Lurasidone (loo-ras-i-done)
Latuda

**Classification**
Therapeutic: antipsychotics
Pharmacologic: benzothiazide

**Pregnancy Category B**

**Indications**
Treatment of schizophrenia. Depressive episodes associated with bipolar I disorder (as monotherapy or with lithium or valproate).

**Action**
Effect may mediated in-ects on central dopamine Type 2 (D2) and serotonin Type 2 (5HT2A) receptor antagonism. **Therapeutic Effects:** schizophrenia behavior.

**Pharmacokinetics**

| Absorption: | 9–19% absorbed following oral administration. |
| Distribution: | Unknown. |
| Protein Binding: | 99%. |
| Metabolism and Excretion: | Mostly metabolized by the CYP3A4 enzyme system. Two metabolites are pharmacologically active; 80% eliminated in feces, 8% in urine primarily as metabolites. |
| Half-life: | 18 hr. |

**TIME/ACTION PROFILE**

<table>
<thead>
<tr>
<th>ROUTE</th>
<th>ONSET</th>
<th>PEAK</th>
<th>DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO</td>
<td>unknown</td>
<td>1–3 hr*</td>
<td>24 hr</td>
</tr>
</tbody>
</table>

*Blood level.

**Contraindications/Precautions**

**Contraindicated In:** Hypersensitivity, Concurrent use of strong CYP3A4 inhibitors or inducers.

Use Cautiously in: Renal/hepatic impairment (dose adjustment recommended for CCr of 10 mL/min–50 mL/min or Child-Pugh Class B and C), History of suicide attempt, Diabetes mellitus, Overheating/dehydration (may ↑ risk of serious adverse reactions), History of leukopenia or previous drug-induced leukopenia/neutropenia, Females ≥50 yrs of age, elderly patients with dementia-related psychosis (↑ risk of cerebrovascular adverse reactions), use cautiously in elderly females (↑ risk of cardiodepression). OR Use as pregnancy only if potential benefit justifies potential risk to fetus. **Excretion:** Breast feeding should only be considered if potential benefit justifies potential risk to infant.

**Adverse Reactions/Side Effects**

**CNS:** NEUROLEPTIC MALIGNANT SYNDROME, SEIZURES, SUICIDAL THOUGHTS, akathisia, drowsiness, parkinsonism, agitation, anxiety, cognitive/motor impairment, dizziness, dystonia, tardive dyskinesia.

**EENT:** blurred vision.

**CV:** bradycardia, orthostatic hypotension, syncope, tachycardia.

**GI:** nausea, esophageal dysmotility.

**Derm:** pruritus, rash.

**Endo:** hyperglycemia, hyperprolactinemia.

**Hemat:** AGRANULOCYTOSIS, anemia, leukopenia.

**Metab:** dyslipidemia, weight gain.

**Drug Interactions**

**Drug-Drug:** Strong CYP3A4 inhibitors, including ketoconazole, clarithromycin, ritonavir, and voriconazole. **Blood levels and risk of adverse reactions; concurrent use contraindicated.** Strong CYP3A4 inducers, including rifampin, phenytoin, and carbamazepine. **Blood levels and effectiveness; concurrent use contraindicated.** Moderate inhibitors of the CYP3A4 enzyme system, including diltiazem, atazanavir, erythromycin, fluconazole, and verapamil. **Blood levels; if used concurrently, dose of lurasidone should not exceed 40 mg/day.** Sedation may occur with other CNS depressants, including alcohol, sedative/hypnotics, opioids, some antidepressants, and antihistamines.

**Drug-Natural Products:** St. John’s wort. **Blood levels and effectiveness; concurrent use contraindicated.**

**Drug-Food:** Grapefruit juice. **Blood levels and risk of adverse reactions; concurrent use contraindicated.**

**Route/Dosage**

**Schizophrenia**

| PO (Adults): 40 mg once daily (not to exceed 160 mg once daily); addition of moderate CYP3A4 inhibitor to existing lurasidone therapy. |
|-----------|-------|

**Individualize**

**Schizophrenia**

| PO (Adults): 40 mg once daily (not to exceed 160 mg once daily); addition of moderate CYP3A4 inhibitor to existing lurasidone therapy. |
|-----------|-------|
In 5%, addition of lurasidone to existing moderate CYP3A4 inhibitor therapy—20 mg once daily (not to exceed 80 mg once daily).

Renal Impairment
PO (Adults): CCr/H11021 50 mL/min—20 mg once daily (not to exceed 80 mg once daily).

Hepatic Impairment
PO (Adults): Child-Pugh Class B—20 mg once daily (not to exceed 80 mg once daily); Child-Pugh Class C—20 mg once daily (not to exceed 40 mg once daily).

Depressive Episodes Associated with Bipolar I Disorder
PO (Adults): CCr/H11021 50 mL/min—20 mg once daily (not to exceed 80 mg once daily).

Hepatic Impairment
PO (Adults): Child-Pugh Class B—20 mg once daily (not to exceed 80 mg once daily).

NURSING IMPLICATIONS
Assessment
- Monitor patient's mental status (orientation, mood, behavior) before and periodically during therapy.
- Assess weight and BMI initially and throughout therapy.
- Monitor mood changes. Assess for suicidal tendencies, especially during early therapy. Restrict amount of drug available to patient.
- Monitor BP (sitting, standing, lying down) and pulse before and frequently during initial dose titration. May cause tachycardia and orthostatic hypotension. If hypotension occurs, discontinue, reduce dose by 50%.
- Observe patient when administering medication to ensure medication is swallowed and not hoarded or chewed.

- Monitor patient for onset of extrapyramidal side effects (akathisia—restlessness; dystonia—muscle spasms and twisting motions; or pseudoparkinsonism—mask-like face, rigidity, tremors, drooling, shuffling gait, dysphagia). Report these symptoms; reduction of dose or discontinuation may be necessary. Tardive dyskinesia or leukopenia may be used to control symptoms.
- Monitor for tardive dyskinesia (involuntary rhythmic movement of mouth, lips, and extremities). Tardive dyskinesia may be irreversible.
- Monitor for development of neuroleptic malignant syndrome (fever, respiratory distress, tachycardia, seizures, diaphoresis, hyperthermia, or hypotension, pallor, tachycardia). Notify health care professional immediately if these symptoms occur.
- Monitor for symptoms of hyperglycemia (polydipsia, polyuria, polyphagia, weakness) periodically during therapy.

- Lab Test Considerations: May cause ↑ serum prolactin levels.
- May cause ↑ CPK.
- Obtain fasting blood glucose and cholesterol levels initially and periodically during therapy.
- Monitor CBC frequently during initial mo of therapy in patients with pre-existing or history of low WBC. May cause leukopenia, neutropenia, or agranulocytosis. Discontinue therapy if this occurs.

Potential Nursing Diagnoses
- Risk for self-directed violence (Indications)
- Disturbed thought process (Side Effects)
- Risk for injury (Side Effects)

Implementation
- PO: Administer once daily with food of at least 350 calories.

Patient/Family Teaching
- Instruct patient to take medication as directed. Emphasize the calorie food needs for taking medication.
- Instruct patient to report these symptoms immediately to health care professional.
- Advise patient to change positions slowly to minimize orthostatic hypotension.
- May cause drowsiness and cognitive and motor impairment. Caution patient to avoid driving or other activities requiring alertness until response to medication is known.

© 2015 F.A. Davis Company

CONTINUED
CONTINUED

lurasidone

- Advise patient and family to notify health care professional if thoughts about suicide or dying, attempts to commit suicide; new or worse depression; new or worse 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 change in mood or interests; or other unusual changes in behavior or mood occur.

- Advise patient to avoid extremes in temperature; this drug impairs body temperature regulation.

- Advise patient to avoid eating high fat meals and drinking alcohol while taking this drug; excessive sedation may occur.

- Advise female patients to notify health care professional if pregnancy is planned or suspected, or if breast feeding or planning to breast feed.

- Advise patient to notify health care professional of medication regimen before treatment or surgery.

- Instruct patient to notify health care professional promptly if sore throat, fever, unusual bleeding or bruising, rash, or tremors occur.

- Emphasize the importance of routine follow up exams to monitor side effects and continued participation in psychotherapy to improve coping skills.

Evaluation/Desired Outcomes

- Improvement in symptoms of schizophrenia (delusions, hallucinations, social withdrawal, flat, blunted affects).

Why was this drug prescribed for your patient?