

Figure 1.

Study Design and Key Study Information for the PRIDE,¹⁰ PROSIPAL,¹⁴ and DREaM^{3,a} Studies*

PRIDE (NCT01157351)

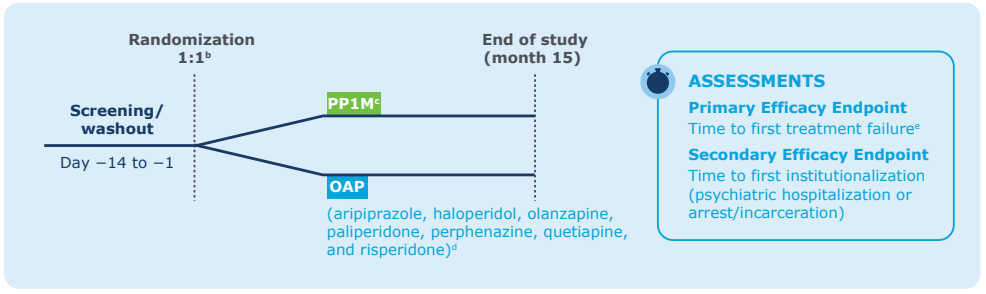
Prospective, randomized, open-label, event-monitoring board-blinded, parallel-group study

KEY INCLUSION CRITERIA

- Aged 18–65 years
- Confirmed diagnosis of schizophrenia
- ≥2 contacts with the criminal justice system, with ≥1 involving incarceration, in the past 2 years
- Released from most recent period of custody ≤90 days before screening

KEY EXCLUSION CRITERIA

- Use of clozapine within 3 months of screening or an injectable antipsychotic within 2 injection cycles of screening
- Opiate dependence disorder (per *DSM-IV*) or abuse of intravenous drugs within 3 months of screening



PROSIPAL (NCT01081769)

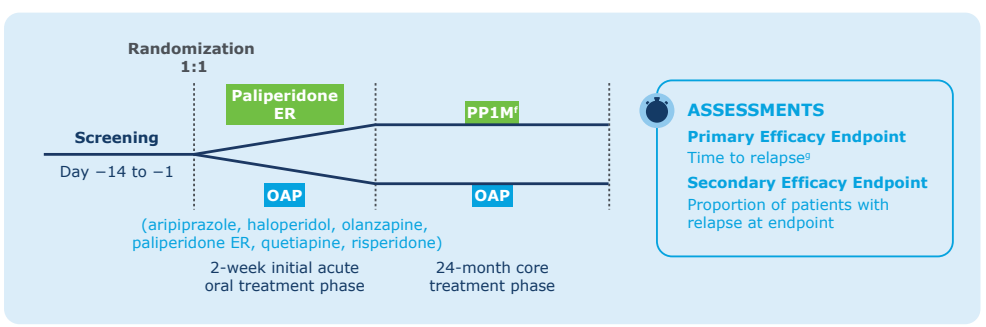
Multicenter, randomized, prospective, active-controlled, open-label, rater-blinded, international study

KEY INCLUSION CRITERIA

- Aged 18–65 years
- Experiencing an acute episode of schizophrenia (per *DSM-IV*)
- Diagnosis made in the past 1–5 years
- History of ≥2 relapses requiring psychiatric hospitalization in the past 24 months

KEY EXCLUSION CRITERIA

- Naive or resistant to treatment with an AP
- Use of clozapine within 3 months of screening or an injectable antipsychotic within 2 injection cycles of screening



DREaM (NCT02431702)

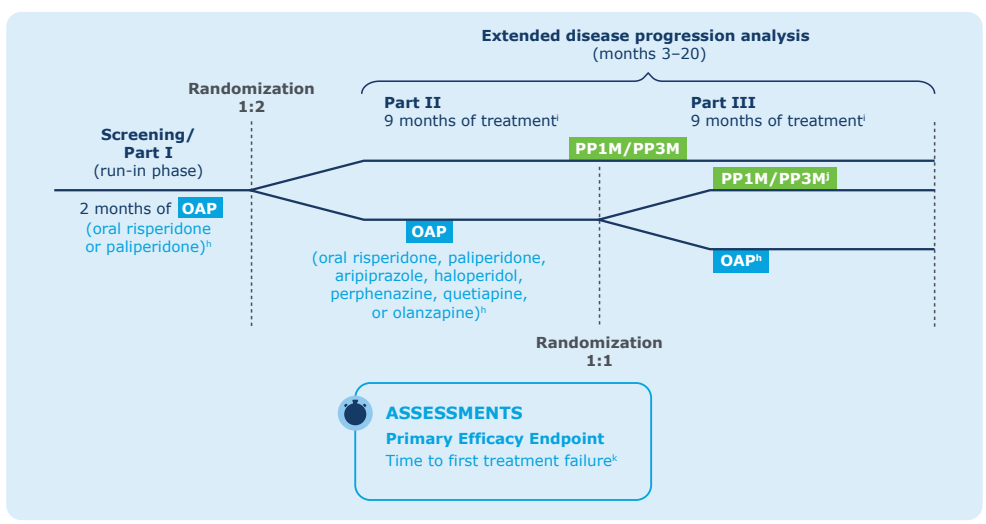
Prospective, delayed-start, matched-control, double-randomized, open-label, flexible-dose, multicenter study

KEY INCLUSION CRITERIA

- Aged 18–35 years
- Current diagnosis of schizophrenia or schizophreniform disorder (per *DSM-5*)
- First psychotic episode within the past 24 months
- Designated individual (eg, family member, significant other, friend) who also consents to participate in some trial activities

KEY EXCLUSION CRITERIA

- Met the *DSM-5* definition of moderate or severe substance use disorder (except for nicotine) within 2 months before screening



^aThis post hoc analysis included only patients with schizophrenia from the extended disease progression phase of the DREaM study.

^bBefore randomization, clinicians reviewed the 7 OAPs available in the study with each participant to determine their acceptability based on prior experience. Up to 6 medications could be deselected by the participant or physician.

^cFlexible dosing was permitted beginning on day 38 within the range of 78–234 mg. The recommended maintenance dose was 117 mg given monthly.

^dThe 7 oral antipsychotics (included in the comparative arm) account for 74% of oral schizophrenia treatment per IMS Real-World Data from May 2010 to December 2013 (data on file, Janssen).

^ePatients randomly assigned to PP received intramuscular PP 150 mg eq on day 1 (deltoid), 100 mg eq on day 8 (deltoid), 75 mg eq on day 38 (deltoid or gluteal), and once monthly thereafter with flexible dosing 25–150 mg eq (deltoid or gluteal).

^fDefined as ≥1 of the following: arrest/incarceration, psychiatric hospitalization, discontinuation of antipsychotic treatment because of safety or tolerability, treatment supplementation with another antipsychotic because of inadequate efficacy, need for increase in level of psychiatric services to prevent an imminent psychiatric hospitalization, discontinuation of antipsychotic treatment because of inadequate efficacy, and suicide.

^gRelapse was defined as any of the following: psychiatric hospitalization; increase in the level of psychiatric care; deliberate self-injury; clinically significant suicidal or homicidal ideation; violent behavior resulting in clinically significant injury to another person or property damage; substantial clinical deterioration, defined as a change score of ≥6 points on the Clinical Global Impressions–Measure of Clinical Change scale; or required antipsychotic dose exceeds the maximum approved dose.

^hParticipants received open-label, flexible-dose, oral paliperidone extended release (1.5–12 mg/d) or oral risperidone (1–6 mg/d). Participants who tolerated oral paliperidone or risperidone but for whom it was inadequately effective (per clinical judgment) could be switched to another protocol-specified OAP: aripiprazole, haloperidol, perphenazine, quetiapine, or olanzapine.

ⁱIn Parts II and III of the DREaM study, 9-month PP treatment was defined as treatment with PP1M for a minimum of 4 months (5 injections) followed by treatment with PP3M. PP1M flexible dosing was 78 mg, 117 mg, 156 mg, or 234 mg. PP3M flexible dosing was 273 mg, 410 mg, 546 mg, or 819 mg.

^jThe current analysis included participants who received consistent treatment with PP or OAP for 18 months. Participants who received OAP in Part II and whose assignment was rerandomized to PP1M/PP3M in Part III were excluded from the analysis.

^kDefined as ≥1 of the following: psychiatric hospitalization due to worsening symptoms, suicidal or homicidal ideation or behavior requiring immediate intervention, new arrest or incarceration, discontinuation of antipsychotic treatment due to inadequate efficacy, discontinuation of antipsychotic treatment due to safety/tolerability, increase in level of psychiatric services to prevent imminent psychiatric hospitalization, or treatment supplementation with another antipsychotic due to inadequate efficacy.

*Adapted from an original figure presented at Psych Congress Elevate in 2022.

Abbreviations: AP=antipsychotic; *DSM-IV*=*Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition; *DSM-5*=*Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition; ER=extended release; mg eq=milligram equivalents; OAP=oral antipsychotic; PP=paliperidone palmitate; PP1M=paliperidone palmitate once-monthly; PP3M=paliperidone palmitate once-every-3-months.