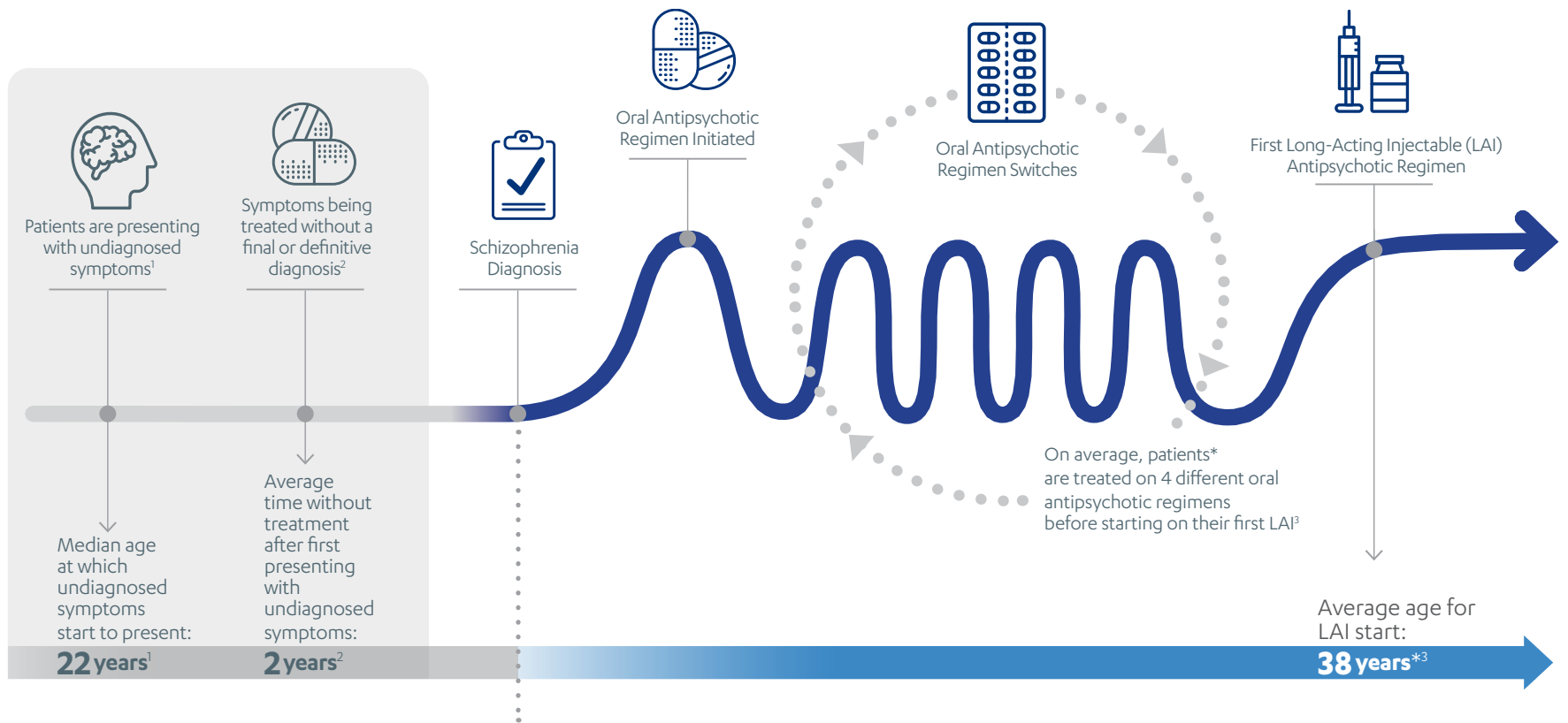


The journey of adult patients with schizophrenia



Patients with schizophrenia are often not diagnosed until their 20s⁴ and cycle through multiple oral antipsychotic (APS) regimens until they may be prescribed an LAI*³

*From Janssen-sponsored market research, a total of 620 patient charts were collected from 161 healthcare providers from August 22, 2016, through September 12, 2016. Key screening criteria included: Must have seen at least 30 individual patients with schizophrenia in the past 3 months, must have treated at least 1 patient with 1 of the 10 specified antipsychotics in the past 3 months, should have been in practice for a minimum of 2 and a maximum of 35 years.

References: 1. Kessler RC, Amminger GP, Aguilar-Gaxiola S et al. Age of onset of mental disorders: a review of recent literature. *Curr Opin Psychiatry*. 2007;20(4):359-364. 2. Marshall M, Lewis S, Lockwood A et al. Association between duration of untreated psychosis and outcome in cohorts of first-episode patients: a systematic review. *Arch Gen Psych*. 2005;62:975-983. 3. Data on file. Janssen Market Research Chart Review. 2016. Schizophrenia Chart Study. Objectives: uncover detailed insights that specifically identify the "leverage points" and specific patient situations that trigger the initiation of prescribing and switching in the schizophrenia category. 4. National Institute of Mental Health. Schizophrenia. Published May 2018. Accessed January 16, 2020. <https://www.nimh.nih.gov/health/statistics/schizophrenia.shtml>

Relapses and nonadherence have significant clinical and economic consequences in schizophrenia

Clinical Inertia

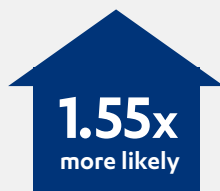
2020 APS Market Share



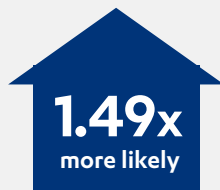
~**68%** of Medicaid patients on oral APS were nonadherent^{*2}

Clinical Consequences

According to one study, adult patients with schizophrenia who were nonadherent to their treatment regimens during the first year were



to be hospitalized over the following 2-year period³



to use emergency psychiatric services over the following 2-year period³

Economic Impact of Relapse

Patients with schizophrenia relapse an average of **9X** over 5.5 years^{†4}



Mean total healthcare cost per episode is **\$35,725**^{‡4}

For more information or to further discuss schizophrenia treatment options, make an appointment with your representative from Janssen

^{*}This analysis of Truven Health Analytics MarketScan Medicaid claims between 2010 and 2013 identified adult patients who were nonadherent (proportion of days covered <0.8) within 6 months of discharge for a schizophrenia-related hospitalization. [†]A cost-based algorithm was developed for this analysis taking a payer's perspective into consideration to identify Medicaid patients who relapse and relapse episodes, based on weeks associated with high cost increase from baseline and high absolute weekly cost.

^{*}Costs are calculated for 2011 USD.

References: 1. Janssen DOT Model YTD May 2020. Antipsychotic market: IMS Health NPS + IMS NP. Schizophrenia market: IMS Health NPA + IMS NSP volume factored by diagnosis using claims data from IQVIA. 2. Marcus SC et al. *J Managed Care Spec Pharm.* 2015;21(9):754-768. 3. Ascher-Svanum H et al. *J Clin Psychiatry.* 2006;67:456-460. 4. Lafeuille MH et al. *J Med Econ.* 2013;16(11):1290-1299.

Mental health organizations are providing guidance and guidelines recognizing the importance of LAIs as an option in the treatment journey of certain adult patients with schizophrenia



American Psychiatric Association

Practice Guideline for the Treatment of Patients With Schizophrenia, Third Edition (2020)



National Council for Behavioral Health

Guide to Long-Acting Medications for Providers and Organizations (2019)



Florida Medicaid

Best Practice Psychotherapeutic Medication Guidelines for Adults (2019-2020)



Oregon Health Authority

Mental Health Care Guide for Licensed Practitioners and Mental Health Professionals (2019)

The practice guideline from the American Psychiatric Association states that LAIs may be suitable for adult patients with schizophrenia:

- If the patient prefers such treatment
- If the patient has a history of poor adherence
- If the patient is at risk of reduced adherence due to transitioning between settings, a limited awareness of needing treatment, or a co-occurring substance use disorder¹

Supports the safe and effective use of LAIs by encouraging mental healthcare professionals to utilize LAIs as an earlier treatment option rather than using them only after multiple negative outcomes such as failed oral medications, multiple relapses, or hospitalizations²

Recommends for initial treatment of adult patients with schizophrenia*:

- Monotherapy with a second-generation antipsychotic (SGA) other than clozapine, either an oral or an oral followed by the same SGA-LAI (if tolerable and sufficiently efficacious)
- If initial monotherapy is unsuccessful, try monotherapy with another SGA, either an oral or an LAI with low metabolic effects³

Consider adult patient's treatment goals and clinical risks[†]

- Starting an SGA:
 - If response is adequate after 2-4 weeks, switch to long-acting injectable formulation of the same compound
 - If response is inadequate, switch to another daily medication
 - › If response is now adequate, switch to LAI formulation of the same compound
 - › If inadequate still, switch to clozapine⁴

*Level 1 of recommended treatment pathway. Additional levels can be viewed here: [http://www.medicaidmentalhealth.org/_assets/file/Guidelines/2019 Psychotherapeutic Medication Guidelines for Adults with References_06-04-20.pdf](http://www.medicaidmentalhealth.org/_assets/file/Guidelines/2019%20Psychotherapeutic%20Medication%20Guidelines%20for%20Adults%20with%20References_06-04-20.pdf)

†This is a summary of 1 treatment algorithm. Additional treatment algorithms can be viewed here: <https://www.oregon.gov/oha/HSD/OHP/Documents/Schizophrenia%20Care%20Guide%20March%202019.pdf>

References: 1. The American Psychiatric Association. Practice Guideline for the Treatment of Patients With Schizophrenia, Third Edition. Published September 1, 2020. Accessed September 2, 2020. <https://psychiatryonline.org/doi/book/10.1176/appi.books.9780890424841> 2. National Council for Behavioral Health. Guide to long-acting medications for providers and organizations. Published June 2019. Accessed June 12, 2020. <https://www.thenationalcouncil.org/wp-content/uploads/2019/06/Guide-to-Long-acting-Medications.pdf> 3. University of South Florida, Florida Medicaid Drug Therapy Management Program, under sponsorship of the Florida Agency for Health Care Administration. 2019–2020 Florida best practice psychotherapeutic medication guidelines for adults. Published January 2020. Accessed June 12, 2020. http://www.medicaidmentalhealth.org/_assets/file/Guidelines/2019%20Psychotherapeutic%20Medication%20Guidelines%20for%20Adults%20with%20References_06-04-20.pdf 4. Mental Health Clinical Advisory Group; Oregon Health Authority. Mental health care guide for licensed practitioners and mental health professionals: schizophrenia. Updated March 2019. Accessed June 22, 2020. <https://www.oregon.gov/oha/HSD/OHP/Documents/Schizophrenia%20Care%20Guide%20March%202019.pdf>