**Title:** Assessing Psychiatric Hospitalization Rates Due to Schizophrenia after Addition of Aripiprazole Lauroxil to a Community Hospital Formulary.

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**Background:** Antipsychotics are the backbone of treatment for patients with schizophrenia. However, medication nonadherence is common among patients with schizophrenia. Many patients have difficulty adhering to daily regimens of oral antipsychotics; an alternative is long-acting injectable antipsychotics. Studies have shown that long-acting injectable antipsychotics decrease psychiatric rehospitalizations. Aripiprazole lauroxil is a long-acting injectable form of the antipsychotic aripiprazole that was FDA approved for the treatment of schizophrenia in 2015. Aripiprazole lauroxil was recently added to the formulary at Virginia Baptist Hospital on April 2, 2019, for the treatment of patients with schizophrenia.

**Purpose:** The purpose of this study is to determine whether the addition of aripiprazole lauroxil to a community hospital formulary has led to a decrease in psychiatric rehospitalizations in patients with schizophrenia previously receiving oral antipsychotics.

**Methods:** A retrospective chart review was performed on patients with schizophrenia who were taking an oral antipsychotic and admitted to the adult psychiatric unit from October 2018 to March 2019 and who then received a dose of aripiprazole lauroxil on or after April 2, 2019. A retrospective review after patients received a dose of aripiprazole lauroxil was then performed to determine rehospitalization rates after being switched to aripiprazole lauroxil from an oral antipsychotic. Patients were included in this study if they were 18-65 years old with a current diagnosis of schizophrenia as defined by DSM-V-TR criteria, received an oral antipsychotic during a psychiatric hospitalization from October 2018 to March 2019, and received their first dose of aripiprazole lauroxil on or after April 2, 2019 during a psychiatric hospitalization. Patients were excluded if they were over the age of 65 or pregnant. The primary outcome was psychiatric rehospitalization rates, and secondary outcome was time to rehospitalization.

**Preliminary Results:** The primary outcome of psychiatric rehospitalization rate was 53.8% both while the patients were taking oral antipsychotics and when they were transitioned to aripiprazole lauroxil. 30.8% of those taking oral antipsychotics were rehospitalized ≥2 times compared to 38.5% of those on aripiprazole lauroxil. Time to rehospitalization was reduced when patients were transitioned to aripiprazole lauroxil compared to when they were taking oral antipsychotics (48% vs. 70%, respectively). Rehospitalization length of stay was reduced from 8 days for oral antipsychotics to 4.5 days for aripiprazole lauroxil.

**Conclusion:** Aripiprazole lauroxil did not reduce hospitalization rates but may decrease readmission length of stay. These results are merely hypothesis generating, as statistical analysis was not performed due to small sample size. A larger sample size is needed to confirm these results.