Use of an Aripiprazole Lauroxil Injection Administered Once Every Month, 6 Weeks, or 2 Months in People With Schizophrenia: A Clinician-Focused Summary of Study Data

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INTRODUCTION

Long-acting injectable (LAI) antipsychotic medications have the potential to:

- Assure clinicians that patients are continuing their medication[1]
- Support tolerability with stable medication levels[1,2]
- Enhance adherence, which may reduce risk of relapse and hospitalization[1,3,4]
- Support patients through the transition from inpatient to outpatient care[5]

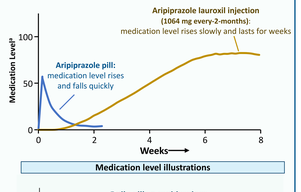
- **Aripiprazole lauroxil** is an LAI form of the antipsychotic aripiprazole for adults with schizophrenia[6]
- Here we present a clinician-focused summary of key findings from published articles about aripiprazole lauroxil, including treatment with aripiprazole lauroxil and dosing options, effects on symptoms of schizophrenia, and side effects reported in study participants

DEVELOPMENT OF THE LAI ARIPIPRAZOLE LAUROXIL

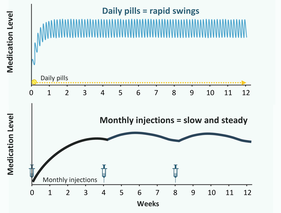
Aripiprazole lauroxil was designed to provide long-lasting and steady medication levels

Each injection provides long-lasting medication

- Aripiprazole lauroxil is a "prodrug," or an inactive form of aripiprazole that is activated after injection[7]
- This prodrug forms crystals that dissolve slowly[8]
- When patients are given an aripiprazole lauroxil injection, the prodrug releases medication over weeks (compared with days for an aripiprazole pill)[7]
- As a result, aripiprazole lauroxil can provide long-lasting levels of aripiprazole[8]

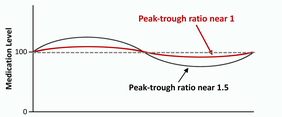


Medication level illustrations



Medication levels remain steady between injections

- Increasing the time between doses means fewer shots; longer dosing intervals are possible if medication levels remain steady between injections
- The rise and fall of medication levels between doses is described by a "peak-trough ratio" or PTR[2]
- If there was no variability, the PTR would be 1
- The PTR for once-monthly aripiprazole lauroxil[b] is very close to 1[9]
- The PTR for an aripiprazole LAI that does not use a prodrug is closer to 1.5[1]

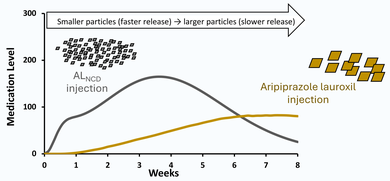


[a]Aripiprazole pill: observed data; aripiprazole lauroxil: model-simulated values. [b]Estimated from drug levels collected in clinical trials.[8]

INITIATION AND DOSING OPTIONS

Aripiprazole lauroxil treatment can be initiated in a single day

- Medication levels rise slowly when starting an LAI, so it takes time for the drug to reach levels needed to treat symptoms[8]
- Treatment can be started with an aripiprazole lauroxil initiation formulation, or **AL$_{NCD}$**, with a single 30-mg aripiprazole pill to quickly increase medication levels with the first aripiprazole lauroxil dose[a]
- Alternatively, patients need daily aripiprazole pills for 3 weeks after the first aripiprazole lauroxil injection so that they have enough medication right away
- AL$_{NCD}$ crystals are smaller, dissolve faster than aripiprazole lauroxil crystals, and increase drug levels more rapidly[8]

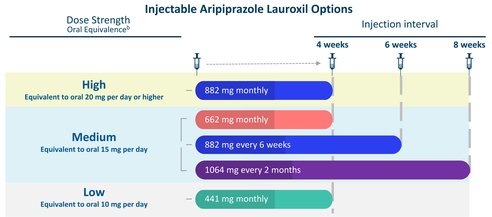


- Aripiprazole lauroxil treatment can be started with a 1-day regimen[b] (AL$_{NCD}$ plus a single aripiprazole pill) instead of 21 daily pills[6]

[a]The first aripiprazole lauroxil injection may be administered on the same day as AL$_{NCD}$ or up to 10 days thereafter. [b]The 1-day regimen can be used with any dose strength. Tolerability must be established with oral aripiprazole before initiating treatment with AL$_{NCD}$.
AL$_{NCD}$, aripiprazole lauroxil NanoCrystal Dispersion formulation.

Aripiprazole lauroxil injections are available in multiple dosing options to fit different patients' treatment needs

- All options provide[a] medication levels within the same ranges as aripiprazole pills



[a]Aripiprazole lauroxil can be given monthly, every 6 weeks, or every 2 months and can be prescribed at a low, medium, or high dose.
[b]Total daily doses for patients who are stabilized on oral aripiprazole and the recommended intramuscular aripiprazole lauroxil dose.

TREATMENT OF SYMPTOMS

Aripiprazole lauroxil injections have been assessed in clinical studies looking at acute, maintenance, and long-term treatment up to 3½ years

Study	Design	Reference
Pivotal study	3-month efficacy and safety of aripiprazole lauroxil monthly versus placebo in adults with acute schizophrenia	Meltzer et al (2015)[10]
Safety study	1-year safety of aripiprazole lauroxil monthly in adults with stable schizophrenia	Nasrallah et al (2019)[11]
ALPINE study	1-month and 6-month efficacy and safety of aripiprazole lauroxil every-2-months in adults hospitalized for acute schizophrenia	Weiden et al (2020)[5]
Extension study	1- to 2½-year safety of aripiprazole lauroxil monthly in adults who already had 1 year of study treatment	Lauriello et al (2020)[12]

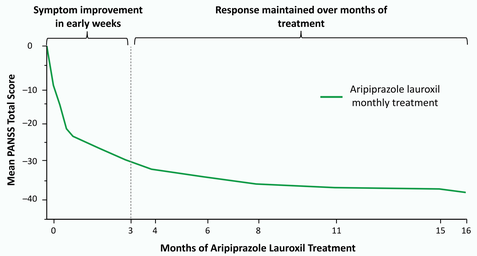
Aripiprazole lauroxil injections reduce acute symptoms of schizophrenia

Aripiprazole lauroxil monthly injections reduced symptoms of schizophrenia in the pivotal study[10]

Aripiprazole lauroxil every-2-months injections reduced symptoms of schizophrenia in the ALPINE study[5]

- Aripiprazole lauroxil reduced symptom severity similarly in men and women and in older and younger adults[13]
- Symptoms improved with aripiprazole lauroxil treatment, regardless of how severe patients' symptoms were when they started treatment[14]
  - Patients with more severe symptoms[a] had greater improvement

Aripiprazole lauroxil injections maintain improvements over time[15]

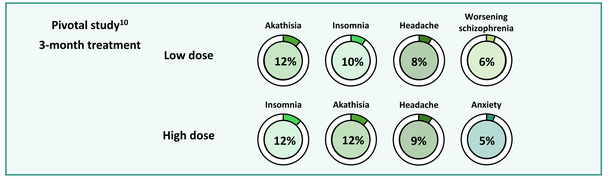


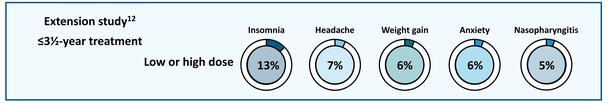
[a]Severe symptoms defined as a Clinical Global Impression–Severity score of 6 or higher.
PANSS, Positive and Negative Syndrome Scale.

SAFETY AND TOLERABILITY

Aripiprazole lauroxil injections are safe for acute and long-term treatment

Side effects reported by 5% or more of study patients who received aripiprazole lauroxil injections[a]:





[a]For the full safety profile, including complete list of adverse effects and reasons for discontinuation, for each dosing regimen in the clinical trials, see references 5, 10, and 12.
[b]The ALPINE study included placebo injections, which contributed to reports of injection site pain.

CONCLUSIONS

- **Aripiprazole lauroxil's prodrug design provides steady, long-lasting medication levels**
- **Using the 1-day initiation regimen, aripiprazole lauroxil can be started in a single day, supporting a transition to ongoing treatment without the need for additional pills**
- **Aripiprazole lauroxil is available in several doses and injection schedules to tailor treatment to individual patient treatment needs and preferences**
- **Aripiprazole lauroxil injections are a safe and effective treatment for acute and long-term schizophrenia care[16]**

REFERENCES

1. Correll CU, et al. *CNS Drugs*. 2021;35(1):39-59. DOI: 10.1007/s40263-020-00779-5. **2.** Sheehan JJ, et al. *Innov Clin Neurosci*. 2012;9(7-8):17-23. **3.** Pilon D, et al. *Clin Ther*. 2017;39(10):1972-85. DOI: 10.1016/j.clinthera.2017.08.008. **4.** Weiden PJ, et al. *Psychiatr Serv*. 2004;55:886-91. DOI: 10.1176/appi.ps.55.8.886. **5.** Weiden PJ, et al. *J Clin Psychiatry*. 2020;81:19m13207. DOI: 10.4088/JCP.19m13207. **6.** Aristada [package insert]. Waltham, MA: Alkermes, Inc.; 2025. **7.** Citrome L, et al. *Neuropsychiatr Dis Treat*. 2025;21:575-96. DOI: 10.2147/NDT.S499367. **8.** Jain R, et al. *CNS Spectr*. 2020;25:323-30. DOI: 10.1017/S1092852919000816. **9.** Hard ML, et al. *J Clin Psychopharmacol*. 2017;37:289-95. DOI: 10.1097/JCP.0000000000000691. **10.** Meltzer HY, et al. *J Clin Psychiatry*. 2015;76:1085-90. DOI: 10.4088/JCP.14m09741. **11.** Nasrallah HA, et al. *CNS Spectr*. 2019;24:395-403. DOI: 10.1017/S1092852918001104. **12.** Lauriello J, et al. *J Clin Psychiatry*. 2020;81:19m12835. DOI: 10.4088/JCP.19m12835. **13.** Targum SD, et al. *Schizophr Res*. 2017;179:64-9. DOI: 10.1016/j.schres.2016.09.034. **14.** Kane JM, McGrory JA. *Schizophr Bull Open*. 2025;6(1):sgaf023. DOI: 10.1093/schizbullopen/sgaf023. **15.** McEvoy JP, et al. *J Clin Psychiatry*. 2017;78:1103-09. DOI: 10.4088/JCP.17m11625. **16.** Citrome L, et al. *Neuropsychiatr Dis Treat*. 2025;21:1047-55. DOI: 10.2147/NDT.S510471.

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