RECENT INNOVATION IN SCHIZOPHRENIA TREATMENT CHOICES

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DISCLOSURE

- Dr. Najarian is an employee of Janssen Scientific Affairs, LLC
- Please refer to complete prescribing information INVEGA TRINZA™ or INVEGA SUSTENNA® available at this presentation
INVEGA TRINZA™ (PALIPERIDONE PALMITATE) & INVEGA SUSTENNA® (PALIPERIDONE PALMITATE): INDICATION AND IMPORTANT SAFETY INFORMATION

INVEGA TRINZA™ (paliperidone palmitate), a 3-month injection, is an atypical antipsychotic indicated for the treatment of schizophrenia in patients after they have been adequately treated with INVEGA SUSTENNA® (1-month paliperidone palmitate) for at least four months. 1

INVEGA SUSTENNA® is an atypical antipsychotic indicated for the treatment of:

- Schizophrenia. 2,3
- Schizoaffective disorder as monotherapy and as an adjunct to mood stabilizers or antidepressants. 2,3

**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 TRINZA™ and INVEGA SUSTENNA® are not approved for the treatment of patients with dementia-related psychosis

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SYMPTOMS OF SCHIZOPHRENIA

THE 3 PROMINENT SYMPTOM DOMAINS OF SCHIZOPHRENIA

### POSITIVE SYMPTOMS¹,²
- Delusions
- Hallucinations
- Thought disorders

### NEGATIVE SYMPTOMS¹,²
- Flat or blunted feelings/emotions
- Social withdrawal
- Lack of motivation

### COGNITIVE SYMPTOMS¹
- Impairment of attention, working memory, and executive function

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THE CHRONIC COURSE OF SCHIZOPHRENIA

• Untreated schizophrenia may lead to a higher risk of relapses, more severe relapses, and a poorer quality of life

For illustration purposes only: The frequency and severity of relapses can vary.

FOR MOST PEOPLE WITH SCHIZOPHRENIA, AFTER THE FIRST PSYCHOTIC EPISODE, THE COURSE OF THE DISEASE IS DEFINED BY PERIODS OF RELAPSE AND REMISSION

NONPHARMACOLOGIC INTERVENTIONS FOR SCHIZOPHRENIA

- In addition to pharmacotherapy, nonpharmacologic interventions play a role in the treatment of people with schizophrenia

NONPHARMACOLOGIC INTERVENTIONS FOR THE TREATMENT OF SCHIZOPHRENIA

- Illness self-management training
- Social skills training
- Family education and intervention
- Cognitive behavioral therapy

MEDICATION IS A CORNERSTONE OF TREATMENT

### SOME FACTORS* FOR CONSIDERATION WHEN AN ANTIPSYCHOTIC MEDICATION IS STARTED

<table>
<thead>
<tr>
<th>Fact</th>
<th>Description</th>
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<tbody>
<tr>
<td>✔</td>
<td>Relevant medical history and risk factors</td>
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<tr>
<td>✔</td>
<td>Preference of the person with schizophrenia</td>
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<td>Response to previous treatment</td>
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<td>Experience with side effects of previous treatment</td>
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<td>✔</td>
<td>History of adherence</td>
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<td>✔</td>
<td>Side-effect profile of medication</td>
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<td>Long-term treatment plan</td>
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*The factors are not listed in any specific order.*

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ANTIPSYCHOTIC FORMULATIONS

AVAILABLE ANTIPSYCHOTIC FORMULATIONS\(^1,2\)

- **Oral medications**
  - Taken once or twice daily in pill or liquid form\(^1\)

- **Short-acting injections**
  - Typically used to treat acutely agitated patients with schizophrenia\(^2\)

- **Long-acting intramuscular injections**
  - Given once a month, twice a month or every three months\(^1\)

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INVEGA SUSTENNA® (PALIPERIDONE PALMITATE) TECHNOLOGY

Paliperidone palmitate
- Larger particles/low surface area
- Nearly water insoluble

INVEGA SUSTENNA®
- Intramuscular administration
- Rapid achievement of paliperidone concentrations without the need for oral supplementation
- Aqueous-based particles

INVEGA TRINZA™ DELIVERS SUSTAINED PLASMA CONCENTRATIONS¹,²

Due to the difference in median pharmacokinetic profiles between the 2 products (INVEGA SUSTENNA® and INVEGA TRINZA™), caution should be exercised when making a direct comparison of their pharmacokinetic properties.

The INVEGA SUSTENNA® deltoid doses were 234 mg on Day 1 and 156 mg on Day 8 and 234 mg on Weeks 5, 9, and 13.

93% OF PATIENTS WERE RELAPSE-FREE WITH INVEGA TRINZA™ IN A LONG-TERM MAINTENANCE TRIAL¹,²

• Significantly Longer Time to Relapse With INVEGA TRINZA™ vs Placebo ($P<0.001$)
  — Median time to relapse: INVEGA TRINZA™ vs placebo

Only 7% of patients taking INVEGA TRINZA™ relapsed during the study period vs 23% of patients taking placebo

INITIATE WITH INVEGA SUSTENNA®
BEFORE STARTING INVEGA TRINZA™

• Establish tolerability with oral paliperidone or oral risperidone before starting INVEGA SUSTENNA®. No oral supplementation is needed
  – See INVEGA SUSTENNA® Dosing Guide supplement for further information available at this presentation

• Patients should be adequately treated with INVEGA SUSTENNA® for ≥4 months before starting INVEGA TRINZA™

• In order to establish a consistent maintenance dose, it is recommended that the last 2 doses of INVEGA SUSTENNA® be the same dosage strength before starting INVEGA TRINZA™
**INVEGA TRINZA™ AND INVEGA SUSTENNA®: IMPORTANT SAFETY INFORMATION**

- **Commonly Observed Adverse Reactions for INVEGA TRINZA™:** The most common adverse reactions (incidence ≥ 5% and occurring at least twice as often as placebo) were injection site reaction, weight increased, headache, upper respiratory tract infection, akathisia and parkinsonism.¹

- **Commonly Observed Adverse Reactions for INVEGA SUSTENNA®:** The most common adverse reactions in clinical trials in patients with schizophrenia (≥ 5% and twice placebo) were injection site reactions, somnolence/sedation, dizziness, akathisia and extrapyramidal disorder.²,³

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