Abstract

Introduction. Earlier onset of schizophrenia, which occurs more commonly in males, is characterized by greater illness severity, chronicity, and functional impairment with a less favorable prognosis than later-onset schizophrenia. The aim of this pooled analysis was to evaluate the long-term safety and effectiveness of lurasidone in the treatment of schizophrenia in adolescents (13–17 years) and young adults (18–25 years).

Methods. The 2 pooled studies used similar designs and outcome measures. Patients (13–25 years) with schizophrenia completed an initial double-blind 6-week trial of lurasidone (40 and 80 mg/d), and (80 and 160 mg/d) in the young adult trial. In the open-label long-term trials, adolescent patients were treated with 20–80 mg/d of lurasidone, and adults were treated with 40–160 mg/d of lurasidone. Efficacy was evaluated based on the Positive and Negative Syndrome Scale (PANSS) and Clinical Global Impression-Severity Scale (CGI-S).

Results. The safety population consisted of 306 patients (mean age, 16.2 years; 208 patients [68.0%] who completed 12 months of treatment; 8.2% discontinued by 12 months due to an adverse event. Mean (SD) change in the PANSS total score from extension baseline to Months 6 and 12 was -11.8 (13.9) and -15.3 (15.0), respectively (OC); and mean (SD) change in the CGI-S score was -0.8 (1.0) and -1.0 (1.1), respectively (OC). The most frequent adverse events were headache (17.6%), anxiety (11.4%), schizophrenia (9.8%), and nausea (9.8). No clinically meaningful changes were observed in weight, metabolic parameters, or prolactin.

Conclusions. In adolescents and young adults with schizophrenia, treatment with lurasidone was generally well-tolerated and effective. Long-term treatment was associated with continued reduction in symptoms of schizophrenia. Long-term treatment was associated with minimal effects on weight, metabolic parameters, and prolactin.


Real-World Treatment Patterns and Healthcare Resource Utilization in Patients Prescribed Benztropine: A Claims Analysis From 2017-2020

Craig Chepke, MD, FAPA1,2, Samantha Cicero, PhD3, Erika Giraldo, DNP, PMHNP2, Michael Hull, MS4, Katharine Coyle, BA1, Jason Yeaw, MPH4 and Morgan Bron, PharmD, MS3

1Excel Psychiatric Associates, Huntersville, NC, USA, 2SUNY Upstate Medical University, Syracuse, NY, USA, 3Neurocrine Biosciences, Inc., San Diego, CA, USA and 4IQVIA, Falls Church, VA, USA

Abstract

Introduction. We sought to examine real-world treatment patterns and healthcare resource utilization (HCRU) for patients receiving an antipsychotic (AP) and subsequently prescribed benztropine.

Methods. A retrospective analysis was conducted among patients with evidence of benztropine initiation using claims data from
Economic Outcomes with Adjunctive Cariprazine and Other Atypical Antipsychotics in Patients with Major Depressive Disorder

Anita H. Clayton1, Tracy Yee2, Daniel Mercer2, Haiyan Sun2, Nicholas Cummings2, Oscar Hayes3 and Mousam Parikh3

1Department of Psychiatry and Neurobehavioral Sciences, University of Virginia School of Medicine, Charlottesville, VA, USA, 2Genesis Research, Hoboken, NJ, USA and 3AbbVie, North Chicago, IL, USA

Abstract

Introduction. Patients with major depressive disorder (MDD) who have inadequate responses to antidepressants (ADs) can benefit from augmentation with atypical antipsychotics (AAs). Cariprazine, a D3/D2 receptor partial agonist, is approved for schizophrenia and for manic, mixed, or depressive episodes associated with bipolar I disorder. Cariprazine is also currently under investigation for the adjunctive treatment of MDD. The aim of this retrospective cohort study was to describe healthcare resource utilization (HCRU) and associated medical costs with cariprazine and other adjunctive AA therapies for MDD.

Methods. IBM® MarketScan Commercial Claims and Encounters, Medicare Supplemental, and Medicaid databases were searched for claims made from 01-Jan-2018 to 31-Mar-2021. The study population included adults (≥18 years) who met the following criteria: ≥1 inpatient claim with an MDD diagnosis or ≥2 outpatient claims that were >30 days apart; ≥1 AD therapy after MDD diagnosis; ≥1 branded or generic adjunctive AA (with AD); enrollment for ≥6 and ≥12 months for baseline and follow-up analyses, respectively. Branded AAs were analyzed individually; generic AAs were grouped. MDD-related HCRU outcomes per person over the 12-month follow-up period included inpatient stays, inpatient costs, office visits, and office visit costs, with adjusted pairwise comparisons between cariprazine and other AAs. Statistical significance was defined as the 95% confidence interval (CI) for the estimated mean ratio (EMR) of comparator AA to cariprazine not including 1 (i.e., value indicating no difference).

Results. Analyses included 46,197 patients, with AA cohorts as follows: generics (n=39,410, including mostly aripiprazole and quetiapine); brexpiprazole (n=3,249); lurasidone (n=1,795); cariprazine (n=1,051); quetiapine-XR (n=644). A majority of patients across cohorts were women (range, 65.7% to 75.4%). Inpatient stays were statistically significantly fewer with cariprazine than other branded AAs and statistically significantly lower compared to generics (2.4 [1.6–4.1]). Office visits were fewer with cariprazine than all other AAs and significantly lower than generics (1.1 [1.03–1.2]), lurasidone (1.3 [1.2–1.4]), and brexpiprazole (1.4 [1.2–1.5]). Office visit costs were also lower for cariprazine than all other AAs and statistically significantly lower than lurasidone (1.2 [1.03–1.5] and brexpiprazole (1.4 [1.2–1.6]).

Conclusions. The results of this study suggest that in patients with MDD, adjunctive treatment with cariprazine is associated with statistically significantly lower HCRU for certain outcomes and numerically lower medical costs compared to other branded AAs, along with statistically significantly lower HCRU and medical costs versus generic AAs.

Funding. AbbVie