To: All Medical and Non-Medical Prescribers
CC: All Ward/Team Managers and Pharmacy Staff

June 2014

Notification of Recent Alterations to the British National Formulary (BNF) and Summary of Product Characteristics (SPC) Regarding Haloperidol

The Janssen-Cilag SPC for oral haloperidol was amended in November 2013 in which the maximum oral daily dose was reduced from 30mg per day to 20mg per day[1]. The BNF was updated in May 2014 to reflect these changes and the BNF now states that the maximum oral daily dose of haloperidol is 20mg per day and half this dose for elderly or debilitated patients[2].

The rationale for this is due to ongoing concerns regarding dose-related QTc prolongation. Clinical studies which examine the relationship between haloperidol plasma levels and QTc interval show a correlation between increasing haloperidol plasma levels and the prolongation of QTc interval[3,4]. Janssen-Cilag state that the changes have been made in response to concerns regarding the potential for cardiac arrhythmia to occur with higher doses of haloperidol. Janssen-Cilag conclude that the revised licensed dosing schedule of a maximum daily dose of 20mg reduces the risk of arrhythmic events associated with QTc prolongation compared to the previous maximum daily dose of 30mg by decreasing the predicted mean maximum QTc prolongation to 8.2ms[5].

These changes were brought to the attention of the trust's Medicines Optimisation Committee on the 30th of May 2014 and it was agreed that as an organisation we would adopt the changes for oral haloperidol as per the SPC and BNF. This has implications for clinical practice and any prescriptions for oral haloperidol will need to be reviewed accordingly, reducing doses to within BNF limits wherever it is clinically appropriate to do so. A prescription for 20mg per day of oral haloperidol will now equate to an antipsychotic load of 100%. Patients prescribed an antipsychotic load of more than 100% will need to have a high dose antipsychotic form completed as per trust policy[6]. This change will also have implications in terms of Mental Health Act (MHA) consent to treatment paperwork (T3, T2, forms 62's, CTO11/12 etc) in terms of what constitutes 'within BNF limits' or total authorised antipsychotic loads. For patients with MHA consent to treatment paperwork in current use, please review prescribing against the relevant consent to treatment forms to ensure that all prescriptions are still authorised in view of the changes that have occurred. New MHA consent to treatment paperwork may need to be written (e.g. T2, form 62) or requested (e.g. T3).

May I also take the opportunity to remind prescribers that the SPC for haloperidol recommends that a baseline ECG is performed prior to treatment[1] and this applies to all patients irrespective of personal or family history of cardiac disease. The use of Haloperidol is contraindicated in patients with clinically significant cardiac disorders[1]. Concomitant use of haloperidol with other medicines which are known to prolong QTc interval is also contraindicated due to the increased risk of ventricular arrhythmias, including torsade de pointes[1].

Concerns were subsequently raised with Janssen-Cilag and the BNF that a corresponding dose reduction had not been made to the maximum dose of the IM injection, which also stated the maximum dose to be 20mg per day. It is generally accepted that haloperidol injection has an increased bioavailability of 40% compared to oral haloperidol so in light of the above rationale this now seemed to be a clinically illogical IM dose. The BNF has responded to these concerns[7]

and the June 2014 BNF online now states that the maximum dose of haloperidol via the IM route is 12mg per day[2].

The Medicines and Healthcare Products Regulatory Agency (MHRA) have communicated that a harmonisation (standardisation) process for all haloperidol SPC across Europe is due to begin and that generic manufactures will have a duty to alter their SPC in line with that of Haldol (Janssen-Cilag)[8]. Any further significant alterations will be communicated as we become aware of them and relevant trust clinical policies will be updated in view of the changes that have occurred.

Kind Regards

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References:

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2. BNF Online June 2014: http://www.medicinescomplete.com/mc/bnf/current/PHP2226-haloperidol.htm
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5. Jannsen-Cilag Medical Information communication received: 29/05/2014
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7. BNF communication received: 05/06/2014
8. MHRA Customer Services communication received: 09/06/2014