

# EVOLUTION OF UTILIZATION AND COSTS OF LONG-ACTING INJECTABLE ANTIPSYCHOTICS IN OUTPATIENT CARE AT LISBON PSYCHIATRIC HOSPITAL (MARCH-MAY 2022 VS 2025)

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## OBJECTIVES

LAI.AP have demonstrated benefits in improving treatment adherence, preventing disease progression, reducing relapse rates, and enhancing social functioning.<sup>[1]</sup> Treatment choice is individualized based on clinical profile, response, tolerability, metabolism, formulation, and patient preference.<sup>[2]</sup> This study aims to evaluate the evolution of utilization patterns and costs of LAI.AP at the Lisbon Psychiatric Hospital, now part of the São José Local Health Unit, comparing data from March to May 2022 with the same period in 2025, and to identify pharmacoeconomic impacts related to prescription trends.

## METHODS

Utilization data for haloperidol, flupentixol, zuclopentixol, aripiprazole, risperidone, and paliperidone LAI were extracted from the hospital's medication management system and analyzed in Excel DDD/100 PP.LAI.AP and total costs (€) were calculated. The percentual contribution of each available formulation was also assessed.

LAI.AP: Long-acting injectable antipsychotics; 1stG: first generation; 2ndG: second generation; DDD/100 PP.LAI.AP: Defined Daily Doses per 100 patients prescribed with LAI.AP; INN: international nonproprietary name

## RESULTS



Figure 1 – 2022-2025 (utilization vs cost).

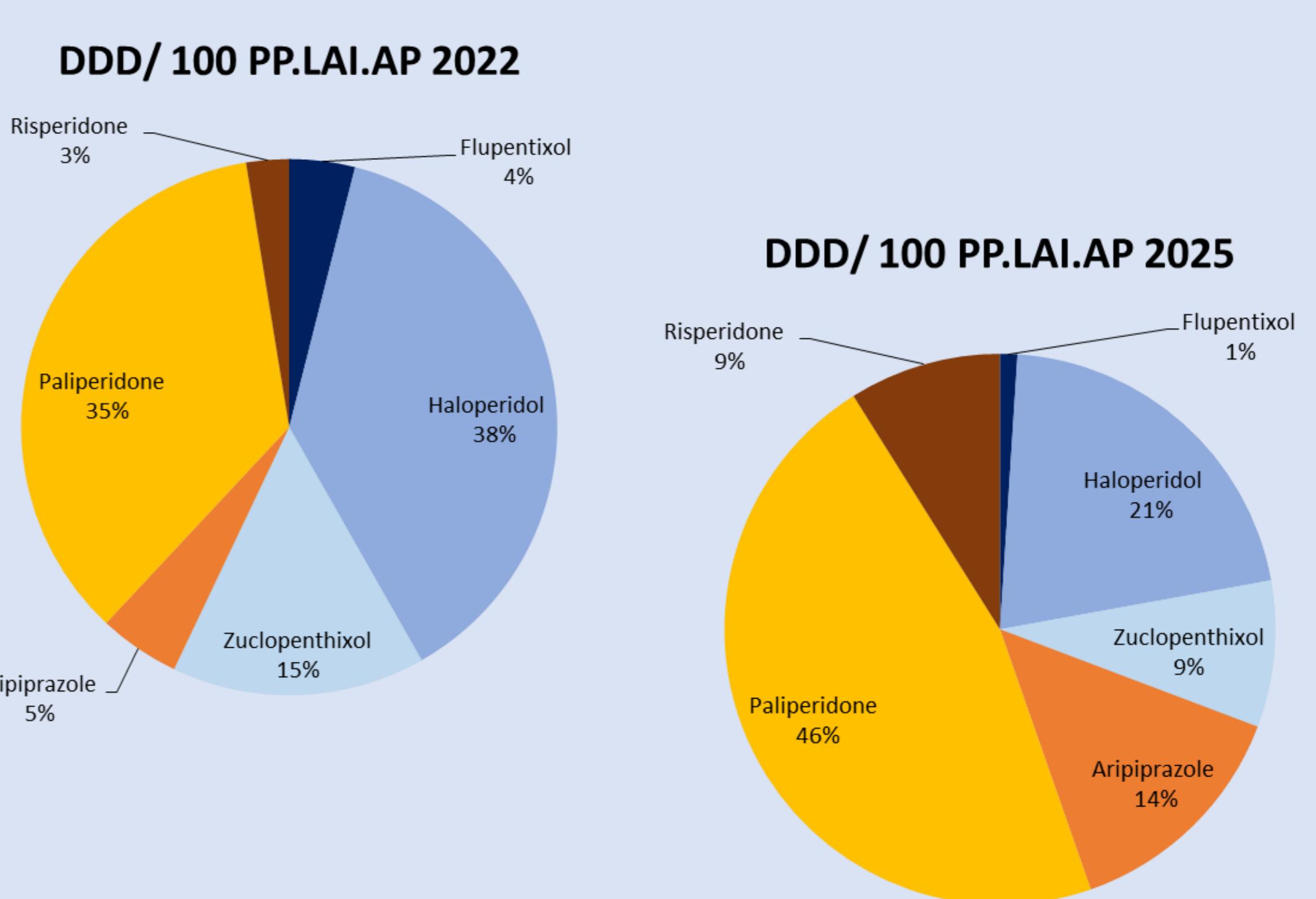


Figure 2-Comparison of the use of different INN in 2022-2025.

The reduction in DDD/100 PP.LAI.AP is mainly due to the lower use of first-generation AP, which were greatly prescribed above the standard DDD. Generally, LAI.AP.2ndG presentations are more expensive than LAI.AP.1stG.

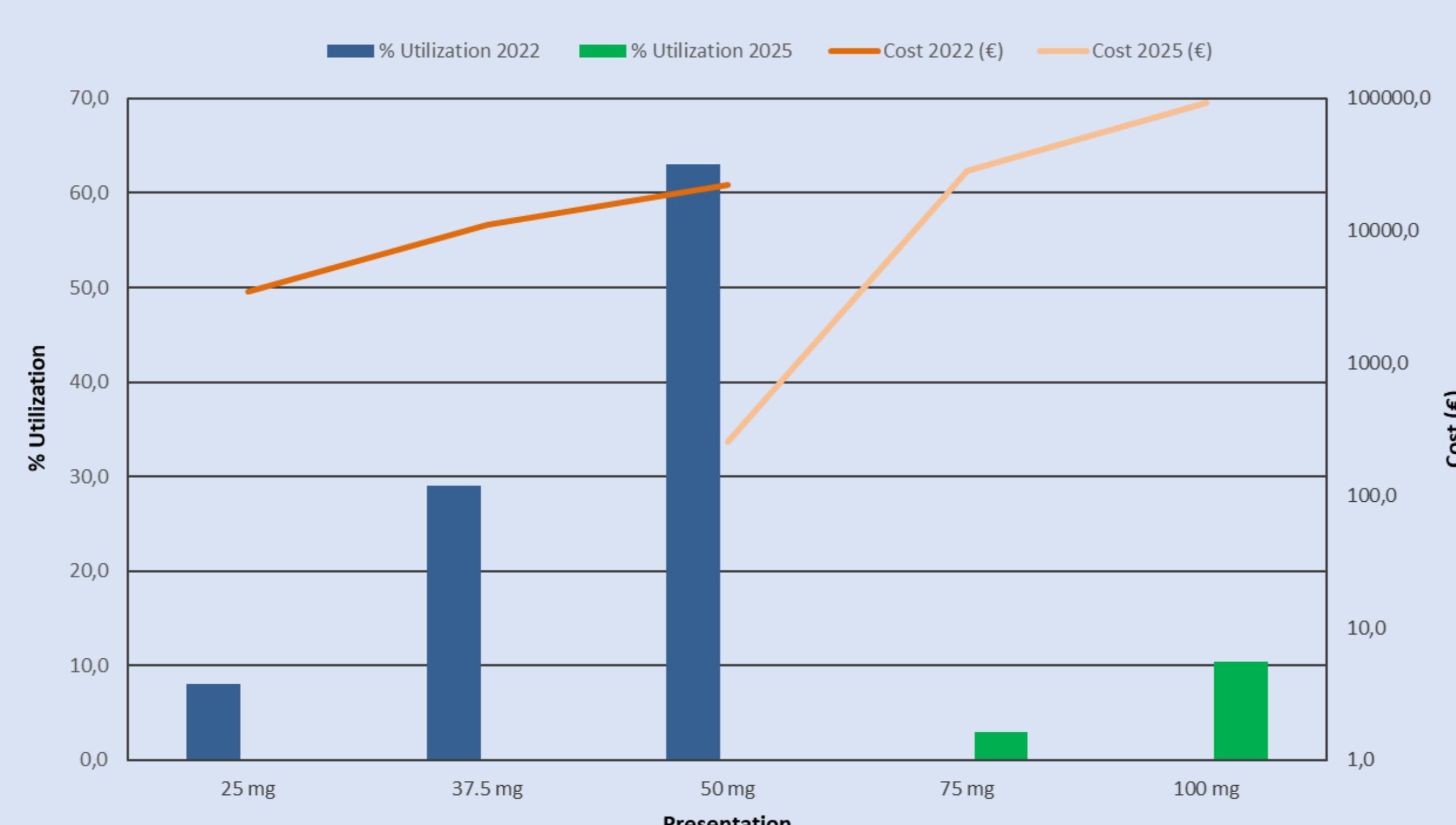


Figure 3- Comparison of % utilization and costs by presentation of risperidone (2022 vs 2025).

The biweekly risperidone presentation predominated in 2022, but by 2025, the monthly presentation became dominant, leading to a greater impact on costs. This shift was driven by supply shortages of lower-dose products and a growing preference for the newly introduced higher-dose and longer-acting formulations.

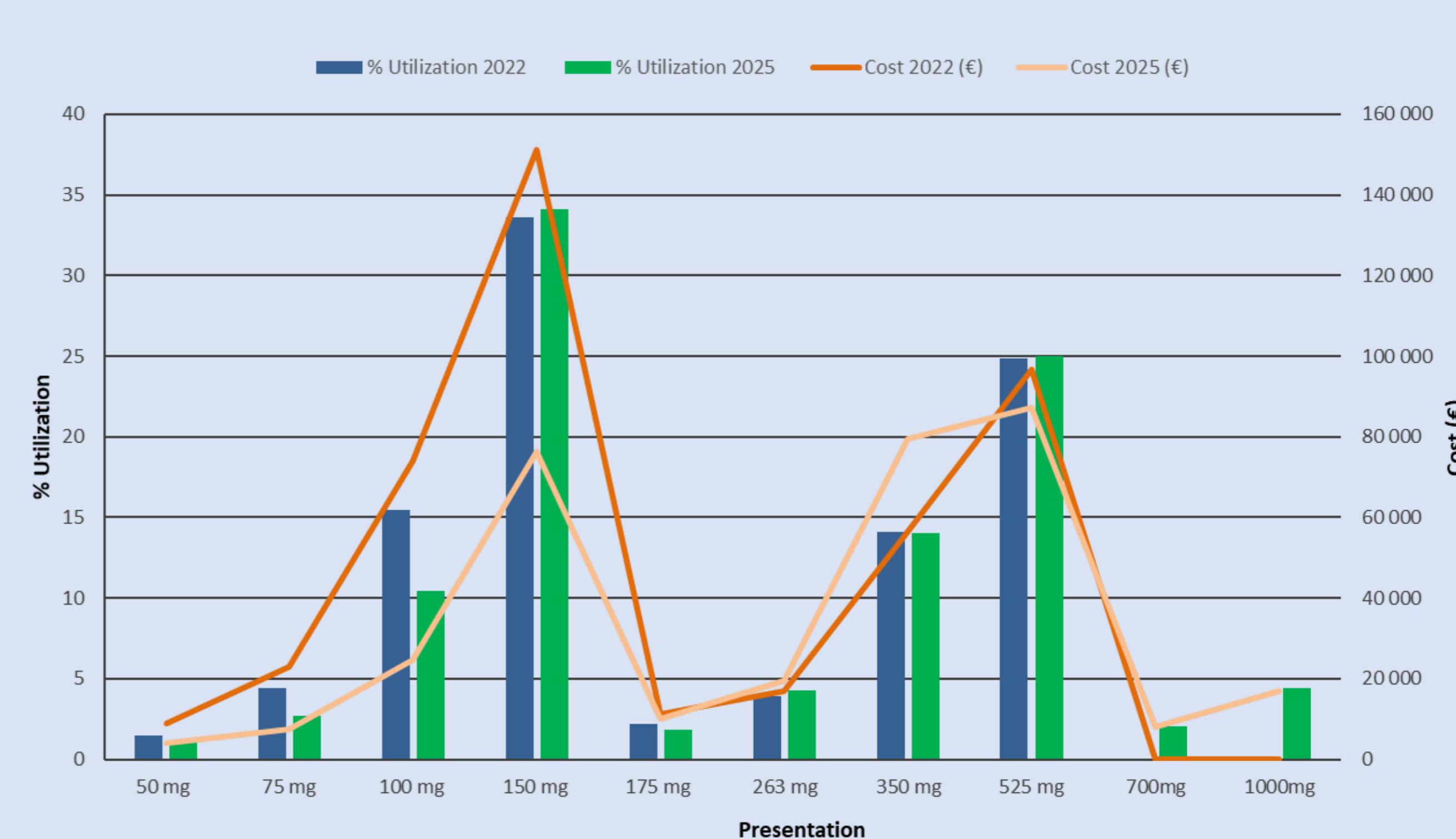


Figure 4- Comparison of % utilization and costs by presentation of paliperidone (2022 vs 2025).

The evolution of cost of paliperidone LAI doesn't follow the same pattern of the rest of LAI.AP because some presentations became available in generic presentations.

## CONCLUSIONS

There is a clear transition toward LAI.AP.2ndG, potentially due to new presentations availability with better safety profiles, particularly a lower risk of extrapyramidal symptoms and tardive dyskinesia<sup>[3-4]</sup>. This pattern aligns with national and international guidelines prioritizing adherence and relapse prevention.<sup>[5-6]</sup> It would be important to assess the impact of this utilization on clinical progression.

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