

MARCH 2022

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### **CA-ADAP Formulary Review: AGENDA**



# Therapeutic Class Review

**ANTIPSYCHOTIC AGENTS** 



# Features of Schizophrenia



- **Schizophrenia:** A chronic brain disorder where people interpret reality abnormally. It affects how a person thinks, feels, and behaves.
  - Positive symptoms:
    - Hallucinations
    - Delusions
    - Paranoia

 Exaggerated or distorted perceptions, beliefs, and behaviors

- Negative symptoms:
  - Flattened affect
  - Reduced ability to experience pleasure
- Decreased desire to initiate plans

- Disorganized symptoms:
  - Confused and disordered
     Bizarre behavior thinking and speech
    - Abnormal movements
  - Trouble with logical thinking
- Cognition can also be affected, leading to problems with attention, concentration and memory, and to declining educational performance



# Schizophrenia and Co-Morbid Conditions



- Other conditions, including HIV infection, are more frequent in people with serious mental illness
- Mortality is increased in individuals with schizophrenia, and the average life span is shortened by a decade or more (typically related to comorbid conditions)
- Mental health is a strong predictor of adherence to meds
  - Managing mental health can improve quality of life and psychological wellbeing, therefore increasing adherence to ARV therapy



# Treatment of Schizophrenia



- Schizophrenia requires lifelong treatment, even when symptoms have subsided
  - Goals of Treatment: symptom remission and restoring baseline function at the lowest possible dose
- General guidelines, particularly for patients with symptomatic HIV disease, include the following:
  - Using lower starting doses and slower titration
  - Providing the least complicated dosing schedules possible
  - Focusing on drug side effect profiles to avoid unnecessary adverse events
  - Maintaining awareness of drug metabolism/clearance pathways to minimize drugdrug interactions and possible end organ damage.
- Clinical guidelines suggest treatment with a single agent but do not recommend any agent over another
  - Treatment with more than one antipsychotic should be avoided



### Schizophrenia Medications

- Atypical Antipsychotics (Second generation antipsychotics): serotonin-dopamine antagonists
- <u>Place in Therapy:</u> Recommended as *initial therapy* for most patients
  - Pose lower risk of serious side effects than 1st generation
  - Considerations: Effects on different receptors vary among agents
    - All agents have boxed warnings of increased mortality when used in the elderly or those with dementia related psychosis.
    - <u>Common side effects include the following</u>: weight gain and related metabolic effects, hypotension, sedation, anticholinergic symptoms, hyperprolactinemia, EPS, cardiac effects, and sexual dysfunction

Agent	Generic	CA ADAP FORMULARY	AZ	СТ	FL	NY	тх	WA	Comments
Aripiprazole (ABILIFY)	X	Х	х	х	х	Х	-	-	•Dose 10-30mg daily •Also indicated for BD, MDD, Autism, and Tourettes
Olanzapine (ZYPREXA)	x	X	X	Х	Х	х	-	Х	Associated with high incidence of weight gain     Dose 10-20mg daily (max 20mg/day)     Also indicated for BD
Quetiapine (SEROQUEL)	X	X	X	х	x	X	-	x	<ul> <li>Dosing limited by sedation, orthostatic hypotension.</li> <li>Dose 150-750mg daily (in 2-3 divided doses); ER 400-800mg daily</li> <li>Also indicated for BD and MDD (ER form)</li> </ul>
Risperidone (RISPERDAL)	х	Х	Х	х	х	х	-	х	Dose 2-8mg daily     Also indicated for BD and Autism
Ziprasidone (GEODON)	X	Х	-	-	х	х	-	Х	Dose 20-100mg twice daily     Also indicated for BD



#### Atypical Antipsychotics cont'd



Agent	Generic	CA ADAP FORMULARY	AZ	СТ	FL	NY	тх	WA	Comments
Asenapine (SAPHRIS)	X	-	-	_	-	-	-	-	<ul> <li>Formulated as a SL tab- no eating or drinking within 10 minutes of treatment</li> <li>Dose 5-10mg twice daily</li> <li>Also indicated for BD</li> </ul>
Brexpiprazole (REXULTI)	-	-	-	-	_	-	-	-	<ul><li>Dose 1-4mg daily</li><li>Also indicated for MDD</li></ul>
Cariprazine (VRAYLAR)	-	-	-	-	_	-	-	-	<ul> <li>Not recommended in those with severe renal or hepatic impairment</li> <li>Dose of 1.5-6mg daily</li> <li>Also indicated for BD</li> </ul>
Clozapine (CLOZARIL, VERSACLOZ)	X	-	-	-	_	X	-	X	<ul> <li>Dose of 300-450mg daily (in divided doses), max         900mg/day</li> <li>Prior to initiating treatment, ANC must be obtained (&gt;/= 1500/mm3)</li> <li>Typically saved for treatment-resistant schizophrenia</li> </ul>



#### Atypical Antipsychotics cont'd



Agent	Generic	CA ADAP FORMULARY	AZ	СТ	FL	NY	TX	WA	Comments
lloperidone (FANAPT)	-	-	-	-	-	-	-	-	Dose 6-12mg twice daily (max 24mg/day)
Lumateperone (CAPLYTA)	-	-	-	-	-	-	_	-	<ul><li>Dose 42mg daily</li><li>Dose titration is not required</li></ul>
Lurasidone (LATUDA)	<u>-</u>	-	-	-	-	-	_	-	<ul> <li>Pregnancy Category B</li> <li>Must take with a meal to be adequately absorbed.</li> <li>Dose adjust for renal or hepatic impairment.</li> <li>Dose 40mg daily (max 160mg/day)</li> <li>Also indicated for BD</li> </ul>
Paliperidone (INVEGA)	X	-	-	-	_	-	_	-	<ul> <li>Dose 6mg daily (range 3-12mg/day, max 12mg/day)</li> <li>Also indicated for Schizoaffective disorder</li> </ul>





# Formulary Management Recommendations: Schizophrenia

Lurasidone (LATUDA)

Consider addition to the ADAP formulary



#### References



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