

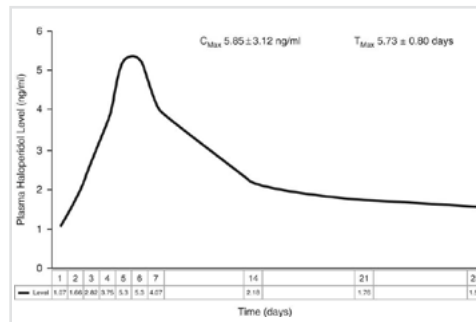
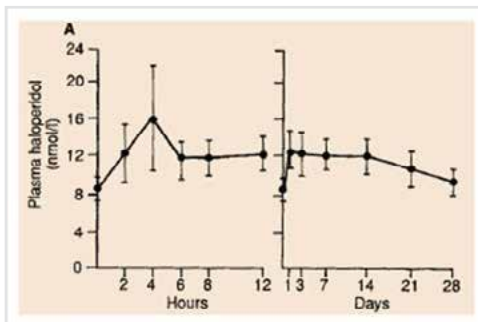
## Fact Sheet: Haloperidol Decanoate

Drug:	Dosage	Tmax (Days)	T ½ (Days) Multiple Dosing	Loadable?
Haloperidol Decanoate (sesame oil base)	25 - 300 mg/2-4 weeks [N.B. no more than 300 mg (or 3 mL) per syringe to avoid risk of sterile abscess]	3 - 9	21	Yes

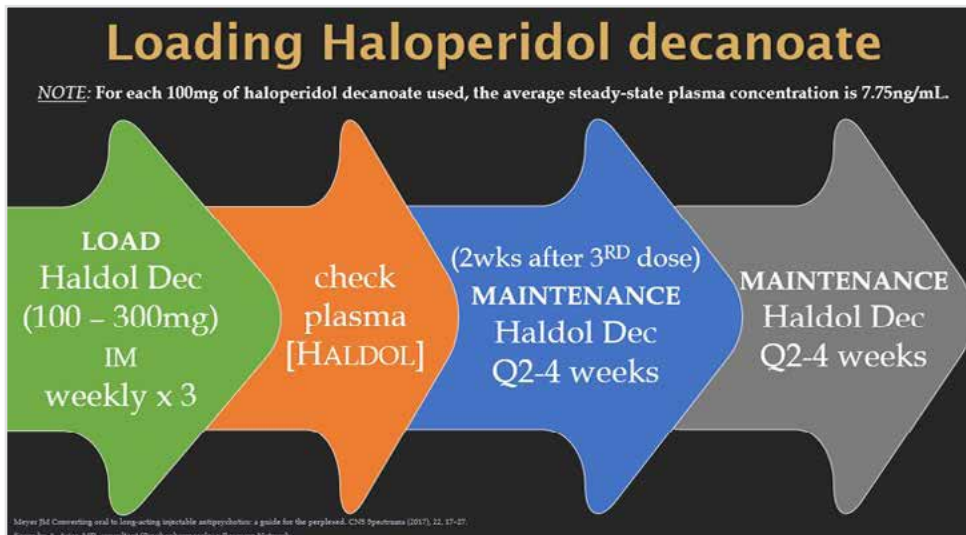
- Most commonly prescribed antipsychotic (potent D2 antagonist) worldwide
- If monthly maintenance does is > 300 mg, it should be halved and dosed ever 2 weeks

IMPORTANTLY, a failure to load haloperidol 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- Inadequate plasma antipsychotic levels when the oral regimen is withdrawn with **possible destabilization** of the patient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. Single-dose kinetic profile for haloperidol decanoate 100 mg has a bimodal peak with a very small peak first occurring approximately 4 hours post-injection and then gradually moving toward a more significant peak at about day 7.



Average expected plasma level = 0.78 x oral dose (mg/day)

Antipsychotic	Optimal trough plasma level	Trough plasma level for severe illness
Haloperidol Decanoate	2 - 10 ng/ML	10 - 18 ng/ML

### References

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

Funding for SMI CalAdviser was made possible by the State of California Department of State Hospitals (DSH) (the Department), but does not necessarily represent the views of the Department or any of its employees except to the extent, if any, that it has formally been approved by the Department.