

Northern (NHS) Treatment Advisory Group

Treatment Appraisal: Decision Summary

Date	7 th September 2021
Appraisal & Details	<p>Lurasidone (Latuda®▼) for the treatment of schizophrenia in adults and adolescents aged 13 years and over.</p> <p>The Northern (NHS) Treatment Advisory Group considered a review its original appraisal from April 2015 of Lurasidone (Sunovion Pharmaceuticals) for the treatment of schizophrenia in adults, and to include the recent license extension for use in adolescents aged 13 years and over.</p>
Recommendation	<p>The Northern (NHS) Treatment Advisory Group recommends the use of Lurasidone as an option only for the treatment of schizophrenia in adults and adolescents aged 13 years and older meeting the following criteria:</p> <ul style="list-style-type: none"> • require antipsychotic treatment, and • have not responded to or not tolerated aripiprazole, and • where the patient does not fulfil the treatment resistance criteria as outlined in NICE Clinical Guideline 178 for the initiation of prescribing of clozapine, and • who fulfil one of the following criteria: <ul style="list-style-type: none"> ○ Clinically significant weight gain on other antipsychotics (defined as greater than or equal to 5% gain in weight from baseline after a month of treatment) ○ Presence of a clinical condition that make avoidance of weight gain and metabolic adverse effects of particular importance, e.g. diabetes, cardiovascular disease ○ Patients with a prolonged QTc interval <p>Clinical trial data shows that lurasidone is superior to placebo and non-inferior to quetiapine prolonged release for preventing relapse in adults with schizophrenia. It is likely to compete with aripiprazole for use in patients in whom it is important to avoid weight gain and metabolic adverse effects.</p>
Clinical evidence summary	<p>A NICE Evidence Summary (ESNM 48) Schizophrenia: lurasidone was published on the 23rd September 2014.</p> <p>Based on the results of the study D1050231 by Meltzer et al (2011)¹³ and D1050237 by Citrome et al. (2012)¹⁴, an Evidence Summary from NICE concluded that lurasidone appears to be more effective than placebo and of similar effectiveness to risperidone and olanzapine.</p> <p>Evidence from five short-term and three longterm (12 month) studies suggests that lurasidone is effective at treating psychotic symptoms, and in preventing relapse in adults with schizophrenia. However, in one of the studies (primarily a safety study) non-inferiority to risperidone was not demonstrated. The available data suggest that lurasidone may have some advantages over other antipsychotics for patients where weight gain or other metabolic disturbances are likely to have significant adverse consequences, although other adverse effects- including akathisia- may be more troublesome with lurasidone.</p>

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	There is no direct comparison in terms of efficacy and safety versus aripiprazole currently available.
Safety	<p>Lurasidone has a spectrum of adverse events that is similar to other second-generation antipsychotics. The SPC states that in clinical studies, the most common adverse events occurring in at least 1 in 10 participants were akathisia and somnolence which were dose-related up to 111 mg daily.</p> <p>The most common adverse events observed with lurasidone are akathisia and somnolence (both occurring with an incidence 1 in 10 or more).</p>
Patient Perspective	<p>Lurasidone adds to the currently available atypical antipsychotics and may be particularly useful for patients where weight gain or other metabolic-related adverse effects are an issue.</p> <p>The most common side effects of akathisia and somnolence can be difficult to manage.</p> <p>Patients need to avoid drinking grapefruit juice when taking lurasidone as it can increase serum concentration levels.</p>
Cost analysis summary	<p>The cost for 28 days' treatment with lurasidone at a dose of 37mg to 148 mg daily is estimated to be £90.72 to £181.44. The cost for 28 days' treatment with alternative second-generation antipsychotics ranges from £1.37 to £194.56 depending on the drug and dose.</p> <p>NICE CG155 - Psychosis and schizophrenia in children and young people: recognition and management – states 3 children or young people in a population of 100,000 may have psychosis or schizophrenia. So for NENC this equates to 93 children and young people.</p> <p>NICE CG178 - Psychosis and schizophrenia in adults: prevention and management – states approx. 200,000 adults have a diagnosis of schizophrenia in England & Wales.</p> <p>In terms of patients numbers:</p> <ul style="list-style-type: none"> • In TEWV Mental Health Trust – since November 2016, have approved 51 applications to initiate lurasidone, of which only 7 were for schizophrenia/psychosis; the remainder were mainly for bipolar disorder/bipolar depression (many based on RADS recommendation). • In CNTW Mental Health Trust, estimate 42 patients on lurasidone, though some of these will be for bipolar depression.
Financial impact PbR: In-tariff	<p>Important that whole-system costs, service impact and regional public health strategies not just prescribing costs are consider. Using lurasidone as a choice for people who struggle to maintain a healthy weight on antipsychotics may be able to relieve some of this pressure.</p> <p>There are indirect cost implications of other choices of antipsychotics. This include – hypertension, osteoarthritis, heart disease, diabetes, cancer, poor self-esteem/ mental health, and poor adherence because of these and weight gain.</p>