COVERED by most public formularies and private insurance plans[1-12]*

DOSING GUIDE

PrREXULTI® for patients with:

- SCHIZOPHRENIA
- MAJOR DEPRESSIVE DISORDER
- AGITATION ASSOCIATED WITH ALZHEIMER'S DEMENTIA

The recommended dose is different for each indication.

See inside for details.

PrREXULTI® is indicated for:[13]

- Treatment of schizophrenia (SZ) in adults
- Use as an adjunct to antidepressants for the treatment of major depressive disorder (MDD) in adult patients with an inadequate response to prior antidepressant treatments during the current episode
- Symptomatic management of agitation associated with Alzheimer's dementia (AAD) in patients with aggressive behaviour, unresponsive to non-pharmacological approaches

* REXULTI is eligible by Non-Insured Health Benefits, Correctional Service Canada and Veterans Affairs Canada as a general benefit, and for formulary coverage in the following provinces and territories: Alberta, New Brunswick (regular benefit); Ontario (general benefit); Manitoba, Nova Scotia, Prince Edward Island, Newfoundland and Labrador, and Northwest Territories (open benefit).

PrREXULTI® brexpiprazole tablets

PrREXULTI®
Trust in our experience

Extensive experience combined across all indications in Canada

9+
years
in Canadian practice[14]*

>15,000
Canadian prescribers
of REXULTI[15]*

>217,800
patients
prescribed REXULTI in Canada since launch[15]*

3 indications

SZ	MDD	AAD
2017[14]	2019[14]	2024[14]

* Clinical significance is unknown.

Schizophrenia

Recommended dosing with a simple titration schedule[13]

1. Initiate with	2. Achieve recommended target dose of	3. Maximum dose of
	 to	
1 mg/day	**2–4 mg/day**	**4 mg/day**

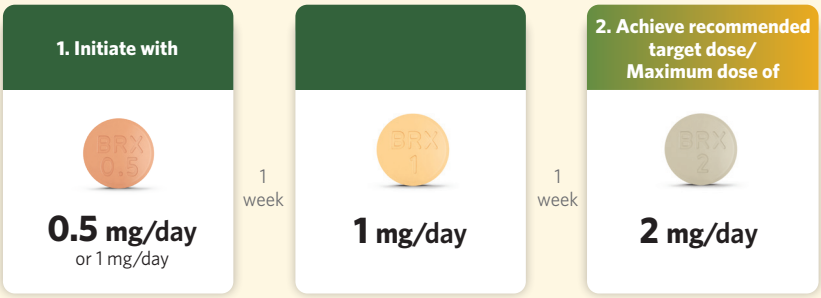
Adapted from Product Monograph

- The dose titration in short-term, 6-week, fixed-dose clinical trials was 1 mg/day on days 1–4, 2 mg/day on days 5–7 and 2–4 mg/day on day 8 and thereafter.
- In the pivotal long-term (52 weeks), randomized, double-blind, placebo-controlled withdrawal trial, the mean average daily dose of [Pr]REXULTI® at patients' last visit was 3.6 mg.
- No systematically collected data exists to address switching patients from other antipsychotics or administering REXULTI concomitantly with other antipsychotics; the period of overlapping antipsychotic administration should be minimized.
- Periodically reassess to determine the continued need and appropriate dosage for treatment. Patients should be treated with the lowest effective dose that provides optimal clinical response and tolerability.

Please consult the Product Monograph for full dosing information.

Major Depressive Disorder

▶ Recommended dosing with a flexible titration schedule[13]



Adapted from Product Monograph

- Dosage increases should occur at weekly intervals based on the patient's clinical response and tolerability. Periodically reassess to determine the continued need and appropriate dose for treatment.
- No additional benefit was demonstrated at doses greater than 2 mg/day.
- The required length of adjunctive treatment with PrREXULTI® is unknown. When prescribed as an adjunct to antidepressants in the treatment of MDD, REXULTI should be used for the shortest period of time that is clinically indicated.

Please consult the Product Monograph for full dosing information.

Agitation Associated with Alzheimer's Dementia

Recommended dosing titration schedule designed to be easy to follow[13]

1. Initiate with	2. Aim for a recommended target dose of	3. Maximum dose of
		
0.5 mg/day	**2** mg/day	**3** mg/day

Adapted from Product Monograph

- The recommended dose titration is 0.5 mg/day on days 1–7, 1 mg/day on days 8–14 and 2 mg/day on day 15 and thereafter.
- After at least 14 days at 2 mg once daily, the dose can be increased to the maximum recommended dose of 3 mg daily, if clinically warranted. To minimize the risk of adverse events, the lowest effective dose should be used.
- Physicians are advised to assess the risks and benefits of the use of PrREXULTI® in elderly patients with AAD, taking into account risk predictors for stroke or existing cardiovascular comorbidities in the individual patient.
- Discontinuation should be considered if signs and symptoms of cerebrovascular adverse events occur.

Please consult the Product Monograph for full dosing information.

PrREXULTI® brexpiprazole tablets

Please consult the Product Monograph at www.rexultimonograph.ca for important information relating to clinical use, warnings and precautions, adverse reactions, drug interactions, and dosing information which have not been discussed in this piece. The Product Monograph is also available by calling us at **1-877-341-9245**.

Want to learn more about PrREXULTI® or need samples? Visit REXULTI.ca

References:

1. REXULTI. Data on File. Private coverage plan. **2.** Alberta Health. Drug benefit list. April 1, 2021. **3.** Manitoba Pharmacare. Formulary Search Results. December 1, 2021. **4.** Ontario Drug Benefit. Formulary. February 26, 2021. **5.** Data on File, Otsuka Pharmaceutical Co., Ltd. 2019. NIHB coverage. **6.** Newfoundland and Labrador. Benefit List update. May 12, 2022. **7.** Correctional Service Canada. Data on File. August 2019. **8.** Veterans Affairs Canada. Formulary Search Results. November 2, 2021. **9.** Northwest Territories. Data on file, NWT. November 17, 2020. **10.** New Brunswick Drug Plan Bulletin #1087. September 26, 2022. **11.** Nova Scotia Formulary Pharmacare News. September 2022. **12.** Health PEI. PEI Pharmacare Bulletin. November 16, 2022. **13.** REXULTI Product Monograph. Otsuka Pharmaceutical Co., Ltd. **14.** Health Canada. Notice of Compliance. REXULTI. **15.** REXULTI. Data on File. Experience.

Otsuka Lundbeck

OTS-REX-00174E

REVIEWED BY PAAB

PrREXULTI® brexpiprazole tablets