

Antipsychotic cost effectiveness

Cost effectiveness for antipsychotics can include a narrow focus, such evaluations of their contributions to maximize reduction in psychopathology while minimizing pharmacy/drug costs. Cost effectiveness can also have a broader focus, such as how to use these agents to maximize outcomes while minimizing total treatment related expenses, such as hospitalizations, loss of employment income, disability payments and general quality of life. Since atypical antipsychotics are considerably more expensive than conventional antipsychotics, the importance of demonstrating cost effectiveness, whether defined narrowly or broadly, is high. Most studies which examine cost effectiveness in the broad sense, show that atypical antipsychotics by reducing motor side effect burden in the short run, rehospitalizations due to better efficacy and compliance in the intermediate run, and enhance rehabilitative outcomes in the long run due to cognitive improvements, leading to better outcomes, quality of life and even increased employment and reduced disability payments in some cases, are cost effective. To achieve these outcomes, psychosocial treatments may also be needed. Despite their cost, their contribution to better outcome may enable the atypical agents to achieve a level of outcome that makes the combined approach cost-effective where either treatment is not. Thus, atypical antipsychotics are being adapted as the treatments of choice in many countries and in an increasing manner throughout the world.

To demonstrate cost effectiveness of atypical antipsychotics in the narrower sense is more difficult, since these agents can cost more than ten times that of conventional antipsychotics and their advantage for control of psychopathology is relatively small. Demonstrating cost effectiveness at the level of pharmacy and drug expenses will also vary among different countries as the costs of atypical antipsychotics themselves can vary considerably among various countries, for example, being 2 or 3 times more expensive in the US than in most other countries. To minimize pharmacy costs, various high cost-low evidence based practices can be minimized, such as the use of atypical-atypical polypharmacy and high dosing beyond the approved and well investigated dosing ranges. Also, reducing poorly documented augmentation strategies, such as with certain expensive anticonvulsants (e.g., topiramate and gabapentin) can also reduce pharmacy costs. Encouraging an open formulary of all first line atypical antipsychotics used as monotherapy, within approved dosing ranges, will increase the likelihood of achieving optimal benefit from these agents which are more expensive and avoiding the expense of polypharmacy for which there is minimal evidence.