ABILIFY (aripiprazole) Fact Sheet

Manufacturer: Bristol-Myers Squibb; patent expiration 2014.

Indications:

- Schizophrenia
- Bipolar disorder, manic and mixed episodes.

Mechanism: Partial agonist at the D2 and 5HT 1A receptors, and full antagonist at the 5HT 2A receptor (vs. other atypicals which are D2 and 5 HT 2 antagonists).

Dosing:

- Supplied as:
  - Oral tablets at 5 mg, 10 mg, 15 mg, 20 mg, and 30 mg
  - Orally disintegrating "Abilify Discmelt" tablets in 10 mg and 15 mg strengths
  - Oral solution (1 mg/mL) in 150 ml bottles
- Start most patients at 10 mg QD to prevent agitation/akathisia, gradually increase to target dose of 15-30 mg QD.
- Can be dosed once daily because of long half life.
- No dosage adjustments required in liver or renal impairment, elderly, or in smokers.

Side effects:

- BLACK BOX WARNING: All atypicals may increase mortality in elderly patients by 1.7 times greater than placebo.
- Most common are headache, anxiety/agitation/akithisia, insomnia, and nausea. Anecdotally, at 30 mg dose sedation becomes more common.
- EPS: Minimal risk.
- Weight gain: Minimal. In clinical trials in schizophrenia there was an average weight gain of about 1.5 pounds over 4-6 weeks, but no weight gain in bipolar patients over 3 weeks.
- Glucose/Lipids: Minimal to no elevation.
- EKG: No significant changes; QT interval showed a slight shortening (of no clinical significance).
- Prolactin level: No elevation.
- Pregnancy Category C.

Drug-drug interactions:

- Does not itself inhibit liver enzymes, so Abilify does not significantly affect the metabolism of other drugs.
- Metabolized by CYP2D6 and CYP3A4, so Tegretol will decrease effective dose, while Prozac and Paxil will increase levels. Also, poor metabolizers of CYP2D6 (8% of Caucasians) will have a 60% higher effective dose.

Pharmacokinetics: Long half life of 4 days.