

Professional Practice Advisory on Tablet Splitting

Introduction

The Academy of Managed Care Pharmacy recognizes that tablet splitting has been an accepted practice of the health care community for many years as a method to obtain a prescribed dose of a medication when it is not available from the manufacturer, for titration or flexible dosing, or as part of a dose optimization strategy for a health plan.

Tablet splitting is particularly useful for pediatric patients and the elderly. For these groups of patients, it may be necessary to split tablets to provide smaller dosages of a medication than those supplied by the manufacturer. Patients may also need to split tablets if they are on a flexible dosing schedule or they need to gradually increase or decrease the dose of a medication to achieve the desired outcome.

Managed health care systems have used dose optimization strategies -- dose consolidation and tablet splitting -- to help combat the skyrocketing cost of prescription drugs while providing quality, cost-effective care. For those medications with flat pricing (multiple dosage strengths that are priced essentially the same), tablet splitting can be a viable means of effectively reducing the cost of the medicine while maintaining the desired therapy.

By splitting a tablet twice the strength of the dose desired, the cost can be cut in half, and the savings may be directly shared with the patient through a reduced cost share or copayment. Given the extraordinarily high cost of prescription drugs, many life-saving medications are beyond the reach of those patients that need them the most. Tablet splitting is one method that can help preserve access to comprehensive, high-quality drug benefits without impairing the quality of care.

Selection Criteria

Patient safety is the number one concern of managed health care systems; therefore, health plans should have guidelines in place to determine which medications may be appropriate for tablet splitting. The guidelines should detail certain precautions that health plans should take when choosing tablets to be split to obtain accurate dosing and to minimize the chance of error and adverse events. Precautions should include, but may not be limited to, the following:

- The tablet should split consistently into equal parts using either the fingers or a tablet splitting device. Use of a device is preferred.
- The medication should be of a pharmacologic and pharmacokinetic nature such that small variations in daily dose are unlikely to adversely affect patient response to therapy. For example, Narrow Therapeutic Index medications should not be included in a tablet splitting program.
- The drug selected should be supported by clinical data demonstrating desired clinical

- outcomes, data demonstrating the bioequivalence of split tablets, or meet weight variation specifications.
- The health system's Pharmacy and Therapeutics Committee or equivalent body should approve the tablets that meet the selection criteria for tablet splitting.
- Physicians, pharmacists and patients or their caregivers should be encouraged to report any problems with tablet-splitting options.
- A physician should be allowed to designate that a specific patient is not an appropriate candidate for tablet splitting.
- A patient or caregiver should have the right to request an exception to tablet splitting with appropriate justification.

Tablets That May Require Special Consideration

Some tablets may not be suitable for splitting because of their size, thickness or design:

- Tablets with special coatings to protect the drug from moisture.
- Tablets with enteric coatings that prevent them from dissolving in the stomach.
- Time-release and extended release tablets and capsules, if the coating is an integral part of the release mechanism.
- Tablets that cannot be consistently split into equal parts, adversely affecting patient response to therapy.
- Tablets containing two medications, in which the desired dose would be obtained for only one of the two medications.

Role of the Pharmacist

Pharmacists should ensure that the patient or the patient's caregiver:

- Understands the purpose for splitting tablets.
- Understands the intended dose and treatment regimen.
- Is physically able to easily and accurately split the tablet. The pharmacist should suggest the use of a tablet-cutting device when appropriate.
- Is instructed to take the second half of the split tablet for the next dose.
- Is encouraged to report any problems with splitting the tablets or ingesting the split tablets.