

Lumateperone

Lumateperone (Caplyta) treats bipolar depression, insomnia, anxiety, agitation, paranoia and hallucinations. It belongs to a class of medications called the atypical antipsychotics, which differ widely in their side effects and benefits. Antipsychotics can be difficult to tolerate, but lumateperone is one of the better tolerated ones in the class.

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

How should I take it?

Most people take it at night because it is sedating. Lumateperone'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 lumateperone with a daily routine that you already have in place. Think of things you never go a day without, such as brushing your teeth or showering. Store your medication close to 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 lumateperone helped, it 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?

Key Points

1. Take lumateperone at night.
2. Coupons are available at www.caplyta.com.
3. There are several rare, but serious, side effects with this medication (diabetes, high cholesterol, tardive dyskinesia).
4. Insurance authorization may be required (contact us at auth@moodtreatmentcenter.com if so)

Lumateperone is not addictive and does not cause withdrawal symptoms. If you plan to come off lumateperone, 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 lumateperone. This medication, as well as bipolar disorder itself, increases the risk of these conditions.

Side effects

The main side effect on lumateperone is tiredness. Weight gain and tiredness are rare. The most common side effects are nausea and an uncomfortable restless feeling called *akathisia*.

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:

Nausea, 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: lumateperone 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 lumateperone or use treatments to lower prolactin if this occurs.

Rare but serious side effects

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

Tardive Dyskinesia: Extremely rarely, lumateperone may cause involuntary movements, such as twitching in the face, hands or other muscles. This risk may be greater if you take lumateperone 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 lumateperone, consists of sudden, severe muscle stiffness, fever and irregular pulse and blood pressure.

Use in Dementia: Lumateperone 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: Lumateperone has not been adequately studied in pregnancy. It does pass through breast milk.

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.

Interactions

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

Grapefruit juice can raise lumateperone levels.

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

Lumateperone is not available in generic form and may require prior authorization in order for your insurer to pay for it. Please check with your pharmacist to see if prior authorization is

required as this may take time for us to arrange with your insurer (contact us at auth@moodtreatmentcenter.com). We can usually provide samples while we try to secure authorization.

Coupons are available at www.caplyta.com.

Quick facts

Brand	Caplyta
Dose range	42 mg/day
Sizes	42 mg
Release date	2019
FDA-approval	Bipolar depression, 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	Brexipiprazole (Rexulti)	◆			■				↑	↑	—
	Cariprazine (Vraylar)	◇	■	■	■				↑	↑	↑↑↑
	lloperidone (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