ABOUT YOUR MEDICINE

Lumateperone

Caplyta, an antipsychotic medicine

This medicine treats psychosis and bipolar depression with one capsule a day and unusually little weight gain.

WHAT IT TREATS	HOW YOU TAKE IT	WHEN IT WORKS	HABIT FORMING
Bipolar depression, psychosis	One capsule daily	1 to 2 weeks; more by 6	No

IMPORTANT SAFETY WARNING

Older adults with dementia have a higher chance of dying on this medicine, so it is not used for dementia. In young people it can bring on thoughts of suicide, especially early. Call **988** or your prescriber if that starts.

WHAT THIS MEDICINE DOES

- **Lumateperone** shifts serotonin and dopamine signaling, which quiets psychosis and lifts the low phase of bipolar disorder.
- It covers both bipolar I and bipolar II depression, and it can be added to an antidepressant that has not been enough.
- There is only one dose to take, so there is no slow climb and no weeks of dose adjusting before you find out if it helps.
- In studies, weight, movement, and hormone effects were all unusually mild, which is why it gets picked after rough experiences.

HOW TO TAKE IT

- Take **one capsule once a day**, with or without food, at a time you can hold to every day.
- Evening dosing suits most people, since sleepiness is the most common effect and lands better at night.
- Swallow the capsule whole with water. Do not open it or chew it, because that changes how the medicine is released.
- Miss a dose? Take it when you remember unless the next one is close, and never take two capsules at once.
- A heavy, greasy meal can slow how fast it is absorbed, so keep your routine roughly the same from day to day.

WHAT TO EXPECT

- Sleep and agitation usually settle within the first week. Mood and clear thinking build over **2 to 6 weeks**.
- Working looks like the heaviness lifting, your interest coming back, and thoughts running at a normal speed again.
- Since there is no dose ladder, the honest test is simply time on the medicine rather than a series of increases.
- Most people see little change on the scale, which is a large part of why this medicine gets chosen for the long haul.

COMMON SIDE EFFECTS

- Sleepiness is the most common effect, in about **1 in 4** people. Taking it at night is usually enough to solve it.
- Dry mouth, nausea, and dizziness are frequent early. Water, small meals, and standing up slowly cover most of it.
- Weight change was close to placebo in studies, but weight, blood sugar, and cholesterol are still checked at the start.
- Those checks repeat around 12 weeks and yearly, because a mild profile in trials does not guarantee a mild one in you.
- Steady meals, walking most days, and limiting sugary drinks protect the metabolic advantage this medicine starts with.
- Stiffness and the cannot-sit-still, need-to-keep-moving feeling are uncommon here, but tell your prescriber if either shows up.

CALL YOUR PRESCRIBER OR GET HELP RIGHT AWAY IF

- Call **911** for muscle stiffness with a high fever, confusion, or a racing heart. That combination is an emergency.
- Report movements of the mouth, tongue, or hands you did not choose. Early treatment matters, so call at the first sign.
- Call **988** if thoughts of ending your life show up, and tell your prescriber the same day.
- Call your prescriber for fainting, a seizure, or a fever with a sore throat that does not pass.

WHAT TO AVOID

- Tell your prescriber before starting an antifungal, clarithromycin, diltiazem, or rifampin, since each shifts your level.
- Skip St. John's wort, which can drop the level of this medicine enough that it stops doing its job.
- Go easy on alcohol, which stacks with the sleepiness that is already the most common effect of this medicine.
- Do not drive until you know how drowsy it makes you, especially in your first week on it.
- Tell your prescriber if you are pregnant, may become pregnant, or are nursing, so you can decide together.

STOPPING IT SAFELY

- Do not stop **lumateperone** on your own. Depression and psychosis both tend to return once the medicine is gone.
- Your prescriber can step it down gradually, which is gentler than stopping outright even though no taper is required.
- If liver problems or a new prescription come up, that may change your dose rather than end the medicine entirely.
- Feeling better is the medicine working. Decide together how long to continue before you change anything.

QUESTIONS TO ASK

- Is this aimed at my depression, my thinking, or both?
- Do my liver results mean I need a smaller capsule?
- Which of my other medicines interact with this one?
- How long should I stay on this once I feel steady again?

Where this information comes from

American Psychiatric Association. (2023). *What are bipolar disorders?* https://www.psychiatry.org/patients-families/bipolar-disorders/what-are-bipolar-disorders

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NOTE

Sources are listed in APA 7th edition style. This handout is general information about a medicine, not medical advice, and it does not replace the instructions from your own prescriber or pharmacist. Never start, change, or stop a medicine on your own. If you think you are having a serious reaction, call your prescriber; if you cannot breathe, cannot stay awake, or are thinking of harming yourself, call 911 or 988 right away.