

CONSULTATION

Request to change RAG classification:

Flupentixol dihydrochloride tablets for treatment of schizophrenia and other psychoses

Details of request

Request received from:

Sonia Ramdour, Chief Pharmacist/Controlled Drugs Accountable Officer, Lancashire and South Cumbria NHS Foundation Trust

Proposed action:

The formulary status of flupentixol dihydrochloride in the LSCFT Psychotropic Formulary has recently been clarified. LSCFT have requested that the LSCMMG RAG position for psychoses be reviewed and recommend that this be aligned with the LSCFT position.

Current LSCMMG RAG Classification:

Do Not Prescribe (DNP, formerly Black) for depressive illness and for psychoses.

Proposed RAG Classification:

Green for schizophrenia and psychoses, to align with LSCFT.

Do Not Prescribe (DNP) for depression, as per current LSCMMG and LSCFT position.

Rationale for proposal:

From LSCFT paper 'CLARIFICATION OF THE FORMULARY STATUS OF ORAL FLUPENTIXOL':

As presented in the current Psychotropic Formulary document the current formulary position of oral flupentixol (as the dihydrochloride) is unclear and therefore clarification on the formulary status is sought.

It is put to the Committee that the entry in the Psychotropic Formulary under the Antipsychotic section is an error and that the intention is that the formulary status of oral flupentixol is GREEN for schizophrenia and psychoses and BLACK (non-formulary) for depression.

Review of request

Background information:

- Flupentixol decanoate (injection) has an LSCMMG RAG rating of Amber 0.
- Flupentixol dihydrochloride tablets are available as the brands Depixol (licensed for schizophrenia and other psychoses) and Fluaxol (licensed for symptomatic treatment of depression).
- Flupentixol (Depixol) 3mg tablets cost £13.92 for 100 tablets.
- NICE Psychosis and schizophrenia in adults: prevention and management (CG178):
 - 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.
 - First episode psychosis –
 - Do not start antipsychotic medication for a first presentation of sustained psychotic symptoms in primary care unless it is done in consultation with a consultant psychiatrist.
 - For people with first episode psychosis offer:
 - oral antipsychotic medication in conjunction with
 - psychological interventions
 - The secondary care team should maintain responsibility for monitoring service users' physical health and the effects of antipsychotic medication for at least the first 12 months or until the person's condition has stabilised, whichever is longer. Thereafter, the responsibility for this monitoring may be transferred to primary care under shared care arrangements.
 - For people with an acute exacerbation or recurrence of psychosis or schizophrenia, offer:
 - oral antipsychotic medication in conjunction with
 - psychological interventions
- NICE CKS: Psychoses and Schizophrenia (2021)
 - How should I manage someone at risk of psychosis, with a first episode of psychosis, or with a confirmed diagnosis?

Do not start antipsychotic drug treatment while awaiting specialist assessment unless under advice from a consultant psychiatrist.

Ongoing primary care management may include:

Prescribing medication initiated in secondary care and undertaking any required monitoring.
 - There is no first line antipsychotic drug suitable for all people with psychosis, and (except for clozapine) little meaningful difference in efficacy.
- Monitoring:
 - It is advisable to monitor prolactin concentration at the start of therapy, at 6 months, and then yearly. Patients taking antipsychotic drugs not normally associated with symptomatic hyperprolactinaemia should be considered for prolactin monitoring if they show symptoms of hyperprolactinaemia (such as breast enlargement and galactorrhoea).

Patients with schizophrenia should have physical health monitoring (including cardiovascular disease risk assessment) at least once per year. (BNF)
- Example LSCMMG RAG ratings for other oral antipsychotics:
 - Haloperidol for schizophrenia and other psychoses, mania, anxiety – Green
 - Chlorpromazine for schizophrenia and other psychoses, mania, anxiety, agitation, violent or dangerously impulsive behaviour, childhood schizophrenia - Green

- Amisulpride, aripiprazole, olanzapine, quetiapine, oral risperidone, cariprazine for schizophrenia – Amber 1 (Shared Care)
- Clozapine for treatment resistant/intolerant Schizophrenia - Red

Summary for consideration

- **LSCMMG is asked to consider reclassifying the RAG of flupentixol dihydrochloride tablets to Green.** This is in line with other first generation oral antipsychotics and LSCFT formulary - <https://www.lscft.nhs.uk/our-services/service-finder-z/medicines-management/joint-formulary-psychoactive-medication>
- The current LSCMMG RAG status for flupentixol dihydrochloride tablets when used for treatment of depression is Do Not Prescribe (formerly Black status).
- LSCFT state that this RAG rating is as a result of an error in the Psychoactive Formulary and propose that the RAG rating should change to Green for schizophrenia and psychoses and remain as Do Not Prescribe for depression.