#4. Dr perscribe different med

#5. friday when you get ——— /

Invega Sustenna® Review

1. You are preparing to administer Invega Sustenna® to a patient who weighs 146 pounds. What size needle will you use?

day 1 when you get, ———

2. Name the most common side effects a patient may experience when taking Invega Sustenna®.

morning you get ———

#6. side effects

3. What black box warning is associated with this medication?

(EPS side effects)

4. What are the standard *recommended* Day 1 and Day 8 initiation dosages for a person with schizophrenia?

#7. irreversible tardive,

5. What is the standard *recommended* maintenance dosage for a patient with schizophrenia?

not safe for pregnancy

6. What is the correct location for administration of the Day 1 and Day 8 initiation doses?

7. What are the *recommended* Day 1 and Day 8 initiation dosages for a person with a creatinine clearance of 65mL/min?

Kindal King 9-18-25

Invega Sustenna® Review

1. You are preparing to administer Invega Sustenna® to a patient who weighs 146 pounds. What size needle will you use?
   1 inch 23 G

2. Name the most common side effects a patient may experience when taking Invega Sustenna®.
   injection site reactions, sedation, dizziness, akathesia, EPS

3. What black box warning is associated with this medication?
   increased mortality in elderly with dementia-related psychosis

4. What are the standard *recommended* Day 1 and Day 8 initiation dosages for a person with schizophrenia?
   Day 1: 234 mg, Day 8: 156 mg

5. What is the standard *recommended* maintenance dosage for a patient with schizophrenia?
   117 mg - monthly

6. What is the correct location for administration of the Day 1 and Day 8 initiation doses?
   Deltoid

7. What are the *recommended* Day 1 and Day 8 initiation dosages for a person with a creatinine clearance of 65mL/min?
   Day 1: 156 mg, Day 8: 117 mg

8. What would the *recommended* maintenance dosage be for a patient with mild renal impairment?

78 mg — monthly

9. What is the rationale for a trial of oral paliperidone or oral or injectable risperidone before placing a patient on Invega Sustenna®?

Establish tolerability

10. Name three practices when preparing an intramuscular injection that ensure aseptic technique is maintained throughout the procedure.

1. maintain needle sterility
2. hand hygiene & gloves
3. clean skin prior

11. Explain the rationale for obtaining consent for this psychoactive medication prior to preparing the medication for administration.

Right to autonomy & to refuse

INVEGA SUSTENNA®

(paliperidone palmitate) extended-release injectable suspension, for intramuscular use

HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use INVEGA SUSTENNA® safely and effectively. See full prescribing information for INVEGA SUSTENNA®.

INVEGA SUSTENNA® (paliperidone palmitate) extended-release injectable suspension, for intramuscular use

Initial U.S. Approval: 2006

WARNING: INCREASED MORTALITY IN ELDERLY PATIENTS WITH DEMENTIA-RELATED PSYCHOSIS

See full prescribing information for complete boxed warning.

Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death. INVEGA SUSTENNA® is not approved for use in patients with dementia-related psychosis. (5.1)

RECENT MAJOR CHANGES

Dosage and Administration (2.5) 7/2022

INDICATIONS AND USAGE

INVEGA SUSTENNA® is an atypical antipsychotic indicated for

- Treatment of schizophrenia in adults. (1)
- Treatment of schizoaffective disorder in adults as monotherapy and as an adjunct to mood stabilizers or antidepressants. (1)

DOSAGE AND ADMINISTRATION

- For intramuscular injection only. (2.1)
- Each injection must be administered only by a healthcare professional. (2.1)
- For deltoid injection, use 1-inch 23G needle for patients weighing less than 90 kg or 1½-inch 22G needle for patients weighing 90 kg or more. For gluteal injection, use 1½-inch 22G needle regardless of patient weight. (2.1)

Indication	Initiation Dosing (deltoid)		Monthly Maintenance Dose[a] (deltoid or gluteal)	Maximum Monthly Dose
	Day 1	Day 8		
Schizophrenia (2.2)	234 mg	156 mg	39-234 mg[b]	234 mg
Schizoaffective disorder (2.2)	234 mg	156 mg	78-234 mg[c]	234 mg

[a] Administered 5 weeks after the first injection.
[b] The recommended maintenance dose for treatment of schizophrenia is 117 mg. Some patients may benefit from lower or higher maintenance doses within the additional available strengths (39 mg, 78 mg, 156 mg, and 234 mg).
[c] Adjust dose based on tolerability and/or efficacy using available strengths. The 39 mg strength was not studied in the long-term schizoaffective disorder study.

- For patients naïve to oral paliperidone or oral or injectable risperidone, establish tolerability with oral paliperidone or oral risperidone prior to initiating treatment with INVEGA SUSTENNA®. (2.2)
- Missed Doses: To manage either a missed second initiation dose or a missed monthly maintenance dose, refer to the Full Prescribing Information. (2.3)
- Moderate to severe renal impairment (creatinine clearance < 50 mL/min): INVEGA SUSTENNA® is not recommended. (2.5)
- Mild renal impairment (creatinine clearance ≥ 50 mL/min to < 80 mL/min): Administer 156 mg on treatment Day 1 and 117 mg on Day 8, both in the deltoid muscle. Follow with the recommended monthly maintenance dose of 78 mg, administered in the deltoid or gluteal muscle. Adjust monthly maintenance dose based on tolerability and/or efficacy within the strengths of 39 mg, 78 mg, 117 mg, or 156 mg. The maximum monthly dose is 156 mg for patients with mild renal impairment. (2.5)

INVEGA SUSTENNA® (paliperidone palmitate)
extended-release injectable suspension, for intramuscular use

DOSAGE FORMS AND STRENGTHS

Extended-release injectable suspension: 39 mg/0.25 mL, 78 mg/0.5 mL, 117 mg/0.75 mL, 156 mg/mL, or 234 mg/1.5 mL (3)

CONTRAINDICATIONS

Known hypersensitivity to paliperidone, risperidone, or to any excipients in INVEGA SUSTENNA®. (4)

WARNINGS AND PRECAUTIONS

- *Cerebrovascular Adverse Reactions, Including Stroke, in Elderly Patients with Dementia-Related Psychosis:* Increased incidence of cerebrovascular adverse reactions (e.g. stroke, transient ischemic attack). (5.2)
- *Neuroleptic Malignant Syndrome:* Manage with immediate discontinuation of drug and close monitoring. (5.3)
- *QT Prolongation:* Avoid use with drugs that also increase QT interval and in patients with risk factors for prolonged QT interval. (5.4)
- *Tardive Dyskinesia:* Discontinue drug if clinically appropriate. (5.5)
- *Metabolic Changes:* Monitor for hyperglycemia/diabetes mellitus, dyslipidemia and weight gain. (5.6)
- *Orthostatic Hypotension and Syncope:* Monitor heart rate and blood pressure and warn patients with known cardiovascular or cerebrovascular disease, and risk of dehydration or syncope. (5.7)
- *Leukopenia, Neutropenia, and Agranulocytosis:* Perform complete blood counts (CBC) in patients with pre-existing low white blood cell count (WBC) or history of leukopenia or neutropenia. Consider discontinuing INVEGA SUSTENNA® if clinically significant decline in WBC in the absence of other causative factors. (5.9)
- *Hyperprolactinemia:* Prolactin elevations occur and persist during chronic administration. (5.10)
- *Potential for Cognitive and Motor Impairment:* Use caution when operating machinery. (5.11)
- *Seizures:* Use cautiously in patients with a history of seizures or with conditions that lower the seizure threshold. (5.12)

ADVERSE REACTIONS

The most common adverse reactions (incidence ≥ 5% and occurring at least twice as often as placebo) were injection site reactions, somnolence/sedation, dizziness, akathisia, and extrapyramidal disorder. (6)

To report SUSPECTED ADVERSE REACTIONS, contact Janssen Pharmaceuticals, Inc. at 1-800-JANSSEN (1-800-526-7736) or FDA at 1-800-FDA-1088 or *www.fda.gov/medwatch*

DRUG INTERACTIONS

- *Drugs that may cause orthostatic hypotension:* An additive effect may occur when co-administered with INVEGA SUSTENNA®. (7.1)
- *Strong CYP3A4/P-glycoprotein (P-gp) inducers:* Avoid using a strong inducer of CYP3A4 and/or P-gp (e.g., carbamazepine, rifampin, St John's Wort) during a dosing interval for INVEGA SUSTENNA®. If administering a strong inducer is necessary, consider managing the patient using paliperidone extended release tablets. (2.5, 7.1, 12.3)

USE IN SPECIFIC POPULATIONS

Pregnancy: May cause extrapyramidal and/or withdrawal symptoms in neonates with third trimester exposure. (8.1)

See 17 for PATIENT COUNSELING INFORMATION and FDA-approved patient labeling.

Revised: 7/2022