



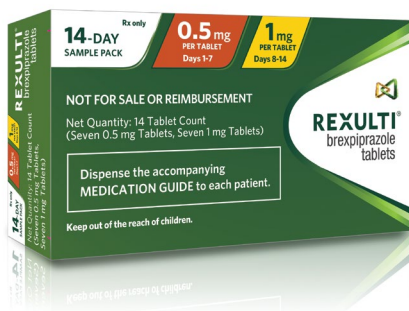
Hypothetical patient and caregiver

# A Once-Daily Treatment for Patients with Agitation Associated with Dementia due to Alzheimer’s Disease

Low starting dose and a 2- to 4-week titration schedule

DAYS 1-7	8-14	15-28	29+
STARTING		RECOMMENDED TARGET	RECOMMENDED TARGET
<b>0.5</b> mg/day	<b>1</b> mg/day	<b>2</b> mg/day	<b>2</b> mg/day
			OR If clinically warranted
			<b>3</b> mg/day

- Dose can be increased to the maximum recommended daily dose of 3 mg/day after at least 14 days, based on clinical response and tolerability
- With or without food



Sample starter packs are available\* for your appropriate patients.

- **14-day titration pack:**
  - 7 days at 0.5 mg/day and 7 days at 1 mg/day
- **7-day single-dose packs:**
  - 0.5 mg, 1 mg, 2 mg, 3 mg

\*Sample packs are not for sale or reimbursement.

See back cover for dose adjustments for REXULTI.

## INDICATION

REXULTI is indicated for treatment of agitation associated with dementia due to Alzheimer’s disease.

Limitations of Use: REXULTI is not indicated as an as needed (“prn”) treatment for agitation associated with dementia due to Alzheimer’s disease

## 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. REXULTI is not approved for the treatment of patients with dementia-related psychosis without agitation associated with dementia due to Alzheimer’s disease.**

Please see **IMPORTANT SAFETY INFORMATION** on pages 2 and 3.

# IMPORTANT SAFETY INFORMATION for REXULTI® (brexpiprazole)

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

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**Contraindication:** In patients with known hypersensitivity to brexpiprazole or any of its components. Reactions have included: rash, facial swelling, urticaria and anaphylaxis.

**Cerebrovascular Adverse Events, Including Stroke:** In clinical trials, elderly patients with dementia randomized to risperidone, aripiprazole, and olanzapine had a higher incidence of stroke and transient ischemic attack, including fatal stroke. REXULTI is not approved for the treatment of patients with dementia-related psychosis without agitation associated with dementia due to Alzheimer's disease.

**Neuroleptic Malignant Syndrome (NMS):** NMS is a potentially fatal symptom complex reported in association with administration of antipsychotic drugs, including REXULTI. Clinical signs 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 creatinine phosphokinase, myoglobinuria (rhabdomyolysis), and acute renal failure. Manage NMS with immediate discontinuation of REXULTI, intensive symptomatic treatment, and monitoring.

**Tardive Dyskinesia (TD):** Risk of TD, and the potential to become irreversible, appear to increase with duration of treatment and total cumulative dose of antipsychotic drugs. TD can develop after relatively brief treatment periods, at

low doses, or after discontinuation of treatment. For chronic treatment, use the lowest dose and shortest duration of REXULTI needed to produce a clinical response. If signs and symptoms of TD appear, drug discontinuation should be considered.

**Metabolic Changes:** Atypical antipsychotic drugs, including REXULTI, have caused metabolic changes including:

- **Hyperglycemia/Diabetes Mellitus:** Hyperglycemia and diabetes mellitus, in some cases extreme and associated with diabetic ketoacidosis, hyperosmolar coma or death, have been reported in patients treated with atypical antipsychotics. Assess fasting plasma glucose before or soon after initiation of antipsychotic medication and monitor periodically during long-term treatment.
- **Dyslipidemia:** Atypical antipsychotics cause adverse alterations in lipids. Before or soon after initiation of antipsychotic medication, obtain a fasting lipid profile at baseline and monitor periodically during treatment.
- **Weight Gain:** Weight gain has been observed in patients treated with REXULTI. Monitor weight at baseline and frequently thereafter.

**Pathological Gambling and Other Compulsive Behaviors:** Intense urges, particularly for gambling, and the inability to control these urges have been reported while taking REXULTI. Other compulsive urges have been reported less frequently. Prescribers should ask patients or their caregivers about the development of new or intense compulsive urges. Consider dose reduction or stopping REXULTI if such urges develop.

(continued)

Please see **FULL PRESCRIBING INFORMATION**, including **BOXED WARNING**.

# IMPORTANT SAFETY INFORMATION

## for REXULTI® (brexpiprazole) (continued)

### **Leukopenia, Neutropenia, and Agranulocytosis:**

Leukopenia and neutropenia have been reported with antipsychotics. Agranulocytosis (including fatal cases) has been reported with other agents in this class. Monitor complete blood count in patients with pre-existing low white blood cell count (WBC)/absolute neutrophil count or history of drug-induced leukopenia/neutropenia. Discontinue REXULTI at the first sign of a clinically significant decline in WBC and in patients with severe neutropenia.

**Orthostatic Hypotension and Syncope:** Atypical antipsychotics cause orthostatic hypotension and syncope. Generally, the risk is greatest during initial dose titration and when increasing the dose. Monitor in patients vulnerable to hypotension, and those with cardiovascular and cerebrovascular diseases.

**Falls:** Antipsychotics may cause somnolence, postural hypotension, motor, and sensory instability, which may lead to falls causing fractures or other injuries. For patients with diseases, conditions, or medications that could exacerbate these effects, complete fall risk assessments when initiating treatment and recurrently during therapy.

**Seizures:** REXULTI may cause seizures and should be used with caution in patients with a history of seizures or with conditions that lower the seizure threshold.

**Body Temperature Dysregulation:** Use REXULTI with caution in patients who may experience conditions that increase body temperature (e.g., strenuous exercise, extreme heat, dehydration, or concomitant use with anticholinergics).

**Dysphagia:** Esophageal dysmotility and aspiration have been associated with antipsychotics, including REXULTI, and should be used with caution in patients at risk for aspiration.

### **Potential for Cognitive and Motor Impairment:**

REXULTI has the potential to impair judgment, thinking, or motor skills. Patients should be cautioned about operating hazardous machinery, including operating motor vehicles, until they are reasonably certain REXULTI does not affect them adversely.

**Concomitant Medication:** Dosage adjustments are recommended in patients who are known cytochrome P450 (CYP) 2D6 poor metabolizers and in patients taking concomitant CYP3A4 inhibitors or CYP2D6 inhibitors or strong CYP3A4 inducers.

**Most commonly observed adverse reactions:** In clinical trials of adults, the most common adverse reactions were:

- **Agitation associated with dementia due to Alzheimer's disease** ( $\geq 4\%$  incidence and at least twice the rate of placebo for REXULTI vs. placebo): nasopharyngitis and dizziness.

**Dystonia:** Symptoms of dystonia may occur in susceptible individuals during the first days of treatment and at low doses.

**Pregnancy:** Adequate and well-controlled studies to assess the risks of REXULTI during pregnancy have not been conducted. REXULTI should be used during pregnancy only if the benefit justifies the risk to the fetus.

**Lactation:** It is not known if REXULTI is excreted in human breast milk. A decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.

To report SUSPECTED ADVERSE REACTIONS, contact Otsuka America Pharmaceutical, Inc. at 1-800-438-9927 or FDA at 1-800-FDA-1088 ([www.fda.gov/medwatch](http://www.fda.gov/medwatch)).

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# A Once-Daily Treatment for Patients with Agitation Associated with Dementia due to Alzheimer’s Disease

## Dose adjustments for REXULTI® (brexpiprazole)

- Dose adjustments may be needed in patients with hepatic or renal impairment
- The maximum recommended dosage for patients with moderate to severe hepatic impairment (Child-Pugh score  $\geq 7$ ) is 2 mg once daily in patients with agitation associated with dementia due to Alzheimer’s disease
- The maximum recommended dosage in patients with creatinine clearance  $\text{CrCl} < 60$  mL/minute is 2 mg orally once daily in patients with agitation associated with dementia due to Alzheimer’s disease

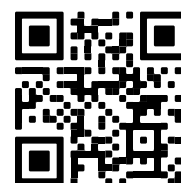
FACTORS	ADJUSTED REXULTI DOSAGE
CYP2D6 poor metabolizers	Administer half of the recommended dosage.
Known CYP2D6 poor metabolizers taking strong/moderate CYP3A4 inhibitors	Administer a quarter of the recommended dosage.
Strong CYP2D6 inhibitors	Administer half of the recommended dosage.
Strong CYP3A4 inhibitors	Administer half of the recommended dosage.
Strong/moderate CYP2D6 inhibitors with strong/moderate CYP3A4 inhibitors	Administer a quarter of the recommended dosage.
Strong CYP3A4 inducers	Double the recommended dosage over 1 to 2 weeks.

REXULTI has been **prescribed >5 million times since initial FDA approval** in 2015.<sup>1</sup> **100% of patients on Medicare Part D** and **97% of patients nationally** have coverage for REXULTI.<sup>2,a</sup>

<sup>a</sup>Across all channels: Commercial, Medicare Part D, Medicaid.

**Start REXULTI today** for your appropriate patients

For more information on Medicare, Medicaid, coverage, and how to access REXULTI, scan this QR code or visit <https://www.rexulti.com/aad/savings-and-cost/medicare-and-medicaid>.



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**References:** **1.** IQVIA Data. September 2022. **2.** Managed Markets Insights & Technology/Precision. Accessed July 2021.

