Olanzapine for injection is intended for

Patients

In an analysis of 13 placebo-controlled olanzapine

•  None with olanzapine monotherapy.

•    Elderly patients with dementia-related

Warnings and Precautions:

Initial U.S. Approval: 1996

These highlights do not include all the

•    Hyperprolactinemia: The possibility of a suicide

I Mania (Adults)

Hyperglycemia, in some cases extreme and associated with ketoacidosis or hyperosmolar

5.17 Laboratory Tests

Full Prescribing Information

INFORMATION

Pediatric Use:

INFORMATION

Body Temperature Regulation

CAUTION Artwork cycles are NOT proof read. Please, proof read BEFORE authorizing Nosco to proceed to /f_inal proo/f_ing.
The combined effects of age, smoking, and gender could lead to differences in treatment response or risk of adverse reactions. These factors should be considered when selecting the appropriate dose or monitoring for patients.

Placebo who participated in the short-term, placebo-controlled trials in agitated patients with schizophrenia. The following table enumerates the percentage of adolescent patients with treatment-emergent findings, at anytime, that occurred in greater than or equal to 2% of patients treated with oral olanzapine.

<table>
<thead>
<tr>
<th>Treatment-Emergent Adverse Reactions of Interest</th>
<th>Placebo</th>
<th>Olanzapine 5 mg</th>
<th>Olanzapine 10 mg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Patients (%)</td>
<td>68</td>
<td>46</td>
<td>103</td>
</tr>
<tr>
<td>Percentage of Patients Reporting Event (%)</td>
<td>6%</td>
<td>2%</td>
<td>2.1%</td>
</tr>
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Other Adverse Reactions Observed During the Clinical Trial Evaluation of Intramuscular Olanzapine for Injection in Agitated Patients with Schizophrenia

These terms represent serious adverse events but do not meet the definition for adverse reactions. Patients with the following COSTART terms were counted in this category: movement disorder (e.g., dystonia, akathisia, bradykinesia, dyskinesia, parkinsonism), and these terms are listed in the following table.

<table>
<thead>
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<th>Principal Adverse Events</th>
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The mechanism of action of olanzapine, as with other drugs having efficacy in schizophrenia, is not fully understood. Olanzapine binds with high affinity to the following receptors: serotonin 5-HT1A, 5-HT2A, 5-HT2C, 5-HT6, and 5-HT7; dopamine D2, D4, D1; histamine H1, H3; and cholinergic muscarinic M1, M2, M3, M4, and M5. Olanzapine binds weakly to GABA A and GABA B receptors and to alpha-1, alpha-2, beta-2, and beta-3 adrenergic receptors. Olanzapine binds moderately to 5-HT2B, 5-HT7B receptors, and weakly to 5-HT6B, 5-HT7D, 5-HT1B, and 5-HT1D receptors. Olanzapine displays linear kinetics over the clinical dosing range. Its half-life ranges from 21 to 27 hours. Olanzapine is primarily metabolized by CYP3A4. Olanzapine can enhance the effects of certain antihypertensive agents.

Other Adverse Reactions Observed in Studies in Patients with Schizophrenia or Bipolar I Disorder

The following table enumerates the percentage of patients with treatment-emergent findings, at anytime, that occurred in greater than or equal to 2% of patients treated with oral olanzapine.

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In animal studies with olanzapine, the principal hematologic findings were reversible peripheral leukocytosis, eosinophilia, neutropenia, thrombocytosis, and iron deficiency. These hematologic changes are not observed in human studies with olanzapine, likely due to the different dosing regimens and species differences. These findings may be related to an antidiabetic effect of olanzapine on red blood cells and bone marrow, or a suppression of bone marrow activity.

In the clinical trial experience, olanzapine was associated with metabolic changes, including increases in body weight, total cholesterol, LDL cholesterol, triglycerides, fasting glucose, and blood pressure. These changes may be related to olanzapine's antidiabetic effects on red blood cells and bone marrow. Olanzapine is not approved for the treatment of type 2 diabetes mellitus. However, patients with pre-existing conditions associated with limited hepatic functional reserve, and in patients with normal births, 1 resulting in neonatal death due to a cardiovascular defect, 3 therapeutic abortions, and 10% of patients were delivered preterm. Olanzapine is a known cause of neonatal heart block; therefore, all pregnant women should be informed of the potential risk to the fetus. There has been no evidence of impaired fertility in either males or females treated with olanzapine.

Drug Interactions

Olanzapine inhibits the transport of theophylline, warfarin, and nortriptyline, and enhances the effects of certain antihypertensive agents. Olanzapine may antagonize the effects of levodopa and its metabolites. In 1 case of death, the amount of acutely ingested olanzapine and other drugs could not be determined. Therefore, patients should be advised to inform their physicians if they are taking, or plan to take, any other drugs, including nonprescription drugs, and should be advised of the possibility of an interaction. Olanzapine should be avoided in patients with a history of seizures. It is not recommended that other CNS-active drugs be used concurrently with olanzapine. In the clinical trial experience, olanzapine was associated with metabolic changes, including increases in body weight, total cholesterol, LDL cholesterol, triglycerides, fasting glucose, and blood pressure. These changes may be related to olanzapine's antidiabetic effects on red blood cells and bone marrow. Olanzapine is not approved for the treatment of type 2 diabetes mellitus. However, patients with pre-existing conditions associated with limited hepatic functional reserve, and in patients with normal births, 1 resulting in neonatal death due to a cardiovascular defect, 3 therapeutic abortions, and 10% of patients were delivered preterm. Olanzapine is a known cause of neonatal heart block; therefore, all pregnant women should be informed of the potential risk to the fetus. There has been no evidence of impaired fertility in either males or females treated with olanzapine.