

Asenapine

Saphris, Secuado, an antipsychotic medicine

This medicine melts under your tongue to treat psychosis and mania, and there is a skin patch if the numb tongue bothers you.

WHAT IT TREATS

Schizophrenia, bipolar mania

HOW YOU TAKE IT

Under the tongue, twice daily

WHEN IT WORKS

1 to 2 weeks; more by 6

HABIT FORMING

No

⚠️ IMPORTANT SAFETY WARNING

Older adults with dementia who take this kind of medicine have a higher risk of death, so it is not used to treat confusion or agitation caused by dementia.

① WHAT THIS MEDICINE DOES

- **Asenapine** settles the dopamine and serotonin signals behind voices, paranoia, and the racing pace of mania.
- It is absorbed straight through the lining of your mouth, which is why the tablet is never meant to be swallowed.
- A swallowed tablet delivers almost nothing. The way you take it is as much a part of the prescription as the dose is.
- If mouth numbness is the dealbreaker, a once-daily skin patch called Secuado delivers the same medicine through your skin.

⌚ HOW TO TAKE IT

- Place the tablet **under your tongue** and let it dissolve on its own. Do not chew it, crush it, or swallow it whole.
- Do not eat or drink anything for **10 minutes** afterward, since even water in that window washes the dose away.
- Take it **twice a day**, morning and evening, with dry hands, and only open the tablet right before you take it.
- Miss a dose? Take it when you remember unless the next one is close. Never take two tablets at the same time.
- For the patch, put it on clean dry skin on your hip, belly, upper arm, or back, and change the spot each day.

📈 WHAT TO EXPECT

- Agitation and sleep usually improve in the first week. Voices and suspicious thinking keep easing for **2 to 6 weeks**.
- Working looks like the noise in your head dropping to a level where an ordinary day is possible again.
- The numb or tingling tongue starts within minutes of a dose and usually wears off within an hour.
- Taste changes often fade over the first few weeks. If they do not, that is a good reason to ask about the patch.

♥️ COMMON SIDE EFFECTS

- Numbness or tingling of the tongue and mouth affects up to **1 in 4** people and is the top reason people stop this one.
- Sipping water after the 10 minutes are up, and switching to the patch if it persists, are the two things that actually help.
- Sleepiness and dizziness are common early. Evening dosing and getting up slowly from bed or a chair take the edge off.
- A cannot-sit-still, need-to-keep-moving feeling can appear, more so at the higher dose. It is treatable, so report it.
- Weight gain is in the middle of the pack for this group, with some rise in blood sugar and cholesterol over time.
- Weight, blood pressure, blood sugar, and cholesterol get checked at the start, at 12 weeks, and yearly to catch changes early.

⚠️ CALL YOUR PRESCRIBER OR GET HELP RIGHT AWAY IF

- Call **911** for muscle stiffness with a high fever, confusion, or a racing heart. That combination is an emergency.
- Call **911** for swelling of the lips, tongue, or throat, trouble breathing, or hives, even after a dose you have taken before.
- Report mouth, tongue, or hand movements you did not choose. Early treatment matters, so call at the first sign.
- Call **988** for thoughts of ending your life, and call your prescriber for mouth sores, blisters, or fainting.

🚫 WHAT TO AVOID

- Do not eat, drink, or smoke for 10 minutes after a dose, because it strips away medicine you have not absorbed yet.
- Tell your prescriber about liver problems. Severe liver disease means this medicine is not a safe choice for you.
- Go easy on alcohol. It stacks with the sleepiness and the dizziness on standing that this medicine can cause.
- Wait to drive until you know how it affects you, especially in the first week and after any dose increase.
- Tell your prescriber if you are pregnant, may become pregnant, or are nursing, so you can decide together.

⏸️ STOPPING IT SAFELY

- Do not stop **asenapine** on your own, because symptoms often come back and can be harder to settle the second time.
- Your prescriber will lower the dose in steps instead of all at once, which keeps the return of symptoms at bay.
- If the tablet is the problem rather than the medicine, ask about the patch before giving up on the whole treatment.
- Feeling well is not proof you are done. Talk about how long to continue before you change anything.

❓ QUESTIONS TO ASK

- Would the skin patch work for me instead of the tablets?
- How do I handle the 10-minute rule at work or at school?
- Do my liver test results make this medicine a safe choice?
- When do we recheck my weight, blood sugar, and cholesterol?

Where this information comes from

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NOTE

Sources are listed in APA 7th edition style. This handout is general information about a medicine, not medical advice, and it does not replace the instructions from your own prescriber or pharmacist. Never start, change, or stop a medicine on your own. If you think you are having a serious reaction, call your prescriber; if you cannot breathe, cannot stay awake, or are thinking of harming yourself, call 911 or 988 right away.