

Lumateperone

Caplyta

One daily capsule, with a clear plan for what you want to feel and do better.

From Jeffrey Panko, PMHNP-BC's education collection ·

Draft for review · Clinical content has not been revalidated for this website.

ONCE DAILY

WITH OR WITHOUT FOOD

Take the prescribed strength. Some medicines and liver conditions require a lower dose; your prescriber chooses it.

What it is used for

For adults with schizophrenia or bipolar I or II depression. For bipolar depression, it may be used alone or with lithium or valproate.

For major depression, it is added to an antidepressant. It is not approved to treat mania or dementia-related psychosis.

How it works

It changes dopamine and serotonin signaling involved in symptoms. The exact way those changes lead to benefit is not fully established.

The small diagram is a simplified model. Receptor actions do not promise a particular mood, memory or energy benefit.

What to expect over time

FIRST DAYS

Sleepiness or dizziness may appear before benefit. Check how you feel before driving.

NEXT FEW WEEKS

Full benefit can take several weeks. Track sleep, mood, thoughts and everyday functioning.

ONGOING CARE

Keep follow-up visits and routine health checks, even when treatment is helping.

Taking your medication

Take one prescribed daily dose at a consistent time. Food is optional. Do not change the strength or take extra for a difficult day.

There is usually no gradual dose increase. Your plan may differ because of other medicines or liver health; ask if you are unsure.

Tell your team if sleepiness interferes with your day. They can review timing or treatment; do not stop on your own.

When to get help

Emergency help: trouble breathing, facial/throat swelling, seizure, collapse, or fever with severe stiffness and confusion.

Mood changes: report new suicidal thoughts, severe agitation or unusually high energy right away. If you cannot stay safe, seek emergency help.

Prompt advice: new uncontrolled movements, fever/infection, fainting, marked thirst or frequent urination.

Early side effects

Sleepiness, dizziness, dry mouth, nausea, tiredness, headache or diarrhea can occur. Report persistent symptoms or falls. Do not drive until you know how it affects you.

Other effects to discuss

Weight, blood sugar and cholesterol can change. Tremor, stiffness or persistent involuntary movements are possible. Lower average trial risks do not mean zero risk for you.

What to keep track of

Expect checks of weight, blood pressure, blood sugar, cholesterol and movements. Blood counts or sodium may need checking for particular risks. Bring symptom and side-effect notes to visits.

Before you start

Mention medicine allergies, heart problems, stroke, fainting, diabetes, low blood counts, seizures, swallowing trouble, liver or kidney disease, pregnancy and nursing. Older people with dementia-related psychosis have increased death and stroke risks with antipsychotics; Caplyta is not approved for that condition.

Medicines & interactions

Some antibiotics, antifungals and heart medicines

They can raise Caplyta levels and require a lower dose. Check every new prescription, including short courses.

Medicines or herbs that lower drug levels

Some combinations should be avoided. Do not start St. John's wort without a pharmacist or prescriber review.

Antidepressants

Some combinations need closer monitoring. New fever, agitation, sweating, diarrhea or muscle twitching needs urgent advice; severe confusion or seizure is an emergency.

Alcohol, sedatives and grapefruit

Avoid grapefruit. Avoid alcohol and check sleep aids or other sedatives, which can add sleepiness and poor balance.

Everyday tips

Stand up slowly. Sit or lie down if dizzy, and report fainting or repeated unsteadiness.

Avoid overheating and dehydration. Use a cool space in hot weather and drink fluids unless your clinician has restricted them.

Keep a daily reminder and an updated medicine list. Ask before starting or stopping another medicine.

Tell someone you trust what changes to watch for. Call between visits if mood, behavior or safety worsens.

Your questions, answered

What if I miss a dose?

Take it when remembered unless the next is nearly due; then skip it. Never double. Ask your prescriber about restarting after a longer gap.

Can I stop when I feel better?

Make a plan with your prescriber. Symptoms can return after stopping; troublesome side effects are a reason to call, not handle alone.

What about pregnancy?

Contact your team if pregnant or planning pregnancy. Do not stop abruptly. They can discuss risks, newborn monitoring and a pregnancy registry.

Can I breastfeed?

Small amounts reach milk; effects on babies are not well studied. Discuss feeding options and treatment needs. Ask about fertility concerns too.

Storage & safety

Store at room temperature, out of reach of children and pets. Do not share; ask a pharmacy about safe disposal. For extra doses, call Poison Control at 1-800-222-1222. Call 911 for collapse, seizure, breathing trouble or inability to wake.

A final reminder

Current label details take priority over older guidance.

About this information

For general information only; not a substitute for individualized medical advice. This sheet does not cover every risk or interaction. Ask your prescriber or pharmacist before changing how you take this medication.

Sources

1. <https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=db730b06-6351-47fd-8183-e61e61bhead5>
 2. <https://medlineplus.gov/druginfo/meds/a620014.html>
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Educational inclusion does not mean this medication or its indications are treated at this practice. Review the guide for your exact product with your prescriber or pharmacist.

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