Asenapine (a-se-nap-ee-n) 

Saphris

**Classification**

Therapeutic: antipsychotics, mood stabilizers
Pharmacologic: dibenzo-oxepino pyrroles

**Pregnancy Category C**

**Indications**

Acute and maintenance treatment of schizophrenia. Acute treatment of manic/mixed episodes associated with bipolar I disorder (as monotherapy or with lithium or valproate).

**Action**

Acts as a combined antagonist of dopamine (D2) and 5-HT2A receptors.

**Therapeutic Effects:**

Decreased symptoms of acute schizophrenia and mania/mixed episodes of bipolar I disorder.

**Pharmacokinetics**

- **Absorption:** 35% absorbed following SL administration.
- **Distribution:** Rapidly distributed throughout the body. Vd is approximately 20–25 L/kg; 95% bound to plasma proteins.
- **Metabolism and Excretion:** Highly metabolized; primarily by CYP1A2 and UGTA14 enzyme systems. 50% excreted in urine, 40% in feces, primarily as metabolites.
- **Half-life:** 24 hr.

**TIME/ACTION PROFILE (antipsychotic effect)**

<table>
<thead>
<tr>
<th>ROUTE</th>
<th>ONSET</th>
<th>PEAK</th>
<th>DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>SL</td>
<td>unknown</td>
<td>0.5–1.5 hr†</td>
<td>12–24 hr</td>
</tr>
</tbody>
</table>

† Blood levels.

**Contraindications/Precautions**

- **Contraindicated in:** Hypersensitivity; Dementia-related psychoses; Severe hepatic impairment; Lactation: Avoid use.
- **Use Cautiously in:** History of cardiac arrhythmias, congenital QT prolongation, shock, renal/phlebitis, diabetes, drowsiness, extrapyramidal symptoms, anxiety, fatigue, syncope, tardive dyskinesia, bradycardia, dizziness, drowsiness, extrapyramidal symptoms, anxiety, syncope, tardive dyskinesia.
- **Geri:** Risk of adverse reactions; consider age-related changes in hepatic function, cardiovascular status, and concurrent medications; Risk of mortality in elderly patients treated for dementia-related psychosis; OB: Neonates at risk for extrapyramidal symptoms and withdrawal after delivery when exposed during the 3rd trimester; use only if benefit outweighs risks to fetus; Pedi: Safety and effectiveness not established.

**Adverse Reactions/Side Effects**

- **CNS:** NEUROLEPTIC MALIGNANT SYNDROME, SEIZURES, SUICIDAL THOUGHTS, akathisia, dizziness, drowsiness, extrapyramidal symptoms, anxiety, fatigue, syncope, tardive dyskinesia.
- **CV:** bradycardia, orthostatic hypotension, QTc interval prolongation, tachycardia.
- **GI:** oral hypoesthesia, dry mouth, dyspepsia, oral blisters, oral inflammation, oral peeling/sloughing, oral ulcers.
- **Endo:** hyperglycemia, hyperprolactinemia.
- **Metab:** weight gain, appetite.
- **Misc:** HYPERSENSITIVITY (including anaphylaxis, angioedema, hypotension, tachycardia, dyspnea, wheezing, and rash), ANGIOEDEMA.

**Interactions**

**Drug-Drug:** Concurrent use of QTc interval prolonging drugs including Class 1A antiarrhythmics such as quinidine and procainamide or Class 3 antiarrhythmics including amiodarone and sotalol or other anti-psychootics including ziprasidone, chlorpromazine or thioridazine or certain antibiotics such as moxifloxacin may increase the risk of torsade de pointes and/or sudden death. Concurrent use should be avoided. Fluoxetine, a strong inhibitor of CYP2D6, 5 levels and risk of toxicity; use cautiously. Similar effects may occur with paroxetine, an CYP2D6 substrate and inhibitor. Drugs having similar properties (substrates/inhibitors of CYP2D6) should also be used cautiously with asenapine. Risk of CNS depression with other CNS depressants including antidepressants, some antihypertensives, sedatives/hypnotics, and alcohol.

**Use Cautiously in:** History of cardiac arrhythmias, congenital QT prolongation, electrocardiographic abnormalities (especially hypomagnesemia or hypokalemia; correct prior to use) or concurrent use of medications known to prolong the QTc interval (may increase risk of life-threatening arrhythmias). History of strokes or conditions/medications known to increase QTc (see table). History of leukopenia/neutropenia; symptoms of infections; exposure to extreme heat; concurrent medications with anticholinergic activity; a risk of dehydration. History of suicide attempt; Abnormal lab results; consider age-related changes in hepatic function, cardiovascular status, and concurrent medications; Geri: Risk of mortality in elderly patients treated for dementia-related psychosis; OB: Neonates at risk for extrapyramidal symptoms and withdrawal after delivery when exposed during the 3rd trimester; use only if benefit outweighs risks to fetus. Pediatric: Safety and effectiveness not established.
Route/Dosage
Schizophrenia
SL (Adults): Acute treatment—5 mg twice daily. Maintenance treatment—5 mg twice daily may be 10 mg twice daily after 1 wk.

Acute Manic/Mixed Episodes Associated with Bipolar I Disorder
SL (Adults): Acute manic—10 mg twice daily; may be 20 mg twice daily if tolerated poorly. Adjunctive therapy with lithium or divalproex—5 mg twice daily may be 10 mg twice daily.

NURSING IMPLICATIONS
Assessment
- Assess mental status (orientation, mood, behavior) before and periodically during therapy. Assess for suicidal tendencies. Restrict amount of drug available to patient. Risk may be increased in children, adolescents, and adults 24 yrs.
- Assess weight and BMI initially and throughout therapy.
- Monitor BP (sitting, standing, lying) and pulse before and periodically during therapy.
- Observe patient carefully when administering medication to ensure that medication is actually taken and not hoarded or chewed.
- Monitor for onset of akathisia (restlessness or desire to keep moving) and extrapyramidal side effects (parkinsonian—difficulty swallowing, loss of balance control, pill rolling of hands, masklike face; dystonic—muscle spasms, twisting motions, inability to move eyes, weakness of arms or legs) periodically throughout therapy. Report these symptoms.
- Monitor for tardive dyskinesia (uncontrolled rhythmic movement of mouth, face, and extremities; lip smacking or puckering, puffing of cheeks, uncontrolled chewing; rapid or worm-like movements of tongue). Notify health care professional immediately if these symptoms occur, as these side effects may be irreversible.
- Monitor for development of neuroleptic malignant syndrome (fever, muscle rigidity, altered mental status, respiratory distress, tachycardia, seizures, diaphoresis, hypertension or hypotension, pallor, tachycardia, loss of bladder control). Discontinue asenapine and notify health care professional immediately if these symptoms occur.
- Monitor for symptoms related to hyperprolactinemia (mammary abnormalities, galactorrhea, sexual dysfunction).
- Assess patient for signs and symptoms of hypersensitivity reactions, including angioedema, anaphylaxis, hypotension, tachycardia, swollen tongue, dyspnea, wheezing, and rash.
- Lab Test Considerations: Obtain fasting blood glucose and cholesterol levels initially and periodically during therapy.
- Monitor CBC frequently during initial months of therapy in patients with pre-existing or history of low WBC. May cause leukopenia, neutropenia, or agranulocytosis. Monitor patients with neutropenia for fever or other symptoms of infection and treat promptly. Discontinue therapy if ANC < 1000/mm^3 occurs.
- May cause transient q in serum ALT.

Potential Nursing Diagnoses
Disturbed thought processes (Indications)

Implementation
- SL: Open packet immediately before use by firmly pressing thumb button and pulling out tablet pack. Do not push tablet through or cut or tear tablet pack. Peel back colored tab and gently remove tablet. Place tablet under tongue and allow to dissolve completely; dissolve in saliva within seconds. Avoid eating or drinking for 10 min after administration. Slide tablet pack back into case until needed.

Patient/Family Teaching
- Advise patient to take medication as directed and not to skip doses or double up on missed doses. Take missed doses as soon as remembered unless almost time for the next dose.
- Inform patient of possibility of extrapyramidal symptoms and tardive dyskinesia. Instruct patient to report these symptoms immediately.
- Advise patient to make position changes slowly to minimize orthostatic hypotension.
- Medication may cause drowsiness and dizziness. Caution patient to avoid driving or other activities requiring alertness until response to medication is known.
- Advise patient and family to notify health care professional if thoughts about suicide or dying, attempts to commit suicide, new or worse de-
Continued

Asenapine

- Increased, new, or worsening anxiety; feeling very agitated or restless; panic attacks; trouble sleeping; new or worse irritability; acting aggressive; being angry or violent; acting on dangerous impulses; an extreme increase in activity and talking; other unusual changes in behavior or mood or if signs and symptoms of hypersensitivity reactions (difficulty breathing, itching, swelling of the face, tongue, or throat; feeling light-headed) occur.

- Inform patient that oral ulcers, blisters, peeling/sloughing, and inflammation may occur at application site. Advise patient to notify health care professional if these occur, may require discontinuation.

- Instruct patient to notify health care professional of all Rx or OTC medications, vitamins, or herbal products being taken, to avoid alcohol, and to consult health care professional before taking any new medications and to avoid taking alcohol or other CNS depressants concurrently with this medication.

- Advise patient that extremes in temperature should be avoided, because this drug impairs body temperature regulation.

- Advise patient to notify health care professional prior to treatment or surgery.

- Advise female patients to notify health care professional if pregnancy is planned or suspected and to avoid breast feeding during therapy.

- Emphasize the importance of routine follow-up exams and continued participation in psychotherapy as indicated.

Evaluation/Desired Outcomes

- Decrease in excitable, paranoic, or withdrawn behavior.

- Decrease incidence of mood swings in patients with bipolar disorder.

- Decreased agitation associated with schizophrenia or bipolar disorder.

Why was this drug prescribed for your patient?

- Canadian drug name.
- Genetic implication.
- CAPITALS indicate life-threatening, underline indicate most frequent. Strikethrough = discontinued.