HIGHLIGHTS OF PRESCRIBING INFORMATION
These highlights do not include all the information needed to use REXULTI® safely and effectively. See full prescribing information for REXULTI.

REXULTI® (brexpiprazole) tablets, for oral use

Initial U.S. Approval: 2015

--- Warnings and Precautions, Falls (5.9) 02/2017 ---

REXULTI is an atypical antipsychotic indicated for:

- Use as an adjunctive therapy to antidepressants for the treatment of major depressive disorder (MDD) (1, 14.1)
- Treatment of schizophrenia (2.3)

DOSAGE AND ADMINISTRATION:
Administer REXULTI once daily with or without food (2.1, 2.2, 12.3)

- Moderate to Severe Hepatic Impairment (Child-Pugh score ≥7): Maximum recommended dosage is 2 mg once daily for patients with MDD and 3 mg once daily for patients with schizophrenia (2.3)
- Moderate, Severe or End-Stage Renal Impairment (Clcr<60 mL/minute): Maximum recommended dosage is 2 mg once daily for patients with MDD and 3 mg once daily for patients with schizophrenia (2.4)
- Known CYP2D6 Poor Metabolizers: Reduce the usual dosage by half (2.5)

--- DOSAGE FORMS AND STRENGTHS ---
Tablets: 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, and 4 mg (3)

--- CONTRAINDICATIONS ---
Known hypersensitivity to REXULTI or any of its components (4)

--- WARNINGS AND PRECAUTIONS ---

- Cerebrovascular Adverse Reactions in Elderly Patients with Dementia-Related Psychosis: Increased incidence of cerebrovascular adverse reactions (e.g., stroke, transient ischemic attack) (5.3)
- Neuroleptic Malignant Syndrome: Manage with immediate discontinuation and close monitoring (5.4)
- Tardive Dyskinesia: Discontinue if clinically appropriate (5.5)
- Metabolic Changes: Monitor for hyperglycemia/diabetes mellitus, dyslipidemia and weight gain (5.6)
- Leukopenia, Neutropenia, and Agranulocytosis: Perform complete blood counts (CBC) in patients with pre-existing low white blood cell count (WBC) or history of leukopenia or neutropenia. Consider discontinuing REXULTI if a clinically significant decline in WBC occurs in absent of other causative factors (5.7)
- Orthostatic Hypotension and Syncope: Monitor heart rate and blood pressure and warn patients with known cardiovascular or cerebrovascular disease, and risk of dehydration or syncope (5.8)
- Seizures: Use cautiously in patients with a history of seizures or with conditions that lower the seizure threshold (5.10)

--- ADVERSE REACTIONS ---
Most common adverse reactions were (6.1):
MDD: Weight increased and akathisia (≥5% and at least twice the rate for placebo)
Schizophrenia: Weight increased (≥4% and at least twice the rate for placebo)

--- USE IN SPECIFIC POPULATIONS ---
Pregnancy: May cause extrapyramidal and/or withdrawal symptoms in neonates with third trimester exposure (8.1)

--- PATIENT COUNSELING INFORMATION and Medication Guide ---
Revised: 02/2017

--- DRUG INTERACTIONS ---

--- PATIENT COUNSELING INFORMATION ---

*Sections or subsections omitted from the full prescribing information are not listed.
FULL PRESCRIBING INFORMATION

Table 1: Dosage Adjustments of REXULTI for CYP2D6 Poor Metabolizers and for Concomitant Use with CYP3A4 and CYP2D6 Inhibitors and/or CYP3A4 Inducers

<table>
<thead>
<tr>
<th>Factors</th>
<th>Adjusted REXULTI Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>CYP2D6 Poor Metabolizers</td>
<td>Administer half of the usual dose</td>
</tr>
<tr>
<td>CYP2D6 poor metabolizers</td>
<td>Administer half of the usual dose</td>
</tr>
<tr>
<td>Known CYP2D6 poor metabolizers</td>
<td>Administer a quarter of the usual dose</td>
</tr>
<tr>
<td>taking strong/m moderate CYP3A4</td>
<td></td>
</tr>
<tr>
<td>inhibitors</td>
<td></td>
</tr>
<tr>
<td>Patients Taking CYP2D6 Inhibitors</td>
<td>Administer half of the usual dose</td>
</tr>
<tr>
<td>and/or CYP3A4 Inhibitors</td>
<td></td>
</tr>
<tr>
<td>Strong CYP2D6 inhibitors*</td>
<td>Administer half of the usual dose</td>
</tr>
<tr>
<td>Strong CYP3A4 inhibitors</td>
<td>Administer half of the usual dose</td>
</tr>
<tr>
<td>Patients Taking CYP3A4 Inducers</td>
<td>Administer a quarter of the usual dose</td>
</tr>
<tr>
<td>Strong CYP3A4 inducers</td>
<td>Double usual dose over 1 to 2 weeks</td>
</tr>
</tbody>
</table>

* In clinical trials examining the adjunctive use of REXULTI in the treatment of MDD, dosage was not adjusted for strong CYP2D6 inhibitors (e.g., paroxetine, fluoxetine). Thus, CYP considerations are factored into general dosing recommendations and REXULTI may be administered without dosage adjustment in patients with MDD.

Table 2: REXULTI Tablet Strengths and Identifying Features

<table>
<thead>
<tr>
<th>Tablet Strength</th>
<th>Tablet Color/Shape</th>
<th>Tablet Markings</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.25 mg</td>
<td>Light brown</td>
<td>“BRX” and “0.25”</td>
</tr>
<tr>
<td>0.5 mg</td>
<td>Light orange</td>
<td>“BRX” and “0.5”</td>
</tr>
<tr>
<td>1 mg</td>
<td>Light yellow</td>
<td>“BRX” and “1”</td>
</tr>
<tr>
<td>2 mg</td>
<td>Light green</td>
<td>“BRX” and “2”</td>
</tr>
<tr>
<td>3 mg</td>
<td>Light purple</td>
<td>“BRX” and “3”</td>
</tr>
<tr>
<td>4 mg</td>
<td>White</td>
<td>“BRX” and “4”</td>
</tr>
</tbody>
</table>

4 CONTRAINDICATIONS

REXULTI is contraindicated in patients with a known hypersensitivity to brexpiprazole or any of its components. Reactions have included rash, facial swelling, urticaria, and anaphylaxis.

5 WARNINGS AND PRECAUTIONS

5.1 Increased Mortality in Elderly Patients with Dementia-Related Psychosis

Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death. Analyses of 17 placebo-controlled trials (modal duration of 10 weeks), largely in patients taking atypical antipsychotic drugs, revealed a risk of death in drug-treated patients of between 1.6 to 1.7 times the risk of death in placebo-treated patients. Over the course of a typical 10-week controlled trial, the rate of death in drug-treated patients was about 4.5%, compared to a rate of about 2.6% in the placebo group. Although the causes of death were varied, most of the deaths appeared to be either 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 [see Boxed Warning, Warnings and Precautions (5.3)].

5.2 Suicidal Thoughts and Behaviors in Children, Adolescents and Young Adults

In pooled analyses of placebo-controlled trials of antidepressant drugs (SSRIs and other antidepressant classes) that included approximately 77,000 adult patients, and over 4,400 pediatric patients, the incidence of suicidal thoughts and behaviors in patients age 24 years and younger was greater in antidepressant-treated patients than in placebo-treated patients. The drug-placebo differences in the number of cases of suicidal thoughts and behaviors per 1000 patients treated are provided in Table 3.

No suicides occurred in any of the pediatric studies. There were suicides in the adult studies, but the number was not sufficient to reach any conclusion about antidepressant drug effect on suicide.
It is unknown whether the risk of suicidal thoughts and behaviors in children, adolescents, and young adults extends to longer-term use, i.e., beyond four months. However, there is substantial evidence from placebo-controlled maintenance studies in adults with MDD that antidepressants delay the recurrence of depression.

Monitor all antidepressant-treated patients for clinical worsening and emergence of suicidal thoughts and behaviors, especially during the initial few months of drug therapy and at times of dosage changes. Counsel family members or caregivers of patients to monitor for changes in behavior and to alert the healthcare provider. Consider changing the therapeutic regimen, including possibly discontinuing REXULTI, in patients whose depression is persistently worse, or who are experiencing emergent suicidal thoughts or behaviors.

5.3 Cerebrovascular Adverse Reactions Including Stroke in Elderly Patients with Dementia-Related Psychosis

In placebo-controlled trials in elderly subjects with dementia, patients 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 [see Boxed Warning, Warnings and Precautions (5.1)].

5.4 Neuroleptic Malignant Syndrome (NMS)

A potentially fatal symptom complex sometimes referred to as Neuroleptic Malignant Syndrome (NMS) has been reported in association with administration of antipsychotic drugs.

Clinical manifestations of NMS are hyperpyrexia, muscle rigidity, altered mental status and evidence of autonomic instability. Additional signs may include elevated creatinine phosphokinase, myoglobinuria (rhabdomyolysis), and acute renal failure.

If NMS is suspected, immediately discontinue REXULTI and provide intensive symptomatic treatment and monitoring.

5.5 Tardive Dyskinesia

Tardive dyskinesia, a syndrome consisting of potentially irreversible, involuntary, dyskinetic movements, may develop in patients treated with antipsychotic drugs. The risk appears to be highest among the elderly, especially elderly women, but it is not possible to predict which patients are likely to develop the syndrome. Whether antipsychotic drugs differ in their potential to cause tardive dyskinesia is unknown.

The risk of tardive dyskinesia and the likelihood that it will become irreversible increase with the duration of treatment and the cumulative dose. The syndrome can develop after a relatively brief treatment period, even at low doses. It may also occur after discontinuation of treatment.

There is no known treatment for established cases of tardive dyskinesia, although the syndrome may remit, partially or completely, if antipsychotic treatment is discontinued.

Antipsychotic treatment itself, however, may suppress (or partially suppress) the signs and symptoms of the syndrome, possibly masking the underlying process. The effect that symptomatic suppression has upon the long-term course of the syndrome is unknown.

Given these considerations, REXULTI should be prescribed in a manner most likely to minimize the risk of tardive dyskinesia. Atypical antipsychotics, including REXULTI, have caused metabolic changes, including hyperglycemia, diabetes mellitus, dyslipidemia, and body weight gain. Although all of the drugs in the class to date have been shown to produce some metabolic changes, each drug has its own specific risk profile.

Hyperglycemia and Diabetes Mellitus

Hyperglycemia, in some cases extreme and associated with ketoacidosis or hyperosmolar coma or death, has been reported in patients treated with atypical antipsychotics. There have been reports of hyperglycemia in patients treated with REXULTI [see Adverse Reactions (6.1)]. Assess fasting plasma glucose before or soon after initiation of antipsychotic medication, and monitor periodically during long-term treatment.

5.6 Metabolic Changes

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Given these considerations, REXULTI should be prescribed in a manner most likely to reduce the risk of tardive dyskinesia. Chronic antipsychotic treatment should generally be reserved for patients: (1) who suffer from a chronic illness that is known to respond to antipsychotic drugs; and (2) for whom alternative, effective, but potentially less harmful treatments are not available or appropriate. In patients who do require chronic treatment, use the lowest dose and the shortest duration of treatment needed to produce a satisfactory clinical response. Periodically reassess the need for continued treatment.

If signs and symptoms of tardive dyskinesia appear in a patient on REXULTI, drug discontinuation should be considered. However, some patients may require treatment with REXULTI despite the presence of the syndrome.

<table>
<thead>
<tr>
<th>Age Range (years)</th>
<th>Drug-Placebo Difference in Number of Patients with Suicidal Thoughts or Behaviors per 1000 Patients Treated</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;18</td>
<td>14 additional patients</td>
</tr>
<tr>
<td>18-24</td>
<td>5 additional patients</td>
</tr>
<tr>
<td>25-64</td>
<td>1 fewer patient</td>
</tr>
<tr>
<td>≥65</td>
<td>6 fewer patients</td>
</tr>
</tbody>
</table>
5.7 Leukopenia, Neutropenia, and Agranulocytosis

Leukopenia and neutropenia have been reported during treatment with antipsychotic agents. Agranulocytosis (including fatal cases) has been reported with other agents in this class. Possible risk factors for leukopenia and neutropenia include pre-existing low white blood cell count (WBC) or absolute neutrophil count (ANC) and history of drug-induced leukenia or neutropenia. In patients with a pre-existing low WBC or ANC or a history of drug-induced leukopenia or neutropenia, perform a complete blood count (CBC) frequently during the first few months of therapy. In such patients, consider discontinuation of REXULTI at the first sign of a clinically significant decline in WBC in the absence of other causative factors. Monitor patients with clinically significant neutropenia for fever or other symptoms or signs of infection and treat promptly if such symptoms or signs occur. Discontinue REXULTI in patients with absolute neutrophil count <1000/mm^3 and follow their WBC until recovery.

5.8 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.

In the short-term, placebo-controlled clinical studies of REXULTI+ADT in patients with MDD, the incidence of orthostatic hypotension-related adverse reactions in REXULTI+ADT-treated patients compared to placebo+ADT patients included: dizziness (2% vs. 2%) and orthostatic hypotension (0.1% vs. 0%). In the short-term, placebo-controlled clinical studies of REXULTI in patients with schizophrenia, the incidence of orthostatic hypotension-related adverse reactions in REXULTI-treated patients compared to placebo patients included: dizziness (2% versus 2%), orthostatic hypotension (0.4% versus 0.2%), and syncope (0.1% versus 0%). Orthostatic vital signs should be monitored in patients who are vulnerable to hypotension, (e.g., elderly patients, patients with dehydration, hypovolemia, concomitant treatment with antihypertensive medication), patients with known cardiovascular disease (history of myocardial infarction, ischemic heart disease, heart failure, or conduction abnormalities), and patients with cerebrovascular disease. REXULTI has not been evaluated in patients with a recent history of myocardial infarction or unstable cardiovascular disease. Such patients were excluded from pre-marketing clinical trials.

5.9 Falls

Antipsychotics, including REXULTI, may cause somnolence, postural hypotension, motor and sensory instability, which may lead to falls and, consequently, fractures or other injuries. For patients with diseases, conditions, or medications that could exacerbate these effects, complete fall risk assessments when initiating antipsychotic treatment and recurrently for patients on long-term antipsychotic therapy.

5.10 Seizures

Like other antipsychotic drugs, REXULTI may cause seizures. This risk is greatest in patients with a history of seizures or with conditions that lower the seizure threshold. Conditions that lower the seizure threshold may be more prevalent in older patients.

5.11 Body Temperature Dysregulation

Atypical antipsychotics may disrupt the body’s ability to reduce core body temperature. Strenuous exercise, exposure to extreme heat, dehydration, and anticholinergic medications may contribute to an elevation in core body temperature; use REXULTI with caution in patients who may experience these conditions.

5.12 Dysphagia

Esophageal dysmotility and aspiration have been associated with antipsychotic drug use. Antipsychotic drugs, including REXULTI, should be used cautiously in patients at risk for aspiration.

5.13 Potential for Cognitive and Motor Impairment

REXULTI, like other antipsychotics, has the potential to impair judgment, thinking, or motor skills. In 6-week, placebo-controlled clinical trials in patients with MDD, somnolence (including sedation and hypersomnia) was reported in 4% for REXULTI+ADT-treated patients compared to placebo+ADT patients included: dizziness (2% versus 2%), orthostatic hypotension (0.4% versus 0.2%), and syncope (0.1% versus 0%). For patients with a recent history of myocardial infarction or unstable cardiovascular disease. Such patients were excluded from pre-marketing clinical trials.

In the long-term, open-label schizophrenia studies, 0.6% of patients discontinued due to weight increase. REXULTI was associated with mean change from baseline in weight of 1.3 kg at week 26 and 2.0 kg at week 52. In the long-term, open-label schizophrenia studies, 20% of patients demonstrated a ≥7% increase in body weight and 10% demonstrated a ≥7% decrease in body weight.

In the long-term, open-label depression studies, 30% of patients discontinued due to weight increase. REXULTI was associated with mean change from baseline in weight of 3.1 kg at week 26 and 3.2 kg at week 52. In the long-term, open-label depression studies, 4% of patients discontinued due to weight increase. REXULTI was associated with mean change from baseline in weight of 0.3 kg at week 26 and 0.4 kg at week 52. In the long-term, open-label depression studies, 30% of patients demonstrated a ≥7% increase in body weight and 10% demonstrated a ≥7% decrease in body weight.

Table 5: Change in Fasting Triglycerides in the 6-Week, Placebo-Controlled, Fixed-Dose Schizophrenia Trials

<table>
<thead>
<tr>
<th>Triglycerides</th>
<th>Placebo</th>
<th>1 mg/day</th>
<th>2 mg/day</th>
<th>3 mg/day</th>
<th>4 mg/day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal to High</td>
<td>(15/253)*</td>
<td>(7/72)*</td>
<td>(19/232)*</td>
<td>(22/226)*</td>
<td></td>
</tr>
<tr>
<td>Normal/Borderline to Very High</td>
<td>(0/303)*</td>
<td>(0/94)*</td>
<td>(0/283)*</td>
<td>(1/283)*</td>
<td></td>
</tr>
</tbody>
</table>

* N=the total number of subjects who had a measurement at baseline at least one post-baseline result.

n=the number of subjects with shift.

In the long-term, open-label schizophrenia studies, shifts in baseline fasting cholesterol from normal to high were reported in 6% (total cholesterol), 2% (LDL cholesterol), and shifts in baseline from normal to low were reported in 17% (HDL cholesterol) of patients taking REXULTI. Of patients with normal baseline triglycerides, 13% experienced shifts to high, and 0.4% experienced shifts to very high triglycerides. Combined, 0.6% of subjects with normal or borderline fasting triglycerides experienced shifts to very high fasting triglycerides during the long-term schizophrenia studies.

Weight Gain

Weight gain has been observed in patients treated with atypical antipsychotics, including REXULTI. Monitor weight at baseline and frequently thereafter.

Major Depressive Disorder

Table 6 shows weight gain data at last visit and percentage of adult patients with ≥7% increase in body weight at endpoint from the 6-week, placebo-controlled, fixed-dose clinical studies in patients with MDD.

Table 6: Increases in Body Weight in the 6-Week, Placebo-Controlled, Fixed-Dose MDD Trials

<table>
<thead>
<tr>
<th></th>
<th>Placebo</th>
<th>1 mg/day</th>
<th>2 mg/day</th>
<th>3 mg/day</th>
<th>4 mg/day</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n=407</td>
<td>n=225</td>
<td>n=187</td>
<td>n=228</td>
<td></td>
</tr>
<tr>
<td>Mean Change from Baseline (kg) at Last Visit</td>
<td>+0.3</td>
<td>+1.3</td>
<td>+1.6</td>
<td>+1.6</td>
<td></td>
</tr>
<tr>
<td>Proportion of Patients with a ≥7% Increase in Body Weight (kg) at Any Visit (*n/N)</td>
<td>2%</td>
<td>5%</td>
<td>5%</td>
<td>2%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(8/407)*</td>
<td>(11/225)*</td>
<td>(9/187)*</td>
<td>(5/228)*</td>
<td></td>
</tr>
</tbody>
</table>

* N=the total number of subjects who had a measurement at baseline at least one post-baseline result.

n=the number of subjects with a shift ≥7%.

In the long-term, open-label depression studies, 4% of patients discontinued due to weight increase. REXULTI was associated with mean change from baseline in weight of 0.6 kg at week 26 and 0.8 kg at week 52. In the long-term, open-label depression studies, 20% of patients demonstrated a ≥7% increase in body weight and 10% demonstrated a ≥7% decrease in body weight.

Table 7: Increases in Body Weight in the 6-Week, Placebo-Controlled, Fixed-Dose Schizophrenia Trials

<table>
<thead>
<tr>
<th></th>
<th>Placebo</th>
<th>1 mg/day</th>
<th>2 mg/day</th>
<th>3 mg/day</th>
<th>4 mg/day</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n=362</td>
<td>n=120</td>
<td>n=362</td>
<td>n=362</td>
<td></td>
</tr>
<tr>
<td>Mean Change from Baseline (kg) at Last Visit</td>
<td>+0.2</td>
<td>+1.0</td>
<td>+1.2</td>
<td>+1.2</td>
<td></td>
</tr>
<tr>
<td>Proportion of Patients with a ≥7% Increase in Body Weight (kg) at Any Visit (*n/N)</td>
<td>4%</td>
<td>10%</td>
<td>11%</td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(15/362)*</td>
<td>(12/120)*</td>
<td>(38/362)*</td>
<td>(37/362)*</td>
<td></td>
</tr>
</tbody>
</table>

* N=the total number of subjects who had a measurement at baseline at least one post-baseline result.

n=the number of subjects with a shift ≥7%.
6 ADVERSE REACTIONS

The following adverse reactions are discussed in more detail in other sections of the labeling:

- Increased Mortality in Elderly Patients with Dementia-Related Psychosis [see Boxed Warning, Warnings and Precautions (5.1)]
- Suicidal Thoughts and Behaviors in Adolescents and Young Adults [see Boxed Warning, Warnings and Precautions (5.2)]
- Cerebrovascular Adverse Reactions Including Stroke in Elderly Patients with Dementia-Related Psychosis [see Warnings and Precautions (5.3)]
- Neuroleptic Malignant Syndrome (NMS) [see Warnings and Precautions (5.4)]
- Tardive Dyskinesia [see Warnings and Precautions (5.5)]
- Metabolic Changes [see Warnings and Precautions (5.6)]
- Leukopenia, Neutropenia, and Agranulocytosis [see Warnings and Precautions (5.7)]
- Orthostatic Hypotension and Syncope [see Warnings and Precautions (5.8)]
- Falls [see Warnings and Precautions (5.9)]
- Seizures [see Warnings and Precautions (5.10)]
- Body Temperature Dysregulation [see Warnings and Precautions (5.11)]
- Dysphagia [see Warnings and Precautions (5.12)]
- Potential for Cognitive and Motor Impairment [see Warnings and Precautions (5.13)]

6.1 Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in clinical practice.

Major Depressive Disorder

The safety of REXULTI was evaluated in 1,054 patients (18 to 65 years of age) diagnosed with MDD who participated in two 6-week, placebo-controlled, fixed-dose clinical trials in patients with major depressive disorder in which REXULTI was administered at doses of 1 mg to 3 mg daily as adjunctive treatment to continued antidepressant therapy; patients in the placebo group continued to receive antidepressant therapy [see Clinical Studies (14.2)].

Adverse Reactions Reported as Reasons for Discontinuation of Treatment

A total of 3% (17/411) of REXULTI-treated patients and 1% (3/411) of placebo-treated patients discontinued due to adverse reactions.

Common Adverse Reactions

Adverse reactions associated with the adjunctive use of REXULTI (incidence of 2% or greater and adjunctive REXULTI incidence greater than adjunctive placebo) that occurred during acute therapy (up to 6-weeks in patients with MDD) are shown in Table 8.

<table>
<thead>
<tr>
<th>Common Adverse Reactions</th>
<th>Placebo (N=411)</th>
<th>1 mg/day (N=226)</th>
<th>2 mg/day (N=188)</th>
<th>3 mg/day (N=229)</th>
<th>All REXULTI (N=643)</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Disorders and Administration Site Conditions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Constipation</td>
<td>1%</td>
<td>3%</td>
<td>2%</td>
<td>1%</td>
<td>2%</td>
</tr>
<tr>
<td>Fatigue</td>
<td>2%</td>
<td>3%</td>
<td>2%</td>
<td>5%</td>
<td>3%</td>
</tr>
<tr>
<td>Infections and Infestations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nasopharyngitis</td>
<td>2%</td>
<td>7%</td>
<td>1%</td>
<td>3%</td>
<td>4%</td>
</tr>
<tr>
<td>Investigations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weight Increased</td>
<td>2%</td>
<td>7%</td>
<td>8%</td>
<td>6%</td>
<td>7%</td>
</tr>
<tr>
<td>Blood Cortisol Decreased</td>
<td>1%</td>
<td>4%</td>
<td>0%</td>
<td>3%</td>
<td>2%</td>
</tr>
<tr>
<td>Metabolism and Nutrition</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increased Appetite</td>
<td>2%</td>
<td>3%</td>
<td>3%</td>
<td>2%</td>
<td>3%</td>
</tr>
<tr>
<td>Nervous System Disorders</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Akathisia</td>
<td>2%</td>
<td>4%</td>
<td>7%</td>
<td>14%</td>
<td>9%</td>
</tr>
<tr>
<td>Headache</td>
<td>6%</td>
<td>9%</td>
<td>4%</td>
<td>6%</td>
<td>7%</td>
</tr>
<tr>
<td>Somnolence</td>
<td>0.5%</td>
<td>4%</td>
<td>4%</td>
<td>6%</td>
<td>5%</td>
</tr>
<tr>
<td>Tremor</td>
<td>2%</td>
<td>4%</td>
<td>2%</td>
<td>5%</td>
<td>4%</td>
</tr>
<tr>
<td>Dizziness</td>
<td>1%</td>
<td>1%</td>
<td>5%</td>
<td>2%</td>
<td>3%</td>
</tr>
<tr>
<td>Psychiatric Disorders</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anxiety</td>
<td>1%</td>
<td>2%</td>
<td>4%</td>
<td>4%</td>
<td>3%</td>
</tr>
<tr>
<td>Restlessness</td>
<td>0%</td>
<td>2%</td>
<td>3%</td>
<td>4%</td>
<td>3%</td>
</tr>
</tbody>
</table>

* Adverse reactions that occurred in ≥2% of REXULTI-treated patients and greater incidence than in placebo-treated patients

Dose-Related Adverse Reactions in the MDD trials

In Studies 1 and 2, among the adverse reactions that occurred at ≥2% incidence in the patients treated with REXULTI + ADT, the incidences of akathisia and restlessness increased with increases in dose.

Schizophrenia

The safety of REXULTI was evaluated in 852 patients (18 to 65 years of age) diagnosed with schizophrenia who participated in two 6-week, placebo-controlled, fixed-dose clinical trials in which REXULTI was administered at daily doses of 1 mg, 2 mg and 4 mg [see Clinical Studies (14.2)].

Common Adverse Reactions

Adverse reactions associated with REXULTI (incidence of 2% or greater and REXULTI incidence greater than placebo) during short-term (up to 6-weeks) trials in patients with schizophrenia are shown in Table 9.

<table>
<thead>
<tr>
<th>Common Adverse Reactions</th>
<th>Placebo (N=368)</th>
<th>1 mg/day (N=120)</th>
<th>2 mg/day (N=360)</th>
<th>4 mg/day (N=264)</th>
<th>ALL REXULTI (N=852)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastrointestinal Disorders</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dyspepsia</td>
<td>2%</td>
<td>6%</td>
<td>2%</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>2%</td>
<td>1%</td>
<td>3%</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Investigations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weight Increased</td>
<td>2%</td>
<td>3%</td>
<td>4%</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>Blood Creatine Phosphokinase Increased</td>
<td>1%</td>
<td>4%</td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>Nervous System Disorders</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Akathisia</td>
<td>5%</td>
<td>4%</td>
<td>5%</td>
<td>7%</td>
<td>6%</td>
</tr>
<tr>
<td>Tremor</td>
<td>1%</td>
<td>2%</td>
<td>2%</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Sedation</td>
<td>1%</td>
<td>2%</td>
<td>2%</td>
<td>3%</td>
<td>2%</td>
</tr>
</tbody>
</table>

* Adverse reactions that occurred in ≥2% of REXULTI-treated patients and greater incidence than in placebo-treated patients

Extrapyramidal Symptoms

Major Depressive Disorder

The incidence of reported EPS-related adverse reactions, excluding akathisia, was 6% for REXULTI+ADT-treated patients versus 3% for placebo+ADT-treated patients. The incidence of akathisia events for REXULTI+ADT-treated patients was 9% versus 2% for placebo+ADT-treated patients.

In the 6-week, placebo-controlled MDD studies, data was objectively collected on the Simpson Angus Rating Scale (SAS) for extrapyramidal symptoms (EPS), the Barnes Akathisia Rating Scale (BARS) for akathisia and the Abnormal Involuntary Movement Score (AIMS) for dyskinesia. The mean change from baseline at last visit for REXULTI+ADT-treated patients for the SAS, BARS and AIMS was comparable to placebo treated patients. The percentage of patients who shifted from normal to abnormal was greater in REXULTI+ADT-treated patients versus placebo+ADT for the BARS (4% versus 0.6%) and the SAS (4% versus 3%).

Schizophrenia

The incidence of reported EPS-related adverse reactions, excluding akathisia, was 5% for REXULTI-treated patients versus 4% for placebo-treated patients. The incidence of akathisia events for REXULTI-treated patients was 6% versus 5% for placebo-treated patients.

In the 6-week, placebo-controlled, fixed-dose schizophrenia studies, data was objectively collected on the Simpson Angus Rating Scale (SAS) for extrapyramidal symptoms (EPS), the Barnes Akathisia Rating Scale (BARS) for akathisia and the Abnormal Involuntary Movement Score (AIMS) for dyskinesia. The mean change from baseline at last visit for REXULTI-treated patients for the SAS, BARS and AIMS was comparable to placebo-treated patients. The percentage of patients who shifted from normal to abnormal was greater in REXULTI-treated patients versus placebo for the BARS (2% versus 1%) and the SAS (7% versus 5%).

Dystonia

Symptoms of dystonia may occur in susceptible individuals during the first few days of treatment. Dystonic symptoms include: spasm of the neck muscles, sometimes progressing to tightness of the throat, swallowing difficulty, difficulty breathing, and/or
7 Drugs Having Clinically Important Interactions with REXULTI

**Table 10: Clinically Important Drug Interactions with REXULTI**

### Strong CYP3A4 Inhibitors

**Clinical Impact:** Concomitant use of REXULTI with strong CYP3A4 inhibitors increased the exposure of brexpiprazole compared to the use of REXULTI alone [see Clinical Pharmacology (12.3)].

**Intervention:** With concomitant use of REXULTI with a strong CYP3A4 inhibitor, reduce the REXULTI dosage [see Dosage and Administration (2.5)].

**Examples:**
- Itraconazole, clarithromycin, ketoconazole
- Paroxetine, fluoxetine, quinidine
- Paroxetine, fluoxetine

### Strong CYP2D6 Inhibitors*

**Clinical Impact:** Concomitant use of REXULTI with strong CYP2D6 inhibitors increased the exposure of brexpiprazole compared to the use of REXULTI alone [see Clinical Pharmacology (12.3)].

**Intervention:** With concomitant use of REXULTI with a strong CYP2D6 inhibitor, reduce the REXULTI dosage [see Dosage and Administration (2.5)].

**Examples:**
- Paroxetine, fluoxetine, quinidine

### Both CYP3A4 Inhibitors and CYP2D6 Inhibitors

**Clinical Impact:** Concomitant use of REXULTI with 1) a strong CYP3A4 inhibitor and a strong CYP2D6 inhibitor; or 2) a moderate CYP3A4 inhibitor and a strong CYP2D6 inhibitor; or 3) a strong CYP3A4 inhibitor and a moderate CYP2D6 inhibitor; or 4) a moderate CYP3A4 inhibitor and a moderate CYP2D6 inhibitor, increased the exposure of brexpiprazole compared to the use of REXULTI alone [see Clinical Pharmacology (12.3)].

**Intervention:** With concomitant use of REXULTI with 1) a strong CYP3A4 inhibitor and a strong CYP2D6 inhibitor; or 2) a moderate CYP3A4 inhibitor and a strong CYP2D6 inhibitor; or 3) a strong CYP3A4 inhibitor and a moderate CYP2D6 inhibitor; or 4) a moderate CYP3A4 inhibitor and a moderate CYP2D6 inhibitor, decrease the REXULTI dosage [see Dosage and Administration (2.5)].

**Examples:**
- Itraconazole + quinidine
- Fluconazole + paroxetine
- Itraconazole + duloxetine
- Fluconazole + duloxetine

### Strong CYP3A4 Inducers

**Clinical Impact:** Concomitant use of REXULTI and a strong CYP3A4 inducer decreased the exposure of brexpiprazole compared to the use of REXULTI alone [see Clinical Pharmacology (12.3)].

**Intervention:** With concomitant use of REXULTI with a strong CYP3A4 inducer, increase the REXULTI dosage [see Dosage and Administration (2.5)].

**Examples:**
- Rifampin, St. John's wort

* In clinical trials examining the adjunctive use of REXULTI in the treatment of MDD, dosage was not adjusted for strong CYP2D6 inhibitors (e.g., paroxetine, fluoxetine). Thus, CYP considerations are already factored into general dosing recommendations and REXULTI may be administered without dosage adjustment in patients with MDD.
Based on the results of a safety, tolerability and pharmacokinetics trial, the pharmacokinetics of once daily oral administration of 

Table: REXULTI® (brexpiprazole) Tablets

<table>
<thead>
<tr>
<th>Strength</th>
<th>Description</th>
</tr>
</thead>
</table>
| 0.25 mg   | Oral brexpiprazole, decreased brexpiprazole C max and area under the curve (AUC) by 8% and 12%, respectively. Less than 1% of unchanged brexpiprazole was excreted in the urine and feces, and 46% of the administered radioactivity was recovered in the urine and feces. Following a single oral dose of [14C]-labeled brexpiprazole, approximately 25% of the radioactivity in the systemic circulation was excreted as brexpiprazole and its major metabolite, DM-3411, was the predominant drug moiety in the systemic circulation. The volume of distribution of brexpiprazole following intravenous administration is high (1.56±0.42 L/kg), indicating extravascular distribution. Brexpiprazole is highly protein bound in plasma (greater than 99%) to albumin and <1-acid glycoprotein, and its protein binding is not affected by renal or hepatic impairment. Based on results of in vivo studies, brexpiprazole protein binding is not affected by warfarin, diazepam, or digoxin. Elimination

**Metabolism**

Based on in vitro metabolism studies of brexpiprazole using recombinant human cytochrome P450 (CYP3A4 and CYP2D6), the metabolism of brexpiprazole was shown to be mainly mediated by CYP3A4 and CYP2D6. In vivo brexpiprazole is metabolized primarily by CYP3A4 and CYP2D6 enzymes. After single- and multiple-dose administrations, brexpiprazole and its major metabolite, DM-3411, were the predominant drug moieties in the systemic circulation. At steady-state, DM-3411 represented 23% to 48% of brexpiprazole exposure (AUC) in plasma. DM-3411 is considered not to contribute to the therapeutic effects of brexpiprazole. Based on in vitro data, brexpiprazole showed little to no inhibition of CYP450 isozymes.

**Excretion**

Following a single oral dose of [14C]-labeled brexpiprazole, approximately 25% and 46% of the administered radioactivity was recovered in the urine and feces, respectively. Less than 1% of unchanged brexpiprazole was excreted in the urine and approximately 14% of the oral dose was recovered unchanged in the feces. Apparent oral clearance of a brexpiprazole oral tablet after once daily administration was 19.8 ±11.4 mL/h/kg. After multiple once daily administration of REXULTI, the terminal elimination half-lives of brexpiprazole and its major metabolite, DM-3411, were 91 hours and 86 hours, respectively.

**12 CLINICAL PHARMACOLOGY**

**12.1 Mechanism of Action**

The mechanism of action of brexpiprazole in the treatment of major depressive disorder or schizophrenia is unknown. However, the efficacy of brexpiprazole may be mediated through a combination of partial agonist activity at serotonin 5-HT2A and dopamine D2 receptors, and antagonist activity at serotonin 5-HT1A receptors.

**12.2 Pharmacodynamics**

Brexpiprazole has affinity (expressed as Kf) for multiple monoaminergic receptors including serotonin 5-HT2A (0.12 nM), 5-HT2C (0.47 nM), 5-HT3 (1.9 nM), 5-HT3 (3.7 nM), dopamine D3 (0.30 nM), D3 (1.1 nM), and noradrenergic α1A (3.8 nM), α2A (0.17 nM), α2B (2.0 nM), and α2C (0.59 nM) receptors. Brexpiprazole acts as a partial agonist at the 5-HT1A, D3, and D2 receptors and as an antagonist at 5-HT2A, 5-HT2C, 5-HT2B, 5-HT1A, 5-HT1B, and 5-HT1D receptors. Brexpiprazole also exhibits affinity for histamine H1 receptor (19 nM) and for muscarinic M1 receptor (67% inhibition at 10 μM).

**Cardiac Electrophysiology**

At a dose 3-times the MRHD for the treatment of schizophrenia and 4-times the MRHD for adjunctive therapy to antidepressants for the treatment of MDD, REXULTI does not prolong the QTc interval to any clinically relevant extent.

**12.3 Pharmacokinetics**

**Absorption**

After single dose administration of REXULTI tablets, the peak plasma brexpiprazole concentrations occurred within 4 hours after administration; and the absolute oral bioavailability was 95%. Brexpiprazole steady-state concentrations were attained within 10-12 days of dosing.

REXULTI can be administered with or without food. Administration of a 4 mg REXULTI tablet with a standard high fat meal did not significantly affect the Cmax or AUC of brexpiprazole. After single and multiple once daily dose administration, brexpiprazole exposure (Cmax and AUC) increased in proportion to the dose administered. In vitro studies of brexpiprazole did not indicate that brexpiprazole is a substrate of efflux transporters such as MDRI (P-gp) and BCRP.

**Distribution**

The volume of distribution of brexpiprazole following intravenous administration is high (1.56±0.42 L/kg), indicating extravascular distribution. Brexpiprazole is highly protein bound in plasma (greater than 99%) to albumin and <1-acid glycoprotein, and its protein binding is not affected by renal or hepatic impairment. Based on results of in vivo studies, brexpiprazole protein binding is not affected by warfarin, diazepam, or digoxin.

**Elimination**

**Metabolism**

Based on in vitro metabolism studies of brexpiprazole using recombinant human cytochrome P450 (CYP3A4 and CYP2D6), the metabolism of brexpiprazole was shown to be mainly mediated by CYP3A4 and CYP2D6. In vivo brexpiprazole is metabolized primarily by CYP3A4 and CYP2D6 enzymes. After single- and multiple-dose administrations, brexpiprazole and its major metabolite, DM-3411, were the predominant drug moieties in the systemic circulation. At steady-state, DM-3411 represented 23% to 48% of brexpiprazole exposure (AUC) in plasma. DM-3411 is considered not to contribute to the therapeutic effects of brexpiprazole. Based on in vitro data, brexpiprazole showed little to no inhibition of CYP450 isozymes.

**Excretion**

Following a single oral dose of [14C]-labeled brexpiprazole, approximately 25% and 46% of the administered radioactivity was recovered in the urine and feces, respectively. Less than 1% of unchanged brexpiprazole was excreted in the urine and approximately 14% of the oral dose was recovered unchanged in the feces. Apparent oral clearance of a brexpiprazole oral tablet after once daily administration was 19.8 ±11.4 mL/h/kg. After multiple once daily administration of REXULTI, the terminal elimination half-lives of brexpiprazole and its major metabolite, DM-3411, were 91 hours and 86 hours, respectively.
Studies In Specific Populations

Exposures of brexpiprazole in specific populations are summarized in Figure 1. Population PK analysis indicated exposure of brexpiprazole in patients with moderate renal impairment was higher compared to patients with normal renal function.

Figure 1: Effects of Intrinsic Factors on Brexpiprazole Pharmacokinetics

Drug Interaction Studies

Effects of other drugs on the exposures of brexpiprazole are summarized in Figure 2. Based on simulation, a 5.1-fold increase in AUC values at steady-state is expected when extensive metabolizers of CYP2D6 are administered with both strong CYP2D6 and CYP3A4 inhibitors. A 4.8-fold increase in mean AUC values at steady-state is expected in poor metabolizers of CYP2D6 administered with strong CYP3A4 inhibitors [see Drug Interactions (7.1)].

Figure 2: The Effects of Other Drugs on Brexpiprazole Pharmacokinetics

The effects of REXLUTI on the exposures of other drugs are summarized in Figure 3.

13 NONCLINICAL TOXICOLOGY

13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

Carcinogenesis

Lifetime carcinogenicity studies were conducted in ICR mice and SD rats. Brexpiprazole was administered orally for two years to male and female mice at doses of 0.75, 2 and 5 mg/kg/day (0.9 to 6.1 times the oral MRHD of 4 mg/day based on mg/m² body surface area) and to male and female rats at doses of 1, 3, and 10 mg/kg and 3, 10, and 30 mg/kg/day, respectively (2.4 to 24 and 7.3 to 73 times the oral MRHD, males and females). In female mice, the incidence of mammary gland adenocarcinoma was increased at all doses and the incidence of adenosquamous carcinoma was increased at 2.4 and 6.1 times the MRHD. No increase in the incidence of tumors was observed in male mice. In the rat study, brexpiprazole was not carcinogenic in either sex at doses up to 73 times the MRHD.

Proliferative and/or neoplastic changes in the mammary and pituitary glands of rodents have been observed following chronic administration of antipsychotic drugs and are considered to be pro lactin mediated. The potential for increasing serum prolactin level of brexpiprazole was shown in both mice and rats. The relevance for human risk of the findings of prolactin-mediated endocrine tumors in rodents is unknown.

Mutagenesis

Brexpiprazole was not mutagenic when tested in the in vitro bacterial reverse mutation assay (Ames test). Brexpiprazole was negative for clastogenic activity in the in vivo micronucleus assay in rats, and was not genotoxic in the in vivo/in vitro unscheduled DNA synthesis assay in rats. In vitro with mammalian cells brexpiprazole was clastogenic but only at doses that induced cytotoxicity. Based on a weight of evidence, brexpiprazole is not considered to present a genotoxic risk to humans.

Impairment of Fertility

Female rats were treated with oral doses of 0.3, 3 or 30 mg/kg/day (0.7, 7.3, and 73 times the oral MRHD on a mg/m² basis) prior to mating with untreated males and continuing through conception and implantation. Estrus cycle irregularities and decreased fertility were observed at 3 and 30 mg/kg/day. Prolonged duration of pairing and increased preimplantation losses were observed at 30 mg/kg/day.

Male rats were treated with oral doses of 3, 10, or 100 mg/kg/day (7.3, 24 and 240 times the oral MRHD on a mg/m² basis) for 63 days prior to mating with untreated females and throughout the 14 days of mating. No differences were observed in the duration of mating or fertility indices in males at any dose of brexpiprazole.

14 CLINICAL STUDIES

14.1 Adjunctive Treatment of Major Depressive Disorder

The efficacy of REXLUTI in the adjunctive treatment of major depressive disorder (MDD) was evaluated in two 6-week, double-blind, placebo-controlled, fixed-dose trials of adult patients meeting DSM-IV-TR criteria for MDD, with or without symptoms of anxiety, who had an inadequate response to prior antidepressant therapy (1 to 3 courses in the current episode and who had also demonstrated an inadequate response throughout the 8 weeks of prospective antidepressant treatment [with escitalopram, fluoxetine, paroxetine controlled-release, sertraline, duloxetine delayed release, or venlafaxine extended-release]. Inadequate response during the prospective antidepressant treatment phase was defined as having persistent symptoms without substantial improvement throughout the course of treatment.

Patients in Study 228 (hereafter “Study 1”) were randomized to REXLUTI 2 mg once a day or placebo. Patients in Study 227 (hereafter “Study 2”) were randomized to REXLUTI 1 or 3 mg once a day or placebo. For patients randomized to REXLUTI, all patients initiated treatment at 0.5 mg once daily during Week 1. At Week 2, the REXLUTI dosage was increased to 1 mg in all treatment groups, and either maintained at 1 mg or increased to 2 mg or 3 mg once daily, based on treatment assignment, from Week 3 onwards. The dosages were then maintained for the 4 remaining weeks.
REXULTI® (brexpiprazole)

The primary endpoint was change from baseline to Week 6 in the Montgomery-Asberg Depression Rating Scale (MADRS), a 10-item clinician-related scale used to assess the degree of depressive symptomatology, with 0 representing no symptoms, and 60 representing worst symptoms.

At randomization, the mean MADRS total score was 27. In Studies 1 and 2, REXULTI [+ antidepressant (ADT)] 2 mg/day and 3 mg/day were superior to placebo + ADT in reducing mean MADRS total scores. Results from the primary efficacy parameters for both fixed dose trials are shown below in Table 11. Figure 4 below shows the time course of response based on the primary efficacy measure (MADRS) in Study 1.

**Table 11: Summary of Efficacy Results for Studies 1 and 2 for the Adjunctive Treatment of MDD**

<table>
<thead>
<tr>
<th>Study</th>
<th>Treatment Group</th>
<th>N</th>
<th>Primary Efficacy Measure: MADRS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Mean Baseline Score (SD)</td>
</tr>
<tr>
<td>1</td>
<td>REXULTI (2 mg/day) + ADT*</td>
<td>175</td>
<td>26.9 (5.7)</td>
</tr>
<tr>
<td></td>
<td>Placebo + ADT</td>
<td>175</td>
<td>27.3 (5.6)</td>
</tr>
<tr>
<td>2</td>
<td>REXULTI (1 mg/day) + ADT</td>
<td>211</td>
<td>26.5 (5.6)</td>
</tr>
<tr>
<td></td>
<td>Placebo + ADT</td>
<td>203</td>
<td>26.5 (5.2)</td>
</tr>
<tr>
<td></td>
<td>REXULTI (3 mg/day) + ADT</td>
<td>213</td>
<td>26.5 (5.3)</td>
</tr>
<tr>
<td></td>
<td>Placebo + ADT</td>
<td>203</td>
<td>26.5 (5.2)</td>
</tr>
</tbody>
</table>

SD: standard deviation; SE: standard error; LS Mean: least-squares mean; CI: unadjusted confidence interval.

* Dosages statistically significantly superior to placebo.

An examination of population subgroups did not suggest differential response based on age, gender, race or choice of prospective antidepressant.

**Figure 4: Change from Baseline in MADRS Total Score by Study Visit (Week) in Patients with MDD in Study 1**

14.2 Schizophrenia

The efficacy of REXULTI in the treatment of adults with schizophrenia was demonstrated in two 6-week, randomized, double-blind, placebo-controlled, fixed-dose clinical trials in patients who met DSM-IV-TR criteria for schizophrenia.

In both studies, Study 231 (hereafter “Study 3”) and Study 230 (hereafter “Study 4”), patients were randomized to REXULTI 2 or 4 mg once per day or placebo. Patients in the REXULTI groups initiated treatment at 1 mg once daily on Days 1 to 4. The REXULTI dosage was increased to 2 mg on Days 5 to 7. The dosage was then either maintained at 2 mg once daily, depending on treatment assignment, for the 5 remaining weeks.

The primary efficacy endpoint of both trials was the change from baseline to Week 6 in the Positive and Negative Syndrome Scale (PANSS) total score. The PANSS is a 30-item scale that measures positive symptoms of schizophrenia (7 items), negative symptoms of schizophrenia (7 items), and general psychopathology (16 items), each rated on a scale of 1 (absent) to 7 (extreme); the total PANSS scores range from 30 (best) to 210 (worst).

In Study 3, REXULTI at both 2 mg/day and 4 mg/day was superior to placebo on the PANSS total score. In Study 4, REXULTI 4 mg/day was superior to placebo on the PANSS total score (Table 12). Figure 5 shows the time course of response based on the primary efficacy measure (change from baseline in PANSS total score) in Study 3.

Examination of population subgroups based on age, gender and race did not suggest differential responsiveness.

**Table 12: Summary of Efficacy Results for Studies in Schizophrenia**

<table>
<thead>
<tr>
<th>Study</th>
<th>Treatment Group</th>
<th>N</th>
<th>Primary Efficacy Measure: PANSS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Mean Baseline Score (SD)</td>
</tr>
<tr>
<td>3</td>
<td>REXULTI (2 mg/day)*</td>
<td>180</td>
<td>95.9 (13.8)</td>
</tr>
<tr>
<td></td>
<td>REXULTI (4 mg/day)*</td>
<td>178</td>
<td>94.7 (12.1)</td>
</tr>
<tr>
<td></td>
<td>Placebo</td>
<td>178</td>
<td>95.7 (11.5)</td>
</tr>
<tr>
<td>4</td>
<td>REXULTI (2 mg/day)*</td>
<td>179</td>
<td>96.3 (12.9)</td>
</tr>
<tr>
<td></td>
<td>REXULTI (4 mg/day)*</td>
<td>181</td>
<td>95.0 (12.4)</td>
</tr>
<tr>
<td></td>
<td>Placebo</td>
<td>180</td>
<td>94.6 (12.8)</td>
</tr>
</tbody>
</table>

SD: standard deviation; SE: standard error; LS Mean: least-squares mean; CI: unadjusted confidence interval.

* Dosages statistically significantly superior to placebo.

An examination of population subgroups did not suggest differential response based on age, gender, race or choice of prospective antidepressant.

**Figure 5: Change from Baseline in PANSS Total Score by Study Visit (Week) in Patients with Schizophrenia in Study 3**
A pre-specified interim analysis demonstrated a statistically significantly longer time to relapse in patients randomized to the REXULTI group compared to placebo-treated patients. The trial was subsequently terminated early because maintenance of efficacy had been demonstrated. The Kaplan-Meier curves of the cumulative proportion of patients with relapse during the double-blind treatment phase for REXULTI and placebo groups are shown in Figure 6. The key secondary endpoint, the proportion of subjects who met the criteria for impending relapse, was statistically significantly lower in REXULTI-treated patients compared with placebo group.

Figure 6: Kaplan Meier Estimation of Percent Impending Relapse in Study 5

![Figure 6: Kaplan Meier Estimation of Percent Impending Relapse in Study 5](image)

Note: A total of 202 subjects were randomized. Among them, one placebo subject did not take investigational medicinal product and one brexpiprazole subject did not have post-randomization efficacy evaluations. These two subjects were excluded from the efficacy analysis.

16 HOW SUPPLIED/STORAGE AND HANDLING

16.1 How Supplied

REXULTI (brexpiprazole) tablets have markings on one side, and are available in the following strengths and package configurations (see Table 13):

### Table 13: Package Configuration for REXULTI Tablets

<table>
<thead>
<tr>
<th>Tablet Strength</th>
<th>Tablet Color/Shape</th>
<th>Tablet Markings</th>
<th>Pack Size</th>
<th>NDC Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.25 mg</td>
<td>light brown, round, shallow convex, bevel-edged</td>
<td>“BRX” and “0.25”</td>
<td>Bottle of 30</td>
<td>59148-035-13</td>
</tr>
<tr>
<td>0.5 mg</td>
<td>light orange, round, shallow convex, bevel-edged</td>
<td>“BRX” and “0.5”</td>
<td>Bottle of 30</td>
<td>59148-036-13</td>
</tr>
<tr>
<td>1 mg</td>
<td>light yellow, round, shallow convex, bevel-edged</td>
<td>“BRX” and “1”</td>
<td>Bottle of 30</td>
<td>59148-037-13</td>
</tr>
<tr>
<td>2 mg</td>
<td>light green, round, shallow convex, bevel-edged</td>
<td>“BRX” and “2”</td>
<td>Bottle of 30</td>
<td>59148-038-13</td>
</tr>
<tr>
<td>3 mg</td>
<td>light purple, round, shallow convex, bevel-edged</td>
<td>“BRX” and “3”</td>
<td>Bottle of 30</td>
<td>59148-039-13</td>
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<tr>
<td>4 mg</td>
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<td>“BRX” and “4”</td>
<td>Bottle of 30</td>
<td>59148-040-13</td>
</tr>
</tbody>
</table>

16.2 Storage

Store REXULTI tablets at 20°C to 25°C (68°F to 77°F); excursions permitted to 15°C to 30°C (59°F to 86°F) [see USP Controlled Room Temperature].

17 PATIENT COUNSELING INFORMATION

### Dosage and Administration

Advise patients that REXULTI can be taken with or without food. Advise patients regarding importance of following dosage escalation instructions [see Dosage and Administration (2.1), (2.2)].

### Neuroleptic Malignant Syndrome (NMS)

Counsel patients about a potentially fatal adverse reaction — Neuroleptic Malignant Syndrome (NMS) that has been reported in association with administration of antipsychotic drugs. Advise patients to contact a health care provider or report to the emergency room if they experience signs or symptoms of NMS [see Warnings and Precautions (5.4)].

### Tardive Dyskinesia

Counsel patients on the signs and symptoms of tardive dyskinesia and to contact their health care provider if these abnormal movements occur [see Warnings and Precautions (5.5)].

### Metabolic Changes

Educate patients about the risk of metabolic changes, how to recognize symptoms of hyperglycemia and diabetes mellitus, and the need for specific monitoring, including blood glucose, lipids, and weight [see Warnings and Precautions (5.6)].

### Leukopenia, Neutropenia and Agranulocytosis

Advise patients with a pre-existing low WBC or a history of drug induced leukopenia/neutropenia that they should have their CBC monitored while taking REXULTI [see Warnings and Precautions (5.7)].

### Orthostatic Hypotension and Syncope

Educate patients about the risk of orthostatic hypotension and syncope especially early in treatment, and also at times of re-initiating treatment or increases in dosage [see Warnings and Precautions (5.8)].

### Heat Exposure and Dehydration

Counsel patients regarding appropriate care in avoiding overheating and dehydration [see Warnings and Precautions (5.11)].

### Interference with Cognitive and Motor Performance

Caution patients about performing activities requiring mental alertness, such as operating hazardous machinery or operating a motor vehicle, until they are reasonably certain that REXULTI therapy does not adversely affect their ability to engage in such activities [see Warnings and Precautions (5.13)].

### Concomitant Medications

Advise patients to inform their health care providers of any changes to their current prescription or over-the-counter medications because there is a potential for clinically significant interactions [see Drug Interactions (7.1)].

### Pregnancy

Advise patients that third trimester use of REXULTI may cause extrapyramidal and/or withdrawal symptoms in a neonate and to notify their healthcare provider with a known or suspected pregnancy. Advise patients that there is a pregnancy exposure registry that monitors pregnancy outcomes in women exposed to REXULTI during pregnancy [see Use in Specific Populations (8.1)].

**What is the most important information I should know about REXULTI?**

REXULTI may cause serious side effects, including:

- **Increased risk of death in elderly people with dementia-related psychosis.** Medicines like REXULTI can raise the risk of death in elderly who have lost touch with reality (psychosis) due to confusion and memory loss (dementia). REXULTI is not approved for the treatment of patients with dementia-related psychosis.

- **Risk of suicidal thoughts or actions.** Antidepressant medicines, depression and other serious mental illnesses, may cause suicidal thoughts or actions. REXULTI is not approved for the treatment of people younger than 18 years of age.
  - Antidepressant medicines may increase suicidal thoughts or actions in some children, teenagers, or young adults within the first few months of treatment.
  - Depression and other serious mental illnesses are the most important causes of suicidal thoughts or actions. Some people may have a particularly high risk of having suicidal thoughts or actions. These include people who have (or have a family history of) bipolar illness (also called manic-depressive illness) or suicidal thoughts or actions.

- **How can I watch for and try to prevent suicidal thoughts and actions in myself or a family member?**
  - Pay close attention to any changes, especially sudden changes, in mood, behaviors, thoughts, or feelings. This is very important when an antidepressant medicine is started or when the dose is changed.
  - Call the healthcare provider right away to report new or sudden changes in mood, behavior, thoughts, or feelings.
  - Keep all follow-up visits with the healthcare provider as scheduled. Call the healthcare provider between visits as needed, especially if you have concerns about symptoms.

**Call a healthcare provider right away if you or your family member has any of the following symptoms, especially if they are new, worse, or worry you:**

- thoughts about suicide or dying
- new or worsening depression
- feeling very agitated or restless
- panic attacks
- new or worsening irritability
- an extreme increase in activity or talking (mania)
- attempts to commit suicide
- new or worsening anxiety
- acting on dangerous impulses
- trouble sleeping (insomnia)
- acting aggressive, being angry, or violent
- other unusual changes in behavior or mood

**What else do I need to know about antidepressant medicines?**

- **Never stop an antidepressant medicine without first talking to your healthcare provider.** Stopping an antidepressant medicine suddenly can cause other symptoms.

- **Antidepressants are medicines used to treat depression and other illnesses.** It is important to discuss all the risks of treating depression and also the risks of not treating it. Patients and their families or other caregivers should discuss all treatment choices with the healthcare provider, not just the use of antidepressants.

- **Antidepressant medicines have other side effects.** Talk to the healthcare provider about the possible side effects of the medicine prescribed for you or your family member.

- **Antidepressant medicines can interact with other medicines.** Know all of the medicines that you or your family member takes. Keep a list of all medicines (including prescription medicines, non-prescription medicines, vitamins and herbal supplements) to show the healthcare provider. Do not start new medicines without first checking with your healthcare provider.

**What is REXULTI?**

REXULTI is a prescription medicine used to treat:

- Major depressive disorder (MDD): REXULTI is used with antidepressant medicines, when your healthcare provider determines that an antidepressant alone is not enough to treat your depression.
- Schizophrenia

It is not known if REXULTI is safe and effective in people under 18 years of age.

**Who should not take REXULTI?**

**Do not take REXULTI if you** are allergic to brexpiprazole or any of the ingredients in REXULTI. See the end of this Medication Guide for a complete list of ingredients in REXULTI.

**What should I tell my healthcare provider before taking REXULTI?**

Before taking REXULTI, tell your healthcare provider if you:

- have diabetes or high blood sugar or a family history of diabetes or high blood sugar. Your healthcare provider should check your blood sugar before you start REXULTI and during your treatment.
- have high levels of cholesterol, triglycerides, LDL-cholesterol, or low levels of HDL cholesterol
- have or had seizures (convulsions)
- have or had low or high blood pressure
- have or had heart problems or a stroke
- have or had a low white blood cell count
- are pregnant or plan to become pregnant. It is not known if REXULTI may harm your unborn baby. Using REXULTI in the last trimester of pregnancy may cause muscle movement problems, medicine withdrawal symptoms, or both of these in your newborn.
  - If you become pregnant while taking REXULTI, talk to your healthcare provider about registering with the National Pregnancy Registry for Atypical Antipsychotics. You can register by calling 1-866-961-2388 or visit http://womensmentalhealth.org/clinical-and-research-programs/pregnancyregistry/
- are breastfeeding or plan to breastfeed. It is not known if REXULTI passes into your breast milk. You and your healthcare provider should decide if you will take REXULTI or breastfeed.

**Tell your healthcare provider about all the medicines you take or recently have taken,** including prescription medicines, over-the-counter medicines, vitamins and herbal supplements.
What should I avoid while taking REXULTI?

- Do not drive a car, operate machinery, or do other dangerous activities until you know how REXULTI affects you. REXULTI may make you feel drowsy.
- Avoid getting over-heated or dehydrated while taking REXULTI.
  - Do not over-exercise.
  - Stay out of the sun. Do not wear too much or heavy clothing.
  - In hot weather, stay inside in a cool place if possible.
  - Drink plenty of water.

What are the possible side effects of REXULTI?

See “What is the most important information I should know about REXULTI?”

REXULTI may cause serious side effects, including:

- Stroke in elderly people (cerebrovascular problems) that can lead to death.
- Neuroleptic Malignant Syndrome (NMS): Tell your healthcare provider right away if you have some or all of the following symptoms: high fever, stiff muscles, confusion, sweating, changes in pulse, heart rate, and blood pressure. These may be symptoms of a rare and serious condition that can lead to death. Call your healthcare provider right away if you have any of these symptoms.
- Uncontrolled body movements (tardive dyskinesia): REXULTI may cause movements that you cannot control in your face, tongue or other body parts. Tardive dyskinesia may not go away, even if you stop taking REXULTI. Tardive dyskinesia may also start after you stop taking REXULTI.
- Problems with your metabolism such as:
  - high blood sugar (hyperglycemia): Increases in blood sugar can happen in some people who take REXULTI. Extremely high blood sugar can lead to coma or death. If you have diabetes or risk factors for diabetes (such as being overweight or having a family history of diabetes), your healthcare provider should check your blood sugar before you start taking REXULTI and during your treatment.

Call your healthcare provider if you have any of these symptoms of high blood sugar while taking REXULTI:

- feel very thirsty
- feel very hungry
- feel sick to your stomach
- feel weak or tired
- need to urinate more than usual
- feel confused, or your breath smells fruity
- increased fat levels (cholesterol and triglycerides) in your blood.
- weight gain: You and your healthcare provider should check your weight regularly.
- Low white blood cell count
- Decreased blood pressure (orthostatic hypotension). You may feel lightheaded or faint when you rise too quickly from a sitting or lying position.
- Seizures (convulsions)
- Problems controlling your body temperature so that you feel too warm. See “What should I avoid while taking REXULTI?”
- Difficulty swallowing that can cause food or liquid to get into your lungs.

The most common side effects of REXULTI include weight gain and an inner sense of restlessness such as feeling like you need to move. These are not all the possible side effects of REXULTI. For more information, ask your healthcare provider or pharmacist. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

How should I store REXULTI?

Store REXULTI at room temperature, between 68°F to 77°F (20°C to 25°C).

Keep REXULTI and all medicines out of the reach of children.

General information about the safe and effective use of REXULTI. Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. Do not use REXULTI for a condition for which it was not prescribed. Do not give REXULTI to other people, even if they have the same symptoms you have. It may harm them. This Medication Guide summarizes the most important information about REXULTI. If you would like more information, talk with your healthcare provider. You can ask your pharmacist or healthcare provider for information about REXULTI that is written for healthcare professionals. For more information about REXULTI, go to [www.REXULTI.com] or call 1-800-441-6763.

What are the ingredients in REXULTI?

Active ingredient: brexipiprazole

Inactive ingredients: lactose monohydrate, corn starch, microcrystalline cellulose, hydroxypropyl cellulose, low-substituted hydroxypropyl cellulose, magnesium stearate, hypromellose, and talc.

Manufactured by Otsuka Pharmaceutical Co., Ltd., Tokyo, 101-8535 Japan

Distributed and Marketed by Otsuka America Pharmaceutical, Inc., Rockville, MD 20850 USA

Marketed by Lundbeck, Deerfield, IL 60015 USA

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This Medication Guide has been approved by the U.S. Food and Drug Administration.

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