

Antipsychotic drugs (including generic olanzapine and risperidone)

There are numerous antipsychotic drug (APD) preparations on the market that vary widely in acquisition costs. This briefing is intended as a resource document for GPs and medicines management teams to aid local discussion and agree prescribing choices. Recommendations are included for switching from olanzapine lyophilisates tablets to orodispersible tablets, risperidone orodispersible to standard risperidone tablets as appropriate and using generic aripiprazole in line with licensed indications.

Recommendations

- First line choice of an APD should be from a locally agreed formulary where possible. Involvement from mental health trust clinicians and medicines management teams is essential and will facilitate implementation.
- Choice should be based on indication, product licensing, co-morbidities, risk factors, likely benefits, side effect profile, cost, previous patient response and individual patient preference. The choice of medication should be made by the service user and healthcare professional together, taking into account the views of the carer if the service user agrees
- Prescribe as plain tablets rather than dispersible and liquid formulations. Prescribe as dispersible preparations only if there are problems swallowing or in patients with compliance issues. Review patients currently on dispersible tablets for suitability of switching to standard tablets, i.e. olanzapine orodispersible or lyophilisates to standard tablets and risperidone orodispersible to standard tablets.
- If a soluble olanzapine formulation is needed, prescribe as generic olanzapine orodispersible tablets.
- As with all switches, these should be tailored to the individual patient.



Bulletin



Data pack



Audit, letters

Additional resources available via: <http://www.prescqipp.info/resources/viewcategory/248-antipsychotic-drugs>

Supporting evidence

It is widely accepted that there is very little difference in efficacy between the approved APDs (except clozapine).^{1,2,3} However, there are notable differences in their side-effect profiles^{2,3} and more recently, due to patent expiries, significant variations in their cost. NICE recommends providing information and discussing the likely benefits and possible side effects of each drug, including:¹

- Metabolic (including weight gain and diabetes)
- Extrapyramidal (including akathisia, dyskinesia and dystonia)
- Cardiovascular (including prolonging the QT interval)
- Hormonal (including increasing plasma prolactin)
- Other (including unpleasant subjective experiences).

An oral APD should be offered first line unless the patient prefers a depot/long acting injection (LAI) after an acute episode, or when avoiding covert non-adherence to antipsychotic treatment is a clinical priority.¹ Standard tablets of oral formulations are preferred. Orodispersible tablets and liquid formulations should only be used when clinically essential.

Switching options and savings available

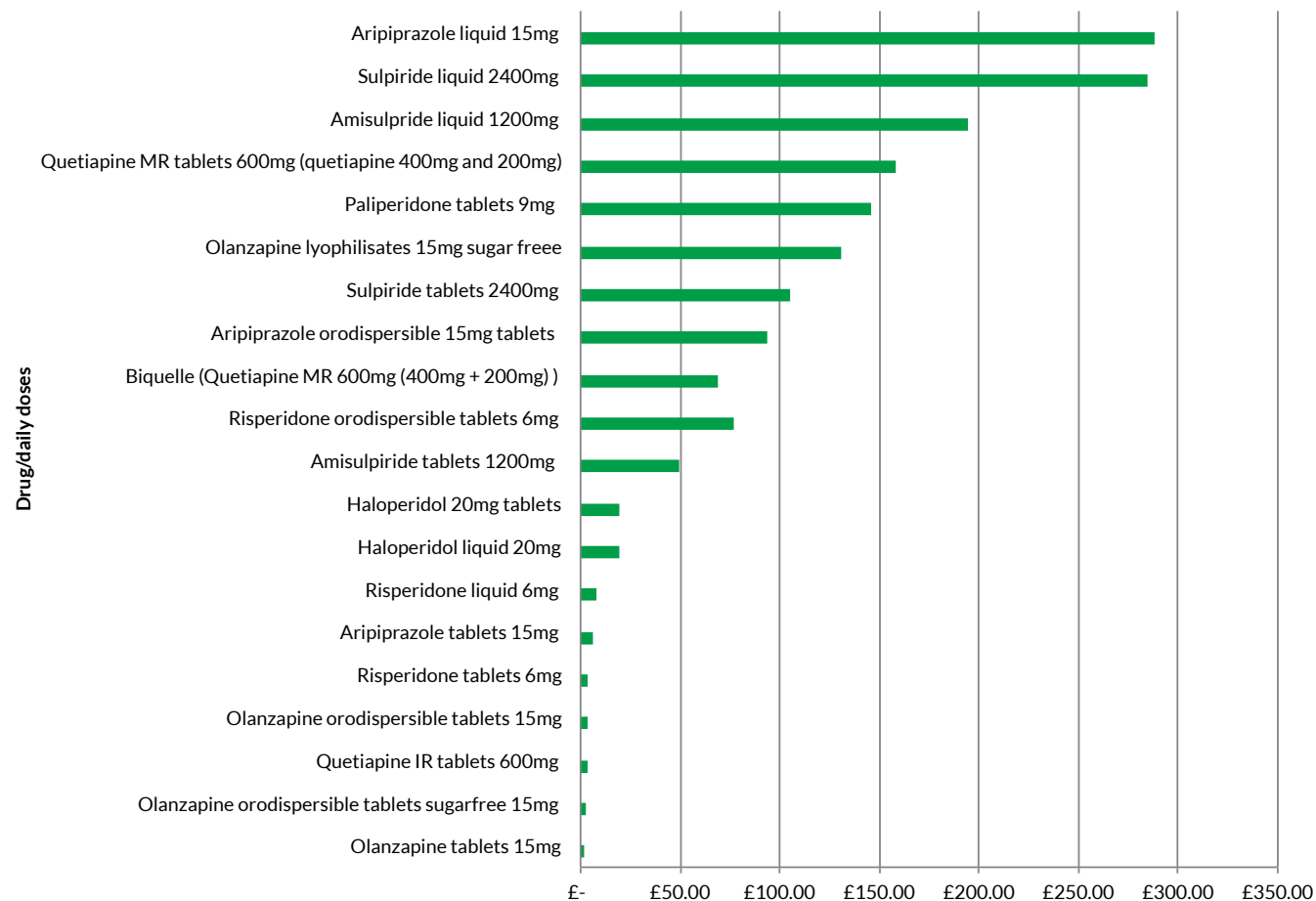
In England and Wales (ePACT, December 2015 to February 2016), £85 million was spent on atypical antipsychotic drugs over the course of a year.

For the switching and savings options listed below, a 100% achievement may not be possible and switching would be dependent on patient factors, buy in from the clinicians and local agreement.

Olanzapine lyophilisates - Switching from olanzapine lyophilisates to olanzapine orodispersible tablets **could save £1.7 million nationally per year equivalent to £2,796/100,000 patients.**

Risperidone orodispersible - Switching from risperidone orodispersible to risperidone standard tablets **could save £1.4 million nationally per year equivalent to £2,363/100,000 patients.**

Graph 1: Comparison of 28 day oral antipsychotic costs based on usual licensed doses at Drug Tariff prices^{4,5} N.B. Doses quoted do not imply equivalence.



References

1. National Institute for Health and Care Excellence (NICE). Clinical Guideline 178. Psychosis and schizophrenia in adults. February 2014. Available via <http://guidance.nice.org.uk/CG1718>
2. Taylor D, Paton C, Kapur S. The South London and Maudsley NHS Foundation Trust & Oxleas NHS Foundation Trust Prescribing Guidelines in Psychiatry. 11th ed. London: Wiley-Blackwell; 2012
3. Bazire S. Psychotropic Drug Directory. Cheltenham: Lloyd-Reinhold Communications LLP; 2014
4. Prescription Pricing Division (PPD). NHS Business Services Authority. Drug Tariff April 2016. Accessed at www.nhsbsa.nhs.uk on 5/4/16
5. MIMS. Haymarket Publishing, London. MIMS. April 2016. Accessed at www.mims.co.uk on 5/4/16