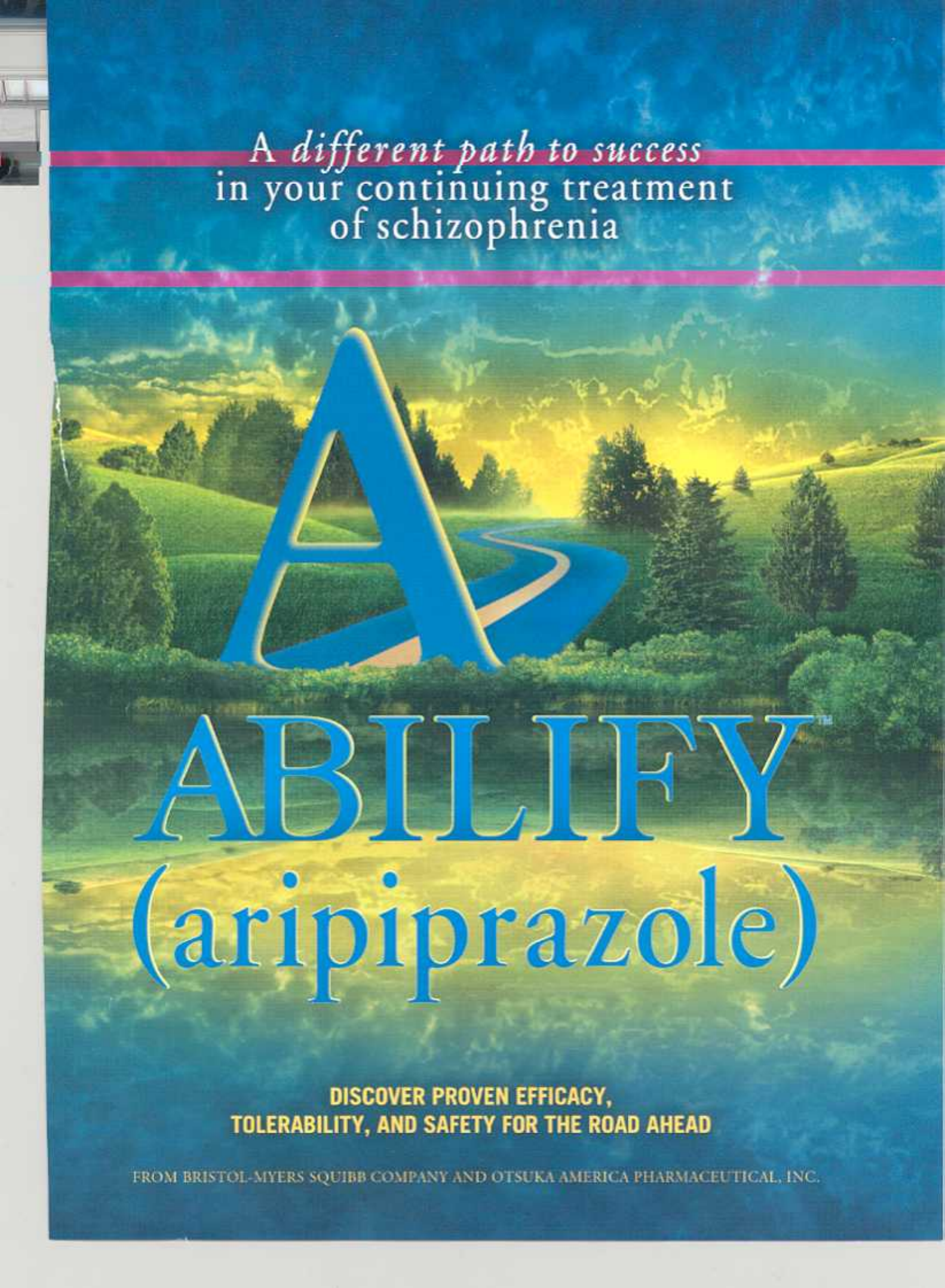

A *different path to success*
in your continuing treatment
of schizophrenia
ABILIFY™
(aripiprazole)
DISCOVER PROVEN EFFICACY,
TOLERABILITY, AND SAFETY FOR THE ROAD AHEAD
FROM BRISTOL-MYERS SQUIBB COMPANY AND OTSUKA AMERICA PHARMACEUTICAL, INC.

Unique Pharmacology Sets Abilify Apart[1]

Abilify is a partial agonist that uniquely modulates dopamine activity.[1,2]

- Functional *antagonist* activity at D_2 receptors in a *hyper*dopaminergic environment[1]
- Functional *agonist* activity at D_2 receptors in a *hypo*dopaminergic environment[1]

Serotonin *antagonist* activity at 5-HT_{2A} receptors and *partial agonist* activity at 5-HT_{1A} receptors

Abilify has moderate affinity for alpha$_1$-adrenergic and histamine (H_1) receptors

Abilify has no appreciable affinity for cholinergic muscarinic receptors

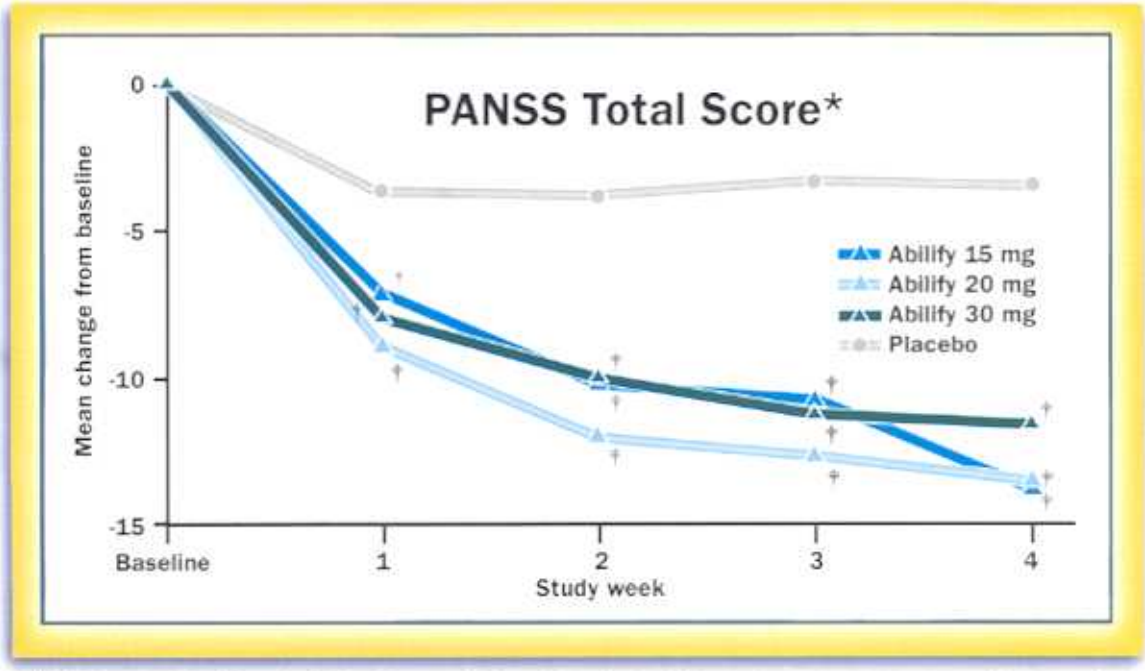
The mechanism of action of Abilify, as with other drugs having efficacy in schizophrenia, is unknown.

Abilify is indicated for the treatment of schizophrenia.

Please see Brief Summary of Prescribing Information on last page of this insert.

The Confidence of Proven Efficacy

Significant improvement as early as Week 1[3]



Abilify 15 mg (n=202), 20 mg (n=195), 30 mg (n=196), and placebo (n=312). Analysis included data from all fixed-dose trials.
*Last observation carried forward.
†$P<0.05$ vs placebo.
‡$P<0.01$ vs placebo.

In efficacy studies, 88% of responders *did not* experience sedation[3]

In multiple, placebo-controlled trials, somnolence was reported in 11% of patients on Abilify compared to 8% of patients on placebo; somnolence led to discontinuation in 0.1% of patients on Abilify in these clinical trials. In clinical trials, the only adverse event to have a possible dose-response relationship was somnolence (placebo, 7.7%; 15 mg, 8.7%; 20 mg, 7.5%; and 30 mg, 15.3%).

ABILIFY
(aripiprazole)

Tolerability and Safety for the Road Ahead

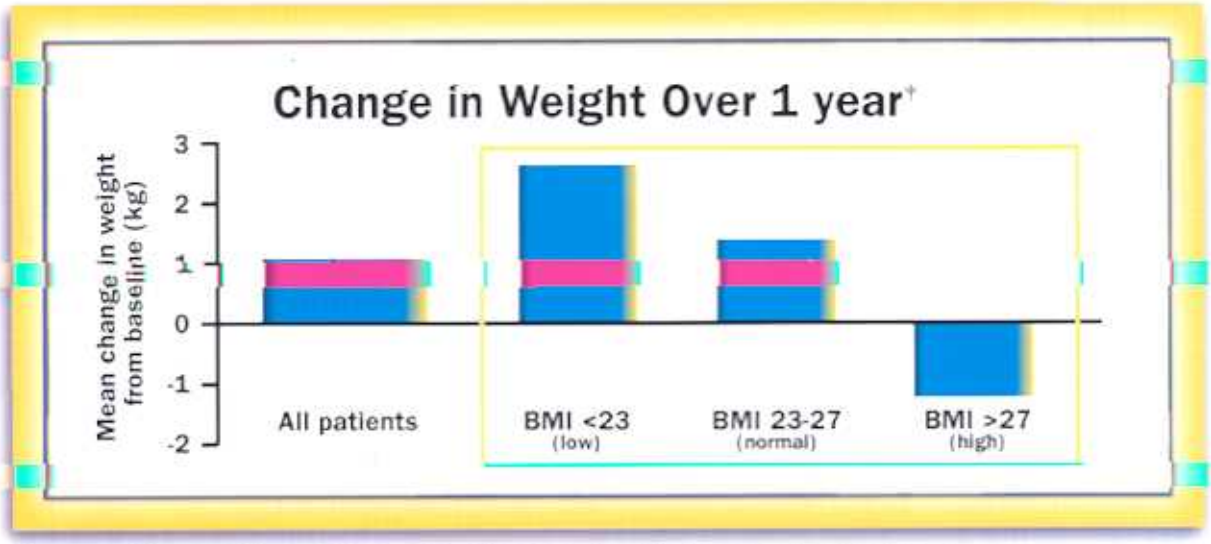
- **Weight**[3] – Mean weight change of 1 kg over 1 year
- ***Sedation**** – *11% vs placebo 8%*
- **EPS*** – 6% vs placebo 6%
- **Hyperprolactinemia**[†3] – 1.8% vs placebo 6.9%
- **QT_c interval** – No significant difference vs placebo

*Patient-reported adverse events in 4- and 6-week placebo-controlled trials.
†In patients with prolactin levels less than or equal to the upper limit of normal at baseline.

In a 52-week study, the percentage of patients with ≥7% increase in body weight was 30% for those with BMI (Body Mass Index [kg/m^2]) <23, 19% for those with BMI 23 to 27, and 8% for those with BMI >27.

In short-term trials, there was a slight difference in mean weight gain between Abilify and placebo patients (+0.7 kg vs -0.05 kg respectively), and also a difference in the proportion of patients meeting a weight gain criterion of ≥7% of body weight for Abilify (8%) compared to placebo (3%).

Effect of Abilify on weight, long term



A prospective 52-week, double-blind trial. For Abilify, BMI <23 (n=314); BMI 23 to 27 (n=265); and BMI >27 (n=260). The percentage of patients with ≥7% increase in body weight was 30% for those with BMI <23, 19% for those with BMI 23 to 27, and 8% for those with BMI >27.
†Last observation carried forward

Because patients' overall health is important

Abilify is comparable to placebo on§3:

- Glucose
- HDL
- LDL
- Triglycerides

Data from a 6-week, placebo-controlled, clinical trial.
§As measured by routine serum chemistry analysis.

ABILIFY
(aripiprazole)

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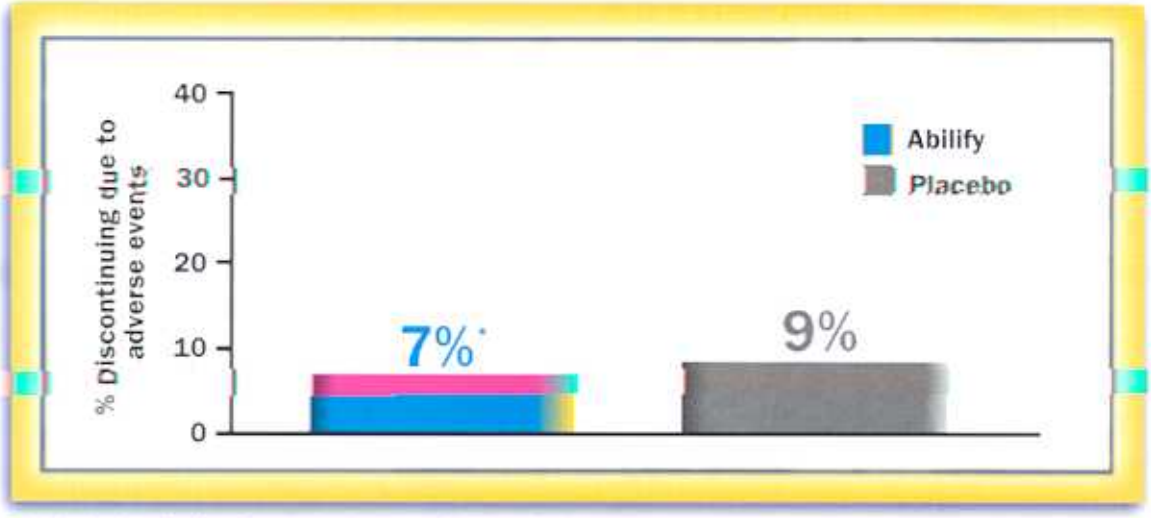
A *clear path* for the journey ahead

Few patients discontinue due to adverse events with Abilify



Pooled data from five 4- to 6-week, placebo-controlled clinical trials.
*There is no statistical difference in the incidence of discontinuation due to adverse events, and the types of adverse events that led to discontinuation were similar between placebo-treated patients and patients treated with Abilify.

Treatment-emergent adverse events reported at an incidence ≥10% and greater than placebo include headache, anxiety, insomnia, nausea, vomiting, lightheadedness, somnolence, akathisia, and constipation.

As with all antipsychotic medications, a rare condition referred to as neuroleptic malignant syndrome (NMS) has been reported. As with all antipsychotic medications, prescribing should be consistent with the need to minimize the risk of tardive dyskinesia (TD).

Abilify may be associated with orthostatic hypotension and should be used with caution in patients with known cardiovascular disease, cerebrovascular disease, or conditions which would predispose them to hypotension.

As with other antipsychotic drugs, Abilify should be used with caution in patients with a history of seizures or with conditions that lower the seizure threshold. Seizures occurred in 0.1% of Abilify-treated patients in placebo-controlled trials.

Abilify Makes Dosing Easy for the Patient and You

- Convenient, once-daily dosing
- A range of strengths available from 10 mg to 30 mg to customize treatment
- Recommended starting *and* target dose of 15 mg is effective
- *No titration required to reach an effective dose*
- May be taken with or without food

Abilify is on target right from the start.
Prescribe *Abilify* 15 mg.

Visit www.abilify.com

Please see Brief Summary of Prescribing Information on last page of this insert.

References:
1. Burris KD, Molski TF, Xu C, et al. Aripiprazole, a novel antipsychotic, is a high-affinity partial agonist at human dopamine D2 receptors. *The Journal of Pharmacology and Experimental Therapeutics*. 2002;302:381-389.
2. Kikuchi T, Tottori K, Uwahodo Y, et al. 7-[4-[4-(2,3-dichlorophenyl)-1-piperazinyl]butyloxy]-3,4-dihydro-2(1H)-quinolinone (OPC-14597), a new putative antipsychotic drug with both presynaptic dopamine autoreceptor agonist activity and postsynaptic D2 receptor antagonistic activity. *The Journal of Pharmacology and Experimental Therapeutics*. 1995;274:329-336.
3. Data on file. Otsuka America Pharmaceutical, Inc., Rockville, Md.

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(aripiprazole)