

Request Form for Second Generation Long Acting Antipsychotic Injections

Introduction

The purpose of this guidance is to provide clarity on the approval process for the prescribing of the second generation antipsychotic long acting injections (SGA LAIs) within Lancashire Care NHS Foundation Trust.

Current Formulary Status

The current formulary status of SGA LAIs is as follows:

SGA LAI	Formulary Status	Implications
Aripiprazole LAI	Red	For use in LSCFT. Cannot be prescribed by GPs
Olanzapine LAI	Do Not Prescribe	Not recommended for use in the NHS in Lancashire and South Cumbria. Only exceptional requests will be considered by LSCFT
Paliperidone LAI	Red	For use in LSCFT. Cannot be prescribed by GPs
Risperidone Consta	Red	For use in LSCFT. Cannot be prescribed by GPs. Use of Paliperidone LAI instead of Risperdal Consta is recommended in LSCFT

NICE Guidance

This guidance supports prescribing in line with the following recommendations of the NICE Clinical Guideline 178:

- The choice of antipsychotic medication should be made by the service user and healthcare professional together, taking into account the views of the carer if the service user agrees.
- Consider offering depot /long-acting injectable antipsychotic medication to people with psychosis or schizophrenia:
- who would prefer such treatment after an acute episode
- where avoiding covert non-adherence (either intentional or unintentional) to antipsychotic medication is a clinical priority within the treatment plan.

- When initiating depot/long-acting injectable antipsychotic medication take into account service user preferences and attitudes towards regular intramuscular injections
- Offer clozapine to people with schizophrenia whose illness has not responded adequately to treatment despite the sequential use of adequate doses of at least two different antipsychotic drugs. At least one of the drugs should be a non-clozapine second-generation antipsychotic

Approval process

Approval to prescribe for individual patients must be obtained prior to prescribing and initiation of treatment for the above LAIs.

The approval process will aim for completion within four working days.

Where approval may be required as an emergency e.g. transfer of existing patients into LCFT who are prescribed any of the above products the Chief Pharmacist should be contacted for emergency approval to prevent gaps in treatment. An application form will need to be completed retrospectively to ensure the injection is clinically appropriate and to meet commissioner requirements.

If restarting a SGA LAI that has already been approved for a specific patient, there is no requirement to submit a further

Criteria

The following criteria are provided as a guide to inform the application and approval process:

- Is there evidence of intentional non-adherence?
- Where there is unintentional non-adherence have alternative strategies been put in place to promote adherence?
- Has the patient expressed a preference for a LAI above oral medication?
- Has the patient been prescribed a FGA long acting injection or is clearly expressing a preference for a SGA LAI?
- Has the patient experienced intolerable side effects with an FGA long acting injection?
- Has the patient experienced intolerable side effects with an oral FGA?
- Is the patient currently prescribed the oral antipsychotic linked with the LAI being requested?
- Has the patient exhibited a positive therapeutic response to oral aripiprazole or oral risperidone?
- Does the patient fulfil the criteria for prescribing clozapine as defined in the NICE Clinical Guideline 178
- If the patient is treatment resistant why is Clozapine not a treatment option?

- Are there significant risk factors associated with non-adherence e.g. forensic issues, child protection, court orders, previous history of violence

Approval

Approval will be based on the following: -

- The patient fulfils the criteria in the NICE guidance 178 for the prescribing of a LAI
- The patient has previously been prescribed a FGA LAI or a FGA LAI has been discussed as an option with the patient and the patient will not accept a FGA LAI
- The patient has experienced intolerable side effects to a FGA LAI or oral FGA, is expressing a clear preference for a SGA LAI, or has a history of positive response to the equivalent oral antipsychotic and the consultant psychiatrist therefore deems a SGA LAI the most appropriate pharmacological option for the patient
- The patient does not fulfil the criteria for prescribing clozapine or clozapine has been discussed with the patient and they are adamantly refusing to accept treatment or clozapine is contraindicated
- The prescribing is within the licensed indications (maintenance treatment of schizophrenia) or is prescribed for a schizophreniform disorder (schizoaffective disorder)
- The prescribing is for bipolar disorder (NICE recommendation) and there is a history of poor adherence with oral antipsychotic treatment
- The patient has been prescribed the oral therapy required as outlined in the SPC

Choice of SGA LAI

- Aripiprazole 960mg injection administered once every two months is the preferred choice for all new patients commencing aripiprazole LAI. Should patients experience side effects with the 960mg injection, the 720mg preparation can be initiated without the need to apply for further approval
- Paliperidone LAI is preferred over Risperdal Consta. Paliperidone has to be commenced as a once monthly injection. 3-monthly and 6-monthly preparations initiated as per guidance in the Summary of Product Characteristics [Home - electronic medicines compendium \(emc\)](#)
- Olanzapine LAI will only be considered in exception circumstances where there is a care plan and agreement to support ongoing monitoring for post injection syndrome in the community

Request to Prescribe the Second Generation Antipsychotic LAI

This form **must** be completed by a Consultant Psychiatrist and submitted for approval via the generic inbox medicine.approvals@lscft.nhs.uk

ALL SECTIONS MUST BE FULLY COMPLETED

Patient name: _____ NHS Number _____ DOB: _____

Ward/Team _____ Inpatient Consultant (if applicable) _____

Community Consultant _____

Second Generation LAI Requested (Please State)

SGA LAI	Please indicate the SGA LAI required
ARIPRAZOLE 960mg INJECTION (administered once every two months)	
ARIPRAZOLE 400mg INJECTION (administered once every month)	
OLANZAPINE INJECTION (in exceptional circumstances only)	
PALIPERIDONE INJECTION (must be initiated as a once monthly dose)	
RISPERDAL CONSTA (in exceptional circumstances only)	

DIAGNOSIS

Summary of history including capacity, insight, risk to self and others, urgent or imminent risks, response to the oral form of the antipsychotic being requested including side effects and residual symptoms, patient views about proposed treatment plan and any other pertinent issues that would support use of a SGA LAI (please add any additional information on a separate sheet)

Does the patient have a treatment resistant psychosis? (lack of satisfactory clinical improvement despite the use of adequate doses of at least two different antipsychotic agents, including an atypical antipsychotic agent, prescribed for adequate duration)?

Yes

No

Previous medication history including details of efficacy, adverse drug reactions, adherence to treatment and consent (please add any additional information on a separate sheet).

Proposed Treatment plan – must include the rationale for the drug requested. If the patient has treatment resistant schizophrenia information must be included about why clozapine is not considered clinically appropriate e.g. previous red result

Criteria for approval	Yes/No
The patient fulfils the criteria as outlined in NICE guidance 178 for the prescribing of a LAI	
The patient has poor adherence to medication despite intervention to address this <u>OR</u> There are significant risk factors associated with non-adherence e.g. forensic issues, child protection, court orders, previous history of violence <u>OR</u> The patient is expressing a preference to be prescribed a depot formulation	
The patient has previously been prescribed a First Generation Antipsychotic (FGA) and has experienced intolerable side effects <u>OR</u> The patient is refusing to accept a FGA LAI <u>OR</u> The patient has not received a FGA LAI but the patient history shows that oral aripiprazole or oral risperidone have previously resulted in a positive therapeutic response (as demonstrated by improved symptom control, quality of life, occupational activity, reduction in inpatient admissions)	
The patient does not fulfil the criteria for clozapine as outlined in the NICE guidance 178 OR The patient is adamantly refusing to accept clozapine despite repeated attempts to address this OR Clozapine is contraindicated	
The prescribing will be within the licensed indications i.e. a diagnosis of schizophrenia OR The prescribing will be for other schizophreniform disorders e.g. schizoaffective disorder OR The prescribing is for bipolar disorder and there is poor adherence to oral antipsychotic treatment	
The patient has been prescribed the oral therapy as outlined in the SPC for each product	

Consultant signature: Date:

Request Approved/ Not approved (rationale for non-approval will be stated here)

Signed

Chief Pharmacist (or nominated Network Pharmacy Director)

Date: