

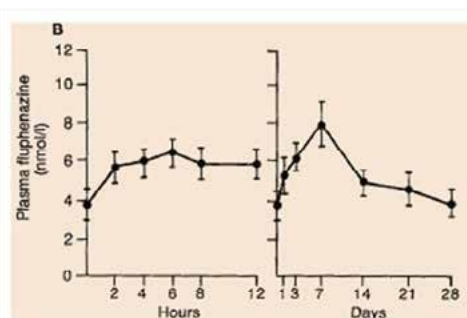
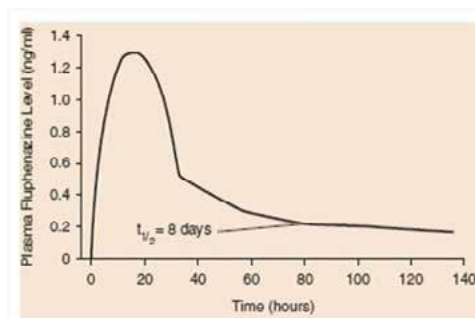
## Fact Sheet: Fluphenazine Decanoate

Drug:	Dosage	Tmax (Days)	T ½ (Days) Multiple Dosing	Loadable?
Fluphenazine Decanoate (sesame oil base)	12.5 - 100mg/2 weeks	.3 - 1.5	14	Yes

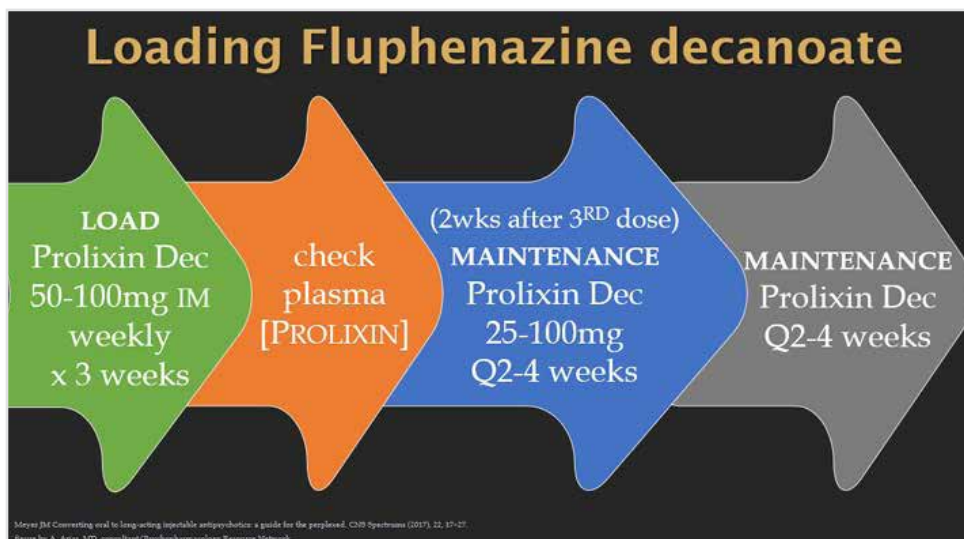
- A commonly prescribed FGA (potent D2 antagonist)
- No reliable formula for conversion from PO to depot, so **measure a plasma level**

IMPORTANTLY, a failure to load fluphenazine decanoate properly can lead to suboptimal outcomes:

- A need for a **prolonged course** of oral antipsychotic coverage
- Inadequate plasma antipsychotic levels when the oral regimen is withdrawn with **possible destabilization** of the patient



Figures 1&2. Fluphenazine dec has a bimodal pharmacokinetic peak, but its peak is relatively higher and may have more clinical significance than haloperidol decanoate's peak. The first peak occurs within 20-24 hours post-injection and is followed by a second, much lower peak at around Day 4.



Average expected plasma level = 0.08 to 0.10 x oral dose (mg/day)

Antipsychotic	Optimal trough plasma level	Trough plasma level for severe illness
Fluphenazine Decanoate	0.8 - 2 ng/ML	2.0 - 4.0 ng/ML

### References

1. DSH Psychotropic Medication Operational Procedures, Chapter 9. Depot Antipsychotic Medications.
2. Meyer JM Converting oral to long-acting injectable antipsychotics: a guide for the perplexed. CNS Spectrums (2017), 22, 17-27.

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