ABILIFY MAINTENA®

(aripiprazole)

FULL PRESCRIBING INFORMATION

WARNING: INCREASED MORTALITY IN ELDERLY PATIENTS WITH DEMENTIA-RELATED PSYCHOSIS

Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death. ABILIFY MAINTENA is not approved for the treatment of patients with dementia-related psychosis *[see Warnings and Precautions (5.1)].*

1 INDICATIONS AND USAGE

ABILIFY MAINTENA (aripiprazole) is indicated for :

- Treatment of schizophrenia in adults *[see Clinical Studies (14.1)]*
- Maintenance monotherapy treatment of bipolar I disorder in adults *[see Clinical Studies (14.2)]*.

2 DOSAGE AND ADMINISTRATION

2.1 Dosage Overview for the Treatment of Schizophrenia and Maintenance Monotherapy of Bipolar I Disorder

ABILIFY MAINTENA is only to be administered by intramuscular injection by a healthcare professional. The recommended starting and maintenance dose of ABILIFY MAINTENA is 400 mg monthly (no sooner than 26 days after the previous injection).

For patients who have never taken aripiprazole, establish tolerability with oral aripiprazole prior to initiating treatment with ABILIFY MAINTENA. Due to the half-life of oral aripiprazole, it may take up to 2 weeks to fully assess tolerability.

After the first ABILIFY MAINTENA injection, administer oral aripiprazole (10 mg to 20 mg) for 14 consecutive days to achieve therapeutic aripiprazole concentrations during initiation of therapy. For patients already stable on another oral antipsychotic (and known to tolerate aripiprazole), after the first ABILIFY MAINTENA injection, continue treatment with the antipsychotic for 14 consecutive days to maintain therapeutic antipsychotic concentrations during initiation of therapy.

If there are adverse reactions with the 400 mg dosage, consider reducing the dosage to 300 mg once monthly.

2.2 Dosage Adjustments for Missed Doses

If the second or third doses are missed:

- **If more than 4 weeks and less than 5 weeks have elapsed since the last injection,** administer the injection as soon as possible**.**
- **If more than 5 weeks have elapsed since the last injection,** restart concomitant oral aripiprazole for 14 days with the next administered injection.

If the fourth or subsequent doses are missed:

- **If more than 4 weeks and less than 6 weeks have elapsed since the last injection,** administer the injection as soon as possible.
- **If more than 6 weeks have elapsed since the last injection,** restart concomitant oral aripiprazole for 14 days with the next administered injection.

2.3 Dosage Adjustments for Cytochrome P450 Considerations

300 mg dosage adjustments are recommended in patients who are CYP2D6 poor metabolizers, and in patients taking 400 mg strength syringes with strong CYP2D6 or CYP3A4 inhibitors for greater than 14 days (see Table 1).

Avoid the concomitant use of strong CYP3A4 inhibitors or CYP2D6 inhibitors with ABILIFY MAINTENA for greater than 14 days due to high aripiprazole concentrations (Except for the patients taking 400 mg with strong CYP2D6 or CYP3A4 inhibitors). (see Table 1).

If the CYP3A4 inhibitor or CYP2D6 inhibitor is withdrawn, the ABILIFY MAINTENA dosage may need to be increased *[see Dosage and Administration (2.1)]*.

Avoid the concomitant use of CYP3A4 inducers with ABILIFY MAINTENA for greater than 14 days because the blood levels of aripiprazole are decreased and may be below the effective levels.

Dosage adjustments are not recommended for patients with concomitant use of CYP3A4 inhibitors, CYP2D6 inhibitors or CYP3A4 inducers for less than 14 days.

Table 1: Dose Adjustments of ABILIFY MAINTENA in Patients who are known CYP2D6 Poor Metabolizers and Patients Taking Concomitant CYP2D6 Inhibitors, 3A4 Inhibitors, and/or CYP3A4 Inducers for Greater than 14 days

Factors	Adjusted Dose
CYP2D6 Poor Metabolizers	
Known CYP2D6 Poor Metabolizers	300 mg
Known CYP2D6 Poor Metabolizers taking concomitant CYP3A4 inhibitors	Avoid use
Patients Taking 400 mg of ABILIFY MAINTENA	
Strong CYP2D6 **or** CYP3A4 inhibitors	300 mg
CYP2D6 **and** CYP3A4 inhibitors	Avoid use
CYP3A4 inducers	Avoid use
Patients Taking 300 mg of ABILIFY MAINTENA	
Strong CYP2D6 **or** CYP3A4 inhibitors	Avoid use
CYP2D6 **and** CYP3A4 inhibitors	Avoid use
CYP3A4 inducers	Avoid use

2.4 Different Aripiprazole Formulations

There are two aripiprazole formulations for intramuscular use with different dosages, dosing frequencies, and indications. ABILIFY MAINTENA is a long-acting aripiprazole formulation with 4-week dosing intervals indicated for the treatment of schizophrenia and maintenance monotherapy of bipolar I disorder in adults. In contrast, aripiprazole injection (9.75 mg per vial) is a short-acting formulation indicated for agitation in patients with schizophrenia or mania. Do not substitute these products. Refer to the prescribing information for aripiprazole injection for more information about aripiprazole injection.

2.5 Pre-filled Dual Chamber Syringe: Preparation and Administration Instructions

Preparation Prior to Reconstitution

For deep intramuscular deltoid or gluteal injection by healthcare professionals only. Do not administer by any other route. Inject full syringe contents immediately following reconstitution. Administer once monthly.

Lay out and confirm that components listed below are provided in the kit:

- One ABILIFY MAINTENA (aripiprazole) pre-filled dual chamber syringe (400 mg or 300 mg as appropriate) for extended release injectable suspension containing lyophilized powder and Sterile Water for Injection

- One 23-gauge, 1-inch (25 mm) hypodermic safety needle with needle protection device for deltoid administration in non-obese patients
- One 22-gauge, 1.5-inch (38 mm) hypodermic safety needle with needle protection device for gluteal administration in non-obese patients or deltoid administration in obese patients
- One 21-gauge, 2-inch (51 mm) hypodermic safety needle with needle protection device for gluteal administration in obese patients

Reconstitution of Lyophilized Powder in Pre-filled Dual Chamber Syringe

Reconstitute at room temperature.

a) Push plunger rod slightly to engage threads. And then, rotate plunger rod until the rod stops rotating to release diluent. After plunger rod is at complete stop, middle stopper will be at the indicator line (see Figure 1).

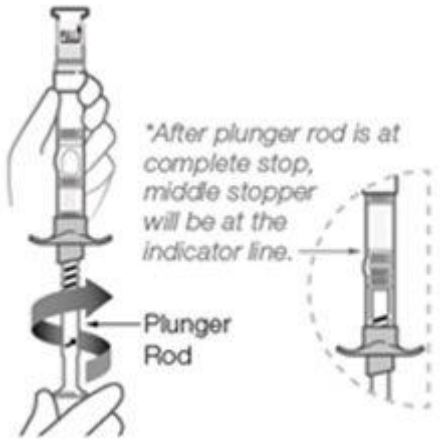


Figure 1

b) Vertically shake the syringe vigorously for 20 seconds until drug is uniformly milky-white (see Figure 2).

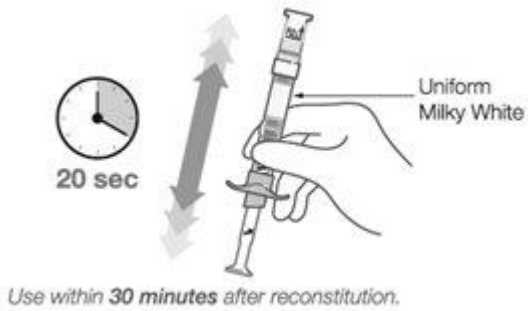


Figure 2

c) Visually inspect the syringe for particulate matter and discoloration prior to administration. The reconstituted ABILIFY MAINTENA suspension should appear to be a uniform, homogeneous suspension that is opaque and milky-white in color.

Injection Procedure

Use appropriate aseptic techniques throughout injection procedure. For deep intramuscular injection only.

a) Twist and pull off Over-cap and Tip-cap (see Figure 3).

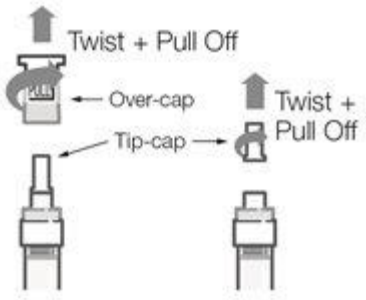


Figure 3

b) Select appropriate needle (see Figure 4).

Body Type	Injection Site	Needle Size
Non-obese	Deltoid	**1 inch** (23G)
	Gluteus	**1.5 inch** (22G)
Obese	Deltoid	**1.5 inch** (22G)
	Gluteus	**2 inch** (21G)

Figure 4

For deltoid administration:

- 23-gauge, 1-inch (25 mm) hypodermic safety needle with needle protection device for non-obese patients.

- 22-gauge, 1.5-inch (38 mm) hypodermic safety needle with needle protection device for obese patients.

For gluteal administration:

- 22-gauge, 1.5-inch (38 mm) hypodermic safety needle with needle protection device for non-obese patients.
- 21-gauge, 2-inch (51 mm) hypodermic safety needle with needle protection device for obese patients.

c) While holding the needle cap, ensure the needle is firmly seated on the safety device with a push. Twist clockwise until SNUGLY fitted (see Figure 5).

Figure 5

d) Then **PULL** needle-cap straight up (see Figure 6).

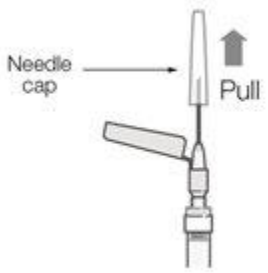


Figure 6

e) Hold syringe UPRIGHT and **ADVANCE PLUNGER ROD SLOWLY TO EXPEL THE AIR.** Expel air until suspension fills needle base. If it's not possible to advance plunger rod to expel the air, check that plunder rod is rotated to a complete stop (see Figure 7).

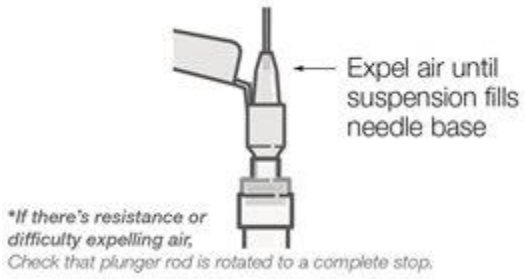


Figure 7

f) **Inject slowly into the deltoid or gluteal muscle.** Do **not** massage the injection site.

Disposal Procedure

a) Engage the needle safety device and safely discard all kit components (see Figure 8). **ABILIFY MAINTENA pre-filled dual chamber syringe is for single-use only.**

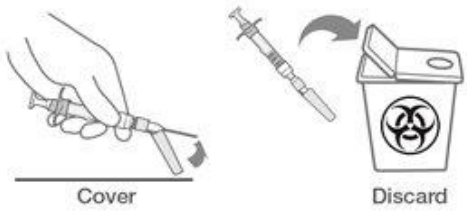


Figure 8

b) Rotate sites of injections between the two deltoid or gluteal muscles.

3 DOSAGE FORMS AD STRENGTHS

For extended-release injectable suspension: 300 mg and 400 mg of lyophilized powder for reconstitution in :

- single-dose, pre-filled, dual chamber syringe.

The reconstituted extended-release injectable suspension is a uniform, homogeneous suspension that is opaque and milky-white in color.

4 CONTRAINDICATIONS

ABILIFY MAINTENA is contraindicated in patients with a known hypersensitivity to aripiprazole. Hypersensitivity reactions ranging from pruritus/urticaria to anaphylaxis

have been reported in patients receiving aripiprazole *[see Adverse Reactions (6.1 and 6.2)]*.

5 WARNINGS AND PRECAUTIONS

5.1 Increased Mortality in Elderly Patients with Dementia - Related Psychosis

Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death. Analyses of 17 placebo-controlled trials (modal duration of 10 weeks), largely in patients taking atypical antipsychotic drugs, revealed a risk of death in drug-treated patients of between 1.6 to 1.7 times the risk of death in placebo-treated patients. Over the course of a typical 10-week controlled trial, the rate of death in drug-treated patients was about 4.5%, compared to a rate of about 2.6% in the placebo group.

Although the causes of death were varied, most of the deaths appeared to be either cardiovascular (e.g., heart failure, sudden death) or infectious (e.g., pneumonia) in nature. Observational studies suggest that, similar to atypical antipsychotic drugs, treatment with conventional antipsychotic drugs may increase mortality. The extent to which the findings of increased mortality in observational studies may be attributed to the antipsychotic drug as opposed to some characteristic(s) of the patients is not clear. ABILIFY MAINTENA is not approved for the treatment of patients with dementia-related psychosis.

5.2 Cerebrovascular Adverse Reactions, Including Stroke in Elderly Patients with Dementia-Related Psychosis

In placebo-controlled clinical studies (two flexible dose and one fixed dose study) of dementia-related psychosis, there was an increased incidence of cerebrovascular adverse reactions (e.g., stroke, transient ischemic attack), including fatalities, in oral aripiprazole-treated patients (mean age: 84 years; range: 78 to 88 years). In the fixed-dose study, there was a statistically significant dose response relationship for cerebrovascular adverse reactions in patients treated with oral aripiprazole. ABILIFY MAINTENA is not approved for the treatment of patients with dementia-related psychosis.

5.3 Neuroleptic Malignant Syndrome

A potentially fatal symptom complex sometimes referred to as Neuroleptic Malignant Syndrome (NMS) may occur with administration of antipsychotic drugs, including ABILIFY MAINTENA. Rare cases of NMS occurred during aripiprazole treatment in the worldwide clinical database.

Clinical manifestations of NMS are hyperpyrexia, muscle rigidity, altered mental status, and evidence of autonomic instability (irregular pulse or blood pressure, tachycardia, diaphoresis, and cardiac dysrhythmia). Additional signs may include elevated creatine phosphokinase, myoglobinuria (rhabdomyolysis), and acute renal failure.

The diagnostic evaluation of patients with this syndrome is complicated. In arriving at a diagnosis, it is important to exclude cases where the clinical presentation includes both

serious medical illness (e.g., pneumonia, systemic infection) and untreated or inadequately treated extrapyramidal signs and symptoms (EPS). Other important considerations in the differential diagnosis include central anticholinergic toxicity, heat stroke, drug fever, and primary central nervous system pathology.

The management of NMS should include: 1) immediate discontinuation of antipsychotic drugs and other drugs not essential to concurrent therapy; 2) intensive symptomatic treatment and medical monitoring; and 3) treatment of any concomitant serious medical problems for which specific treatments are available. There is no general agreement about specific pharmacological treatment regimens for uncomplicated NMS.

If a patient requires antipsychotic drug treatment after recovery from NMS, the potential reintroduction of drug therapy should be carefully considered. The patient should be carefully monitored, since recurrences of NMS have been reported.

5.4 Tardive Dyskinesia

A syndrome of potentially irreversible, involuntary, dyskinetic movements may develop in patients treated with antipsychotic drugs. Although the prevalence of the syndrome appears to be highest among the elderly, especially elderly women, it is impossible to rely upon prevalence estimates to predict, at the inception of antipsychotic treatment, which patients are likely to develop the syndrome. Whether antipsychotic drug products differ in their potential to cause tardive dyskinesia is unknown.

The risk of developing tardive dyskinesia and the likelihood that it will become irreversible are believed to increase as the duration of treatment and the total cumulative dose of antipsychotic drugs administered to the patient increase. However, the syndrome can develop, although much less commonly, after relatively brief treatment periods at low doses.

Tardive dyskinesia may remit, partially or completely, if antipsychotic treatment is withdrawn. Antipsychotic treatment, itself, however, may suppress (or partially suppress) the signs and symptoms of the syndrome and, thereby, may possibly mask the underlying process. The effect of symptomatic suppression on the long-term course of the syndrome is unknown.

Given these considerations, ABILIFY MAINTENA should be prescribed in a manner that is most likely to minimize the occurrence of tardive dyskinesia. Chronic antipsychotic treatment should generally be reserved for patients who suffer from a chronic illness that 1) is known to respond to antipsychotic drugs and 2) for whom alternative, equally effective, but potentially less harmful treatments are not available or appropriate. In patients who do require chronic treatment, the smallest dose and the shortest duration of treatment producing a satisfactory clinical response should be sought. The need for continued treatment should be reassessed periodically.

If signs and symptoms of tardive dyskinesia appear in a patient treated with ABILIFY MAINTENA drug discontinuation should be considered.

5.5 Metabolic Changes

Atypical antipsychotic drugs have been associated with metabolic changes that include hyperglycemia/diabetes mellitus, dyslipidemia, and weight gain. While all drugs in the class have been shown to produce some metabolic changes, each drug has its own specific risk profile.

Hyperglycemia/Diabetes Mellitus

Hyperglycemia, in some cases extreme and associated with diabetic ketoacidosis, hyperosmolar coma, or death, has been reported in patients treated with atypical antipsychotics. There have been reports of hyperglycemia in patients treated with aripiprazole *[see Adverse Reactions (6.1)]*. Assessment of the relationship between atypical antipsychotic use and glucose abnormalities is complicated by the possibility of an increased background risk of diabetes mellitus in patients with schizophrenia and the increasing incidence of diabetes mellitus in the general population. Given these confounders, the relationship between atypical antipsychotic use and hyperglycemia-related adverse reactions is not completely understood. However, epidemiological studies suggest an increased risk of hyperglycemia-related adverse reactions in patients treated with the atypical antipsychotics.

Patients with an established diagnosis of diabetes mellitus who are started on atypical antipsychotics should be monitored regularly for worsening of glucose control. Patients with risk factors for diabetes mellitus (e.g., obesity, family history of diabetes), who are starting treatment with atypical antipsychotics should undergo fasting blood glucose testing at the beginning of treatment and periodically during treatment. 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 during treatment with atypical antipsychotics should undergo fasting blood glucose testing. In some cases, hyperglycemia has resolved when the atypical antipsychotic was discontinued; however, some patients required continuation of anti-diabetic treatment despite discontinuation of the atypical antipsychotic drug.

In a short-term, placebo-controlled randomized trial in adults with schizophrenia, the mean change in fasting glucose was +9.8 mg/dL (N=88) in the ABILIFY MAINTENA treated patients and +0.7 mg/dL (N=59) in the placebo-treated patients. Table 2 shows the proportion of ABILIFY MAINTENA-treated patients with normal and borderline fasting glucose at baseline and their changes in fasting glucose measurements.

Table 2: Proportion of Patients with Potential Clinically Relevant Changes in Fasting Glucose from a 12-Week Placebo-Controlled Monotherapy Trial in Adult Patients with Schizophrenia

	Category Change (at least once) from Baseline	Treatment Arm	n/N[a]	%
Fasting Glucose	Normal to High (<100 mg/dL to ≥126 mg/dL)	ABILIFY MAINTENA	7/88	8.0
		Placebo	0/75	0.0
	Borderline to High (≥100 mg/dL and <126 mg/dL to ≥126 mg/dL)	ABILIFY MAINTENA	1/33	3.0
		Placebo	3/33	9.1

[a] N = the total number of subjects who had a measurement at baseline and at least one post-baseline result.
n = the number of subjects with a potentially clinically relevant shift.

During a 52-week, open-label bipolar I disorder study in those patients who initiated ABILIFY MAINTENA treatment, 1.1 % with normal baseline fasting glucose experienced a shift to high while receiving ABILIFY MAINTENA and 9.8% with borderline fasting glucose experienced a shift to high. Combined, 2.9% of these patients with normal or borderline fasting glucose experienced shifts to high fasting glucose during this trial.

Dyslipidemia

Undesirable alterations in lipids have been observed in patients treated with atypical antipsychotics.

Table 3 shows the proportion of adult patients from one short-term, placebo-controlled randomized trial in adults with schizophrenia taking ABILIFY MAINTENA, with changes in total cholesterol, fasting triglycerides, fasting LDL cholesterol and HDL cholesterol.

Table 3 : Proportion of Patients with Potential Clinically Relevant Changes in Blood Lipid Parameters From a 12-Week Placebo-Controlled Monotherapy Trial in Adults with Schizophrenia

	Treatment Arm	n/N[a]	%
Total Cholesterol Normal to High (<200 mg/dL to ≥240 mg/dL)	ABILIFY MAINTENA	3/83	3.6
	Placebo	2/73	2.7
Borderline to High (200~<240 mg/dL to ≥240 mg/dL)	ABILIFY MAINTENA	6/27	22.2
	Placebo	2/19	10.5
Any increase (≥40 mg/dL)	ABILIFY MAINTENA	15/122	12.3
	Placebo	6/110	5.5
Fasting Triglycerides Normal to High (<150 mg/dL to ≥200 mg/dL)	ABILIFY MAINTENA	7/98	7.1
	Placebo	4/78	5.1
Borderline to High (150~<200 mg/dL to ≥200 mg/dL)	ABILIFY MAINTENA	3/11	27.3
	Placebo	4/15	26.7
Any increase (≥ 50 mg/dL)	ABILIFY MAINTENA	24/122	19.7
	Placebo	20/110	18.2
Fasting LDL Cholesterol Normal to High (<100 mg/dL to ≥160 mg/dL)	ABILIFY MAINTENA	1/59	1.7
	Placebo	1/51	2.0
Borderline to High (100~<160 mg/dL to ≥160 mg/dL)	ABILIFY MAINTENA	5/52	9.6
	Placebo	1/41	2.4
Any increase (≥ 30 mg/dL)	ABILIFY MAINTENA	17/120	14.2
	Placebo	9/103	8.7
HDL Cholesterol Normal to Low (≥40 mg/dL to <40 mg/dL)	ABILIFY MAINTENA	14/104	13.5
	Placebo	11/87	12.6
Any decrease (≥ 20 mg/dL)	ABILIFY MAINTENA	7/122	5.7
	Placebo	12/110	10.9

[a] N = the total number of subjects who had a measurement at baseline and at least one post-baseline result.
n = the number of subjects with a potentially clinically relevant shift.

During a 52-week, open-label bipolar I disorder study in those patients who initiated ABILIFY MAINTENA, shifts from baseline in fasting cholesterol from normal to high were reported in 2.1 % (total cholesterol) and 2.2% (LDL cholesterol) and shifts from baseline from normal to low were reported in 8.5 % (HDL cholesterol). Of these patients with normal baseline triglycerides, 3.6 % experienced shifts to high, and 0.0%

experienced shifts to very high. Combined, 1.0% of these patients with normal or borderline fasting triglycerides experienced shifts to very high fasting triglycerides during this trial.

Weight Gain

Weight gain has been observed with atypical antipsychotic use. Clinical monitoring of weight is recommended.

In one short-term, placebo-controlled trial in adult patients with schizophrenia with ABILIFY MAINTENA, the mean change in body weight at Week 12 was +3.5 kg (N=99) in the ABILIFY MAINTENA-treated patients and +0.8 kg (N=66) in the placebo-treated patients.

Table 4 shows that percentage of adult patients with schizophrenia with weight gain ≥ 7 % of body weight in a short-term, placebo-controlled trial with ABILIFY MAINTENA.

Table 4: Percentage of Patients From a 12-Week Placebo-Controlled Trial in Adult Patients with Schizophrenia with Weight Gain ≥7% of Body Weight

	Treatment Arm	N[a]	Patients n (%)
Weight gain ≥7% of body weight	ABILIFY MAINTENA	144	31 (21.5)
	Placebo	141	12 (8.5)

[a] N = the total number of subjects who had a measurement at baseline and at least one post-baseline result.

During a 52-week, open-label bipolar I disorder study in those patients who initiated ABILIFY MAINTENA, 1.8 % discontinued ABILIFY MAINTENA treatment due to weight increase. ABILIFY MAINTENA was associated with mean increase from baseline in weight of 1.0 kg at week 52. In this trial, 21.4% of these patients demonstrated ≥ 7% increase in body weight and 15.4% demonstrated a ≥ 7% decrease in body weight.

5.6 Pathological Gambling and Other Compulsive Behaviors

Post-marketing case reports suggest that patients can experience intense urges, particularly for gambling, and the inability to control these urges while taking aripiprazole. Other compulsive urges, reported less frequently, include: sexual urges, shopping, eating or binge eating, and other impulsive or compulsive behaviors. Because patients may not recognize these behaviors as abnormal, it is important for prescribers to ask patients or their caregivers specifically about the development of new or intense gambling urges, compulsive sexual urges, compulsive shopping, binge or compulsive eating, or other urges while being treated with aripiprazole. It should be noted that impulse-control symptoms can be associated with the underlying disorder. In some cases, although not all, urges were reported to have stopped when the dose was reduced or the medication was discontinued. Compulsive behaviors may result in harm to the patient

and others if not recognized. Consider dose reduction or stopping the medication if a patient develops such urges.

5.7 Orthostatic Hypotension

Aripiprazole may be associated with orthostatic hypotension, perhaps due to its α_1-adrenergic receptor antagonism. Aripiprazole may induce orthostatic hypotension, tachycardia, dizziness, and sometimes syncope, especially at the initiation of treatment. In the placebo-controlled trial in acute schizophrenia, presyncope occurred in 1/167 (0.6%) of patients treated with ABILIFY MAINTENA, while syncope and orthostatic hypotension each occurred in 1/172, (0.6%) of patients treated with placebo. There were no significant orthostatic changes in blood pressure for the ABILIFY MAINTENA-treated patients or placebo-treated patients (defined as a decrease in systolic blood pressure ≥20 mmHg accompanied by an increase in heart rate ≥25 when comparing standing to supine values).

In the double-blind controlled phase of the maintenance clinical trials using ABILIFY MAINTENA, orthostasis related events were reported in 2/534 (0.4%) patients. Orthostasis occurred in 4/576 (0.7%) of patients treated with ABILIFY MAINTENA during the stabilization phase, including abnormal orthostatic blood pressure (1/576, 0.2%), postural dizziness (1/576, 0.2%), presyncope (1/576, 0.2%) and orthostatic hypotension (1/576, 0.2%). In the stabilization phase, the incidence of significant orthostatic change in blood pressure was 0.2% (1/575).

During the stabilization phase of the maintenance trial in adult patients with bipolar I disorder, syncope was the only orthostatic related adverse event reported in 0.2% of patients treated with ABILIFY MAINTENA. Incidence of potential clinically relevant orthostatic hypotension reported during the ABILIFY MAINTENA stabilization phase in bipolar I disorder was 0.2% (1/421) and during the double-blind, placebo-controlled phase, there were no differences reported in either treatment group.

The incidence of orthostatic hypotension-associated events from short-term, placebo-controlled trials of adult patients on oral aripiprazole (n=2643) included (aripiprazole incidence, placebo incidence): orthostatic hypotension (1.0%, 0.3%), postural dizziness (0.5%, 0.3%), and syncope (0.5%, 0.3%).

Aripiprazole should be used with caution in patients with known cardiovascular disease (e.g. history of myocardial infarction or ischemic heart disease, heart failure or conduction abnormalities), cerebrovascular disease, or conditions which would predispose patients to hypotension (e.g., dehydration, hypovolemia, and treatment with antihypertensive medications). Patients with a history of clinically significant cardiovascular disorders were excluded from clinical trials.

5.8 Leukopenia, Neutropenia, and Agranulocytosis

In clinical trials and post-marketing experience, leukopenia and neutropenia have been reported temporally related to antipsychotic agents, including ABILIFY MAINTENA. Agranulocytosis has also been reported *[see Adverse Reactions (6.1)]*.

Possible risk factors for leukopenia/neutropenia include pre-existing low white blood cell count (WBC)/absolute neutrophil count (ANC) and a history of drug-induced leukopenia/neutropenia. In patients with a history of a clinically significant low WBC/ANC or drug-induced leukopenia/neutropenia, perform a complete blood count (CBC) frequently during the first few months of therapy. In such patients, consider discontinuation of ABILIFY MAINTENA at the first sign of a clinically significant decline in WBC in the absence of other causative factors.

Monitor patients with clinically significant neutropenia for fever or other symptoms or signs of infection and treat promptly if such symptoms or signs occur. Discontinue ABILIFY MAINTENA in patients with severe neutropenia (absolute neutrophil count $<1000/mm^3$) and follow their WBC counts until recovery.

5.9 Seizures

As with other antipsychotic drugs, use ABILIFY MAINTENA cautiously in patients with a history of seizures or with conditions that lower the seizure threshold. Conditions that lower the seizure threshold may be more prevalent in a population of 65 years or older.

5.10 Potential for Cognitive and Motor Impairment

ABILIFY MAINTENA, like other antipsychotics, may impair judgment, thinking, or motor skills. Instruct patients to avoid operating hazardous machinery, including automobiles, until they are reasonably certain that therapy with ABILIFY MAINTENA does not affect them adversely.

5.11 Body Temperature Regulation

Disruption of the body's ability to reduce core body temperature has been attributed to antipsychotic agents. Appropriate care is advised when prescribing ABILIFY MAINTENA for patients who will be experiencing conditions which may contribute to an elevation in core body temperature, (e.g., exercising strenuously, exposure to extreme heat, receiving concomitant medication with anticholinergic activity, or being subject to dehydration).

5.12 Dysphagia

Esophageal dysmotility and aspiration have been associated with antipsychotic drug use, including ABILIFY MAINTENA. ABILIFY MAINTENA and other antipsychotic drugs should be used cautiously in patients at risk for aspiration pneumonia *[see Warnings and Precautions (5.1)]*.

5.13 QT Interval

In clinical trials with ABILIFY MAINTENA, the incidence of QT prolongation was comparable to placebo. In post-marketing experience, QT prolongation has been reported very rarely with aripiprazole treatment. As with other antipsychotics, aripiprazole should be used with caution in patients with conditions such as congenital long QT syndrome and acquired long QT syndrome (e.g., due to concomitant use of a drug that prolongs the QT); a family history of QT prolongation; or other clinical conditions that predispose to arrhythmias (e.g., hypokalemia or hypomagnesemia or hypocalcemia).

5.14 Falls

Antipsychotics, including ABILIFY MAINTENA, may cause somnolence, postural hypotension, motor and sensory instability, which may lead to falls and, consequently, fractures or other injuries. For patients with diseases, conditions, or medications that could exacerbate these effects, complete fall risk assessments when initiating antipsychotic treatment and recurrently for patients on long-term antipsychotic therapy.

5.15 Venous Thromboembolism

Venous thromboembolism (VTE), including fatal pulmonary embolism, has been reported with antipsychotic drugs, including oral aripiprazole, in case reports and/or observational studies. When prescribing ABILIFY MAINTENA all potential risk factors for VTE should be identified and preventative measures undertaken.

5.16 Priapism

Although no cases of priapism were reported in clinical trials with ABILIFY MAINTENA, rare cases of priapism have been reported with antipsychotic use including oral aripiprazole. As with other psychotropic drugs, this adverse reaction did not appear to be dose-dependent and did not correlate with the duration of treatment.

5.17 Akathisia

The presentation of akathisia may be variable and comprises subjective complaints of restlessness and an overwhelming urge to move and either distress or motor phenomena (such as pacing, swinging of the legs while seated, rocking from foot to foot), or both. Particular attention should be paid to the monitoring for such symptoms and signs as, left untreated, akathisia is associated with poor compliance and an increased risk of relapse.

6 ADVERSE REACTIONS

The following adverse reactions are discussed in more detail in other sections of the labeling:

- Increased Mortality in Elderly Patients with Dementia - Related Psychosis Use *[see Boxed Warning and Warnings and Precautions (5.1)]*
- Cerebrovascular Adverse Reactions, Including Stroke in Elderly Patients with Dementia-Related Psychosis *[see Boxed Warning and Warnings and Precautions (5.2)]*

- Neuroleptic Malignant Syndrome *[see Warnings and Precautions (5.3)]*
- Tardive Dyskinesia *[see Warnings and Precautions (5.4)]*
- Metabolic Changes *[see Warnings and Precautions (5.5)]*
- Pathological Gambling and Other Compulsive Behaviors [see *Warnings and Precautions (5.6)]*
- Orthostatic Hypotension *[see Warnings and Precautions (5.7)]*
- Leukopenia, Neutropenia, and Agranulocytosis *[see Warnings and Precautions (5.8)]*
- Seizures *[see Warnings and Precautions (5.9)]*
- Potential for Cognitive and Motor Impairment *[see Warnings and Precautions (5.10)]*
- Body Temperature Regulation *[see Warnings and Precautions (5.11)]*
- Dysphagia *[see Warnings and Precautions (5.12)]*
- QT Interval *[see Warnings and Precautions (5.13)]*
- Falls *[see Warnings and Precautions (5.14)]*
- Venous Thromboembolism *[see Warnings and Precautions (5.15)]*
- Priapism *[see Warnings and Precautions (5.16)]*
- Akathisia *[see Warnings and Precautions (5.17)]*

6.1 Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice.

Safety Database of ABILIFY MAINTENA and Oral Aripiprazole

Oral Aripiprazole has been evaluated for safety in 16,114 adult patients who participated in multiple-dose, clinical trials in schizophrenia and other indications, and who had approximately 8,578 patient-years of exposure to oral aripiprazole. A total of 3,901 patients were treated with oral aripiprazole for at least 180 days, 2,259 patients were treated with oral aripiprazole for at least 360 days, and 933 patients continuing aripiprazole treatment for at least 720 days.

ABILIFY MAINTENA has been evaluated for safety in 2,128 adult patients in clinical trials in schizophrenia, with approximately 2,633 patient-years of exposure to ABILIFY MAINTENA. A total of 1,229 patients were treated with ABILIFY MAINTENA for at least 180 days (at least 7 consecutive injections) and 935 patients treated with ABILIFY MAINTENA had at least 1 year of exposure (at least 13 consecutive injections).
ABILIFY MAINTENA has been evaluated for safety in 804 adult patients in clinical trials in bipolar I disorder, with approximately 530 patients-years of exposure to ABILIFY MAINTENA. A total of 419 patients were treated with ABILIFY MAINTENA for at least 180 days (at least 7 consecutive injections) and 287 patients treated with ABILIFY MAINTENA had at least 1 year of exposure (at least 13 consecutive injections).

The conditions and duration of treatment with ABILIFY MAINTENA included double blind and open-label studies. The safety data presented below are derived from the 12-week double-blind placebo-controlled study of ABILIFY MAINTENA in adult patients with schizophrenia.

Adverse Reactions with ABILIFY MAINTENA

Most Commonly Observed Adverse Reactions in Double-Blind, Placebo-Controlled Clinical Trials in Schizophrenia

Based on the placebo-controlled trial of ABILIFY MAINTENA in schizophrenia, the most commonly observed adverse reactions associated with the use of ABILIFY MAINTENA in patients (incidence of 5% or greater and aripiprazole incidence at least twice that for placebo) were increased weight (16.8% vs 7.0%), akathisia (11.4% vs 3.5%), injection site pain (5.4% vs 0.6%) and sedation (5.4% vs 1.2%).

Commonly Reported Adverse Reactions in Double-Blind, Placebo-Controlled Clinical Trials in Schizophrenia

The following findings are based on the double-blind, placebo-controlled trial that compared ABILIFY MAINTENA 400 mg or 300 mg to placebo in patients with schizophrenia. Table 5 lists the adverse reactions reported in 2% or more of ABILIFY MAINTENA-treated subjects and at a greater proportion than in the placebo group.

Table 5 : Incidence of Treatment -emergent Adverse Events Occuring In 2% or More Aripiprazole IM Depot Subjects and at a Greater Incidence than Placebo by System Organ Class and MedDRA Preferred Term (Safety Sample)

		Aripiprazole IM Depot 400/300mg (N=167)	Placebo (N=172)
SYSTEM ORGAN CLASS	**MEDDRA PREFERRED TERM**	**n (%)**	**n (%)**
GASTROINTESTINAL DISORDERS	ABDOMINAL DISCOMFORT	4 (2.4)	2 (1.2)
	CONSTIPATION	16 (9.6)	12 (7.0)
	DIARRHOEA	5 (3.0)	4 (2.3)
	DRY MOUTH	6 (3.6)	4 (2.3)
	TOOTHACHE	9 (5.4)	8 (4.7)
	VOMITING	5 (3.0)	2 (1.2)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS	FATIGUE	4 (2.4)	3 (1.7)
	INJECTION SITE PAIN	9 (5.4)	1 (0.6)
INFECTIONS AND INFESTATIONS	UPPER RESPIRATORY TRACT INFECTION	6 (3.6)	3 (1.7)
INVESTIGATIONS	WEIGHT DECREASED	6 (3.6)	4 (2.3)
	WEIGHT INCREASED	28 (16.8)	12 (7.0)
MUSCULOSKELETAL AND CONNECTIVE TISSUE DISORDERS	ARTHRALGIA	6 (3.6)	2 (1.2)
	BACK PAIN	7 (4.2)	4 (2.3)
	MUSCULOSKELETAL PAIN	5 (3.0)	2 (1.2)
	MYALGIA	6 (3.6)	1 (0.6)
NERVOUS SYSTEM DISORDERS	AKATHISIA	19 (11.4)	6 (3.5)
	DIZZINESS	6 (3.6)	3 (1.7)
	SEDATION	9 (5.4)	2 (1.2)
	TREMOR	5 (3.0)	1 (0.6)
PSYCHIATRIC DISORDERS	INSOMNIA	8 (4.8)	8 (4.7)
RESPIRATORY, THORACIC AND MEDIASTINAL DISORDERS	COUGH	10 (6.0)	10 (5.8)
	NASAL CONGESTION	4 (2.4)	2 (1.2)

Note: A TEAE was defined as an AE that began after start of IMP treatment; or if the event was continuous from baseline and was serious, IMP-related, or resulted in death, discontinuation, interruption or reduction of IMP. Multiple occurrences of TEAE were counted once per specific MedDRA (version 15.0) preferred term. Subjects with TEAEs in multiple SOCs were counted only once towards the total.

Other Adverse Reactions Observed During the Clinical Trial Evaluation of ABILIFY MAINTENA

The following listing does not include reactions: 1) already listed in previous tables or elsewhere in labeling, 2) for which a drug cause was remote, 3) which were so general as to be uninformative, 4) which were not considered to have significant clinical implications, or 5) which occurred at a rate equal to or less than placebo.

Reactions are categorized by body system according to the following definitions: *frequent* adverse reactions are those occurring in at least 1/100 patients; *infrequent* adverse reactions are those occurring in 1/100 to 1/1000 patients; *rare* reactions are those occurring in fewer than 1/1000 patients:

Blood and Lymphatic System Disorders: rare – thrombocytopenia

Cardiac Disorders: infrequent - tachycardia, *rare* - bradycardia, sinus tachycardia

Endocrine Disorders: rare – hypoprolactinemia

Eye Disorders: infrequent - vision blurred, oculogyric crisis

Gastrointestinal Disorders: infrequent - abdominal pain upper, dyspepsia, nausea; *rare* - swollen tongue

General Disorders and Administration Site Conditions: frequent - fatigue, injection site reactions (including erythema, induration, pruritus, injection site reaction, swelling, rash, inflammation, hemorrhage); *infrequent* - chest discomfort, gait disturbance; *rare* - irritability, pyrexia

Hepatobiliary Disorders: rare - drug induced liver injury

Immune System Disorders: rare - drug hypersensitivity

Infections and Infestations: rare - nasopharyngitis

Investigations: infrequent - blood creatine phosphokinase increased, blood pressure decreased, hepatic enzyme increased, liver function test abnormal, electrocardiogram QT-prolonged; *rare* - blood triglycerides decreased, blood cholesterol decreased, electrocardiogram T-wave abnormal

Metabolism and Nutrition Disorders: infrequent - decreased appetite, obesity, hyperinsulinemia

Musculoskeletal and Connective Tissue Disorders: infrequent - joint stiffness, muscle twitching, trismus; *rare* – rhabdomyolysis

Nervous System Disorders: infrequent -, extrapyramidal disorder, hypersomnia, lethargy; *rare*- bradykinesia, convulsion, dysgeusia, memory impairment, oromandibular dystonia

Psychiatric Disorders: frequent - anxiety, insomnia, restlessness; *infrequent*- agitation, bruxism, psychotic disorder, suicidal ideation; *rare* - aggression, hypersexuality, panic attack

Renal and Urinary Disorders: *rare* - glycosuria, pollakiuria, urinary incontinence

Reproductive System and Breast Disorder : infrequent - ejaculation delayed

Vascular Disorders: infrequent – hypertension

Demographic Differences
An examination of population subgroups was performed across demographic subgroup categories for adverse reactions experienced by at least 5% of ABILIFY MAINTENA subjects at least twice rate of the placebo (i.e., increased weight, akathisia, injection site pain, and sedation) in the double-blind placebo-controlled trial. This analysis did not reveal evidence of differences in safety differential adverse reaction incidence on the basis of age, gender, or race alone; however, there were few subjects ≥ 65 years of age.

Injection Site Reactions of ABILIFY MAINTENA
In the data from the short-term, double-blind, placebo-controlled trial with ABILIFY MAINTENA in patients with schizophrenia, the percent of patients reporting any injection site-related adverse reaction (all reported as injection site pain) was 5.4% for patients treated with gluteal administered ABILIFY MAINTENA and 0.6% for placebo. The mean intensity of injection pain reported by subjects using a visual analog scale (0=no pain to 100=unbearably painful) approximately one hour after injection was 7.1 (SD 14.5) for the first injection and 4.8 (SD 12.4) at the last visit in the double-blind, placebo-controlled phase.
In an open-label study comparing bioavailability of ABILIFY MAINTENA administered in the deltoid or gluteal muscle, injection site pain was observed in both groups at approximately equal rates.

Extrapyramidal Symptoms (EPS)
In the short-term, placebo-controlled trial of ABILIFY MAINTENA in adults with schizophrenia, the incidence of reported EPS-related events, excluding events related to akathisia, for ABILIFY MAINTENA-treated patients was 9.6% vs. 5.2% for placebo. The incidence of akathisia-related events for ABILIFY MAINTENA-treated patients was 11.5% vs. 3.5% for placebo.

Dystonia
Symptoms of dystonia, prolonged abnormal contractions of muscle groups, may occur in susceptible individuals during the first few days of treatment. Dystonic symptoms include: spasm of the neck muscles, sometimes progressing to tightness of the throat, swallowing difficulty, difficulty breathing, and/or protrusion of the tongue. While these symptoms can occur at low doses, they occur more frequently and with greater severity with high potency and at higher doses of first generation antipsychotic drugs. An elevated risk of acute dystonia is observed in males and younger age groups. In the short-term, placebo-controlled trial of ABILIFY MAINTENA in adults with schizophrenia, the incidence of dystonia was 1.8% for ABILIFY MAINTENA vs. 0.6% for placebo.

Neutropenia
In the short-term, placebo-controlled trial of ABILIFY MAINTENA in adults with schizophrenia, the incidence of neutropenia (absolute neutrophil count ≤1.5 thous/mcL) for ABILIFY MAINTENA-treated patients was 5.7% vs. 2.1% for placebo. An absolute neutrophil count of <1 thous/mcL (i.e. 0.95 thous/mcL) was observed in only one patient on ABILIFY MAINTENA and resolved spontaneously without any associated adverse events *[see Warnings Precautions (5.9)]*

Adverse Reactions Reported in Clinical Trials with Oral Aripiprazole
The following is a list of additional adverse reactions that have been reported in clinical trials with oral aripiprazole and not reported above for ABILIFY MAINTENA:

Cardiac Disorders: palpitations, cardiopulmonary failure, myocardial infarction, cardiorespiratory arrest, atrioventricular block, extrasystoles, angina pectoris, myocardial ischemia, atrial flutter, supraventricular tachycardia, ventricular tachycardia

Eye Disorders: photophobia, diplopia, eyelid edema, photopsia

Gastrointestinal Disorders: gastroesophageal reflux disease, swollen tongue, esophagitis, pancreatitis, stomach discomfort, toothache

General Disorders and Administration Site Conditions: asthenia, peripheral edema, chest pain, face edema, angioedema, hypothermia, pain

Hepatobiliary Disorders: hepatitis, jaundice

Immune System Disorders: hypersensitivity

Injury, Poisoning, and Procedural Complications: heat stroke

Investigations: blood prolactin increased, blood urea increased, blood creatinine increased, blood bilirubin increased, blood lactate dehydrogenase increased, glycosylated hemoglobin increased

Metabolism and Nutrition Disorders: anorexia, hyponatremia, hypoglycemia, polydipsia, diabetic ketoacidosis

Musculoskeletal and Connective Tissue Disorders: muscle rigidity, muscular weakness, muscle tightness, decreased mobility, rhabdomyolysis, musculoskeletal stiffness, pain in extremity, muscle spasms

Nervous System Disorders: coordination abnormal, speech disorder, hypokinesia, hypotonia, myoclonus, akinesia, bradykinesia, choreoathetosis

Psychiatric Disorders: loss of libido, suicide attempt, hostility, libido increased, anger, anorgasmia, delirium, intentional self injury, completed suicide, tic, homicidal ideation, catatonia, sleep walking

Renal and Urinary Disorders: urinary retention, polyuria, nocturia

Reproductive System and Breast Disorders: menstruation irregular, erectile dysfunction, amenorrhea, breast pain, gynecomastia, priapism

Respiratory, Thoracic, and Mediastinal Disorders: nasal congestion, dyspnea, pharyngolaryngeal pain, cough

Skin and Subcutaneous Tissue Disorders: rash (including erythematous, exfoliative, generalized, macular, maculopapular, papular rash; acneiform, allergic, contact, exfoliative, seborrheic dermatitis, neurodermatitis, and drug eruption), hyperhidrosis, pruritus, photosensitivity reaction, alopecia, urticaria

6.2 Postmarketing Experience

The following adverse reactions have been identified during post-approval use of oral aripiprazole or ABILIFY MAINTENA. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure: occurrences of allergic reaction (anaphylactic reaction, angioedema, laryngospasm, pruritus/urticaria, or oropharyngeal spasm), pathological gambling, hiccups, blood glucose fluctuation, oculogyric crisis and Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS).

7 DRUG INTERACTIONS

7.1 Drugs Having Clinically Important Interactions with ABILIFY MAINTENA

Table 6: Clinically Important Drug Interactions with ABILIFY MAINTENA:

Concomitant Drug Name or Drug Class	Clinical Rationale	Clinical Recommendation
Strong CYP3A4 Inhibitors (e.g., ketoconazole) or strong CYP2D6 inhibitors (e.g., paroxetine, fluoxetine)	The concomitant use of oral aripiprazole with strong CYP3A4 or CYP2D6 inhibitors increased the exposure of aripiprazole *[see Clinical Pharmacology (12.3)]*.	Avoid use of ABILIFY MAINTENA in combination with ketoconazole and other inhibitors of CYP3A4, quinidine and other inhibitors of CYP2D6 for greater than 14 days (Except for the patients taking 400 mg with strong CYP2D6 or CYP3A4 inhibitors) *[see Dosage and Administration (2.3)].*
Strong CYP3A4 Inducers (e.g., carbamazepine)	The concomitant use of oral aripiprazole and carbamazepine decreased the exposure of aripiprazole *[see Clinical Pharmacology (12.3)]*.	Avoid use of ABILIFY MAINTENA in combination with carbamazepine and other inducers of CYP3A4 for greater than 14 days *[see Dosage and Administration (2.3)]*.
Antihypertensive Drugs	Due to its alpha-adrenergic antagonism, aripiprazole has the potential to enhance the effect of certain antihypertensive agents.	Monitor blood pressure and adjust dose accordingly *[see Warnings and Precautions (5.7)]*.
Benzodiazepines (e.g., lorazepam)	The intensity of sedation was greater with the combination of oral aripiprazole and lorazepam as compared to that observed with aripiprazole alone. The orthostatic hypotension observed was greater with the combination as compared to that observed with lorazepam alone *[see Warnings and Precautions (5.7)]*.	Monitor sedation and blood pressure. Adjust dose accordingly.

7.2 Drugs Having No Clinically Important Interactions with ABILIFY MAINTENA

Based on pharmacokinetic studies with oral aripiprazole, no dosage adjustment of ABILIFY MAINTENA is required when administered concomitantly with famotidine, valproate, lithium, lorazepam *[see Clinical Pharmacology (12.3)].*

In addition, no dosage adjustment is necessary for substrates of CYP2D6 (e.g., dextromethorphan, fluoxetine, paroxetine, or venlafaxine), CYP2C9 (e.g., warfarin), CYP2C19 (e.g., omeprazole, warfarin), or CYP3A4 (e.g., dextromethorphan) when coadministered with ABILIFY MAINTENA. Additionally, no dosage adjustment is necessary for valproate, lithium, lamotrigine, lorazepam, or sertraline when coadministered with ABILIFY MAINTENA. *[see Clinical Pharmacology (12.3)]*.

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

Risk Summary

Neonates exposed to antipsychotic drugs, including ABILIFY MAINTENA, during the third trimester of pregnancy are at risk for extrapyramidal and/or withdrawal symptoms. There are insufficient data with ABILIFY MAINTENA use in pregnant women to inform a drug-associated risk. In animal reproduction studies, oral and intravenous aripiprazole administration during organogenesis in rats and/or rabbits at doses 10 and 11 times, respectively, the maximum recommended human dose (MRHD) produced fetal death, decreased fetal weight, undescended testicles, delayed skeletal ossification, skeletal abnormalities, and diaphragmatic hernia. Oral and intravenous aripiprazole administration during the pre- and post-natal period in rats at doses 10 times the maximum recommended human dose (MRHD) produced prolonged gestation, stillbirths, decreased pup weight, and decreased pup survival. Consider the benefits and risks of ABILIFY MAINTENA and possible risks to the fetus when prescribing ABILIFY MAINTENA to a pregnant woman. Advise pregnant women of potential fetal risk.

The background risk of major birth defects and miscarriage for the indicated population are unknown. In the U.S. general population, the estimated background risk of major birth defects and miscarriage in clinically recognized pregnancies is 2 to 4% and 15 to 20%, respectively.

Clinical Considerations

Fetal/Neonatal Adverse Reactions

Extrapyramidal and/or withdrawal symptoms, including agitation, hypertonia, hypotonia, tremor, somnolence, respiratory distress and feeding disorder have been reported in

neonates who were exposed to antipsychotic drugs (including oral aripiprazole) during the third trimester of pregnancy. These symptoms have varied in severity. Some neonates recovered within hours or days without specific treatment; others required prolonged hospitalization. Monitor neonates exhibiting extrapyramidal and/or withdrawal symptoms and manage symptoms appropriately.

Animal Data

In animal studies, aripiprazole demonstrated developmental toxicity, including possible teratogenic effects in rats and rabbits.

Pregnant rats were treated with oral doses of 3, 10, and 30 mg/kg/day which are approximately 1 to 10 times the maximum recommended human dose [MRHD] of 30 mg/day on mg/m^2 basis of aripiprazole during the period of organogenesis. Treatment at the highest dose caused a slight prolongation of gestation and delay in fetal development, as evidenced by decreased fetal weight and undescended testes. Delayed skeletal ossification was observed at 3 and 10 times the oral MRHD on mg/m^2 basis.

At 3 and 10 times the oral MRHD on mg/m^2 basis, delivered offspring had decreased body weights. Increased incidences of hepatodiaphragmatic nodules and diaphragmatic hernia were observed in offspring from the highest dose group (the other dose groups were not examined for these findings). Postnatally, delayed vaginal opening was seen at 3 and 10 times the oral MRHD on mg/m^2 basis and impaired reproductive performance (decreased fertility rate, corpora lutea, implants, live fetuses, and increased post-implantation loss, likely mediated through effects on female offspring) along with some maternal toxicity were seen at the highest dose; however, there was no evidence to suggest that these developmental effects were secondary to maternal toxicity.

In pregnant rats treated with aripiprazole intravenously at doses of 3, 9, and 27 mg/kg/day, which are 1 to 9 times the oral MRHD on mg/m^2 basis, during the period of organogenesis, decreased fetal weight and delayed skeletal ossification were seen at the highest dose which also caused maternal toxicity.

In pregnant rabbits treated with oral doses of 10, 30, and 100 mg/kg/day which are 2 to 11 times human exposure at the oral MRHD based on AUC and 6 to 65 times the oral MRHD of aripiprazole on mg/m^2 basis during the period of organogenesis, decreased maternal food consumption and increased abortions were seen at the highest dose as well as increased fetal mortality. Decreased fetal weight and increased incidence of fused sternebrae were observed at 3 and 11 times the MRHD based on AUC.

In pregnant rabbits receiving aripiprazole injection intravenously at doses of 3, 10, and 30 mg/kg/day, which are 2 to 19 times the oral MRHD on mg/m^2 basis during the period of organogenesis, the highest dose caused pronounced maternal toxicity that resulted in decreased fetal weight, increased fetal abnormalities (primarily skeletal), and decreased fetal skeletal ossification. The fetal no-effect dose was 5 times the human exposure at the oral MRHD based on AUC and is 6 times the oral MRHD on mg/m^2 basis.

In rats treated with oral doses of 3, 10, and 30 mg/kg/day, which are 1 to 10 times the oral MRHD of aripiprazole on a mg/m^2 basis, peri- and post-natally (from Day 17 of gestation through Day 21 postpartum), slight maternal toxicity and slightly prolonged gestation were seen at the highest dose. An increase in stillbirths and decreases in pup weight (persisting into adulthood) and survival were also seen at this dose.

In rats treated with aripiprazole intravenously at doses of 3, 8, and 20 mg/kg/day which are 1 to 6 times the oral MRHD on mg/m^2 basis from Day 6 of gestation through Day 20 postpartum, increased stillbirths were seen at 3 and 6 times the MRHD on mg/m^2 basis, and decreases in early postnatal pup weight and survival were seen at the highest dose; these doses produced some maternal toxicity. There were no effects on postnatal behavioral and reproductive development.

8.2 Lactation

Risk Summary

Aripiprazole is present in human breast milk; however, there are insufficient data to assess the amount in human milk, the effects on the breastfed infant, or the effects on milk production. The development and health benefits of breastfeeding should be considered along with the mother's clinical need for ABILIFY MAINTENA and any potential adverse effects on the breastfed infant from ABILIFY MAINTENA or from the underlying maternal condition.

8.4 Pediatric Use

ABILIFY MAINTENA has not been studied in children 18 years of age or younger. However, juvenile animal studies have been conducted in rats and dogs.

Juvenile Animal Studies

Aripiprazole in juvenile rats caused mortality, CNS clinical signs, impaired memory and learning, and delayed sexual maturation when administered at oral doses of 10, 20, 40mg/kg/day from weaning (21 days old) through maturity (80 days old). At 40mg/kg/day, mortality, decreased activity, splayed hind limbs, hunched posture, ataxia, tremors and other CNS signs were observed in both genders. In addition, delayed sexual maturation was observed in males. At all doses and in a dose-dependent manner, impaired memory and learning, increased motor activity, and histopathology changes in the pituitary (atrophy), adrenals (adrenocortical hypertrophy), mammary glands (hyperplasia and increased secretion), and female reproductive organs (vaginal mucification, endometrial atrophy, decrease in ovarian corpora lutea) were observed. The changes in female reproductive organs were considered secondary to the increase in prolactin serum levels. A No Observed Adverse Effect Level (NOAEL) could not be determined and, at the lowest tested dose of 10 mg/kg/day, there is no safety margin relative to the systemic exposures (AUC_{0-24}) for aripiprazole or its major active metabolite in adolescents at the maximum recommended pediatric dose of 15 mg/day. All

drug-related effects were reversible after a 2-month recovery period, and most of the drug effects in juvenile rats were also observed in adult rats from previously conducted studies.

Aripiprazole in juvenile dogs (2 months old) caused CNS clinical signs of tremors, hypoactivity, ataxia, recumbency and limited use of hind limbs when administered orally for 6 months at 3, 10, 30 mg/kg/day. Mean body weight and weight gain were decreased up to 18% in females in all drug groups relative to control values. A NOAEL could not be determined and, at the lowest tested dose of 3 mg/kg/day, there is no safety margin relative to the systemic exposures (AUC_{0-24}) for aripiprazole or its major active metabolite in adolescents at the maximum recommended pediatric dose of 15 mg/day. All drug-related effects were reversible after a 2-month recovery period.

8.5 Geriatric Use

Clinical studies of oral aripiprazole did not include sufficient numbers of subjects aged 65 and over to determine whether they respond differently from younger subjects. Other reported clinical experience and pharmacokinetic data [*see Clinical Pharmacology (12.3)]* have not identified differences in responses between the elderly and younger patients. In general, dose selection for an elderly patient should be cautious, usually starting at the low end of the dosing range, reflecting the greater frequency of decreased hepatic, renal, or cardiac function, and of concomitant disease or other drug therapy.

In single-dose and multiple-dose pharmacokinetic studies, there was no detectable age effect in the population pharmacokinetic analysis of oral aripiprazole in schizophrenia patients *[see Clinical Pharmacology (12.3)]*. No dosage adjustments are recommended based on age alone. ABILIFY MAINTENA is not approved for the treatment of patients with dementia-related psychosis *[see also Boxed Warning and Warnings and Precautions (5.1)]*.

8.6 CYP2D6 Poor Metabolizers

Dosage adjustment is recommended in known CYP2D6 poor metabolizers due to high aripiprazole concentrations. Approximately 8% of Caucasians and 3 to 8% of Black/African Americans cannot metabolize CYP2D6 substrates and are classified as poor metabolizers (PM) *[see Dosage and Administration (2.3) and Clinical Pharmacology (12.3)]*

8.7 Hepatic and Renal Impairment

No dosage adjustment for ABILIFY MAINTENA is required on the basis of a patient's hepatic function (mild to severe hepatic impairment, Child-Pugh score between 5 and 15), or renal function (mild to severe renal impairment, glomerular filtration rate between 15 and 90 mL/minute) *[see Clinical Pharmacology (12.3)]*.

8.8 Other Specific Populations

No dosage adjustment for ABILIFY MAINTENA is required on the basis of a patient's sex, race, or smoking status [see *Clinical Pharmacology (12.3)]*.

10 OVERDOSAGE

10.1 Human Experience

The largest known case of acute ingestion with a known outcome involved 1260 mg of oral aripiprazole (42 times the maximum recommended daily dose) in a patient who fully recovered.

Common adverse reactions (reported in at least 5% of all overdose cases) reported with oral aripiprazole overdosage (alone or in combination with other substances) include vomiting, somnolence, and tremor. Other clinically important signs and symptoms observed in one or more patients with aripiprazole overdoses (alone or with other substances) include acidosis, aggression, aspartate aminotransferase increased, atrial fibrillation, bradycardia, coma, confusional state, convulsion, blood creatine phosphokinase increased, depressed level of consciousness, hypertension, hypokalemia, hypotension, lethargy, loss of consciousness, QRS complex prolonged, QT prolonged, pneumonia aspiration, respiratory arrest, status epilepticus, and tachycardia.

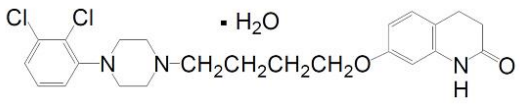
10.2 Management of Overdosage

Management of overdose should concentrate on supportive therapy, maintaining an adequate airway, oxygenation and ventilation, and management of symptoms. The possibility of multiple medicinal product involvement should be considered.

Therefore, cardiovascular monitoring should be started immediately and should include continuous electrocardiographic monitoring to detect possible arrhythmias. Following any confirmed or suspected overdose with aripiprazole, close medical supervision and monitoring should continue until the patient recovers.

11 DESCRIPTION

Aripiprazole is an atypical antipsychotic which is present in ABILIFY MAINTENA as its monohydrate polymorphic form. Aripiprazole monohydrate is 7-[4-[4-(2,3-dichlorophenyl)-1-piperazinyl] butoxy]-3,4 dihydrocarbostyril monohydrate. The empirical formula is $C_{23}H_{27}Cl_2N_3O_2 \cdot H_2O$ and its molecular weight is 466.40. The chemical structure is:



ABILIFY MAINTENA (aripiprazole) is an extended-release injectable suspension available in 400-mg or 300-mg strength pre-filled dual chamber syringes. The labeled

strengths are calculated based on the anhydrous form (aripiprazole). Inactive ingredients (per administered dose) for 400 mg and 300 mg strength products, respectively, include carboxymethyl cellulose sodium (16.64 mg and 12.48 mg), mannitol (83.2 mg and 62.4 mg), sodium phosphate monobasic monohydrate (1.48 mg and 1.11 mg) and sodium hydroxide (pH adjuster).

12 CLINICAL PHARMACOLOGY

12.1 Mechanism of Action

The mechanism of action of aripiprazole in the treatment of schizophrenia and bipolar I disorder is unknown.

The efficacy of aripiprazole could be mediated through a combination of partial agonist activity at dopamine D_2 and serotonin 5-HT_{1A} receptors and antagonist activity at 5-HT_{2A} receptors.

12.2 Pharmacodynamics

Aripiprazole exhibits high affinity for dopamine D_2 and D_3 (K_{iS} 0.34 and, 0.8 nM respectively), serotonin 5-HT_{1A} and 5-HT_{2A} receptors (K_{iS} 1.7 and 3.4 nM, respectively), moderate affinity for dopamine D_4, serotonin 5-HT_{2C} and 5-HT_7, alpha$_1$-adrenergic and histamine H_1 receptors (K_{iS} of 44 nM, 15 nM, 39 nM, 57 nM, and 61 nM, respectively), and moderate affinity for the serotonin reuptake site (K_i=98 nM). Aripiprazole has no appreciable affinity for cholinergic muscarinic receptors (IC_{50}>1000 nM). Actions at receptors other than D_2, 5-HT_{1A}, and 5-HT_{2A} could explain some of the other adverse reactions of aripiprazole (e.g., the orthostatic hypotension observed with aripiprazole may be explained by its antagonist activity at adrenergic alpha$_1$ receptors).

Alcohol

There was no significant difference between oral aripiprazole coadministered with ethanol and placebo coadministered with ethanol on performance of gross motor skills or stimulus response in healthy subjects. As with most psychoactive medications, patients should be advised to avoid alcohol while taking ABILIFY MAINTENA.

12.3 Pharmacokinetics

ABILIFY MAINTENA activity is presumably primarily due to the parent drug, aripiprazole, and to a lesser extent, to its major metabolite, dehydro-aripiprazole, which has been shown to have affinities for D_2 receptors similar to the parent drug and represents about 29% of the parent drug exposure in plasma.

Aripiprazole absorption into the systemic circulation is slow and prolonged following intramuscular injection due to low solubility of aripiprazole particles. Following a single dose administration of ABILIFY MAINTENA in the deltoid and gluteal muscle, the extent of absorption (AUCt, AUC∞) of aripiprazole was similar for both injection sites,

but the rate of absorption (C_{max}) was 31% higher following administration to the deltoid compared to the gluteal site. However, at steady state, AUC and Cmax were similar for both sites of injection. Following multiple intramuscular doses, the plasma concentrations of aripiprazole gradually rise to maximum plasma concentrations at a median T_{max} of 5 - 7 days for the gluteal muscle and 4 days for the deltoid muscle. After gluteal administration, the mean apparent aripiprazole terminal elimination half-life was 29.9 days and 46.5 days after multiple injections for every 4-week injection of ABILIFY MAINTENA 300 mg and 400 mg, respectively. Steady state concentrations for the typical subject were attained by the fourth dose for both sites of administration. Approximate dose-proportional increases in aripiprazole and dehydro-aripiprazole exposure were observed after every four week ABILIFY MAINTENA injections of 300 mg and 400 mg.

Elimination of aripiprazole is mainly through hepatic metabolism involving two P450 isozymes, CYP2D6 and CYP3A4. Aripiprazole is not a substrate of CYP1A1, CYP1A2, CYP2A6, CYP2B6, CYP2C8, CYP2C9, CYP2C19, or CYP2E1 enzymes. Aripiprazole also does not undergo direct glucuronidation.

Drug Interaction Studies

No specific drug interaction studies have been performed with ABILIFY MAINTENA. The information below is obtained from studies with oral aripiprazole.

Effects of other drugs on the exposures of aripiprazole and dehydro-aripiprazole are summarized in Figure 9 and Figure10, respectively. Based on simulation, a 4.5-fold increase in mean C_{max} and AUC values at steady-state is expected when extensive metabolizers of CYP2D6 are administered with both strong CYP2D6 and CYP3A4 inhibitors. After oral administration, a 3-fold increase in mean C_{max} and AUC values at steady-state is expected in poor metabolizers of CYP2D6 administered with strong CYP3A4 inhibitors.

Figure 9: The effects of other drugs on aripiprazole pharmacokinetics

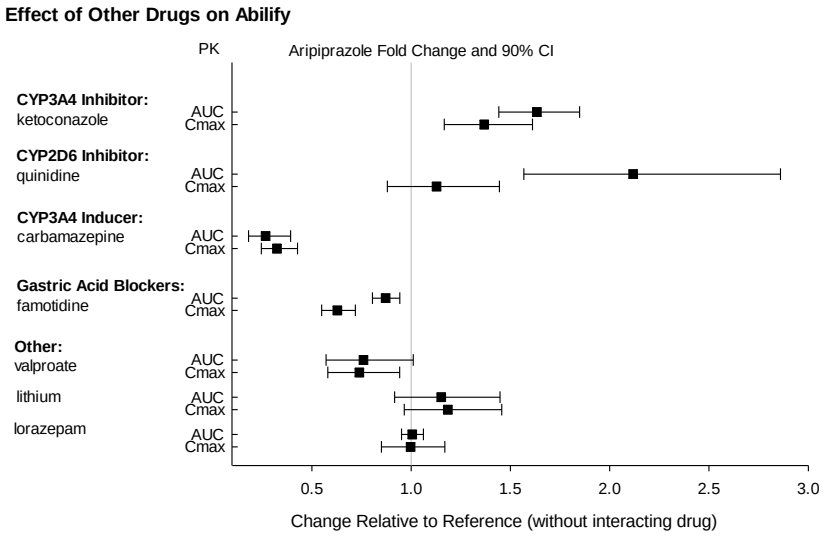
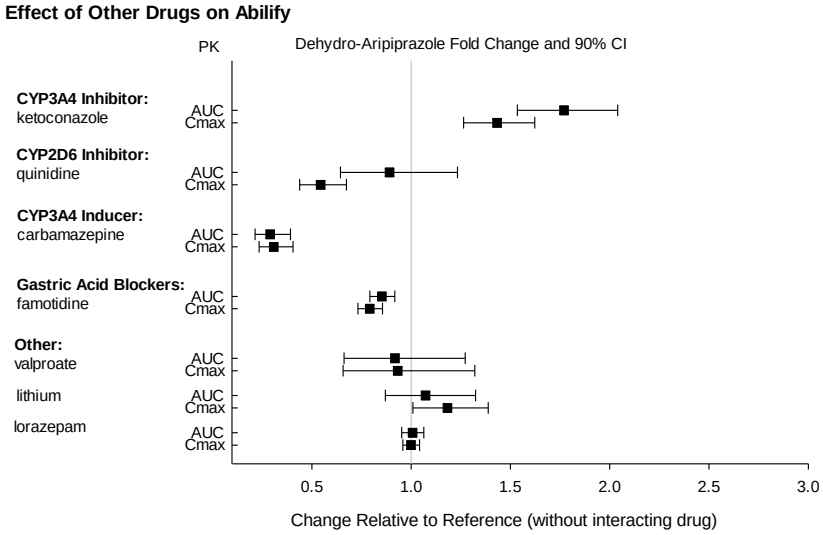
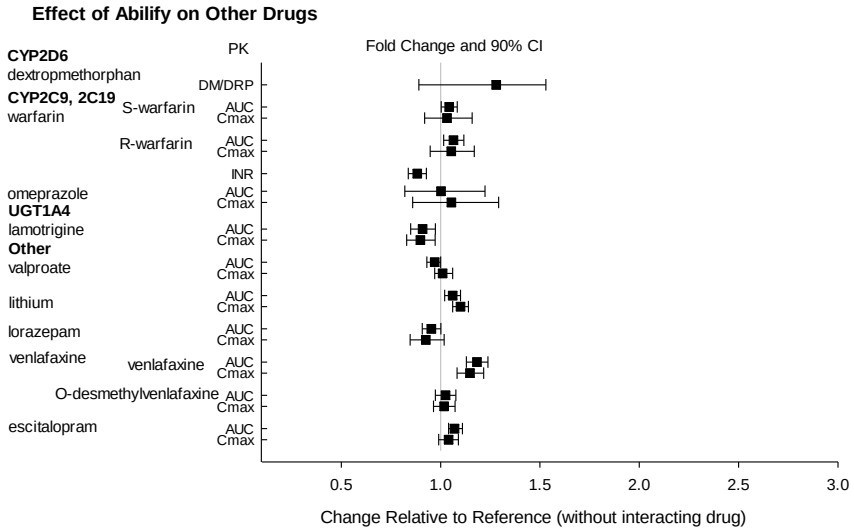


Figure 10: The effects of other drugs on dehydro-aripiprazole pharmacokinetics



The effects of ABILIFY on the exposures of other drugs are summarized in Figure 11.
A population PK analysis in patients with major depressive disorder showed no substantial change in plasma concentrations of fluoxetine (20 mg/day or 40 mg/day), paroxetine CR (37.5 mg/day or 50 mg/day), or sertraline (100 mg/day or 150 mg/day) dosed to steady-state. The steady-state plasma concentrations of fluoxetine and norfluoxetine increased by about 18% and 36%, respectively, and concentrations of paroxetine decreased by about 27%. The steady-state plasma concentrations of sertraline and desmethylsertraline were not substantially changed when these antidepressant therapies were coadministered with aripiprazole.

Figure 11: The effects of oral aripiprazole on pharmacokinetics of other drugs



Studies in Specific Populations

No specific pharmacokinetic studies have been performed with ABILIFY MAINTENA in specific populations. All the information is obtained from studies with oral aripiprazole.

Exposures of aripiprazole and dehydro-aripiprazole in specific populations are summarized in Figure 12 and Figure 13, respectively. In addition, in pediatric patients (10 to 17 years of age) administered with oral aripiprazole (20 mg to 30 mg), the body weight corrected aripiprazole clearance was similar to the adults.

Figure 12 Effects of intrinsic factors on aripiprazole pharmacokinetics

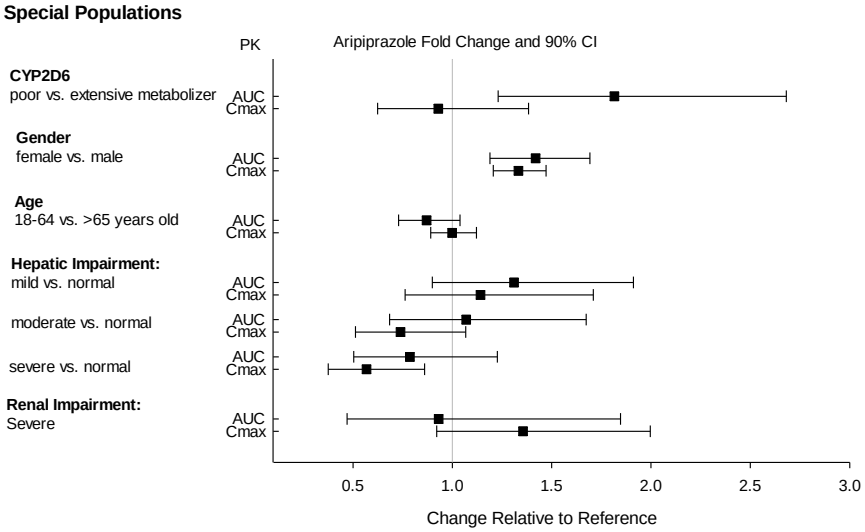
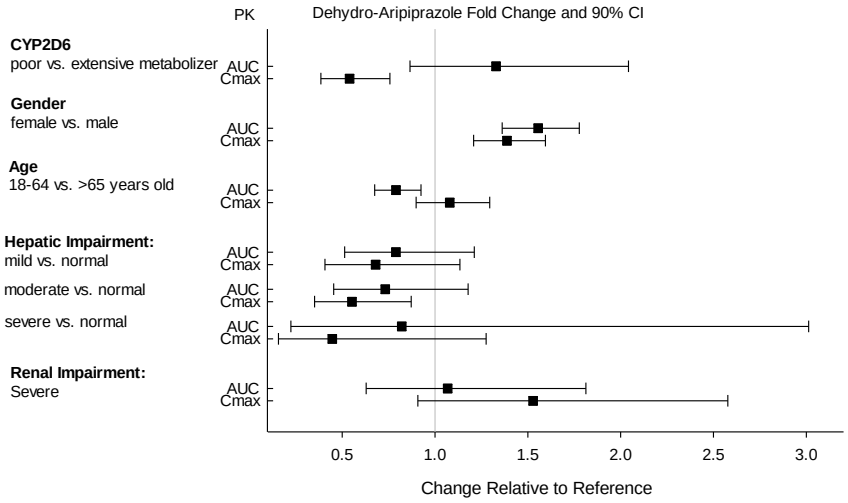


Figure 13: Effects of intrinsic factors on dehydro-aripiprazole pharmacokinetics:



13. NONCLINICAL TOXICOLOGY

13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

Carcinogenesis

Lifetime carcinogenicity studies were conducted in ICR mice, Sprague-Dawley (SD) rats, and F344 rats. Aripiprazole was administered for 2 years in the diet at doses of 1, 3, 10, and 30 mg/kg/day to ICR mice and 1, 3, and 10 mg/kg/day to F344 rats (0.2 to 5 times and 0.3 to 3 times the maximum recommended human dose [MRHD] based on mg/m^2, respectively). In addition, SD rats were dosed orally for 2 years at 10, 20, 40, and 60 mg/kg/day (3 to 19 times the MRHD based on mg/m^2). Aripiprazole did not induce tumors in male mice or male rats. In female mice, the incidences of pituitary gland adenomas and mammary gland adenocarcinomas and adenoacanthomas were increased at dietary doses of 3 to 30 mg/kg/day (0.1 to 0.9 times human exposure at MRHD based on AUC and 0.5 to 5 times the MRHD based on mg/m^2). In female rats, the incidence of mammary gland fibroadenomas was increased at a dietary dose of 10 mg/kg/day (0.1 times human exposure at MRHD based on AUC and 3 times the MRHD based on mg/m^2); and the incidences of adrenocortical carcinomas and combined adrenocortical adenomas/carcinomas were increased at an oral dose of 60 mg/kg/day (14 times human exposure at MRHD based on AUC and 19 times the MRHD based on mg/m^2).

Proliferative changes in the pituitary and mammary gland of rodents have been observed following chronic administration of other antipsychotic agents and are considered prolactin-mediated. Serum prolactin was not measured in the aripiprazole carcinogenicity studies. However, increases in serum prolactin levels were observed in female mice in a 13-week dietary study at the doses associated with mammary gland and pituitary tumors. Serum prolactin was not increased in female rats in 4-week and 13-week dietary studies at the dose associated with mammary gland tumors. The relevance for human risk of the findings of prolactin-mediated endocrine tumors in rodents is unknown.

Mutagenesis

The mutagenic potential of aripiprazole was tested in the *in vitro* bacterial reverse-mutation assay, the *in vitro* bacterial DNA repair assay, the *in vitro* forward gene mutation assay in mouse lymphoma cells, the *in vitro* chromosomal aberration assay in Chinese hamster lung (CHL) cells, the *in vivo* micronucleus assay in mice, and the unscheduled DNA synthesis assay in rats. Aripiprazole and a metabolite (2,3-DCPP) were clastogenic in the *in vitro* chromosomal aberration assay in CHL cells with and without metabolic activation. The metabolite, 2,3-DCPP, produced increases in numerical aberrations in the *in vitro* assay in CHL cells in the absence of metabolic activation. A positive response was obtained in the *in vivo* micronucleus assay in mice; however, the response was due to a mechanism not considered relevant to humans.

Impairment of Fertility

Female rats were treated with oral doses of 2, 6, and 20 mg/kg/day (0.6, 2, and 6 times the maximum recommended human dose [MRHD] on mg/m^2 basis) of aripiprazole from 2 weeks prior to mating through Day 7 of gestation. Estrus cycle irregularities and increased corpora lutea were seen at all doses, but no impairment of fertility was seen. Increased pre-implantation loss was seen at 6 and 20 mg/kg/day and decreased fetal weight was seen at 20 mg/kg/day.

Male rats were treated with oral doses of 20, 40, and 60 mg/kg/day (6, 13, and 19 times the MRHD on mg/m^2 basis) of aripiprazole from 9 weeks prior to mating through mating. Disturbances in spermatogenesis were seen at 60 mg/kg and prostate atrophy was seen at 40 and 60 mg/kg, but no impairment of fertility was seen.

13.2 Animal Toxicity and/or Pharmacology

Oral Aripiprazole

Aripiprazole produced retinal degeneration in albino rats in a 26-week chronic toxicity study at a dose of 60 mg/kg and in a 2-year carcinogenicity study at doses of 40 and 60 mg/kg. The 40 and 60 mg/kg/day doses are 13 and 19 times the maximum recommended human dose (MRHD) based on mg/m^2 and 7 to 14 times human exposure at MRHD based on AUC. Evaluation of the retinas of albino mice and of monkeys did not reveal evidence of retinal degeneration. Additional studies to further evaluate the mechanism have not been performed. The relevance of this finding to human risk is unknown.

Intramuscular Aripiprazole

The toxicological profile for aripiprazole administered to experimental animals by intramuscular injection is generally similar to that seen following oral administration at comparable plasma levels of the drug. With intramuscular injection, however, injection-site tissue reactions are observed that consist of localized inflammation, swelling, scabbing and foreign-body reactions to deposited drug. These effects gradually resolved with discontinuation of dosing.

After 26 weeks of treatment in rats, the no-observed-adverse-effect level (NOAEL) was 50 mg/kg in male rats and 100 mg/kg in female rats, which are approximately 1 and 2 times, respectively, the maximum recommended human 400 mg dose of aripiprazole extended-release injectable suspension on a mg/m^2 body surface area. At the NOAEL in rats, the AUC_{7d} values were 14.4 mcg·h/mL in males and 104.1 mcg·h/mL in females. In dogs at 52 weeks of treatment at the NOAEL of 40 mg/kg, which is approximately 3 times the MRHD (400 mg) on a mg/m^2 body surface area, the AUC_{7d} values were approximately 59 mcg·h/mL in males and 44 mcg·h/mL in females. In patients at the MRHD of 400 mg, the AUCτ (0-28 days) was 163 mcg·h/mL. For comparison to this human AUC, extrapolating the animal AUC_{7d} values to an AUC_{28d} results in AUC_{28d} values of approximately 58 and 416 mcg·h/mL for male and female rats, respectively, and 236 and 175 mcg·h/mL for male and female dogs, respectively.

14. CLINICAL STUDIES

14.1 Schizophrenia

The efficacy of ABILIFY MAINTENA for treatment of schizophrenia was established in:

- One short-term (12-week), randomized, double-blind, placebo-controlled trial in acutely relapsed adults, Protocol 31-12-291 (Study 1)

- One longer-term, double-blind, placebo-controlled, randomized-withdrawal (maintenance) trial adults, Protocol 31-07-246 (Study 2)

Short-Term Efficacy

In the short-term (12-week), randomized, double-blind, placebo-controlled trial in acutely relapsed adults (Study 1), the primary measure used for assessing psychiatric signs and symptoms was the Positive and Negative Syndrome Scale (PANSS). The PANSS is a 30 item scale that measures positive symptoms of schizophrenia (7 items), negative symptoms of schizophrenia (7 items), and general psychopathology (16 items), each rated on a scale of 1 (absent) to 7 (extreme); total PANSS scores range from 30 to 210. The primary endpoint was the change from baseline in PANSS total score to week 10.

The inclusion criteria for this short-term trial included adult inpatients who met DSM – IV-TR criteria for schizophrenia. In addition, all patients entering the trial must have experienced an acute psychotic episode as defined by both PANSS Total Score $\geq$ 80 and a PANSS score of > 4 on each of four specific psychotic symptoms (conceptual disorganization, hallucinatory behavior, suspiciousness/persecution, unusual thought content) at screening and baseline. The key secondary endpoint was the change from baseline in Clinical Global Impression-Severity (CGI-S) assessment scale to week 10. The CGI-S rates the severity of mental illness on a scale of 1 (normal) to 7 (among the most extremely ill) based on the total clinical experience of the rater in treating patients

with schizophrenia. Patients had a mean PANSS total score of 103 (range 82 to 144) and a CGI-S score of 5.2 (markedly ill) at entry.

In this 12-week study (n=339) comparing ABILIFY MAINTENA (n=167) to placebo (n=172), patients were administered 400 mg ABILIFY MAINTENA or placebo on Days 0, 28, and 56. The dose could be adjusted down and up within the range of 400 to 300 mg on a one time basis. ABILIFY MAINTENA was superior to placebo in improving the PANSS total score at the end of week 10 (see Table 7).

Table 7: Schizophrenia Short-term Study

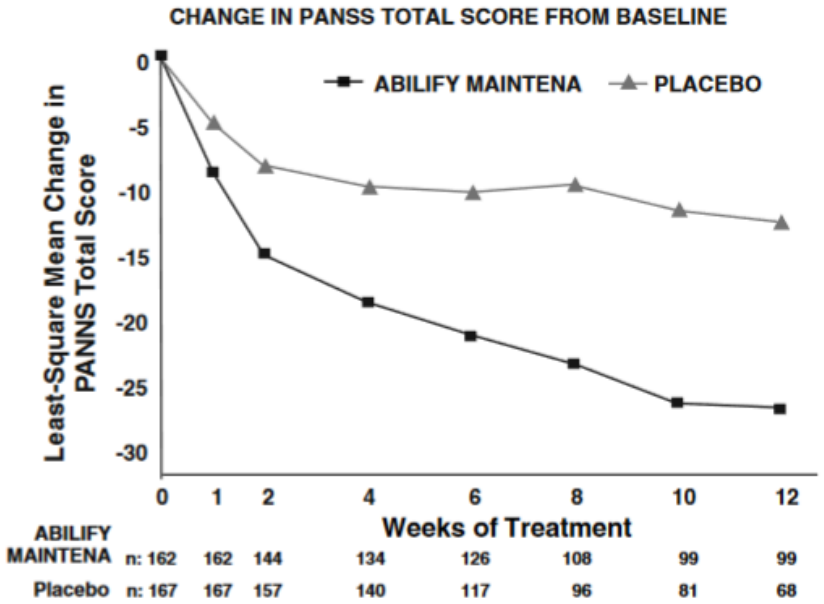
Study Number	Treatment Group	Primary Efficacy Measure: PANSS Total Score		
		Mean Baseline Score (SD)	LS Mean Change from Baseline (SE)	Placebo-subtracted Difference[a] (95% CI)
Study 1	ABILIFY MAINTENA (400 to 300 mg)	102.4 (11.4)	-26.8 (1.6)	-15.1 (-19.4, -10.8)
	Placebo	103.4 (11.1)	-11.7 (1.6)	--

SD: standard deviation; SE: standard error; LS Mean: least-squares mean; CI: unadjusted confidence interval.

[a] Difference (drug minus placebo) in least-squares mean change from baseline.

The change in PANSS total score by week is shown in Figure 14. ABILIFY MAINTENA also showed improvement in symptoms represented by CGI-S score mean change from baseline to week 10. The results of exploratory subgroup analyses by gender, race, age, ethnicity, and BMI were similar to the results of the overall population.

Figure 14: Weekly PANSS Total Score-Change in the 12-Week, Placebo- Controlled Study with ABILIFY MAINTENA



n = the number of patients remaining in the respective study arm at each time point

Longer-Term Efficacy

The efficacy of ABILIFY MAINTENA in maintaining symptomatic control in schizophrenia was established in a double-blind, placebo-controlled, randomized withdrawal trial in adult patients (Study 2) who met DSM-IV-TR criteria for schizophrenia and who were being treated with at least one antipsychotic medication. Patients had at least a 3-year history of illness and a history of relapse or symptom exacerbation when not receiving antipsychotic treatment.

In addition to the PANSS and CGI-S, clinical ratings during this trial included the:

- Clinical Global Impression-Improvement (CGI-I) scale, a scale of 1 (very much improved) to 7 (very much worse) based on the change from baseline in clinical condition and

- Clinical Global Impression-Severity of Suicide (CGI-SS) scale, which is comprised of 2 parts: Part 1 rates the severity of suicidal thoughts and behavior on a scale of 1 (not at all suicidal) to 5 (attempted suicide) based on the most severe level in the last 7 days from all information available to the rater and Part 2 rates the change from baseline in suicidal thoughts and behavior on a scale of 1 (very much improved) to 7 (very much worse).

This trial included:

- A 4 to 6 week open-label, oral conversion phase for patients on antipsychotic medications other than aripiprazole. A total of 633 patients entered this phase.
- An open-label, oral aripiprazole stabilization phase (target dose of 10 mg to 30 mg once daily). A total of 710 patients entered this phase. Patients were 18 to 60 years old (mean 40 years) and 60% were male. The mean PANSS total score was 66 (range 33 to 124). The mean CGI-S score was 3.5 (mildly to moderately ill). Prior to the next phase, stabilization was required. Stabilization was defined as having all of the following for four consecutive weeks: an outpatient status, PANSS total score $\leq$ 80, CGI–S $\leq$4 (moderately ill) , and CGI-SS score $\leq$2 mildly suicidal) on Part 1 and $\leq$5 (minimally worsened) on Part 2; and a score of $\leq$4 on each of the following PANSS items: conceptual disorganization, suspiciousness, hallucinatory behavior, and unusual thought content.
- A minimum 12-week uncontrolled, single-blind ABILIFY MAINTENA stabilization phase (treatment with 400 mg of ABILIFY MAINTENA given every 4 weeks in conjunction with oral aripiprazole [10 mg to 20 mg/day] for the first 2 weeks). The dose of ABILIFY MAINTENA may have been decreased to 300 mg due to adverse reactions. A total of 576 patients entered this phase. The mean PANSS total score was 59 (range 30 to 80) and the mean CGI-S score was 3.2 (mildly ill). Prior to the next phase, stabilization was required (see above for the definition of stabilization) for 12 consecutive weeks.

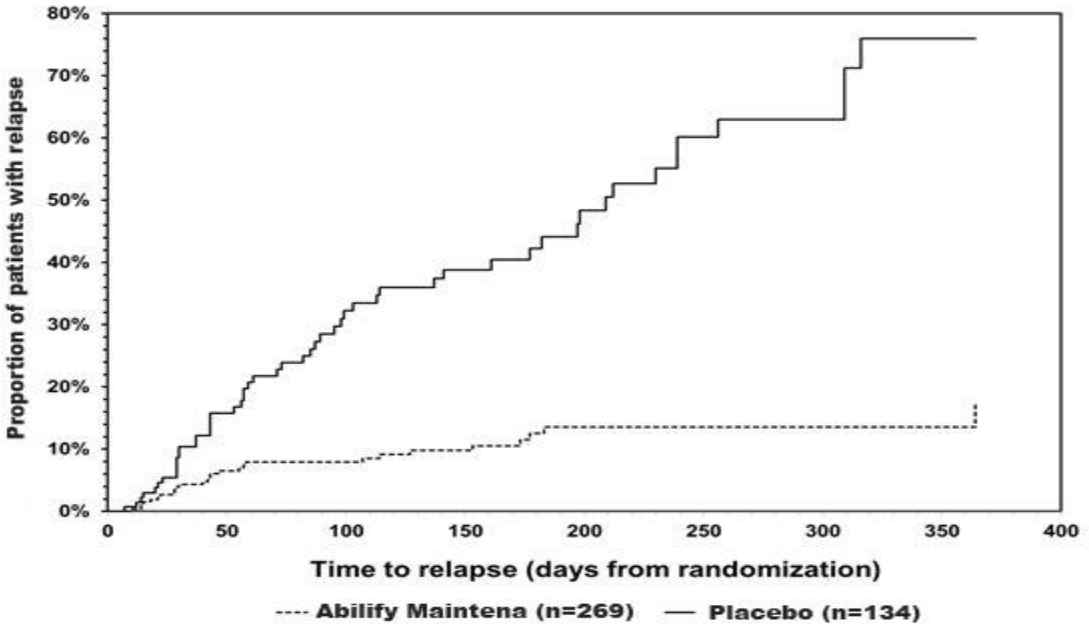
- A double-blind, placebo-controlled randomized-withdrawal phase to observe for relapse (defined below). A total of 403 patients were randomized 2:1 to the same dose of ABILIFY MAINTENA they were receiving at the end of the stabilization phase, (400 mg or 300 mg administered once every 4 weeks) or placebo. Patients had a mean PANSS total score of 55 (range 31 to 80) and a CGI-S score of 2.9 (mildly ill) at entry. The dose could be adjusted up and down or down and up within the range of 300 to 400 mg on a one time basis.

The primary efficacy endpoint was time from randomization to relapse. Relapse was defined as the first occurrence of one or more of the following criteria:

- CGI-I of ≥5 (minimally worse) and
  1. an increase on any of the following individual PANSS items (conceptual disorganization, hallucinatory behavior, suspiciousness, unusual thought content) to a score >4 with an absolute increase of ≥ 2 on that specific item since randomization or
  2. an increase on any of the following individual PANSS items (conceptual disorganization, hallucinatory behavior, suspiciousness, unusual thought content) to a score >4 with an absolute increase ≥4 on the combined four PANSS items (conceptual disorganization, hallucinatory behavior, suspiciousness, unusual thought content) since randomization
- Hospitalization due to worsening of psychotic symptoms (including partial hospitalization), but excluding hospitalization for psychosocial reasons
- CGI-SS of 4 (severely suicidal) or 5 (attempted suicide) on Part 1 and/or 6 (much worse) or 7 (very much worse) on Part 2, or
- Violent behavior resulting in clinically significant self-injury, injury to another person, or property damage.

A pre-planned interim analysis demonstrated a statistically significantly longer time to relapse in patients randomized to the ABILIFY MAINTENA group compared to placebo treated patients and the trial was subsequently terminated early because maintenance of efficacy was demonstrated. The final analysis demonstrated a statistically significantly longer time to relapse in patients randomized to the ABILIFY MAINTENA group than compared to placebo-treated patients. The Kaplan-Meier curves of the cumulative proportion of patients with relapse during the double-blind treatment phase for ABILIFY MAINTENA and placebo groups are shown in Figure 15.

Figure 15: Kaplan-Meier Estimation of Cumulative Proportion of Patients with Relapse*



*This figure is based on a total of 80 relapse events

The key secondary efficacy endpoint, percentage of subjects meeting the relapse criteria, was statistically significantly lower in patients randomized to the ABILIFY MAINTENA group (10%) than in the placebo group (40%).

14.2 Bipolar I Disorder-Maintenance Monotheraphy

The efficacy of ABILIFY MAINTENA for the maintenance treatment of bipolar I disorder was established in a 52-week, double-blind, placebo-controlled, randomized withdrawal trial in adult patients who were experiencing a manic episode at trial entry, met DSM-IV-TR criteria for bipolar I disorder, and had a history of at least one previous manic or mixed episode with manic symptoms of sufficient severity to require one of the following interventions: hospitalization and/or treatment with a mood stabilizer, and/or treatment with an antipsychotic agent.

Clinical ratings during this trial included:

- Young Mania Rating Scale (YMRS)-an 11-item, clinician-rated scale used to assess the degree of manic symptomatology, in a range with 0 representing no symptoms, and 60 representing worst symptoms.

- Montgomery-Asberg Depression Rating Scale (MADRS) – a 10-item clinician- related scale used to assess the degree of depressive symptomatology, with 1 representing no symptoms, and 60 representing worst symptoms.

- Clinical Global Impression Bipolar Version Severity of Illness (CGI-BP-S) a scale of 1 (normal, not at all ill) to 7 (very severely ill patient) based on the patient's severity of illness mania, depression, and overall bipolar illness.

This trial included:

- A 4 to 6 week, open-label, oral conversion phase for patients on treatments for bipolar I disorder other than aripiprazole. A total of 466 patients entered this phase.

- A 2 to 8 week, open-label, oral aripiprazole stabilization phase (target dose of 15 mg to 30 mg once daily). A total of 632 patients entered this phase. Patients were 18 to 65 years old (mean 40.7 years) and 60% were female. The mean (range) baseline scores were: YMRS total, 16.9 MADRS total, 5.7, and CGI-BP-S overall, 3.4 (mildly to moderately ill). Prior to the next phase, stabilization was required. Stabilization was defined as having all of the following at one bi-weekly visit: Outpatient status, YMRS total score ≤12, MADRS total score ≤12, no active suicidality; with active suicidality defined as a score of 4 or more on the MADRS item 10 OR an answer of "yes" on question 4 or 5 on the Columbia Suicide Severity Rating Scale (C-SSRS).

- A minimum 12-week, uncontrolled, single-blind ABILIFY MAINTENA stabilization phase (treatment with 400 mg of ABILIFY MAINTENA given every 4 weeks in conjunction with oral aripiprazole [10 mg to 20 mg/day] for the first 2 weeks). The dose of ABILIFY MAINTENA was allowed to be decreased to 300 mg due to adverse reactions. A total of 425 patients entered this phase. The mean (range) baseline scores were: YMRS total, 5.8, MADRS total 3.7, and CGI-BP-S overall, 2.1 (minimally ill). Prior to the next phase, stabilization was required (see above for the definition of stabilization) for 8 consecutive weeks starting at week 6.

- A double-blind, placebo-controlled, randomized-withdrawal phase to observe for recurrence to a mood episode (defined below) for up to 52 weeks. A total of 266 patients were randomized 1:1 to the same dose of ABILIFY MAINTENA they were receiving at the end of the stabilization phase, (400 mg or 300 mg administered once every 4 weeks) or placebo. The mean (range) baseline scores were: YMRS total, 2.8 (0 to 12), MADRS total, 2.7 (0 to 12), and CGI-S overall, 1.7 (minimally ill). The dose could be decreased to 300 mg for tolerability and returned once to 400 mg.

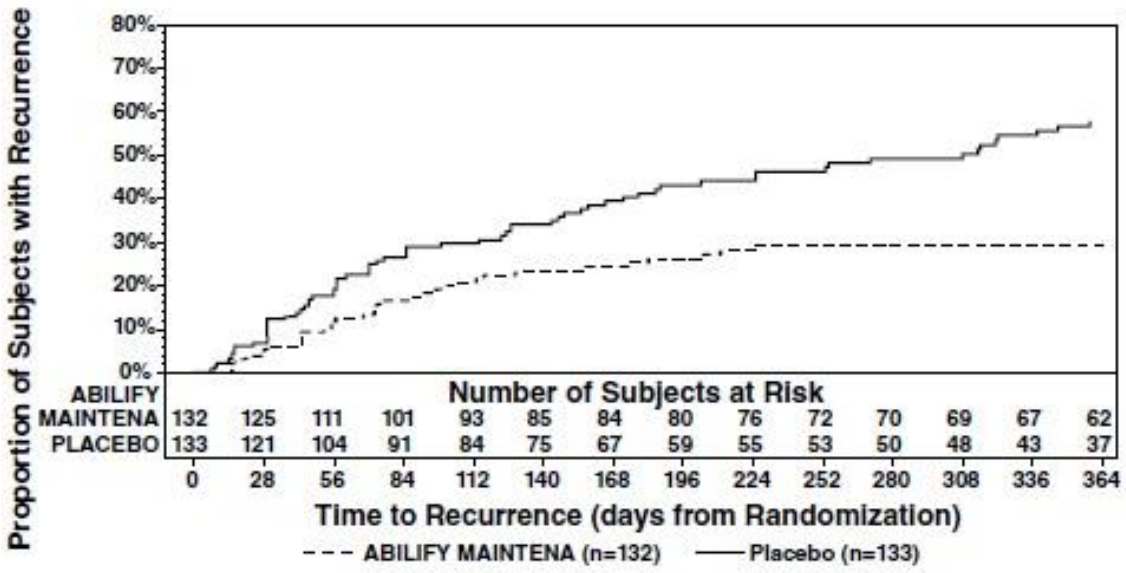
The primary efficacy endpoint was time from randomization to recurrence of any mood episode. Recurrence was defined as the first occurrence of one or more of the following criteria:
1) Hospitalization for any mood episode OR
2) Any of the following:

a. YMRS total score ≥15 OR
b. MADRS total score ≥15 OR
c. Clinical Global Impression - Bipolar Version-Severity (CGI-BP-S) score >4 (overall score) OR

3) Serious adverse event (SAE) of worsening disease (bipolar I disorder) OR
4) Discontinuation due to lack of efficacy or discontinuation due to an adverse event (AE) of worsening disease OR
5) Clinical worsening with the need for addition of a mood stabilizer, antidepressant treatment, antipsychotic medication, and/or increase greater than the allowed benzodiazepine doses for treatment of symptoms of an underlying mood disorder OR
6) Active suicidality, which is defined as a score of 4 or more on the MADRS item 10 OR an answer of "yes" on question 4 or 5 on the C-SSRS

Analysis demonstrated a statistically significantly longer time to recurrence of any mood episode in subjects randomized to the ABILIFY MAINTENA group than compared to placebo-treated subjects. The Kaplan-Meier curves of the time of recurrence to any mood episode during the double-blind treatment phase for ABILIFY MAINTENA and placebo groups are shown in Figure 16.

Figure 16: Kaplan-Meier Estimation of Cumulative Recurrence Rate for Any Mood Episode*



* This figure is based on a total of 103 recurrence events.

Analysis by type of mood recurrence demonstrated a statistically significantly longer time to recurrence for both manic and mixed mood episodes in subjects treated with ABILIFY MAINTENA compared to those treated with placebo. There was no substantial

difference between treatment groups in delaying time to recurrence of depressive mood episodes.

An examination of subgroups did not reveal any clear evidence of differential responsiveness on the basis of age, sex, or race.

16. HOW SUPPLIED/STORAGE AND HANDLING

16.1 How Supplied

ABILIFY MAINTENA (aripiprazole) pre-filled dual chamber syringe for extended-release injectable suspension in single-use syringes is available in 300 mg or 400 mg strength syringes. The pre-filled dual chamber syringe consists of a front chamber that contains the lyophilized powder of aripiprazole monohydrate and a rear chamber that contains sterile water for injection.

The 300 mg kit includes :

- 300 mg, single-dose, pre-filled, dual chamber syringe containing ABILIFY MAINTENA (aripiprazole) for extended-release injectable suspension lyophilized powder and Sterile Water for Injection
- One 23-gauge, 1-inch (25 mm) hypodermic safety needle with needle protection device for deltoid administration in non-obese patients
- One 22-gauge, 1.5-inch (38 mm) hypodermic safety needle with needle protection device for gluteal administration in non-obese patients or deltoid administration in obese patients
- One 21-gauge, 2-inch (51–mm) hypodermic safety needle with needle protection device for gluteal administration in obese patients

Reg. No DKI1756101925A1

The 400 mg kit includes :

- 400 mg, single-dose, pre-filled, dual chamber syringe containing ABILIFY MAINTENA (aripiprazole) for extended-release injectable suspension lyophilized powder and Sterile Water for Injection
- One 23-gauge, 1-inch (25 mm) hypodermic safety needle with needle protection device for deltoid administration in non-obese patients
- One 22-gauge, 1.5-inch (38 mm) hypodermic safety needle with needle protection device for gluteal administration in non-obese patients or deltoid administration in obese patients
- One 21-gauge, 2-inch (51 mm) hypodermic safety needle with needle protection device for gluteal administration in obese patients

Reg. No DKI1756101925B1

16.2 Storage

Store below 30°C [86°F]. Do not freeze. Protect the syringe from light by storing in the original package until time of use.

Shelf life : 3 years.

17 PATIENT COUNSELING INFORMATION

Advise the patient to read the BPOM-approved patient labeling (*Medication Guide*)

Pathological Gambling and Other Compulsive behaviors

Advise patients and their caregivers of the possibility that they may experience compulsive urges to shop, increased urges to gamble, compulsive sexual urges, binge eating and/or other compulsive urges and the inability to control these urges while taking aripiprazole. In some cases, but not all, the urges were reported to have stopped when the dose was reduced or stopped *[see Warnings and Precautions (5.6)]*.

Neuroleptic Malignant Syndrome

Counsel patients about a potentially fatal adverse reaction referred to as NMS that has been reported in association with administration of antipsychotic drugs. Advise patients, family members, or caregivers to contact a health care provider or report to the emergency room if they experience signs and symptoms of NMS *[see Warnings and Precautions* (5.3)*]*.

Tardive Dyskinesia

Advise patients that abnormal involuntary movements have been associated with the administration of antipsychotic drugs. Counsel patients to notify their health care provider if they notice any movements which they cannot control in their face, tongue, or other body part *[see Warnings and Precautions* (5.4)*]*.

Metabolic Changes (Hyperglycemia and Diabetes Mellitus, Dyslipidemia, and Weight Gain)

Educate patients about the risk of metabolic changes, how to recognize symptoms of hyperglycemia and diabetes mellitus, and the need for specific monitoring, including blood glucose, lipids, and weight *[see Warnings and Precautions* (5.5)*]*.

Orthostatic Hypotension

Educate patients about the risk of orthostatic hypotension and syncope especially early in treatment, and also at times of re-initiating treatment or increases in dosage *[see Warnings and Precautions* (5.7)*]*.

Leukopenia/Neutropenia

Advise patients with a pre-existing low WBC count or a history of drug-induced leucopenia/neutropenia that they should have their CBC monitored while receiving ABILIFY MAINTENA *[see Warnings and Precautions* (5.9)*]*.

Interference with Cognitive and Motor Performance

Because ABILIFY MAINTENA may have the potential to impair judgment, thinking, or motor skills, instruct patients to be cautious about operating hazardous machinery, including automobiles, until they are reasonably certain that ABILIFY MAINTENA therapy does not affect them adversely *[see Warnings and Precautions* (5.10)*]*.

Heat Exposure and Dehydration

Advise patients regarding appropriate care in avoiding overheating and dehydration *[see Warnings and Precautions* (5.11)*]*.

Concomitant Medication

Advise patients to inform their health care providers of any changes to their current prescription or over-the-counter medications since there is a potential for clinically significant interactions *[see Drug Interactions* (7)*]*.

Pregnancy

Advise patients that ABILIFY MAINTENA may cause extrapyramidal and/or withdrawal symptoms in a neonate and to notify their healthcare provider with a known or suspected pregnancy. Advise patients that there is a pregnancy exposure registry that monitors pregnancy outcomes in women exposed to ABILIFY MAINTENA during pregnancy *[see Use in Specific Populations (8.1)]*.

HARUS DENGAN RESEP DOKTER

Manufactured by:
Otsuka Pharmaceutical Co., Ltd.,
Tokushima Wajiki Factory
306-2, Aza Otsubo, Koniu, Naka-cho, Naka-gun,
Tokushima 771-5209, Japan

Imported and repacked by:
PT Otsuka Indonesia
Jl. Sumber Waras No. 25
Lawang, Malang 65216, Indonesia

INFORMASI PRODUK UNTUK PASIEN

ABILIFY MAINTENA®

(aripiprazole)

Suspensi injeksi lepas lambat, untuk penggunaan intramuskular

Nama Obat : **ABILIFY MAINTENA®**

Bentuk sediaan : - 300 mg Aripiprazole monohidrat suspensi injeksi lepas lambat.

- 400 mg Aripiprazole monohidrat suspensi injeksi lepas lambat.

Deskripsi : Alat suntik dual chamber yang berisi aripiprazole monohydrate terliofilisasi dan air steril untuk injeksi.

Apa yang terkandung dalam ABILIFY MAINTENA ?

Zat aktif : Aripiprazole monohidrat

Zat tambahan : Carboxymethylcellulose sodium, Mannitol, Sodium phosphate monobasic monohydrate, Sodium hydroxide

Kekuatan : 300 mg Aripiprazole monohidrat

400 mg Aripiprazole monohidrat

Apakah ABILIFY MAINTENA?

ABILIFY MAINTENA adalah obat yang diresepkan untuk :

- pengobatan skizofrenia pada orang dewasa
- pengobatan pemeliharaan pada gangguan Bipolar I pada orang dewasa

Belum diketahui apakah ABILIFY MAINTENA aman dan efektif untuk anak di bawah usia 18 tahun.

Bagaimana saya harus menggunakan ABILIFY MAINTENA?

***** Ikuti jadwal pengobatan ABILIFY MAINTENA sesuai penjelasan dari dokter Anda.

* ABILIFY MAINTENA adalah sediaan injeksi yang disuntikkan pada otot gluteal (bokong) dan otot deltoid (lengan atas) sebulan sekali. Anda akan merasakan sedikit nyeri pada bokong atau lengan atas selama disuntik.

* Setelah suntikan pertama dari ABILIFY MAINTENA, Anda harus melanjutkan dengan meminum tablet Aripiprazole selama 2 minggu.

* Jangan melewatkan satu dosis ABILIFY MAINTENA.Jika Anda lupa untuk satu dosis dengan alasan tertentu, segera hubungi Dokter Anda untuk mendiskusikan tindakan yang akan dilakukan selanjutnya.

DISETUJUI OLEH BPOM: 07/09/2021

EREG10021412100093
EREG10021412100094

Siapa yang tidak boleh menggunakan ABILIFY MAINTENA?

Jangan menggunakan **ABILIFY MAINTENA jika Anda** alergi terhadap Aripiprazole atau salah satu bahan lain dari ABILIFY MAINTENA. Lihat daftar lengkap bahan-bahan pada ABILIFY MAINTENA.

Apa informasi paling penting yang harus saya ketahui tentang ABILIFY MAINTENA ?

Penggunaan ABILIFY MAINTENA secara injeksi hanya dapat dilakukan oleh tenaga kesehatan saja.

ABILIFY MAINTENA dapat menyebabkan efek samping yang serius, **termasuk :**

- **Masalah pada pembuluh darah otak (seperti stroke) pada pasien lanjut usia yang mengalami demensia.** ABILIFY MAINTENA tidak dapat digunakan untuk pengobatan orang dengan gangguan jiwa (psikosis) yang disebabkan oleh kebingungan dan penurunan daya ingat (demensia).
- ***Neuroleptic malignant syndrome (NMS)*, merupakan kondisi serius yang dapat menyebabkan kematian.** Segera beri tahu dokter Anda bila Anda mempunyai beberapa atau semua gejala dari NMS :
    1. Demam tinggi
    2. Otot kaku
    3. Kebingungan
    4. Berkeringat
    5. Perubahan pada denyut nadi, denyut jantung dan tekanan darah

Segera hubungi dokter Anda atau segera pergi ke ruang gawat darurat terdekat jika Anda mengalami salah satu gejala diatas.

Apa yang harus saya katakan pada dokter sebelum menggunakan ABILIFY MAINTENA?

Sebelum Anda menggunakan ABILIFY MAINTENA, beritahu dokter Anda jika Anda :

- Sebelumnya belum pernah menggunakan ABILIFY (Aripiprazole)
- Mempunyai diabetes atau gula darah tinggi atau riwayat keluarga dengan penyakit diabetes atau gula darah tinggi. Dokter anda harus memeriksa kadar gula darah Anda, sebelum Anda mulai menggunakan ABILIFY MAINTENA dan selama pengobatan.
- Saat ini mengalami atau pernah mengalami kejang (konvulsi)
- Saat ini mengalami atau pernah mengalami tekanan darah rendah atau tekanan darah tinggi
- Saat ini mengalami atau pernah mengalami masalah pada jantung atau stroke
- Saat ini mengalami atau pernah mengalami jumlah sel darah putih yang rendah
- Mempunyai masalah kesehatan lainnya termasuk yang dapat berdampak pada penyuntikan di lengan atas atau bokong.
- Sedang hamil atau merencanakan untuk hamil. Belum diketahui apakah ABILIFY MAINTENA dapat berisiko pada janin Anda.
- Sedang menyusui atau merencanakan menyusui. ABILIFY MAINTENA dapat melalui ASI dan membahayakan bayi Anda.
  Bicarakan dengan dokter Anda tentang cara terbaik memberikan asupan makanan pada bayi jika Anda sedang menggunakan ABILIFY MAINTENA.

ABILIFY MAINTENA dan obat lainnya dapat mempengaruhi satu sama lain.
Beritahu dokter Anda semua obat yang Anda minum, termasuk obat dengan resep dokter, obat yang dapat dibeli bebas, vitamin, suplemen kesehatan, dan herbal.

DISETUJUI OLEH BPOM: 07/09/2021

EREG10021412100093
EREG10021412100094

Dokter atau apoteker Anda dapat memberitahu Anda apakah aman untuk menggunakan ABILIFY MAINTENA dengan obat-obatan Anda yang lain. Jangan memulai atau menghentikan obat apapun selama menggunakan ABILIFY MAINTENA tanpa membicarakan terlebih dahulu dengan dokter Anda.

Kenali obat yang Anda gunakan. Simpan daftar obat-obatan untuk diperlihatkan pada dokter atau apoteker Anda ketika Anda menerima obat baru.

Apakah obat ini dapat digunakan selama kehamilan atau menyusui?

Jika anda sedang hamil atau merencanakan kehamilan, tanyakan kepada dokter atau apoteker Anda untuk saran sebelum menggunakan ABILIFY MAINTENA. Wanita hamil tidak boleh menggunakan ABILIFY MAINTENA kecuali secara khusus disarankan oleh dokter.

Gejala berikut dapat muncul pada bayi yang baru lahir, apabila ibu hamil mengonsumsi ABILIFY MAINTENA pada trimester akhir (3 bulan terakhir) : gemetar, kaku otot atau lemah otot, mengantuk, agitasi, masalah pernafasan, dan sulit makan. Apabila bayi Anda mengalami gejala tersebut, segera beritahukan kepada dokter Anda.

Beri tahu dokter Anda jika Anda sedang menyusui, sebelum Anda menjalani perawatan dengan ABILIFY MAINTENA. Bicarakan dengan dokter Anda tentang cara terbaik memberikan asupan makanan pada bayi Anda jika Anda menggunakan ABILIFY MAINTENA

Apa yang harus saya hindari saat menerima ABILIFY MAINTENA?

- Jangan mengemudi, menjalankan mesin, atau kegiatan berbahaya lainnya sampai Anda mengetahui bagaimana pengaruh ABILIFY MAINTENA terhadap Anda.
  ABILIFY MAINTENA dapat menyebabkan Anda mengantuk
- Jangan minum alkohol selama Anda menerima ABILIFY MAINTENA
- Jangan kepanasan atau dehidrasi selama Anda menerima ABILIFY MAINTENA
  1. Jangan olahraga berlebihan
  2. Pada cuaca panas, jika memungkinkan berdiam di tempat sejuk
  3. Hindari sinar terik matahari
  4. Jangan memakai baju berlebihan atau baju tebal
  5. Minum banyak air

Apa kemungkinan efek samping dari ABILIFY MAINTENA?

ABILIFY MAINTENA dapat menyebabkan efek samping yang serius termasuk :

- **Lihat pada bagian "Apa informasi paling penting yang saya harus ketahui tentang ABILIFY MAINTENA?"**
- **Gerakan badan yang tidak terkontrol (*tardive dyskinesia*).** ABILIFY MAINTENA dapat menyebabkan gerakan yang tidak dapat Anda kendalikan pada wajah, lidah atau bagian tubuh lainnya. *Tardive dyskinesia* mungkin tidak segera sembuh, bahkan jika Anda sudah berhenti menerima ABILIFY MAINTENA. *Tardive dyskinesia* juga dapat terjadi setelah Anda berhenti menerima ABILIFY MAINTENA.
- **Masalah pada metabolisme Anda, seperti :**
  - **Kadar gula darah tinggi (hiperglikemia) :** Peningkatan kadar gula darah dapat terjadi pada beberapa orang yang menggunakan ABILIFY MAINTENA. Kadar gula darah yang sangat tinggi dapat menyebabkan koma atau kematian. Jika Anda menderita diabetes atau memiliki faktor risiko diabetes (misalnya - berat badan berlebih atau riwayat keluarga

dengan diabetes), dokter Anda harus memeriksa kadar gula darah Anda sebelum Anda menggunakan ABILIFY MAINTENA dan selama Anda menjalani pengobatan.

Hubungi dokter Anda jika Anda mempunyai salah satu dari gejala-gejala gula darah tinggi selama menggunakan ABILIFY MAINTENA :

- Merasa sangat haus
- Lebih sering buang air kecil dari biasanya
- Merasa sangat lapar
- Merasa lemas atau letih
- Merasa sakit pada perut
- Merasa kebingungan, atau nafas berbau manis buah
- **Peningkatan kadar lemak (kolesterol dan trigliserida) dalam darah**
- **Peningkatan berat badan.** Anda dan dokter Anda harus memeriksa berat badan Anda secara teratur.

- **Desakan yang luar biasa.** Beberapa pasien yang menggunakan ABILIFY MAINTENA dapat mengalamidorongan yang tidak biasa seperti berjudi, makan berlebihan, atau makan yang tidak dapat Anda kendalikan (kompulsif), belanja secara berlebihan dan dorongan seksual. Jika Anda atau anggota keluarga Anda memperhatikan bahwa Anda mengalami dorongan atau perilaku yang tidak biasa, konsultasikan dengan dokter Anda.

- **Penurunan tekanan darah (hipotensi ortostatik).** Anda merasa limbung atau pusing saat bangkit cepat dari posisi duduk atau berbaring.

- **Terjatuh.** Abilify dapat menyebabkan kantuk dan pusing, dapat menyebabkan penurunan tekanan darah ketika merubah posisi tubuh dan dapat memperlambat kemampuan berpikir dan kemampuan motorik yang dapat menyebabkan terjatuh sehingga mengalami patah tulang atau cedera lainnya.

- **Jumlah sel darah putih yang rendah**

- **Kejang (konvulsi)**

- **Masalah pada kontrol temperatur badan sehingga anda merasa terlalu hangat. Lihat pada bagian “Apa yang saya harus hindari selama menggunakan ABILIFY MAINTENA?”**

- **Sukar menelan.**

Efek samping yang paling umum pada ABILIFY MAINTENA yaitu peningkatan berat badan, perasaan gelisah seperti ingin terus bergerak (akathisia), nyeri pada tempat penyuntikan, atau rasa kantuk (sedasi).

Beritahukan dokter atau apoteker Anda, jika Anda mengalami efek samping yang mengganggu atau tidak hilang, termasuk efek samping yang tidak tercantum dalam informasi produk ini.

Informasi umum tentang efektifitas dan keamanan penggunaan ABILIFY MAINTENA.

Beberapa obat kadang-kadang diresepkan untuk penggunaan lain diluar dari yang tercantum dalam panduan pengobatan ABILIFY MAINTENA. Jangan mengunakan ABILIFY MAINTENA tanpa resep dari dokter. Jangan memberikan ABILIFY MAINTENA pada orang lain, walaupun orang lain tersebut mengalami gejala sama seperti Anda. Hal ini dapat membahayakan mereka.

Jika Anda membutuhkan informasi lebih lanjut, bicarakan dengan dokter atau apoteker Anda. Anda dapat bertanya kepada dokter atau apoteker Anda untuk informasi tentang ABILIFY MAINTENA yang tertulis untuk tenaga kesehatan.

Bagaimana menyimpan obat ini?

Disimpan dibawah 30°C [86°F]. Jangan dibekukan.

Lindungi alat suntik dari cahaya dengan menyimpannya dalam kemasan asli sampai saat digunakan.

Nomor Izin Edar :

ABILIFY MAINTENA® 300mg NO. REG.: DKI 1756101925A1

ABILIFY MAINTENA® 400mg NO. REG.: DKI 1756101925B1

HARUS DENGAN RESEP DOKTER

Diproduksi oleh :
Otsuka Pharmaceutical Co., Ltd.,
Tokushima Wajiki Factory
306-2, Aza Otsubo, Koniu, Naka-cho, Naka-gun,
Tokushima 771-5209, Japan

Diimpor dan dikemas ulang oleh :
PT Otsuka Indonesia
Jl Sumber Waras No. 25
Lawang, Malang 65216, Indonesia

DISETUJUI OLEH BPOM: 07/09/2021

EREG10021412100093
EREG10021412100094