

Milsaperidone

Bysanti

Start with a clear dose schedule, and give your body time to adjust.

From Jeffrey Panko, PMHNP-BC's education collection ·

Draft for review · Clinical content has not been revalidated for this website.

TWICE DAILY

FOLLOW YOUR STARTING SCHEDULE

Food is optional. Different conditions and medicine combinations require different starting schedules.

What it is used for

Treats schizophrenia in adults, and acute manic or mixed episodes in adults with bipolar I disorder.

It is not approved for bipolar depression or for children. Ask which symptoms you and your prescriber will use to judge progress.

How it works

It changes dopamine and serotonin signaling involved in symptoms. Your body also changes some of it into the related medicine iloperidone.

The small diagram is a simplified model, not a promise about each receptor's benefit. Do not swap medicines on your own.

What to expect over time

STARTING DAYS

The dose rises in steps to lower the chance of dizziness or fainting. Do not increase faster.

NEXT FEW WEEKS

Track sleep, thoughts, mood and daily function. Sleepiness alone does not show that symptoms are improving.

ONGOING CARE

Keep visits and health checks. Tell your team about missed days, new medicines or troublesome effects.

Taking your medication

Take the prescribed morning and evening doses, with or without food. Check the tablet strengths against your written schedule.

Your schedule may be lower because of other medicines, liver health or how your body processes the drug. Do not copy someone else's schedule.

If you miss more than three days, call before restarting: the dose must be increased gradually again. Never double a dose.

When to get help

Emergency help: collapse, seizure, breathing trouble, facial/throat swelling, or fever with severe stiffness and confusion.

Urgent assessment: fainting, heart fluttering with dizziness, or a painful or prolonged erection. Do not wait for a routine visit.

Prompt advice: uncontrolled movements, fever/infection, marked thirst or frequent urination. Seek emergency help if you cannot stay safe.

Early side effects

Dizziness, sleepiness, a faster pulse, dry mouth, stuffy nose or tiredness can occur. Stand up slowly and report repeated lightheadedness. Wait to drive until you know how it affects you.

Other effects to discuss

Weight, blood sugar, cholesterol and prolactin may rise. Report tremor, stiffness, restlessness, involuntary movements, sexual changes, missed periods or milk discharge.

What to keep track of

Expect weight, blood pressure, pulse, blood sugar, cholesterol and movement checks. Your risks may call for heart-tracing, electrolyte, liver or blood-count tests. Bring your medicine list to every visit.

Before you start

Mention allergies, fainting, heart-rhythm problems, stroke, diabetes, low blood counts, seizures, swallowing trouble, liver/kidney disease, pregnancy and nursing. Tell your eye surgeon about current or past use before eye surgery. Antipsychotics raise death and stroke risks in older people with dementia-related psychosis; Bysanti is not approved for that condition.

Medicines & interactions

Some antidepressants and antifungals

Medicines such as fluoxetine, paroxetine or ketoconazole can require a lower Bysanti dose. Ask before starting or stopping them.

Medicines that affect heart rhythm

Some combinations should be avoided. Check antibiotics, other psychiatric medicines and every new prescription with your pharmacist.

Blood-pressure and prostate medicines

Alpha-blockers should be avoided with Bysanti. Other medicines that lower blood pressure may need adjustment.

Alcohol, sedatives and supplements

Avoid alcohol. Check sleep aids, other sedatives, grapefruit and supplements before use; they may change effects or drug levels.

Everyday tips

Keep the starting schedule where you take your medicine. Ask the pharmacist to explain any dose that needs more than one tablet.

Sit or lie down if dizzy. Avoid overheating and dehydration; follow any fluid restrictions from your clinician.

Ask before restarting after a break or changing another medicine. The same previous dose may no longer be the right starting dose.

Tell someone you trust what changes to watch for. Call if sleep, behavior, mood or safety worsens between visits.

Your questions, answered

What if I miss a dose?

Do not double. Ask your pharmacist how to handle a missed dose, especially during the starting schedule. More than three missed days requires restarting titration.

Can I stop when I feel better?

Make a plan with your prescriber. Symptoms can return; troublesome side effects are a reason to call rather than manage alone.

What about pregnancy?

Contact your team if pregnant or planning pregnancy. Discuss illness and medicine risks, newborn monitoring and the pregnancy registry; do not stop abruptly.

Can I breastfeed?

The label advises no breastfeeding during treatment, then a wait of six or eight days after the last dose, depending on metabolism. Ask your team which applies and arrange feeding support.

Storage & safety

Store at room temperature, protected from light and moisture and away from children/pets. Do not share. For an extra dose call Poison Control at 1-800-222-1222; call 911 for collapse, seizure, breathing trouble or inability to wake.

A final reminder

Bring your individual starting schedule and dosing questions to your prescriber or pharmacist.

About this information

For general information only; not a substitute for individualized medical advice. This sheet does not cover every risk or interaction. Ask your prescriber or pharmacist before changing how you take this medication.

Sources

1. https://www.accessdata.fda.gov/drugsatfda_docs/label/2026/220358Orig1s000lbl.pdf
-

Educational inclusion does not mean this medication or its indications are treated at this practice. Review the guide for your exact product with your prescriber or pharmacist.

thoughtscape NP Psychiatry
Jeffrey Panko, PMHNP-BC