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Invega Sustenna® (paliperidone palmitate) Order Form

Patient Name: _____ DOB: _____

Address: _____

Phone: _____ ICD-10 Diagnosis: _____

Prior to initiation:

- Patients must have established tolerability with oral paliperidone or oral risperidone prior to initiating this medication
- Baseline renal function panel – may draw onsite

Rx:

New Start: Invega Sustenna (paliperidone palmitate) 234 mg IM on day 1, 156 mg IM on day 8, followed by maintenance dosing below starting 5 weeks after first dose

Maintenance: Invega Sustenna (paliperidone palmitate) IM every 4 weeks

Dose: 39 mg/0.25 mL 78 mg/0.5 mL 117 mg/0.75 mL 156 mg/mL 234 mg/1.5 mL

Duration: 1 year 6 months Other Duration _____

Recommended monitoring parameters:

- Annual renal function panel
- Lipid panel and HbA1c/fasting blood glucose 4 months after initiation and annually

Prescriber Printed Name: _____

Prescriber Full Address: _____

Office Phone Number: _____ Office Fax Number: _____

Prescriber Signature: _____ Date: _____