



## Supporting information for service users and carers regarding the new policy for prescribing antipsychotics in psychotic conditions (excluding Bipolar Affective Disorder)

CWP have introduced a new policy for prescribing antipsychotics in psychotic conditions, which is effective from 30<sup>th</sup> January 2012.

### Why has the policy been introduced?

The policy has been written to reflect the updated NICE (National Institute for Health and Clinical Excellence) Clinical Guidelines (CG) 82 Schizophrenia (published March 2009), which suggests that any antipsychotic, first or second generation, should be considered for **newly** diagnosed service users.

Under the new policy this will mean the following antipsychotics will be reserved for prescribing on a named patient request to the medicines management group:

- Aripiprazole
- Quetiapine standard release and modified release formulations
- Risperidone long acting injection

Please note there is not sufficient evidence to suggest the above drugs produce better clinical outcomes than other antipsychotic medication. The change in practice will ensure the most cost effective first line antipsychotics are used. The policy only applies to the use of antipsychotics in psychotic conditions, which means when they are used for psychosis, for example Schizophrenia. The policy does not apply if the antipsychotic is being used as part of the treatment for Bipolar Affective Disorder, or for an unlicensed indication such as agitation or behavioural disturbances.

### How will the policy affect me as a service user?

The policy applies to any new antipsychotic being prescribed either to an individual with a first presentation or if a change of antipsychotic is deemed appropriate due to limited benefit from an existing treatment. Service users currently taking one of the three reserved antipsychotics i.e. Aripiprazole, Quetiapine or Risperidone long acting injection, will continue on with their treatment as normal. Treatment will continue until a point may be reached where the clinician and service user no longer feel that this medicine is improving symptoms. When this is the case the new policy will be adhered to.

A very comprehensive medication initiation pathway has been developed as part of the policy to guide the clinician to appropriate choices of antipsychotic medication, based on pre-existing medical conditions. The clinician will always consider if there are physical health issues that may affect the choice of antipsychotic prescribed.

If the clinician believes there are extenuating circumstances as to why a patient cannot have an alternative first line antipsychotic, but requires one of the reserved medications listed above, then a named-patient medication application will be submitted, by the clinician, to the Chair of the Medicines Management Group, to seek approval for use.

### How can I find out more information?

A full copy of the policy is available on the CWP website [www.cwp.nhs.uk](http://www.cwp.nhs.uk). If you have any queries or concerns about the prescribing of antipsychotics please either speak to your consultant, visit the [ChoiceandMedication](#) website or, view the frequently asked questions. If you have any questions that are not covered below please contact the Patient Advice and Liaison Service (PALs) on 0800 195 4462, who will be able to address your concerns.

# **Frequently Asked Questions - policy for prescribing antipsychotic medications in psychotic conditions (excluding Bipolar Affective Disorder)**

## **Why has the policy come out?**

The policy has been written to reflect the updated NICE (National Institute for Health and Clinical Excellence) Clinical Guidelines (CG) 82 Schizophrenia (published March 2009), which suggests that any antipsychotic, first or second generation, should be considered for newly diagnosed service users. The aim of this policy is to provide evidenced-based prescribing that is most cost effective, in line with CG 82, within CWP and the local health economy.

**What policy does this replace?** The policy is a new one. To date CWP have followed current NICE guidance in prescribing and the Trust formulary for antipsychotics. This policy formalises the process of adhering to the most recent NICE guidance in this area (CG82) and changes the formulary recommendations for antipsychotics.

## **Are certain antipsychotics going to be restricted under the new policy?**

There are three antipsychotics that will be reserved for named patient requests via the Medicines Management Group (MMG) chair. These are: Aripiprazole, Quetiapine standard release and modified release formulations and Risperidone long acting injection. They will be reserved as there is not sufficient evidence to say that the higher acquisition cost of these medicines produces better clinical outcomes, than other less expensive antipsychotics.

## **What if I am already prescribed one of the “reserved” antipsychotics; do I have to change treatment?**

If you are currently taking one of the three reserved antipsychotics i.e. Aripiprazole, Quetiapine or Risperidone long acting injection, you will continue on that treatment. Treatment will continue unless a point is reached where you and the clinician no longer feel that this medicine is improving your symptoms. When this is the case then adherence to the new policy will take place. The policy applies to any new antipsychotic being prescribed either to an individual with a first presentation or if a change of antipsychotic is deemed appropriate due to limited benefit from an existing treatment.

## **Does the policy apply to all indications for antipsychotics?**

The policy only applies to the use of antipsychotics in psychotic conditions, which means when they are used for psychosis for example Schizophrenia. The policy does not apply if the antipsychotic is being used as part of the treatment for Bipolar Affective Disorder, or for an unlicensed indication such as agitation or behavioural disturbances.

## **Are clinicians guided about the choices of antipsychotic available?**

The policy details a very comprehensive medication initiation pathway, which asks the clinician to consider if there are physical health issues that may affect choice of antipsychotic. The pathway guides the clinician to appropriate choices of antipsychotic based on pre-existing medical conditions.

## **Will my GP be aware of the policy?**

Primary care representatives have been involved in the production of the policy and it has been shared with primary care colleagues. Within the policy there is a section that details consultant and GP responsibilities for initiation, continuation and review of treatment to ensure your ongoing care using the antipsychotic.

## **What will happen if both my consultant and I believe there are extenuating circumstances as to why I cannot have a first line antipsychotic?**

The clinician will make an application to the Chair of the Medicines Management Group to seek approval for use. The application will include your full clinical history (including diagnosis), your response to previous medications and the rationale for use of named-patient medication.