

Commissioning guidance:

Commissioners may wish to bear the following in mind when considering the commissioning of cariprazine:

- Cariprazine treatment should be initiated and stabilised within secondary care as per the recommendations of the NICE (National Institute for Health and Care Excellence) guidance on the [Management of Psychosis and Schizophrenia in adults \(CG178; 2015\)](#).
- Local specialist opinion was that aripiprazole was a first-line choice for new patients, due to the lower risk of metabolic side effects (e.g. weight gain, changes in blood glucose levels and blood pressure) than other atypical antipsychotics.
- There is a greater drug acquisition cost associated with the choice of cariprazine of £1047.55 per patient per year, compared with generic versions of other available antipsychotic medications.

Strength of the evidence for efficacy

The evidence for the efficacy of cariprazine was based on four randomised controlled trials (RCTs); two trials compared cariprazine with placebo over six weeks as treatment for an acute psychotic episode, one trial compared cariprazine with risperidone as a maintenance treatment over 26 weeks, and the fourth trial evaluated relapse rates after withdrawal of cariprazine over 26 to 72 weeks. Cariprazine was more effective than placebo in improving symptom scores, both as acute treatment and for relapse prevention. It also showed significantly greater improvement in the PANSS negative subscale score than risperidone after 26 weeks, although the clinical relevance of the mean difference in scores of 1.46 points (95% confidence interval 2.39 to 0.53; effect size 0.31) was considered 'difficult to interpret' in the European Medicines Agency (EMA) assessment report for cariprazine.

MTRAC considered cariprazine as a new product with potential for use in primary care.

References

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4. [Kuipers E, Management of psychosis and schizophrenia in adults: summary of updated NICE guidance. BMJ 2014 348:\[g1173\]](#)
5. [Costing statement: Psychosis and schizophrenia in adults: treatment and management. NICE 2014](#)
6. [Knapp M *et al.* Making the business case for effective interventions for people with schizophrenia and psychosis. LSE 2014](#)
7. Durgam S *et al.* *J Clin Psychiatry* 2015; 76(12):e1574-e1582.
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9. Nemeth G *et al.* *Lancet* 2017; 389(10074):1103-1113.
10. Durgam S *et al.* *Schizophr Res* 2016; 176(2-3):264-271.
11. [Assessment report: Reagila. EMA 2017](#)
12. [Schizophrenia: lurasidone. NICE 2014](#)