Title: Cost-utility of LURASIDONE versus Standard of Care (SoC) in patients with schizophrenia in Italy

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Abstract

Objectives: Lurasidone is an atypical antipsychotic approved for the treatment of schizophrenia in adults with a lower risk of hospitalization in the antipsychotics setting. The objective of this study was to conduct a cost-utility analysis to compare lurasidone with the standard of care (SoC) in Italy.

Methods: A probabilistic decision tree with a 1-year follow-up was developed from the National Health Service (NHS) perspective to simulate the therapeutic path of two homogeneous cohorts of 100 patients treated with lurasidone or SoC. The hospitalization risks for each treatment were derived from clinical studies. The utilities were obtained from the literature. Hospitalization cost were estimated through the national Diagnosis Related Group (DRG) tariffs while drug costs were obtained by regional bargaining tenders for SoC and using the ex-factory price (net of non-

transparent discounts) for lurasidone. A one-way sensitivity analysis and a Probabilistic Sensitivity Analysis (PSA) were conducted to take into account the variability of the results based on the parameters considered in the analysis.

Results: The model estimated a total annual cost equal to € 73,215 for patients treated with lurasidone (about 73% related to hospitalization cost) and a total annual cost equal to € 56,598 for patients treated with the SoC (about 88% related to hospitalization cost). The total QALYs gained were lower for patients treated with SoC than lurasidone (71,99 vs 73,78 respectively). The incremental cost-effectiveness ratio (ICER) was estimated equal to € 9,258.3 per QALY from a payer perspective. The simulations showed the robustness of the results.

Conclusions: Our analyses show that lurasidone may be a cost-effective treatment option when compared with the SoC setting.