

Asenapine

Asenapine (Saphris) can help bipolar mania and mixed states. These conditions cause irritability, agitation, anxiety, insomnia, racing thoughts, distraction and impulsivity. It also prevents bipolar depression and treats schizophrenia, paranoia, and hallucinations.

It belongs to a class of medications called the atypical antipsychotics, which differ widely in their side effects and benefits. These medications can be difficult to tolerate, but asenapine is among the better tolerated in this group (although it can cause drowsiness).

Asenapine can take up to 2-3 weeks to work fully but can bring benefits after a few days.

How should I take it?

Asenapine dissolves in your mouth; do not eat or drink within 10-minutes of taking it. You can divide it twice per day, but if it makes you groggy take the entire dose before bed. Asenapine's benefits build up gradually in the brain and are not impacted by the time of day you take it.

Link the time you take asenapine with a daily routine that you already have in place, such as showering or brushing your teeth. Store the medicine near that routine and take it at the same time so you can build on habits you've already developed.

What if I forget a dose?

Take the missed dose as soon as you remember it. However, if it is almost time for the next dose, skip the missed dose and continue your regular dosing schedule. Do not take a double dose to make up for a missed one.

How long do I need to take it?

This depends on your diagnosis and which other medications you are taking. Most people with bipolar disorder need to stay on at least one mood stabilizer for the long term in order to prevent mood swings. If asenapine helped, it

Key Points

1. It is recommended to take asenapine twice per day, but you can take the entire dose at once if that is better tolerated.
2. Asenapine will dissolve in your mouth; do not eat or drink within 10-minutes of taking it.
3. There are several rare, but serious, side effects with asenapine (diabetes, high cholesterol, tardive dyskinesia).
4. If your insurer requires authorization, contact us at: auth@moodtreatmentcenter.com.

is best to stay on it for at least 6 months before considering going off it. That gives the brain time to build up habits of stability.

What happens if I stop it?

Asenapine is not addictive and does not cause withdrawal symptoms. If you plan to come off asenapine, it is best to do so slowly (over at least 2 weeks) as that will lower the chance of sudden mood swings returning.

Checking labs

It is a good idea to check for diabetes and high cholesterol while taking asenapine. This medication, as well as bipolar disorder itself, increases the risk of these conditions.

Side effects

Asenapine is generally well tolerated with a moderate risk of weight gain, drowsiness, and restlessness.

If you don't tolerate the medication, try cutting your dose in half until the side effects get better and then raising it up.

These side effects tend to improve with time or by lowering the dose:

Tiredness, restlessness, muscle aches or stiffness.

As you are starting the medicine, use caution when driving or performing tasks that require alertness. This should not be a problem once you have adjusted to the medicine and know how it affects you.

Rare side effects

Low blood pressure: asenapine can cause blood pressure to drop when you stand up (leading to dizziness or falls). You can reduce this risk by standing up slowly.

Elevations of prolactin hormone: this can cause menstrual irregularities and breast milk secretion. We may need to stop asenapine or use treatments to lower prolactin if this occurs.

Rare but serious side effects

Metabolic Changes: Asenapine can increase the risk of diabetes and high cholesterol. This risk is much lower with asenapine than with other atypical antipsychotics.

Tardive Dyskinesia: Extremely rarely, asenapine may cause involuntary movements, such as twitching in the face, hands or other muscles. This risk may be greater if you take asenapine for many years or have taken older antipsychotics in the past. This condition can be treated but sometimes it is not reversible.

Neuroleptic Malignant Syndrome: This syndrome, which is extremely rare on asenapine, consists of sudden, severe muscle stiffness, fever and irregular pulse and blood pressure.

Use in Dementia: Asenapine can increase the risk of death when used in older adults with dementia. This effect is not seen in people

without dementia and may be related to brain-changes that dementia brings.

Pregnancy: Asenapine has not been adequately studied in pregnancy. It does pass through breast milk.

Interactions

Akathisia

This side effect is a feeling of inner restlessness which makes it very uncomfortable to sit still. It is not dangerous and may improve with time or a lower dose.

Akathisia can be relieved with several medications including propranolol, vitamin B6, betaxolol, pramipexole, gabapentin, trazodone, and mirtazapine.

Recreational drugs: Alcohol (in excess of 2 glasses/day) and recreational drugs can prevent asenapine from working.

Other medications: These web sites help you check for drug interactions. You should talk with us about the information you find as many drug interactions have only a mild effect:

www.webmd.com/interaction-checker
reference.medscape.com/drug-interactionchecker

How to store and dispose of medication

- Keep out of the reach of children.
- Store away from heat, direct light and damp places.
- To safely dispose of unwanted pills: Do not pour in the toilet or sink (it will enter the water supply). To prevent children or pets from eating it, mix unwanted pills in a bag with water and inedible trash (such as coffee grounds) and throw in the garbage.

Cost and insurance coverage

Asenapine is available as a generic, so it is usually covered by insurers. If your insurer requires prior authorization, contact us at

auth@moodtreatmentcenter.com so we can get that started for you.

Quick facts

Brand	Saphris
Dose range	5-20 mg/day
Sizes	Sublingual tabs: 5, 10mg
Release date	8/13/2009
FDA-approval	Bipolar mania and mixed states, schizophrenia

Comparison of Atypical Antipsychotics

		Unipolar Depression	Bipolar Depression	Mania & Mixed States	Schizophrenia	Irritability in Autism	OCD	Borderline Personality	Weight Gain	Tiredness	Restlessness
Generic	Asenapine (Saphris)		□	■	■				↑	↑↑	↑
	Aripiprazole (Abilify)	◆		■	■	■	□	□	↑	↑↑	↑↑
	Olanzapine (Zyprexa, Symbyax)	◆	◆	■	■		□	□	↑↑↑	↑↑	↑↑
	Paliperidone (Invega)				■		□		↑	↑	↑
	Risperidone (Risperdal)	◇		■	■	■	□	□	↑	↑↑	↑↑↑
	Quetiapine (Seroquel)	◆	■	■	■		□	□	↑↑	↑↑↑	—
	Ziprasidone (Geodon)	◇		■	■				—	↑↑	—
Brand Only	Brexiprazole (Rexulti)	◆			■				↑	↑	—
	Cariprazine (Vraylar)	◇	■	■	■				↑	↑	↑↑↑
	Iloperidone (Fanapt)				■				↑↑	↑	—
	Lumateperone (Caplyta)		■		■				—	↑↑	—
	Lurasidone (Latuda)		■	□	■				↑	↑↑	↑↑
	Pimavanserin (Nuplazid)	◇							—	↑	—
<p> ■ FDA-approved ◆ Approved when used with an antidepressant □ Works but not approved <i>Side effects</i> ↑↑↑ major ↑↑ moderate ↑ mild — rare </p>											

—Chris Aiken, MD, updated 4/22/2022