



Conversion Plan Due to Shortages

Fluphenazine Decanoate to Haloperidol Decanoate Switch Haloperidol Decanoate to Fluphenazine Decanoate Switch

- Only for patients on stable maintenance doses of fluphenazine decanoate or haloperidol decanoate (NOT Loading, Initiation, or Middle of Cross Tapers)
- NOT for patients with fluphenazine allergy or to similar phenothiazines or haloperidol allergy or to similar butyrophenone class (i.e. droperidol)
- Those that have never been treated with fluphenazine or haloperidol before initiating the switch will need an oral test dose before switch. Oral potency of fluphenazine and haloperidol are similar 1:1 (i.e. 5 mg of oral haloperidol is equivalent to 5 mg of oral fluphenazine)

	Dose/ Frequency	Dose/ Frequency	Dose/ Frequency	Dose/ Frequency	Dose/ Frequency	Dose/ Frequency
Haloperidol decanoate IM maintenance dose	50 mg q 4 weeks	100 mg q 4 weeks	150 mg q 4 weeks*	200 mg q 4 weeks*	250 mg q 4 weeks*	300 mg q 4 weeks*
Fluphenazine decanoate IM maintenance dose	12.5 mg q 2 weeks	25 mg q 2 weeks	37.5 mg q 2 weeks	50 mg q 2 weeks	62.5 mg q 2 weeks	75 mg q 2 weeks

- Patients may be switched from fluphenazine decanoate to haloperidol decanoate or from haloperidol decanoate to fluphenazine decanoate at the new dose and frequency at the next scheduled injection.
- Monitor the patients closely for loss of therapeutic effect or an increase in adverse effects and adjust accordingly.
- Consider switching to a lower dose and supplementing orally with the new agent. Then taper oral medication.
- Request Pharmacy consultation as needed.

* For those in which the total monthly dose will be greater than 100 mg or have never been treated with haloperidol decanoate before, consider use of 100 mg for the initial decanoate injection followed by the remainder of the monthly injection dose (if tolerated) 3 days to 1 week later. Monthly maintenance injections would be given 28 days after the first injection.

Conversion Reference:

Atkins M, Burgess A, Bottomley C, Riccio M. Chlorpromazine equivalents: a consensus of opinion for both clinical and research applications. *Psychiatric Bulletin* 1997, 21: 224-226.

Revised October 2019