ANNEX I

SUMMARY OF PRODUCT CHARACTERISTICS
1. NAME OF THE MEDICINAL PRODUCT

Aripiprazole Accord 5 mg tablets
Aripiprazole Accord 10 mg tablets
Aripiprazole Accord 15 mg tablets
Aripiprazole Accord 30 mg tablets

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Aripiprazole Accord 5 mg tablets
Each tablet contains 5 mg of aripiprazole.

Excipient with known effect
Each 5 mg tablet contains 63 mg lactose (as monohydrate).

Aripiprazole Accord 10 mg tablets
Each tablet contains 10 mg of aripiprazole.

Excipient with known effect
Each 10 mg tablet contains 59 mg lactose (as monohydrate).

Aripiprazole Accord 15 mg tablets
Each tablet contains 15 mg of aripiprazole.

Excipient with known effect
Each 15 mg tablet contains 88 mg lactose (as monohydrate).

Aripiprazole Accord 30 mg tablets
Each tablet contains 30 mg of aripiprazole.

Excipient with known effect
Each 30 mg tablet contains 177 mg lactose (as monohydrate).

For the full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Tablet

Aripiprazole Accord 5 mg tablets
Blue colored, approximately 8.1 mm in length, 4.6 mm in width, modified rectangle shaped, biconvex, uncoated tablets, debossed with “A5” on one side and another side is plain.

Aripiprazole Accord 10 mg tablets
Pink colored, approximately 8.1 mm in length, 4.6 mm in width, modified rectangle shaped, biconvex, uncoated tablets, debossed with “A10” on one side and another side is plain.

Aripiprazole Accord 15 mg tablets
Yellow colored, approximately 7.14 mm in diameter, round shaped, bevelled edge, biconvex, uncoated tablets, debossed with “A15” on one side and another side is plain.

Aripiprazole Accord 30 mg tablets
Pink colored, approximately 9.1 mm in diameter, round shaped, bevelled edge, biconvex, uncoated tablets, debossed with “A30” on one side and another side is plain.
4. **CLINICAL PARTICULARS**

4.1 **Therapeutic indications**

Aripiprazole Accord is indicated for the treatment of schizophrenia in adults and in adolescents aged 15 years and older.

Aripiprazole Accord is indicated for the treatment of moderate to severe manic episodes in Bipolar I Disorder and for the prevention of a new manic episode in adults who experienced predominantly manic episodes and whose manic episodes responded to aripiprazole treatment (see section 5.1).

Aripiprazole Accord is indicated for the treatment up to 12 weeks of moderate to severe manic episodes in Bipolar I Disorder in adolescents aged 13 years and older (see section 5.1).

4.2 **Posology and method of administration**

**Posology**

**Adults**

**Schizophrenia:** the recommended starting dose for Aripiprazole Accord is 10 or 15 mg/day with a maintenance dose of 15 mg/day administered on a once-a-day schedule without regard to meals.

Aripiprazole Accord is effective in a dose range of 10 to 30 mg/day. Enhanced efficacy at doses higher than a daily dose of 15 mg has not been demonstrated although individual patients may benefit from a higher dose. The maximum daily dose should not exceed 30 mg.

**Manic episodes in Bipolar I Disorder:** the recommended starting dose for Aripiprazole Accord is 15 mg administered on a once-a-day schedule without regard to meals as monotherapy or combination therapy (see section 5.1). Some patients may benefit from a higher dose. The maximum daily dose should not exceed 30 mg.

**Recurrence prevention of manic episodes in Bipolar I Disorder:** for preventing recurrence of manic episodes in patients, who have been receiving aripiprazole as monotherapy or combination therapy, continue therapy at the same dose. Adjustments of daily dosage, including dose reduction should be considered on the basis of clinical status.

**Paediatric population**

**Schizophrenia in adolescents aged 15 years and older:** the recommended dose for Aripiprazole Accord is 10 mg/day administered on a once-a-day schedule without regard to meals. Treatment should be initiated at 2 mg (using aripiprazole oral solution 1 mg/ml) for 2 days, titrated to 5 mg for 2 additional days to reach the recommended daily dose of 10 mg. When appropriate, subsequent dose increases should be administered in 5 mg increments without exceeding the maximum daily dose of 30 mg (see section 5.1).

Aripiprazole Accord is effective in a dose range of 10 to 30 mg/day. Enhanced efficacy at doses higher than a daily dose of 10 mg has not been demonstrated although individual patients may benefit from a higher dose.

Aripiprazole Accord is not recommended for use in patients with schizophrenia below 15 years of age due to insufficient data on safety and efficacy (see sections 4.8 and 5.1).

**Manic episodes in Bipolar I Disorder in adolescents aged 13 years and older:** the recommended dose for Aripiprazole Accord is 10 mg/day administered on a once-a-day schedule without regard to meals. Treatment should be initiated at 2 mg (using aripiprazole oral solution 1 mg/ml) for 2 days, titrated to 5 mg for 2 additional days to reach the recommended daily dose of 10 mg.
The treatment duration should be the minimum necessary for symptom control and must not exceed 12 weeks. Enhanced efficacy at doses higher than a daily dose of 10 mg has not been demonstrated, and a daily dose of 30 mg is associated with a substantially higher incidence of significant adverse reactions including EPS related events, somnolence, fatigue and weight gain (see section 4.8). Doses higher than 10 mg/day should therefore only be used in exceptional cases and with close clinical monitoring (see sections 4.4, 4.8 and 5.1).

Younger patients are at increased risk of experiencing adverse events associated with aripiprazole. Therefore, Aripiprazole Accord is not recommended for use in patients below 13 years of age (see sections 4.8 and 5.1).

Irritability associated with autistic disorder: the safety and efficacy of Aripiprazole Accord in children and adolescents aged below 18 years have not yet been established. Currently available data are described in section 5.1 but no recommendation on a posology can be made.

Tics associated with Tourette’s disorder: the safety and efficacy of Aripiprazole Accord in children and adolescents 6 to 18 years of age have not yet been established. Currently available data are described in section 5.1 but no recommendation on a posology can be made.

Special population

Hepatic impairment
No dosage adjustment is required for patients with mild to moderate hepatic impairment. In patients with severe hepatic impairment, the data available are insufficient to establish recommendations. In these patients dosing should be managed cautiously. However, the maximum daily dose of 30 mg should be used with caution in patients with severe hepatic impairment (see section 5.2).

Renal impairment
No dosage adjustment is required in patients with renal impairment.

Elderly
The safety and efficacy of Aripiprazole Accord in the treatment of schizophrenia or manic episodes in Bipolar I Disorder in patients aged 65 years and older has not been established. Owing to the greater sensitivity of this population, a lower starting dose should be considered when clinical factors warrant (see section 4.4).

Gender
No dosage adjustment is required for female patients as compared to male patients (see section 5.2).

Smoking status
According to the metabolic pathway of aripiprazole no dosage adjustment is required for smokers (see section 4.5).

Dose adjustments due to interactions
When concomitant administration of strong CYP3A4 or CYP2D6 inhibitors with aripiprazole occurs, the aripiprazole dose should be reduced. When the CYP3A4 or CYP2D6 inhibitor is withdrawn from the combination therapy, aripiprazole dose should then be increased (see section 4.5).

When concomitant administration of strong CYP3A4 inducers with aripiprazole occurs, the aripiprazole dose should be increased. When the CYP3A4 inducer is withdrawn from the combination therapy, the aripiprazole dose should then be reduced to the recommended dose (see section 4.5).

Method of administration
Aripiprazole Accord is for oral use.

4.3 Contraindications
Hypersensitivity to the active substance or to any of the excipients listed in section 6.1.

4.4 Special warnings and precautions for use

During antipsychotic treatment, improvement in the patient's clinical condition may take several days to some weeks. Patients should be closely monitored throughout this period.

Suicidality
The occurrence of suicidal behaviour is inherent in psychotic illnesses and mood disorders and in some cases has been reported early after initiation or switch of antipsychotic treatment, including treatment with aripiprazole (see section 4.8). Close supervision of high-risk patients should accompany antipsychotic treatment.

Cardiovascular disorders
Aripiprazole should be used with caution in patients with known cardiovascular disease (history of myocardial infarction or ischaemic heart disease, heart failure, or conduction abnormalities), cerebrovascular disease, conditions which would predispose patients to hypotension (dehydration, hypovolemia, and treatment with antihypertensive medicinal products) or hypertension, including accelerated or malignant.

Cases of venous thromboembolism (VTE) have been reported with antipsychotic medicinal products. Since patients treated with antipsychotics often present with acquired risk factors for VTE, all possible risk factors for VTE should be identified before and during treatment with aripiprazole and preventive measures undertaken.

QT prolongation
In clinical trials of aripiprazole, the incidence of QT prolongation was comparable to placebo. Aripiprazole should be used with caution in patients with a family history of QT prolongation (see section 4.8).

Tardive dyskinesia
In clinical trials of one year or less duration, there were uncommon reports of treatment emergent dyskinesia during treatment with aripiprazole. If signs and symptoms of tardive dyskinesia appear in a patient on aripiprazole, dose reduction or discontinuation should be considered (see section 4.8). These symptoms can temporally deteriorate or can even arise after discontinuation of treatment.

Other extrapyramidal symptoms
In paediatric clinical trials of aripiprazole akathisia and Parkinsonism were observed. If signs and symptoms of other EPS appear in a patient taking aripiprazole, dose reduction and close clinical monitoring should be considered.

Neuroleptic Malignant Syndrome (NMS)
NMS is a potentially fatal symptom complex associated with antipsychotics. In clinical trials, rare cases of NMS were reported during treatment with aripiprazole. Clinical manifestations of NMS are 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. However, elevated creatine phosphokinase and rhabdomyolysis, not necessarily in association with NMS, have also been reported. If a patient develops signs and symptoms indicative of NMS, or presents with unexplained high fever without additional clinical manifestations of NMS, all antipsychotics, including aripiprazole, must be discontinued.

Seizure
In clinical trials, uncommon cases of seizure were reported during treatment with aripiprazole. Therefore, aripiprazole should be used with caution in patients who have a history of seizure disorder or have conditions associated with seizures (see section 4.8).

**Elderly patients with dementia-related psychosis**

*Increased mortality*

In three placebo-controlled trials (n = 938; mean age: 82.4 years; range: 56-99 years) of aripiprazole in elderly patients with psychosis associated with Alzheimer's disease, patients treated with aripiprazole were at increased risk of death compared to placebo. The rate of death in aripiprazole-treated patients was 3.5% compared to 1.7% in the placebo group. Although the causes of deaths were varied, most of the deaths appeared to be either cardiovascular (e.g. heart failure, sudden death) or infectious (e.g. pneumonia) in nature (see section 4.8).

*Cerebrovascular adverse reactions*

In the same trials, cerebrovascular adverse reactions (e.g. stroke, transient ischaemic attack), including fatalities, were reported in patients (mean age: 84 years; range: 78-88 years). Overall, 1.3% of aripiprazole-treated patients reported cerebrovascular adverse reactions compared with 0.6% of placebo-treated patients in these trials. This difference was not statistically significant. However, in one of these trials, a fixed-dose trial, there was a significant dose response relationship for cerebrovascular adverse reactions in patients treated with aripiprazole (see section 4.8).

Aripiprazole is not indicated for the treatment of patients with dementia-related psychosis.

**Hyperglycaemia and diabetes mellitus**

Hyperglycaemia, in some cases extreme and associated with ketoacidosis or hyperosmolar coma or death, has been reported in patients treated with atypical antipsychotics, including aripiprazole. Risk factors that may predispose patients to severe complications include obesity and family history of diabetes. In clinical trials with aripiprazole, there were no significant differences in the incidence rates of hyperglycaemia-related adverse reactions (including diabetes) or in abnormal glycaemia laboratory values compared to placebo. Precise risk estimates for hyperglycaemia-related adverse reactions in patients treated with aripiprazole and with other atypical antipsychotics are not available to allow direct comparisons. Patients treated with any antipsychotics, including aripiprazole, should be observed for signs and symptoms of hyperglycaemia (such as polydipsia, polyuria, polyphagia and weakness) and patients with diabetes mellitus or with risk factors for diabetes mellitus should be monitored regularly for worsening of glucose control (see section 4.8).

**Hypersensitivity**

Hypersensitivity reactions, characterised by allergic symptoms, may occur with aripiprazole (see section 4.8).

**Weight gain**

Weight gain is commonly seen in schizophrenic and bipolar mania patients due to co-morbidities, use of antipsychotics known to cause weight gain, poorly managed life-style, and might lead to severe complications. Weight gain has been reported post-marketing among patients prescribed aripiprazole. When seen, it is usually in those with significant risk factors such as history of diabetes, thyroid disorder or pituitary adenoma. In clinical trials aripiprazole has not been shown to induce clinically relevant weight gain in adults (see section 5.1). In clinical trials of adolescent patients with bipolar mania, aripiprazole has been shown to be associated with weight gain after 4 weeks of treatment. Weight gain should be monitored in adolescent patients with bipolar mania. If weight gain is clinically significant, dose reduction should be considered (see section 4.8).

**Dysphagia**

Oesophageal dysmotility and aspiration have been associated with the use of antipsychotics, including aripiprazole. Aripiprazole should be used cautiously in patients at risk for aspiration pneumonia.

**Pathological gambling and other impulse control disorders**
Patients can experience increased urges, particularly for gambling, and the inability to control these urges while taking aripiprazole. Other urges, reported, include: increased sexual urges, compulsive shopping, binge or compulsive eating, and other impulsive and compulsive behaviours. It is important for prescribers to ask patients or their caregivers specifically about the development of new or increased gambling urges, sexual urges, compulsive shopping, binge or compulsive eating, or other urges while being treated with aripiprazole. It should be noted that impulse-control symptoms can be associated with the underlying disorder; however, in some cases, urges were reported to have stopped when the dose was reduced or the medication was discontinued. Impulse control disorders may result in harm to the patient and others if not recognised. Consider dose reduction or stopping the medication if a patient develops such urges while taking aripiprazole (see section 4.8).

Lactose
Aripiprazole Accord contains lactose. Patients with rare hereditary problems of galactose intolerance, the lapp lactase deficiency or glucose-galactose malabsorption should not take this medicinal product.

Patients with ADHD comorbidity
Despite the high comorbidity frequency of Bipolar I Disorder and ADHD, very limited safety data are available on concomitant use of aripiprazole and stimulants; therefore, extreme caution should be taken when these medicinal products are co-administered.

4.5 Interaction with other medicinal products and other forms of interaction

Due to its α1-adrenergic receptor antagonism, aripiprazole has the potential to enhance the effect of certain antihypertensive medicinal products.

Given the primary CNS effects of aripiprazole, caution should be used when aripiprazole is administered in combination with alcohol or other CNS medicinal products with overlapping adverse reactions such as sedation (see section 4.8).

If aripiprazole is administered concomitantly with medicinal products known to cause QT prolongation or electrolyte imbalance, caution should be used.

Potential for other medicinal products to affect aripiprazole
A gastric acid blocker, the H2 antagonist famotidine, reduces aripiprazole rate of absorption but this effect is deemed not clinically relevant.

Aripiprazole is metabolised by multiple pathways involving the CYP2D6 and CYP3A4 enzymes but not CYP1A enzymes. Thus, no dosage adjustment is required for smokers.

Quinidine and other CYP2D6 inhibitors
In a clinical trial in healthy subjects, a strong inhibitor of CYP2D6 (quinidine) increased aripiprazole AUC by 107 %, while Cmax was unchanged. The AUC and Cmax of dehydro-aripiprazole, the active metabolite, decreased by 32 % and 47 %, respectively. Aripiprazole dose should be reduced to approximately one-half of its prescribed dose when concomitant administration of aripiprazole with quinidine occurs. Other strong inhibitors of CYP2D6, such as fluoxetine and paroxetine, may be expected to have similar effects and similar dose reductions should therefore be applied.

Ketoconazole and other CYP3A4 inhibitors
In a clinical trial in healthy subjects, a strong inhibitor of CYP3A4 (ketoconazole) increased aripiprazole AUC and Cmax by 63 % and 37 %, respectively. The AUC and Cmax of dehydro-aripiprazole increased by 77 % and 43 %, respectively. In CYP2D6 poor metabolisers, concomitant use of potent inhibitors of CYP3A4 may result in higher plasma concentrations of aripiprazole compared to that in CYP2D6 extensive metabolizers. When considering concomitant administration of ketoconazole or other strong CYP3A4 inhibitors with aripiprazole, potential benefits should outweigh the potential risks to the patient. When concomitant administration of ketoconazole with aripiprazole occurs, aripiprazole dose should be reduced to approximately one-half of its prescribed dose. Other strong inhibitors of CYP3A4, such as itraconazole and HIV protease inhibitors, may be expected to
have similar effects and similar dose reductions should therefore be applied (see section 4.2).

Upon discontinuation of the CYP2D6 or CYP3A4 inhibitor, the dosage of aripiprazole should be increased to the level prior to the initiation of the concomitant therapy.

When weak inhibitors of CYP3A4 (e.g., diltiazem) or CYP2D6 (e.g. escitalopram) are used concomitantly with aripiprazole, modest increases in plasma aripiprazole concentrations may be expected.

**Carbamazepine and other CYP3A4 inducers**

Following concomitant administration of carbamazepine, a strong inducer of CYP3A4, and oral aripiprazole to patients with schizophrenia or schizoaffective disorder, the geometric means of C\text{max} and AUC for aripiprazole were 68 % and 73 % lower, respectively, compared to when aripiprazole (30 mg) was administered alone. Similarly, for dehydro-aripiprazole the geometric means of C\text{max} and AUC after carbamazepine co-administration were 69 % and 71 % lower, respectively, than those following treatment with aripiprazole alone.

Aripiprazole dose should be doubled when concomitant administration of aripiprazole occurs with carbamazepine. Concomitant administration of aripiprazole and other strong inducers of CYP3A4 (such as rifampicin, rifabutin, phenytoin, phenobarbital, primidone, efavirenz, nevirapine and St. John's Wort) may be expected to have similar effects and similar dose increases should therefore be applied. Upon discontinuation of strong CYP3A4 inducers, the dosage of aripiprazole should be reduced to the recommended dose.

**Valproate and lithium**

When either valproate or lithium was administered concomitantly with aripiprazole, there was no clinically significant change in aripiprazole concentrations and therefore no dose adjustment is necessary when either valproate or lithium is administered with aripiprazole.

**Potential for aripiprazole to affect other medicinal products**

In clinical studies, 10-30 mg/day doses of aripiprazole had no significant effect on the metabolism of substrates of CYP2D6 (dextromethorphan/3-methoxymorphinan ratio), CYP2C9 (warfarin), CYP2C19 (omeprazole), and CYP3A4 (dextromethorphan). Additionally, aripiprazole and dehydro-ariiprazole did not show potential for altering CYP1A2-mediated metabolism \textit{in vitro}. Thus, aripiprazole is unlikely to cause clinically important medicinal product interactions mediated by these enzymes.

When aripiprazole was administered concomitantly with either valproate, lithium or lamotrigine, there was no clinically important change in valproate, lithium or lamotrigine concentrations.

**Serotonin syndrome**

Cases of serotonin syndrome have been reported in patients taking aripiprazole, and possible signs and symptoms for this condition can occur especially in cases of concomitant use with other serotonergic medicinal products, such as SSRI/SNRI, or with medicinal products that are known to increase aripiprazole concentrations (see section 4.8).

### 4.6 Fertility, pregnancy and lactation

**Pregnancy**

There are no adequate and well-controlled trials of aripiprazole in pregnant women. Congenital anomalies have been reported; however, causal relationship with aripiprazole could not be established. Animal studies could not exclude potential developmental toxicity (see section 5.3). Patients must be advised to notify their physician if they become pregnant or intend to become pregnant during treatment with aripiprazole. Due to insufficient safety information in humans and concerns raised by animal reproductive studies, this medicinal product should not be used in pregnancy unless the expected benefit clearly justifies the potential risk to the foetus.
Newborn infants exposed to antipsychotics (including aripiprazole) during the third trimester of pregnancy are at risk of adverse reactions including extrapyramidal and/or withdrawal symptoms that may vary in severity and duration following delivery. There have been reports of agitation, hypertonia, hypotonia, tremor, somnolence, respiratory distress, or feeding disorder. Consequently, newborn infants should be monitored carefully (see section 4.8).

**Breast-feeding**
Aripiprazole is excreted in human milk.
A decision must be made whether to discontinue breast-feeding or to discontinue/abstain from aripiprazole therapy taking into account the benefit of breast-feeding for the child and the benefit of therapy for the woman.

**Fertility**
Aripiprazole did not impair fertility based on data from reproductive toxicity studies.

### 4.7 Effects on ability to drive and use machines

Aripiprazole has minor to moderate influence on the ability to drive and use machines due to potential nervous system and visual effects, such as sedation, somnolence, syncope, vision blurred, diplopia (see section 4.8).

### 4.8 Undesirable effects

**Summary of the safety profile**

The most commonly reported adverse reactions in placebo-controlled trials are akathisia and nausea each occurring in more than 3% of patients treated with oral aripiprazole.

**Tabulated list of adverse reactions**

The incidences of the Adverse Drug Reactions (ADRs) associated with aripiprazole therapy are tabulated below. The table is based on adverse events reported during clinical trials and/or post-marketing use.

All ADRs are listed by system organ class and frequency; very common (≥ 1/10), common (≥ 1/100 to < 1/10), uncommon (≥ 1/1,000 to < 1/100), rare (≥ 1/10,000 to < 1/1,000), very rare (< 1/10,000) and not known (cannot be estimated from the available data). Within each frequency grouping, adverse reactions are presented in order of decreasing seriousness.

The frequency of adverse reactions reported during post-marketing use cannot be determined as they are derived from spontaneous reports. Consequently, the frequency of these adverse events is qualified as “not known”

<table>
<thead>
<tr>
<th>System Organ Class</th>
<th>Frequency</th>
<th>Common</th>
<th>Uncommon</th>
<th>Not known</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood and lymphatic system disorders</td>
<td></td>
<td></td>
<td></td>
<td>Leukopenia</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Neutropenia</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Thrombocytopenia</td>
</tr>
<tr>
<td>Immune system disorders</td>
<td></td>
<td></td>
<td></td>
<td>Allergic reaction (e.g. anaphylactic reaction, angioedema including swollen tongue, tongue oedema, face oedema, pruritus, or urticaria)</td>
</tr>
<tr>
<td>Endocrine disorders</td>
<td></td>
<td></td>
<td>Hyperprolactinaemia</td>
<td>Diabetic hyperosmolar coma</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Diabetic ketoacidosis</td>
</tr>
<tr>
<td>Metabolism and nutrition disorders</td>
<td>Diabetes mellitus</td>
<td>Hyperglycaemia</td>
<td>Hyponatremia</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Anorexia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Common</td>
<td>Uncommon</td>
<td>Not known</td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------------------------</td>
<td>------------------------------</td>
<td>---------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Psychiatric disorders</strong></td>
<td>Insomnia</td>
<td>Weight decreased</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Anxiety</td>
<td>Weight gain</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Restlessness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Depression,</td>
<td>Suicide attempt, suicidal ideation and completed suicide (see section 4.4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hypersexuality</td>
<td>Pathological gambling</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Impulse-control disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Binge eating</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Compulsive shopping</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Poriomania</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Aggression</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Agitation</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Nervousness</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Nervous system disorders</strong></td>
<td>Akathisia</td>
<td>Neurroptic Malignant Syndrome (NMS)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Extrapyramidal disorder</td>
<td>Grand mal convulsion</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tremor</td>
<td>Serotonin syndrome</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Headache</td>
<td>Speech disorder</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sedation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Somnolence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dizziness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Cardiac disorders</strong></td>
<td>Tachycardia</td>
<td>Sudden unexplained death</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Torsades de pointes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>QT prolongation</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ventricular arrhythmias</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cardiac arrest</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Bradycardia</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Vascular disorders</strong></td>
<td>Orthostatic hypotension</td>
<td>Venous thromboembolism</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(including pulmonary embolism and deep vein thrombosis)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hypertension</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Syncope</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Respiratory, thoracic and mediastinal disorders</strong></td>
<td>Hiccups</td>
<td>Aspiration pneumonia</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Laryngospasm</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Oropharyngeal spasm</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Gastrointestinal disorders</strong></td>
<td>Constipation</td>
<td>Pancreatitit</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dyspepsia</td>
<td>Dysphagia</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Nausea</td>
<td>Diarrhoea</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Salivary</td>
<td>Abdominal discomfort</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>hypersecretion</td>
<td>Stomach discomfort</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Vomiting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hepatobiliary disorders</strong></td>
<td></td>
<td>Hepatic failure</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hepatitis</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Jaundice</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Increased Alanine</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Aminotransferase (ALT)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Increased Aspartate</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Aminotransferase (AST)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Increased Gamma Glutamyl Transferase (GGT)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Increased alkaline phosphatase</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Skin and subcutaneous tissue</strong></td>
<td></td>
<td>Rash</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Photosensitivity reaction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disorders</td>
<td>Common</td>
<td>Uncommon</td>
<td>Not Known</td>
<td></td>
</tr>
<tr>
<td>----------</td>
<td>--------</td>
<td>----------</td>
<td>-----------</td>
<td></td>
</tr>
<tr>
<td>Common Uncommon Not known</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Alopecia  
Hyperhidrosis  |
| Rhabdomyolysis  
Myalgia  
Stiffness  |
| Urinary incontinence  
Urinary retention  |
| Drug withdrawal syndrome neonatal (see section 4.6)  |
| Priapism  |

**General disorders and administration site conditions**

| Common | Uncommon | Not Known |
| Fatigue  | Temperature regulation disorder  
e.g. hypothermia, pyrexia  
Chest pain  
Peripheral oedema  |

| Common | Uncommon | Not Known |
| Blood glucose increased  
Glycosylated haemoglobin increased  
Blood glucose fluctuation  
Increased creatine phosphokinase  |

**Description of selected adverse reactions**

**Adults**

**Extrapyramidal symptoms (EPS)**

_Schizophrenia:_ in a long term 52-week controlled trial, aripiprazole-treated patients had an overall-lower incidence (25.8 %) of EPS including Parkinsonism, akathisia, dystonia and dyskinesia compared with those treated with haloperidol (57.3 %). In a long term 26-week placebo-controlled trial, the incidence of EPS was 19 % for aripiprazole-treated patients and 13.1 % for placebo-treated patients. In another long-term 26-week controlled trial, the incidence of EPS was 14.8 % for aripiprazole-treated patients and 15.1 % for olanzapine-treated patients.

_Manic episodes in Bipolar I Disorder:_ in a 12-week controlled trial, the incidence of EPS was 23.5 % for aripiprazole-treated patients and 53.3 % for haloperidol-treated patients. In another 12-week trial, the incidence of EPS was 26.6 % for patients treated with aripiprazole and 17.6 % for those treated with lithium. In the long term 26-week maintenance phase of a placebo-controlled trial, the incidence of EPS was 18.2 % for aripiprazole-treated patients and 15.7 % for placebo-treated patients.

**Akathisia**

In placebo-controlled trials, the incidence of akathisia in bipolar patients was 12.1 % with aripiprazole and 3.2 % with placebo. In schizophrenia patients the incidence of akathisia was 6.2 % with aripiprazole and 3.0 % with placebo.

**Dystonia**

Class effect: Symptoms of dystonia, prolonged abnormal contractions of muscle groups, 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 protrusion of the tongue. While these symptoms can occur at low doses, they occur more frequently and with greater severity with high potency and at higher doses of first generation antipsychotic medicinal products. An elevated risk of acute dystonia is observed in males and younger age groups.
Prolactin
In clinical trials for the approved indications and post-marketing, both increase and decrease in serum prolactin as compared to baseline was observed with aripiprazole (section 5.1).

Laboratory parameters
Comparisons between aripiprazole and placebo in the proportions of patients experiencing potentially clinically significant changes in routine laboratory and lipid parameters (see section 5.1) revealed no medically important differences. Elevations of CPK (Creatine Phosphokinase), generally transient and asymptomatic, were observed in 3.5 % of aripiprazole treated patients as compared to 2.0 % of patients who received placebo.

Paediatric population

Schizophrenia in adolescents aged 15 years and older
In a short-term placebo-controlled clinical trial involving 302 adolescents (13-17 years) with schizophrenia, the frequency and type of adverse reactions were similar to those in adults except for the following reactions that were reported more frequently in adolescents receiving aripiprazole than in adults receiving aripiprazole (and more frequently than placebo):
Somnolence/sedation and extrapyramidal disorder were reported very commonly (≥ 1/10), and dry mouth, increased appetite, and orthostatic hypotension were reported commonly (≥ 1/100, < 1/10).
The safety profile in a 26-week open-label extension trial was similar to that observed in the short-term, placebo-controlled trial.
The safety profile of a long-term, double-blind placebo controlled trial was also similar except for the following reactions that were reported more frequently than paediatric patients taking placebo: weight decreased, blood insulin increased, arrhythmia, and leucopenia were reported commonly (≥ 1/100, < 1/10).

In the pooled adolescent schizophrenia population (13-17 years) with exposure up to 2 years, incidence of low serum prolactin levels in females (<3 ng/ml) and males (< 2 ng/ml) was 29.5 % and 48.3 %, respectively.
In the adolescent (13-17 years) schizophrenia population with aripiprazole exposure of 5 to 30 mg up to 72 months, incidence of low serum prolactin levels in females (<3 ng/ml) and males (< 2 ng/ml) was 25.6 % and 45.0 %, respectively.
In two long term trials with adolescent (13-17 years) schizophrenia and bipolar patients treated with aripiprazole, incidence of low serum prolactin levels in females (<3 ng/ml) and males (< 2 ng/ml) was 37.0 % and 59.4 %, respectively.

Manic episodes in Bipolar I Disorder in adolescents aged 13 years and older
The frequency and type of adverse reactions in adolescents with Bipolar I Disorder were similar to those in adults except for the following reactions: very commonly (≥ 1/10) somnolence (23.0 %), extrapyramidal disorder (18.4 %), akathisia (16.0 %), and fatigue (11.8 %); and commonly (≥ 1/100, < 1/10) abdominal pain upper, heart rate increased, weight increased, increased appetite, muscle twitching, and dyskinesia.
The following adverse reactions had a possible dose response relationship; extrapyramidal disorder (incidences were 10 mg, 9.1 %, 30 mg, 28.8 %, placebo, 1.7 %); and akathisia (incidences were 10 mg, 12.1 %, 30 mg, 20.3 %, placebo, 1.7 %).
Mean changes in body weight in adolescents with Bipolar I Disorder at 12 and 30 weeks for aripiprazole were 2.4 kg and 5.8 kg, and for placebo 0.2 kg and 2.3 kg, respectively.
In the paediatric population somnolence and fatigue were observed more frequently in patients with bipolar disorder compared to patients with schizophrenia.
In the paediatric bipolar population (10-17 years) with exposure up to 30 weeks, incidence of low serum prolactin levels in females (< 3 ng/ml) and males (< 2 ng/ml) was 28.0 % and 53.3 %, respectively.

Pathological gambling and other impulse control disorders
Pathological gambling, hypersexuality, compulsive shopping and binge or compulsive eating can occur in patients treated with aripiprazole (see section 4.4).

Reporting of suspected adverse reactions
Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system listed in Appendix V.

4.9 Overdose

Signs and symptoms
In clinical trials and post-marketing experience, accidental or intentional acute overdose of aripiprazole alone was identified in adult patients with reported estimated doses up to 1,260 mg with no fatalities. The potentially medically important signs and symptoms observed included lethargy, increased blood pressure, somnolence, tachycardia, nausea, vomiting and diarrhoea. In addition, reports of accidental overdose with aripiprazole alone (up to 195 mg) in children have been received with no fatalities. The potentially medically serious signs and symptoms reported included somnolence, transient loss of consciousness and extrapyramidal symptoms.

Management of overdose
Management of overdose should concentrate on supportive therapy, maintaining an adequate airway, oxygenation and ventilation, and management of symptoms. The possibility of multiple medicinal product involvement should be considered. Therefore cardiovascular monitoring should be started immediately and should include continuous electrocardiographic monitoring to detect possible arrhythmias. Following any confirmed or suspected overdose with aripiprazole, close medical supervision and monitoring should continue until the patient recovers.

Activated charcoal (50 g), administered one hour after aripiprazole, decreased aripiprazole Cmax by about 41 % and AUC by about 51 %, suggesting that charcoal may be effective in the treatment of overdose.

Haemodialysis
Although there is no information on the effect of haemodialysis in treating an overdose with aripiprazole, haemodialysis is unlikely to be useful in overdose management since aripiprazole is highly bound to plasma proteins.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties
Pharmacotherapeutic group: Psycholeptics, other antipsychotics, ATC code: N05AX12

Mechanism of action
It has been proposed that aripiprazole’s efficacy in schizophrenia and Bipolar I Disorder is mediated through a combination of partial agonism at dopamine D2 and serotonin 5HT1a receptors and antagonism of serotonin 5HT2a receptors. Aripiprazole exhibited antagonist properties in animal models of dopaminergic hyperactivity and agonist properties in animal models of dopaminergic hypoactivity. Aripiprazole exhibited high binding affinity in vitro for dopamine D2 and D3, serotonin 5HT1a and 5HT2a receptors and moderate affinity for dopamine D4, serotonin 5HT3, and 5HT7, alpha-1 adrenergic and histamine H1 receptors. Aripiprazole also exhibited moderate binding affinity for the serotonin reuptake site and no appreciable affinity for muscarinic receptors. Interaction with receptors other than dopamine and serotonin subtypes may explain some of the other clinical effects of aripiprazole.

Aripiprazole doses ranging from 0.5 to 30 mg administered once a day to healthy subjects for 2 weeks
produced a dose-dependent reduction in the binding of $^{11}$C-raclopride, a D$_2$/D$_3$ receptor ligand, to the caudate and putamen detected by positron emission tomography.

**Clinical efficacy and safety**

**Adults**

**Schizophrenia**

In three short-term (4 to 6 weeks) placebo-controlled trials involving 1,228 schizophrenic adult patients, presenting with positive or negative symptoms, aripiprazole was associated with statistically significantly greater improvements in psychotic symptoms compared to placebo.

Aripiprazole is effective in maintaining the clinical improvement during continuation therapy in adult patients who have shown an initial treatment response. In a haloperidol-controlled trial, the proportion of responder patients maintaining response to medicinal product at 52-weeks was similar in both groups (aripiprazole 77 % and haloperidol 73 %). The overall completion rate was significantly higher for patients on aripiprazole (43 %) than for haloperidol (30 %). Actual scores in rating scales used as secondary endpoints, including PANSS and the Montgomery-Asberg Depression Rating Scale showed a significant improvement over haloperidol.

In a 26-week, placebo-controlled trial in adult stabilised patients with chronic schizophrenia, aripiprazole had significantly greater reduction in relapse rate, 34 % in aripiprazole group and 57 % in placebo.

**Weight gain**

In clinical trials aripiprazole has not been shown to induce clinically relevant weight gain. In a 26-week, olanzapine-controlled, double-blind, multi-national study of schizophrenia which included 314 adult patients and where the primary end-point was weight gain, significantly less patients had at least 7 % weight gain over baseline (i.e. a gain of at least 5.6 kg for a mean baseline weight of ~80.5 kg) on aripiprazole (n = 18, or 13 % of evaluable patients), compared to olanzapine (n = 45, or 33 % of evaluable patients).

**Lipid parameters**

In a pooled analysis on lipid parameters from placebo controlled clinical trials in adults, aripiprazole has not been shown to induce clinically relevant alterations in levels of total cholesterol, triglycerides, HDL and LDL.

**Prolactin**

Prolactin levels were evaluated in all trials of all doses of aripiprazole (n = 28,242). The incidence of hyperprolactinaemia or increased serum prolactin in patients treated with aripiprazole (0.3 %) was similar to that of placebo (0.2 %). For patients receiving aripiprazole, the median time to onset was 42 days and median duration was 34 days.

The incidence of hypoprolactinaemia or decreased serum prolactin in patients treated with aripiprazole was 0.4 %, compared with 0.02 % for patients treated with placebo. For patients receiving aripiprazole, the median time to onset was 30 days and median duration was 194 days.

**Manic episodes in Bipolar I Disorder**

In two 3-week, flexible-dose, placebo-controlled monotherapy trials involving patients with a manic or mixed episode of Bipolar I Disorder, aripiprazole demonstrated superior efficacy to placebo in reduction of manic symptoms over 3 weeks. These trials included patients with or without psychotic features and with or without a rapid-cycling course.

In one 3-week, fixed-dose, placebo-controlled monotherapy trial involving patients with a manic or mixed episode of Bipolar I Disorder, aripiprazole failed to demonstrate superior efficacy to placebo.
In two 12-week, placebo- and active-controlled monotherapy trials in patients with a manic or mixed episode of Bipolar I Disorder, with or without psychotic features, aripiprazole demonstrated superior efficacy to placebo at week 3 and a maintenance of effect comparable to lithium or haloperidol at week 12. Aripiprazole also demonstrated a comparable proportion of patients in symptomatic remission from mania as lithium or haloperidol at week 12.

In a 6-week, placebo-controlled trial involving patients with a manic or mixed episode of Bipolar I Disorder, with or without psychotic features, who were partially non-responsive to lithium or valproate monotherapy for 2 weeks at therapeutic serum levels, the addition of aripiprazole as adjunctive therapy resulted in superior efficacy in reduction of manic symptoms than lithium or valproate monotherapy.

In a 26-week, placebo-controlled trial, followed by a 74-week extension, in manic patients who achieved remission on aripiprazole during a stabilization phase prior to randomisation, aripiprazole demonstrated superiority over placebo in preventing bipolar recurrence, primarily in preventing recurrence into mania but failed to demonstrate superiority over placebo in preventing recurrence into depression.

In a 52-week, placebo-controlled trial, in patients with a current manic or mixed episode of Bipolar I Disorder who achieved sustained remission (Y-MRS and MADRS total scores ≤ 12) on aripiprazole (10 mg/day to 30 mg/day) adjunctive to lithium or valproate for 12 consecutive weeks, adjunctive aripiprazole demonstrated superiority over placebo with a 46 % decreased risk (hazard ratio of 0.54) in preventing bipolar recurrence and a 65 % decreased risk (hazard ratio of 0.35) in preventing recurrence into mania over adjunctive placebo but failed to demonstrate superiority over placebo in preventing recurrence into depression. Adjunctive aripiprazole demonstrated superiority over placebo on the secondary outcome measure, CGI-BP Severity of Illness score (mania). In this trial, patients were assigned by investigators with either open-label lithium or valproate monotherapy to determine partial non-response. Patients were stabilised for at least 12 consecutive weeks with the combination of aripiprazole and the same mood stabilizer. Stabilized patients were then randomised to continue the same mood stabilizer with double-blind aripiprazole or placebo. Four mood stabilizer subgroups were assessed in the randomised phase: aripiprazole + lithium; aripiprazole + valproate; placebo + lithium; placebo + valproate. The Kaplan-Meier rates for recurrence to any mood episode for the adjunctive treatment arm were 16 % in aripiprazole + lithium and 18 % in aripiprazole + valproate compared to 45 % in placebo + lithium and 19 % in placebo + valproate.

Paediatric population

Schizophrenia in adolescents

In a 6-week placebo-controlled trial involving 302 schizophrenic adolescent patients (13-17 years), presenting with positive or negative symptoms, aripiprazole was associated with statistically significantly greater improvements in psychotic symptoms compared to placebo. A sub-analysis of the adolescent patients between the ages of 15 to 17 years, representing 74 % of the total enrolled population, maintenance of effect was observed over the 26-week open-label extension trial.

In a 60- to 89-week, randomised, double-blind, placebo-controlled trial in adolescent subjects (n = 146; ages 13-17 years) with schizophrenia, there was a statistically significant difference in the rate of relapse of psychotic symptoms between the aripiprazole (19.39%) and placebo (37.50%) groups. The point estimate of the hazard ratio (HR) was 0.461 (95% confidence interval, 0.242-0.879) in the full population. In subgroup analyses the point estimate of the HR was 0.495 for subjects 13 to 14 years of age compared to 0.454 for subjects 15 to 17 years of age. However, the estimation of the HR for the younger (13-14 years) group was not precise, reflecting the smaller number of subjects in that group (aripiprazole, n = 29; placebo, n = 12), and the confidence interval for this estimation (ranging from 0.151 to 1.628) did not allow conclusions to be drawn on the presence of a treatment effect. In contrast the 95% confidence interval for the HR in the older subgroup (aripiprazole, n = 69; placebo, n = 36) was 0.242 to 0.879 and hence a treatment effect could be concluded in the older patients.
Manic episodes in Bipolar I Disorder in children and adolescents

Aripiprazole was studied in a 30-week placebo-controlled trial involving 296 children and adolescents (10-17 years), who met DSM-IV criteria for Bipolar I Disorder with manic or mixed episodes with or without psychotic features and had a Y-MRS score $\geq 20$ at baseline. Among the patients included in the primary efficacy analysis, 139 patients had a current co-morbid diagnosis of ADHD.

Aripiprazole was superior to placebo in change from baseline at week 4 and at week 12 on the Y-MRS total score. In a post-hoc analysis, the improvement over placebo was more pronounced in the patients with associated co-morbidity of ADHD compared to the group without ADHD, where there was no difference from placebo. Recurrence prevention was not established.

The most common treatment-emergent adverse events among patients receiving 30 mg were extrapyramidal disorder (28.3 %), somnolence (27.3 %), headache (23.2 %), and nausea (14.1 %). Mean weight gain in the 30 weeks treatment-interval was 2.9 kg as compared to 0.98 kg in patients treated with placebo.

Irritability associated with autistic disorder in paediatric patients (see section 4.2)

Aripiprazole was studied in patients aged 6 to 17 years in two 8-week, placebo-controlled trials [one flexible-dose (2-15 mg/day) and one fixed-dose (5, 10, or 15 mg/day)] and in one 52-week open-label trial. Dosing in these trials was initiated at 2 mg/day, increased to 5 mg/day after one week, and increased by 5 mg/day in weekly increments to the target dose. Over 75 % of patients were less than 13 years of age. Aripiprazole demonstrated statistically superior efficacy compared to placebo on the Aberrant Behaviour Checklist Irritability subscale. However, the clinical relevance of this finding has not been established. The safety profile included weight gain and changes in prolactin levels. The duration of the long-term safety study was limited to 52 weeks. In the pooled trials, the incidence of low serum prolactin levels in females ($< 3$ ng/ml) and males ($< 2$ ng/ml) in aripiprazole-treated patients was 27/46 (58.7 %) and 258/298 (86.6 %), respectively. In the placebo-controlled trials, the mean weight gain was 0.4 kg for placebo and 1.6 kg for aripiprazole.

Aripiprazole was also studied in a placebo-controlled, long-term maintenance trial. After a 13-26 week stabilisation on aripiprazole (2-15 mg/day) patients with a stable response were either maintained on aripiprazole or substituted to placebo for further 16 weeks. Kaplan-Meier relapse rates at week 16 were 35 % for aripiprazole and 52 % for placebo; the hazard ratio for relapse within 16 weeks (aripiprazole/placebo) was 0.57 (non-statistically significant difference). The mean weight gain over the stabilisation phase (up to 26 weeks) on aripiprazole was 3.2 kg, and a further mean increase of 2.2 kg for aripiprazole as compared to 0.6 kg for placebo was observed in the second phase (16 weeks) of the trial. Extrapyramidal symptoms were mainly reported during the stabilisation phase in 17 % of patients, with tremor accounting for 6.5 %.

Tics associated with Tourette’s disorder in paediatric patients (see section 4.2)

The efficacy of aripiprazole was studied in paediatric subjects with Tourette’s disorder (aripiprazole: n = 99, placebo: n = 44) in a randomised, double-blind, placebo controlled, 8 week study using a fixed dose weight-based treatment group design over the dose range of 5 mg/day to 20 mg/day and a starting dose of 2 mg. Patients were 7 - 17 years of age and presented an average score of 30 on Total Tic Score on the Yale Global Tic Severity Scale (TTS-YGTSS) at baseline. Aripiprazole showed an improvement on TTS-YGTSS change from baseline to week 8 of 13.35, for the low dose group (5 mg or 10 mg) and 16.94 for the high dose group (10 mg or 20 mg) as compared with an improvement of 7.09 in the placebo group.

The efficacy of aripiprazole in paediatric subjects with Tourette’s syndrome (aripiprazole: n = 32, placebo: n = 29) was also evaluated over a flexible dose range of 2 mg/day to 20 mg/day and a starting dose of 2 mg, in a 10 week, randomised, double blind, placebo-controlled study conducted in South-Korea. Patients were 6 - 18 years and presented an average score of 29 on TTS-YGTSS at baseline. Aripiprazole group showed an improvement of 14.97 on TTS-YGTSS change from baseline to week 10 as compared with an improvement of 9.62 in the placebo group.
In both of these short term trials, the clinical relevance of the efficacy findings has not been established, considering the magnitude of treatment effect compared to the large placebo effect and the unclear effects regarding psycho-social functioning. No long term data are available with regard to the efficacy and the safety of aripiprazole in this fluctuating disorder.

The European Medicines Agency has deferred the obligation to submit the results of studies with aripiprazole in one or more subsets of the paediatric population in the treatment of schizophrenia and in the treatment of bipolar affective disorder (see section 4.2 for information on paediatric use).

5.2 Pharmacokinetic properties

Absorption
Aripiprazole is well absorbed, with peak plasma concentrations occurring within 3-5 hours after dosing. Aripiprazole undergoes minimal pre-systemic metabolism. The absolute oral bioavailability of the tablet formulation is 87%. There is no effect of a high fat meal on the pharmacokinetics of aripiprazole.

Distribution
Aripiprazole is widely distributed throughout the body with an apparent volume of distribution of 4.9 l/kg, indicating extensive extravascular distribution. At therapeutic concentrations, aripiprazole and dehydro-aripiprazole are greater than 99% bound to serum proteins, binding primarily to albumin.

Biotransformation
Aripiprazole is extensively metabolised by the liver primarily by three biotransformation pathways: dehydrogenation, hydroxylation, and N-dealkylation. Based on in vitro studies, CYP3A4 and CYP2D6 enzymes are responsible for dehydrogenation and hydroxylation of aripiprazole, and N-dealkylation is catalysed by CYP3A4. Aripiprazole is the predominant medicinal product moiety in systemic circulation. At steady state, dehydro-aripiprazole, the active metabolite, represents about 40% of aripiprazole AUC in plasma.

Elimination
The mean elimination half-lives for aripiprazole are approximately 75 hours in extensive metabolisers of CYP2D6 and approximately 146 hours in poor metabolisers of CYP2D6.

The total body clearance of aripiprazole is 0.7 ml/min/kg, which is primarily hepatic.

Following a single oral dose of [14C]-labelled aripiprazole, approximately 27% of the administered radioactivity was recovered in the urine and approximately 60% in the faeces. Less than 1% of unchanged aripiprazole was excreted in the urine and approximately 18% was recovered unchanged in the faeces.

Paediatric population
The pharmacokinetics of aripiprazole and dehydro-aripiprazole in paediatric patients 10 to 17 years of age were similar to those in adults after correcting for the differences in body weights.

Pharmacokinetics in special patient groups

Elderly
There are no differences in the pharmacokinetics of aripiprazole between healthy elderly and younger adult subjects, nor is there any detectable effect of age in a population pharmacokinetic analysis in schizophrenic patients.

Gender
There are no differences in the pharmacokinetics of aripiprazole between healthy male and female
Subjects nor is there any detectable effect of gender in a population pharmacokinetic analysis in schizophrenic patients.

**Smoking**  
Population pharmacokinetic evaluation has revealed no evidence of clinically significant effects from smoking on the pharmacokinetics of aripiprazole.

**Race**  
Population pharmacokinetic evaluation showed no evidence of race-related differences on the pharmacokinetics of aripiprazole.

**Renal impairment**  
The pharmacokinetic characteristics of aripiprazole and dehydro-aripiprazole were found to be similar in patients with severe renal disease compared to young healthy subjects.

**Hepatic impairment**  
A single-dose study in subjects with varying degrees of liver cirrhosis (Child-Pugh Classes A, B, and C) did not reveal a significant effect of hepatic impairment on the pharmacokinetics of aripiprazole and dehydro-aripiprazole, but the study included only 3 patients with Class C liver cirrhosis, which is insufficient to draw conclusions on their metabolic capacity.

### 5.3 Preclinical safety data

Non-clinical data reveal no special hazard for humans based on conventional studies of safety pharmacology, repeated dose toxicity, genotoxicity, carcinogenic potential, toxicity to reproduction and development.

Toxicologically significant effects were observed only at doses or exposures that were sufficiently in excess of the maximum human dose or exposure, indicating that these effects were limited or of no relevance to clinical use. These included: dose-dependent adrenocortical toxicity (lipofuscin pigment accumulation and/or parenchymal cell loss) in rats after 104 weeks at 20 to 60 mg/kg/day (3 to 10 times the mean steady-state AUC at the maximum recommended human dose) and increased adrenocortical carcinomas and combined adrenocortical adenomas/carcinomas in female rats at 60 mg/kg/day (10 times the mean steady-state AUC at the maximum recommended human dose). The highest nontumorigenic exposure in female rats was 7 times the human exposure at the recommended dose.

An additional finding was cholelithiasis as a consequence of precipitation of sulphate conjugates of hydroxy metabolites of aripiprazole in the bile of monkeys after repeated oral dosing at 25 to 125 mg/kg/day (1 to 3 times the mean steady-state AUC at the maximum recommended clinical dose or 16 to 81 times the maximum recommended human dose based on mg/m²). However, the concentrations of the sulphate conjugates of hydroxy aripiprazole in human bile at the highest dose proposed, 30 mg per day, were no more than 6 % of the bile concentrations found in the monkeys in the 39-week study and are well below (6 %) their limits of *in vitro* solubility.

In repeat-dose studies in juvenile rats and dogs, the toxicity profile of aripiprazole was comparable to that observed in adult animals, and there was no evidence of neurotoxicity or adverse reactions on development.

Based on results of a full range of standard genotoxicity tests, aripiprazole was considered non-genotoxic. Aripiprazole did not impair fertility in reproductive toxicity studies. Developmental toxicity, including dose-dependent delayed foetal ossification and possible teratogenic effects, were observed in rats at doses resulting in subtherapeutic exposures (based on AUC) and in rabbits at doses resulting in exposures 3 and 11 times the mean steady-state AUC at the maximum recommended clinical dose. Maternal toxicity occurred at doses similar to those eliciting developmental toxicity.
6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Aripiprazole Accord 5 mg tablets

Lactose monohydrate  
Cellulose, microcrystalline  
Maize starch  
Hydroxypropylcellulose  
Magnesium stearate  
Indigo carmine aluminium lake (E132)

Aripiprazole Accord 10 mg/30 mg tablets

Lactose monohydrate  
Cellulose, microcrystalline  
Maize starch  
Hydroxypropylcellulose  
Magnesium stearate  
Iron oxide red (E172)

Aripiprazole Accord 15 mg tablets

Lactose monohydrate  
Cellulose, microcrystalline  
Maize starch  
Hydroxypropylcellulose  
Magnesium stearate  
Iron oxide yellow (E172)

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

2 years

In-use shelf life after 1st opening:
- 30 day (for HDPE 30’s count)
- 100 day (for HDPE 100’s count)

6.4 Special precautions for storage

This medicinal product does not require any special storage conditions.

6.5 Nature and contents of container

Aripiprazole Accord 5/10/15/30 mg tablets are available in Aluminium/Aluminium perforated unit dose blister in pack-sizes of 14x1, 28x1, 49x1, 56x1 or 98x1 tablet.

Aripiprazole Accord 5/10/15 mg tablets are available in HDPE bottle with PPCRC closure containing 30 or 100 tablets.

Not all pack sizes may be marketed.
6.6 Special precautions for disposal

Any unused medicinal product or waste material must be disposed of in accordance with local requirements.

7. MARKETING AUTHORISATION HOLDER

Accord Healthcare Limited
Sage House, 319 Pinner Road
North Harrow, Middlesex, HA1 4HF
United Kingdom

8. MARKETING AUTHORISATION NUMBER(S)

5 mg: EU/1/15/1045/001-006, EU/1/15/1045/023
10 mg: EU/1/15/1045/007-012, EU/1/15/1045/024
15 mg: EU/1/15/1045/013-018, EU/1/15/1045/025
30 mg: EU/1/15/1045/019-022, EU/1/15/1045/026

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

Date of first authorisation: 16 November 2015

10. DATE OF REVISION OF THE TEXT

05/12/2016

Detailed information on this product is available on the website of the European Medicines Agency http://www.ema.europa.eu.
ANNEX II

A. MANUFACTURER(S) RESPONSIBLE FOR BATCH RELEASE

B. CONDITIONS OR RESTRICTIONS REGARDING SUPPLY AND USE

C. OTHER CONDITIONS AND REQUIREMENTS OF THE MARKETING AUTHORISATION

D. CONDITIONS OR RESTRICTIONS WITH REGARD TO THE SAFE AND EFFECTIVE USE OF THE MEDICINAL PRODUCT
A. MANUFACTURER(S) RESPONSIBLE FOR BATCH RELEASE

Name and address of the manufacturer(s) responsible for batch release

Accord Healthcare Ltd
Sage House, 319 Pinner Road
North Harrow
Middlesex
HA1 4HF
United Kingdom

WESSLING Hungary Kft.
Főti út 56.
Budapest
H-1047
Hungary

The printed package leaflet of the medicinal product must state the name and address of the manufacturer responsible for the release of the concerned batch.

B. CONDITIONS OR RESTRICTIONS REGARDING SUPPLY AND USE

Medicinal product subject to medical prescription.

C. OTHER CONDITIONS AND REQUIREMENTS OF THE MARKETING AUTHORISATION

- Periodic safety update reports

The requirements for submission of periodic safety update reports for this medicinal product are set out in the list of Union reference dates (EURD list) provided for under Article 107c(7) of Directive 2001/83/EC and any subsequent updates published on the European medicines web-portal.

D. CONDITIONS OR RESTRICTIONS WITH REGARD TO THE SAFE AND EFFECTIVE USE OF THE MEDICINAL PRODUCT

- Risk Management Plan (RMP)

The MAH shall perform the required pharmacovigilance activities and interventions detailed in the agreed RMP presented in Module 1.8.2 of the Marketing Authorisation and any agreed subsequent updates of the RMP.

An updated RMP should be submitted:
- At the request of the European Medicines Agency;
- Whenever the risk management system is modified, especially as the result of new information being received that may lead to a significant change to the benefit/risk profile or as the result of an important (pharmacovigilance or risk minimisation) milestone being reached.
ANNEX III

LABELLING AND PACKAGE LEAFLET
A. LABELLING
PARTICULARS TO APPEAR ON THE OUTER PACKAGING
CARTON FOR BLISTERS

1. NAME OF THE MEDICINAL PRODUCT
Aripiprazole Accord 5 mg tablets aripiprazole

2. STATEMENT OF ACTIVE SUBSTANCE(S)
Each tablet contains 5 mg of aripiprazole.

3. LIST OF EXCIPIENTS
Contains lactose monohydrate. See leaflet for further information.

4. PHARMACEUTICAL FORM AND CONTENTS
14 x 1 tablets
28 x 1 tablets
49 x 1 tablets
56 x 1 tablets
98 x 1 tablets

5. METHOD AND ROUTE(S) OF ADMINISTRATION
Read the package leaflet before use.
Oral use.

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN
Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY

8. EXPIRY DATE
EXP

9. SPECIAL STORAGE CONDITIONS
10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE

11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

Accord Healthcare Limited
Sage House, 319 Pinner Road
North Harrow, Middlesex, HA1 4HF
United Kingdom

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/15/1045/001 14x1 tablets
EU/1/15/1045/002 28x1 tablets
EU/1/15/1045/023 49x1 tablets
EU/1/15/1045/003 56x1 tablets
EU/1/15/1045/004 98x1 tablets

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY

15. INSTRUCTIONS ON USE

16. INFORMATION IN BRAILLE

Aripiprazole Accord 5 mg

17. UNIQUE IDENTIFIER – 2D BARCODE

2D barcode carrying the unique identifier included.

18. UNIQUE IDENTIFIER - HUMAN READABLE DATA

PC:
SN:
NN:
| MINIMUM PARTICULARS TO APPEAR ON BLISTERS OR STRIPS |
| ALUMINIUM/ALUMINIUM BLISTERS |

| 1. NAME OF THE MEDICINAL PRODUCT |
| Aripiprazole Accord 5 mg tablets |
| aripiprazole |

| 2. NAME OF THE MARKETING AUTHORISATION HOLDER |
| Accord |

| 3. EXPIRY DATE |
| EXP |

| 4. BATCH NUMBER |
| Lot |

| 5. OTHER |
PARTICULARS TO APPEAR ON THE OUTER PACKAGING

CARTON FOR BLISTERS

1. NAME OF THE MEDICINAL PRODUCT

Aripiprazole Accord 10 mg tablets
aripiprazole

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each tablet contains 10 mg of aripiprazole.

3. LIST OF EXCIPIENTS

Contains lactose monohydrate. See leaflet for further information.

4. PHARMACEUTICAL FORM AND CONTENTS

14 x 1 tablets
28 x 1 tablets
49 x 1 tablets
56 x 1 tablets
98 x 1 tablets

5. METHOD AND ROUTE(S) OF ADMINISTRATION

Read the package leaflet before use.
Oral use.

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY

8. EXPIRY DATE

EXP

9. SPECIAL STORAGE CONDITIONS
10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE

11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

Accord Healthcare Limited
Sage House, 319 Pinner Road
North Harrow, Middlesex, HA1 4HF
United Kingdom

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/15/1045/007 14x1 tablets
EU/1/15/1045/008 28x1 tablets
EU/1/15/1045/024 49x1 tablets
EU/1/15/1045/009 56x1 tablets
EU/1/15/1045/010 98x1 tablets

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY

15. INSTRUCTIONS ON USE

16. INFORMATION IN BRAILLE

Aripiprazole Accord 10 mg

17. UNIQUE IDENTIFIER – 2D BARCODE

2D barcode carrying the unique identifier included.

18. UNIQUE IDENTIFIER - HUMAN READABLE DATA

PC:
SN:
NN:
**MINIMUM PARTICULARS TO APPEAR ON BLISTERS OR STRIPS**

**ALUMINIUM/ALUMINIUM BLISTERS**

<table>
<thead>
<tr>
<th>1. NAME OF THE MEDICINAL PRODUCT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aripiprazole Accord 10 mg tablets</td>
</tr>
<tr>
<td>aripiprazole</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. NAME OF THE MARKETING AUTHORISATION HOLDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accord</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. EXPIRY DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXP</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. BATCH NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lot</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. OTHER</th>
</tr>
</thead>
</table>
PARTICULARS TO APPEAR ON THE OUTER PACKAGING

CARTON FOR BLISTERS

1. NAME OF THE MEDICINAL PRODUCT

Aripiprazole Accord 15 mg tablets
aripiprazole

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each tablet contains 15 mg of aripiprazole.

3. LIST OF EXCIPIENTS

Contains lactose monohydrate. See leaflet for further information.

4. PHARMACEUTICAL FORM AND CONTENTS

14 x 1 tablets
28 x 1 tablets
49 x 1 tablets
56 x 1 tablets
98 x 1 tablets

5. METHOD AND ROUTE(S) OF ADMINISTRATION

Read the package leaflet before use.
Oral use.

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY

8. EXPIRY DATE

EXP

9. SPECIAL STORAGE CONDITIONS
10. **SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE**

11. **NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER**

Accord Healthcare Limited  
Sage House, 319 Pinner Road  
North Harrow, Middlesex, HA1 4HF  
United Kingdom

12. **MARKETING AUTHORISATION NUMBER(S)**

- EU/1/15/1045/013 14x1 tablets
- EU/1/15/1045/014 28x1 tablets
- EU/1/15/1045/025 49x1 tablets
- EU/1/15/1045/015 56x1 tablets
- EU/1/15/1045/016 98x1 tablets

13. **BATCH NUMBER**

Lot

14. **GENERAL CLASSIFICATION FOR SUPPLY**

15. **INSTRUCTIONS ON USE**

16. **INFORMATION IN BRAILLE**

Aripiprazole Accord 15 mg

17. **UNIQUE IDENTIFIER – 2D BARCODE**

2D barcode carrying the unique identifier included.

18. **UNIQUE IDENTIFIER - HUMAN READABLE DATA**

PC:  
SN:  
NN:
<table>
<thead>
<tr>
<th>MINIMUM PARTICULARS TO APPEAR ON BLISTERS OR STRIPS</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALUMINIUM/ALUMINIUM BLISTERS</td>
</tr>
</tbody>
</table>

1. **NAME OF THE MEDICINAL PRODUCT**

Aripiprazole Accord 15 mg tablets
aripiprazole

2. **NAME OF THE MARKETING AUTHORISATION HOLDER**

Accord

3. **EXPIRY DATE**

EXP

4. **BATCH NUMBER**

Lot

5. **OTHER**
PARTICULARS TO APPEAR ON THE OUTER PACKAGING
CARTON FOR BLISTERS

1. NAME OF THE MEDICINAL PRODUCT

Aripiprazole Accord 30 mg tablets
aripiprazole

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each tablet contains 30 mg of aripiprazole.

3. LIST OF EXCIPIENTS

Contains lactose monohydrate. See leaflet for further information.

4. PHARMACEUTICAL FORM AND CONTENTS

14 x 1 tablets
28 x 1 tablets
49 x 1 tablets
56 x 1 tablets
98 x 1 tablets

5. METHOD AND ROUTE(S) OF ADMINISTRATION

Read the package leaflet before use.
Oral use.

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY

8. EXPIRY DATE

EXP

9. SPECIAL STORAGE CONDITIONS
10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE

11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

Accord Healthcare Limited
Sage House, 319 Pinner Road
North Harrow, Middlesex, HA1 4HF
United Kingdom

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/15/1045/019 14x1 tablets
EU/1/15/1045/020 28x1 tablets
EU/1/15/1045/026 49x1 tablets
EU/1/15/1045/021 56x1 tablets
EU/1/15/1045/022 98x1 tablets

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY

15. INSTRUCTIONS ON USE

16. INFORMATION IN BRAILLE

Aripiprazole Accord 30 mg

17. UNIQUE IDENTIFIER – 2D BARCODE

2D barcode carrying the unique identifier included.

18. UNIQUE IDENTIFIER - HUMAN READABLE DATA

PC:
SN:
NN:
### MINIMUM PARTICULARS TO APPEAR ON BLISTERS OR STRIPS

**ALUMINIUM/ALUMINIUM BLISTERS**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. NAME OF THE MEDICINAL PRODUCT</td>
<td>Aripiprazole Accord 30 mg tablets&lt;br&gt;aripiprazole</td>
</tr>
<tr>
<td>2. NAME OF THE MARKETING AUTHORIZATION HOLDER</td>
<td>Accord</td>
</tr>
<tr>
<td>3. EXPIRY DATE</td>
<td>EXP</td>
</tr>
<tr>
<td>4. BATCH NUMBER</td>
<td>Lot</td>
</tr>
<tr>
<td>5. OTHER</td>
<td></td>
</tr>
</tbody>
</table>
### PARTICULARS TO APPEAR ON THE OUTER PACKAGING AND THE IMMEDIATE PACKAGING

#### CARTON FOR BOTTLE AND BOTTLE LABEL

<table>
<thead>
<tr>
<th>1. NAME OF THE MEDICINAL PRODUCT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aripiprazole Accord 5 mg tablets</td>
</tr>
<tr>
<td>aripiprazole</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. STATEMENT OF ACTIVE SUBSTANCE(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Each tablet contains 5 mg of aripiprazole.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. LIST OF EXCIPIENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contains lactose monohydrate. See leaflet for further information</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. PHARMACEUTICAL FORM AND CONTENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 tablets</td>
</tr>
<tr>
<td>100 tablets</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. METHOD AND ROUTE(S) OF ADMINISTRATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Read the package leaflet before use.</td>
</tr>
<tr>
<td>Oral use.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keep out of the sight and reach of children.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. OTHER SPECIAL WARNING (S), IF NECESSARY</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>8. EXPIRY DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXP</td>
</tr>
<tr>
<td>HDPE bottle pack should be used within 30 days after first opening. (for 30’s count)</td>
</tr>
<tr>
<td>HDPE bottle pack should be used within 100 days after first opening. (for 100’s count)</td>
</tr>
<tr>
<td>Open date:</td>
</tr>
</tbody>
</table>

| 9. SPECIAL STORAGE CONDITIONS |

| |
### 10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE

### 11. NAME AND ADDRESS OF THE MARKETING AUTHORITY HOLDING

Accord Healthcare Limited  
Sage House, 319 Pinner Road  
North Harrow, Middlesex, HA1 4HF  
United Kingdom

### 12. MARKETING AUTHORISATION NUMBER(S)

- EU/1/15/1045/005- 30 tablets
- EU/1/15/1045/006- 100 tablets

### 13. BATCH NUMBER

Lot

### 14. GENERAL CLASSIFICATION FOR SUPPLY

### 15. INSTRUCTIONS ON USE

### 16. INFORMATION IN BRAILLE

Aripiprazole Accord 5 mg

### 17. UNIQUE IDENTIFIER – 2D BARCODE

2D barcode carrying the unique identifier included.

### 18. UNIQUE IDENTIFIER - HUMAN READABLE DATA

PC:  
SN:  
NN:
PARTICULARS TO APPEAR ON THE OUTER PACKAGING AND THE IMMEDIATE PACKAGING

CARTON FOR BOTTLE AND BOTTLE LABEL

1. NAME OF THE MEDICINAL PRODUCT

Aripiprazole Accord 10 mg tablets
aripiprazole

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each tablet contains 10 mg of aripiprazole.

3. LIST OF EXCIPIENTS

Contains lactose monohydrate. See leaflet for further information

4. PHARMACEUTICAL FORM AND CONTENTS

30 tablets
100 tablets

5. METHOD AND ROUTE(S) OF ADMINISTRATION

Read the package leaflet before use.
Oral use.

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY

8. EXPIRY DATE

EXP

HDPE bottle pack should be used within 30 days after first opening. (for 30’s count)
HDPE bottle pack should be used within 100 days after first opening. (for 100’s count)

Open date:

9. SPECIAL STORAGE CONDITIONS
| 10. | **SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE** |
| 11. | **NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER** |
| Accord Healthcare Limited  
Sage House, 319 Pinner Road  
North Harrow, Middlesex, HA1 4HF  
United Kingdom |
| 12. | **MARKETING AUTHORISATION NUMBER(S)** |
| EU/1/15/1045/011- 30 tablets  
EU/1/15/1045/012- 100 tablets |
| 13. | **BATCH NUMBER** |
| Lot |
| 14. | **GENERAL CLASSIFICATION FOR SUPPLY** |
| 15. | **INSTRUCTIONS ON USE** |
| Aripiprazole Accord 10 mg |
| 16. | **INFORMATION IN BRAILLE** |
| 17. | **UNIQUE IDENTIFIER – 2D BARCODE** |
| 2D barcode carrying the unique identifier included. |
| 18. | **UNIQUE IDENTIFIER - HUMAN READABLE DATA** |
| PC:  
SN:  
NN: |
PARTICULARS TO APPEAR ON THE OUTER PACKAGING AND THE IMMEDIATE PACKAGING CARTON FOR BOTTLE AND BOTTLE LABEL

1. NAME OF THE MEDICINAL PRODUCT

Aripiprazole Accord 15 mg tablets
ariipiprazole

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each tablet contains 15 mg of aripiprazole.

3. LIST OF EXCIPIENTS

Contains lactose monohydrate. See leaflet for further information

4. PHARMACEUTICAL FORM AND CONTENTS

<table>
<thead>
<tr>
<th>Tablets</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
</tr>
<tr>
<td>100</td>
</tr>
</tbody>
</table>

5. METHOD AND ROUTE(S) OF ADMINISTRATION

Read the package leaflet before use.
Oral use.

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING (S), IF NECESSARY

8. EXPIRY DATE

EXP

HDPE bottle pack should be used within 30 days after first opening. (for 30’s count)
HDPE bottle pack should be used within 100 days after first opening. (for 100’s count)

Open date:
9. SPECIAL STORAGE CONDITIONS

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE

11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

Accord Healthcare Limited
Sage House, 319 Pinner Road
North Harrow, Middlesex, HA1 4HF
United Kingdom

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/15/1045/017- 30 tablets
EU/1/15/1045/018- 100 tablets

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY

15. INSTRUCTIONS ON USE

16. INFORMATION IN BRAILLE

Aripiprazole Accord 15 mg

17. UNIQUE IDENTIFIER – 2D BARCODE

2D barcode carrying the unique identifier included.

18. UNIQUE IDENTIFIER - HUMAN READABLE DATA

PC:
SN:
NN:
B. PACKAGE LEAFLET
Read all of this leaflet carefully before you start taking this medicine because it contains important information for you.

• Keep this leaflet. You may need to read it again.
• If you have any further questions, ask your doctor or pharmacist.
• This medicine has been prescribed for you only. Do not pass it on to others. It may harm them, even if their signs of illness are the same as yours.
• If you get any side effects, talk to your doctor or pharmacist. This includes any possible side effects not listed in this leaflet. See section 4.

What is in this leaflet

1. What Aripiprazole Accord is and what it is used for
2. What you need to know before you take Aripiprazole Accord
3. How to take Aripiprazole Accord
4. Possible side effects
5. How to store Aripiprazole Accord
6. Contents of the pack and other information

1. What Aripiprazole Accord is and what it is used for

Aripiprazole Accord contains the active substance aripiprazole and belongs to a group of medicines called antipsychotics. It is used to treat adults and adolescents aged 15 years and older who suffer from a disease characterised by symptoms such as hearing, seeing or sensing things which are not there, suspiciousness, mistaken beliefs, incoherent speech and behaviour and emotional flatness. People with this condition may also feel depressed, guilty, anxious or tense.

This medicine is used to treat adults and adolescents aged 13 years and older who suffer from a condition with symptoms such as feeling "high", having excessive amounts of energy, needing much less sleep than usual, talking very quickly with racing ideas and sometimes severe irritability. In adults it also prevents this condition from returning in patients who have responded to the treatment with this medicine.

2. What you need to know before you take Aripiprazole Accord

Do not take Aripiprazole Accord

• if you are allergic to aripiprazole or any of the other ingredients of this medicine (listed in section 6).

Warnings and precautions

Talk to your doctor before taking Aripiprazole Accord

Suicidal thoughts and behaviours have been reported during aripiprazole treatment. Tell your doctor immediately if you are having any thoughts or feelings about hurting yourself.
Before treatment with Aripiprazole Accord, tell your doctor if you suffer from

- high blood sugar (characterised by symptoms such as excessive thirst, passing of large amounts of urine, increase in appetite, and feeling weak) or family history of diabetes
- fits (seizures) since your doctor may want to monitor you more closely
- involuntary, irregular muscle movements, especially in the face
- cardiovascular diseases (diseases of the heart and circulation), family history of cardiovascular disease, stroke or "mini" stroke, abnormal blood pressure
- blood clots, or family history of blood clots, as antipsychotics have been associated with formation of blood clots
- past experience with excessive gambling

If you notice you are gaining weight, develop unusual movements, experience somnolence that interferes with normal daily activities, any difficulty in swallowing or allergic symptoms, please tell your doctor.

If you are an elderly patient suffering from dementia (loss of memory and other mental abilities), you or your carer/relative should tell your doctor if you have ever had a stroke or "mini" stroke.

Tell your doctor immediately if you are having any thoughts or feelings about hurting yourself. Suicidal thoughts and behaviours have been reported during aripiprazole treatment.

Tell your doctor immediately if you suffer from muscle stiffness or inflexibility with high fever, sweating, altered mental status, or very rapid or irregular heart beat.

Tell your doctor if you or your family/carer notices that you are developing urges or cravings to behave in ways that are unusual for you and you cannot resist the impulse, drive or temptation to carry out certain activities that could harm yourself or others. These are called impulse control disorders and can include behaviours such as addictive gambling, excessive eating or spending, an abnormally high sex drive or preoccupation with an increase in sexual thoughts or feelings. Your doctor may need to adjust or stop your dose.

**Children and adolescents**

Do not use this medicine in children and adolescents under 13 years of age. It is not known if it is safe and effective in these patients.

**Other medicines and Aripiprazole Accord**

Tell your doctor or pharmacist if you are taking, have recently taken or might take any other medicines, including medicines obtained without a prescription.

Blood pressure-lowering medicines: Aripiprazole Accord may increase the effect of medicines used to lower the blood pressure. Be sure to tell your doctor if you take a medicine to keep your blood pressure under control.

Taking ARIPIPRAZOLE ACCORD with some medicines may mean the doctor will need to change your dose of ARIPIPRAZOLE ACCORD or the other medicines. It is especially important to mention the following to your doctor:

- medicines to correct heart rhythm (such as quinidine, amiodarone, flecainide)
- antidepressants or herbal remedy used to treat depression and anxiety (such as fluoxetine, paroxetine, venlafaxine, St. John's Wort)
- antifungal medicines (such as ketoconazole, itraconazole)
- certain medicines to treat HIV infection (such as efavirenz, nevirapine, an protease inhibitors e.g. indinavir, ritonavir)
- anticonvulsants used to treat epilepsy (such as carbamazepine, phenytoin, phenobarbital)
- certain antibiotics used to treat tuberculosis (rifabutin, rifampicin)
These medicines may increase the risk of side effects or reduce the effect of ARIPIPRAZOLE ACCORD; if you get any unusual symptom taking any of these medicines together with ARIPIPRAZOLE ACCORD you should see your doctor.

Medicines that increase the level of serotonin are typically used in conditions including depression, generalised anxiety disorder, obsessive-compulsive disorder (OCD) and social phobia as well as migraine and pain:

- triptans, tramadol and tryptophan used for conditions including depression, generalised anxiety disorder, obsessive compulsive disorder (OCD) and social phobia as well as migraine and pain
- SSRI s (such as paroxetine and fluoxetine) used for depression, OCD, panic and anxiety
- other anti-depressants (such as venlafaxine and tryptophan) used in major depression
- tricyclic’s (such as clomipramine and amitriptyline) used for depressive illness
- St John’s Wort (*Hypericum perforatum*) used as a herbal remedy for mild depression
- pain killers (such as tramadol and pethidine) used for pain relief
- triptans (such as sumatriptan and zolmitriptan) used for treating migraine

These medicines may increase the risk of side effects; if you get any unusual symptom taking any of these medicines together with ARIPIPRAZOLE ACCORD, you should see your doctor.

**Aripiprazole Accord with food, drink and alcohol**

This medicine can be taken regardless of meals. Alcohol should be avoided.

**Pregnancy, breast-feeding and fertility**

If you are pregnant or breast-feeding, think you may be pregnant or are planning to have a baby, ask your doctor for advice before taking this medicine.

The following symptoms may occur in newborn babies, of mothers that have used this medicine in the last trimester (last three months of their pregnancy): shaking, muscle stiffness and/or weakness, sleepiness, agitation, breathing problems, and difficulty in feeding. If your baby develops any of these symptoms you may need to contact your doctor.

If you are taking ARIPIPRAZOLE ACCORD, your doctor will discuss with you whether you should breast-feed considering the benefit to you of your therapy and the benefit to your baby of breast-feeding. You should not do both. Talk to your doctor about the best way to feed your baby if you are taking this medicine.

**Driving and using machines**

Dizziness and vision problems may occur during treatment with this medicine (see section 4). This should be considered in cases where full alertness is required, e.g. when driving a car or handling machines.

**Aripiprazole Accord contains lactose**

If you have been told by your doctor that you have an intolerance to some sugars, contact your doctor before taking this medicine.

**3. How to take Aripiprazole Accord**

Always take this medicine exactly as your doctor or pharmacist has told you. Check with your doctor or pharmacist if you are not sure.
The recommended dose for adults is 15 mg once a day. However your doctor may prescribe a lower or higher dose to a maximum of 30 mg once a day.

Use in children and adolescents

To allow the start of the treatment at a low dose you can use an alternative formulation (oral solution - liquid) more suitable than Aripiprazole Accord. The dose may be gradually increased to the recommended dose for adolescents of 10 mg once a day. However your doctor may prescribe a lower or higher dose to a maximum of 30 mg once a day.

If you have the impression that the effect of this medicine is too strong or too weak, talk to your doctor or pharmacist.

Try to take Aripiprazole Accord at the same time each day. It does not matter whether you take it with or without food. Always take the tablet with water and swallow it whole.

Even if you feel better, do not alter or discontinue the daily dose of this medicine without first consulting your doctor.

If you take more Aripiprazole Accord than you should

If you realise you have taken more Aripiprazole Accord than your doctor has recommended (or if someone else has taken some of your Aripiprazole Accord), contact your doctor right away. If you cannot reach your doctor, go to the nearest hospital and take the pack with you.

Patients who have taken too much aripiprazole have experienced the following symptoms:
- rapid heartbeat, agitation/aggressiveness, problems with speech.
- unusual movements (especially of the face or tongue) and reduced level of consciousness.

Other symptoms may include:
- acute confusion, seizures (epilepsy), coma, a combination of fever, faster breathing, sweating.
- muscle stiffness, and drowsiness or sleepiness, slower breathing, choking, high or low blood pressure, abnormal rhythms of the heart.

Contact your doctor or hospital immediately if you experience any of the above.

If you forget to take Aripiprazole Accord

If you miss a dose, take the missed dose as soon as you remember but do not take two doses in one day.

If you stop taking Aripiprazole Accord

Do not stop your treatment just because you feel better. It is important that you carry on taking Aripiprazole Accord for as long as your doctor has told you to.

If you have any further questions on the use of this medicine, ask your doctor or pharmacist.

4. Possible side effects

Like all medicines, this medicine can cause side effects, although not everybody gets them.

Common side effects (may affect up to 1 in 10 people):
- diabetes mellitus,
- difficulty sleeping,
- feeling anxious,
feeling restless and unable to keep still, difficulty sitting still,
uncontrollable twitching, jerking or writhing movements, restless legs,
trembling,
headache,
tiredness,
sleepiness,
light-headedness,
shaking and blurred vision,
decreased number of or difficulty making bowel movements,
indigestion,
feeling sick,
more saliva in mouth than normal,
vomiting,
feeling tired.

Uncommon side effects (may affect up to 1 in 100 people):

- increased blood levels of the hormone prolactin,
- too much sugar in the blood,
- depression,
- altered or increased sexual interest,
- uncontrollable movements of mouth, tongue and limbs (tardive dyskinesia),
- muscle disorder causing twisting movements (dystonia),
- double vision,
- fast heart beat,
- a fall in blood pressure on standing up which causes dizziness, light-headedness or fainting,
- hiccups.

The following side effects have been reported since the marketing of oral aripiprazole but the frequency for them to occur is not known:

- low levels of white blood cells,
- low levels of blood platelets,
- allergic reaction (e.g. swelling in the mouth, tongue, face and throat, itching, hives),
- onset or worsening of diabetes, ketoacidosis (ketones in the blood and urine) or coma,
- high blood sugar,
- not enough sodium in the blood,
- loss of appetite (anorexia),
- weight loss,
- weight gain,
- thoughts of suicide, suicide attempt and suicide,
- feeling aggressive,
- agitation,
- nervousness,
- combination of fever, muscle stiffness, faster breathing, sweating, reduced consciousness and sudden changes in blood pressure and heart rate, fainting (neuroleptic malignant syndrome),
- seizure,
- serotonin syndrome (a reaction which may cause feelings of great happiness, drowsiness, clumsiness, restlessness, feeling of being drunk, fever, sweating or rigid muscles),
- speech disorder,
- sudden unexplained death,
- life-threatening irregular heart beat,
- heart attack,
- slower heart beat,
- blood clots in the veins especially in the legs (symptoms include swelling, pain and redness in
the leg), which may travel through blood vessels to the lungs causing chest pain and difficulty in breathing (if you notice any of these symptoms, seek medical advice immediately),

- high blood pressure,
- fainting,
- accidental inhalation of food with risk of pneumonia (lung infection),
- spasm of the muscles around the voice box,
- inflammation of the pancreas,
- difficulty swallowing,
- diarrhoea,
- abdominal discomfort,
- stomach discomfort,
- liver failure,
- inflammation of the liver,
- yellowing of the skin and white part of eyes,
- reports of abnormal liver tests values,
- skin rash,
- sensitivity to light,
- baldness,
- excessive sweating,
- abnormal muscle breakdown which can lead to kidney problems,
- muscle pain,
- stiffness,
- involuntary loss of urine (incontinence),
- difficulty in passing urine,
- withdrawal symptoms in newborn babies in case of exposure during pregnancy,
- prolonged and/or painful erection,
- difficulty controlling core body temperature or overheating,
- chest pain,
- swelling of hands, ankles or feet,
- in blood tests: fluctuating blood sugar, increased glycosylated haemoglobin.

Inability to resist the impulse, drive or temptation to perform an action that could be harmful to you or others, which may include:

- strong impulse to gamble excessively despite serious personal or family consequences
- altered or increased sexual interest and behaviour of significant concern to you or to others, for example, an increased sexual drive
- uncontrollable excessive shopping
- binge eating (eating large amounts of food in a short time period) or compulsive eating (eating more food than normal and more than is needed to satisfy your hunger)
- a tendency to wander away.

Tell your doctor if you experience any of these behaviours; he/she will discuss ways of managing or reducing the symptoms.

**In elderly patients with dementia, more fatal cases have been reported while taking aripiprazole. In addition, cases of stroke or "mini" stroke have been reported.**

**Additional side effects in children and adolescents**

Adolescents aged 13 years and older experienced side effects that were similar in frequency and type to those in adults except that sleepiness, uncontrollable twitching or jerking movements, restlessness, and tiredness were very common (may affect more than 1 in 10 people) and upper abdominal pain, dry mouth, increased heart rate, weight gain, increased appetite, muscle twitching, uncontrolled movements of the limbs, and feeling dizzy, especially when getting up from a lying or sitting position, were common (may affect up to 1 in 10 people).

**Reporting of side effects**
If you get any side effects, talk to your doctor or pharmacist. This includes any possible side effects not listed in this leaflet. You can also report side effects directly via the national reporting system listed in Appendix V. By reporting side effects you can help provide more information on the safety of this medicine.

5. How to store Aripiprazole Accord

Keep this medicine out of the sight and reach of children.

Do not use this medicine after the expiry date which is stated on the blister or label and on the carton after EXP. The expiry date refers to the last day of that month.

This medicinal product does not require any special storage conditions.

HDPE bottle pack should be used within 30 days after first opening. (for 30’s count)
HDPE bottle pack should be used within 100 days after first opening. (for 100’s count)

Do not throw away any medicines via wastewater or household waste. Ask your pharmacist how to throw away medicines you no longer use. These measures will help protect the environment.

6. Contents of the pack and other information

What Aripiprazole Accord tablets contain

- The active substance is aripiprazole.
  Aripiprazole Accord 5 mg tablets: each tablet contains 5 mg of aripiprazole.
  Aripiprazole Accord 10 mg tablets: each tablet contains 10 mg of aripiprazole.
  Aripiprazole Accord 15 mg tablets: each tablet contains 15 mg of aripiprazole.
  Aripiprazole Accord 30 mg tablets: each tablet contains 30 mg of aripiprazole.

- The other ingredients are lactose monohydrate, cellulose microcrystalline, maize starch, hydroxypropylcellulose, magnesium stearate, and indigo carmine aluminium lake (E132) (for 5 mg) or iron oxide red (E172) (for 10 mg and 30 mg) or iron oxide yellow (E172) (for 15 mg).

What Aripiprazole Accord tablets looks like and contents of the pack

Aripiprazole Accord 5 mg tablets are blue colored, approximately 8.1 mm in length, 4.6 mm in width, modified rectangle shaped, biconvex, uncoated tablets, debossed with “A5” on one side and another side is plain.

Aripiprazole Accord 10 mg tablets are pink colored, approximately 8.1 mm in length, 4.6 mm in width, modified rectangle shaped, biconvex, uncoated tablets, debossed with “A10” on one side and another side is plain.

Aripiprazole Accord 15 mg tablets are yellow colored, approximately 7.14 mm in diameter, round shaped, bevelled edge, biconvex, uncoated tablets, debossed with “A15” on one side and another side is plain.

Aripiprazole Accord 30 mg tablets are pink colored, approximately 9.1 mm in diameter, round shaped, bevelled edge, biconvex, uncoated tablets, debossed with “A30” on one side and another side is plain.

Aripiprazole Accord 5/10/15/30 mg tablets are available in perforated unit dose blister packs (Aluminium/Aluminium) containing 14 x 1, 28 x 1, 49 x 1, 56 x 1, or 98 x 1 tablet. Aripiprazole Accord 5/10/15 mg tablets are also available in HDPE bottle with PPCRC closure.
containing 30 or 100 tablets.

Not all pack sizes may be marketed.

**Marketing Authorisation Holder**
Accord Healthcare Limited
Sage House, 319 Pinner Road
North Harrow, Middlesex, HA1 4HF
United Kingdom

**Manufacturer**
Accord Healthcare Limited
Sage house, 319 Pinner road, North Harrow, Middlesex HA1 4HF,
United Kingdom

Wessling Hungary Kft
Főti út 56., Budapest 1047,
Hungary

**This leaflet was last revised in.**

**Other sources of information**