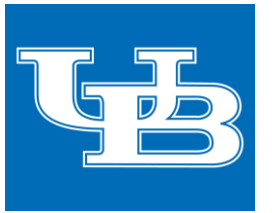
- Vivitrol®

## Buprenorphine Products

- Sublocade®
- Brixadi™

Amendment would allow RPh  
administration of 16/17 products

\*\*\*3-hours monitoring in REMS registered  
facility w/ access to ER services



## 2023 Amendment: Bill A06779

2 paragraph b of subdivision 22 of section 6802 of the education law, as  
3 amended by chapter 5 of the laws of 2023, are amended to read as  
4 follows:

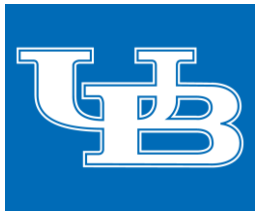
5 The injection of medications [~~into the deltoid muscle~~] for the treat-  
6 ment of mental health and substance use disorder, as prescribed or  
7 ordered by a licensed prescriber, acting within the scope of their prac-  
8 tice in this state and in accordance with regulations promulgated by the  
9 commissioner, in consultation with the department of health and any  
10 other state agencies as necessary, provided that:

11 (1) Such administration is conducted pursuant to a valid patient-spe-  
12 cific prescription or patient-specific order that authorizes a pharma-  
13 cist to administer medications approved by the U.S. Food and Drug Admin-  
14 istration for the treatment of mental health and substance use disorder  
15 [~~and the~~]. The pharmacist [~~notifies~~] shall notify the licensed prescri-  
16 ber that the administration is complete within five days and shall  
17 convey such information to the prescriber by making an entry into an  
18 interoperable electronic medical records system, an electronic prescrib-  
19 ing technology or a pharmacy record, or by using facsimile, electronic  
20 transmission or other electronic means. If an electronic means described  
21 in this subparagraph is not available to the pharmacist at the time of  
22 communication, the pharmacist or pharmacist's designee may communicate

EXPLANATION--Matter in italics (underscored) is new; matter in brackets  
[-] is old law to be omitted.

LBD10677-07-3



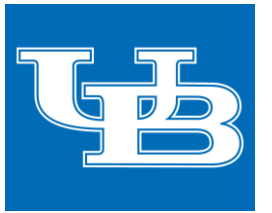


## 2023 Amendment: Bill A06779

A. 6779--A

2

the information by telephone. Notification shall also be required if a patient does not receive an administration or if the patient experiences any side effects or adverse reactions to the medications. Administration in a pharmacy [~~may~~] shall not commence until after the patient has received the initial injection and is considered eligible for maintenance treatment by the licensed prescriber.



# 2023 Amendment Bill A06779

11 (i) ~~[Training accredited by the accreditation council for pharmacy~~  
12 ~~education, that may include educational experiences obtained through~~  
13 ~~pharmacy school curricula, or a similar health authority or professional~~  
14 ~~body appropriate for the medications being administered and their~~  
15 ~~respective patient populations. Such training must be satisfactory to~~  
16 ~~the commissioner and the department of health, in consultation with the~~  
17 ~~board of pharmacy and any other state agencies, as necessary, which~~  
18 ~~shall include, but not be limited to learning modules on techniques for~~  
19 ~~administration by injections, indications, precautions, and contraindi-~~  
20 ~~cations in the use of agent or agents; record keeping and information;~~  
21 ~~and handling emergencies, including anaphylaxis, needle sticks and~~  
22 ~~cardiopulmonary resuscitation.~~  
23 ~~(ii)]~~ Maintaining continued competency regarding the populations  
24 served and medications administered.  
25 ~~[(iii)]~~ (ii) Pre-administration patient consent and education regard-  
26 ing common side effects, drug interactions, injection site reactions and  
27 other information routinely provided to patients upon dispensing. If a  
28 patient is unable to provide consent, the pharmacist must obtain consent  
29 from a person legally responsible when the recipient is incapable of  
30 consenting.  
31 ~~[(iv)]~~ (iii) When administering an injection in a pharmacy, the phar-  
32 macist shall provide an area for the injection that provides for the  
33 patient's privacy.  
34 ~~[(v) Record keeping and reporting of such administration by electronic~~  
35 ~~transmission or facsimile to the patient's licensed prescriber, and, to~~  
36 ~~the extent practicable, make himself or herself available to discuss the~~  
37 ~~outcome of such injection, including any adverse reactions, with the~~  
38 ~~licensed prescriber acting within their scope of practice.~~

# Great Resource on LAIs: AAPP.org

## Psychotropic Long-Acting Injectable (LAI) Training Program



### Expanding Access to Mental Health Care

#### LAI Training Program

LAI Resources: Pocket Guide, Videos,  
Administrative Toolkit

Introduction to LAIs and Patient Selection

Antipsychotic LAI Pharmacology and Dosing

Antipsychotic LAI Preparation,  
Administration, and Storage

Antipsychotic LAI Adverse Effects, Mitigation  
Strategies, and Monitoring

Substance Use Disorder LAIs: Naltrexone and  
Buprenorphine

Building a LAI Practice

Certificate of Completion

#### Psychotropic LAI Training Program

##### Expand Access to LAIs, Expand Care

Pharmacists can play an instrumental role in the administration of psychotropic long-acting injectable (LAI) medications (antipsychotics, naltrexone, buprenorphine) but may lack the training needed to perform this important service. This multi-faceted, on demand educational activity aims to reduce barriers and increase patient access to LAIs through a universal training program that includes, but is not limited to, appropriate patient selection, LAI preparation and administration techniques, and insights into methods to engage a patient population with serious mental illness.

##### Disclosure on State Training Requirements

The ability of a pharmacist to administer injectable medications is based on individual state regulations. Each state has its own unique LAI training requirements. Please review the regulations for the state you practice in to determine whether the program meets your needs and whether additional training beyond this program is required prior to administering LAI medications to patients.

#### Access LAI Toolkits/Resources

 LAI Pocket Guide

 LAI Administration Videos

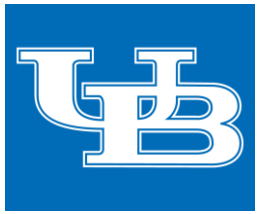
 LAI Administrative Toolkit

**Sign in to register for all FREE!**



# Great Resource on LAIs: [SMIAdvisor.org/about/lai](https://SMIAdvisor.org/about/lai)





# Implementation

## First Steps: Get Trained

- New legislation loosens restrictions on training and competency.
- Learn how to store, prepare, and administer LAIs. A lot different than vaccines.
- LAI administration requires different injection techniques...
  - Aspiration: Ensures needle tip is in the desired location
  - Z-track injection: Avoids leakage
  - Gluteal muscle: Allows for larger volume

# Develop Compliant Policies Procedures

- Appointment only vs walk-ins.
- Physical space: room vs partition vs curtain
- Documentation and communication with patient and provider.\*
- LAI storage and handling.
- Patient monitoring and emergency protocol.
- Strongly encourage use of a chaperone for gluteal injections.

## Supplies Needed

- Alcohol swabs
- Gauze pads
- Adhesive bandage
- FGA: 3mL syringes, 21g 1" and 1.5" needles
- Disposable gloves
- Most newer LAIs come in prefilled syringes



## Supplies Needed

- Refrigerator space
  - Risperdal Consta and Vivitrol require refrigeration.
- Sharps container
- Patient education materials
- Forms to document consent, administration site, reaction, etc.
- Emergency Kit
- Sanitizer/Sink

## Suggested Workflow

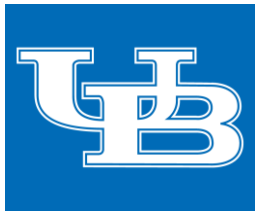
1. Confirm/schedule patient appointment
2. Identify area for injection
3. Greet patient and explain your role
4. Confirm patient's readiness to receive their injection (sign consent)
5. Inform the patient that you'll prepare the injection and return
6. Explain where the injection will be administered
7. Prepare and administer the injection
8. Observe for 15 minutes (may vary based on medication)
9. Schedule next appointment
10. Inquire about next appointment with patient's provider
11. Document injection and send communication to provider (5 days)

## Billing

Pharmacists will need to work with their pharmacy software company or billing service to establish the infrastructure necessary to bill for LAI administration.

Many third-party payers provide coverage for administration of LAIs

- Medicaid
- Medicare Part D
- Private Insurance
- Pharmaceutical Companies\*



## Become a Care Center

- [Aristada.com/Find-Provider](https://www.aristada.com/Find-Provider)
- [OtsukaPatientSupport.com/Abilify-Mainten](https://www.otsuka.com/PatientSupport.com/Abilify-Mainten)
- [JanssenConnectLocator.com](https://www.janssen.com/ConnectLocator.com)
- [Sublocade.com/Find-A-Treatment-Provider](https://www.sublocade.com/Find-A-Treatment-Provider)

## Kendra's Law

- Established Assisted Outpatient Treatment (AOT) programs for counties.
- Court ordered treatment and supervision for outpatients w/ a history of violence toward themselves or others.
- Legally compels patients to receive and accept treatment; including medications such as LAIs.

## Kendra's Law

- AOT programs vary by county.
- Some patients in AOT will be maintained on LAIs.
- Contact your county's AOT.

## Assessment Question 1:

The current law in NYS allows pharmacists to administer the first dose of an LAI medication to a patient with a mental health or substance use disorder, provided they have a patient-specific prescription from a provider.

True or False?

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The current law in NYS allows pharmacists to administer the first dose of an LAI medication to a patient with a mental health or substance use disorder, provided they have a patient-specific prescription from a provider.

True or **False**?





## Assessment Question 2:

Under the new amendment, how long do pharmacists have to notify a provider if a patient misses their injection?

- A. 24 hours
- B. 3 days
- C. 7 days
- D. 5 days

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Each medication has different requirements for management of missed doses and grace period.

Might want to notify sooner in some cases.

# Assessment Question 3

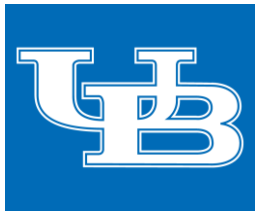
Which of the following LAIs require SQ administration?

- A. Risperidone extended-release
- B. Olanzapine pamoate
- C. Haloperidol decanoate
- D. Aripiprazole monohydrate

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# Long-Acting Injectable Antipsychotics and the Impact of Legislation Expanding Pharmacist Roles

October 17<sup>th</sup>, 2023

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