Lurasidone for schizophrenia in children and adolescents

NHS Devon

Commissioning policy

The commissioning of lurasidone is accepted in Devon for the management of schizophrenia in children and adolescents aged 13 to 17 years where previous treatment with aripiprazole was ineffective OR not tolerated.

For patients initiated on lurasidone under the criteria of this policy who later transition to adult mental health services within Devon and require continued treatment with an antipsychotic for schizophrenia, lurasidone will continue to be commissioned for that individual.

Rationale for the decision

Network meta-analyses indicate there is no antipsychotic which demonstrates both superior efficacy and superior tolerability for children and adolescents with schizophrenia. Consequently, antipsychotic treatment choices are often guided by the relative importance of efficacy and side effect profiles for each individual. Lurasidone is licensed for use in schizophrenia in adolescents aged 13 years and over.

Evidence for efficacy and tolerability for lurasidone versus aripiprazole was not considered to be sufficient to justify the increase in drug expenditure associated with using lurasidone as a first line option (ahead of aripiprazole). However, lurasidone was shown to have smaller effects on weight gain and/or prolactin increase compared to other antipsychotics currently available in Devon for use in children and adolescents. Although lurasidone is on average more costly than currently available options, its use as a second line option for patients where these adverse events are a primary concern was considered to represent value for money. It was considered clinically inappropriate to switch treatment in an adolescent well controlled with lurasidone when they reach adulthood.

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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