Background
Schizophrenia is a chronic, severe, and disabling brain disorder that affects men and women between the late teens and the mid-30s, but in new cases, can appear in childhood. Symptoms can include hallucinations, disordered thinking, movement disorders, delusions and social withdrawal. The causes of the disease have not yet been established, but current treatments can alleviate many of the symptoms and allow people with schizophrenia to live independent in the community.

The registry of patients treated for mental disorders indicated that there were approximately 120,000 patients treated for schizophrenia only in specialist centers in 2007 in Poland. The National Health Fund (NHF) reported indicated that in 2005, health care expenditures alone for schizophrenia accounted for around 3.0% of Poland’s total health care expenses for drugs. Therefore an overview of substances and generics newly launched, current products and their market share in antipsychotics is essential from NHF perspective.

Methods
The analysis was performed in 5-year time horizon (2010-2014) from the payer (National Health Fund, NHF) perspective and payer-patient perspective (co-payment).

Because of individual schizophrenia treatment schemes, frequently observed low compliance and heterogeneity in prevalence and morbidity data, implementation of budget impact (BIA) methods based on population and prevalence in the analysis was not possible. Health care expenses for schizophrenia in Poland, where therefore calculated based on predicted antipsychotics sales over a span of the next five years. Sales data, when there is no possibility to estimate on population and prevalence, is the best information on the past expenses and optimal basis for the prognosis. On the base of IMS Health Poland pharmaceuticals sales data for years 2005-2010 linear regression was conducted to predict consumption and prevalence of antipsychotics drugs in Poland. The prognosis performed indicates constant growth of total antipsychotics sales for years 2005-2010 linear regression was conducted to predict consumption and prevalence of antipsychotics drugs in Poland. The prognosis performed indicates constant growth of total antipsychotics sales (Figure 1). In contrast amisulpride market share was growing in the first two years after reimbursement in December 2007 but since 2009 the share is stable and do not tends to grow. (Figure 2).

Results
From the payer perspective, cost of amisulpride is approximately €7.13 million in 2010 and €9.15 million in 2014 and it represents from 4.62% in 2010 to 4.28% in 2014 of the total cost of schizophrenia treatment estimated at approximately €154.22 million in 2010 and €213.88 million in 2014. Increase of NHF and patients expenses result from an increase of antipsychotics sales over a span of the next five years caused by expanding awareness of schizophrenia and its importance of treatment.

Conclusions
Our findings suggest that the cost of treatment with amisulpride are at a reasonable level and represent a small proportion of the total costs of schizophrenia treatment both from the payer perspective and common payer-patient perspective. The declining trend in the share of amisulpride cost in total cost of schizophrenia is noticeable. Amisulpride is an alternative therapeutic option of schizophrenia treatment in Poland and its reimbursement from public funds is justified.