

Long-Term Safety and Efficacy of Olanzapine and Samidorphan: Results of a 4-Year Open-Label Study

Jacob S. Ballon,¹ René S. Kahn,² Christina Arevalo,³ Martin Dunbar,³ David McDonnell,⁴ Christoph U. Correll⁵⁻⁷

¹Stanford University, Stanford, CA, USA; ²Icahn School of Medicine at Mount Sinai, New York, NY, USA; ³Alkermes, Inc., Waltham, MA, USA; ⁴Alkermes Pharma Ireland Ltd., Dublin, Ireland; ⁵Zucker Hillside Hospital, Glen Oaks, NY, USA; ⁶Donald and Barbara Zucker School of Medicine at Hofstra/Northwell, Hempstead, NY, USA; ⁷Charité Universitätsmedizin, Berlin, Germany

BACKGROUND

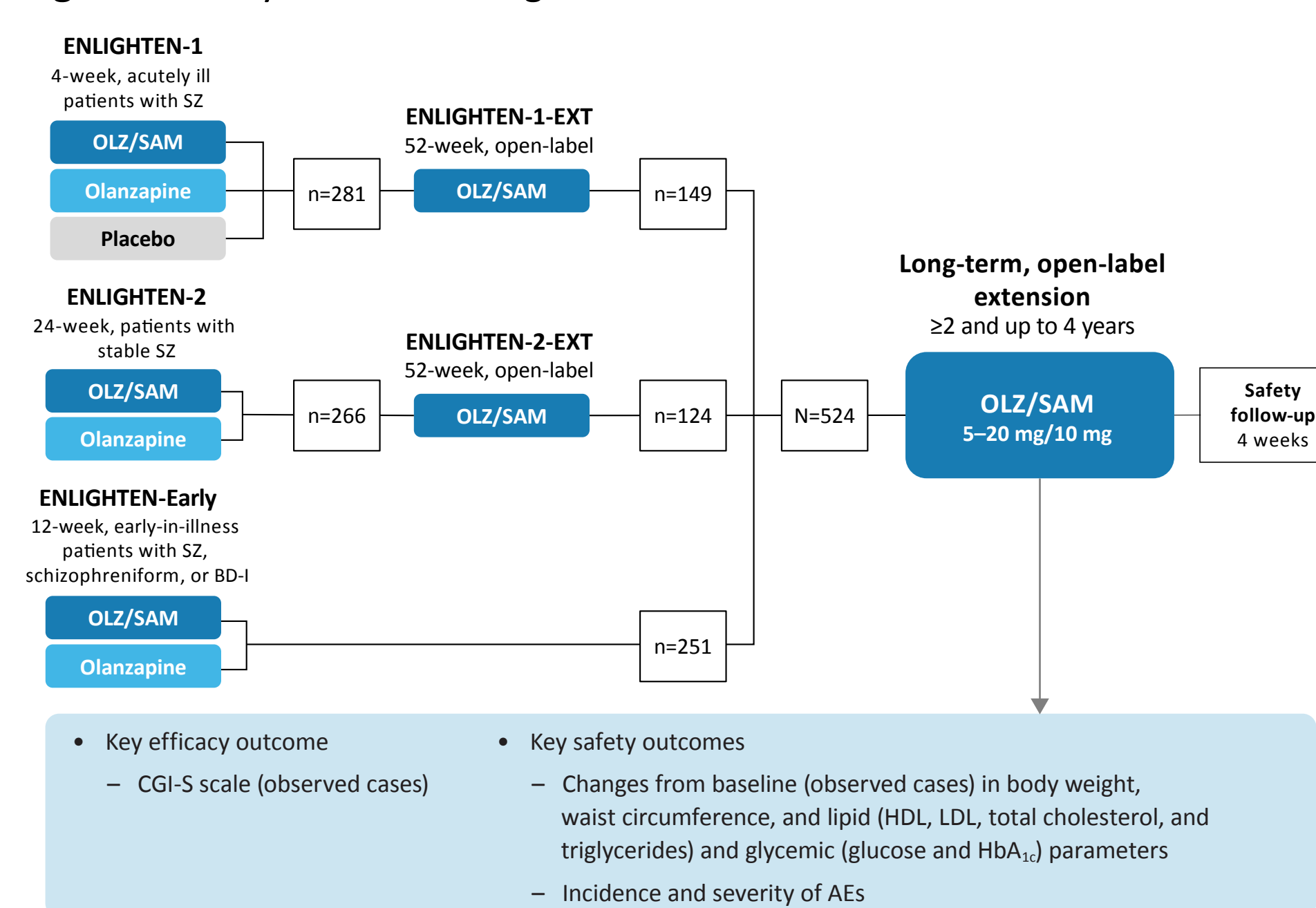
- Olanzapine is an effective antipsychotic medication for the treatment of schizophrenia and bipolar I disorder (BD-I), but its clinical use is limited by weight gain and metabolic concerns¹⁻⁴
- Olanzapine combined with samidorphan (OLZ/SAM) is approved for the treatment of schizophrenia and BD-I in adults⁵
- OLZ/SAM provides the established antipsychotic efficacy of olanzapine but with less weight gain⁶⁻⁸
- The objective of this study was to evaluate the long-term safety, tolerability, and durability of therapeutic effect of OLZ/SAM in patients with up to 4 years of open-label treatment

METHODS

Study Design and Treatments

- This was a phase 3, 4-year (48-month), multicenter, open-label extension study (NCT03201757)
- Eligible patients were enrolled in the current study within 7 days of completing 1 of 3 previously conducted phase 3 clinical trials investigating OLZ/SAM (Figure 1)

Figure 1. Study Flow and Design^{a,b}



^aThe numbers in boxes represent the number of patients who enrolled in each extension study. ^bPrevious OLZ/SAM exposure ranged from 0 to 76 weeks.

- Key efficacy outcome: CGI-S scale (observed cases)
- Key safety outcomes: Changes from baseline (observed cases) in body weight, waist circumference, and lipid (HDL, LDL, total cholesterol, and triglycerides) and glycemic (glucose and HbA_{1c}) parameters; Incidence and severity of AEs

RESULTS

Patient Disposition and Baseline Characteristics

- Of 524 patients enrolled, 523 received ≥ 1 dose of OLZ/SAM (Table 1)
- Because of patient discontinuations that occurred due to the Ukraine-Russia conflict (n=72), only 451 patients were eligible to receive at least 2 years of open-label OLZ/SAM treatment; of those, 242 (53.7%) completed 2 years of treatment
- 335 patients were eligible to receive up to 4 years of treatment after the protocol was modified from a 2- to a 4-year treatment period, with 109 (32.5%) completing 4 years
- Mean (SD) duration of exposure, 652.4 (454.8) days; median, 588.0 days
- The 4 most common reasons for discontinuation were withdrawal by patient (25.4%), other (17.6%; including discontinuation due to the Ukraine-Russia conflict), AEs (8.4%), and lost to follow-up (7.1%)

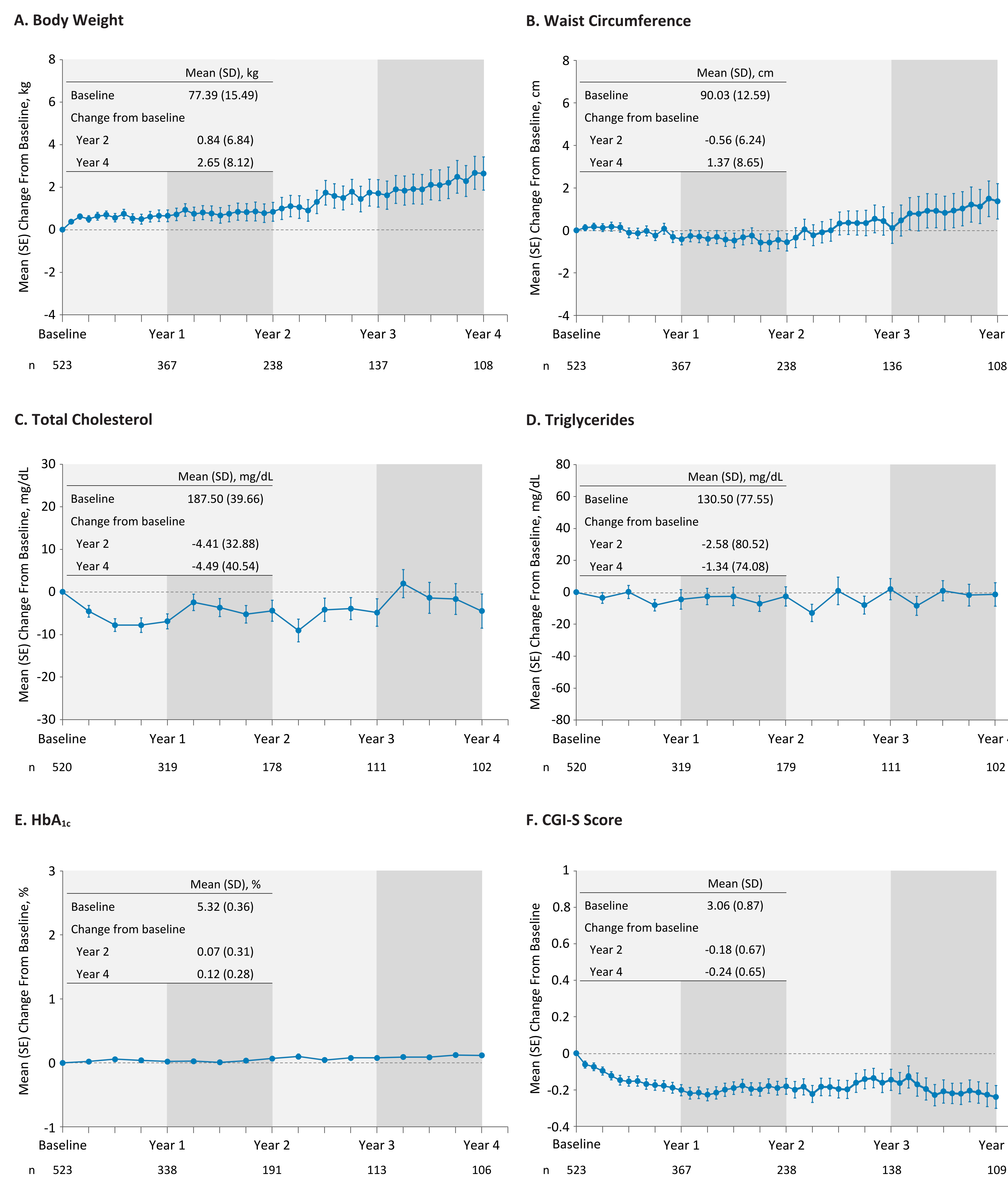
Table 1. Demographics and Baseline Clinical Characteristics^a

Characteristics	All Patients (N=523)
Age, ^b mean (SD), years	35.1 (12.2)
Male, n (%)	322 (61.6)
Race, n (%)	
White	380 (72.7)
Black or African American	126 (24.1)
Asian/Other ^c	17 (3.3)
Diagnosis	
Schizophrenia/schizophreniform disorder ^d	475 (90.8)
Bipolar I disorder	48 (9.2)
Weight, mean (SD), kg	77.4 (15.5)
BMI, mean (SD), kg/m ²	26.0 (4.3)
CGI-S score, mean (SD)	3.1 (0.9)

^aBased on all patients who received ≥ 1 dose of OLZ/SAM. ^bAge is based on data collected at time of screening in the patient's initial randomized controlled trial. ^cOther includes patients who were American Indian or Alaska Native individuals, those reporting multiple races, and those responding "other." ^dFifteen patients with a diagnosis of schizophreniform disorder were enrolled. BMI, body mass index; CGI-S, Clinical Global Impression-Severity; OLZ/SAM, combination olanzapine and samidorphan.

OLZ/SAM maintained symptom control with a long-term safety profile over 4 years consistent with that of previous studies

Figure 2. Changes From Baseline in Key Safety and Efficacy Assessments



CGI-S, Clinical Global Impression-Severity; HbA_{1c}, glycosylated hemoglobin.

Other Lipid and Glycemic Parameters

- Changes in HDL and LDL cholesterol and glucose levels were minimal over 4 years

Table 2. Summary of Adverse Events^a

Category ^b	All Patients (N=523)
Any AE, n (%)	314 (60.0)
AEs leading to discontinuation, n (%)	44 (8.4)
Any SAE, n (%)	35 (6.7)
SAE leading to death, ^c n (%)	1 (0.2)
Most common AEs ($\geq 5\%$ of patients)	
Weight increased	51 (9.8)
Headache	37 (7.1)
Anxiety	32 (6.1)
Insomnia	31 (5.9)
Somnolence	31 (5.9)
Nausea	30 (5.7)
Weight decreased	30 (5.7)

^aAll patients who received ≥ 1 dose of OLZ/SAM. ^bAny patient who experienced >1 AE in a category was counted only once in that category. ^cOne SAE resulted in death during the study (completed suicide). The suicide was ruled "definitely not related" to treatment with OLZ/SAM by the study investigator.

AE, adverse event; OLZ/SAM, combination olanzapine and samidorphan; SAE, serious adverse event.

LIMITATIONS

- Lack of a comparator arm limits interpretation of efficacy and safety
- Missing data due to patients who discontinued may have affected the findings
- In addition, patients with a less favorable outcome may have dropped out of the antecedent trial, creating potential selection bias
- Patient baseline characteristics in this study may have varied because of differences in inclusion and exclusion criteria of the 3 antecedent studies
- Fasting status at the time of collection for metabolic laboratory parameters was based solely on self-report

CONCLUSIONS

- In this open-label extension study, 53.7% (242/451) of eligible patients received ≥ 2 years of treatment, and 32.5% (109/335) received 4 years of treatment
- OLZ/SAM maintained symptom control and had a long-term safety profile over 4 years that was consistent with past observations of OLZ/SAM use⁶⁻¹⁰ in patients with schizophrenia or BD-I
 - Small changes in body weight
 - Minimal changes in waist circumference
 - Minimal changes in metabolic parameters
- These results highlight the long-term safety and clinical benefits of OLZ/SAM for the maintenance treatment of schizophrenia and BD-I

REFERENCES

- Buchanan RW, et al. *Schizophr Bull*. 2010;36(1):71-93. DOI: 10.1093/schbul/sbp116.
- Yatham LN, et al. *Bipolar Disord*. 2018;20(2):97-170. DOI: 10.1111/bdi.12609.
- De Hert M, et al. *Nat Rev Endocrinol*. 2012;8(2):114-26. DOI: 10.1038/nrendo.2011.156.
- Correll CU, et al. *Int J Neuropsychopharmacol*. 2023;26(7):451-64. DOI: 10.1093/ijnp/nyad029.
- Lybalvi [package insert]. Waltham, MA: Alkermes, Inc.; 2024.
- Potkin SG, et al. *J Clin Psychiatry*. 2020;81(2):19m12769. DOI: 10.4088/JCP.19m12769.
- Correll CU, et al. *Am J Psychiatry*. 2020;177(12):1168-78. DOI: 10.1176/appi.ajp.2020.19121279.
- Kahn RS, et al. *J Clin Psychiatry*. 2023;84(3):22m14674. DOI: 10.4088/JCP.22m14674.
- Yagoda S, et al. *CNS Spectr*. 2020;26(4):383-92. DOI: 10.1017/S1092852920001376.
- Kahn RS, et al. *Schizophr Res*. 2021;232:45-53. DOI: 10.1016/j.schres.2021.04.009.

DISCLOSURES AND ACKNOWLEDGMENTS

JSB has been a consultant and/or advisor to Alkermes, Corcept, Indivior, Lundbeck, and Teva; has received grant support from Alkermes, Corcept, Janssen, Neurocrine, and Roche; and has received royalties from American Psychiatric Association Publishing. RSK has served as a consultant for and/or has received grants or speaking fees from Alkermes, Janssen-Cilag, Lundbeck, Merck, Minerva Neuroscience, Otsuka, Roche, Sunovion, and Teva. CA and MD are or were employees of Alkermes, Inc., and may own stock/options in the company. DM is or was an employee of Alkermes Pharma Ireland Ltd. and may own stock/options in the company. CUC has been a consultant and/or advisor to or has received honoraria from AbbVie, Acadia, Adcock Ingram, Alkermes, Allergan, Angelini, Aristo, Biogen, Boehringer-Ingelheim, Bristol-Myers Squibb, Cardio Diagnostics, Cerevel, CNX Therapeutics, Compass Pathways, Darnitsa, Delpor, Denovo, Gedeon Richter, Hikma, Holmusk, Intra-Cellular Therapies, Janssen, Janssen/J&J, Karuna, LB Pharma, Lundbeck, MedAvante-ProPhase, MedinCell, Merck, MindPax, Mitsubishi Mylan, Neurilis, Neurocrine, Newron, Noven, Novo Nordisk, Otsuka, Pharmabrain, PPD Biotech, Recordati, Relmada, Reviva, Rovi, Sage, Seqirus, SK Life Science, Sumitomo Pharma America, Sun Pharma, Sunovion, Supernus, Takeda, Tanabe Pharma, Teva, Tolmar, Vertex, and Viatrix; has provided expert testimony for Janssen and Otsuka; has served on a data safety monitoring board for Compass Pathways, Denovo, Lundbeck, Relmada, Reviva, Rovi, Supernus, and Teva; has received grant support from Janssen and Takeda; has received royalties from UpToDate; and is a stock option holder of Cardio Diagnostics, Kuleon Biosciences, LB Pharma, MindPax, and Quantix.

Medical writing and editorial support were provided by Peloton Advantage, LLC, an OPEN Health company, and funded by Alkermes, Inc.

Copies of this poster can be obtained through this QR (Quick Response) code. These materials are for personal use only and may not be reproduced without permission of Alkermes. For permission, contact USMedInfo@Alkermes.com.

