

---

**EFFICACY AND SAFETY OF CARIPRAZINE IN PATIENTS WITH ACUTE MANIC OR MIXED EPISODES ASSOCIATED WITH BIPOLAR I DISORDER**

---

J.R. Calabrese<sup>1</sup>, G.S. Sachs<sup>2</sup>, K. Lu<sup>3</sup>, M. DeBelle<sup>4</sup>, I. Laszlovszky<sup>4</sup>, S. Durgam<sup>5</sup>

<sup>1</sup>Psychiatry, University Hospitals Case Medical Center, Cleveland, USA ; <sup>2</sup>Psychiatry, Massachusetts General Hospital, Boston, USA ;

<sup>3</sup>Biostatistics, Forest Research Institute, Jersey City, USA ; <sup>4</sup>Medical Division, Gedeon Richter Plc, Budapest, Hungary ; <sup>5</sup>Clinical Development, Forest Research Institute, Jersey City, USA

---

**Introduction:** Cariprazine is a potent dopamine D<sub>3</sub> and D<sub>2</sub> receptor partial agonist with preferential binding to D<sub>3</sub> receptors.

**Objective:** Summarize data from two Phase III, randomized, double-blind, placebo-controlled, flexible-dose, 3-week trials of cariprazine 3-12mg/d (NCT01058096) and cariprazine 3-6mg/d or 6-12mg/d (NCT01058668) in adults with bipolar I disorder and acute manic or mixed episodes.

**Aims:** Evaluate the efficacy, safety, and tolerability of cariprazine in mania associated with bipolar I disorder.

**Methods:** Primary and secondary efficacy parameters were change from baseline to Week 3 on the Young Mania Rating Scale (YMRS) and Clinical Global Impressions-Severity (CGI-S), respectively, and were analyzed using a mixed-effects model for repeated measures.

**Results:** Randomized patient populations: 312 (NCT01058096; 154 placebo, 158 cariprazine 3-12mg/d) and 497 (NCT01058668; 161 placebo, 167 cariprazine 3-6mg/d, 169 cariprazine 6-12mg/d). Improvement from baseline to Week 3 on YMRS was significantly greater for each cariprazine group vs placebo ( $P < 0.001$ ): least square mean difference (LSMD) was -4.3 (3-12mg/d), -6.1 (3-6mg/d) and -5.9 (6-12mg/d). For each cariprazine group, significantly more patients met YMRS response and remission criteria vs placebo. Cariprazine also was significantly superior to placebo on the CGI-S: LSMD was -0.4 (3-12mg/d,  $P = .0027$ ), -0.6 (3-6mg/d,  $P < .001$ ), -0.6 (6-12mg/d,  $P < .001$ ). The only common cariprazine-related TEAEs ( $\geq 5\%$  and twice rate of placebo) that occurred in both studies were akathisia and tremor. Changes in metabolic parameters were small and similar to placebo in both studies.

**Conclusions:** Cariprazine was effective and generally well tolerated in the treatment of bipolar mania.