

DOSING REAGILA®







Re-embrace life

This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse reactions.

COD: 300090/A19. Submitted to AIFA on 26/07/2019



Reagila is indicated for the treatment of schizophrenia in adult patients¹.

DOSAGE S	STRENG1	THS						
1.5 mg	3 mg	4.5 mg	6 mg Not actual size	Available in 4 d	osage stren	gths: 1.5, 3,	4.5, 6 mg ¹ .	
POSOLOG	GY							
	U 1x PERDA			To be taken on during the day ¹ Reagila is inten schizophrenia; symptoms of so	ded as mono this also incl	otherapy fo udes treatn	r the treatm	nent of
DOSING A	AND UP-T	ITRATI	ON					
				The starting do When introduci	ng Reagila t	o untreated	d patients, s	
15	3 mg	4.5 mg	6 mg	the dose of 1.5 increments to a lowest effective Fast up-titratio	dose shoul	dose of 6 m d be mainta	ng/day , if ne ained¹.	eeded. Th
ART	3 mg	4.5 mg	6 mg	increments to a	dose shoul	dose of 6 m d be mainta	ng/day , if ne ained¹.	eeded. Th
	3 mg	4.5 mg	6 mg	increments to a lowest effective	maximum o dose shoul n: dose esca	dose of 6 m d be mainta alation sche	ng/day , if ne ained ¹ . eme in clinic	eeded. Th al trials ² .
	3 mg	4.5 mg	6 mg	increments to a lowest effective Fast up-titratio	e dose shoul n: dose esca Day 1	d be mainta alation sche Day 2	ng/day, if ne ained ¹ . eme in clinic Day 3	al trials ² .
	3 mg	4.5 mg	6mg	increments to a lowest effective Fast up-titratio Durgam, 2014	n: dose esca Day 1 1.5 mg	d be mainta alation sche Day 2 3.0 mg	ng/day, if ne ained ¹ . eme in clinic Day 3 4.5 mg	eeded. Th al trials ² . Day 4
	3 mg	4.5 mg	6mg	increments to a lowest effective Fast up-titratio Durgam, 2014 Durgam, 2015	 maximum of e dose shoul n: dose esca Day 1 1.5 mg 1.5 mg 1.5 mg 	d be maintand alation sche Day 2 3.0 mg 3.0 mg 3.0 mg	ng/day , if near ained ¹ . The in clinic Day 3 4.5 mg 4.5 mg	eeded. Th al trials ² . Day 4 - 6.0 mg
TART				increments to a lowest effective Fast up-titratio Durgam, 2014 Durgam, 2015 Kane, 2015	 maximum of e dose shoul n: dose esca Day 1 1.5 mg 1.5 mg 1.5 mg 	d be maintand alation sche Day 2 3.0 mg 3.0 mg 3.0 mg	ng/day , if near ained ¹ . The in clinic Day 3 4.5 mg 4.5 mg	eeded. Th al trials ² . Day 4 - 6.0 mg
TART				increments to a lowest effective Fast up-titratio Durgam, 2014 Durgam, 2015 Kane, 2015	a dose shoul a dose shoul a dose esca Day 1 1.5 mg 1.5 mg 1.5 mg with cariprazine v a from other tration shou of the previ	dose of 6 m d be maintant alation sche Day 2 3.0 mg 3.0 mg s placebo	ng/day, if ne ained ¹ . The in clinic Day 3 4.5 mg (3.0 mg) tics to cari dered, with ent within o	eeded. Th al trials ² . Day 4 - 6.0 mg 6.0 mg grazine, gradual ne week

SWITCHING FROM CARIPRAZINE



When switching to other antipsychotics from cariprazine, no gradual cross-titration is needed¹. The new antipsychotic should be initiated in its lower dose while cariprazine is discontinued. Due to the long half-life of Reagila (50% decline in ~1 week, greater than 90% decline in ~3 weeks) the dose can be stopped at once¹.

1. Reagila summary of product characteristics 2. Durgam S. Schizophr Res. 2014; Durgam S. J Clin Psychiatry. 2015; Kane JM. J Clin Psychopharmacol. 2015 3. Stahl S, Stahl's Essential Psychopharmacology Prescriber's Guide, 6th edition, Cambridge University Press, 2017