South East London Area Prescribing Committee
Formulary recommendation

Reference	**025**
Intervention:	**Lurasidone (Latuda®) for the treatment of schizophrenia in adults aged 18 years and over** (Lurasidone is an oral 2nd generation antipsychotic agent the inhibits the effect of dopamine and 5-HT)
Date of Decision	**February 2015, updated January 2019**
Date of Issue:	**March 2015, re-issued February 2019**
Recommendation:	**RED – suitable for prescribing and supply by hospital only**
Further Information	• This recommendation has been updated to reflect additional patient cohorts agreed as suitable for treatment with lurasidone. • Lurasidone is approved for use within its licensed indication* as a third line antipsychotic once other atypical antipsychotic options (**including oral aripiprazole**) have been considered and have either failed to manage the patient's condition or are not suitable due to a contraindication or intolerance. This includes treatment of people with schizoaffective disorder who fulfil the criteria for treatment of schizophrenia in line with NICE guidance. • The use of lurasidone as a first or second line agent in the above patient groups is **not** supported at the current time. • There are a lack of head to head data comparisons between oral aripiprazole and lurasidone and it is unclear if lurasidone offers advantages over aripiprazole with respect to the metabolic side effects associated with these agents. Oral aripiprazole will therefore be considered for use before lurasidone in the treatment pathway. • Lurasidone may be considered as the preferred anyipsychotic for the treatment of people with schizophrenia who have a prolonged QTc: – With their current antipsychotic regimen **or** – At baseline (i.e. first line) – QTc prolongation is defined as >440 milliseconds for men and >470 milliseconds for women. • Prescribing and supply will be carried out by the mental health trusts. Only consultants may initiate lurasidone using the forms agreed within the Trusts. • Trusts will report data back to the Committee in 12 months outlining the following: (i) Total number of patients started on lurasidone by SEL borough. The number of patients started on lurasidone because of QT prolongation will be separated out. (ii) The rationale for lurasidone being chosen (iii) Patient outcomes (including response to treatment, impact on ECG and any safety issues identified). • This APC decision will be subject to review following submission of the 12 month report. *Lurasidone is licensed for the treatment of schizophrenia in adults aged 18 years and over.
Shared Care/ Transfer of care required:	N/A
Cost Impact for agreed patient group	• Discussions in 2015 indicated that around 5 patients will be started on the drug across South East London in a year, with a cost implication between £5,900 to £11,800 (depending on the dose used). • For the additional patient cohorts (schizoaffective disorder and prolonged QTc), it is estimated that up to 25 patients will be suitable for treatment each year across SEL.

Cost Impact for agreed patient group (cont'd)	• If it is assumed that 80% of patients are controlled on 37 mg or 74 mg this equates to approximately £35,350 per annum for SE London. • Comparatively, the cost of aripiprazole for the same number of patients would be approximately £2,500, and therefore use of lurasidone ahead of aripiprazole for this use represents increased costs of about £30,000 per annum in SE London.
Usage Monitoring & Impact Assessment	**Acute Trusts:** • Monitor and audit usage of lurasidone as agreed and report back to the Committee in 12 months (data to be collated and presented no later than **April 2020**).
	CCGs: • Monitor ePACT data • Monitor exception reports from GPs if inappropriate transfer of prescribing to primary care is requested.
Evidence reviewed	**References (from evidence evaluation December 2018)** 1. International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM). Available online at: https://www.cdc.gov/nchs/icd/icd10cm.htm (accessed 21/12/2018) 2. Diagnostic and Statistical Manual of Mental Disorders(DSM–5). Available here (accessed 21/12/2018) 3.Schizoaffective disorder – Approach. BMJ Best Practice. Available here (accessed 24/12/2018) 4. Beach S, Celano C, Noseworthy P et al. QTc Prolongation, Torsades de Pointes and Psychotropic Medications. Psychosomatics 2013 54 p1-13. 5. Polcwiartek C, Kragholm K, Schjerning O et al. Cardiovascular safety of antipsychotics: a clinical overview. Expert Opinion on Drug Safety 2016 DOI 10.1517/14740338.2016.1161021 6. QT Interval and Drug Therapy. Drug and Therapeutics Bulletin 2016 54 (3) p33-36. 7. Belmonte C, Ochoa D, Roman M et al. Evaluation of the relationship between pharmacokinetics and the safety of aripiprazole and its cardiovascular effects in healthy volunteers. Journal of Clinical Psycho-pharmacology 2016 36 p608-613. 8. Nelson S et al. Torsades de pointes after administration of low dose aripiprazole. Annals of Pharmacotherapy 2013 47e11 9. Poluzzi E, Raschi E, Koci A, et al. Antipsychotics and torsadogenic risk: signals emerging from the US FDA Adverse Event Reporting System database. Drug Saf. 2013;36(6):467–479 10. Shulman M, Miller A, Misher J et al. Managing cardiovascular disease risk in patients treated with antipsychotics: a multidisciplinary approach. Journal of Multidisciplinary Healthcare 2014 7 489–501 11. Latuda (lurasidone) Summary of Product Characteristics. Available here (accessed 07/01/2018) 12. Psychosis and schizophrenia in adults: prevention and management (CG178). National Institute for Health and Care Excellence 2014. 13. Ogasa M, Kimura T, Nakamura M et al. Lurasidone in the treatment of schizophrenia: a 6-week, placebo-controlled study. Psychopharmacology (2013) 225:519–530 14. Citrome L, Cucchiaro J, Sarma K et al. Long-term safety and tolerability of lurasidone in schizophrenia: a 12-month, double-blind, active-controlled study. International Clinical Psychopharmacology 2012, Vol 27 No 3 p165-176 15. McEvoy J, Citrome L, Hernandez D. Effectiveness of lurasidone in patients with schizophrenia or schizoaffective disorder switched from other antipsychotics. A randomised 6-week open label study. Journal of Clinical Psychiatry 74 (2) p170-179 16. Citrome L, Weiden P, McEvoy J et al. Effectiveness of lurasidone in schizophrenia or schizoaffective patients switched from other antipsychotics: a 6-month, open-label, extension study. CNS Spectrums (2014), 19, 330–339 17. Werner P, Pikalov A, Hsu J et al. Switching to Lurasidone in Patients with Schizoaffective Disorder: Safety, Tolerability and Effectiveness. CNS Spectrums (2013), 18, 334–377 18. Leucht S, Cipriani A, Spineli L et al. Comparative efficacy of tolerability of 15 antipsychotic drugs in schizophrenia: A multiple treatments meta-analysis. Lancet 2013 382 p951-962 19. Latuda (lurasidone) European Public Assessment Report. Available here (accessed 07/01/2018) 20. The clinical evaluation of qt/qtc interval prolongation and proarrhythmic potential for nonantiarrhythmic drugs e14. International conference on harmonisation of technical requirements for registration of pharmaceuticals for human use. May 2005. 21. The ARITMO (Arrhythmogenic potential of drugs) report. European Commission 2013. Available online at: https://cordis.europa.eu/project/rcn/94061/reporting/en (accessed 07/01/2019) 22. Raschi E, Poluzzi E, Salvo F et al. The contribution of national spontaneous reporting systems to detect signals of torsadogenicity. Drug Safety 2016 39 p59-68 23. Polcwiartek C, Schneider B, Graff C et al. The cardiac safety of aripiprazole treatment in patients at high risk for torsade: a systematic review with meta-analytic approach. Psychopharmacology 2015 232 p3297-3308

NOTES:

a) Area Prescribing Committee recommendations, position statements and minutes are available publicly via the APC website.

b) This Area Prescribing Committee recommendation has been made on the cost effectiveness, patient outcome and safety data available at the time. The recommendation will be subject to review if new data becomes available, costs are higher than expected or new NICE guidelines or technology appraisals are issued.

c) **Not to be used for commercial or marketing purposes. Strictly for use within the NHS**.