

11th July 2017



Impact500 Bulletin

Quetiapine

Supply Crisis Update

URGENT MESSAGE

Dear Colleagues

I am sure you are aware that immediate release Quetiapine is now listed under NCSO at the following prices:

		July 2017 Tariff Price	NCSO Price*
Quetiapine 25mg tablets (new)	60	£1.02	£40.50
Quetiapine 100mg tablets (new)	60	£1.50	£113.10
Quetiapine 150mg tablets (new)	60	£2.07	£96.14
Quetiapine 200mg tablets (new)	60	£2.37	£113.10
Quetiapine 300mg tablets (new)	60	£3.13	£170.00

This has resulted in a significant increase in the use of cost-effective SR quetiapine products and the most cost-effective brand Sondate XL is now in short supply. It would appear that there will be good stock of this brand from the beginning of September 2017.

Other cost-effective Quetiapine XL brands are also in short supply.

One option is to change patients to an alternative neuroleptic but please be aware that olanzapine has also gone into NCSO with the following prices.

		July 2017 Tariff Price	NCSO Price*
Olanzapine 10mg tablets	28	£1.08	£69.82
Olanzapine 15mg tablets	28	£1.40	£88.95
Olanzapine 2.5mg tablets	28	£1.01	£16.95
Olanzapine 20mg tablets	28	£1.52	£127.12
Olanzapine 5mg tablets	28	£1.02	£33.00
Olanzapine 7.5mg tablets	28	£1.10	£52.44

Looking at the current generic supply market there has been no reduction in the pricing of the immediate release Quetiapine nor Olanzapine as of 11th July 2017 so these drugs will remain within NCSO for July with grossly elevated tariff prices.

Many high risk elderly patients can often benefit from having their neuroleptics reduced or stopped (see page 4).

Please also liaise with your mental health team as other second generation neuroleptics such as Risperidone and Aripiprazole remain at less than £2 per pack and could potentially be used in place of Quetiapine and Olanzapine.

Dr. Julian Brown



Clinical Lead for CCG Prescriber

<http://psnc.org.uk/dispensing-supply/supply-chain/generic-shortages/>

Impact on NHS

Immediate Release Class 2 Neuroleptics

Based on the usage data from April 2017 applied to the increase in NCSO drug tariff you will see that the total excess cost of utilising these agents is over £12 million per month.

QUETIAPINE

DRUG NAME	STRENGTH	PACK SIZE	COST	PACKS	ITEMS	TARIFF	NCSO PRICE	MONTHLY EXCESS COST TO THE NHS
Quetiapine	25mg	60	£77,872	68,065	84,270	£1.02	£40.50	£2,702,590
Quetiapine	100mg	60	£39,806	22,599	43,379	£1.50	£113.10	£1,664,176
Quetiapine	200mg	60	£39,746	15,911	30,491	£2.37	£113.10	£719,561
Quetiapine	300mg	60	£34,481	9,934	23,663	£3.13	£170.00	£505,068
Quetiapine	150mg	60	£17,267	7,383	16,767	£2.07	£96.14	£325,622
TOTAL			£209,172	123,892	198,570			£5,917,016

OLANZAPINE

DRUG NAME	STRENGTH	PACK SIZE	COST	PACKS	ITEMS	TARIFF	NCSO PRICE	MONTHLY EXCESS COST TO THE NHS
Olanzapine	10mg	28	£53,074	44,902	53,151	£1.08	£69.82	£2,849,727
Olanzapine	5mg	28	£44,945	43,848	47,254	£1.02	£33.00	£1,373,669
Olanzapine	20mg	28	£21,430	11,824	17,982	£1.52	£127.12	£967,415
Olanzapine	15mg	28	£13,917	9,418	13,816	£1.40	£88.95	£584,487
Olanzapine	2.5mg	28	£28,283	28,671	29,808	£1.01	£16.95	£452,872
Olanzapine	7.5mg	28	£7,378	7,753	9,479	£1.10	£52.44	£362,208
TOTAL			£169,028	146,415	171,490			£6,590,378

Action Plan

1. Encourage all prescribers to review their patients on Olanzapine and Quetiapine.
2. Identify patients able to have agents either stopped or reduced in keeping with best practice guidelines, ensuring prescribers focus attention on patients in nursing homes¹ with dementia^{2,3} and Parkinson's disease.
3. Encourage the appropriate use of other class 2 neuroleptics where appropriate:

Risperidone

1mg, 2mg, 3mg, 4mg pack size 60 all less than £1.75

Aripiprazole

5mg, 10mg, 15mg pack size 28 all less than £1.30

Olanzapine

Currently NCSO - see page 2

Quetiapine

Currently NCSO - see page 2

The use of antipsychotic medication for people with dementia:

Time for action

A report for the
Minister of State for Care Services
by
Professor Sube Banerjee

An independent report commissioned and funded by the
Department of Health

4. If you are unable to stop or transfer their neuroleptic to a cost-effective agent please dose optimise noting that 200mg Quetiapine is the same price as the 100mg (£113.10 per pack) and the 150mg is even cheaper (£96.14).
5. Stop transferring patients from Quetiapine SR to Quetiapine IR.
6. Transfer your SR Quetiapine to branded Sondate XL from 1st September 2017.
(priced from £14.98 for 50mg XL, pack size 60)
7. Liaise with your Mental Health Teams to ensure they are aware of the current pricing crisis.
8. Please do use your online impact500 interface to centrally track the latest stock updates.

"The use of antipsychotics to manage psychosis-related symptoms in elderly patients with dementia is associated with increased morbidity and mortality. Despite warnings about their harmful effects, these drugs continue to be administered. The Centers for Medicare & Medicaid Services (CMS) launched a national campaign to reduce antipsychotic use in nursing homes.

Approximately one-third of elderly nursing home patients diagnosed with dementia are prescribed an antipsychotic medication to manage psychosis-related symptoms such as delusions, hallucination, aggression, and agitation.¹ Antipsychotics, however, are not indicated for use in these patients and have been linked to heart failure, stroke, infection, and death. In one study, researchers used data taken from Medicaid-eligible long-stay residents in seven states and found that about 52% of residents were administered an antipsychotic without an approved CMS/FDA indication"³

1 http://www.todaysgeriatricmedicine.com/enewsletter/enews_0116_01.shtml

2 <https://www.kcl.ac.uk/ioppn/about/difference/32-Reducing-the-use-of-antipsychotics-in-dementia.aspx>

3 www.rcpsych.ac.uk/pdf/Antipsychotic%20Bannerjee%20Report.pdf

Patient Safety Opportunity

Current monitoring of patients on neuroleptics is substandard with less than 25% having received their recommended tests. Undertaking this audit enables best practice monitoring to be reviewed in tandem ensuring cost-savings and patient safety benefits. Reviewing patients with a view to implementing cost optimisations also allows outstanding monitoring requirements to be implemented.

Antipsychotics - Recommended Guidelines*

ANTIPSYCHOTIC AGENTS

Tests prior to starting treatment

FPG, HbA1c, BP, Pulse, FBC, LFTs, U&Es, Fasting lipids
CPK, Smoking history, Weight (include waist circumference) BMI, Height TSH.

Prolactin - CKS states that this is not required for olanzapine (<20 mg daily) and SIGN recommends only if clinically indicated.

ECG - NICE/SIGN recommends if clinically indicated or recommended in SPC for that product. CKS states not required for conventional doses or absence of other predisposing factors, such as relevant personal or family history, co-prescription of QT-prolonging drugs, or electrolyte imbalance.

Monitoring until patient is stabilised

BP: in schizophrenia NICE recommend monitoring at 12 weeks. Other guidelines recommend frequent checks during dose titration phase or at 1 month (if clinically indicated) and 3 months.

Pulse: NICE recommend monitoring at 12 weeks.

FPG: In schizophrenia NICE recommend monitoring at 12 weeks. Other guidelines recommend checking after 1 month then every 4-6 months or at 1 month (if clinically indicated) and 3 months (and more often if elevated).

HbA1c: In schizophrenia NICE recommend monitoring after 12 weeks.

Weight: In schizophrenia NICE recommend weekly for first 6 weeks and then at 12 weeks and 1 year plotted on a chart.

Other guidelines recommend every 3 months for 1st year, or at 1 month (if clinically indicated) and 3 months.

Lipids: In schizophrenia NICE recommend assessment at 12 weeks. Other guidelines recommend every 3 months for first year or at 1 month (if clinically indicated) and 3 months (or more often if weight gain is rapid).

ECG: After each dose change or if clinically indicated.

Prolactin: At 6 months or if clinically indicated
Smoking history at 3 months.

Ongoing monitoring

Every 12 months: FBC, U&Es, LFTs, weight, lipids, prolactin, BP, FPG. NICE also recommend measurement of waist circumference, pulse, and HbA1c every 12 months in patients being treated for schizophrenia.

Other guideline producers recommend FPG measurements every 4-6 months. With increased clinical monitoring of signs and symptoms of hyperglycaemia and worsening of glucose control in patients with diabetes or at risk of developing diabetes mellitus.

CPK if neuroleptic malignant syndrome (NMS) suspected.

TFTs (every 6 months if rapid-cycling but otherwise every 12 months).

Smoking history.

*<http://www.medicinesresources.nhs.uk/upload/documents/Evidence/Drug%20monitoring%20document%20Feb%202014.pdf>

IN SUMMARY

1. Quetiapine and Olanzapine are currently highly expensive agents having increased in price by 3000%.
2. Many patients can benefit from having these medications reduced / stopped.
3. Please also utilise this review to implement best practice neuroleptic monitoring.
4. Some patients can be appropriately transferred to alternative neuroleptics (eg Risperidone, Aripiprazole).
5. Once daily Quetiapine should be transferred to Sondate XL from 1st September 2017 or to immediate release (if no longer within the NCSO category.)
6. All this information is available in your impact500 portal.

impact500

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The target product within this impact500 project has been identified by CCG Prescriber and represents optimum value for the NHS at the time of publication (July 2017). This optimisation project will be reviewed on a six monthly cycle. Safe Dispenser Ltd may benefit directly from utilisation of the product identified within the impact500 Projects.

