ABSTRACT

Objective: Understanding the characteristics of patients that initiate a new antipsychotic in the market is important to determine the clinical decision-making patterns in real-world settings. To predict the demographic, diagnostic, comorbid, and prior drug utilization factors that may impact the likelihood of subjects initiating lurasidone, an analysis of a US employer database was conducted.

Methods: A retrospective claims analysis of a large geographically dispersed US employer from 2/1/2011 (lurasidone launch) through 9/30/2012. All continuously enrolled subjects with a prescription claim of lurasidone were classified as lurasidone subjects, those without a prescription claim of lurasidone were classified as control subjects. Within this study, the most commonly used atypical antipsychotics and their utilization are shown in Table 1. Dependent subjects were 49% female, mean age 20.8 (standard deviation=7.4) years and had a mean Charlson comorbidity index score of 0.27 (standard deviation=0.72). The most commonly used antipsychotic medications were as follows: 16.3%, olanzapine; 14.2%, risperidone; 13.5%, aripiprazole; 4.7%, ziprasidone; 3.9%, paliperidone; 3.4%, perphenazine; and 3.3%, haloperidol. Logistic regression was used to determine the likelihood of initiating lurasidone.

RESULTS

- A total of 127 lurasidone subjects and 754 controls were initially selected.
- After excluding claims with zero lurasidone and schizophrenia subjects were eligible for analysis (Table 2).
- The group of all schizophrenia patients were 47% female, mean age 44 (standard deviation: 10.8) years, and had a mean Charlson comorbidity index score of 0.0170 (standard deviation: 0.0543).
- Dependents were 49% female, mean age 20.8 (standard deviation:7.4) years, and had a mean Charlson comorbidity index score of 0.27 (standard deviation: 0.72).
- The average age was 6.4 years younger and average annual salaries were $23,640 higher in the Lurasidone cohort than in the Control cohort.
- Within this study, the most commonly used atypical antipsychotics are shown in Table 1.
- Dependent subjects were 49% female, mean age 20.8 (standard deviation=7.4) years, and had a mean Charlson comorbidity index score of 0.27 (standard deviation=0.72).

LIMITATIONS

- The results from the study suggest that patients who initiate lurasidone are likely to be younger, have schizoaffective disorder and that previously used paliperidone, ziprasidone, or aripiprazole. It is plausible that physicians are in active search for medications with good metabolic profile and/or efficacy. The trials of second-generation antipsychotics also contain some patients with obesity-related antipsychotic-induced weight gain. Physicians might select lurasidone due to its weight management characteristics.

REFERENCES

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DISCUSSION

- The results from the study suggest that patients who initiate lurasidone are likely to be younger, have schizoaffective disorder and that previously used paliperidone, ziprasidone, or aripiprazole. It is plausible that physicians are in active search for medications with good metabolic profile and/or efficacy. The trials of second-generation antipsychotics also contain some patients with obesity-related antipsychotic-induced weight gain. Physicians might select lurasidone due to its weight management characteristics.

This analysis of the United States employer database found that lurasidone is over two times more likely to initiate luraside subjects with a schizoaffective disorder and those with previous use of paliperidone, aripiprazole, or ziprasidone use to initiate lurasidone.