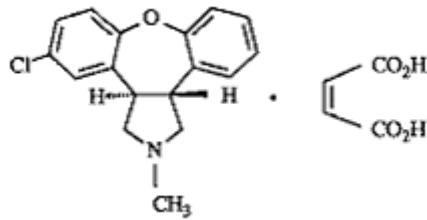


## Facts about asenapine (Saphris)



-MOA: Unknown but efficacy in Schizophrenia thought to be due to antagonism at D2 and 5-HT<sub>2A</sub> receptors.

-A psychotropic agent that is available in sublingual form.

-Asenapine has a black cherry flavor to it, and is supplied in tablets of 2.5 mg, 5 mg, or 10 mg.

-Asenapine should not be chewed or swallowed. Place the dose of this medication under the tongue and allow it to dissolve completely in saliva. There should be no eating or drinking for 10 minutes after administration.

-Asenapine is indicated for Schizophrenia and acute treatment of manic or mixed episodes of Bipolar I Disorder as monotherapy, or as adjunctive treatment for those on Lithium or Valproate.

Recommended dosage:

For Bipolar I Disorder: Acute treatment in manic or mixed episodes – 10 mg BID, decrease to 5 mg BID if side effects occur.

Schizophrenia: 5 mg BID. In short term controlled trials there is no suggestion of added benefit with 10 mg BID, but much increased side effect. If tolerated, Saphris can be increased to 10 mg BID after one week.

For age 10-17: Use 2.5 to 10 mg BID, with starting dose of 2.5 mg. After 3 days, the dose can be increased to 5 mg twice daily, and from 5 mg to 10 mg twice daily after 3 additional days. Pediatric patients aged 10 to 17 years appear to be more sensitive to dystonia with initial dosing of Saphris when the recommended escalation schedule is not followed.

-Most common adverse reactions are akathisia (appears to be dose-related), oral hypoesthesia, somnolence, dizziness, and increased weight ( $\geq 5\%$ ).

-Black Box warning for increased mortality in elderly patients with dementia-related psychosis.