

"To be sold by retail on the prescription of "Psychiatrist"

ATLURA

WARNINGS: INCREASED MORTALITY IN ELDERLY PATIENTS WITH DEMENTIA-RELATED PSYCHOSIS; AND SUICIDAL THOUGHTS AND BEHAVIORS

- Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death.
- Lurasidone is not approved for the treatment of patients with dementia- related psychosis.
- Increased risk of suicidal thinking and behaviour in children, adolescents, and young adults taking antidepressants
- Monitor for worsening and emergence of suicidal thoughts and behaviours

1. Generic Name

Lurasidone Hydrochloride Tablets

2. Qualitative and quantitative composition

ATLURA 40

Each film coated tablet contains:

Lurasidone Hydrochloride..... 40 mg

Colour: Titanium dioxide I.P.

The excipients used are Lactose, Mannitol, Pregalatinized Starch, Croscarmellose Sodium, Povidone, Citric Acid Anhydrous, Magnesium Stearate and Opadry White 02B580001.

ATLURA 80

Each film coated tablet contains:

Lurasidone Hydrochloride..... 80 mg

Colours: Lake Indigo Carmine, Iron Oxide Yellow & Titanium Dioxide I.P.

The excipients used are Lactose, Mannitol, Pregalatinized Starch, Croscarmellose Sodium, Povidone, Citric Acid Anhydrous, Magnesium Stearate, Opadry White 02B580001 and Opadry Green 03F510026.

3. Dosage form and strength

Dosage form: Film coated tablet

Strength: 40 mg and 80 mg

4. Clinical particulars

4.1 Therapeutic indication

For the treatment of patients with Schizophrenia

4.2 Posology and method of administration

Posology

Adult Population

The recommended starting dose of Lurasidone is 40 mg once daily. Initial dose titration is not required. Lurasidone has been shown to be effective in a dose range of 40 mg per day to 160 mg per day. The maximum recommended dose is 160 mg per day.

Elderly people

Dosing recommendations for elderly patients with normal renal function ($\text{CrCl} \geq 80$ ml/min) are the same as for adults with normal renal function. However, because elderly patients may have diminished renal function, dose adjustments may be required according to their renal function status (see “Renal impairment” below).

Limited data are available in elderly people treated with higher doses of lurasidone. Caution should be exercised when treating patients ≥ 65 years of age with higher doses of lurasidone. The recommended starting dose should be as prescribed by the physician.

Renal impairment

No dose adjustment of lurasidone is required in patients with mild renal impairment. Lurasidone should not be used in patients with End Stage Renal Disease (ESRD) patients ($\text{CrCl} < 15$ ml/min) unless the potential benefits outweigh the potential risks. If used in ESRD, clinical monitoring is advised. The recommended starting dose should be as prescribed by the physician.

Hepatic impairment

No dose adjustment of lurasidone is required in patients with mild hepatic impairment. Dose adjustment is recommended in moderate (Child-Pugh Class B) and severe hepatic impairment (Child-Pugh Class C) patients. The recommended starting dose should be as prescribed by the physician.

Dose adjustment due to interactions

Dose adjustment of lurasidone may be necessary in combination with mild and moderate CYP3A4 inducers. For strong CYP3A4 inhibitors and inducers.

Paediatric population

The safety and efficacy of lurasidone in children aged less than 13 years have not been established. The recommended starting dose is as prescribed by physician. Lurasidone should be prescribed by an expert in paediatric psychiatry.

Method of administration

Lurasidone tablets are for oral use, to be taken once daily together with a meal. Lurasidone tablets should be swallowed whole, in order to mask the bitter taste. Lurasidone tablets should be taken at the same time every day to aid compliance. If taken without food, it is anticipated that lurasidone exposure will be significantly lower as compared to when taken with food.

4.3 Contraindications

Hypersensitivity to the active substance, or to any of the excipients.

Concomitant administration of strong CYP3A4 inhibitors (e.g. boceprevir, clarithromycin, cobicistat, indinavir, itraconazole, ketoconazole, nefazodone, nelfinavir, posaconazole, ritonavir, saquinavir, telaprevir, telithromycin, voriconazole) and strong CYP3A4 inducers (e.g. carbamazepine, phenobarbital, phenytoin, rifampicin, St John's wort (*Hypericum perforatum*)).

4.4 Special warnings and precautions for use

WARNINGS: INCREASED MORTALITY IN ELDERLY PATIENTS WITH DEMENTIA-RELATED PSYCHOSIS; AND SUICIDAL THOUGHTS AND BEHAVIORS

- **Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death.**
- **Lurasidone is not approved for the treatment of patients with dementia-related psychosis.**
- **Increased risk of suicidal thinking and behavior in children, adolescents, and young adults taking antidepressants**
- **Monitor for worsening and emergence of suicidal thoughts and behaviors**

During antipsychotic treatment, improvement in the patient's clinical condition may take a few days to some weeks. Patients should be closely monitored during this period.

Suicidality

The occurrence of suicidal behaviour is inherent in psychotic illnesses and in some cases has been reported early after initiation or switch of antipsychotic therapy. Close supervision of high-risk patients should accompany antipsychotic therapy.

Parkinson's disease

If prescribed to patients with Parkinson's disease, antipsychotic medicinal products may exacerbate the underlying Parkinsonism symptoms. Physicians should therefore weigh the risks versus the benefits when prescribing lurasidone to patients with Parkinson's disease.

Extrapyramidal symptoms (EPS)

Medicinal products with dopamine receptor antagonistic properties have been associated with extrapyramidal adverse reactions including rigidity, tremors, mask-like face, dystonias, drooling of saliva, drooped posture and abnormal gait. In placebo controlled clinical studies in adult patients with schizophrenia there was an increased occurrence of EPS following treatment with lurasidone compared to placebo.

Tardive dyskinesia

Medicinal products with dopamine receptor antagonistic properties have been associated with the induction of tardive dyskinesia characterised by rhythmical involuntary movements, predominantly of the tongue and/or face. If signs and symptoms of tardive dyskinesia appear, the discontinuation of all antipsychotics, including lurasidone, should be considered.

Cardiovascular disorders/QT prolongation

Caution should be exercised when lurasidone is prescribed in patients with known cardiovascular disease or family history of QT prolongation, hypokalaemia, and in concomitant use with other medicinal products thought to prolong the QT interval.

Seizures

Lurasidone should be used cautiously in patients with a history of seizures or other conditions that potentially lower the seizure threshold.

Neuroleptic malignant syndrome (NMS)

Neuroleptic Malignant Syndrome, characterised by hyperthermia, muscle rigidity, autonomic instability, altered consciousness and elevated serum creatine phosphokinase levels, has been reported to occur with lurasidone. Additional signs may include myoglobinuria (rhabdomyolysis) and acute renal failure. In this event, lurasidone should be discontinued.

Elderly patients with dementia

Lurasidone has not been studied in elderly patients with dementia.

Overall mortality

In a meta-analysis of 17 controlled clinical trials, elderly patients with dementia treated with other atypical antipsychotics, including risperidone, aripiprazole, olanzapine, and quetiapine had an increased risk of mortality compared to placebo.

Cerebrovascular accident

An approximately 3-fold increased risk of cerebrovascular adverse reactions has been seen in randomised placebo-controlled clinical trials in the dementia population with some atypical antipsychotics, including risperidone, aripiprazole and olanzapine. The mechanism for this increased risk is not known. An increased risk cannot be excluded for other antipsychotics or other patient populations. Lurasidone should be used with caution in elderly patients with dementia who have risk factors for stroke.

Venous thromboembolism

Cases of venous thromboembolism (VTE) have been reported with antipsychotic medicinal products. Since patients treated with antipsychotics often present with acquired risk factors for VTE, all possible risk factors for VTE should be identified before and during treatment with lurasidone and preventive measures undertaken.

Hyperprolactinaemia

Lurasidone elevates prolactin levels due to antagonism of dopamine D2 receptors. Patients should be counselled on signs and symptoms of elevated prolactin, such as gynecomastia, galactorrhea, amenorrhoea and erectile dysfunction. Patient should be advised to seek medical attention if they experience any signs and symptoms

Weight gain

Weight gain has been observed with atypical antipsychotic use. Clinical monitoring of weight is recommended.

Hyperglycaemia

Rare cases of glucose related adverse reactions, e.g. increase in blood glucose, have been reported in clinical trials with lurasidone. Appropriate clinical monitoring is advisable in diabetic patients and in patients with risk factors for the development of diabetes mellitus.

Orthostatic hypotension/syncope

Lurasidone may cause orthostatic hypotension, perhaps due to its α 1-adrenergic receptor antagonism. Monitoring of orthostatic vital signs should be considered in patients who are vulnerable to hypotension.

Interaction with grapefruit juice

Grapefruit juice should be avoided during treatment with lurasidone.

Serotonin syndrome

Concomitant administration of Lurasidone and other serotonergic agents, such as buprenorphine/opioids, MAO inhibitors, selective serotonin re-uptake inhibitors (SSRIs), serotonin norepinephrine re-uptake inhibitors (SNRIs) or tricyclic antidepressants may result in serotonin syndrome, a potentially life-threatening condition (see section 4.5).

If concomitant treatment with other serotonergic agents is clinically warranted, careful observation of the patient is advised, particularly during treatment initiation and dose increases.

Symptoms of serotonin syndrome may include mental-status changes, autonomic instability, neuromuscular abnormalities, and/or gastrointestinal symptoms. If serotonin syndrome is suspected, a dose reduction or discontinuation of therapy should be considered depending on the severity of the symptoms.

4.5 Drugs interactions

Pharmacodynamic interactions

Given the primary central nervous system effects of lurasidone, lurasidone should be used with caution in combination with other centrally acting medicinal products and alcohol.

Caution is advised when prescribing lurasidone with medicinal products known to prolong the QT interval, e.g. class IA antiarrhythmics (e.g. quinidine, disopyramide) and class III antiarrhythmics (e.g. amiodarone, sotalol), some antihistaminics, some other antipsychotics and some antimalarials (e.g. mefloquine).

Lurasidone should be used cautiously when co-administered with other serotonergic agents, such as buprenorphine/opioids, MAO inhibitors, selective serotonin re-uptake inhibitors (SSRIs), serotonin norepinephrine re-uptake inhibitors (SNRIs) or tricyclic antidepressants as the risk of serotonin syndrome, a potentially life-threatening condition, is increased (see section 4.4).

Pharmacokinetic interactions

The concomitant administration of lurasidone and grapefruit juice has not been assessed. Grapefruit juice inhibits CYP3A4 and may increase the serum concentration of lurasidone. Grapefruit juice should be avoided during treatment with lurasidone.

Potential for other medicinal products to affect lurasidone

Lurasidone and its active metabolite ID-14283 both contribute to the pharmacodynamic effect at the dopaminergic and serotonergic receptors. Lurasidone and its active metabolite ID-14283 are primarily metabolised by CYP3A4.

CYP3A4 inhibitors

Lurasidone is contraindicated with strong CYP3A4 inhibitors (e.g. boceprevir, clarithromycin, cobicistat, indinavir, itraconazole, ketoconazole, nefazodone, nelfinavir, posaconazole, ritonavir, saquinavir, telaprevir, telithromycin, voriconazole) (see section 4.3).

Coadministration of lurasidone with the strong CYP3A4 inhibitor ketoconazole resulted in a 9 and 6-fold increase in exposure of lurasidone and its active metabolite ID-14283 respectively.

Co-administration of lurasidone and posaconazole (strong CYP3A4 inhibitor) resulted in an approximate 4-5 fold increase in lurasidone exposure. A persistent effect of posaconazole on lurasidone exposure was observed up to 2-3 weeks after stop of posaconazole co-administration.

Coadministration of lurasidone with medicinal products that moderately inhibit CYP3A4 (e.g. diltiazem, erythromycin, fluconazole, verapamil) may increase exposure to lurasidone. Moderate CYP3A4 inhibitors are estimated to result in a 2-5 fold increase in exposure of CYP3A4 substrates.

Coadministration of lurasidone with diltiazem (slow-release formulation), a moderate CYP3A4 inhibitor, resulted in a 2.2 and 2.4-fold increase in exposure of lurasidone and ID-14283 respectively (see section 4.2). The use of an immediate release formulation of diltiazem could result in a larger increase in lurasidone exposure.

CYP3A4 inducers

Lurasidone is contraindicated with strong CYP3A4 inducers (e.g. carbamazepine, phenobarbital, phenytoin, rifampicin, St John's wort (*Hypericum perforatum*)).

Coadministration of lurasidone with the strong CYP3A4 inducer rifampicin resulted in a 6-fold decrease in exposure of lurasidone.

Coadministration of lurasidone with mild (e.g. armodafinil, amprenavir, aprepitant, prednisone, rufinamide) or moderate (e.g. bosentan, efavirenz, etravirine, modafinil, nafcillin) inducers of CYP3A4 would be expected to give a <2-fold reduction in lurasidone exposure during co-administration and for up to 2 weeks after discontinuation of mild or moderate CYP3A4 inducers.

When lurasidone is coadministered with mild or moderate CYP3A4 inducers, the efficacy of lurasidone needs to be carefully monitored and a dose adjustment may be needed.

Transporters

Lurasidone is a substrate of P-gp and BCRP in vitro and the in vivo relevance of this is unclear. Coadministration of lurasidone with P-gp and BCRP inhibitors may increase exposure to lurasidone.

Potential for lurasidone to affect other medicinal products

Coadministration of lurasidone with midazolam, a sensitive CYP3A4 substrate, resulted in a < 1.5-fold increase in midazolam exposure. Monitoring is recommended when lurasidone and CYP3A4 substrates known to have a narrow therapeutic index (e.g. astemizole, terfenadine, cisapride, pimozide, quinidine, bepridil or ergot alkaloids [ergotamine, dihydroergotamine]) are coadministered.

Coadministration of lurasidone with digoxin (a P-gp substrate) did not increase the exposure to digoxin and only slightly increased C_{max} (1.3 –fold) and therefore, it is considered that lurasidone can be coadministered with digoxin. Lurasidone is an in vitro inhibitor of the efflux transporter P-gp and the clinical relevance of intestinal P-gp inhibition cannot be excluded. Concomitant administration of the P-gp substrate dabigatran etexilate may result in increased dabigatran plasma concentrations.

Lurasidone is an in vitro inhibitor of the efflux transporter BCRP and the clinical relevance of intestinal BCRP inhibition cannot be excluded. Concomitant administration of BCRP substrates may result in increases in the plasma concentrations of these substrates.

Coadministration of lurasidone with lithium indicated that lithium had clinically negligible effects on the pharmacokinetics of lurasidone, therefore no dose adjustment of lurasidone is required when coadministered with lithium. Lurasidone does not impact concentrations of lithium.

A clinical drug interaction study investigating the effect of coadministration of lurasidone on patients taking oral combination contraceptives including norgestimate and ethinyl estradiol, indicated that lurasidone had no clinically or statistically meaningful effects on the pharmacokinetics of the contraceptive or sex hormone binding globulin (SHBG) levels. Therefore, lurasidone can be coadministered with oral contraceptives.

4.6 Use in special populations (such as pregnant women, lactating women, paediatric patients, geriatric patients etc.)

Pregnancy

There are no or limited amount of data (less than 300 pregnancy outcomes) from the use of lurasidone in pregnant women. Animal studies are insufficient with respect to effects on pregnancy, embryonal/foetal development, parturition and postnatal development (see section 5.3). The potential risk for humans is unknown. Lurasidone should not be used during pregnancy unless clearly necessary.

Neonates exposed to antipsychotics (including lurasidone) during the third trimester are at risk of adverse reactions including extrapyramidal and/or withdrawal symptoms that may vary in severity and duration following delivery. There have been reports of agitation, hypertonia, hypotonia, tremor, somnolence, respiratory distress, or feeding disorder. Consequently, newborns should be monitored carefully.

Breast-feeding

Lurasidone was excreted in milk of rats during lactation. It is not known whether lurasidone or its metabolites are excreted in human milk. Breast feeding in women receiving lurasidone should be considered only if the potential benefit of treatment justifies the potential risk to the child.

Fertility

Studies in animals have shown a number of effects on fertility, mainly related to prolactin increase, which are not considered to be relevant to human reproduction.

4.7 Effects on ability to drive and use machines

Lurasidone has minor influence on the ability to drive and use machines. Patients should be cautioned about operating hazardous machines, including motor vehicles and cycles, until they are reasonably certain that lurasidone does not affect them adversely.

Regarding road safety, adolescents who may not be old enough to drive may nevertheless cycle.

4.8 Undesirable effects

Summary of the safety profile

The safety of lurasidone has been evaluated at doses of 18.5 -148 mg in clinical studies in patients with schizophrenia treated for up to 52 weeks and in the post-marketing setting. The most common adverse drug reactions (ADRs) ($\geq 10\%$) were akathisia and somnolence, which were dose-related up to 111 mg daily.

Tabulated list of adverse reactions

Adverse drug reactions (ADRs) based upon pooled data are shown by system, organ class and by preferred term are listed in Table 1 below. The incidence of ADRs reported in clinical trials is tabulated by frequency category. The following terms and frequencies are applied: very common ($\geq 1/10$), common ($\geq 1/100$ to $< 1/10$), uncommon ($\geq 1/1,000$ to $< 1/100$), rare ($\geq 1/10,000$ to $< 1/1,000$), very rare ($< 1/10,000$) and not known (cannot be estimated from the available data).

Adverse drug reactions (ADRs) Based upon Pooled Data for Adults

System Organ Class	Very Common	Common	Uncommon	Rare	Frequency not known
Infections and infestations			Nasopharyngitis		
Blood and lymphatic system disorders				Eosinophilia	Leukopenia**** Neutropenia**** Anemia****
Immune system disorders		Hypersensitivity			

System Organ Class	Very Common	Common	Uncommon	Rare	Frequency not known
Metabolism and nutrition disorders		Weight increased Dyslipidaemia	Decreased appetite Blood glucose increased Hyponatraemia		
Psychiatric disorders		Insomnia Agitation Anxiety Restlessness	Nightmare Catatonia		Suicidal behaviour**** Panic attack**** Sleep disorder****
Nervous system disorders	Akathisia Somnolence*	Parkinsonism** Dizziness Dystonia*** Dyskinesia	Lethargy Dysarthria Tardive dyskinesia	Neuroleptic malignant syndrome (NMS)	Convulsion****
Eye disorders			Blurred vision		
Ear and labyrinth disorders					Vertigo****
Cardiac disorders			Tachycardia		Angina**** AV block first degree**** Bradycardia****
Vascular disorders			Hypertension Hypotension Orthostatic hypotension Hot flush Blood pressure increased		
Gastrointestinal disorders		Nausea Vomiting Dyspepsia Salivary hypersecretion Dry mouth Upper abdominal pain Stomach discomfort	Flatulence		Diarrhoea**** Dysphagia**** Gastritis****

System Organ Class	Very Common	Common	Uncommon	Rare	Frequency not known
Hepatobiliary disorders			Alanine aminotransferase increased		
Skin and subcutaneous tissue disorders		Rash Pruritus	Hyperhidrosis	Angioedema	Stevens-Johnson syndrome
Musculoskeletal and connective tissue disorders		Musculoskeletal stiffness Blood creatine phosphokinase increase	Joint stiffness Myalgia Neck pain Back pain	Rhabdomyolysis	
Renal and urinary disorders		Serum creatinine increased	Dysuria		Renal failure****
Pregnancy, puerperium and perinatal conditions					Drug withdrawal syndrome neonatal (see 4.6)
Reproductive system and breast disorders			Blood prolactin increased		Breast enlargement**** Breast pain**** Galactorrhoea**** Erectile dysfunction**** Amenorrhoea**** Dysmenorrhoea****
General disorders and administration site conditions		Fatigue	Gait disturbance		Sudden death attributable to underlying cardiovascular disease observed during the clinical development programme****

*Somnolence includes adverse reaction terms: hypersomnia, hypersomnolence, sedation, and somnolence

**Parkinsonism includes adverse reaction terms: bradykinesia, cogwheel rigidity, drooling, extrapyramidal disorder, hypokinesia, muscle rigidity, parkinsonism, psychomotor retardation, and tremor

***Dystonia includes adverse reaction terms: dystonia, oculogyric crisis, oromandibular dystonia, tongue spasm, torticollis, and trismus.

****ADRs noted in Phase 2 and 3 controlled and uncontrolled studies; however, the incidence of occurrence for these are too low to estimate frequencies.

Adverse Drug Reactions (ADRs) for Adolescents

System Organ Class	Very Common	Common	Uncommon	Rare	Frequency not known
Infections and infestations			Nasopharyngitis Rhinitis Upper respiratory tract infection		
Blood and lymphatic system disorders			Neutropenia		
Immune System Disorders			Hypersensitivity		
Endocrine disorders		Hyperprolactinaemia (including blood prolactin increased)	Autoimmune thyroiditis Hyperandrogenism Hypothyroidism		
Metabolism and nutrition disorders		Decreased appetite Increased appetite	Hyperinsulinemia		
Psychiatric Disorders		Abnormal dreams Agitation Anxiety Depression Insomnia Psychotic disorder Schizophrenia Tension	Aggression Apathy Confusional state Depressed mood Dissociation Hallucination (auditory) Hallucination (visual) Homicidal ideation Impulsive behaviour Initial insomnia Libido decreased Libido increased Listless Mental status changes Obsessive thoughts		

System Organ Class	Very Common	Common	Uncommon	Rare	Frequency not known
			Panic Attack Psychomotor hyperactivity Restlessness Sleep disorder Suicidal ideation Terminal insomnia Thinking abnormal		
Nervous System Disorders	Akathisia Headache Somnolence*	Disturbance in attention Dizziness Dyskinesia Dystonia*** Parkinsonism**	Dizziness postural Dysgeusia Hyperkinesia Memory impairment Migraine Paraesthesia Psychomotor hyperactivity Restless legs syndrome Tardive dyskinesia Tension headache		
Eye Disorders			Accommodation disorder Vision blurred		
Ear and labyrinth disorders			Hyperacusis		
Cardiac disorders		Tachycardia	Palpitations Supraventricular extrasystoles		
Vascular disorders			Orthostatic hypotension Hypertension		
Respiratory, thoracic and mediastinal disorders			Oropharyngeal pain Dyspnoea		
Gastrointestinal disorders	Nausea	Constipation Dry mouth Salivary hypersecretion Vomiting	Abdominal discomfort Abdominal pain upper Aptyalism Diarrhoea Dyspepsia Lip dry		

System Organ Class	Very Common	Common	Uncommon	Rare	Frequency not known
			Toothache		
Skin and subcutaneous tissue disorders		Hyperhidrosis	Alopecia Hair growth abnormal Rash Urticaria		
Musculoskeletal and connective tissue disorders		Muscle rigidity	Arthralgia Muscle tightness Musculoskeletal stiffness Myalgia Pain in extremity Pain in jaw		
Renal and urinary disorders			Bilirubinuria Dysuria Micturition disorder Polyuria Proteinuria Renal disorder		
Reproductive system and breast disorders		Erectile dysfunction	Amenorrhoea Breast pain Ejaculation disorder Galactorrhoea Gynaecomastia Menstruation irregular Oligomenorrhoea Sexual dysfunction		
Congenital, familial and genetic disorders			Tourette's disorder		
General disorders and administration site conditions		Asthenia Fatigue Irritability	Chills Gait disturbance Malaise Non-cardiac chest pain Pyrexia		

System Organ Class	Very Common	Common	Uncommon	Rare	Frequency not known
Investigations		Blood creatine phosphokinase increased C-reactive protein increased Weight decreased Weight increased	Alanine aminotransferase increased Anti-thyroid antibody positive Aspartate aminotransferase increased Blood alkaline phosphatase decreased Blood alkaline phosphokinase increased Blood cholesterol increased Blood glucose increased Blood insulin increased Blood testosterone decreased Blood thyroid stimulating hormone increased Blood triglycerides increased Electrocardiogram PR shortened Haemoglobin decreased High density lipoprotein decreased Low density lipoprotein decreased		
Injury, poisoning and procedural complications			Intentional overdose		

*Somnolence includes the following adverse reactions observed in adolescents: hypersomnia, sedation, and somnolence.

**Parkinsonism includes the following adverse reactions observed in adolescents: cogwheel rigidity, extrapyramidal disorder, hypokinesia, parkinsonism, and tremor.

*** Dystonia includes the following adverse reactions observed in adolescents: dystonia, oculogyric crisis and torticollis.

Description of selected adverse reactions

Post marketing reports of clinically serious cases of skin and other hypersensitivity reactions have been reported in association with lurasidone treatment, including some reports of Stevens-Johnson syndrome.

Events of interest to the class

Extrapyramidal symptoms (EPS): In the adult short-term placebo-controlled studies, the incidence of reported events related to EPS, excluding akathisia and restlessness, was 13.5% for lurasidone-treated subjects versus 5.8% for placebo-treated subjects. The incidence of

akathisia for lurasidone-treated subjects was 12.9% versus 3.0% for placebo-treated subjects. In the adolescent short-term placebo-controlled study, the incidence of reported events related to EPS, excluding akathisia, was 5.1% for lurasidone-treated subjects versus 1.8% for placebo-treated subjects. The incidence of akathisia for lurasidone-treated subjects was 8.9% versus 1.8% for placebo-treated subjects.

Dystonia: Symptoms of dystonia, prolonged abnormal contractions of muscle groups, may occur in susceptible individuals during the first few days of treatment. Dystonic symptoms include: spasm of the neck muscles, sometimes progressing to tightness of the throat, difficulty swallowing, difficulty breathing, and/or protrusion of the tongue. While these symptoms can occur at low doses, they occur more frequently and with greater severity, higher potency and at higher doses of first generation antipsychotic medicinal products. An elevated risk of acute dystonia is observed in males and younger age groups.

Venous thromboembolism: Cases of venous thromboembolism, including cases of pulmonary embolism and cases of deep vein thrombosis have been reported with antipsychotic drugs -Frequency unknown.

Reporting of side effects

If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in this leaflet. You can also report side effects directly via any point of contact of Torrent Pharma available at:

https://www.torrentpharma.com/index.php/site/info/adverse_event_reporting

4.9 Overdose

Management of overdose

There is no specific antidote to lurasidone, therefore, appropriate supportive measures should be instituted, and close medical supervision and monitoring should continue until the patient recovers.

Cardiovascular monitoring should commence immediately, including continuous electrocardiographic monitoring for possible arrhythmias. If antiarrhythmic therapy is administered, disopyramide, procainamide, and quinidine carry a theoretical hazard of QT-prolonging effects when administered in patients with an acute overdose of lurasidone. Similarly, the alpha-blocking properties of bretylium might be additive to those of lurasidone, resulting in problematic hypotension.

Hypotension and circulatory collapse should be treated with appropriate measures. Adrenaline and dopamine should not be used, or other sympathomimetics with beta agonist activity, since beta stimulation may worsen hypotension in the setting of lurasidone-induced alpha blockade. In case of severe extrapyramidal symptoms, anticholinergic medicinal products should be administered.

Gastric lavage (after intubation if patient is unconscious) and administration of activated charcoal together with a laxative should be considered.

The possibility of obtundation, seizures, or dystonic reaction of the head and neck following overdose may create a risk of aspiration with induced emesis.

5. Pharmacological properties

5.1 Mechanism of Action

Lurasidone is a selective blocking agent of dopamine and monoamine effects. Lurasidone binds strongly to dopaminergic D2- and to serotonergic 5-HT_{2A} and 5-HT₇- receptors with high binding affinity of 0.994, 0.47 and 0.495 nM, respectively. It also blocks α _{2c}-adrenergic receptors and α _{2a}-adrenergic receptors with a binding affinity of 10.8 and 40.7 nM respectively. Lurasidone also exhibits partial agonism at the 5HT-1A receptor with a binding affinity of 6.38 nM. Lurasidone does not bind to histaminergic or muscarinic receptors.

The mechanism of action of the minor active metabolite of lurasidone ID-14283 is similar to that of lurasidone.

5.2 Pharmacodynamic properties

Pharmacotherapeutic group: Psycholeptics, antipsychotics.

ATC code: N05AE05

Pharmacodynamic effects

In the main clinical efficacy studies, lurasidone was administered at doses of 37-148 mg lurasidone. Lurasidone doses ranging from 9 to 74 mg administered to healthy subjects produced a dose-dependent reduction in the binding of [¹¹C]-raclopride, a D₂/D₃ receptor ligand, in the caudate, putamen and ventral striatum detected by positron emission tomography.

Clinical efficacy

The efficacy of lurasidone in the treatment of schizophrenia was demonstrated in five multi-centre, placebo-controlled, double-blind, 6-week trials in subjects who met Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) criteria for schizophrenia. Lurasidone doses, which varied across the five trials, ranged from 37 to 148 mg lurasidone once daily. In the short-term trials, the primary efficacy endpoint was defined as the mean change from baseline to Week 6 in Positive and Negative Syndrome Scale (PANSS) total scores, a validated multi-item inventory composed of five factors to evaluate positive symptoms, negative symptoms, disorganised thoughts, uncontrolled hostility/excitement, and anxiety/depression. Lurasidone demonstrated superior efficacy compared with placebo across Phase 3 studies (see Table 2). Lurasidone showed significant separation from placebo from as early as Day 4. Additionally, lurasidone was superior to placebo on the predefined secondary endpoint Clinical Global Impression – Severity (CGI-S) scale. Efficacy was also confirmed in a secondary analysis of treatment response (defined as $\geq 30\%$ decrease from Baseline in PANSS total score).

In a long-term trial designed to assess the maintenance of effect, lurasidone was more effective than placebo in maintaining symptom control and delaying relapse of schizophrenia. After having been treated for an acute episode and stabilized for a minimum of 12 weeks with lurasidone, patients were then randomised in a double-blind manner to either continue on lurasidone or on placebo until they experienced a relapse in schizophrenia symptoms. In the primary analysis of time to relapse in which patients that withdrew without relapse were censored at the time of withdrawal, patients on lurasidone showed a significantly longer time to relapse compared with patients on placebo ($p=0.039$). The Kaplan-Meier estimates of the

probability of relapse at Week 28 were 42.2% for lurasidone and 51.2% for placebo. The probability of all-cause discontinuation at Week 28 were 58.2% for lurasidone and 69.9% for placebo (p=0.072).

Paediatric population

Schizophrenia

In reported clinical trial: The efficacy of Lurasidone, was established in a 6-week, randomized, double-blind, placebo-controlled study of adolescents (13 to 17 years) who met DSM-IV-TR criteria for schizophrenia (N=326). Patients were randomized to one of two fixed-doses of Lurasidone (37 or 74 mg/day) or placebo.

The primary rating instrument used to assess psychiatric signs and symptoms was the PANSS. The key secondary instrument was the CGI-S.

For both dose groups, lurasidone was superior to placebo in reduction of PANSS and CGI-S scores at Week 6. On average, the 74 mg/day dose did not provide additional benefit compared to the 37 mg/day dose.

Bipolar Depression

The short-term efficacy of lurasidone was studied in a 6-week multicentre, randomized, double-blind, placebo-controlled, study of children and adolescent patients (10-17 years of age) who met Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) criteria for a major depressive episode associated with bipolar I disorder, with or without rapid cycling, and without psychotic features (N=350). Patients were randomized to flexibly dosed lurasidone 18-74 mg once daily or placebo.

The safety profile of lurasidone in children included in this short-term study is in general consistent with that observed when treated within the approved indication in adults, however, differences in frequency of the most commonly occurred adverse reactions have been observed in paediatric patients for nausea (very common), diarrhea (common) and decreased appetite (common), compared with adults (common, unknown, and uncommon, respectively).

5.3 Pharmacokinetic properties

Absorption

Lurasidone reaches peak serum concentrations in approximately 1-3 hours.

In a food effect study, lurasidone mean C_{max} and AUC increased approximately by 2-3-times and 1.5-2-times, respectively, when administered with food compared to the levels observed under fasting conditions.

Distribution

Following administration of 37 mg of lurasidone, the mean approximate apparent volume of distribution was 6000 L. Lurasidone is highly bound (~99%) to serum proteins.

Biotransformation

Lurasidone is metabolised mainly via CYP3A4. The major biotransformation pathways are oxidative N-dealkylation, hydroxylation of norbornane ring, and S-oxidation.

Lurasidone is metabolised into two active metabolites (ID-14283 and ID-14326) and two non-active metabolites (ID-20219 and ID-20220). Lurasidone and its metabolites ID-14283, ID-14326, ID-20219 and ID-20220 correspond to approximately 11.4, 4.1, 0.4, 24 and 11% respectively, of serum radioactivity respectively.

CYP3A4 is the major enzyme responsible for metabolism of the active metabolite ID-14283.

Lurasidone and its active metabolite ID-14283 both contribute to the pharmacodynamic effect at the dopaminergic and serotonergic receptors.

Based on in vitro studies lurasidone is not a substrate of CYP1A1, CYP1A2, CYP2A6, CYP4A11, CYP2B6, CYP2C8, CYP2C9, CYP2C19, CYP2D6 or CYP2E1 enzymes.

In vitro, lurasidone demonstrated no direct, or weak inhibition (direct or time-dependent) ($IC_{50} > 5.9 \mu M$) of the enzymes cytochrome P450 (CYP)1A2, CYP2B6, CYP2C8, CYP2C9, CYP2C19, CYP2D6, CYP2E1, and CYP3A4. Based on this data, lurasidone is not expected to affect the pharmacokinetics of medicinal products that are substrates of CYP1A2, CYP2B6, CYP2C8, CYP2C9, CYP2C19, CYP2D6, and CYP2E1. For administration of medicinal products that are substrates of CYP3A4 with a narrow therapeutic range, see section 4.5.

Lurasidone is an in vitro substrate of the efflux transporters P-gp and BCRP. Lurasidone is not subject to active uptake transport by OATP1B1 or OATP1B3.

Lurasidone is an inhibitor of P-gp, BCRP and OCT1 in vitro (see section 4.5). Lurasidone is not expected to have a clinically relevant inhibitory potential on transporters OATP1B1, OATP1B3, OCT2, OAT1, OAT3, MATE1, MATE2K or BSEP based on in vitro data.

Elimination

Following administration of lurasidone, the elimination half-life was 20-40 hours. Following oral administration of a radiolabelled dose, approximately 67% dose was recovered in faeces and 19% in urine. Urine comprised mostly of a number of metabolites with minimal renal excretion of parent compound.

Linearity/non-linearity

The pharmacokinetics of lurasidone is dose-proportional within a total daily dose range of 18.5 mg to 148 mg. Steady-state concentrations of lurasidone are reached within 7 days of starting lurasidone.

Pharmacokinetics in special patient groups:

Elderly people

Limited data have been collected in healthy subjects ≥ 65 years. Of the data collected, similar exposure was obtained compared with subjects < 65 years. However, an increase in exposure in elderly subjects may be expected for patients if they have impaired renal or hepatic function.

Hepatic impairment

The serum concentrations of lurasidone are increased in healthy subjects with Child-Pugh Class A, B and C hepatic impairment with an increased exposure of 1.5-, 1.7- and 3-fold respectively.

Renal impairment

The serum concentrations of lurasidone are increased in healthy subjects with mild, moderate and severe renal impairment with an increased exposure of 1.5, 1.9 and 2.0-fold respectively. Subjects with ESRD ($\text{CrCl} < 15 \text{ ml/min}$) have not been investigated.

Gender

There were no clinically relevant differences between genders in the pharmacokinetics of lurasidone in a population pharmacokinetic analysis in patients with schizophrenia.

Race

There were no clinically relevant differences in the pharmacokinetics of lurasidone in a population pharmacokinetic analysis in patients with schizophrenia. It was noted that Asian subjects had 1.5 fold increased exposure to lurasidone compared to Caucasian subjects.

Smoking

Based on in vitro studies utilising human liver enzymes, lurasidone is not a substrate for CYP1A2; smoking should, therefore, not have an effect on the pharmacokinetics of lurasidone.

Paediatric population

The pharmacokinetics of lurasidone in paediatric patients was evaluated in 47 children aged 6-12 years and 234 adolescents aged 13-17 years. Lurasidone was administered as lurasidone hydrochloride at daily doses of either 20, 40, 80, 120 mg (6-17 years) or 160 mg (10-17 years only) for up to 42 days. There was no clear correlation between obtained serum exposure and age or body weight. The pharmacokinetics of lurasidone in paediatric patients aged 6–17 years was generally comparable to those observed in adults.

6. Nonclinical properties

Nonclinical data reveal no special hazard for humans based on conventional studies of safety pharmacology, repeated dose toxicity, genotoxicity, and carcinogenic potential. Major findings in repeat-dose toxicity studies of lurasidone were centrally-mediated endocrine changes resulting from serum prolactin elevations in rats, dogs and monkeys. High serum prolactin levels in long-term repeat-dose studies in female rats were associated with effects on bones, adrenal glands, and reproductive tissues. In a long-term dog repeat-dose study, high serum prolactin levels were associated with effects on male and female reproductive tissues.

In rats, lurasidone had no effect on male and female reproduction at oral doses of 150 and 0.1 mg/kg/day lurasidone hydrochloride, respectively, or on early embryonic development at an oral dose of 15 mg/kg/day lurasidone hydrochloride.

A fertility study in female rats resulted in prolonged oestrous cycle and delayed copulation at ≥ 1.5 mg/kg/day lurasidone hydrochloride, whilst the copulation and fertility indices, and the numbers of corpora lutea, implantations and live foetuses were decreased at 150 mg/kg/day lurasidone hydrochloride. These effects were due to the hyperprolactinemia following lurasidone treatment, affecting the oestrous cycle and copulatory behaviour as well as the maintenance of corpus luteum of the female rats, resulting in a decrease in implantation and the number of live foetuses. These prolactin-related effects are not considered to be relevant to human reproduction.

A single dose of 10 mg/kg lurasidone hydrochloride to pregnant rats resulted in fetal exposure. In a dose range finding study in pregnant rats, 150 mg/kg/day lurasidone hydrochloride caused fetal growth retardation without signs of teratogenicity. Lurasidone was not teratogenic in rats or rabbits at an exposure similar to or below the maximum recommended human dose (148 mg lurasidone).

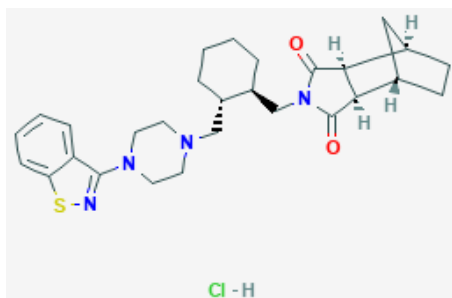
In the definitive juvenile rat toxicity study, no increased sensitivity of juvenile animals to lurasidone-related effects on body weight, food consumption, and clinical observations were apparent, but similar effects as in adult rat were noted (delays in growth and development and hyperprolactinaemia). Hyperactivity that was evident at ≥ 3 mg/kg/day during the post-treatment period has also been reported for other D2 receptor antagonists. Slightly lower birth weights and body weights/body weight gains during the postnatal period were noted in the offspring of juvenile rats previously treated with ≥ 30 mg/kg/day. At the NOAEL of 3 mg/kg/day, the exposures of lurasidone and most metabolites were lower than that achieved at the recommended clinical dose in adolescents aged 13 years or above.

Lurasidone was excreted in milk of rats during lactation.

Lurasidone was not genotoxic in a battery of tests. Mammary gland and/or pituitary gland tumours were observed in the mouse and rat carcinogenicity studies and are most likely due to the increased blood prolactin levels. These findings are common in rodents treated with antipsychotic medicinal products with dopamine D2 blocking activity and are considered to be rodent-specific.

7. Description

Lurasidone Hydrochloride is chemically, (1S,2R,6S,7R)-4-[[[(1R,2R)-2-[[4-(1,2-benzothiazol-3-yl)piperazin-1-yl]methyl]cyclohexyl]methyl]-4-azatricyclo [5.2.1.0^{2,6}]decane-3,5-dione;hydrochloride with molecular weight of 529.1 g/mol and empirical formula of C₂₈H₃₇ClN₄O₂S. The chemical structure is:



ATLURA 40

White coloured, round shaped, biconvex, film coated tablets with breakline on one side and plain on other side.

The excipients used are Lactose, Mannitol, Pregalatinized Starch, Croscarmellose Sodium, Povidone, Citric Acid Anhydrous, and Magnesium Stearate and Opadry White 02B580001.

ATLURA 80

Pale green coloured, oval shaped, biconvex, film coated tablets with plain on both sides.

The excipients used are Lactose, Mannitol, Pregalatinized Starch, Croscarmellose Sodium, Povidone, Citric Acid Anhydrous, and Magnesium Stearate, Opadry White 02B580001 and Opadry Green 03F510026.

8. Pharmaceutical particulars

8.1 Incompatibilities

None stated

8.2 Shelf-life

Do not use later than the date of expiry.

8.3 Packaging information

ATLURA is available in Blister pack of 10 Tablets.

8.4 Storage and handing instructions

Store below 30°C.

9. Patient counselling information

Package leaflet: Information for the user

ATLURA

Lurasidone Hydrochloride Tablets

Read all of this leaflet carefully before you start taking this medicine because it contains important information for you.

- Keep this leaflet. You may need to read it again.

- If you have any further questions, ask your doctor or pharmacist.
- **This medicine has been prescribed for you only.** Do not pass it on to others. It may harm them, even if their signs of illness are the same as yours.
- If you get any side effects talk to your doctor or pharmacist. This includes any possible side effects not listed in this leaflet.

What is in this leaflet?

- 9.1. What ATLURA is and what it is used for
- 9.2. What you need to know before you take ATLURA
- 9.3. How to take ATLURA
- 9.4. Possible side effects
- 9.5. How to store ATLURA
- 9.6. Contents of the pack and other information

9.1 What ATLURA is and what it is used for

ATLURA contains the active substance Lurasidone, and belongs to a group of medicines called Antipsychotics. It is used to treat symptoms of schizophrenia in adults (aged 18 years and over) and adolescents aged 13-17 years.

Lurasidone works by blocking receptors in the brain to which the substances dopamine and serotonin attach. Dopamine and serotonin are neurotransmitters (substances that allow nerve cells to communicate with each other) that are involved in the symptoms of schizophrenia. By blocking their receptors, lurasidone helps to normalise the activity of the brain, reducing the symptoms of schizophrenia.

Schizophrenia is a disorder with symptoms such as hearing things, seeing or sensing things that are not there, mistaken beliefs, unusual suspiciousness, becoming withdrawn, incoherent speech and behaviour and emotional flatness. People with this disorder may also feel depressed, anxious, guilty, or tense. This medicine is used to improve your symptoms of schizophrenia.

9.2 What you need to know before you take ATLURA

Do not take ATLURA if you:

- are allergic to lurasidone or any of the other ingredients of this medicine.
- are taking medicines which may affect the level of lurasidone in your blood such as:
 - medicines for fungal infections such as itraconazole, ketoconazole (except as a shampoo), posaconazole or voriconazole
 - medicines for an infection such as the antibiotic clarithromycin or telithromycin
 - medicines for HIV infections such as cobicistat, indinavir, nelfinavir, ritonavir, and saquinavir
 - boceprevir, and telaprevir (medicines for chronic hepatitis)

- nefazodone (a medicine for depression)
- rifampicin (a medicine for tuberculosis)
- carbamazepine, phenobarbital and phenytoin (medicines for seizures)
- St John's wort (*Hypericum perforatum*) (herbal medicine for depression).

Warnings and precautions

It may take several days or even weeks before this medicine will have a full effect. Contact your doctor if you have questions on this medicine.

Talk to your doctor or pharmacist before taking this medicine, or during treatment, especially if you have:

- Suicidal thoughts or behaviour
- Parkinson's disease or dementia
- ever been diagnosed with a condition whose symptoms include high temperature and muscle stiffness (also known as neuroleptic malignant syndrome) or if you have ever experienced rigidity, tremors or problems moving (extrapyramidal symptoms) or abnormal movements of the tongue or face (tardive dyskinesia). You should be aware that these conditions may be caused by this medicine
- heart disease or heart disease treatment that makes you prone to low blood pressure or have a family history of irregular heartbeat (including QT prolongation)
- a history of seizures (fits) or epilepsy
- a history of blood clots, or if someone else in your family has a history of blood clots, as medicines for schizophrenia have been associated with formation of blood clots
- enlarged breasts in male (gynecomastia), milky nipple discharge (galactorrhea), absence of menstruation (amenorrhea) or erectile dysfunction
- diabetes or are prone to diabetes
- decreased kidney function
- decreased liver function
- an increase in your weight
- blood pressure dropping upon your standing up which may cause fainting.
- opioid dependence (treated with buprenorphine) or severe pain (treated with opioids) or depression or other conditions that are treated with antidepressants. The use of these medicines together with ATLURA can lead to serotonin syndrome, a potentially life-threatening condition.

If you have any of these conditions, please talk to your doctor as he/she may want to adjust your dose, monitor you more closely or stop treatment with ATLURA.

Children and adolescents

ATLURA should not be used in children below 13 years of age.

Other medicines and ATLURA

Tell your doctor or pharmacist if you are using, have recently used or might use any other medicines. This is especially important if you are taking:

- any medicines that also work in the brain, as their effects could be additive in a negative way with the effects of ATLURA on your brain
- medicines for Parkinson's disease and restless legs syndrome (e.g. levodopa) as this medicine can reduce their effects
- medicines containing ergot alkaloid derivatives (used for treating migraines), and other medicines including terfenadine and astemizole (used for treating hay fever and other allergic conditions), cisapride (used for treating digestive problems), pimozide (used to treating psychiatric illnesses), quinidine (used for treating heart conditions), bepridil (used for treating chest pain).
- medicines containing buprenorphine (used for treating opioid dependence) or opioids (used for treating sever pain) or anti-depressants such as moclobemide, tranylcypromine, citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, duloxetine, venlafaxine, amitriptyline, doxepine, or trimipramine

Tell your doctor if you take any of these medicines since your doctor may have to change the dose of that medicine during treatment with ATLURA.

The following medicines may increase the level of lurasidone in your blood:

- diltiazem (to treat high blood pressure)
- erythromycin (to treat infections)
- fluconazole (to treat fungal infections)
- verapamil (to treat high blood pressure or chest pain).

The following medicines may decrease the level of lurasidone in your blood:

- amprenavir, efavirenz, etravirine (to treat HIV infection)
- aprepitant (to treat nausea and vomiting)
- armodafinil, modafinil (to treat sleepiness)
- bosentan (to treat high blood pressure or ulcers of the fingers)
- nafcillin (to treat infections) • prednisone (to treat inflammatory disease)
- rufinamide (to treat seizures).

Tell your doctor if you take any of these medicines since your doctor may change your dose of ATLURA.

ATLURA with food, drink and alcohol

Alcohol should be avoided when taking this medicine. This is because alcohol will have an additive negative effect.

Do not drink grapefruit juice while you are taking this medicine. Grapefruit can affect the way this medicine works.

Pregnancy and breast-feeding

If you are pregnant or breast-feeding, think you may be pregnant or planning to have a baby, ask your doctor for advice before taking this medicine.

You should not take this medicine during pregnancy unless this has been agreed with your doctor.

If your doctor decides that the potential benefit of treatment during pregnancy justifies the potential risk to your unborn baby, your doctor will monitor your baby closely after birth. This is because the following symptoms may occur in newborn babies of mothers that have used lurasidone in the last trimester (last three months) of their pregnancy: shaking, muscle stiffness and/or weakness, sleepiness, agitation, breathing problems, and difficulty in feeding.

If your baby develops any of these symptoms you should contact your doctor.

It is not known if lurasidone passes into breast milk. Talk to your doctor if you are breast-feeding, or if you plan to breast-feed.

Driving and using machines

Sleepiness, dizziness and vision problems may occur during treatment with this medicine. Do not drive, cycle or use any tools or machines until you know that this medicine does not affect you in a negative way.

9.3 How to take ATLURA

Always take this medicine exactly as your doctor or pharmacist has told you. Check with your doctor or pharmacist if you are not sure.

Your dose will be decided by your doctor and may depend on:

- how well you respond to a dose
- if you are taking some other medicines (see section 9.2, Other medicines and ATLURA)
- if you have kidney or liver problems.

Adults (aged 18 years and over): The recommended starting dose should be as prescribed by the physician.

Adolescents aged 13-17 years: The recommended starting dose should be as prescribed by the physician.

How to take ATLURA

Swallow your tablet whole with water, in order to mask the bitter taste. You should take your dose regularly every day at the same time of the day, so that it is easier to remember it. You must take this medicine with food or just after eating, as this helps the body to take up the medicine and allows it to work better.

If you stop taking ATLURA

If you stop taking this medicine you will lose the effects of the medicine. You should not stop this medicine unless told to do so by your doctor as your symptoms may return.

If you take more ATLURA than you should

Tell your doctor or pharmacist if you have taken more than the recommended dose. If possible take your medicine and this leaflet with you.

If you forget to take ATLURA

Do not take a double dose to make up for the forgotten dose. Take your next, normal dose, the next day, at your usual time.

If you have any further questions on the use of this medicine ask your doctor or pharmacist.

9.4 Possible side effects

Like all medicines, this medicine can cause side effects, although not everybody gets them.

If you notice any of the following symptoms seek medical attention immediately:

- a severe allergic reaction seen as fever, swollen mouth, face, lip or tongue, shortness of breath, itching, skin rash and sometimes a drop in blood pressure. These reactions are seen rarely (may affect up to 1 in 1,000 people).
- A serious blistering rash affecting the skin, mouth, eyes and genitals (Stevens-Johnson syndrome)
- Fever, sweating, muscle stiffness, and reduced consciousness. These could be symptoms of a condition known as neuroleptic malignant syndrome. These reactions are seen rarely (may affect up to 1 in 1,000 people).
- Blood clots in the veins especially in the legs (symptoms include swelling, pain and redness in the leg), which may travel through blood vessels to the lungs causing chest pain and difficulty in breathing. If you notice any of these symptoms seek medical advice immediately.

The following side effects may also happen in adults:

Very common (may affect more than 1 in 10 people): • feeling of restlessness and inability to sit still • sleepiness.

Common (may affect up to 1 in 10 people): • Parkinsonism: This is a medical term that describes many symptoms which include increase in saliva secretion or watery mouth, drooling, jerks when bending the limbs, slow, reduced or impaired body movements, no expression in the face, muscle tightness, stiff neck, muscle stiffness, small, shuffling, hurried steps and lack of normal arm movements when walking, persistent blinking in response to tapping of the forehead (an abnormal reflex) • speech problems, unusual muscle movements; a collection of symptoms known as extrapyramidal symptoms (EPS) which typically will involve unusual purposeless involuntary muscle movements. • dizziness • muscle spasms and stiffness • nausea (feeling sick), vomiting (being sick) • rash and itching • indigestion • dry mouth or excess saliva • abdominal pain • difficulty sleeping, tiredness, agitation and anxiety • weight gain • increase in creatine phosphokinase (an enzyme in muscles) seen in blood tests • increase in creatinine (a marker of kidney function) seen in blood tests.

Uncommon (may affect up to 1 in 100 people): • slurred speech • nightmares • muscle aches • joint pains • problems walking • rigid posture • increased blood prolactin, increased blood glucose (blood sugar), increase in some liver enzymes, seen in blood tests • increased blood pressure • blood pressure dropping upon standing up which may cause fainting • fast heartbeat • common cold • hot flush • blurred vision • reduced appetite • sweating • pain when passing urine. • uncontrollable movements of mouth, tongue and limbs (tardive dyskinesia) • low blood levels of sodium which can cause tiredness and confusion, muscle twitching, fits and coma (hyponatremia). • lack of energy (lethargy) • gas (flatulence) • neck pain • back pain

Rare (may affect up to 1 in 1,000 people): • Rhabdomyolysis which is the breakdown of muscle fibres that leads to the release of muscle fibre contents (myoglobin) into the bloodstream, seen as muscle pain, being sick, being confused, an abnormal heart rate and rhythm, and possibly dark urine • increase in eosinophils (a type of white blood cell). • swelling beneath the skin surface (angioedema)

Not known (frequency cannot be estimated from the available data): • reduced levels of white blood cells (which fight infection) and red blood cells (which carry oxygen around the body) • deliberate injury to oneself • sudden feelings of anxiety • sleep disorder • spinning sensation • seizure (fits) • chest pain • abnormal nerve impulses in the heart • slow heart rate • diarrhoea • difficulty swallowing • irritation to lining of stomach • kidney failure • newborn babies may show the following: agitation, increase or decreases in muscle tone, tremor, sleepiness, breathing or feeding problems • abnormal breast enlargement, breast pain, milk secretion from breasts • problems with erections • painful or absence of menstrual periods • sudden death associated with heart disease.

In elderly people with dementia, a small increase in the number of deaths has been reported for patients taking medicines for schizophrenia compared with those not receiving these medicines.

The following side effects may happen in adolescents:

Very common (may affect more than 1 in 10 people): • feeling of restlessness and inability to sit still • headache • sleepiness • nausea (feeling sick)

Common (may affect up to 1 in 10 people): • reduced or increased appetite • abnormal dreams • difficulty in sleeping, tension, agitation, anxiety and irritability • physical weakness, tiredness • depression • psychotic disorder: this is a medical term that describes many mental diseases that cause abnormal thinking and perceptions; people with psychoses lose touch with reality • symptoms of schizophrenia • difficulty in attention • spinning sensation • abnormal involuntary movements (dyskinesia) • abnormal muscle tone, including torticollis and involuntary upward deviation of the eyes, 7 • parkinsonism: this is a medical term that describes many symptoms which include increase in saliva secretion or watery mouth, drooling, jerks when bending the limbs, slow, reduced or impaired body movements, no expression in the face, muscle tightness, stiff neck, muscle stiffness, small, shuffling, hurried steps and lack of normal arm movements when walking, persistent blinking in response to tapping of the forehead (an abnormal reflex) • fast heartbeat • difficulty in emptying the bowels (constipation) • dry mouth or excess saliva • vomiting (being sick) • sweating • muscle rigidity • problems with erections • increase in creatine phosphokinase (an enzyme in muscles) seen in blood tests • increase in blood prolactin (a hormone), seen in blood tests • weight gain or loss

Uncommon (may affect up to 1 in 100 people): • hypersensitivity • common cold, infection of throat and nose • decreased activity of thyroid, inflammation of thyroid • aggressive behaviour, impulsive behaviour • apathy • confusional state • depressed mood • separation of normal mental processes (dissociation) • hallucination (auditory or visual) • homicidal thoughts • difficulty in sleeping • sexual desire increased or decreased • lack of energy • mental condition changes • obsessive thoughts • feeling of acute and disabling anxiety (panic attack) • engage in involuntary movements that serve no purpose (psychomotor hyperactivity) • hyperactivity of the muscles in the body (hyperkinesia), inability to rest (restlessness) • uncontrollable urge to move legs (restless legs syndrome), uncontrollable movements of mouth, tongue and limbs

(tardive dyskinesia) • sleep disorder • deliberate suicidal thoughts • thinking abnormal • unsteadiness (spinning sensation) • alteration of taste • memory impairment • abnormal skin sensation (paraesthesia) • feeling like with a tight band around head (tension headache), migraine • difficulty of the eyes in focusing, vision blurred • increased sensitivity of hearing • palpitations, alterations in heart rhythm • blood pressure dropping upon standing up which may cause fainting • increased blood pressure • abdominal pain or disturbance • absence of or deficiency in secretion of saliva • diarrhoea • indigestion • lip dry • toothache • partial or complete absence of hair, hair growth abnormal • rash, urticaria • muscle spasms and stiffness, muscle aches • joint pains, pain in arms and legs, pain in jaw • presence of bilirubin in urine, presence of protein in urine, a marker of kidney function • pain or difficulty when passing urine, frequent urination, renal disorder • sexual dysfunction • difficulty in ejaculation • abnormal breast enlargement, breast pain, milk secretion from breasts • menstruation absent or irregular • make uncontrolled noises and movements (Tourette's disorder) • chills • problems walking • malaise • chest pain • fever • intentional overdose • effects on the thyroid function, seen in blood tests increased blood cholesterol, increased blood triglycerides, decreased high density lipoprotein, decreased low density lipoprotein, seen in blood tests • increased blood glucose (blood sugar), increased blood insulin, increase in some liver enzymes (a marker of liver function), seen in blood tests • increased or decreased blood testosterone, increased blood thyroid stimulating hormone, seen in blood tests • electrocardiogram alterations • decreased haemoglobin, reduced levels of white blood cells (which fight infection) seen in blood tests.

Reporting of side effects

If you get any side effects, talk to your doctor or pharmacist. This includes any possible side effects not listed in this leaflet. You can also report side effects directly via any point of contact of [Torrent Pharma](https://www.torrentpharma.com/index.php/site/info/adverse_event_reporting) available at: https://www.torrentpharma.com/index.php/site/info/adverse_event_reporting. By reporting side effects, you can help provide more information on the safety of this medicine.

9.5 How to store ATLURA

Store below 30°C.

9.6 Contents of the pack and other information

What ATLURA contains

ATLURA 40

The active substances in ATLURA is Lurasidone Hydrochloride 40mg.

The excipients used are Lactose, Mannitol, Pregalatinized Starch, Croscarmellose Sodium, Povidone, Citric Acid Anhydrous, Magnesium Stearate and Opadry White 02B580001.

ATLURA 80

The active substances in ATLURA is Lurasidone Hydrochloride 80mg.

The excipients used are Lactose, Mannitol, Pregalatinized Starch, Croscarmellose Sodium, Povidone, Citric Acid Anhydrous, Magnesium Stearate, Opadry White 02B580001 and Opadry Green 03F510026.

10. Details of manufacturer

MSN Laboratories Private Limited, Formulation Division, Unit-II,
Sy.No. 1277, 1319 to 1324, Nandigama (Village & Mandal), Rangareddy (District),
Telangana – 509228, India.

11. Details of permission or licence number with date

Mfg Lic No. 5/MN/TS/2014/F/G issued on 26.07.2016

12. Date of revision

Mar/2022

MARKETED BY



TORRENT PHARMACEUTICALS LTD.

IN/ATLURA 40, 80/MAR 22/04/PI