Johnson&Johnson

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RISPERDAL® (risperidone): Accidental overdoses in children and adolescents treated with risperidone 1mg/ml oral solution following administration errors

Dear Healthcare Professional,

Janssen-Cilag Pty Ltd (Johnson & Johnson Innovative Medicine (J&J IM)), in consultation with Medsafe, would like to inform you about accidental overdoses in children and adolescents treated with risperidone oral solution following administration errors.

Summary

Johnson & Johnson Innovative Medicine, along with Medsafe, wish to make pharmacists, healthcare professionals, caregivers and patients aware of the variability of dosing devices across the range of risperidone oral solution products available in New Zealand, including RISPERDAL® brand risperidone oral solution which is sponsored in New Zealand by Janssen-Cilag Pty Ltd. There has been an increase in reported cases of accidental overdose in the children and adolescent populations overseas. There are possible associations with medication administration leading to dosing errors with risperidone oral solution products. It has been reported that this is primarily caused by caregivers / patients misunderstanding how to use the dosing device in children and adolescents while using risperidone oral solution products.

We would like to highlight the importance of providing guidance to patients and caregivers of measuring the correct dose, ONLY using the device that is included with the relevant product and reinforcing the message to read the Consumer Medicine Information (CMI) before use to support safe medication administration. The CMI is attached and available on the Johnson & Johnson Innovative Medicine website via the following link:
https://innovativemedicine.jnj.com/newzealand/download/risperdal-cmi.pdf

Background information

Risperidone is a second-generation antipsychotic drug (atypical antipsychotic).

Indications:

RISPERDAL is indicated for the treatment of schizophrenia and other psychotic disorders. These include first episode psychoses, acute schizophrenic exacerbations, chronic schizophrenia and other psychotic conditions, in which positive symptoms (such as hallucinations, delusions, thought disturbances, hostility, suspiciousness), and/or negative symptoms (such as blunted effect, emotional and social withdrawal, poverty of speech) are prominent.

RISPERDAL is also indicated for the treatment and long term control of mania in bipolar disorder. These episodes are characterised by symptoms such as elevated,

expansive or irritable mood, inflated self esteem, decreased need for sleep, pressured speech, racing thoughts, distractability, or poor judgement, including disruptive or aggressive behaviours.

RISPERDAL also alleviates affective symptoms (such as depression, guilt-feelings, anxiety) associated with schizophrenia. In addition, RISPERDAL also appears effective in maintaining the clinical improvement during continuation therapy in patients who have shown an initial response to treatment with this agent.

RISPERDAL is indicated for the treatment (up to 12 weeks) of agitation, aggression or psychotic symptoms in patients with moderate to severe dementia of the Alzheimer type.

RISPERDAL is also indicated for the treatment of conduct and other disruptive behaviour disorders in children (over 5 years), adolescents and adults with subaverage intellectual functioning or mental retardation, or average IQ, in whom destructive behaviours (e.g. aggression, impulsivity and self-injurious behaviours) are prominent. RISPERDAL is also effective in maintaining the clinical improvement during continuation therapy in children and adolescents who have shown an initial treatment response. Pharmacological treatment should be an integral part of a more comprehensive treatment program, including psychosocial and educational intervention. Treatment with RISPERDAL for patients with disruptive behaviour disorders should be initiated only in consultation with a specialist, including child and adolescent psychiatrists, paediatric neurologists, developmental paediatricians, or other physicians conversant in the diagnosis and treatment of conduct and other disruptive behaviour disorders.

RISPERDAL is indicated for the treatment of autism in children and adolescents.

Dosing information relevant for paediatric and adolescent population:
An excerpt from the Data Sheet of relevant dosing information for the oral solution for the paediatric and adolescent population has been included at the end of this letter.

Please refer to the RISPERDAL® Data Sheet for complete prescribing information attached, which is also available on the Johnson & Johnson Innovative Medicine website: https://innovativemedicine.jnj.com/newzealand/download/risperdal-data-sheet.pdf

Overdose
Symptoms of overdose are listed under section 4.9 of RISPERDAL® Data Sheet and include drowsiness, sedation, tachycardia, hypotension and extrapyramidal symptoms. In overdose, QT prolongation and convulsions have been reported. Although no fatal cases have been reported, cardiovascular and CNS events, particularly QT prolongation and convulsions can be life threatening for vulnerable patient groups.

Potential causes for the medication administration leading to dosing errors include:

- Unusually small dose volumes for the paediatric population (0.25–1.5 ml), which could potentially result in confusion with larger volumes
- Variability in the dosing devices across different products

Instructions for patients and caregivers on the correct use of the dosing device delivered with risperidone oral solution

HCPs/Pharmacists should:

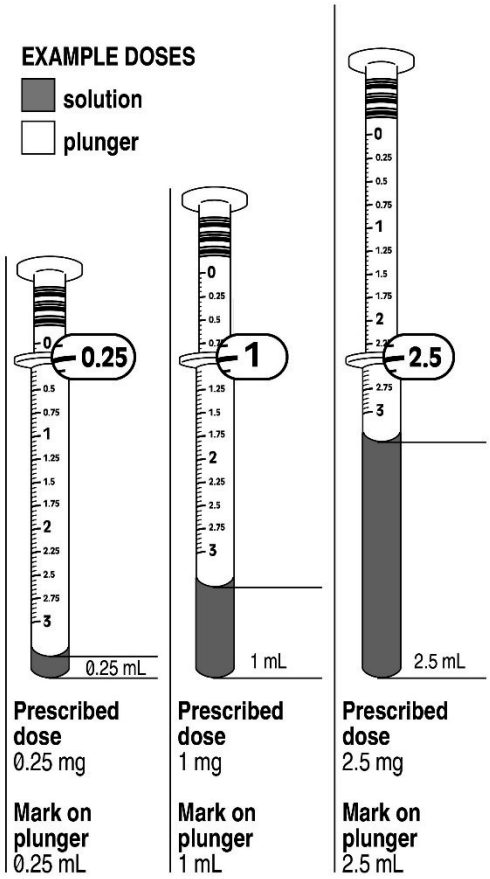
- Instruct the caregiver/ patient to read the Consumer Medicine Information (CMI) prior to use
- Instruct the caregiver/patient to **ONLY** use the dosing device (pipette) delivered with the product.
- Use the diagrams included in the CMI inclusive of new visual '3b' as depicted below to explain how to measure the correct volume, with particular focus on small volumes in the paediatric population, to prevent decimal point errors.
- Demonstrate utilizing the pipette how to measure small volumes based on the dose prescribed by their treating physician.
- Provide instruction on the correct scale interpretation, focusing on the position of the syringe at which the volume should be read.

Measure the exact dose of medicine you need. Pay attention when measuring a small dose, for example for 0.25 mg, measure 0.25 mL (a quarter millilitre); for 0.5 mg, measure 0.5 mL (half a millilitre).

1 mL of RISPERDAL oral solution contains 1 mg risperidone. The measured volume is printed every 0.25 mL / 0.25 mg on the plunger.

Figure 3b shows **examples** of prescribed doses and corresponding marks on the plunger.

3b



- ***Instruct caregiver/patient to promptly consult their physician when an overdose, symptoms of an overdose or a suspected overdose occurs, contact the National Poisons Centre or go to Accident and Emergency at their nearest hospital. Do this even if there are no signs of discomfort or poisoning. National Poisons Centre : call 0800 764 766.***

Adverse Event Reporting

Johnson & Johnson Innovative Medicine is committed to monitoring the safety of our products. We encourage all healthcare professionals to report any suspected adverse events and other safety information for risperidone oral solution to the Medsafe (at https://www.medsafe.govt.nz/safety/report-a-problem.asp) and/or to Johnson & Johnson Innovative Medicine Medical Information Department.
If you have further questions, please contact Johnson & Johnson Innovative Medicine Medical Information on 0800 800 806 or medinfo@janau.jnj.com

Yours sincerely,

Sophie Glover-Koudounas

Electronically signed by: Sophie Glover-Koudounas
Reason: I am approving this document
Date: Jun 13, 2025 16:25 GMT+10

Sophie Glover-Koudounas
Executive Director Medical and Scientific Affairs
Johnson & Johnson Innovative Medicine

RISPERDAL® (Risperidone) oral solution 1 mg/ml

Excerpt of the Data Sheet
Dosing information relevant to paediatric and adolescent population from section 4.2 DOSE AND METHOD OF ADMINISTRATION

Please refer to the full Data Sheet for the complete prescribing information.

Conduct and other Disruptive Behaviour Disorders

For Subjects ≥ 50 Kg
A starting dose of 0.5mg once daily is recommended. This dosage can be individually adjusted by increments of 0.5mg once daily not more frequently than every other day, if needed. The optimum dose is 1mg once daily for most patients. Some patients, however, may benefit from 0.5mg once daily while others may require 1.5mg once daily.

For Subjects < 50 Kg
A starting dose of 0.25mg once daily is recommended. This dosage can be individually adjusted by increments of 0.25mg once daily not more frequently than every other day, if needed. The optimum dose is 0.5mg once daily for most patients, although some patients however may benefit from 0.25mg once daily while others may require 0.75mg once daily.
As with all symptomatic treatments, the continued use of RISPERDAL must be evaluated and justified on an on-going basis.

Autism

RISPERDAL can be administered once or twice daily. Patients experiencing somnolence may benefit from a switch in dosing from once daily to either once daily at bedtime, or twice daily.

RISPERDAL should be administered based on body weight. Dosing should begin at 0.25 mg or 0.5 mg/day based upon weight (see table below for relative weight categories). On Day 4 of treatment, the dose may be increased up to 0.5 mg or 1.0mg/day. This dose should be maintained and response assessed at approximately day 14. Only in patients not achieving sufficient clinical response should additional dose increases be considered. Dose increases may proceed at ≥2week intervals in increments of 0.25 mg for patients <20 kg or 0.5 mg for patients ≥20 kg. Based upon current studies, the maximum dose studied did not exceed a total daily dose of 1.5 mg in patients <20 kg, 2.5 mg in patients ≥20 kg and 3.5 mg in patients >45 kg. Doses below 0.25 mg/day were not effective in clinical studies.

The table of the maximum daily doses provides a reference for titration and dosing by weight based upon current studies, and may serve as a guide according to clinical need:

Table 1 Doses of RISPERDAL in Paediatric Patients with Autistic Disorder (by total mg/day)

Weight Categories	Days 1 – 3	Days 4 – 14+	Increments if dose increases are needed	Dose Range
< 20 kg	0.25 mg	0.5 mg	+0.25 mg at ≥ 2 week intervals	0.5 mg – 1.5 mg
≥ 20 kg	0.5 mg	1.0 mg	+0.5 mg at ≥ 2 week intervals	1.0 mg – 2.5 mg*

* Subjects weighing >45kg may require higher doses; maximum dose studied was 3.5mg/day

Once sufficient response has been achieved and maintained consideration may be given to gradually lowering the dose to achieve optimum balance of effectiveness and tolerance. Clinical experience was limited in autistic adolescents and in autistic children with an IQ>84 as not many of these patients were included in the trials. As with all symptomatic treatments, the continued use of RISPERDAL in children and adolescents with autism must be evaluated and justified on an ongoing basis.

Risperdal® (risperidone) Minimum Data Sheet

RISPERDAL® is a partially funded medicine – a prescription charge will apply.

Description: RISPERDAL® tablets, oral solution

Indications: Schizophrenia and other psychotic disorders; treatment and long term control of mania in bipolar disorder; alleviates affective symptoms associated with schizophrenia; treatment (up to 12 weeks) of agitation, aggression or psychotic symptoms in patients with moderate or severe dementia of the Alzheimer type; conduct and other disruptive behaviour disorders; autism (children and adolescents). See full Data Sheet for details.

Dosage: Schizophrenia - initially 2 mg on day 1; 4 mg day 2; titrate as necessary (usual range 4–6 mg daily given once daily or in 2 divided doses). Bipolar mania – initially 2 mg once daily; increase by 1 mg daily as necessary (usual range 2–6mg daily). Behavioural Disturbances in Dementia – initially 0.25 mg twice daily; increase in increments of 0.25 mg twice daily not more frequently than every other day as necessary (usual range 0.5–1 mg twice daily); once target dose reached, may be given as once daily dose. Conduct disorder – patients ≥50kg: initially 0.5 mg once daily; increase by 0.5 mg once daily not more frequently than every other day as necessary. The optimum dose is 1 mg once daily (usual range 0.5 - 1.5 mg once daily); patients <50kg: initially 0.25 mg once daily; increase by 0.25 mg once daily not more frequently than every other day as necessary. The optimum dose is 0.5 mg once daily (usual range 0.25 - 0.75 mg once daily). Autism - give once or twice daily based on body weight; initially 0.25 mg or 0.5 mg/day; increased up to 0.5 mg or 1.0 mg/day on day 4; reassess on day 14; rounded doses by weight. Use only the pipette provided with the oral solution for measuring the prescribed dose. See full Data Sheet for details.

Contraindications: Patients with known hypersensitivity to risperidone or excipients.

Precautions: Elderly patients with dementia, particularly with concomitant furosemide; alpha-blocking activity; tardive dyskinesia/extrapyramidal symptoms, especially with concomitant psychostimulants; akathisia; neuroleptic malignant syndrome; Lewy body dementia; Parkinson's disease; hyperglycaemia and diabetes mellitus; leukopenia, neutropenia and agranulocytosis; venous thromboembolism; priapism; body temperature regulation; antiemetic effect; epilepsy or a history of seizures; intraoperative floppy iris syndrome; dysphagia; cardiovascular disease; weight gain; QT interval, especially with history of arrhythmias; risk of suicide; hepatic/renal impairment; pregnancy; lactation; children <15 years in schizophrenia.

Interactions: Centrally acting drugs and alcohol; levodopa and other dopamine agonists; psychostimulants; drug with hypotensive effects; medicines that prolong QT internal or cause electrolyte imbalance; strong CYP2D6 inhibitors (e.g. SSRIs, tricyclic antidepressants, phenothiazines antipsychotics; protease inhibitor antivirals); CYP3A4 (e.g. erythromycin, protease inhibitor antivirals, H2 antagonists) and/or P-gp Inhibitors (e.g. itraconazole, ketoconazole) CYP3A4 and/or P-gp Inducers (e.g. rifampicin, carbamazepine); some beta-blockers; calcium-channel blockers (e.g. verapamil); furosemide (elderly); quinidine.

Adverse Reactions: *Common*: Nasopharyngitis, upper respiratory tract infection, urinary tract infection, influenza, rhinitis, pneumonia, sinusitis, cellulitis; anaemia; hypersensitivity, anorexia; insomnia, agitation, anxiety, nervousness, confusional state, listless; parkinsonism, akathisia, somnolence, dizziness, headache, sedation, tremor, dystonia, lethargy, syncope, reduced consciousness, drooling, dysarthria, disturbance in attention, balance disorder, hypersomnia; vision blurred, conjunctivitis; tardive dyskinesia, cerebrovascular accident, transient ischaemic attack, neuroleptic malignant syndrome, tachycardia, heart rate increased, palpitations, hypotension,

orthostatic hypotension, hypertension; epistaxis, rhinorrhea, dyspnoea; musculoskeletal pain, back pain/pain in extremity, arthralgia, posture abnormal, joint swelling, myalgia, enuresis, neck pain; fatigue, asthenia pyrexia, feeling abnormal, sluggishness, chest pain/discomfort; ear pain; pharyngolaryngeal pain, sinus/nasal/pulmonary congestion, cough; nausea, constipation, dyspepsia, vomiting, diarrhoea, salivary hypersecretion, dry mouth, stomach/abdominal pain/discomfort, dysphagia, faecaloma; increased/decreased appetite; rash, dry skin, dandruff, seborrheic dermatitis, hyperkeratosis, pruritus, acne, erythema, pitting oedema/peripheral, gait disturbance/abnormal; urinary incontinence, pollakiuria; ejaculation failure, galactorrhea; blood phosphokinase increased; body temperature increased; weight increased, fall. Others see full Data Sheet.

Presentation: Prescription medicine. Risperdal film-coated tablets: each film-coated tablet contains 0.5 mg, 1 mg, 2 mg, 3 mg or 4 mg risperidone. Risperdal oral solution1 mg/mL: 1 mL oral solution contains 1 mg risperidone.

Before prescribing please review full Data Sheet available from **https://innovativemedicine.jnj.com/newzealand/download/risperdal-data-sheet.pdf** or **www.medsafe.govt.nz.**

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