

Adam's big passion is football. He loves going to his friend's house to watch the big game; especially when his team is playing against his friend's team. The playful competition they had on match days was something Adam always looked forward to.

Unfortunately, Adam missed out on the last few games due to him having an episode and relapsing. This resulted in him being hospitalised.

After an acute episode, he was switched from oral aripiprazole to Abilify Maintena® (aripiprazole once-monthly).

Abilify Maintena® was shown to control positive and negative symptoms vs. placebo.<sup>1,2</sup>

Adam is looking forward to watching tonight's big game with his friend. He is now able to do what he loves most, sitting with his friend and watching his team play.

**Consider bringing back these achievable moments for patients like Adam. Please see Abilify Maintena® SmPC for more information.<sup>1</sup>**

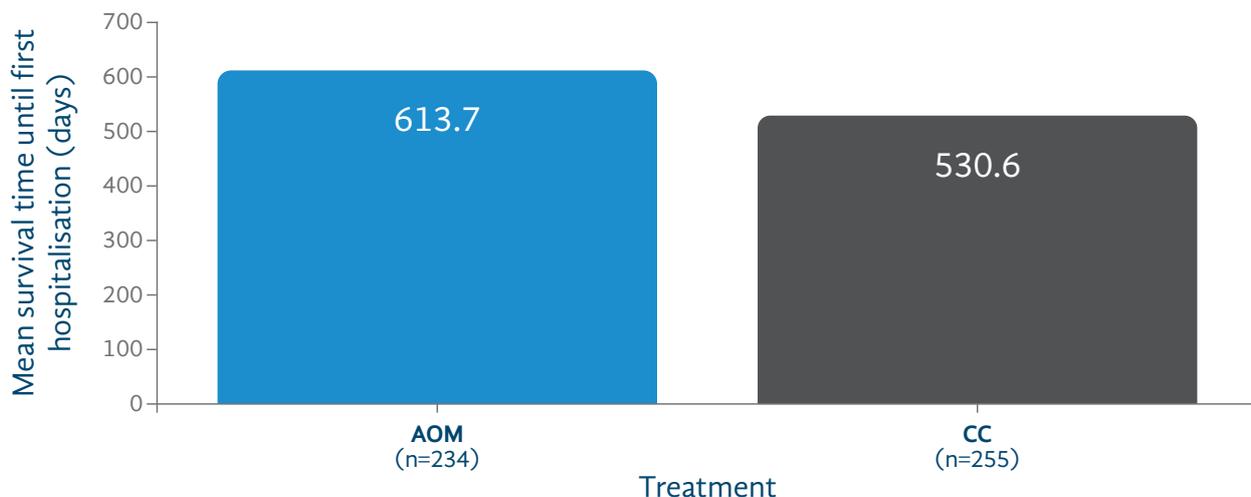


Patient names and imagery used are fictitious and do not represent a real patient.

The PRELAPSE study is an investigator-initiated, multicentre, cluster randomised, controlled clinical trial with a follow-up duration of 2 years. The objective was to determine whether encouraging the use of LAI antipsychotic medication compared to usual care, delays the time to first hospitalisation in patients with early-phase illness. All sites were community ('real world') mental health clinics that were representative of where most patients receive ambulatory services. It was designed as a large simple trial, which is less likely to influence adherence as it is embedded in the delivery of care and demands little extra effort from physicians and patients. The study was conducted in the US. Therefore clinician's choice was determined according to US practice.<sup>3</sup> Clinician's choice – oral antipsychotics (including but not limited to): aripiprazole, risperidone, lurasidone hydrochloride (HCl), quetiapine fumarate, olanzapine, ziprasidone hydrochloride (HCl); LAIs (including but not limited to): risperidone, haloperidol decanoate, olanzapine, paliperidone palmitate, fluphenazine decanoate. Products may have different indications and availability in different countries. Number of patients per product is not available. No direct comparison has been made with individual products.<sup>4</sup> Patient inclusion criteria included patients aged 18–35 years with schizophrenia diagnosis confirmed by a Structured Clinical Interview for DSM-5, Research Version (SCID-5) and <5 years of lifetime antipsychotic use, of which the first-episode patients were classified as having <1 year of prescribed treatment with antipsychotic medication and only 1 lifetime episode of psychosis and the early-phase patients were classified as 1–5 years of <1 year of antipsychotic treatment and >1 episode of psychosis.<sup>4</sup>

## Abilify Maintena® demonstrated longer time to first hospitalisation for first-episode and early-phase schizophrenia patients vs. clinician's choice<sup>5</sup> (no direct comparison has been made with individual products)

### Mean survival time until first hospitalisation



Adapted from Kane JM, et al. 2020.<sup>5</sup>  
AOM 95% CI, 582.3–645.1 days; CC 95% CI, 497.3–563.9 days.

The most frequently observed adverse drug reactions (ADRs) reported in ≥5% of patients in two double blind, long-term trials of Abilify Maintena® were weight gain (9.0%), akathisia (7.9%), insomnia (5.8%), and injection site pain (5.1%).<sup>1</sup> Please consult the SmPC for more information.

Page 1 of 2. Date of preparation: July 2022. OPE-AM-2200039 HQ-ABIM-0753

# Prescribing information



ABILIFY® (aripiprazole) PRESCRIBING INFORMATION – ABILIFY® TABLETS, ABILIFY® ORODISPERSIBLE TABLETS, ABILIFY® ORAL SOLUTION, ABILIFY® SOLUTION FOR INJECTION (INTRAMUSCULAR (IM)), ABILIFY MAINTENA® POWDER AND SOLVENT FOR PROLONGED-RELEASE SUSPENSION FOR INJECTION, ABILIFY MAINTENA® POWDER AND SOLVENT FOR PROLONGED-RELEASE SUSPENSION FOR INJECTION IN PRE-FILLED SYRINGE.

Please refer to the full Summary of Product Characteristics (SmPC) before prescribing.

**PRESENTATIONS:** Tablets: 5mg, 10mg, 15mg, 30mg; Orodispersible tablets: 10mg, 15mg, 30mg; Oral solution: 1mg/ml; Solution for injection (IM): Vial with 9.75mg aripiprazole (7.5mg/ml); Powder and solvent for prolonged-release suspension for injection: Vial with 300mg or 400mg aripiprazole; Pre-filled syringe with 300mg or 400mg aripiprazole. **INDICATIONS: Oral formulations:** Treatment of schizophrenia in adults and adolescents aged 15 years and older; **7.5mg/ml solution for injection (IM):** Rapid control of agitation and disturbed behaviours in adults with schizophrenia, when oral therapy is not appropriate. Treatment with aripiprazole solution for injection should be discontinued as soon as clinically appropriate and use of oral aripiprazole should be initiated; **Prolonged-release suspension for injection:** Maintenance treatment of schizophrenia in adults stabilised with oral aripiprazole. **DOSAGE: Oral formulations: Adults:** Recommended starting dose 10 or 15mg once a day, maintenance dose 15mg once a day without regard to meals. Aripiprazole is effective in a dose range of 10 to 30mg once a day. Enhanced efficacy at doses higher than 15mg daily has not been demonstrated although individual patients may benefit from higher dose. Maximum daily dose should not exceed 30mg. **Adolescents (≥15 years old):** Initiate at 2mg (using oral 1mg/ml solution) for 2 days, titrate to 5mg for 2 further days to reach recommended daily dose of 10mg. If needed, dose can be increased in 5mg increments, maximum daily dose 30mg. Enhanced efficacy at doses higher than 10mg daily has not been demonstrated although individual patients may benefit from higher dose. **7.5mg/ml solution for injection (IM):** Recommended initial dose 9.75mg (1.3ml), administered as single IM injection into deltoid or deep into gluteus maximus muscle (should not be administered intravenously or subcutaneously). Effective dose range 5.25mg-15mg as a single injection. Lower dose of 5.25mg (0.7ml) may be given on basis of clinical status – which should include consideration of medicines already given either for maintenance or acute treatment. A second injection may be administered 2 hours after the first injection, based on clinical status. No more than 3 injections should be given in 24 hours. Maximum daily dose of aripiprazole is 30mg (including all Abilify® formulations). If continued treatment indicated with oral aripiprazole, see SmPCs for oral aripiprazole preparations. **Prolonged-release suspension for injection:** For patients who have never taken aripiprazole, tolerability with oral aripiprazole must occur prior to initiation. Abilify Maintena® is only intended for IM use and should not be administered intravenously or subcutaneously. Starting dose can be administered as one injection start or as two injection start. **One injection start:** On the day of initiation, administer one injection of 400mg Abilify Maintena® and continue treatment with 10mg to 20mg oral aripiprazole per day for 14 consecutive days to maintain therapeutic aripiprazole concentration during initiation of therapy. Suspension should be injected slowly as a single injection (doses must not be divided) into gluteal or deltoid muscle (care should be taken to avoid inadvertent injection into a blood vessel). **Two injection start:** On the day of initiation, administer two separate injections of 400mg Abilify Maintena® at separate injection sites (see SmPCs for method of administration), along with one 20mg dose of oral aripiprazole. If initiating with the two injection start, inject into two different sites in two different muscles. DO NOT inject both injections concomitantly into the same deltoid or gluteal muscle. For known CYP2D6 poor metabolisers administer in either two separate deltoid muscles or one deltoid and one gluteal muscle. DO NOT inject into two gluteal muscles. After either the one or the two injection start, the recommended maintenance dose of Abilify Maintena® is 400mg once monthly as a single injection (no sooner than 26 days after the previous injection). Consider reducing dose to 300mg once monthly if adverse reactions experienced. **SPECIAL POPULATIONS: Hepatic impairment:** No dose adjustment required for mild-to-moderate hepatic impairment. Manage dose cautiously in severe hepatic impairment. **Oral formulations and 7.5mg/ml solution for injection (IM):** Maximum daily dose of 30mg should be used with caution in patients with severe hepatic impairment. **Prolonged-release suspension for injection:** Oral formulation preferred in severe hepatic impairment. **Renal impairment:** No dose adjustment required. **Elderly:** Safety and efficacy not established in patients ≥ 65 years old. Consider a lower starting dose (oral formulations and 7.5 mg/ml solution for injection (IM)). **Paediatrics: Oral formulations:** Safety and efficacy below 15 years of age not established and use in <15 years not recommended. **7.5mg/ml solution for injection (IM) and prolonged-release suspension for injection:** Safety and efficacy in children and adolescents aged 0-17 not established. **All formulations:** For advice on use with CYP2D6 inhibitors or CYP3A4 inhibitors or inducers see SmPCs. For Abilify Maintena®, see SmPC for instructions on missed doses, reconstitution and injection procedure. **CONTRAINDICATIONS:** Hypersensitivity to active substance or excipients. **WARNINGS AND PRECAUTIONS: All formulations:** During antipsychotic treatment, improvement in clinical condition may take days to weeks – monitor closely. **Suicidal behaviour** has been reported early after initiation or switch of antipsychotic treatment – closely supervise high risk patients. Use with caution in patients with known **cardiovascular disease, cerebrovascular disease** conditions predisposing to hypotension or hypertension, family history of QT prolongation, history of seizure disorder or have conditions associated with seizures. Extreme caution should be taken when concomitantly administering aripiprazole and stimulants. Oesophageal dysmotility and aspiration have been associated with aripiprazole and aripiprazole should be used cautiously in patients at risk for aspiration pneumonia. Cases of venous thromboembolism (VTE) have been reported with antipsychotics. All possible VTE risk factors should be identified before and during treatment and preventive measures taken. There were uncommon reports of treatment emergent dyskinesia during aripiprazole treatment. If signs and symptoms of tardive dyskinesia appear during treatment, reduce dose or discontinue. Symptoms can temporally deteriorate or even arise after treatment discontinuation. If signs and symptoms of other extra pyramidal symptoms appear e.g. akathisia or Parkinsonism, reduce the dose and monitor closely (except Abilify Maintena®). Rare cases of neuroleptic malignant syndrome (NMS) were reported in aripiprazole clinical trials. If patient develops signs and symptoms indicative of NMS or unexplained high fever without additional clinical manifestations of NMS, all antipsychotics, including aripiprazole, must be discontinued. May cause somnolence, postural hypotension, motor and sensory instability which may lead to falls. Caution when treating patients at higher risk e.g. elderly or debilitated patients – consider a lower starting dose. Not indicated for treatment of patients with dementia-related psychosis. **Hyperglycaemia** has been reported with aripiprazole. Observe for signs and symptoms of hyperglycaemia and monitor diabetes mellitus patients or those at risk of diabetes mellitus regularly for worsening glucose control. **Weight gain** has been reported post-marketing with oral aripiprazole, usually in those with significant risk factors. If weight gain is clinically significant, consider reducing dose. Increased urges can be experienced while taking aripiprazole and inability to control urges e.g. gambling, sexual urges, compulsive shopping, binge or compulsive eating. Patients or caregivers should be asked about development of new or increased urges. If urges develop during treatment, consider dose reduction or treatment cessation. Caution driving vehicles or using machines as sedation, somnolence, syncope, blurred vision or diplopia may occur. **Oral formulations:** Tablets and orodispersible tablets contain lactose. Should not be taken by patients with galactose intolerance, total lactase deficiency or glucose-galactose malabsorption. Orodispersible tablets contain aspartame, a source of phenylalanine which may be harmful to those with phenylketonuria. Orodispersible tablets contain sodium (< 1mmol/tablet). Oral solution and 7.5ml/ml solution for injection contain sodium (both contain <1mmol/dose unit). Oral solution contains fructose and sucrose. Should not be taken by patients with fructose intolerance, glucose-galactose malabsorption or sucrose-isomaltase insufficiency. Oral solution contains methyl/propyl parahydroxybenzoate, which may cause allergic reactions. **7.5mg/ml solution for injection (IM):** Observe and monitor for orthostatic hypotension. Simultaneous administration with parenteral benzodiazepine may be associated with excessive sedation and cardiorespiratory depression. If given with parenteral benzodiazepine, monitor for excessive sedation and orthostatic hypotension. Safety and efficacy not evaluated in those with alcohol or medicinal product intoxication. **Prolonged-release suspension for injection:** Abilify Maintena® should not be used for acutely agitated or severely psychotic states when immediate symptom control needed. Abilify Maintena contains sodium (<1mmol/dose). **INTERACTIONS: All formulations:** Aripiprazole has potential to enhance effect of certain antihypertensives. Caution when administering with alcohol or CNS medicines with overlapping effects such as sedation. Caution if administered with medicines known to cause QT prolongation or electrolyte imbalance. Monitor for serotonin syndrome if aripiprazole is used concomitantly with serotonergic medicines such as Selective Serotonin Reuptake Inhibitor (SSRI)/Serotonin-Norepinephrine Reuptake Inhibitor (SNRI) or medicines known to increase aripiprazole concentrations. **All formulations:** For advice on use with CYP2D6 inhibitors or CYP3A4 inhibitors or inducers see SmPCs. **FERTILITY,**

**PREGNANCY AND LACTATION:** Should not be used in pregnancy unless expected benefit clearly justifies potential risk to foetus. Neonates exposed to antipsychotics during third trimester of pregnancy at risk of reactions including extrapyramidal and/or withdrawal symptoms: monitor carefully. Aripiprazole/metabolites are excreted in human milk. Make a benefit-risk decision whether to discontinue breastfeeding or discontinue/abstain aripiprazole therapy. **UNDESIRABLE EFFECTS:** For further details on adverse events, consult SmPC. **Oral formulations and 7.5mg/ml solution for injection (IM): Common (≥1/100 to <1/10):** Diabetes mellitus, insomnia, anxiety, restlessness, akathisia, extrapyramidal disorder, tremor, headache, sedation, somnolence, dizziness, vision blurred, constipation, dyspepsia, nausea, salivary hypersecretion, vomiting, fatigue. **Uncommon (≥1/1000 to <1/100):** Hyperprolactinaemia, blood prolactin decreased, hyperglycaemia, depression, hypersexuality, tardive dyskinesia, dystonia, diplopia, photophobia, tachycardia, orthostatic hypotension, hiccups, restless legs syndrome. For 7.5mg/ml solution for injection (IM) only: mouth dry, diastolic blood pressure increased. **Frequency not known (cannot be estimated from the available data):** Leukopenia, neutropenia, thrombocytopenia, allergic reaction (e.g. anaphylactic reaction, angioedema including swollen tongue, tongue oedema, face oedema, pruritus allergic, or urticaria), diabetic hyperosmolar coma, diabetic ketoacidosis, hyponatraemia, anorexia, suicide attempt, ideation or completed, pathological gambling, impulse-control disorder, binge eating, compulsive shopping, poriomania, aggression, agitation, nervousness, neuroleptic malignant syndrome, grand mal convulsion, serotonin syndrome, speech disorder, oculogyric crisis, sudden death unexplained, torsades de pointes, ventricular arrhythmia, cardiac arrest, bradycardia, venous thromboembolism (including pulmonary embolism and deep vein thrombosis), hypertension, syncope, aspiration pneumonia, laryngospasm, oropharyngeal spasm, pancreatitis, dysphagia, diarrhoea, abdominal discomfort, stomach discomfort, hepatic failure, hepatitis, jaundice, rash, photosensitivity reaction, alopecia, hyperhidrosis, rhabdomyolysis, myalgia, stiffness, urinary incontinence, urinary retention, drug withdrawal syndrome neonatal, priapism, temperature regulation disorder (e.g. hypothermia, pyrexia), chest pain, peripheral oedema, weight decreased, weight gain, alanine aminotransferase increased, aspartate aminotransferase increased, gamma-glutamyltransferase increased, alkaline phosphatase increased, QT prolonged, blood glucose increased, glycosylated haemoglobin increased, blood glucose fluctuation, creatine phosphokinase increased, drug reaction with eosinophilia and systemic symptoms (DRESS). **Prolonged-release suspension for injection: Common (≥1/100 to <1/100):** Weight increased, diabetes mellitus, weight decreased, agitation, anxiety, restlessness, insomnia, extrapyramidal disorder, akathisia, tremor, dyskinesia, sedation, somnolence, dizziness, headache, dry mouth, musculoskeletal stiffness, erectile dysfunction, injection site pain, injection site induration, fatigue, blood creatine phosphokinase increased. **Uncommon (≥1/1000 to <1/100):** Neutropenia, anaemia, thrombocytopenia, neutrophil count decreased, white blood cell count decreased, hypersensitivity, blood prolactin increased, hyperprolactinaemia, hyperglycaemia, hypercholesterolaemia, hyperinsulinaemia, hyperlipidaemia, hypertriglyceridaemia, appetite disorder, suicidal ideation, psychotic disorder, hallucination, delusion, hypersexuality, panic reaction, depression, affect lability, apathy, dysphoria, sleep disorder, bruxism, libido decreased, mood altered, dystonia, tardive dyskinesia, Parkinsonism, movement disorder, psychomotor hyperactivity, restless legs syndrome, cogwheel rigidity, hypertonia, bradykinesia, drooling, dysgeusia, parosmia, oculogyric crisis, vision blurred, eye pain, diplopia, photophobia, ventricular extrasystoles, bradycardia, tachycardia, electrocardiogram (ECG) T wave amplitude decreased, ECG abnormal, ECG T wave inversion, hypertension, orthostatic hypotension, blood pressure increased, cough, hiccups, gastroesophageal reflux disease, dyspepsia, vomiting, diarrhoea, nausea, abdominal pain upper, abdominal discomfort, constipation, frequent bowel movement, salivary hypersecretion, liver function test abnormal, hepatic enzymes increased, alanine aminotransferase increased, gamma-glutamyl transferase increased, blood bilirubin increased, aspartate aminotransferase increased, alopecia, acne, rosacea, eczema, skin induration, muscle rigidity, muscle spasms, muscle twitching, muscle tightness, myalgia, pain in extremity, arthralgia, back pain, joint range of motion decreased, nuchal rigidity, trismus, nephrolithiasis, glycosuria, galactorrhoea, gynaecomastia, breast tenderness, vulvovaginal dryness, pyrexia, asthenia, gait disturbance, chest discomfort, injection site reaction, injection site erythema, injection site swelling, injection site discomfort, injection site pruritus, thirst, sluggishness, blood glucose increased or decreased, glycosylated haemoglobin increased, waist circumference increased, blood cholesterol or triglycerides decreased. **Frequency not known (cannot be estimated from the available data):** Leukopenia, allergic reaction (e.g. anaphylactic reaction, angioedema including swollen tongue, tongue oedema, face oedema, pruritus, or urticaria), diabetic hyperosmolar coma, diabetic ketoacidosis, anorexia, hyponatraemia, completed suicide, suicide attempt, pathological gambling, impulse-control disorders, binge eating, compulsive shopping, poriomania, nervousness, aggression, neuroleptic malignant syndrome, grand mal convulsion, serotonin syndrome, speech disorder, sudden unexplained death, cardiac arrest, torsades de pointes, ventricular arrhythmias, QT prolongation, syncope, venous thromboembolism (including pulmonary embolism and deep vein thrombosis), oropharyngeal spasm, laryngospasm, aspiration pneumonia, pancreatitis, dysphagia, hepatic failure, jaundice, hepatitis, alkaline phosphatase increased, rash, photosensitivity reaction, hyperhidrosis, rhabdomyolysis, urinary retention, urinary incontinence, drug withdrawal syndrome neonatal, priapism, temperature regulation disorder (e.g. hypothermia, pyrexia), chest pain, peripheral oedema, blood glucose fluctuation, drug reaction with eosinophilia and systemic symptoms (DRESS). **OVERDOSE: All formulations:** Supportive therapy, maintaining an adequate airway, oxygenation and ventilation, management of symptoms with cardiovascular monitoring, including continuous electrocardiographic monitoring with close medical supervision and monitoring. For oral formulations, activated charcoal administered may be effective in treatment of overdose.

**LEGAL CATEGORY:** Prescription Only Medicine (POM).

**MARKETING AUTHORISATION (MA) NUMBER:** Abilify® tablets: EU/1/04/276/001-020; Abilify® orodispersible tablets: EU/1/04/276/024-032; Abilify® 1mg/ml oral solution: EU/1/04/276/033-035; Abilify® 7.5mg/ml solution for injection (IM): EU/1/04/276/036; Abilify Maintena® powder and solvent for prolonged release suspension for injection: vial: EU/1/13/882/001-004, pre-filled syringe: EU/1/13/882/005-008.

**MA HOLDER:** Otsuka Pharmaceutical Netherlands B.V, Herikerbergweg 292, 1101 CT, Amsterdam, The Netherlands.

**PRESCRIBING INFORMATION DATE:** April 2022

Adverse events should be reported to the relevant regulatory authorities. A list of the relevant regulatory authorities is available on request from Otsuka Pharmaceutical Europe Ltd.

Adverse events should also be reported to Otsuka Pharmaceutical Europe Ltd. by email to [vigilance@otsuka-europe.com](mailto:vigilance@otsuka-europe.com)

**Example Price, UK:** Abilify® tablets: 28 tablets: 5mg (EU/1/04/276/002) £96.04, 10mg (EU/1/04/276/007) £96.04, 15mg (EU/1/04/276/012) £96.04, 30mg (EU/1/04/276/017) £192.08; Abilify® orodispersible tablets: 28 tablets: 10mg (EU/1/04/276/025) £96.04, 15mg (EU/1/04/276/028) £96.04; Abilify® 1mg/ml oral solution: 150ml (EU/1/04/276/034) £102.90; Abilify® 7.5mg/ml solution for injection 1.3ml vial (EU/1/04/276/036) £3.43; Abilify Maintena® prolonged release suspension for injection 400mg: powder and solvent: (EU/1/13/882/002) £220.41; pre-filled syringe: (EU/1/13/882/006) £220.41.

**For reference in Denmark:**

**PACK SIZES:** Tablets: 5 mg: 28 tabs, 56 tabs; 10 mg: 28 tabs, 56 tabs; 15 mg: 28 tabs, 56 tabs; 30 mg: 28 tabs, 56 tabs. Orodispersible Tablets: 10 mg 28 tabs, 15 mg 28 tabs. Oral solution: 1 mg/ml 150 ml. Solution for Injection: 7.5 mg/ml. 400 mg powder and solvent for prolonged-release suspension for injection, suspension in vial (single pack) and in pre-filled syringe (single pack, multipack).

**REFERENCE TO CURRENT PRICE:** [www.medicinprisefk.dk](http://www.medicinprisefk.dk)

**DISPENSING GROUP:** B

**REIMBURSEMENT STATUS:** general reimbursement (tablets), conditional reimbursement (orodispersible tablets, oral solution, powder and solvent for prolonged-release suspension for injection), non-reimbursement on Solution for Injection.

**OPE-AM-2200007**

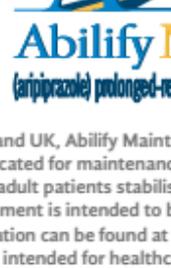
**DOP:** April 2022

[Click here for prescribing information in Austria.](#)



ONCE-MONTHLY

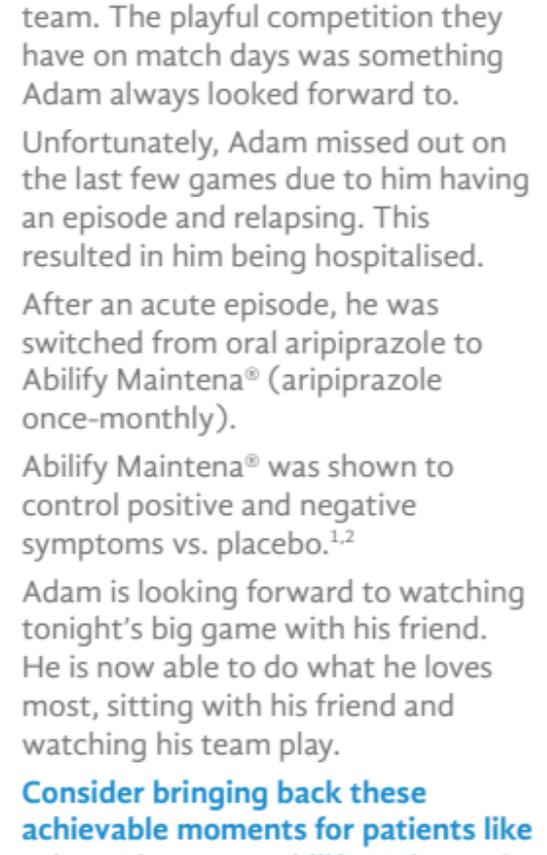
400mg



# Abilify Maintena<sup>®</sup>

(aripiprazole) prolonged-release suspension for injection

In the EU and UK, Abilify Maintena<sup>®</sup> (aripiprazole once-monthly) is indicated for maintenance treatment of schizophrenia in adult patients stabilised with oral aripiprazole.<sup>1</sup> This document is intended to be viewed online only. Prescribing information can be found at the end of this document. This material is intended for healthcare professionals only. Prescribing information may vary depending on local approval in each country. Before prescribing any product always refer to local materials such as the prescribing information and Summary of Product Characteristics (SmPC). This material has been produced by Otsuka Pharmaceutical Europe Ltd. and H. Lundbeck A/S.



Patient names and imagery used are fictitious and do not represent a real patient.

Adam's big passion is football. He loves going to his friend's house to watch the big game; especially when his team is playing against his friend's team. The playful competition they have on match days was something Adam always looked forward to.

Unfortunately, Adam missed out on the last few games due to him having an episode and relapsing. This resulted in him being hospitalised.

After an acute episode, he was switched from oral aripiprazole to Abilify Maintena<sup>®</sup> (aripiprazole once-monthly).

Abilify Maintena<sup>®</sup> was shown to control positive and negative symptoms vs. placebo.<sup>1,2</sup>

Adam is looking forward to watching tonight's big game with his friend. He is now able to do what he loves most, sitting with his friend and watching his team play.

**Consider bringing back these achievable moments for patients like Adam. Please see Abilify Maintena<sup>®</sup> SmPC for more information.<sup>1</sup>**

The PRELAPSE study is an investigator-initiated, multicentre, cluster randomised, controlled clinical trial with a follow-up duration of 2 years. The objective was to determine whether encouraging the use of LAI antipsychotic medication compared to usual care, delays the time to first hospitalisation in patients with early-phase illness. All sites were community ('real world') mental health clinics that were representative of where most patients receive ambulatory services. It was designed as a large simple trial, which is less likely to influence adherence as it is embedded in the delivery of care and demands little extra effort from physicians and patients. The study was conducted in the US. Therefore clinician's choice was determined according to US practice.<sup>3</sup>

Clinician's choice – oral antipsychotics (including but not limited to): aripiprazole, risperidone, lurasidone hydrochloride (HCl), quetiapine fumarate, olanzapine, ziprasidone hydrochloride (HCl); LAIs (including but not limited to): risperidone, haloperidol decanoate, olanzapine, paliperidone palmitate, fluphenazine decanoate. Products may have different indications and availability in different countries.

Number of patients per product is not available. No direct comparison has been made with individual products.<sup>4</sup>

Patient inclusion criteria included patients aged 18–35 years with schizophrenia diagnosis confirmed by a Structured Clinical Interview for DSM-5, Research Version (SCID-5) and <5 years of lifetime antipsychotic use, of which the first-episode patients were classified as having <1 year of prescribed treatment with antipsychotic medication and only 1 lifetime episode of psychosis and the early-phase patients were classified as 1–5 years of <1 year of antipsychotic treatment and >1 episode of psychosis.<sup>4</sup>

## Abilify Maintena<sup>®</sup> demonstrated longer time to first hospitalisation for first-episode and early-phase schizophrenia patients vs. clinician's choice<sup>5</sup> (no direct comparison has been made with individual products)

### Mean survival time until first hospitalisation



Adapted from Kane JM, et al. 2020.<sup>5</sup> AOM 95% CI, 582.3–645.1 days; CC 95% CI, 497.3–563.9 days.

The most frequently observed adverse drug reactions (ADRs) reported in ≥5% of patients in two double blind, long-term trials of Abilify Maintena<sup>®</sup> were weight gain (9.0%), akathisia (7.9%), insomnia (5.8%), and injection site pain (5.1%).<sup>1</sup> Please consult the SmPC for more information.

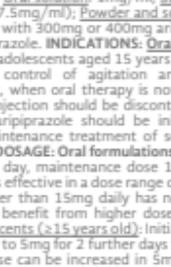
AOM, aripiprazole once-monthly; CC, clinician's choice; CI, confidence interval; DSM-5, The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition; EU, European Union; UK, United Kingdom; LAIs, long acting injectables; SCID-5, The Structured Clinical Interview for DSM-5.

**References:**  
1. Abilify Maintena<sup>®</sup> (aripiprazole once-monthly) Summary of Product Characteristics. Available at: [https://www.ema.europa.eu/en/documents/product-information/abilify-maintena-epar-product-information\\_en.pdf](https://www.ema.europa.eu/en/documents/product-information/abilify-maintena-epar-product-information_en.pdf) and <https://www.medicines.org.uk/emc/product/7962/smpc#gref> [Accessed: July 2022].  
2. Kane JM, et al. *J Clin Psychiatry* 2019;80:18m1254.  
3. Kane JM, et al. *JAMA Psychiatry* 2012;73:1733–1746.  
4. Kane JM, et al. *JAMA Psychiatry* 2020;77:Supplement 1.  
5. Kane JM, et al. *JAMA Psychiatry* 2020;77:1217–1224.

Date of preparation: July 2022.  
OPE-AM-2200039 HQ-ABIM-0753

ONCE-MONTHLY

400mg



# Abilify Maintena<sup>®</sup>

(aripiprazole) prolonged-release suspension for injection

## Prescribing information

ABILIFY<sup>®</sup> (aripiprazole) PRESCRIBING INFORMATION – ABILIFY<sup>®</sup> TABLETS, ABILIFY<sup>®</sup> ORODISPERSIBLE TABLETS, ABILIFY<sup>®</sup> ORAL SOLUTION, ABILIFY<sup>®</sup> SOLUTION FOR INJECTION (INTRAMUSCULAR (IM)), ABILIFY MAINTENA<sup>®</sup> POWDER AND SOLVENT FOR PROLONGED-RELEASE SUSPENSION FOR INJECTION, ABILIFY MAINTENA<sup>®</sup> POWDER AND SOLVENT FOR PROLONGED-RELEASE SUSPENSION FOR INJECTION IN PRE-FILLED SYRINGE.

Please refer to the full Summary of Product Characteristics (SmPC) before prescribing.

**PRESENTATIONS:** Tablets: 5mg, 10mg, 15mg, 30mg; Orodispersible tablets: 10mg, 15mg, 30mg; Oral solution: 1mg/ml. Solution for injection (IM): Vial with 9.75mg aripiprazole (7.5mg/ml); Powder and solvent for prolonged-release suspension for injection: Vial with 300mg or 400mg aripiprazole; Pre-filled syringe with 300mg or 400mg aripiprazole. **INDICATIONS:** Oral formulations: Treatment of schizophrenia in adults and adolescents aged 15 years and older; 7.5mg/ml solution for injection (IM): Rapid control of agitation and disturbed behaviours in adults with schizophrenia, when oral therapy is not appropriate. Treatment with aripiprazole solution for injection should be discontinued as soon as clinically appropriate and use of oral aripiprazole should be initiated. **Prolonged-release suspension for injection (IM):** Maintenance treatment of schizophrenia in adults stabilised with oral aripiprazole. **DOSAGE:** Oral formulations: **Adults:** Recommended starting dose 10 or 15mg once a day. Maintenance dose 15mg once a day without regard to meals. Aripiprazole is effective in a dose range of 10 to 30mg once a day. Enhanced efficacy at doses higher than 15mg daily has not been demonstrated although individual patients may benefit from higher dose. **7.5mg/ml solution for injection (IM):** Recommended initial dose 9.75mg (1.3mL), administered as single IM injection into deltoid or deep into gluteal muscle maximum dose (should not be administered intravenously or subcutaneously). Effective dose range 5.25mg–15mg as a single injection. Lower dose of 5.25mg (0.7mL) may be given on basis of clinical status – which should include consideration of medicines already given either for maintenance or acute treatment. A second injection may be administered 2 hours after the first injection, based on clinical status. No more than 3 injections should be given in 24 hours. Maximum daily dose of aripiprazole is 30mg (including all Abilify<sup>®</sup> formulations). If continued treatment indicated with oral aripiprazole, see SmPCs for oral aripiprazole preparations. **Prolonged-release suspension for injection:** For patients who have never taken aripiprazole, tolerability with oral aripiprazole must occur prior to initiation. Abilify Maintena<sup>®</sup> is only intended for IM use and should not be administered intravenously or subcutaneously. Starting dose can be administered as one injection start or as two injection start. **One injection start:** On the day of initiation, administer one or two injection of 400mg Abilify Maintena<sup>®</sup> and continue treatment with 10mg to 20mg oral aripiprazole per day for 14 consecutive days to maintain therapeutic aripiprazole concentration during initiation of therapy. Suspension should be injected slowly as a single injection (doses must not be divided) into gluteal or deltoid muscle (care should be taken to avoid inadvertent injection into a blood vessel). **Two injection start:** On the day of initiation, administer two separate injections of 400mg Abilify Maintena<sup>®</sup> at separate injection sites (see SmPCs for method of administration), along with one 20mg dose of oral aripiprazole. **DO NOT** inject both injections concomitantly into the same deltoid or gluteal muscle. **DO NOT** inject both injections concomitantly in either two separate deltoid muscles or one deltoid and one gluteal muscle. **DO NOT** inject into two gluteal muscles. After either the one or the two injection start, the recommended maintenance dose of Abilify Maintena<sup>®</sup> is 400mg once monthly as a single injection (no sooner than 26 days after the previous injection). Consider reducing dose to 300mg once monthly if adverse reactions experienced. **SPECIAL POPULATIONS:** Hepatic impairment: No dose adjustment required for mild-to-moderate hepatic impairment. Manage dose cautiously in severe hepatic impairment. **Oral formulations and 7.5mg/ml solution for injection (IM):** Maximum daily dose of 30mg should be used with caution in patients with severe hepatic impairment. **Prolonged-release suspension for injection:** Oral formulation preferred in severe hepatic impairment. **Renal impairment:** No dose adjustment required. **Elderly:** Safety and efficacy not established in patients ≥ 65 years old. Consider a lower starting dose (oral formulations and 7.5 mg/ml solution for injection (IM)). **Paediatrics:** Oral formulations: Safety and efficacy below 15 years of age not established and use in <15 years not recommended. **7.5mg/ml solution for injection (IM) and prolonged-release suspension for injection:** Safety and efficacy in children and adolescents aged 0–17 not established. **All formulations:** For advice on use with CYP2D6 inhibitors or CYP3A4 inhibitors or inducers see SmPCs. For Abilify Maintena<sup>®</sup>, see SmPC for instructions on missed doses, reconstitution and injection procedure. **CONTRAINDICATIONS:** Hypersensitivity to active substance or excipients. **WARNINGS AND PRECAUTIONS:** All formulations: During antipsychotic treatment, improvement in clinical condition may take days to weeks – monitor closely. **Suicidal behaviour** has been reported early after initiation or switch of antipsychotic treatment – closely supervise high risk patients. Use with caution in patients with known cardiovascular disease cerebrovascular disease conditions predisposing to hypotension or hypertension, family history of QT prolongation, history of seizure disorder or have conditions associated with seizures. Extreme caution should be taken when concomitantly administering aripiprazole and stimulants. Oesophageal dysmotility and aspiration have been associated with aripiprazole and aripiprazole should be used cautiously in patients at risk for aspiration pneumonia. Cases of venous thromboembolism (VTE) have been reported with antipsychotics. All possible VTE risk factors should be identified before and during treatment and preventive measures taken. There were uncommon reports of treatment emergent dyskinesia during aripiprazole treatment. If signs and symptoms of tardive dyskinesia appear during treatment, reduce dose or discontinue. Symptoms can temporarily deteriorate or even arise after treatment discontinuation. If signs and symptoms of other extra pyramidal symptoms appear e.g. akathisia or parkinsonism, reduce the dose and monitor closely (except Abilify Maintena<sup>®</sup>). Rare cases of neuroleptic malignant syndrome (NMS) were reported in aripiprazole clinical trials. If patient develops signs and symptoms indicative of NMS or unexplained high fever without additional clinical manifestations of NMS, all antipsychotics, including aripiprazole, must be discontinued. May cause somnolence, postural hypotension, motor and sensory instability which may lead to falls. Caution when treating patients at higher risk e.g. elderly or debilitated patients – consider a lower starting dose. Not indicated for treatment of patients with dementia-related psychosis. **Hyperglycaemia** has been reported with aripiprazole. Observe for signs and symptoms of hyperglycaemia and monitor diabetes mellitus patients or those at risk of diabetes mellitus regularly for worsening glucose control. **Weight gain** has been reported post-marketing with oral aripiprazole, usually in those with significant risk factors. If weight gain is clinically significant, consider reducing dose. Increased urges can be experienced while taking aripiprazole and **inability to control urges** e.g. gambling, sexual urges, compulsive shopping, binge or compulsive eating. If urges or caregivers should be asked about development of new or increased urges. If urges develop during treatment, consider dose reduction or treatment cessation. Caution driving vehicles or using machines as sedation, somnolence, syncope, blurred vision or diplopia may occur. **Oral formulations:** Tablets and orodispersible tablets contain lactose. Should not be taken by patients with galactose intolerance, total lactase deficiency or glucose-galactose malabsorption. Orodispersible tablets contain aspartame, a source of phenylalanine which may be harmful to those with phenylketonuria. **Orodispersible tablets contain sodium (< 1mmol/tablet).** Oral solution and 7.5mg/ml solution for injection contain sodium (both contain <1mmol/dose unit). Oral solution contains fructose and sucrose. Should not be taken by patients with fructose intolerance, glucose-6-phosphatase deficiency or sucrose-isomaltase insufficiency. Oral solution contains methylparahydroxybenzoate, which may cause allergic reactions. **7.5mg/ml solution for injection (IM):** Observe and monitor for orthostatic hypotension. Simultaneous administration with parenteral benzodiazepine may be associated with excessive sedation and cardiorespiratory depression. If given with parenteral benzodiazepine, monitor for excessive sedation and orthostatic hypotension. Safety and efficacy not evaluated in those with alcohol or medicinal product intoxication. **Prolonged-release suspension for injection:** Abilify Maintena<sup>®</sup> should not be used for acutely agitated or severely psychotic states when immediate symptom control needed. Abilify Maintena<sup>®</sup> contains sodium (<1 mmol/dose). **INTERACTIONS:** All formulations: Aripiprazole has potential to enhance effect of certain antihypertensives. Caution when administering with alcohol or CNS medicines with overlapping effects such as sedation. Caution if administered with medicines known to cause QT prolongation or electrolyte imbalance. Monitor for serotonin syndrome if aripiprazole is used concomitantly with serotonergic medicines such as Selective Serotonin Reuptake Inhibitor (SSRI)/Serotonin-Norepinephrine Reuptake Inhibitor (SNRI) or medicines known to increase aripiprazole concentrations. **All formulations:** For advice on use with CYP2D6 inhibitors or CYP3A4 inhibitors or inducers see SmPCs. **FERTILITY, PREGNANCY AND LACTATION:** Should not be used in pregnancy unless expected benefit clearly justifies potential risk to foetus. Neonates exposed to antipsychotics during third trimester of pregnancy at risk of reactions including extrapyramidal and/or withdrawal symptoms: monitor carefully. Aripiprazole/metabolites are excreted in human milk. Make a benefit-risk decision whether to discontinue breastfeeding or discontinue/abstain aripiprazole therapy. **UNDESIRABLE EFFECTS:** For further details on adverse events, consult SmPC. **Oral solution and 7.5mg/ml solution for injection (IM):** Common (>1/100 to <1/10): Diabetic mellitus, insomnia, anxiety, restlessness, akathisia, extrapyramidal disorder, tremor, headache, sedation, somnolence, dizziness, vision blurred, constipation, dyspepsia, nausea, salivary hypersecretion, vomiting, fatigue. **Uncommon (>1/1000 to <1/100):** Hyperprolactinaemia, blood prolactin increased, hyperglycaemia, depression, hypersexuality, tardive dyskinesia, dystonia, diplopia, photophobia, tachycardia, orthostatic hypotension, hiccups, restless legs syndrome. For 7.5mg/ml solution for injection (IM) only: mouth dry, diastolic blood pressure increased. **Frequency not known (cannot be estimated from the available data):** Leukopenia, allergic reaction (e.g. anaphylactic reaction, angioedema including swollen tongue, tongue oedema, face oedema, pruritus or urticaria), diabetic hyperosmolar coma, diabetic ketoacidosis, anorexia, hyponatraemia, completed suicide, suicide attempt, pathological gambling, impulse-control disorders, binge eating, compulsive shopping, poriomania, nervousness, agitation, nervousness, neuroleptic malignant syndrome, grand mal convulsion, serotonin syndrome, speech disorder, sudden unexplained death, cardiac arrest, torsades de pointes, ventricular arrhythmias, QT prolongation, syncope, venous thromboembolism (including pulmonary embolism and deep vein thrombosis), hypertension, syncope, aspiration pneumonia, laryngospasm, oropharyngeal spasm, pancreatitis, dysphagia, jaundice, alkaline phosphatase increased, rash, photosensitivity reaction, hyperhidrosis, rhabdomyolysis, myalgia, stiffness, urinary incontinence, drug withdrawal syndrome, neonatal priapism, temperature regulation disorder (e.g. hypothermia, pyrexia), chest pain, peripheral oedema, blood glucose fluctuation, drug reaction with eosinophilia and systemic symptoms (DRESS). **OVERDOSE:** All formulations: Supportive therapy, maintaining an adequate airway, oxygenation and ventilation, management of symptoms with cardiovascular monitoring, including continuous electrocardiographic monitoring with close medical supervision and monitoring. For oral formulations, activated charcoal administered may be effective in treatment of overdose.

**LEGAL CATEGORY:** Prescription Only Medicine (POM).

**MARKETING AUTHORISATION (MA) NUMBER:** Abilify<sup>®</sup> tablets: EU/1/04/276/001-020; Abilify<sup>®</sup> orodispersible tablets: EU/1/04/276/024-032; Abilify<sup>®</sup> 1mg/ml oral solution: EU/1/04/276/033-035; Abilify<sup>®</sup> 7.5 mg/ml solution for injection (IM): EU/1/04/276/036; Abilify Maintena<sup>®</sup> powder and solvent for prolonged release suspension for injection: vial: EU/1/13/882/001-004, pre-filled syringe: EU/1/13/882/005-008.

**MA HOLDER:** Otsuka Pharmaceutical Netherlands B.V, Henkerbergweg 292, 1101 CT, Amsterdam, The Netherlands.

**PRESCRIBING INFORMATION DATE:** April 2022

Adverse events should be reported to the relevant regulatory authorities. A list of the relevant regulatory authorities is available on request from Otsuka Pharmaceutical Europe Ltd. Adverse events should also be reported to Otsuka Pharmaceutical Europe Ltd. by email to [vigilance@otsuka-europe.com](mailto:vigilance@otsuka-europe.com)

**Example Price, UK:** Abilify<sup>®</sup> tablets: 28 tablets: 5mg (EU/1/04/276/002) £96.04, 10mg (EU/1/04/276/007) £192.08; Abilify<sup>®</sup> 15mg (EU/1/04/276/012) £96.04, 30mg (EU/1/04/276/017) £192.08; Abilify<sup>®</sup> orodispersible tablets: 28 tablets: 10mg (EU/1/04/276/025) £96.04, 15mg (EU/1/04/276/028) £96.04; Abilify<sup>®</sup> 7.5 mg/ml oral solution: 150ml (EU/1/04/276/034) £102.90; Abilify<sup>®</sup> 7.5 mg/ml solution for injection: 1.3ml vial (EU/1/04/276/036) £3.43; Abilify Maintena<sup>®</sup> prolonged release suspension for injection: 400mg: powder and solvent: (EU/1/13/882/002) £220.41; pre-filled syringe: (EU/1/13/882/006) £220.41. **For reference in Denmark:**

**PACK SIZES:** Tablets: 5 mg, 28 tabs, 56 tabs, 10 mg, 28 tabs, 15 mg, 28 tabs, 30 mg, 28 tabs, 56 tabs, 56 tabs; Oral solution: 1 mg/ml 150 ml. Solution for injection: 7.5 mg/ml, 400 mg powder and solvent for prolonged-release suspension for injection, suspension in vial (single pack) and in pre-filled syringe (single pack, multipack).

**REFERENCE TO CURRENT PRICE:** [www.medicinprisjer.dk](http://www.medicinprisjer.dk)

**DISPENSING GROUP:** B

**REIMBURSEMENT STATUS:** general reimbursement (tablets), conditional reimbursement (orodispersible tablets, oral solution, powder and solvent for prolonged-release suspension for injection), non-reimbursement on solution for injection.

**OPE-AM-2200007; DOP:** April 2022

[Click here](#) for prescribing information in Austria.