TREATMENT ALGORITHMS IN SCHIZOPHRENIA

Schizophrenia is a chronic, severe mental illness characterized by a range of symptoms that include positive symptoms (delusions, hallucinations), negative symptoms (affective flattening, avolition), and cognitive deficits. The primary goals of medical treatment for schizophrenia are to reduce positive and negative symptoms, maintain the reduction of these symptoms over the long term, and improve patients’ functional capacity—thereby improving the quality of life for patients and their caregivers. Atypical antipsychotics are the cornerstone of schizophrenia treatment with ten molecules available in the United States, in various oral, intramuscular, and depot formulations. The continued genericization of the schizophrenia market will be an obstacle to emerging therapies targeting the disease’s positive symptoms; in particular, the generic availability of therapies with more-favorable tolerability profiles (aripiprazole), will likely relegate emerging therapies to later lines of therapy. Using national patient-level claims data, Treatment Algorithms in Schizophrenia explores the use of key therapies and drug classes among newly diagnosed and recently treated schizophrenia patient populations. Among the newly diagnosed patients, this report provides a quantitative analysis of treatment patterns and share by line of therapy, as well as progression between lines, duration of treatment on each line, and use of concomitant treatment. Among recently treated patients, this report quantifies a therapy’s overall drug share, use in combination with other therapies, and source of business compared with its competitors, detailing which drugs precede others through an analysis of add-versus-switch patterns. Additional analyses explore persistency and compliance by therapy.

Questions Answered in This Report:

- Newly diagnosed patients: More than 40% of schizophrenia patients begin treatment with a key therapy within a year of their initial diagnosis. What percentage of these patients progress to a second- or third-line drug within the first year? Which products capture the most patient share in the first, second, and third lines of treatment? How often is combination therapy used in each line of therapy?

- Recently treated patients: In Q3 2014, approximately two-thirds of drug-treated schizophrenia patients filled a prescription for an atypical antipsychotic, the leading class of agents for the treatment of schizophrenia. Which specific drugs garner the most patient share for recently treated schizophrenia patients? What is the drug burden across the schizophrenia population and what are the most common drug combinations used to treat patients? Which therapies have experienced market growth or decline over the key therapy periods studied?

- Pathways to key therapies: Among patient share leaders in the atypical antipsychotic class of agents, oral risperidone is the most likely atypical to precede most agents, consistent with this
drug's leading position in early lines of therapy. How long does it take a schizophrenia patient to progress to each key therapy? Are most recently treated patients with each key brand coming from new (addsswitches) or continuing business?

Scope:

Primary patient-level data: This report provides quantitative findings from our analysis of data covering approximately 40 million lives and provides the most representative sample of U.S. treatment practice for Medicare and commercially insured patients. This report is delivered as a key findings slide deck and a dashboard that can be accessed using the Internet, and presents claims that are between 6-12 months old at time of publication.

Patient Sample: Patients who are continuously enrolled for the complete two-year study period must meet the following condition: at least one claim with a diagnosis code for schizophrenia (International Classification of Diseases, Ninth Revision [ICD-9] diagnostic codes 295.00 to 295.95) during the study period. All patients must be age 15 or older to qualify. Patients were excluded from the analysis if they had a claim with a diagnosis code for bipolar disorder.

Quantified lines of therapy analyses show exact share of each agent in each line of therapy, including rate of progression between lines and length of time patients are on each line.

Newly Diagnosed Patients:
- Patient share by drug class and key products across three lines of therapy, within one year of diagnosis.
- Patient flowcharts through one year of treatment for all first-line products, including progression rates and addswitch behavior.
- Polypharmacy and key concomitant therapies by line of therapy.
- Quarterly trending of patient share by line of therapy.

Recently Treated Patients:
- Quarterly snapshot of patient share by drug class and key products.
- Pathway to key therapy flowcharts tracking the preceding therapy patterns for all key therapies, including addswitch behavior.
- Brand source of business including share for continuing, new (switches/adds), and new (initial therapy) business.
- Polypharmacy and key concomitant therapies.
- Drug persistence and compliance.
- Quarterly trends in patient share for all key therapies.

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