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

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Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death. ARISTADA INITIO and ARISTADA are not approved for the treatment of patients with dementia-related psychosis.

INDICATION
ARISTADA INITIO® (aripiprazole lauroxil) is indicated for the initiation of ARISTADA when used for the treatment of schizophrenia in adults.

ARISTADA® (aripiprazole lauroxil) is indicated for the treatment of schizophrenia in adults.

IMPORTANT SAFETY INFORMATION FOR ARISTADA INITIO AND ARISTADA

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

Learn more at www.aristadahcp.com

Schizophrenia affects approximately 2.4 million American adults. 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 to the patient. Clinicians are aware if and when a patient misses their therapy. Clinicians are aware if and when a patient misses their therapy. ARISTADA offers the first and only 2-month dosing option (1064 mg) for schizophrenia, and the 2-month dosing option can be started at treatment initiation without prior treatment with a monthly LAI. Patients who have never taken aripiprazole, establish tolerability with oral aripiprazole prior to initiating treatment with ARISTADA and ARISTADA INITIO. ARISTADA INITIO is only available at a single strength as a single-dose pre-filled syringe, so dose adjustments are not possible.

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

Inpatients who are transitioning to outpatient care need treatment on board as plans are made for a new care setting, insurance coverage, and treatment arrangements. Inpatients who are transitioning to outpatient care need treatment on board as plans are made for a new care setting, insurance coverage, and treatment arrangements. 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). ARISTADA® continues to deliver consistent and sustained medication levels during the dosing interval, which is important during the transition from inpatient to outpatient care. 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.

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.

IMPORTANT SAFETY INFORMATION

Contraindication: Known hypersensitivity reaction to aripiprazole. Reactions ranged from pruritus/urticaria to anaphylaxis. Cerebrovascular Adverse Reactions, Including Stroke: Increased incidence of cerebrovascular adverse reactions (eg, stroke, transient ischemic attack), including fatalities, have been reported in placebo-controlled trials of elderly patients with dementia-related psychosis treated with risperidone, aripiprazole, and olanzapine. ARISTADA INITIO and ARISTADA are not approved for the treatment of patients with dementia-related psychosis. Please see additional Important Safety Information throughout and accompanying full Prescribing Information, including Boxed Warning, for ARISTADA INITIO and ARISTADA.
When patients have transitioned to outpatient care, the 1064 mg dose may continue to be administered every 2 months in addition to regular therapy visits. Patients with schizophrenia may be vulnerable at the point of discharge following hospitalization, and there should be no gaps in service delivery (per American Psychiatric Association Guidelines). According to a retrospective analysis of 59,567 hospitalizations related to adults with schizophrenia (from 2003 Medicaid claims data), approximately 40% of 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 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.
When patients have transitioned to outpatient care, the 1046 mg dose may continue to be administered every 2 months in addition to regular therapy visits.

Patients with schizophrenia may be vulnerable at the point of discharge following hospitalization, and they should be given a service delivery plan (American Psychiatric Association Guidelines). According to a retrospective analysis of 1950 hospitalizations related to drug therapy changes from 2002 Medicaid claims data, approximately 40% of patients did not maintain a medication follow-up after 30 days of discharge. Disengagement from care is a well-known challenge in the treatment of schizophrenia.

Your practice may also have the option of 4 injections per year (both the 1046 mg dose 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.

INDICATION AND IMPORTANT SAFETY INFORMATION FOR ARISTADA INITIO® (aripiprazole lauroxil), in combination with oral aripiprazole, is indicated for the initiation of treatment of schizophrenia in adults.

- **INDICATION**
  - ARISTADA INITIO is indicated for the treatment of schizophrenia in adults.

- **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,一次性 injections which a patient must receive every 6 weeks, or every 8 weeks. Do not substitute ARISTADA INITIO for ARISTADA following a dosage error.
  - Taradyn Dyskinesia (TD): The risk of developing TD is syndrome of abnormal involuntary movement and the potential to become irreversible, is able to increase as the duration of treatment and the total cumulative dose of antipsychotics. The syndrome can develop, although the more common, critically important, more likely treatment period is from 2 weeks. Prescribing antipsychotics should be consistent with the need to treat the patient and the treatment can be reduced. TD may occur, partially or completely, if antipsychotic treatment is withdrawn. Please see additional important safety information throughout this product.