Lurasidone for schizophrenia in adults

NHS Devon

Commissioning policy

The commissioning of lurasidone is accepted in Devon for the management of schizophrenia in adults where:

- Patients have not responded to, or not tolerated, separate trials of amisulpride **AND** aripiprazole.

  OR

- QTc prolongation* has been identified (at baseline or during antipsychotic treatment) **AND** the patient has previously not responded to, or not tolerated, aripiprazole.

*QTc prolongation is defined as a QTc interval >440 milliseconds for men and >470 milliseconds for women.

Rationale for the decision

Antipsychotic treatment choices are guided by the relative importance of efficacy and side effects. Evidence from network meta-analyses indicate there is no antipsychotic which demonstrates both superior efficacy and superior tolerability. Lurasidone is no more effective than currently available antipsychotics and is more costly than most options. In terms of tolerability, lurasidone has advantages over some, but not all, antipsychotics in terms of weight gain and QTc interval prolongation.

Evidence for efficacy and tolerability is not sufficient to justify the use of lurasidone ahead of amisulpride or aripiprazole, both of which are available at a lower acquisition cost. Clozapine is the only antipsychotic with evidence of efficacy in those who have failed to respond to other antipsychotics however it is associated with well recognised serious side effects and requires regular safety monitoring. In practice, clinicians will trial a number of agents before considering clozapine.

Lurasidone is no more effective than available third line options, but evidence suggests that lurasidone has a smaller effect on weight gain. For some patients increases in body weight associated with antipsychotic use is a factor limiting successful treatment. The higher acquisition cost of lurasidone, when used in patients who have not responded to, or not tolerated prior treatment with amisulpride and aripiprazole, is considered to represent acceptable value for money.

Prolonged QTc interval on the ECG is a risk factor for the development of serious and potentially life threatening cardiac arrhythmia. Some antipsychotics are known to cause prolongation in QTc interval. Whilst evidence supports lurasidone as an antipsychotic with a low risk of QTc prolongation, there is no evidence of a difference in risk compared to aripiprazole, which is available at a lower acquisition cost. Therefore, the use of lurasidone as a first line option for those with QTc interval prolongation is not considered to represent good value for money. Evidence of a lower QTc risk for lurasidone versus currently available alternatives to aripiprazole does however support the use of lurasidone as a second line option for this patient cohort.

Guidance notes on exceptionality

Where the circumstances of treatment for an individual patient do not meet the criteria described above exceptional funding can be sought. Individual cases will be reviewed by the appropriate panel of the ICB upon receipt of a completed application from the patient's GP, consultant or clinician. Applications cannot be considered from patients personally.

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