CLINICAL UPDATE

Brand Name	Invega hafyera™
Generic Name	paliperidone palmitate
Drug Manufacturer	Janssen Pharmaceuticals, Inc.

Clinical Update

TYPE OF CLINICAL UPDATE

New Brand

FDA APPROVAL DATE

August 30, 2021

LAUNCH DATE

October 2021

REVIEW DESIGNATION

Type 5 - New Formulation or New Manufacturer; New Drug Application (NDA): 207946

TYPE OF REVIEW

Priority

DISPENSING RESTRICTIONS

N/A

Overview

INDICATION(S) FOR USE

Invega hafyera™ an every-six-month injection, is an atypical antipsychotic indicated for the treatment of schizophrenia in adults after they have been adequately treated with:

- A once-a-month paliperidone palmitate extended-release injectable suspension (e.g., Invega sustenna) for at least four months or
- An every-three-month paliperidone palmitate extended-release injectable suspension (e.g., Invega trinza) for at least one three-month cycle.

MECHANISMS OF ACTION

Paliperidone palmitate is hydrolyzed to paliperidone [see Clinical Pharmacology. Paliperidone is the major active metabolite of risperidone. The mechanism of action of paliperidone is unclear. However, its efficacy in the treatment of schizophrenia could be mediated through a combination of central dopamine D2 and serotonin 5HT2A receptor antagonism.

DOSAGE FORM(S) AND STRENGTH(S)

Extended-release injectable suspension: 1,092 mg/3.5 mL or 1,560 mg/5 mL single-dose prefilled syringes.

RxAdvance

CLINICAL UPDATE

DOSE & ADMINISTRATION

- Administer Invega hafyera™ by gluteal injection once every 6 months and do not administer by any other route.
- Initiate Invega hafyera™ when the next once-a-month or every three-month paliperidone palmitate extended-release injectable suspension dose is scheduled. Dose is based on the previous once-a-month or every-three-month product.

Invega hafyera™ Doses for Adults Adequately Treated with Once-a month paliperidone palmitate extended-release injectable suspension (PP1M) *

If the Last Dose of PP1M is:	Initiate Invega hafyera™ at the Following Dose:
156 mg	1,092 mg
234 mg	1,560 mg

*Switching from the PP1M 39 mg, 78 mg and 117 mg doses was not studied.

Invega hafyera™ Doses for Adults Adequately Treated with Every three-month paliperidone palmitate injectable suspension (PP3M) *

If the Last Dose of PP3M is:	Initiate Invega hafyera™ at the Following Dose:
546 mg	1,092 mg
819 mg	1,560 mg

*Switching from the PP3M 273 mg and 410 mg doses was not studied.

EFFICACY

The efficacy of Invega hafyera™ for the treatment of schizophrenia in patients who had previously been stably treated with either PP1M for at least 4 months or PP3M for at least one 3- month, Patients previously treated with PP1M at dosages of 156 or 234 mg, PP3M at dosages of 546 or 819 mg, injectable risperidone at dosages of 50 mg, or any oral antipsychotic with a reason to change (e.g., efficacy, safety, tolerability, or a preference for a long-acting injectable medication) and with a PANSS total score of <70 points.

After establishing tolerability and clinical stability, defined by having a PANSS total score of total score of <70 points for the previous 2 assessments prior to the double-blind phase, patients were randomized in a 2:1 ratio to receive Invega hafyera™ (478 patients) or PP3M (224 patients).

The primary efficacy variable was time to first relapse in the double-blind phase. The primary efficacy analysis was based on the difference in Kaplan-Meier 12-month estimates of percentage of subjects remaining relapse-free between Invega hafyera™ and 3-month paliperidone palmitate extended-release injectable suspension. Relapse was pre-defined as emergence of one or more of the following: psychiatric hospitalization, ≥25% increase (if the baseline score was >40) or a 10-point increase (if the baseline score was ≤40) in total PANSS score on two consecutive assessments, deliberate self-injury, violent behavior, suicidal/homicidal ideation: a score of ≥5 (if the maximum baseline score was ≤3) or ≥6 (if the maximum baseline score was 4) on two consecutive assessments of the specific PANSS items. A relapse event was experienced by 7.5% and 4.9% of patients in the Invega hafyera™ and PP3M treatment groups, respectively, with the Kaplan-Meier estimated difference Invega hafyera™ – PP3M) of 2.9% (95% CI: -1.1 to 6.8). The upper bound of the 95% CI (6.8%) was less than 10%, the prespecified non-inferiority margin. The study demonstrated non-inferiority of Invega hafyera™ to PP3M.