

PRESCRIPTION AUDITING OF THE 3 MONTHLY FORMULATION OF PALIPERIDONE PALMITATE IN ADULT PATIENTS WITH SCHIZOPHRENIA

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Background & Importance

The 3-monthly formulation of paliperidone palmitate (3MPP) was introduced to the Italian market in 2017 for the treatment of schizophrenia in adult patients. 3MPP is a useful treatment option for patients who are adequately treated with the 1-monthly formulation of paliperidone palmitate (PP), however may benefit from longer dosing intervals.



Figure 1. Schizophrenia

Aim & Objectives

To assess the appropriateness of 3MPP prescriptions and the effectiveness of treatment in our centre.

Material & Methods

Observational, retrospective study which included patients with a 3MPP prescription between January 2018 and July 2020.

The variables used to evaluate appropriateness were:

- the number of switches from PP to 3MPP,
- dosage and administration time.

The variables used to evaluate effectiveness were:

- interruption,
- dose variation,
- switch back to PP.

Data were extracted from an administrative database and collected in an Excel.

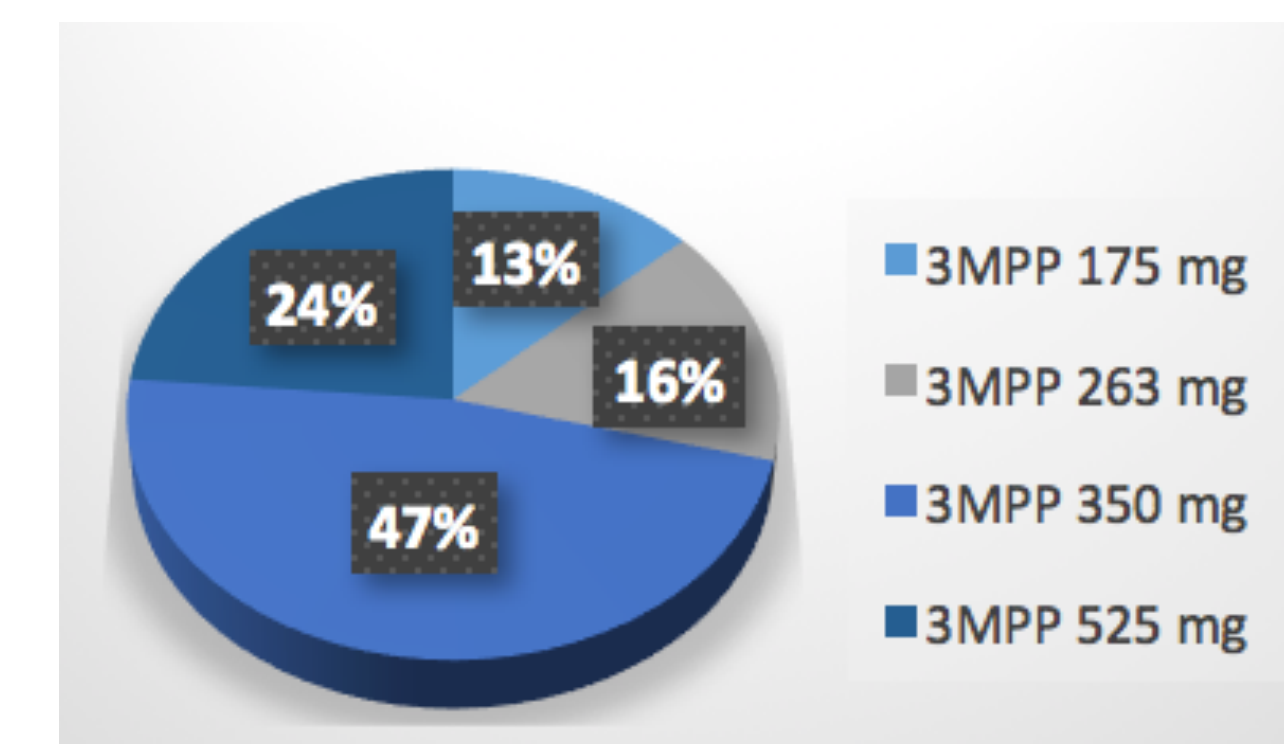
Results

Thirty-eight patients were included: 23 males (60.5%), mean age 50±14.

The dosages of 3MPP were: 175 mg in 5 patients (13.2%), 263 mg in 6 (15.8%), 350 mg in 18 (47.4%) and 525 mg in 9 (23.7%).

Patient characteristics	N°
N° patients	38
N° male (%)	23 (60.5%)
Mean age(years) ± SD	50±14

Table 1. Patient characteristics



Graph 1. Dosages of 3MPP

In 30 patients (78.9%), 3MPP prescription was appropriate. The number of switches were 35/38 (92.1%): three patients received a first prescription of 3MPP without a previous prescription of antipsychotic depot drugs from our centre. An appropriate dosage was selected in 33/35 patients (94.3%): one switched from PP 100 mg to 3MPP 263 mg and another from PP 150 mg to 3MPP 263 mg.

An appropriate administration time was selected in 35/38 patients (92.1%): one took the drug every 4 months and two patients received only one administration of 3MPP.

In total, six patients interrupted treatment (3 in 2019; 3 in 2020). Dose variation of 3MPP during treatment occurred for 2 patients: one switched from 3MPP 350 mg to 525 mg and the other from 3MPP 263 mg to 350 mg. Two patients returned to treatment with PP.

	PATIENTS N°/N° tot	%
Appropriate prescription	30/38	78.9%
Switch from PP to 3MPP	35/38	92.1%
Appropriate dosage of 3MPP	33/35	94.3%
Appropriate administration time of 3MPP	35/38	92.1%

Table 2. Appropriateness of prescribing



	PATIENTS N°/N° tot	%
Interruption of treatment	6/38	15.8%
Dose variation of 3MPP	2/38	5.3%
Switch back to PP	2/38	5.3%

Table 3. Effectiveness of treatment

Conclusion & Relevance

Most of 3MPP prescriptions were appropriate. This treatment has shown to be effective in this setting where clinical diagnosis and therapeutic choice are not simple and medication adherence is a clinical challenge. The intervention of the pharmacist by auditing prescriptions is important to further increase appropriate treatments in these patients.