



LAI CONVERSATIONS FOR PATIENTS WITH SCHIZOPHRENIA

Earlier use of LAIs (long-acting injectables) may help support patients, as recognized in an expert consensus panel's recommendations.¹ Yet, while LAIs can be valuable in helping your patients achieve their goals, starting those conversations can raise important questions or hesitations for your patients and their caregivers.

INDICATIONS AND USAGE

UZEDY® (risperidone) extended-release injectable suspension for subcutaneous use is indicated for the treatment of schizophrenia in adults.

IMPORTANT SAFETY INFORMATION

WARNING: INCREASED MORTALITY IN ELDERLY PATIENTS WITH DEMENTIA-RELATED PSYCHOSIS
Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death. UZEDY is not approved for use in patients with dementia-related psychosis and has not been studied in this patient population.

Please see additional Important Safety Information throughout and [click here](#) for the full Prescribing Information for UZEDY, including boxed WARNING.

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Motivational interviewing is a technique designed for conversations about change. In discussions with patients about LAIs, it can help them recognize gaps in their current routine and what they want for their future.²

This step-by-step guide shows how to apply motivational interviewing techniques to your conversations about LAIs so you, your patients, and their caregivers can make informed treatment decisions together.

STEP 1: START WITH LIFE GOALS

Explore what matters most to your patient.

STEP 2: PRESENT TREATMENT OPTIONS

Introduce LAIs alongside oral medications.

STEP 3: EXPLAIN LAI FEATURES

Highlight how LAIs support patients.

STEP 4: ADDRESS POTENTIAL CONCERNS

Validate feelings and respond with supportive information.

STEP 5: DISCUSS COMMON HESITATIONS

Listen, understand, and thoughtfully address reservations.

STEP 6: CONTINUALLY REINTRODUCE LAIs

Keep an open dialogue as patient needs evolve.

IMPORTANT SAFETY INFORMATION (CONTINUED)

CONTRAINDICATIONS: UZEDY[®] is contraindicated in patients with a known hypersensitivity to risperidone, its metabolite, paliperidone, or to any of its components. Hypersensitivity reactions, including anaphylactic reactions and angioedema, have been reported in patients treated with risperidone or paliperidone.

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People featured are not actual
patients, caregivers, or doctors.



STEP 1: START WITH LIFE GOALS



Explore what matters most to the patient in their daily life:

- “What does a good day look like for you?”
- “What are you hoping to get out of treatment?”
- “What are some things you enjoy doing or would like to get back to doing?”



Connect their life goals to treatment

With an understanding of their life goals, explain to your patient how adherence, symptom control, and relapse prevention may help support those goals.¹



Example dialogue

“Relapses can make it difficult to stay well over time, so staying on treatment is one of the best ways to reduce the risk of relapse. If taking medication every day feels challenging, we can talk about a long-acting treatment option.^{3,4}”

IMPORTANT SAFETY INFORMATION (CONTINUED)

WARNINGS AND PRECAUTIONS

Cerebrovascular Adverse Reactions: In trials of elderly patients with dementia-related psychosis, there was a significantly higher incidence of cerebrovascular adverse events (e.g., stroke, transient ischemic attack), including fatalities, in patients treated with oral risperidone compared to placebo. UZEDY[®] is not approved for use in patients with dementia-related psychosis.

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STEP 2: PRESENT TREATMENT OPTIONS



After connecting treatment to your patient's goals, be sure to emphasize the importance of their input throughout the treatment decision process. Then, you can **begin sharing clinically appropriate options**:

- Provide a balanced explanation of LAIs and oral medications
- Discuss the similarities and differences among the various LAIs
 - Subcutaneous vs intramuscular delivery
 - Needle gauges
 - Absorption rate
 - Dosing options
 - Initiation process



Example dialogue

"There are a few different treatment options, including daily medications and long-acting options that do not require a daily pill.¹ I can walk you through how they're similar and different so we can decide what fits best for you."

IMPORTANT SAFETY INFORMATION (CONTINUED)

WARNINGS AND PRECAUTIONS (CONTINUED)

Neuroleptic Malignant Syndrome (NMS): NMS, a potentially fatal symptom complex, has been reported in association with antipsychotic drugs. Clinical manifestations of NMS are hyperpyrexia, muscle rigidity, altered mental status including delirium, and autonomic instability (irregular pulse or blood pressure, tachycardia, diaphoresis, and cardiac dysrhythmia). Additional signs may include elevated creatine phosphokinase, myoglobinuria (rhabdomyolysis), and acute renal failure. If NMS is suspected, immediately discontinue UZEDY and provide symptomatic treatment and monitoring.

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STEP 3: EXPLAIN LAI FEATURES



When educating patients and caregivers about LAIs, emphasize the potential benefits first:

- Provide continuous medication coverage throughout the dosing interval without requiring a daily pill¹
- Absorption time after injection⁵
- Therapeutic levels remain consistent throughout the dosing interval⁶
- Provide an option for patients who may struggle with taking a daily pill¹
- Consistent and predictable blood levels⁶



Example dialogue

"Guidelines recommend considering long-acting injectables early to treat schizophrenia. Long-acting options can help maintain your therapeutic levels throughout the entire dosing interval.¹ If anything changes, we're here to support you."

STEP 4: ADDRESS POTENTIAL CONCERNS



Patients and caregivers may ask questions and express concerns about LAIs. **Keep these tips in mind when initially responding to concerns:**

- Validate emotions
- Address misconceptions
- Add clarity



Example dialogue

"That's completely understandable, and I'm glad you brought this up. Can you share a bit more about what concerns you? I can walk through what we know and answer any questions so you feel comfortable with your options."

The next section provides examples of how to apply these principles when patients express specific hesitations.

IMPORTANT SAFETY INFORMATION (CONTINUED)

WARNINGS AND PRECAUTIONS (CONTINUED)

Tardive Dyskinesia (TD): TD, a syndrome consisting of potentially irreversible, involuntary, dyskinetic movements, may develop in patients treated with antipsychotic drugs. Although the prevalence of the syndrome appears to be highest among the elderly, especially elderly women, it is impossible to predict which patients will develop the syndrome.

Whether antipsychotic drug products differ in their potential to cause TD is unknown.

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STEP 5: DISCUSS COMMON HESITATIONS

It's normal for patients to have questions or hesitation about treatment options. These conversation prompts are designed to help you acknowledge concerns and gently explore options together.



Fear of Needles

Patient says: "I don't like shots."

Response: "Many people feel nervous about injections at first, and often, the anticipation is worse than the experience. Sometimes, talking through what to expect can make it feel more manageable."

Bridge to consideration: "There are long-acting options that can be administered just under the skin with a small needle (5/8 of an inch, 21-gauge), instead of a larger one that goes deeper into the muscles. If this option could support your goals, would you be open to learning a little more about it?"



Belief That Injections Indicate Severity

Patient says: "Is this because I'm getting worse?"

Response: "Treatment with a long-acting medicine isn't just for people whose condition has gotten worse. This type of treatment works for an extended period of time.¹ Do you want to discuss how a long-acting option can do that?"

Bridge to consideration: "Do you want to explore how a long-acting option might help now and in the long term?"



Concerns About Side Effects and Treatment Control

Patient says: "If I don't like a pill, I can just stop it."

Response: "It's important to feel in control of your treatment. Tell me more about what concerns you most, like side effects or not being able to adjust quickly?"

Bridge to Consideration: "Would it be helpful to talk through how a long-acting option can work?"

IMPORTANT SAFETY INFORMATION (CONTINUED)

WARNINGS AND PRECAUTIONS (CONTINUED)

Tardive Dyskinesia (TD) (Continued): The risk of developing TD and the likelihood that it will become irreversible are believed to increase with the duration of treatment and the cumulative dose. The syndrome can develop, after relatively brief treatment periods, even at low doses.

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People featured are not actual patients, caregivers, or doctors.



Belief that current oral treatment is sufficient despite occasional missed doses

Patient says: “My current medication is working fine.”

Response: “We want to keep that progress going. What’s been working best for you lately?”

Bridge to consideration: “Sometimes, we also look at long-acting options that can help support that progress.¹ Would you be open to learning more about that type of option?”



Concerns About Side Effects

Patient says: “Are the side effect worse with shots?”

Response: “Long-acting options use the same medication as pills, and we will make sure that you are comfortable with this option before moving to a long-acting injectable. We will also monitor for any injection site reactions during treatment.^{1”}

Bridge to consideration: “Would it be helpful to talk through how LAs differ from your oral therapy, such as how these therapies release slowly over time?^{6”}

IMPORTANT SAFETY INFORMATION (CONTINUED)

WARNINGS AND PRECAUTIONS (CONTINUED)

Tardive Dyskinesia (TD) (Continued): It may also occur after discontinuation. TD may remit partially or completely, if antipsychotic treatment is discontinued. Antipsychotic treatment, itself, however, may suppress (or partially suppress) the signs and symptoms of the syndrome, possibly masking the underlying process. The effect that symptomatic suppression has on the long-term course of the syndrome is unknown.

If signs and symptoms of TD appear in a patient treated with UZEDY, drug discontinuation should be considered. However, some patients may require treatment with UZEDY despite the presence of the syndrome. In patients who do require chronic treatment, use the lowest dose and the shortest duration of treatment producing a satisfactory clinical response. Periodically reassess the need for continued treatment.

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STEP 6: CONTINUALLY REINTRODUCE LAIs



Even when a patient isn't ready to move forward, how you respond can **preserve trust and keep future conversations open:**

- "We don't have to decide today."
- "Let's revisit this if things change."
- "If remembering medication becomes harder, we can talk again."

Consistent dialogue with patients can lead to increased acceptance of LAIs⁸

In a study conducted to better understand HCP and patient perceptions toward LAIs, prevalence of LAI discussions and patient acceptance were documented for both psychiatrists and psychiatric nonphysicians.*

77%

**OF PATIENTS
ACCEPTED AN LAI AFTER
3 OR FEWER DISCUSSIONS⁸**



Reconnecting the conversation to what matters most can **gently shift the focus from the treatment itself to the life the patient wants to build:**

- "If your priorities shift, we can adjust the plan together."
- "We can take this one step at a time, with your goals in mind."
- "If daily medication ever feels like a burden, we can reconsider options."

To study and characterize the dynamics of prescriber-patient interactions regarding LAI treatment, conversations between HCPs and patients were analyzed across 4 US community mental health centers.^{9†}

58%

OF PATIENTS WHO WERE LAI-NAIVE AGREED TO START TREATMENT WITH AN LAI WHEN OFFERED BY THEIR PSYCHIATRISTS⁹

In a smaller subgroup where caregivers were present, caregivers were supportive of LAIs.

*Number of discussions that led to patient LAI acceptance were averaged from a group of psychiatrists (n=490) and a group of psychiatric nonphysicians (n=301).⁸

†The community mental health centers were located in Chicago, IL; Atlanta, GA; Warren, OH; and St. Petersburg, FL. The study resulted in 69 prescriber-patient conversations, 60 with psychiatrists and 9 with nurse practitioners.⁹

IMPORTANT SAFETY INFORMATION (CONTINUED) WARNINGS AND PRECAUTIONS (CONTINUED)

Metabolic Changes: Atypical antipsychotic drugs have been associated with metabolic changes that may increase cardiovascular/cerebrovascular risk. These metabolic changes include hyperglycemia, dyslipidemia, and body weight gain. While all of the drugs in the class have been shown to produce some metabolic changes, each drug has its own specific risk profile.

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IMPORTANT SAFETY INFORMATION (CONTINUED)

WARNINGS AND PRECAUTIONS (CONTINUED)

Metabolic Changes: (Continued)

Hyperglycemia and diabetes mellitus (DM),

in some cases extreme and associated with ketoacidosis or hyperosmolar coma or death, have been reported in patients treated with atypical antipsychotics, including risperidone. Patients with an established diagnosis of DM who are started on atypical antipsychotics, including UZEDY, should be monitored regularly for worsening of glucose control. Patients with risk factors for DM (e.g., obesity, family history of diabetes) who are starting treatment with atypical antipsychotics, including UZEDY, should undergo fasting blood glucose (FBG) testing at the beginning of treatment and periodically during treatment. Any patient treated with atypical antipsychotics, including UZEDY, should be monitored for symptoms of hyperglycemia including polydipsia, polyuria, polyphagia, and weakness. Patients who develop symptoms of hyperglycemia during treatment with atypical antipsychotics, including UZEDY, should undergo FBG testing. In some cases, hyperglycemia has resolved when the atypical antipsychotic, including risperidone, was discontinued; however, some patients required continuation of antidiabetic treatment despite discontinuation of risperidone.

Dyslipidemia has been observed in patients treated with atypical antipsychotics.

Weight gain has been observed with atypical antipsychotic use. Monitoring weight is recommended.

Hyperprolactinemia: As with other drugs that antagonize dopamine D₂ receptors, risperidone elevates prolactin levels and the elevation persists during chronic administration. Risperidone is associated with higher levels of prolactin elevation than other antipsychotic agents.

Orthostatic Hypotension and Syncope: UZEDY may induce orthostatic hypotension associated with dizziness, tachycardia, and in some patients, syncope. UZEDY should be used with particular caution in patients with known cardiovascular disease, cerebrovascular disease, and conditions which would predispose patients to hypotension and in the elderly and patients with renal or hepatic impairment. Monitoring of orthostatic vital signs should be considered in all such patients, and a dose

reduction should be considered if hypotension occurs. Clinically significant hypotension has been observed with concomitant use of oral risperidone and antihypertensive medication.

Falls: Antipsychotics, including UZEDY, may cause somnolence, postural hypotension, motor and sensory instability, which may lead to falls and, consequently, fractures or other fall-related injuries. Somnolence, postural hypotension, motor and sensory instability have been reported with the use of risperidone. For patients, particularly the elderly, with diseases, conditions, or medications that could exacerbate these effects, assess the risk of falls when initiating antipsychotic treatment and recurrently for patients on long-term antipsychotic therapy.

Leukopenia, Neutropenia, and Agranulocytosis

have been reported with antipsychotic agents, including risperidone. In patients with a pre-existing history of a clinically significant low white blood cell count (WBC) or absolute neutrophil count (ANC) or a history of drug-induced leukopenia or neutropenia, perform a complete blood count (CBC) frequently during the first few months of therapy. In such patients, consider discontinuation of UZEDY at the first sign of a clinically significant decline in WBC in the absence of other causative factors. Monitor patients with clinically significant neutropenia for fever or other symptoms or signs of infection and treat promptly if such symptoms or signs occur. Discontinue UZEDY in patients with ANC < 1000/mm³ and follow their WBC until recovery.

Potential for Cognitive and Motor Impairment:

UZEDY, like other antipsychotics, may cause somnolence and has the potential to impair judgement, thinking, and motor skills. Somnolence was a commonly reported adverse reaction associated with oral risperidone treatment. Caution patients about operating hazardous machinery, including motor vehicles, until they are reasonably certain that treatment with UZEDY does not affect them adversely.

Seizures: During premarketing studies of oral risperidone in adult patients with schizophrenia, seizures occurred in 0.3% of patients (9 out of 2,607 patients), two in association with hyponatremia. Use UZEDY cautiously in patients with a history of seizures or other conditions that potentially lower the seizure threshold.

Dysphagia: Esophageal dysmotility and aspiration have been associated with antipsychotic drug use. Antipsychotic drugs, including UZEDY, should be used cautiously in patients at risk for aspiration.



Priapism has been reported during postmarketing surveillance for other risperidone products. A case of priapism was reported in premarket studies of UZEDY. Severe priapism may require surgical intervention.

Body temperature regulation: Disruption of the body's ability to reduce core body temperature has been attributed to antipsychotic agents. Both hyperthermia and hypothermia have been reported in association with oral risperidone use. Strenuous exercise, exposure to extreme heat, dehydration, and anticholinergic medications may contribute to an elevation in core body temperature; use UZEDY with caution in patients who experience these conditions.

ADVERSE REACTIONS

The most common adverse reactions with risperidone in patients with **schizophrenia** ($\geq 5\%$ and greater than placebo) were parkinsonism, akathisia, dystonia, tremor, sedation, dizziness, anxiety, blurred vision, nausea, vomiting, upper abdominal pain, stomach discomfort, dyspepsia, diarrhea, salivary hypersecretion, constipation, dry mouth, increased appetite, increased weight, fatigue, rash, nasal congestion, upper respiratory tract infection, nasopharyngitis, and pharyngolaryngeal pain.

The most common **injection site reactions** with UZEDY ($\geq 5\%$ and greater than placebo) were pruritus and nodule.

DRUG INTERACTIONS

- Carbamazepine and other strong CYP3A4 inducers decrease plasma concentrations of risperidone.
- Fluoxetine, paroxetine, and other strong CYP2D6 inhibitors increase risperidone plasma concentration.
- Due to additive pharmacologic effects, the concomitant use of centrally-acting drugs, including alcohol, may increase nervous system disorders.
- UZEDY may enhance the hypotensive effects of other therapeutic agents with this potential.
- UZEDY may antagonize the pharmacologic effects of dopamine agonists.
- Concomitant use with methylphenidate, when there is change in dosage of either medication, may increase the risk of extrapyramidal symptoms (EPS)

USE IN SPECIFIC POPULATIONS

Pregnancy: May cause EPS and/or withdrawal symptoms in neonates with third trimester exposure. There is a pregnancy exposure registry that monitors pregnancy outcomes in women exposed to atypical

antipsychotics, including UZEDY, during pregnancy. Healthcare providers are encouraged to register patients by contacting the National Pregnancy Registry for Atypical Antipsychotics at **1-866-961-2388** or online at <http://womensmentalhealth.org/clinicaland-research-programs/pregnancyregistry/>.

Lactation: Infants exposed to risperidone through breastmilk should be monitored for excess sedation, failure to thrive, jitteriness, and EPS.

Fertility: UZEDY may cause a reversible reduction in fertility in females.

Pediatric Use: Safety and effectiveness of UZEDY have not been established in pediatric patients.

Renal or Hepatic Impairment: Carefully titrate on oral risperidone up to at least 2 mg daily before initiating treatment with UZEDY.

Patients with Parkinson's disease or dementia with Lewy bodies can experience increased sensitivity to UZEDY. Manifestations and features are consistent with NMS.

Please [click here](#) for the full Prescribing Information for UZEDY, including boxed WARNING.

References: 1. American Psychiatric Association. *The American Psychiatric Association Practice Guideline for the Treatment of Patients With Schizophrenia*. 3rd ed. American Psychiatric Association; 2021. 2. Kisely S, Ligate L, Roy MA, Lavery T. Applying motivational interviewing to the initiation of long-acting injectable atypical antipsychotics. *Australas Psychiatry*. 2012;20(2):138-142. 3. MacEwan JP, Forma FM, Shafrin J, Hatch A, Lakdawalla DN, Lindenmayer J-P. Patterns of adherence to oral atypical antipsychotics among patients diagnosed with schizophrenia. *J Manag Care Spec Pharm*. 2016;22(11):1349-1361. 4. Andreasen NC, Liu D, Ziebell S, Vora A, Ho B-C. Relapse duration, treatment intensity, and brain tissue loss in schizophrenia: a prospective longitudinal MRI study. *Am J Psychiatry*. 2013;170(6):609-615. 5. Steiner L, Bibi D, Merenlender Wagner A, et al. An evaluation of the subcutaneous depot release of TV-46000, a novel long-acting injectable formulation of risperidone, under extreme conditions in dogs, minipigs and humans. *Pharmaceutics*. 2025;17(2):150. 6. Bera RB. Patient outcomes within schizophrenia treatment: a look at the role of long-acting injectable antipsychotics. *J Clin Psychiatry*. 2014;75(suppl 2):30-33. 7. Kane JM, Agid O, Castle DJ, et al. The use of long-acting injectables for people with schizophrenia: consensus panel recommendations for overcoming barriers and implementing treatment. *Neurol Ther*. 2025;14:2551-2581. 8. Franzenburg KR, Hansen RT, Suett M, et al. Perspectives of psychiatrists and psychiatric nonphysicians on treating schizophrenia with long acting injectable antipsychotics: subgroup analysis from the multinational ADVANCE study. Poster presented at: Psych Elevate 2025; May 28-31, 2025; Las Vegas, NV. 9. Potkin S, Bera R, Zubek D, Lau G. Patient and prescriber perspectives on long-acting injectable (LAI) antipsychotics and analysis of in-office discussion regarding LAI treatment for schizophrenia. *BMC Psychiatry*. 2013;13:261. 10. Data on file. CSR/RISE. West Chester, PA: Teva Neuroscience, Inc. 11. Data on file. TV46000 Post Hoc Summary. Parsippany, NJ: Teva Neuroscience, Inc. 12. UZEDY® (risperidone) extended-release injectable suspension Current Prescribing Information. Parsippany, NJ: Teva Neuroscience, Inc. 13. Data on file. CSR/TV46000-SAD-10055. West Chester, PA: Teva Neuroscience, Inc.

NOTES:



WHEN YOUR PATIENT IS READY FOR AN LAI

UZEDY® was designed with treatment goals in mind:

- Sustained relapse prevention^{10,11*†}
- Streamlined initiation with no loading dose or oral supplementation¹²
- Subcutaneous injection and a small, 21-gauge, 5/8-inch needle¹²
- Reaches therapeutic levels within 6 to 24 hours of the first dose^{12†}
- Maintains therapeutic levels throughout the entire dosing interval¹³

*In the RISE phase 3 clinical trial, once-monthly UZEDY significantly reduced the risk of relapse by 80% vs placebo (hazard ratio [95% CI] 0.200 [0.109, 0.367]; log-rank test $P < .0001$).¹⁰

†In a 1-year post hoc analysis, 92% of patients (n=183) treated with once-monthly UZEDY were observed to remain free of impending relapse. For post hoc analysis, no determination of statistical significance can be made and no conclusions should be drawn.¹¹

†Therapeutic concentrations in plasma following first subcutaneous injection. The threshold for therapeutic or clinically relevant plasma levels of risperidone is defined as levels ≥ 10 ng/mL.^{12,13}

Visit UZEDYhcp.com for
additional information and
resources for your patients.

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