INAHTA Briefs

Issue 2007/130

Title **Atypical Antipsychotic Monotherapy for Schizophrenia: Clinical Review and Economic Evaluation of First Year of Treatment**

Agency **CADTH, Canadian Agency for Drugs and Technologies in Health**
Suite 600, 865 Carling Ave, Ottawa, Ontario K1S 5S8, Canada;
Tel: +1 613 226 2553, Fax: +1 613 226 5392; publications@cadth.ca, www.cadth.ca

Reference Technology report no 91, 2007

Aim

To evaluate the clinical effectiveness of the 4 atypical antipsychotics (AAPs) commercially available in Canada (risperidone, olanzapine, quetiapine, and clozapine), and to evaluate the economic implications of each when used in maintenance treatment of schizophrenia and related psychoses (eg, schizophreniform, delusional, and schizoaffective disorders).

Conclusions and results

The evidence suggests that, compared with risperidone, olanzapine is associated with a lower risk of relapse and of treatment discontinuation, but is less well tolerated. Evidence also shows that clozapine use reduces suicide risk in high-risk patients, compared with olanzapine. Generic and brand-name olanzapine will require a larger investment by drug plans than quetiapine and risperidone. These costs are offset by reduced downstream costs from hospitalization, the largest cost component for treating patients with schizophrenia. The lack of high-quality evidence to inform first-line therapy reimbursement decisions suggests that additional analysis should be undertaken when comparative effectiveness studies are available. The costs associated with polytherapy, long-term treatment, and the role of traditional antipsychotics should be considered.

Recommendations

Not applicable.

Methods

We appraised and summarized the findings from a drug class review on AAPs. A systematic review of economic evaluations was conducted, with a cost analysis from the perspective of a Canadian third-party payer. A deterministic decision tree followed a theoretical cohort of recently diagnosed and already treated patients for 12 months, using observational data from a Canadian setting, and results from the clinical review.

Further research/reviews required

The analysis presented in this study should be replicated when additional comparative effectiveness data are available on patients with a first episode of schizophrenia.

Written by Farahati F, Boucher M, Moulton K, Williams R, Herrmann N, Silverman M, and Skidmore B, CADTH, Canada

ISSN 1654-501X