Update on National Supply Shortages of Psychiatric Medicines

Following the sudden departure of two generic manufacturers there is an acute shortage of psychotropic medication within the UK. This supply shortage is expected to last a few months and is impacting on both the prices of medication and availability of medication forms that are available.

Drugs that are particularly affected are Olanzapine, Risperidone and Quetiapine and Haloperidol.

We are working hard to mitigate the impact of these shortages on hospital sites and recommend that hospitals proactively manage their existing stocks with the support of our Customer Services and Clinical Pharmacist teams.

Suggested interventions for overcoming drug shortages:

1. Guidance on Olanzapine Shortages:

Affected Products:
All strengths of olanzapine following the withdrawal of 2 manufacturers and the merger and acquisition of the remaining three by Accord Pharmaceuticals.

Management Suggestions:
Olanzapine has a long half-life (in excess of 33 hours depending on smoking habit, age and gender). This makes it ideal for once daily dosing.

Stock is available in restricted amounts and is being purchased wherever possible across all the available strengths, however prices have risen considerably. Clinicians may find it preferable to convert twice daily dosage regimes to a simple and more cost effective once daily regime.

Currently the depot formulation Zypadhera is unaffected by the current drug shortages.

2. Guidance on Quetiapine Shortages:

Affected Products:
Quetiapine 150mg tablets, but this has had an adverse impact on 100mg, 300mg and 25mg tablets.

Management Suggestions:
Quetiapine exists in a variety of different strengths and so doses can be made up according to availability. Quetiapine 150mg tablets have been out of stock.
Prolonged (XL) and regular (IR) release forms should not be used concurrently, but switching between them as a planned strategy is possible.

**Switching from XL to IR:**
The switch may be associated with a slightly higher risk of sedation and postural hypotension. If sedation and postural hypotension are a concern, consider giving a larger dose in the evening. Those at increased risk include elderly, those with learning disabilities, adolescents, concurrent cardiac medication, and/or concurrent CNS depressants.

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**3. Risperidone**

**Affected Products:**
All forms of the oro-dispersible tablet following the market withdrawal of Risperdal Quicklets by Janssen Cilag in January 2017.

**Management Suggestions:**
The elimination half-life of 9-hydroxy-risperidone and of the active antipsychotic fraction is 24 hours. Clinicians may find it preferable to convert twice daily dosage regimes to a simple and more cost effective once daily regime. Consideration on the use of the liquid form should be given for patients with compliance or swallowing difficulties.

**Note:** For Clinicians wishing to switch to depot formulations (Risperdal Consta), please refer to the extract from the SPC below.

‘Where patients are not currently taking oral risperidone, the oral pre-treatment dosage should be considered when choosing the I.M. starting dose. The recommended starting dose is 25 mg RISPERDAL CONSTA every two weeks. Patients on higher dosages of the used oral antipsychotic should be considered for the higher RISPERDAL CONSTA dose of 37.5 mg.

Sufficient antipsychotic coverage with oral risperidone or the previous antipsychotic should be ensured during the three-week lag period following the first RISPERDAL CONSTA injection.’

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**5. Haloperidol**

**Affected Products:**
Haloperidol 1.5mg and 10mg tablets are particularly affected.

**Management Suggestions:**
Please use 0.5mg and 5mg tablet strengths or liquid formulations where possible.

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**References**
The SPC for Olanzapine, Quetiapine and Risperidone and Haloperidol available from [http://www.medicines.org.uk](http://www.medicines.org.uk)