

**Tablet**

CAUTIONARY AND ADVISORY LABELS 2

▶ **Sulpiride (Non-proprietary)**Sulpiride 200 mg Sulpiride 200mg tablets | 30 tablet **[PoM]** £9.00

DT = £6.35

Sulpiride 400 mg Sulpiride 400mg tablets | 30 tablet **[PoM]** £23.50

DT = £20.65

Trifluoperazine (as Trifluoperazine hydrochloride) 1 mg per

1 ml Trifluoperazine 5mg/5ml oral solution sugar-free | 150 ml **[PoM]**

£30.00 DT = £29.25

**Tablet**

CAUTIONARY AND ADVISORY LABELS 2

▶ **Trifluoperazine (Non-proprietary)**

Trifluoperazine (as Trifluoperazine hydrochloride)

1 mg Trifluoperazine 1mg tablets | 112 tablet **[PoM]** £59.12–£99.80

DT = £59.12

Trifluoperazine (as Trifluoperazine hydrochloride)

5 mg Trifluoperazine 5mg tablets | 112 tablet **[PoM]** £134.89–

£165.00 DT = £134.89

F 260

**Trifluoperazine**● **INDICATIONS AND DOSE****Schizophrenia and other psychoses** | Short-term adjunctive management of psychomotor agitation, excitement, and violent or dangerously impulsive behaviour▶ **BY MOUTH**

- ▶ Child 12–17 years (under expert supervision): Initially 5 mg twice daily, daily dose may be increased by 5 mg after 1 week. If necessary, dose may be further increased in steps of 5 mg at intervals of 3 days. When satisfactory control has been achieved, reduce gradually until an effective maintenance level has been established

**Short-term adjunctive management of severe anxiety**▶ **BY MOUTH**

- ▶ Child 3–5 years (under expert supervision): Up to 500 micrograms twice daily
- ▶ Child 6–11 years (under expert supervision): Up to 2 mg twice daily
- ▶ Child 12–17 years (under expert supervision): 1–2 mg twice daily, increased if necessary to 3 mg twice daily

**Severe nausea and vomiting unresponsive to other antiemetics**▶ **BY MOUTH**

- ▶ Child 3–5 years: Up to 500 micrograms twice daily
- ▶ Child 6–11 years: Up to 2 mg twice daily
- ▶ Child 12–17 years: 1–2 mg twice daily (max. per dose 3 mg twice daily)

- **CONTRA-INDICATIONS** CNS depression · comatose states · phaeochromocytoma

- **INTERACTIONS** → Appendix 1: phenothiazines

- **SIDE-EFFECTS** Alertness decreased · anxiety · appetite decreased · blood disorder · cardiac arrest · confusion · fatigue · hyperpyrexia · jaundice cholestatic · lens opacity · muscle weakness · oedema · pancytopenia · photosensitivity reaction · postural hypotension (dose-related) · skin reactions · thrombocytopenia · urinary hesitation · vision blurred · withdrawal syndrome

**SIDE-EFFECTS, FURTHER INFORMATION** Extrapyramidal symptoms are more frequent at doses exceeding 6mg daily. Acute dystonias are more common with potent first generation antipsychotics. The risk is increased in men, young adults, children, antipsychotic-naïve patients, rapid dose escalation, and abrupt treatment discontinuation.

- **HEPATIC IMPAIRMENT** Manufacturer advises avoid.

● **RENAL IMPAIRMENT**

**Dose adjustments** Start with small doses in severe renal impairment because of increased cerebral sensitivity.

- **MONITORING REQUIREMENTS** Trifluoperazine does not affect blood pressure to the same extent as other antipsychotic drugs and so blood pressure monitoring is not mandatory for this drug.

- **MEDICINAL FORMS** There can be variation in the licensing of different medicines containing the same drug.

**Oral solution**

CAUTIONARY AND ADVISORY LABELS 2

▶ **Trifluoperazine (Non-proprietary)**

Trifluoperazine (as Trifluoperazine hydrochloride)

200 microgram per 1 ml Trifluoperazine 1mg/5ml oral solution sugar-free | 200 ml **[PoM]** £125.00 DT = £125.00**ANTIPSYCHOTICS > SECOND-GENERATION**

F 260

**Amisulpride**

- **DRUG ACTION** Amisulpride is a selective dopamine receptor antagonist with high affinity for mesolimbic D<sub>2</sub> and D<sub>3</sub> receptors.

● **INDICATIONS AND DOSE****Acute psychotic episode in schizophrenia**▶ **BY MOUTH**

- ▶ Child 15–17 years (under expert supervision): 200–400 mg twice daily, adjusted according to response; maximum 1.2 g per day

**Schizophrenia with predominantly negative symptoms**▶ **BY MOUTH**

- ▶ Child 15–17 years (under expert supervision): 50–300 mg daily

- **UNLICENSED USE** Not licensed for use in children under 18 years.

- **CONTRA-INDICATIONS** CNS depression · comatose states · phaeochromocytoma · pre-pubertal children · prolactin-dependent tumours

- **INTERACTIONS** → Appendix 1: amisulpride

● **SIDE-EFFECTS**

- ▶ **Common or very common** Anxiety · breast pain · hypersalivation · muscle rigidity · nausea · oculogyric crisis · orgasm abnormal · trismus
- ▶ **Uncommon** Hyperglycaemia
- ▶ **Frequency not known** Angioedema · bone disorders · cardiac arrest · confusion · dyslipidaemia · hyponatraemia · nasal congestion · neoplasms · SIADH · urticaria · vision blurred

- **PREGNANCY** Avoid.

- **BREAST FEEDING** Avoid—no information available.

- **RENAL IMPAIRMENT** No information available if estimated glomerular filtration rate less than 10 mL/minute/1.73 m<sup>2</sup>.

**Dose adjustments** Halve dose if estimated glomerular filtration rate 30–60 mL/minute/1.73 m<sup>2</sup>.

Use one-third dose if estimated glomerular filtration rate 10–30 mL/minute/1.73 m<sup>2</sup>.

- **MONITORING REQUIREMENTS** Amisulpride does not affect blood pressure to the same extent as other antipsychotic drugs and so blood pressure monitoring is not mandatory for this drug.

- **PRESCRIBING AND DISPENSING INFORMATION** Flavours of oral liquid formulations may include caramel.

- **MEDICINAL FORMS** There can be variation in the licensing of different medicines containing the same drug. Forms available from special-order manufacturers include: oral suspension, oral solution

**Oral solution**

CAUTIONARY AND ADVISORY LABELS 2

▶ **Amisulpride (Non-proprietary)**Amisulpride 100 mg per 1 ml Amisulpride 100mg/ml oral solution sugar-free | 60 ml **[PoM]** £88.50 DT = £77.13