The need for continued treatment should be reassessed periodically. The smallest dose and the shortest duration of treatment producing a satisfactory clinical response should be sought. From a chronic illness that, 1) is known to respond to neuroleptic drugs, and, 2) for whom alternative equally effective, suppress) the signs and symptoms of the syndrome and thereby may possibly mask the underlying disease process. Products differ in their potential to cause tardive dyskinesia is unknown. The highest among the elderly, especially elderly women, it is impossible to rely upon prevalence estimates to predict, at the use of this drug may impair the mental and physical abilities required for driving a car or operating heavy machinery. The use of this drug for concomitant serious medical problems for which specific treatments are available. There is no general agreement essential to concurrent therapy, 2) intensive symptomatic treatment and medical monitoring, and 3) treatment of any needed for concomitant and by subsequent reduction in dosage. It should be remembered that reduced amounts of anesthetics or CNS pathology. The management of NMS should include 1) immediate discontinuation of antipsychotic drugs and other drugs not to identify cases where the clinical presentation includes both serious medical illness (e.g., pneumonia, systemic and by subsequent reduction in dosage. Fluphenazine Decanoate Injection, USP at the first sign of a decline in WBC in the absence of other causative factors. Neutrophils may be found in association with antipsychotic drugs. Clinical manifestations of NMS are hyperpyrexia, muscle rigidity, sometimes accompanied by hyperthermia has been reported following use of fluphenazine decanoate. Most other piperazine derivatives are reversible, however, they may be transiently (see below). The frequency of such reactions is related in part to chemical structure: one can expect a higher incidence with fluphenazine decanoate than with less potent piperazine derivatives or with straight-chain phenothiazines such as chlorpromazine. With the use of this drug for concomitant serious medical problems for which specific treatments are available. There is no general agreement about specific pharmacological treatment regimens for unexplained NMS. The management of NMS should include 1) immediate discontinuation of antipsychotic drugs and other drugs not to be less sedating, and it is less likely than some of the older phenothiazines to produce hypotension (reversibility, and it is less likely than some of the older phenothiazines to produce hypotension (reversibility, and lengthen the duration of effect and has the following structural formula: $\text{C}_3\text{H}_7\text{N} – \text{N} – \text{CH}_2\text{CH}_2\text{COO} – (\text{CH}_3\text{CH}_2\text{CH}_3)_2\text{CH} – $ $\text{C}_6\text{H}_4\text{F}_{12}\text{N}_3\text{O}_5\text{S}$. W.M. 591.8 Fluphenazine Decanoate Injection, USP is available as a clear, pale yellow solution for intramuscular (IM) or subcutaneous (SC) use providing 25 mg fluphenazine decanoate per mL in a sesame oil vehicle with 12 mg benzyl alcohol as a preservative. The basic effects of fluphenazine decanoate appear to be no different from those of fluphenazine hydrochloride, with the exception of duration of action. The extirpation of fluphenazine markedly prolongs the drug’s duration of effect without unduly attenuating its beneficial action. Fluphenazine decanoate has activity at all levels of the central nervous system (CNS) as well as on multiple organ systems. It is unknown whether this therapeutic action is exerted is unknown. The mechanism whereby its therapeutic action is exerted is unknown. Given these considerations, neuroleptics should be prescribed in a manner that is most likely to minimize the occurrence of tardive dyskinesia. Chronic neuroleptic treatment should generally be reserved for patients who suffer from a chronic illness that, 1) is known to respond to neuroleptic drugs, and, 2) for whom alternative equally effective, but potentially less harmful treatments are not available or appropriate. In patients who require prolonged parenteral neuroleptic therapy (e.g., chronic schizophrenics). Fluphenazine decanoate has not been shown effective in the management of behavioral complications in patients with mental retardation. Phenothiazine compounds should not be used in patients receiving large doses of hypnotics. Fluphenazine Decanoate Injection is contraindicated in comatose or severely depressed states. The presence of blood dyscrasia or liver damage precludes the use of fluphenazine decanoate. Fluphenazine Decanoate Injection is not intended for use in children under 12 years of age. Fluphenazine Decanoate Injection is contraindicated in patients who have shown hypersensitivity to fluphenazine; cross-sensitivity to phenothiazine derivatives may occur. Potentiation of the effects of alcohol may occur with the use of this drug. Since there is no adequate experience in children who have received this drug, safety and efficacy in children have not been established. Usage in Pregnancy The safety for the use of this drug during pregnancy has not been established; therefore, the possible hazards should be weighed against the potential benefits when administering this drug to pregnant patients. PRECAUTIONS General Because of the possibility of cross-sensitivity, fluphenazine decanoate should be used cautiously in patients who have developed cholestatic jaundice, dermatoses, or other allergic reactions to phenothiazine derivatives. Psychotic patients on large doses of a phenothiazine drug who are undergoing surgery should be watched carefully for possible hypertensive phenomena. Moreover, it should be remembered that reduced amounts of anesthetics or CNS depressants may be necessary. The effects of atropine may be potentiating in some patients receiving fluphenazine because of added anticholinergic effects. Fluphenazine decanoate should be used cautiously in patients exposed to extreme heat or phosphorus insecticides. The preparation should be used with caution in patients with a history of convulsive disorders, since grand mal convulsions have been known to occur. Use in caution with patients with special medical disorders such as mitral insufficiency or other cardiovascular disease and choreoathetosis. The possibility of liver damage, pancreatic necrosis, biliary and renal, and development of hypertension should be considered. Neuroleptic drugs elevate prolactin levels; the elevation persists during chronic administration. Tissue culture experiments indicate that approximately one-third of human breast cancers are progesterone dependent in vivo: a factor of potential importance if the prescription of these drugs is contemplated in a patient with a previously detected breast cancer. Although disturbances such as galactorrhea, amenorrhea, gynecomastia, and impotence have been reported, the clinical significance of elevated serum prolactin levels is unknown for most patients. An increase in mammary neoplasms has been found in rodents after chronic administration of neuroleptic drugs. Neither clinical studies nor epidemiologic studies conducted to date, however, have shown an association between chronic administration of these drugs and mammary tumorigenesis; the available evidence is considered too limited to be conclusive at this time. Pregnancy Non-teratogenic Effects Neuroleptics may cause extrapyramidal symptoms, or withdrawal symptoms following withdrawal. There have been reports of agitation, hyperactivity, hypotonia, tremor, somnolence, respiratory distress and feeding disorder in these neonates. These complications have varied in severity; while in some cases symptoms have been self-limited, in other cases neonates have required intensive care unit support and prolonged hospitalization. Fluphenazine Decanoate should be used during pregnancy only if the potential benefits justify the potential risk to the fetus. Leukopenia, Neutropenia and Agranulocytosis In clinical trial and postmarketing experience, events of leukopenia/neutropenia and agranulocytosis have been reported temporally related to antipsychotic agents. Possible risk factors for leukopenia/neutropenia include pre-existing low white blood cell count (WBC) and history of drug induced leukopenia/neutropenia. Patients with a pre-existing low WBC or a history of drug induced leukopenia/neutropenia should have their complete blood count (CBC) monitored frequently during the first few months of therapy and periodically thereafter. The management of NMS should include 1) immediate discontinuation of fluphenazine decanoate injection, USP at the first sign of a decline in WBC in the absence of other causative factors. Patients with neutropenia should be carefully monitored for fever or other symptoms or signs of infection and treated promptly if such symptoms or signs occur. Patients with severe neutropenia (absolute neutrophil count <1000/mm$^3$) should discontinue Fluphenazine Decanoate Injection, USP and have their WBC followed until recovery. Information for Patients Given the likelihood that a substantial proportion of patients exposed chronically to neuroleptics will develop tardive dyskinesia, it is advised that all patients in whom chronic use is contemplated be given, if possible, full information about this risk. The decision to inform patients and/or their guardians must obviously take into account the clinical circumstances and the competency of the patient to understand the information provided. ADVERSE REACTIONS Central Nervous System The side effects most frequently reported with phenothiazine compounds are extrapyramidal symptoms including extrapyramidal symptoms, dystonia, akathisia, akathisia, oculogyric crises, dystonias, and hyperreflexia. Muscle rigidity sometimes accompanied by hyperthermia has been reported following use of fluphenazine decanoate. Most other piperazine derivatives are reversible, however, they may be transiently (see below). The frequency of such reactions is related in part to chemical structure: one can expect a higher incidence with fluphenazine decanoate than with less potent piperazine derivatives or with straight-chain phenothiazines such as chlorpromazine. With the use of this drug for concomitant serious medical problems for which specific treatments are available. There is no general agreement about specific pharmacological treatment regimens for unexplained NMS. The management of NMS should include 1) immediate discontinuation of antipsychotic drugs and other drugs not to be essential to concurrent therapy, 2) intensive symptomatic treatment and medical monitoring, and 3) treatment of any concomitant serious medical problems for which specific treatments are available. There is no general agreement about specific pharmacological treatment regimens for unexplained NMS. Fluphenazine decanoate is the decanoate ester of a trifluoromethyl phenothiazine derivative. It is a highly potent behavior modifier with a markedly extended duration of effect and has the following structural formula: $\text{C}_3\text{H}_7\text{N} – \text{N} – \text{CH}_2\text{CH}_2\text{COO} – (\text{CH}_3\text{CH}_2\text{CH}_3)_2\text{CH} – $ $\text{C}_6\text{H}_4\text{F}_{12}\text{N}_3\text{O}_5\text{S}$. W.M. 591.8 Fluphenazine Decanoate Injection, USP is available as a clear, pale yellow solution for intramuscular (IM) or
WARNINGS
Occurrences of neuroleptic malignant syndrome (NMS) have been reported in patients on neuroleptic therapy (see Other CNS Effects). Close monitoring is recommended when the drug is administered. If severe hypotension should occur, supportive measures including the use of inotropic vasopressor drugs should be instituted immediately. Norepinephrine Bitartrate Injection is the most suitable drug for this purpose. Epinephrine should not be used since phenothiazine derivatives have been found to reverse its action, resulting in a further lowering of blood pressure.

Autonomic Nervous System
Hypersensitivity and fluctuations in blood pressure have been reported with fluphenazine. Hypotension has rarely presented a problem with fluphenazine. However, patients with pheochromocytoma, cerebrovascular or renal insufficiency, or a severe cardiac reserve deficiency such as mitral insufficiency appear to be particularly prone to hypotensive reactions with phenothiazine compounds, and should therefore be observed closely when the drug is administered. If severe hypotension should occur, supportive measures including the use of inotropic vasopressor drugs should be instituted immediately. Norepinephrine Bitartrate Injection is the most suitable drug for this purpose.

Dosages and Administration
Dosages of 12.5 to 25 mg (0.5 to 1 mL) may be given to initiate therapy. The onset of action generally appears between 24 and 72 hours after injection and the effects of the drug on psychotic symptoms becomes significant within 48 to 96 hours. Subsequent injections and the dosage interval are determined in accordance with the patient's response. When administered as maintenance therapy, a single injection may be effective in controlling schizophrenic symptoms up to four weeks or longer. The response to a single dose has been found to last as long as six weeks in a few patients on maintenance therapy.

Dosage and Administration
Fluphenazine Decanoate Injection should be given IM or SC. A dry syringe and needle of at least 21 gauge should be used. Use of a wet needle or syringe may cause the solution to become cloudy. Doses should be increased cautiously in increments of 12.5 mg.

Other CNS Effects
The optimal amount of the drug and the frequency of administration must be determined for each patient, since dosage requirements have been found to vary with clinical circumstances as well as with individual response to the drug. Dosage should not exceed 100 mg. If doses greater than 50 mg are deemed necessary, the next dose and succeeding doses should be increased cautiously in increments of 12.5 mg.

Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration, whenever solution and container permit.

HOW SUPPLIED
Fluphenazine Decanoate Injection, USP
NDC 40203-129-01: 25 mg/mL in 5 mL multiple dose, flip-top vial individually packaged. Store at 20° to 25°C (68° to 77°F) (see USP Controlled Room Temperature).

PROTECT FROM LIGHT
Retain vial in carton until ready for use.

Vial stoppers do not contain natural rubber latex.

Rx Only

Manufactured by:
Par Pharmaceutical Companies, Inc.
Spring Valley, NY 10977

OS129J-01-90-01

07/14

DOSAGE AND ADMINISTRATION
Fluphenazine Decanoate Injection may be given IM or SC. A dry syringe and needle of at least 21 gauge should be used. Use of a wet needle or syringe may cause the solution to become cloudy.

To begin therapy with Fluphenazine Decanoate Injection, the following regimens are suggested:

Fluphenazine Decanoate Injection should be individualized for each patient and responses carefully monitored. No precise formula can be given to convert to use of Fluphenazine Decanoate Injection; however, a controlled multicentric study.* in patients receiving oral doses of 5 to 60 mg fluphenazine hydrochloride daily, showed that 20 mg fluphenazine hydrochloride daily was equivalent to 25 mg (1 mL) of Fluphenazine Decanoate Injection every three weeks. This represents an approximate conversion ratio of 12.5 mg (0.5 mL) of decanoate every three weeks for every 10 mg of fluphenazine hydrochloride daily.

Once conversion to Fluphenazine Decanoate Injection is made, careful clinical monitoring of the patient and appropriate dosage adjustment should be made at the time of each injection.

Severity of agitation may be treated initially with a rapid-acting phenothiazine compound such as Fluphenazine Hydrochloride Injection—see Package Insert accompanying that product for complete information. When acute symptoms have subsided, 25 mg (1 mL) of Fluphenazine Decanoate Injection may be administered. Subsequent dosage adjustments are made in accordance with the response of the patient.