

Long-Acting Injectable (LAI) Dosing Chart

Drug	FDA-Approved Indications	Dosing	Earliest Time to Next Dose	Missed Dose																																				
<p>ABILIFY MAINTENA® (aripiprazole)¹</p> <p>Dosage Forms 300 mg and 400 mg pre-filled syringe or single-use vial</p>	<ul style="list-style-type: none"> Schizophrenia Maintenance Monotherapy of Bipolar 1 Disorder 	<p>Initiation 400 mg IM q month + aripiprazole 10-20 mg PO daily x14 days OR if stable on another PO antipsychotic, + overlap x14 days</p> <p>Maintenance 400 mg IM q month</p> <p>Dose Adjustments Adverse reactions or known CYP2D6 poor metabolizers: 300 mg IM q month</p>	<p>No sooner than 26 days after last injection</p>	<p>If 2nd or 3rd dose missed:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d9ead3;"> <th style="width: 50%;">Timing of Missed Dose</th> <th style="width: 50%;">Dosing</th> </tr> </thead> <tbody> <tr> <td>>4 weeks and <5 weeks</td> <td>• Administer missed dose ASAP.</td> </tr> <tr> <td>>5 weeks</td> <td>• Restart next injection with oral aripiprazole x 14 days.</td> </tr> </tbody> </table> <p>If 4th or subsequent doses missed:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d9ead3;"> <th style="width: 50%;">Timing of Missed Dose</th> <th style="width: 50%;">Dosing</th> </tr> </thead> <tbody> <tr> <td>>4 weeks and <6 weeks</td> <td>• Administer missed dose ASAP.</td> </tr> <tr> <td>>5 weeks</td> <td>• Restart next injection with oral aripiprazole x 14 days.</td> </tr> </tbody> </table>	Timing of Missed Dose	Dosing	>4 weeks and <5 weeks	• Administer missed dose ASAP.	>5 weeks	• Restart next injection with oral aripiprazole x 14 days.	Timing of Missed Dose	Dosing	>4 weeks and <6 weeks	• Administer missed dose ASAP.	>5 weeks	• Restart next injection with oral aripiprazole x 14 days.																								
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<p>ARISTADA INITIO®, ARISTADA® (aripiprazole lauroxil)^{2,3}</p> <p>Dosage Forms ARISTADA INITIO® 675 mg pre-filled syringe ARISTADA® 441 mg, 662 mg, 882 mg, 1064 mg pre-filled syringe</p>	<ul style="list-style-type: none"> Schizophrenia 	<p>Initiation Option #1: ARISTADA INITIO® 675 mg IM x1 dose + aripiprazole 30 mg PO x1 dose + first dose of *ARISTADA® IM (441 mg, 662 mg, 882 mg, or 1064 mg) <i>*first dose of ARISTADA® may be given together or within 10 days*</i></p> <p>Option #2: first dose of ARISTADA® IM (441 mg, 662 mg, 882 mg, or 1064 mg) + overlap with aripiprazole PO x21 days</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d9ead3;"> <th style="width: 30%;">First ARISTADA® IM Dose</th> <th style="width: 70%;">Added with aripiprazole PO Dose x21 days</th> </tr> </thead> <tbody> <tr> <td>441 mg q month</td> <td>10 mg/day</td> </tr> <tr> <td>662 mg q month</td> <td>15 mg/day</td> </tr> <tr> <td>882 mg q 6 weeks</td> <td></td> </tr> <tr> <td>1064 mg q 2 months</td> <td></td> </tr> <tr> <td>882 mg qmonth</td> <td>≥20 mg/day</td> </tr> </tbody> </table> <p>Maintenance 441 mg q month 662 mg q month 882 mg q month or q6 weeks 1064 q 2 months</p>	First ARISTADA® IM Dose	Added with aripiprazole PO Dose x21 days	441 mg q month	10 mg/day	662 mg q month	15 mg/day	882 mg q 6 weeks		1064 mg q 2 months		882 mg qmonth	≥20 mg/day	<p>No sooner than 14 days after last injection</p>	<p>Management of a Missed Maintenance Dose</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d9ead3;"> <th style="width: 15%;">Last ARISTADA® Dose</th> <th colspan="3" style="width: 85%;">Time Since Last Injection</th> </tr> </thead> <tbody> <tr> <td>441 mg</td> <td>≤6 weeks</td> <td>>6 and ≤7 weeks</td> <td>>7 weeks</td> </tr> <tr> <td>662 mg</td> <td>≤8 weeks</td> <td>>8 and ≤12 weeks</td> <td>>12 weeks</td> </tr> <tr> <td>882 mg</td> <td>≤8 weeks</td> <td>>8 and ≤12 weeks</td> <td>>12 weeks</td> </tr> <tr> <td>1064 mg</td> <td>≤10 weeks</td> <td>>10 and ≤12 weeks</td> <td>>12 weeks</td> </tr> <tr> <td>Supplemental Dose</td> <td>No supplement required</td> <td>ARISTADA INITIO IM x1 dose</td> <td>ARISTADA INITIO IM x1 dose + aripiprazole 30 mg PO x1 dose</td> </tr> </tbody> </table>	Last ARISTADA® Dose	Time Since Last Injection			441 mg	≤6 weeks	>6 and ≤7 weeks	>7 weeks	662 mg	≤8 weeks	>8 and ≤12 weeks	>12 weeks	882 mg	≤8 weeks	>8 and ≤12 weeks	>12 weeks	1064 mg	≤10 weeks	>10 and ≤12 weeks	>12 weeks	Supplemental Dose	No supplement required	ARISTADA INITIO IM x1 dose	ARISTADA INITIO IM x1 dose + aripiprazole 30 mg PO x1 dose
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<p>HALDOL® (haloperidol decanoate)⁸</p> <p>Dosage Forms 50 mg/mL and 100 mg/mL single-dose vial; 500 mg/5 mL multi-dose vial</p>	<ul style="list-style-type: none"> Schizophrenia 	<p>Initiation</p> <table border="1"> <thead> <tr> <th>Patient</th> <th>Initial 1st Month</th> </tr> </thead> <tbody> <tr> <td>Low dose ≤10 mg/day, elderly or debilitated</td> <td>10-15x daily PO dose given IM x1 dose</td> </tr> <tr> <td>High dose, risk of relapse, or tolerant to oral haloperidol</td> <td>20x daily PO dose given IM x1 dose</td> </tr> </tbody> </table> <p>Initial dose should not exceed 100 mg regardless of previous dose requirement. If conversion requires >100 mg, administer in 2 doses: 100 mg for the 1st injection and the remainder of the dose as a 2nd injection in 3-7 days.</p> <p>Maintenance 10-15x daily PO dose given IM q4 weeks</p> <p>Dose may be titrated in 50 mg increments every 4 weeks to desired clinical response. Clinical experience with doses >450 mg is limited.</p>	Patient	Initial 1 st Month	Low dose ≤10 mg/day, elderly or debilitated	10-15x daily PO dose given IM x1 dose	High dose, risk of relapse, or tolerant to oral haloperidol	20x daily PO dose given IM x1 dose	<p>No recommendations in package insert</p> <p>No sooner than 4 weeks</p>	<p>No recommendations in package insert</p> <p>Suggested Approach for Missed Doses¹⁰</p> <table border="1"> <tbody> <tr> <td>Steady state not reached (<3 months of therapy) OR >6 to 12 weeks since last dose</td> <td> <ul style="list-style-type: none"> Administer missed dose ASAP. Provide PO antipsychotic supplementation if sx re-occur. Monitor closely for AEs around Day 6 (time to peak concentration) </td> </tr> <tr> <td>Steady state reached (3-4 months of therapy) and ≤6 weeks since last injection</td> <td>Administer missed dose ASAP.</td> </tr> <tr> <td>≥13 weeks since last injection</td> <td> <ul style="list-style-type: none"> Stabilize on PO antipsychotic Re-initiate haloperidol decanoate </td> </tr> </tbody> </table>	Steady state not reached (<3 months of therapy) OR >6 to 12 weeks since last dose	<ul style="list-style-type: none"> Administer missed dose ASAP. Provide PO antipsychotic supplementation if sx re-occur. Monitor closely for AEs around Day 6 (time to peak concentration)	Steady state reached (3-4 months of therapy) and ≤6 weeks since last injection	Administer missed dose ASAP.	≥13 weeks since last injection	<ul style="list-style-type: none"> Stabilize on PO antipsychotic Re-initiate haloperidol decanoate 										
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Drug	FDA-Approved Indications	Dosing	Earliest Time to Next Dose	Missed Dose						
PROLIXIN® (fluphenazine decanoate) ⁹ Dosage Forms 25 mg/mL (5 mL) multi-dose vial	<ul style="list-style-type: none"> Schizophrenia 	<p>Initiation 1.25x PO daily dose given IM/SQ q 3 to 6 weeks</p> <p>Maintenance Dose may be titrate in 12.5 to 25 mg increments q 3 to 6 weeks to clinical response up to max of 100 mg/dose</p> <p>Dose Adjustments Elderly and debilitated: lower initial dose and slower titration recommended</p>	<p>No package insert recommendations</p> <p>No sooner than 3 weeks</p>	<p>No recommendations in package insert</p> <p>Suggested Approach for Missed Doses¹⁰</p> <table border="1"> <tr> <td>Steady state not reached (<4 weeks of therapy) OR >6 to 24 weeks since last dose</td> <td> <ul style="list-style-type: none"> Administer missed dose ASAP. Provide PO antipsychotic supplementation if sx re-occur Monitor closely for AEs within 24 hours (time to peak concentration) </td> </tr> <tr> <td>Steady state reached (4-6 weeks) and ≤6 weeks since last injection</td> <td>Administer missed dose ASAP.</td> </tr> <tr> <td>≥24 weeks since last injection</td> <td> <ul style="list-style-type: none"> Stabilize on PO antipsychotic Re-initiate fluphenazine decanoate </td> </tr> </table>	Steady state not reached (<4 weeks of therapy) OR >6 to 24 weeks since last dose	<ul style="list-style-type: none"> Administer missed dose ASAP. Provide PO antipsychotic supplementation if sx re-occur Monitor closely for AEs within 24 hours (time to peak concentration) 	Steady state reached (4-6 weeks) and ≤6 weeks since last injection	Administer missed dose ASAP.	≥24 weeks since last injection	<ul style="list-style-type: none"> Stabilize on PO antipsychotic Re-initiate fluphenazine decanoate
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Drug	FDA-Approved Indications	Dosing	Earliest Time to Next Dose	Missed Dose
VIVITROL® (naltrexone) ¹¹ Dosage Forms 380 mg vial and syringe kit	<ul style="list-style-type: none"> Alcohol dependence Prevention of opioid dependence relapse 	<p>380 mg IM q 4 weeks</p> <p>Prior to initiating VIVITROL®, a minimum of 7-10 days opioid-free interval is recommended. Patients should not be actively drinking at the time of initiation.</p>	<p>No package insert recommendations</p> <p>No sooner than 4 weeks</p>	Administer missed dose ASAP.

References

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2. ARISTADA INITIO® [package insert]. Waltham, MA: Alkermes, Inc.; 2018.
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7. ZYPREXA RELPREVV® [package insert]. Indianapolis, IN: Eli Lilly & Co; 2018.
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9. Fluphenazine decanoate [package insert]. Chestnut Ridge, NY: Par Pharmaceutical; 2016.
10. Carpenter J, Wong K. Long-acting injectable antipsychotics: What to do about missed doses. *Current Psychiatry*. 2018; 17(7): 10-12,14-19,56.
11. VIVITROL® [package insert]. Waltham, MA: Alkermes, Inc.; 2018.