

# Invega Sustenna® (paliperidone palmitate) for Schizophrenia/Schizoaffective Disorder [3754]

## Ordering Restrictions for Schizophrenia/Schizoaffective Disorder:

1. Invega Sustenna® is restricted to psychiatry service lines only.
2. Each injection must be administered by a health care professional.
3. Invega Sustenna® is not recommended for moderate to severe renal impairment (CrCl less than 50 mL/min). Mild renal impairment (CrCl of 50 mL/min to 80 mL/min) requires dose adjustments.
4. The maximum monthly dose is 234 mg.
5. Please allow 2 to 3 days for product shipment and availability.

## Medications

### Provider attestations (ALL three conditions MUST be met) (Single Response) (Selection Required)

1. I attest that the patient has previously tolerated oral paliperidone or oral risperidone prior to initiating treatment with Invega Sustenna® or is actively receiving treatment with Invega Sustenna®.
2. I attest that the patient's insurance provider has given financial approval to continue Invega Sustenna® therapy after hospital discharge.
3. I attest that the patient will have adequate access to medical treatment for continuation of Invega Sustenna® therapy after hospital discharge.

( ) Yes, all three conditions have been met. (Single Response) (Selection Required)

( ) Initiation Dosing of Invega Sustenna® for Schizophrenia/Schizoaffective Disorder

**"Followed by" Linked Panel**

- |  |  |
|--|--|
| <input type="checkbox"/> paliperidone palmitate (INVEGA Sustenna) syringe                | 234 mg, intramuscular, once, For 1 Doses<br>RESTRICTED to Psychiatry Services specialists. Are you a Psychiatry Services specialist or ordering on behalf of one?<br>This medication is restricted to indications of schizophrenia and schizoaffective disorder. Do you attest that this restriction has been met?                 |
| <input type="checkbox"/> paliperidone palmitate (INVEGA Sustenna) syringe                | 156 mg, intramuscular, once, S+3 at 9:00 AM, For 1 Doses<br>RESTRICTED to Psychiatry Services specialists. Are you a Psychiatry Services specialist or ordering on behalf of one?<br>This medication is restricted to indications of schizophrenia and schizoaffective disorder. Do you attest that this restriction has been met? |
| <input type="checkbox"/> paliperidone (INVEGA Sustenna) injection 156 mg/mL (RESTRICTED) | 156 mg, intramuscular, once, S+7 at 9:00 AM, For 1 Doses<br>RESTRICTED to Psychiatry Services specialists. Are you a Psychiatry Services specialist or ordering on behalf of one?<br>This medication is restricted to indications of schizophrenia and bipolar 1 disorder. Do you attest that this restriction has been met?       |

( ) Monthly Maintenance Dosing of Invega Sustenna® (Single Response)

Select the patient-specific Indication of Use

( ) Schizophrenia (Single Response)

- |   |   |
|---|---|
| <input type="checkbox"/> paliperidone (INVEGA Sustenna) injection 39 mg/mL (RESTRICTED) | 39 mg, intramuscular, once, For 1 Doses<br>RESTRICTED to Psychiatry Services specialists. Are you a Psychiatry Services specialist or ordering on behalf of one?<br>This medication is restricted to indications of schizophrenia and schizoaffective disorder. Do you attest that this restriction has been met? |
| <input type="checkbox"/> paliperidone (INVEGA Sustenna) injection 78 mg/mL (RESTRICTED) | 78 mg, intramuscular, once, For 1 Doses<br>RESTRICTED to Psychiatry Services specialists. Are you a Psychiatry Services specialist or ordering on behalf of one?<br>This medication is restricted to indications of schizophrenia and schizoaffective disorder. Do you attest that this restriction has been met? |

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<input type="checkbox"/> paliperidone (INVEGA Sustenna) injection 234 mg/mL (RESTRICTED)	234 mg, intramuscular, once, For 1 Doses RESTRICTED to Psychiatry Services specialists. Are you a Psychiatry Services specialist or ordering on behalf of one? This medication is restricted to indications of schizophrenia and schizoaffective disorder. Do you attest that this restriction has been met?
<input type="checkbox"/> Schizoaffective Disorder (Single Response)	
<input type="checkbox"/> paliperidone (INVEGA Sustenna) injection 78 mg/mL (RESTRICTED)	78 mg, intramuscular, once, For 1 Doses RESTRICTED to Psychiatry Services specialists. Are you a Psychiatry Services specialist or ordering on behalf of one? This medication is restricted to indications of schizophrenia and schizoaffective disorder. Do you attest that this restriction has been met?
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<input type="checkbox"/> No, all conditions have not been met. (Single Response)	
<input type="checkbox"/> Initiation Dosing of Invega Sustenna® for Schizophrenia/Schizoaffective Disorder (Pharmacy Consult Included)	
<input type="checkbox"/> Day 1 - paliperidone (INVEGA Sustenna) injection 234 mg/mL (RESTRICTED) + Pharmacy Consult	<b>"And" Linked Panel</b>
<input type="checkbox"/> paliperidone (INVEGA Sustenna) injection 234 mg/mL (RESTRICTED)	234 mg, intramuscular, once, Starting S, For 1 Doses RESTRICTED to Psychiatry Services specialists. Are you a Psychiatry Services specialist or ordering on behalf of one? This medication is restricted to indications of schizophrenia and bipolar 1 disorder. Do you attest that this restriction has been met?
<input type="checkbox"/> Pharmacy consult to complete financial approval for Long-Acting Antipsychotic	Routine, Until discontinued, Starting S For Until specified
<input type="checkbox"/> Day 4 - paliperidone (INVEGA Sustenna) injection 156 mg/mL (RESTRICTED) + Pharmacy Consult	<b>"And" Linked Panel</b>
<input type="checkbox"/> paliperidone (INVEGA Sustenna) injection 156 mg/mL (RESTRICTED)	156 mg, intramuscular, once, Starting S+3, For 1 Doses RESTRICTED to Psychiatry Services specialists. Are you a Psychiatry Services specialist or ordering on behalf of one? This medication is restricted to indications of schizophrenia and bipolar 1 disorder. Do you attest that this restriction has been met?
<input type="checkbox"/> Pharmacy consult to complete financial approval for Long-Acting Antipsychotic	Routine, Until discontinued, Starting S For Until specified
<input type="checkbox"/> Day 8 - paliperidone (INVEGA Sustenna) injection 156 mg/mL (RESTRICTED) + Pharmacy Consult	<b>"And" Linked Panel</b>
<input type="checkbox"/> paliperidone (INVEGA Sustenna) injection 156 mg/mL (RESTRICTED)	156 mg, intramuscular, once, Starting S+7, For 1 Doses RESTRICTED to Psychiatry Services specialists. Are you a Psychiatry Services specialist or ordering on behalf of one? This medication is restricted to indications of schizophrenia and bipolar 1 disorder. Do you attest that this restriction has been met?
<input type="checkbox"/> Pharmacy consult to complete financial approval for Long-Acting Antipsychotic	Routine, Until discontinued, Starting S For Until specified

( ) Monthly Maintenance Dosing of Invega Sustenna®  
(Pharmacy Consult Included) (Single Response)

Select the patient-specific Indication of Use

( ) Schizophrenia (Single Response)

( ) paliperidone (INVEGA Sustenna) injection 39 mg/mL + **"And" Linked Panel**  
Pharmacy Consult

[ ] paliperidone (INVEGA Sustenna) injection 39 mg/mL (RESTRICTED) 39 mg, intramuscular, once, For 1 Doses  
RESTRICTED to Psychiatry Services specialists. Are you a Psychiatry Services specialist or ordering on behalf of one? This medication is restricted to indications of schizophrenia. Do you attest that this restriction has been met?

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Pharmacy Consult

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Pharmacy Consult

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[ ] Pharmacy consult to complete financial approval for Long-Acting Antipsychotic Routine, Until discontinued, Starting S For Until specified

( ) Schizoaffective Disorder (Single Response)

( ) paliperidone (INVEGA Sustenna) injection 78 mg/mL + **"And" Linked Panel**  
Pharmacy Consult

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