

## GUIDELINES FOR PRESCRIBING LURASIDONE

### Summary

- Lurasidone is licensed for the treatment of schizophrenia in patients aged 18 years and over. It is not indicated for Treatment Resistant Schizophrenia.
- It is approved for third-line use after two previous antipsychotics have been tried, one of which must be aripiprazole, and at least one was effective, but not tolerated.
- Lurasidone may be used second-line for patients who have significant metabolic risk factors, such as diabetes or obesity, but only if aripiprazole has been tried and not tolerated.
- Lurasidone may only be initiated by a Consultant Psychiatrist,
- It may only be used for its licensed condition – schizophrenia
- Lurasidone should be given once daily, with a meal. If taken without food, the plasma levels achieved will be significantly lower, which will reduce the efficacy
- The usual starting dose of lurasidone is 37mg once daily with a meal. Dose increases should be made in 37mg increments to a maximum of 148mg once daily. The usual maintenance dose range is 37mg to 74mg once daily with a meal

### 1. Prescribing

- 1.1 Lurasidone is approved for third-line use after two previous antipsychotics have been tried. One of these must have been aripiprazole, and at least one of them must have been effective but not tolerated – i.e. not treatment-resistant.
- 1.2 If it is being prescribed for an unlicensed indication, the request must be approved by the relevant Head of Psychiatry. The Trust's policy on prescribing unlicensed medication should also be followed.
- 1.3 Lurasidone may be used second-line after aripiprazole in patients at significant risk of metabolic risk factors, such as diabetes or obesity.
- 1.4 There is no specific guidance when switching to lurasidone from other oral antipsychotics. Guidance should be sought from a pharmacist
- 1.5 There is no specific guidance when switching to lurasidone from a long-acting antipsychotic injection. Guidance should be sought from a pharmacist
- 1.6 Patients on higher doses than 111mg daily who miss more than 3 doses should be restarted at 111mg once daily and titrated upwards based on tolerability and clinical response. For doses 111mg and below, patients can be restarted on their previous dose without titration.

### 2. Other dosing recommendations

- 2.1 Dose recommendations for elderly patients with normal renal function are the same as younger adults. There are limited data to support the use of higher doses in the elderly and no data for 148mg dose. Caution is required if treating elderly patients with higher doses. Lurasidone should not be used in patients with dementia.
- 2.2 Lurasidone is not licensed for use in patients under 18 years of age
- 2.3 No dosage adjustment is required in patients with mild renal impairment. In moderate and severe renal impairment, the recommended starting dose is 18.5mg. In moderate impairment the maximum dose should not exceed 74mg once daily and in severe impairment, should not exceed 37mg once daily.

- 2.4 No dosage adjustment is required in patients with mild hepatic impairment. In moderate and severe hepatic impairment, the recommended starting dose is 18.5mg. In moderate impairment the maximum dose should not exceed 74mg once daily and in severe impairment, should not exceed 37mg once daily.
- 2.5 Concomitant treatment with a potent CYP3A4 inducer or inhibitor such as carbamazepine, phenytoin, rifampicin, St John's Wort, clarithromycin, ketoconazole, itraconazole or protease-inhibitors is contra-indicated.
- 2.6 Concomitant treatment with a moderate CYP3A4 inhibitor such as amiodarone, diltiazem, erythromycin, fluconazole or verapamil, the starting dose should be reduced to 18.5mg and the maximum dose should not exceed 74mg
- 2.7 There are limited data regarding the use of lurasidone during pregnancy, therefore it should not be used unless the potential benefits clearly outweigh the risks. It is not known whether lurasidone is excreted in breast milk, therefore it should not be used during breast feeding unless the potential benefits clearly outweigh the risks.

### 3. Administration

- 3.1 Lurasidone are film-coated and should be swallowed whole in order to mask the bitter taste
- 3.2 Lurasidone should be taken once daily, with a meal, at or around the same time each day to aid compliance. Lurasidone may not be suitable for people with erratic eating habits or who are unwilling to take the tablets with a meal
- 3.3 Lurasidone must be taken with a meal, otherwise levels of absorption are reduced, optimal plasma levels will not be reached and efficacy may be compromised.

### 4. Cost

Lurasidone is very expensive compared with generic oral antipsychotics. The patent has expired on aripiprazole and generic versions are available, although the drug tariff price has not yet reduced significantly

Drug	Dose	Cost per 28 days (Drug Tariff May 2020)
Lurasidone	37mg once daily	£91
	55.5mg (37+18.5) once daily	£181
	74mg once daily	£91
	111mg (74+37) once daily	£181
	148mg (74+74)once daily	£181
Aripiprazole	10mg once daily	£1.36
	15mg once daily	£1.57
	20mg once daily	£2.72
	30mg once daily	£13.98
Olanzapine	10mg once daily	£1.53
	15mg once daily	£1.95
	20mg once daily	£2.28
Quetiapine IR	150mg twice daily	£4.51
	200mg twice daily	£5.82
	300mg twice daily	£6.37
Risperidone	1mg twice daily	£3.96
	2mg twice daily	£5.97

### LURASIDONE NAMED PATIENT REQUEST FORM

This form must be completed for each patient initiated on lurasidone

Patient Name			
Date of Birth			
Diagnosis			
Previous Psychotropic Medication including Dose and Route			
Name of Ward/Team			
Name of Initiating Consultant		Consultant signature	
Date of Request			

- I confirm that lurasidone is being used to treat schizophrenia and the patient has previously been tried on aripiprazole
- I confirm that I have discussed with the patient and/or carer the need to take lurasidone with a meal
- I confirm that the patient will be closely monitored for efficacy and tolerability, using the Glasgow Antipsychotic Side effect Scale (GASS), and that a full assessment will be carried out at 3 months, 6 months and regularly thereafter
- I understand that the Trust will remain responsible for prescribing until the patient is stabilised on the drug, and only at that point may the GP be approached to take over prescribing responsibility

**Please scan and email completed form to: [kmpt.lai-authorisation@nhs.net](mailto:kmpt.lai-authorisation@nhs.net)**

#### Approval

Pharmacist 1	Signature	Date
Pharmacist 2	Signature	Date
Head of Psychiatry (other unlicensed use only)	Signature	Date

**If the prescribing of lurasidone is being continued from another Trust please email the clinical lead pharmacist in your locality for approval and this form will not need to be completed.**