

# Oral Disintegrating Tablets

## Criteria for Use

Updated October 2014

### VHA Pharmacy Benefits Management Services and the Medical Advisory Panel

The following recommendations are based on current medical evidence, clinician input, and expert opinion. The content of the document is dynamic and will be revised as new information becomes available. The purpose of this document is to assist practitioners in clinical decision-making, to standardize and improve the quality of patient care, and to promote cost-effective drug prescribing. **The clinician should utilize this guidance and interpret it in the clinical context of the individual patient situation. Individual cases that are outside the recommendations should be adjudicated at the local facility according to the policy and procedures of its P&T Committee and Pharmacy Services.**

**These criteria do not apply to sublingual, film, buccal, lozenge, troche or chewable medications.**

Two dozen medications are available as oral disintegrating tablets (ODT), a dosage form designed to dissolve rapidly in the oral cavity without additional fluid, with intention of providing ease of administration. This eliminates the need to chew the tablet, swallow an intact tablet or take additional liquids. The use of these products may be advantageous in situations where the patient cannot swallow or is suspected of “cheeking” their medication in order to avoid taking the medication. These criteria for use are intended to provide guidance as to when ODTs may be appropriate. Not all conditions or situations where an oral disintegrating tablet is justifiable are described in the criteria and individual cases that differ from the criteria should be adjudicated locally. Periodic reassessment of the patient’s need for an ODT is recommended.

#### **Exclusion Criteria:**

- The patient is known to have phenylketonuria or sensitivity to phenylalanine (applies only to formulations containing phenylalanine).

#### **Inclusion Criteria (Only one criterion must be met):**

- The patient requires assured treatment due to a risk of self-harm or harm to others (Applies only to the antipsychotics).
- The patient has a gastric, jejunostomy, or nasogastric tube that makes administration of the medication orally or in an altered (e.g., crushed) state difficult.
- The patient has a dysphagia to either thin liquids or difficulty swallowing solid, liquid, or powdered formulations (e.g., crushed tablet or contents of an opened capsule).
- The patient has xerostomia, or oral or esophageal lesions or injury that makes swallowing medication difficult or painful.
- The patient has a movement disorder that makes opening their mouth or swallowing difficult (e.g., patients with chorea, spasms of head neck area or those who don’t have sufficient muscle tone such as amyotrophic lateral sclerosis).
- The patient has nausea or vomiting that prevents oral administration of other dosage forms.
- The patient’s medication is administered in a supervised setting and the patient is suspected or known to “cheek” medications.

#### **Medications available as oral disintegrating tablets**

<u>Antipsychotics</u> Aripiprazole Clozapine √Olanzapine Risperidone	<u>Antihistamines</u> Desloratidine Fexofenadine Loratadine	<u>Gastrointestinal</u> √Hyoscyamine Lanzoprazole √Metoclopramide Ondansetron
<u>Antimigraine</u> √Rizatriptan Zolmitriptan	<u>Anxiolytics</u> √Alprazolam Clonazepam	<u>Miscellaneous</u> √Lamotrigine √Phentermine √Prednisolone Vardenafil
<u>Antiparkinson</u> Carbidopa/Levodopa Selegiline	<u>Antidepressants</u> Mirtazapine	<u>Cholinesterase Inhibitors</u> √Donepezil

√ Available without phenylalanine

Updated versions may be found at <http://vaww.cmopnational.va.gov> or <http://www.pbm.va.gov>

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References:

Food and Drug Administration. Guidance for Industry: Oral Disintegrating Tablets. December, 2008.U.S. National Library of Medicine. DailyMed. <http://dailymed.nlm.nih.gov/>, accessed August 1, 2014

Updated version may be found at [www.pbm.va.gov](http://www.pbm.va.gov) or <https://vaww.cmopnational.va.gov/cmop/PBM/default.aspx>