

ARIPIPRAZOLE (Abilify) Fact Sheet [G]

Bottom Line:

Aripiprazole is a good choice for minimizing risk of weight gain and metabolic side effects, but beware of akathisia. Large number of indications and reports of success at a variety of doses make it difficult to predict dosing for individual patients.

FDA Indications:

Schizophrenia (adults, adolescents 13–17 years); **bipolar disorder**, acute treatment of manic and mixed episodes (adults, children 10–17 years); **bipolar disorder**, maintenance treatment (adults); **major depression**, as adjunct (adults); **irritability in autism** (children 6–17 years); **Tourette's disorder** (children 6–18 years).

Off-Label Uses:

Bipolar depression; behavioral disturbances.

Dosage Forms:

- **Tablets (G):** 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg.
- **Orally disintegrating tablets (G):** 10 mg, 15 mg, 20 mg, 30 mg.
- **Oral liquid (G):** 1 mg/mL.
- **Long-acting injection: Abilify Maintena:** 300 mg and 400 mg; **Abilify Asimtufii:** 720 mg, 960 mg; **Aristada:** 441 mg, 662 mg, 882 mg, 1064 mg; **Aristada Initio:** 675 mg (see LAI fact sheet and table).
- **Tablet with sensor (Abilify MyCite):** 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg.

Dosage Guidance:

- Schizophrenia and bipolar disorder: Adults: Start and target dose 10–15 mg/day; max 30 mg/day. Children: Start 2 mg/day, increase on third day to 5 mg/day; may increase further by 5 mg/day increments weekly to target dose 10 mg/day, max 30 mg/day.
- Irritability in autism (children): Start 2 mg/day, ↑ to 5 mg/day in weekly increments to target dose 5–10 mg/day, max 15 mg/day.
- Depression: Start 2–5 mg/day, ↑ to usual dose 5–10 mg/day, as adjunct. Titrate gradually to prevent agitation/akathisia (max 15 mg/day).
- Tourette's: Start 2 mg/day, ↑ to target 5 mg/day, max 10 mg/day (<50 kg) or 20 mg/day (>50 kg).
- Long-acting injection: See LAI fact sheet and table.
- Liquid dosing: Oral solution equivalent to tablet dose up to 25 mg; for 30 mg tablets, give 25 mg oral solution.
- Orally disintegrating tablet: Same as regular tablet dosing.
- Dose timing: Can be taken in the morning or at night; may unpredictably cause drowsiness or insomnia.

Monitoring: Fasting glucose, lipids.

Cost: \$; ODT, liquid: \$\$\$

Side Effects:

- Most common: Akathisia, anxiety, insomnia, sedation, tremors.
- Serious but rare: Rare reports of reversible pathologic gambling and other impulse control problems (eating, spending, sexual).
- Pregnancy/breastfeeding: Considered relatively safe.

Mechanism, Pharmacokinetics, and Drug Interactions:

- Dopamine D2 and serotonin 5-HT1A receptor partial agonist and serotonin 5-HT2A receptor antagonist.
- Metabolized by CYP2D6 and 3A4; t_{1/2}: 3–6 days.
- Use ½ usual dose in presence of 2D6 or 3A4 inhibitors or in known 2D6 poor metabolizers; ¼ dose if both 2D6 inhibitor/poor metabolizer and 3A4 inhibitor; double dose if also using 3A4 inducer.

Clinical Pearls:

- Some prescribers use low-dose aripiprazole to counteract antipsychotic-induced prolactinemia, given its partial agonist properties.
- In November 2017 the FDA approved Abilify MyCite, which is aripiprazole with an embedded ingestible sensor to track adherence. After a "limited initial launch" in August 2018, the system is only available through a specialty pharmacy.

Fun Fact:

After aripiprazole's generic launch, Otsuka followed up with brexpiprazole (see fact sheet), another dopamine partial agonist, approved for schizophrenia and depression (as adjunct) and in clinical trials for ADHD.