Lurasidone Prescribing Policy

Version number :	2.0
Consultation Groups	Medicines Committee
Approved by (Sponsor Group)	Medicines Committee
Ratified by:	Medicines Committee
Date ratified:	14th July 2021
Name of originator/author:	Alan Cottney, Clinical Pharmacist
Executive Director lead :	Dr. Paul Gilluley
Implementation Date :	July 2021
Last Review Date	July 2021
Next Review date:	July 2024

Services	Applicable to
Trust wide	✓
Mental Health and Learning Disability	✓
Community Health Services	
Primary Care Directorate	✓

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Version Control Summary

Version	Date	Author	Status	Comment
1.0	Nov 2016	Alan Cottney, Clinical Pharmacist	Final	
2.0	July 2021	Tabassam Beg, Lead Pharmacist TH	Draft	• Policy re-formatted onto designated trust policy template • Section 1.5: Table 1 updated with latest BNF list prices of lurasidone vs other oral antipsychotics • Updated section 2.0 – Criteria for prescribing Lurasidone amended based on new data moving aripiprazole from 'no effect' to 'low effect' on QTc but maintaining lurasidone's category as 'no effect' • Updated Appendix 1 Lurasidone Initiation form to reflect change in criteria for prescribing

Contents

1.0 Background

1.1 Lurasidone is a second-generation antipsychotic drug which is licensed for the treatment of schizophrenia in adults.

1.2 The ELFT Medicines Committee has approved lurasidone as an "**amber**" drug, meaning that its use should be restricted to those patients meeting specific inclusion criteria.

1.3 Studies have demonstrated that lurasidone is more effective than placebo for both short-term and longer-term treatment of schizophrenia. There is evidence that lurasidone is of similar efficacy to other atypical antipsychotic drugs, but with the advantage of causing less weight gain and fewer metabolic side effects.

1.4 The most commonly reported side effects with lurasidone are nausea, insomnia, sedation, parkinsonism and akathisia.

1.5 Lurasidone is currently more expensive than other atypical antipsychotic drugs (see **Table 1** below).

Table 1. Comparative costs of atypical antipsychotic drugs based on commonly used doses

Drug	Dose	Annual cost of treatment at this dose[#]
Lurasidone	**74mg daily**	**£1088.64**
	148mg daily (max. dose)	**£2177.28**
Amisulpride	400mg twice daily	£504.96
Aripiprazole	15mg daily	£18.60
Olanzapine	15mg daily	£38.52
Quetiapine	300mg twice daily	£72.72
Quetiapine XL	600mg daily	£848.76
Risperidone	6mg daily	£52.44
Sulpiride	400mg twice daily	£540.00

BNF list prices as of June 2021

2.0 Criteria for prescribing lurasidone in ELFT

1.6 Lurasidone may be of use for those patients who require an atypical antipsychotic drug, but for whom weight gain and/or metabolic disturbance is problematic, and for whom inadequate effect has been demonstrated with aripiprazole.

1.7 ALL of the following criteria should be met before lurasidone is prescribed:

1. Patient requires an atypical antipsychotic medication (i.e. a typical drug cannot be used).

2. Patient has a 5% increase in weight gain over 3-6 months, find their weight gain unacceptable and/or experience metabolic disturbance with an atypical antipsychotic drug.

3. At least 1 of the 3:
    1. Patient has demonstrated insufficient response to, or experienced unacceptable adverse effects with, aripiprazole
    2. Patient has a diagnosis of Articular Fibrillation (AF)
    3. Patient has a sustained prolonged QTc as baseline, rendering aripiprazole inappropriate.

1.8 Lurasidone is **not** an appropriate option for:

- Patients with treatment resistant schizophrenia

- Patients under the age of 18 years

3.0 Prescribing lurasidone

3.1 New patients:

- Lurasidone should only be initiated by a consultant psychiatrist.
- Upon initiation, the consultant psychiatrist is required to complete a "Lurasidone Initiation Form" (see Appendix 1)
- The Lurasidone Initiation Form should be countersigned by the appropriate Clinical Director or Associate Clinical Director.
- Authorised forms must be presented to pharmacy along with the prescription before the drug will be supplied

3.2 Re-admitted patients:

- Those patients who have been prescribed lurasidone and have subsequently been re-admitted to hospital should not automatically restart the drug.
- The patient should be reviewed and other drug options considered.
- If lurasidone is still deemed to be the best treatment choice, then the consultant psychiatrist must complete a "Lurasidone Continuation Form" (see Appendix) and have it countersigned by the appropriate Clinical Director or Associate Clinical Director.
- The completed form must be presented to pharmacy along with the prescription before the drug will be supplied.

3.3 On-going treatment

- As of September 2016, lurasidone has not been approved for use by any of the Clinical Commissioning Groups (CCGs) for the localities in which ELFT provides mental health services.
- This means that locality GPs will not prescribe lurasidone for patients in whom the drug has been initiated by an ELFT prescriber.
- This renders lurasidone a *de facto* hospital-only medication. If the drug is initiated by an ELFT prescriber, that prescriber will continue to bear the clinical and financial responsibility for prescribing the drug on an on-going basis.
- Some patients may find it difficult to attend an ELFT service to collect a prescription on a regular basis. This should be considered and discussed with the patient prior to the drug being initiated.

3.4 Monitoring:

- The prescriber is responsible for ensuring that patients on lurasidone are monitored as per the most recent version of the Trust's 'Standards for physical health monitoring of patients on antipsychotic treatment'.

4.0 Drug particulars

4.1 Recommended starting dose

- The recommended starting dose is 37 mg of lurasidone once daily. No initial dose titration is required. It is effective in a dose range of 37 to 148 mg once daily. Dose increase should be based on physician judgement and observed clinical response. The maximum daily dose should not exceed 148 mg.

4.2 Re-titration after a missed dose

- Patients on doses higher than 111 mg once daily who discontinue their treatment for longer than 3 days should be restarted on 111 mg once daily and up-titrated to their optimal dose. For all other doses patients can be restarted on their previous dose without need for up-titration.

4.3 Further details

- For details about lurasidone dosing, cautions, contraindications, side effects and interactions, please refer to the drug's most recent summary of product characteristics (SPC) on the eMC website (www.medicines.org.uk).

Appendix 1: Lurasidone Initiation Form

Name		**DOB**		**RiO number**	

Usual Responsible Clinician	
Ward or community team name	

Name of medication	**Max. dose used**	**Approximate duration of treatment**	**Reason for discontinuation**

Patient requires an atypical antipsychotic drug	☐
Patient has a 5% increase in weight gain over 3-6 months, find their weight gain unacceptable and/or experience metabolic disturbance with an atypical antipsychotic drug.	☐
At least 1 of the 3: 1. Patient has demonstrated insufficient response to, or experienced unacceptable adverse effects with, aripiprazole 2. Patient has a diagnosis of Atrial Fibrillation (AF) 3. Patient has a sustained prolonged QTc as baseline, rendering aripiprazole inappropriate.	☐

- I confirm that all of the criteria for prescribing have been met, and that I believe a therapeutic trial of lurasidone is warranted for the named patient.
- I agree to take responsibility for the on-going prescribing and monitoring of lurasidone treatment.

Consultant Name		**Signature**		**Date**	

Clinical Director/ ACD name		**Signature**		**Date**	

Please submit form to Pharmacy of your directorate upon approval from the CD/ACD

Appendix 2: Lurasidone Continuation Form

Name		**DOB**		**RiO number**	

Usual Responsible Clinician	
Ward or community team name	

Please state the reason that led to the patient being admitted to hospital whilst being treated with lurasidone (e.g. non-compliance with medication, current life stressors etc.) AND why continued treatment with lurasidone is warranted.

What is the patient's current dose of lurasidone?	

Does the patient still meet the criteria for the prescribing of lurasidone, as outlined in the Lurasidone Prescribing Policy? (Yes/No)	

- I confirm that all of the criteria for prescribing lurasidone have been met, and that continuation of lurasidone is warranted for this patient.
- I agree to take responsibility for the on-going prescribing and monitoring of lurasidone treatment.

Consultant Name		**Signature**		**Date**	

Clinical Director/ ACD name		**Signature**		**Date**	
Please submit form to Pharmacy of your directorate upon approval from the CD/ACD					