You are cordially invited to attend

REXULTI® (brexpiprazole) Interactive Patient Profiles: Schizophrenia

Presented by:

Jeffrey Hansen, MD
Cascade Center for Wellness

This program will be held on
Sunday, September 18, 2016

The Village at Breckenridge Hotel and Conference Center
535 South Park Avenue
Breckenridge, Colorado 80424
at
12:45 PM Mountain

You have been cordially invited by

Richard Fischer
Nathan Hadfield

To make a reservation, please call 303-898-9866
or e-mail RICHARD.FISCHER@OTSUKA-US.COM.
Please refer to Meeting ID number ORT0059884 when making your reservation.

Speaker is a paid consultant of Otsuka America Pharmaceutical, Inc. and Lundbeck LLC.

The intended audience for this program is healthcare professionals (HCPs) involved in the treatment of patients with schizophrenia.

REXULTI® (brexpiprazole) is indicated for the treatment of schizophrenia in adults.

Please see IMPORTANT SAFETY INFORMATION, including BOXED WARNING regarding Increased Mortality in Elderly Patients with Dementia-Related Psychosis, on next page.

This program is sponsored by Otsuka America Pharmaceutical, Inc. and Lundbeck LLC.
This invitation is nontransferable.

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 or 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.

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INDICATION and IMPORTANT SAFETY INFORMATION for REXULTI® (brexpiprazole)

INDICATION

REXULTI is indicated for:

- Treatment of schizophrenia in adults

IMPORTANT SAFETY INFORMATION

Increased Mortality in Elderly Patients with Dementia-Related Psychosis

Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk (1.6 to 1.7 times) of death compared to placebo (4.5% vs 2.6%, respectively). Although the causes of death were varied, most of the deaths appeared to be cardiovascular (e.g., heart failure, sudden death) or infectious (e.g., pneumonia) in nature. REXULTI is not approved for the treatment of patients with dementia-related psychosis.

Contraindication – Known hypersensitivity reaction to REXULTI or any of its components. Reactions have included: rash, facial swelling, urticaria and anaphylaxis.

Cerebrovascular Adverse Events, Including Stroke – In placebo-controlled trials with risperidone, aripiprazole, and olanzapine in elderly patients with dementia, there was a higher incidence of cerebrovascular adverse reactions (cerebrovascular accidents and transient ischemic attacks), including fatalities, compared to placebo-treated patients.

Neuroleptic Malignant Syndrome (NMS) – A potentially fatal complex sometimes referred to as NMS has been associated with the administration of antipsychotic drugs. NMS can cause 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 creatine phosphokinase, myoglobinuria (rhabdomyolysis), and acute renal failure. Management should include immediate discontinuation of antipsychotic drugs and other drugs not essential to concurrent therapy, intensive symptomatic treatment and medical monitoring, and treatment of any concomitant serious medical problems

Tardive Dyskinesia (TD) – The risk of developing TD and the potential for it to become irreversible are believed to increase as the duration of treatment and the total cumulative dose of antipsychotic increase. The syndrome can develop, although much less commonly, after relatively brief treatment periods at low doses. Prescribing should be consistent with the need to minimize TD. The syndrome may remit, partially or completely, if antipsychotic treatment is withdrawn

Metabolic Changes – Atypical antipsychotic drugs have been associated with metabolic changes that include:

- **Hyperglycemia/Diabetes Mellitus**– Hyperglycemia, in some cases extreme and associated with ketoacidosis, coma, or death, has been reported in patients treated with atypical antipsychotics. There have been reports of hyperglycemia in patients treated with REXULTI. Patients with diabetes should be regularly monitored for worsening of glucose control; those with risk factors for diabetes should undergo baseline and periodic fasting blood glucose testing. Any patient treated with atypical antipsychotics should be monitored for symptoms of hyperglycemia including polydipsia, polyuria, polyphagia, and weakness. Patients who develop symptoms of hyperglycemia should also undergo fasting blood glucose testing. In some cases, hyperglycemia has resolved when the atypical antipsychotic was discontinued; however, some patients required continuation of anti-diabetic treatment despite discontinuation of the suspect drug
- **Dyslipidemia**- Undesirable alterations in lipids have been observed in patients treated with atypical antipsychotics.
- **Weight Gain**- Weight gain has been observed with atypical antipsychotic use. Clinical monitoring of weight is recommended.

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

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IMPORTANT SAFETY INFORMATION for REXULTI® (brexpiprazole) (continued)

Leukopenia, Neutropenia, and Agranulocytosis: Leukopenia, neutropenia, and agranulocytosis have been reported with antipsychotics. Patients with history of a clinically significant low white blood cell (WBC) count or drug-induced leukopenia/neutropenia should have their complete blood count (CBC) monitored frequently during the first few months of therapy and discontinuation of REXULTI should be considered at the first sign of a clinically significant decline in WBC count in the absence of other causative factors.

Orthostatic Hypotension and Syncope: REXULTI may be associated with orthostatic hypotension and should be used with caution in patients with known cardiovascular disease, cerebrovascular disease, or conditions which would predispose them to hypotension.

Seizures: As with other antipsychotic drugs, REXULTI should be used with caution in patients with a history of seizures or with conditions that lower the seizure threshold.

Body Temperature Dysregulation – Disruption of the body's ability to reduce core body temperature has been attributed to antipsychotics. Appropriate care is advised for patients who may exercise strenuously, be exposed to extreme heat, receive concomitant medication with anticholinergic activity, or be subject to dehydration.

Dysphagia – Esophageal dysmotility and aspiration have been associated with antipsychotic drug use. REXULTI should be used with caution in patients at risk for aspiration pneumonia.

Potential for Cognitive and Motor Impairment – Like other antipsychotics, REXULTI may have the potential to impair judgment, thinking, or motor skills. Patients should not drive or operate hazardous machinery until they are certain REXULTI does not affect them adversely.

Alcohol: Physicians should advise patients to avoid alcohol while taking REXULTI.

Concomitant Medication: Administer half the dose of REXULTI with strong CYP2D6 or CYP3A4 inhibitors. Administer a quarter of the dose with strong/moderate CYP2D6 inhibitors or known CYP2D6 poor metabolizers taken with strong/moderate CYP3A4 inhibitors. Double the dose with strong CYP3A4 inducers over 1 to 2 weeks.

Most commonly observed adverse reactions: Adult patients with schizophrenia: (≥4% incidence and at least twice the rate of placebo for REXULTI vs. placebo, respectively): weight increased (4% vs. 2%)

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

Pregnancy: Non-Teratogenic Effects – Neonates exposed to antipsychotic drugs during the third trimester of pregnancy are at risk for extrapyramidal and/or withdrawal symptoms following delivery. These complications have varied in severity; from being self-limited to requiring prolonged hospitalization. REXULTI should be used during pregnancy only if the potential benefit justifies the potential 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)

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