

Enc 3 Appx 3

Clinical Expert Summary Lurasidone (Latuda[®]▼) 18.5 mg, 37 mg and 74 mg film-coated tablets

Lurasidone (Latuda[®]▼) for the treatment of schizophrenia in adults aged 18 and over.

1. Existing guidelines

The NICE guidelines for management of schizophrenia were highlighted:

- National Institute for Health and Care Excellence (NICE). Clinical Guideline (CG) 178. Psychosis and schizophrenia in adults: treatment and management (2014)¹

2. Disease prevalence/incidence

Experts have quoted the prevalence of schizophrenia as being 1% of the general population. This would equate to a prevalence of approximately 6,750 patients in North Wales at any given time. However, it was the opinion of one expert that only few people may potentially be prescribed lurasidone and under specialist supervision, and therefore estimated the possible number of patients that would be prescribed lurasidone to be less than 100 in this part of Wales.

3. Current treatment options

Experts highlighted the broad range of both typical and atypical antipsychotic drugs available in both oral and depot preparation. Choice of particular drug is influenced by multiple factors including compliance, physical health and choice considerations. In Wales most of the antipsychotic medications are available, either in generic or trade form. It was suggested that the most used antipsychotic is olanzapine.

Preferred treatment was stated as being an atypical antipsychotic due to having a generally favourable side-effect profile in the short term. Also a preference for following evidence published in a paper by Leucht *et al* (2009)² was expressed with amisulpride identified as the most favourable due to the ease of use, relative low cost and there being no need for physical monitoring (*i.e.* blood tests).

4. Unmet needs

It was highlighted that poor physical health outcomes are well recognised in patients suffering from chronic schizophrenia, with higher morbidity rates of obesity, type 2 diabetes mellitus, metabolic syndrome, cardiovascular disease. Mortality rates from physical health problems are increased compared with the normal population and patients with Schizophrenia have a reduced life expectancy of at least 10 years.

Experts stated that patients' choice remains a priority. Restricting availability of drugs may limit the choice for patients.

5. Knowledge of product in given indication

One expert commented that lurasidone has a favourable side-effect profile in relation to metabolic side-effects. It is a treatment worth considering for patients at particular risk of such side-effects or for those who have experienced such side-effects with other treatments.

Another expert referred to Leucht's paper² which ranks lurasidone in the following way: more effective than placebo in schizophrenia, not as effective as clozapine, amisulpride, risperidone or olanzapine; very favourable profile for QTc prolongation and weight gain; not particularly sedative. It was also mentioned that a number of patients specifically request medication with little or no weight gain and do not like the sedative effect of some other antipsychotics. It was considered that at present the only available drugs with little weight gain are amisulpride, aripiprazole and paliperidone.

It should be noted that experts involved in compiling this response declared a personal specific interest in relation to lurasidone (Latuda®▼) for the indication under consideration.

REFERENCES

- 1 National Institute for Health and Care Excellence. Clinical Guideline 178. Psychosis and schizophrenia in adults: treatment and management 7. Feb 2014. Available at: <http://guidance.nice.org.uk/CG178>. Accessed Jul 2014.
- 2 Leucht S, Corves C, Arbter D et al. Second-generation versus first-generation antipsychotic drugs for schizophrenia: a meta-analysis. *The Lancet* 2009; 373 (9657): 31-41.