Key Opinion Leader (KOL) Insights On a 2-Month Dosing Option

Affecting an estimated 2.4 million American adults, schizophrenia is a serious and lifelong neurodevelopmental disorder that affects how a person thinks, feels, and behaves. Symptoms associated with schizophrenia, including delusions, hallucinations, and disorganized thinking can be upsetting to patients with schizophrenia and those around them.

Treatment with a long-acting injectable (LAI) provides several benefits. An LAI provides knowledge that a patient has received their therapy. Clinicians are aware if and when a patient misses an injection, which allows for prompt intervention, and the drug remains in the patient’s system during extended dosing intervals, which may be important during transitions of care.

ARISTADA® (aripiprazole lauroxil) is an LAI indicated for the treatment of schizophrenia in adults. ARISTADA INITIO® (aripiprazole lauroxil), in combination with oral aripiprazole, is indicated for the initiation of ARISTADA when used for the treatment of schizophrenia in adults. Both products carry a Boxed Warning that states “Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death. ARISTADA and ARISTADA INITIO are not approved for the treatment of patients with dementia-related psychosis.”

ARISTADA INITIO is only available at a single strength as a single-dose pre-filled syringe, so dose adjustments are not possible. Avoid use of ARISTADA INITIO in patients who are known CYP2D6 poor metabolizers or taking strong CYP3A4 inhibitors, strong CYP2D6 inhibitors, or strong CYP3A4 inducers, antihypertensive drugs or benzodiazepines.

For all dosage strengths, ARISTADA can be started with one injection of ARISTADA INITIO and a single 30 mg dose of oral aripiprazole with the first injection of ARISTADA. If not starting ARISTADA with ARISTADA INITIO, administer 21 consecutive days of oral aripiprazole with the first ARISTADA injection.

In this newsletter, three key opinion leaders—Henry Nasrallah, Leslie Citrome, and Rakesh Jain—share their experiences with LAIs, ARISTADA, and the potential benefits of a 2-month dosing option (1064 mg).

Learn more at www.aristadahcp.com

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Opportunities for a 2-Month (1064 mg) Dosing Option

An LAI formulation of an antipsychotic may also be considered when patients are transitioning between settings.9

There are a number of possible approaches to improve continuity of care for patients during transition periods, many of which revolve around communication (between clinicians and/or with patients) and engagement (from the patient, their family members, friends, and/or others).10-11 ARISTADA® continues to deliver consistent and sustained medication levels during the dosing interval, which is important during the transition from inpatient to outpatient care.7 ARISTADA can be initiated prior to discharge, while other aspects of reentry into the community such as housing, insurance coverage, and sites for follow-up care are identified by the care team.12-14 ARISTADA INITIO® and ARISTADA® are available via the Hospital In-Patient Free Trial Program to initiate in this setting; see www.aristadacaresupport.com for more information, including restrictions and eligibility requirements.

Of utmost importance in creating the technology behind a 2-month dosing interval is demonstrating consistent and sustained medication levels during the dosing interval. Once tolerability is established, patients can start on the 2-month dose without first titrating from a previous monthly dosing schedule.
When patients have transitioned to outpatient care, the 1064 mg dose may continue to be administered every 2 months in addition to regular follow-up visits. With LAI antipsychotic medications, there is greater assurance that a patient will receive medication continuously because there are fewer opportunities to miss a medication dose and clinicians will be immediately aware of a missed visit or injection. According to a retrospective study of 71,776 subjects published in 2017, approximately 40% of Schizophrenia patients did not receive outpatient follow-up care within 30 days of discharge. Disengagement from care is a well-known challenge in the treatment of schizophrenia.

Your adult patients with schizophrenia may have the option of 6 injections per year (with the 1064 mg dosing option), and regularly scheduled visits can continue to address your patients’ needs.

Product samples are available. Contact your representative now to order samples for your practice at https://www.aristadahcp.com/product-samples.

IMPORTANT SAFETY INFORMATION (continued)

Potential for Dosing and Medication Errors: Medication errors, including substitution and dispensing errors, between ARISTADA INITIO and ARISTADA could occur. ARISTADA INITIO is intended for single administration in contrast to ARISTADA which is administered monthly, every 6 weeks, or every 8 weeks. Do not substitute ARISTADA INITIO for ARISTADA because of differing pharmacokinetic profiles.

Tardive Dyskinesia (TD): The risk of developing TD (a syndrome of abnormal, involuntary movements) and the potential for it to become irreversible are believed to increase as the duration of treatment and the total cumulative dose of antipsychotic increase. The syndrome can develop, although much less commonly, after relatively brief treatment periods at low doses. Prescribing antipsychotics should be consistent with the need to minimize TD. Discontinue ARISTADA if clinically appropriate. TD may remit, partially or completely, if antipsychotic treatment is withdrawn.

Please see additional Important Safety Information throughout and accompanying full Prescribing Information, including Boxed Warning, for ARISTADA INITIO and ARISTADA.

Metabolic Changes: Atypical antipsychotic drugs have been associated with metabolic changes that include:
- Hyperglycemia/Diabetes Mellitus: Hyperglycemia, in some cases extreme and associated with ketoacidosis, coma, or death, has been reported in patients treated with atypical antipsychotics. There have been reports of hyperglycemia in patients treated with oral aripiprazole. Patients with diabetes should be regularly monitored for worsening of glucose control; those with risk factors for diabetes should undergo baseline and periodic fasting blood glucose testing. Any patient treated with atypical antipsychotics should be monitored for symptoms of hyperglycemia, including polydipsia, polyuria, polyphagia, and weakness. Patients who develop symptoms of hyperglycemia should also undergo fasting blood glucose testing. In some cases, hyperglycemia has resolved when aripiprazole antipsychotic was discontinued; however, some patients require continuation of antidiabetic treatment despite discontinuation of the suspect drug.
- Dyslipidemia: Undesirable alterations in lipids have been observed in patients treated with atypical antipsychotics.
- Weight Gain: Weight gain has been observed with atypical antipsychotic use. Clinical monitoring of weight is recommended.

Pathological Gambling and Other Compulsive Behaviors: Compulsive or uncontrollable urges to gamble have been reported with use of aripiprazole. Other compulsive urges less frequently reported include sexual urges, shopping, binge eating and other impulsive or compulsive behaviors which may result in harm for the patient and others if not recognized. Closely monitor patients and consider dose reduction or stopping aripiprazole if a patient develops such urges.

Orthostatic Hypotension: Aripiprazole may cause orthostatic hypotension which can be associated with dizziness, light-headedness, and tachycardia. Monitor heart rate and blood pressure, and warn patients with known cardiovascular disease or risk of dehydration and syncope.

Falls: Antipsychotics including ARISTADA INITIO and ARISTADA may cause somnolence, postural hypotension or motor and sensory instability which may lead to falls and subsequent injury. Upon initiating treatment and recurrently, complete fall risk assessments as appropriate.

Leukopenia, Neutropenia, and Agranulocytosis: Leukopenia, neutropenia, and agranulocytosis have been reported with antipsychotics. Monitor complete blood count in patients with pre-existing low white blood cell count (WBC)/absolute neutrophil count or history of drug-induced leukopenia/neutropenia. Discontinue ARISTADA INITIO and ARISTADA if the first sign of a clinically significant decline in WBC and in severely neutropenic patients.

Seizures: Use with caution in patients with a history of seizures or with conditions that lower the seizure threshold.

Potential for Cognitive and Motor Impairment: ARISTADA INITIO and ARISTADA may impair judgment, thinking, or motor skills. Patients should be cautioned about operating hazardous machinery, including automobiles, unless they are certain therapy with ARISTADA INITIO and/or ARISTADA does not affect them adversely.

Body Temperature Regulation: Disruption of the body’s ability to reduce core body temperature has been attributed to antipsychotic agents. Advise patients regarding appropriate care in avoiding overheating and dehydration. Appropriate care is advised for patients who may exercise strenuously, may be exposed to extreme heat, receive concomitant medication with anticholinergic activity, or are subject to dehydration.

Dysphagia: Esophageal dysmotility and aspiration have been associated with antipsychotic drug use; use caution in patients at risk for aspiration pneumonia.

Concomitant Medication: ARISTADA INITIO is only available at a single strength as a single-dose pre-filled syringe, so dosage adjustments are not possible. Avoid use in patients who are known CYP2D6 poor metabolizers or taking strong CYP3A4 inhibitors, strong CYP2D6 inhibitors, or strong CYP3A4 inducers, antihypertensive drugs or benzodiazepines.

Depending on the ARISTADA dose, adjustments may be recommended if patients are 1) known as CYP2D6 poor metabolizers and/or 2) taking strong CYP3A4 inhibitors, strong CYP2D6 inhibitors, or strong CYP3A4 inducers for greater than 2 weeks. Avoid use of ARISTADA 662 mg, 882 mg, or 1064 mg for patients taking both strong CYP3A4 inhibitors and strong CYP2D6 inhibitors. (See Table 4 in the ARISTADA full Prescribing Information)