

Long-acting Injectable Antipsychotics: Paliperidone (Invega Sustenna)

Criteria for Use

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VA Pharmacy Benefits Management Services, Medical Advisory Panel, and VISN Pharmacist Executives

The following recommendations are based on medical evidence, clinician input, and expert opinion. The content of the document is dynamic and will be revised as new information becomes available. The purpose of this document is to assist practitioners in clinical decision-making, to standardize and improve the quality of patient care, and to promote cost-effective drug prescribing. THE CLINICIAN SHOULD UTILIZE THIS GUIDANCE AND INTERPRET IT IN THE CLINICAL CONTEXT OF THE INDIVIDUAL PATIENT. INDIVIDUAL CASES THAT ARE EXCEPTIONS TO THE EXCLUSION AND INCLUSION CRITERIA SHOULD BE ADJUDICATED AT THE LOCAL FACILITY ACCORDING TO THE POLICY AND PROCEDURES OF ITS P&T COMMITTEE AND PHARMACY SERVICES.

The Product Information should be consulted for detailed prescribing information.

TRANSITIONING VETERAN (*This medication is on the DoD VHA Transitional Continuity of Care Drug List. If the criterion is met, then the remainder of the criteria for use is not applicable*)

Veteran is transitioning care from the Department of Defense to VHA. A VA prescriber, after assessing and consulting with the Veteran, has determined that continuing the medication is safe and clinically appropriate

Exclusion Criteria *If the answer to ANY item below is met, then the patient should NOT receive a long-acting injectable antipsychotic (LAIA)*

- The patient has never taken the long-acting injectable antipsychotic ordered in any formulation (e.g., oral), with the exception of prior exposure to risperidone being an acceptable substitute for paliperidone
- The patient has a hypersensitivity to the antipsychotic ordered. Note: consider risperidone and paliperidone cross-sensitive
- Paliperidone (Invega Sustenna): the patients has moderate to severe renal impairment (e.g., creatinine clearance (CrCL) < 50 ml/min)

Inclusion Criteria: The patient must meet ALL of the following

- Diagnosis of schizophrenia or schizoaffective disorder, or bipolar disorder
- The prescriber is a VA Mental Health Provider
- The patient has taken and tolerated the antipsychotic ordered prior to receiving it as a LAI for an adequate length of time. Note: consider risperidone and paliperidone cross-tolerant
- The patient will be transitioned from oral medication to the long-acting injectable per guidelines/manufacturer recommendations

Inclusion Criteria: The patient must meet ONE of the following

- The patient has relapsed or been hospitalized for the intended indication or complications of the intended indication because of nonadherence when treated with oral antipsychotics
- The patient's care environment is such that a LAI is a more reliable route of administration, e.g., homeless, lack of medication supervision, or the medication cannot be stored safely