

Otsuka America Pharmaceutical, Inc.  
and Lundbeck Cordially Invite You  
to Attend

# MOVING BEYOND PARTIAL RESPONSE IN MDD

Adding Adjunctive  
REXULTI® (brexpiprazole) to an  
Antidepressant for Your Appropriate  
Adult Patients With Major Depressive  
Disorder (MDD)

## Presented by

**Nneka Okonkwor,  
PharmD, MBA**

## Program Details

**Tuesday,  
September 19, 2023**

**Double Nickel Steakhouse**  
5405 Slide Road  
Lubbock, Texas 79414

The Presentation Begins at  
**6:00 PM Central**

**You Have Been Cordially Invited By  
Derek Sudduth**

Speaker is a paid consultant or employee  
of Otsuka America Pharmaceutical, Inc.  
and/or Lundbeck.

## To Make a Reservation

Please call **806-786-5917** or email **DEREK.SUDDUTH@OTSUKA-US.COM**.  
Please refer to Meeting ID number **ORT0119722** when making your  
reservation.

**Pre-registration to attend this program is encouraged.** In accordance with updated PhRMA  
guidelines, no Otsuka/Lundbeck-provided alcohol will be served at this program.

## The Program Will Cover

- ▶ The increasing role primary care providers (PCPs) play in treating patients with depression
- ▶ Identifying patients with MDD who may be experiencing a partial response to their antidepressant and when augmenting with an atypical antipsychotic may help
- ▶ The clinical efficacy and safety data profile of REXULTI as an adjunctive therapy for adult patients with MDD
- ▶ A hypothetical patient profile to help identify adult patients who may be appropriate for treatment with REXULTI
- ▶ An overview of the pivotal clinical data for REXULTI as a treatment option for agitation associated with dementia due to Alzheimer's disease

**The intended audience for this program is healthcare professionals (HCPs) involved in the treatment of adult patients with MDD, schizophrenia, or agitation associated with Alzheimer's dementia (AAD).** This program is sponsored by Otsuka America Pharmaceutical, Inc. and Lundbeck. This invitation is nontransferable.

## INDICATIONS

REXULTI is indicated for:

- Use as an adjunctive therapy to antidepressants for the treatment of major depressive disorder (MDD) in adults
- Treatment of schizophrenia in adults and pediatric patients ages 13 years and older
- 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.

## IMPORTANT SAFETY INFORMATION

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

**Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at 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.**

### **WARNING: SUICIDAL THOUGHTS AND BEHAVIORS**

**Antidepressants increased the risk of suicidal thoughts and behaviors in patients aged 24 years and younger. Monitor for clinical worsening and emergence of suicidal thoughts and behaviors. The safety and effectiveness of REXULTI have not been established in pediatric patients with MDD.**

(continued on next page ►)

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



**Antidepressant**

**REXULTI® (brexpiprazole)  
+ Antidepressant**





## IMPORTANT SAFETY INFORMATION for REXULTI® (brexpiprazole) (cont'd)

**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.

**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:

- **Major Depressive Disorder (MDD)** (adjunctive treatment to antidepressant therapy; ≥5% incidence and at least twice the rate of placebo for REXULTI vs. placebo): weight increased, somnolence, and akathisia.
- **Schizophrenia** (≥4% incidence and at least twice the rate of placebo for REXULTI vs. placebo): weight increased. Adverse reactions in patients 13 to 17 years of age were generally similar to those observed in adult patients.
- **Agitation associated with dementia due to Alzheimer's disease** (≥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)).

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

In accordance with the PhRMA Code on Interactions with Healthcare Professionals, attendance at this program is limited to only HCPs (physicians, nurse practitioners, physician assistants, registered nurses, clinical pharmacists, and social workers). Accordingly, attendance by guests or spouses is not permitted.

No CME credits are offered for this program. This program may include the provision of a modest meal. Otsuka does not offer such a meal to HCPs whose institutions prohibit such hospitality, nor does Otsuka offer a meal where federal and state laws (eg, Vermont and Minnesota) limit an HCP's ability to accept such a meal.

Accordingly, please consult your legal or ethics advisor regarding any applicable limitation before attending this program. If you are licensed to practice in a state where meals are either prohibited and/or restricted and you accept a meal, you understand that you will be required to reimburse Otsuka for the cost of this meal. Please note that Otsuka is required to report the value of a provided meal pursuant to applicable federal and/or state laws.