

Haloperidol 0.5mg Tablets

Advice for Prescribers in Nottinghamshire

This document will be updated periodically with details of availability of products – DO NOT PRINT

- Aim – To review all patients prescribed haloperidol 0.5mg tablets for suitability of deprescribing, optimising the dose, switching formulation, or switching to an alternative agent on the advice of a specialist.
- Haloperidol 0.5mg tablets are extremely expensive compared to other strengths.
- There are approximately 80 patients prescribed haloperidol 0.5mg tablets across 51 practices
- Current spend in Nottingham and Nottinghamshire ICB is approximately £27,500 per month
- Antipsychotics in dementia increase risk of stroke (3x) and death (2x); prescriptions should be reviewed every 3 months in primary care with reduction/withdrawal attempted. See [Nottinghamshire APC BPSD guideline](#).
- Caution when prescribing liquid formulations due to the different strengths available

Drug Tariff October 2024	Pack size	Cost	Availability
Haloperidol 0.5mg tablets	28	£368.05	Available
Haloperidol 1.5mg tablets	28	£4.20	Available
Haloperidol 5mg tablets	28	£3.61	Available
Haloperidol 10mg tablets	28	£21.10	Available
Haloperidol 10mg/5mL oral solution sugar free	100mL	£8.72	Available
Haloperidol 5mg/5mL oral solution sugar free	100mL	£12.15	Available
Haloperidol 200micrograms/mL oral solution sugar free	100mL	£89.90	Available; only prescribe for doses of <2mg

Review Procedure:

- Search for all patients with haloperidol 0.5mg tablets on repeat
- Identify if the patient is under a specialist (e.g. community mental health team, dementia outreach team) and seek advice in this case. If not under a specialist, follow the flow chart below.
- Any changes to the prescription should be discussed and made as a shared decision with the patient/carer via a face to face or telephone consultation.

START: Is there a clear indication for the haloperidol prescription (e.g. schizophrenia, bipolar disorder, severe tic disorder, persistent aggression or psychosis in Alzheimer's dementia, palliative care)?

Yes

Is the prescription still clinically appropriate (consider target symptomology, length of prescribing, adherence and patient view)? Review all prescriptions for BPSD against the [Nottinghamshire APC guideline](#).

Yes

Is the dose clinically appropriate? Check indication, renal function and side effects.

Yes

Can the total daily dose of haloperidol be tweaked either slightly up or down to utilise 'whole' tablets of 1.5mg or 5mg?

Yes

Amend the prescription and communicate change to patient/carer. Monitor for efficacy and tolerance of the new dose.

Is the haloperidol dose $\geq 2\text{mg}$?

No

Prescribe the 200microgram/mL oral solution sugar free and communicate formulation change to patient/carer.

Yes

Prescribe the 10mg/5mL oral solution sugar free and communicate formulation change to patient/carer.

No

De-prescribe haloperidol.

Discontinue gradually over many weeks dependant on patient factors; seek specialist advice if required. Monitor mental state during and for 3-6 months after.

No

Adjust dose and use an alternative formulation as below if possible. Communicate change and monitor for efficacy and tolerance of the new dose.

No

Is the patient/carer willing and able to switch to a liquid formulation? Consider ability to accurately measure doses using an oral syringe.

No

Continue to prescribe haloperidol 0.5mg tablets. Select the Crescent Pharma Ltd branded generic.