

BCPFT medicines formulary 2017

This Formulary has been developed to compliment the health economy formularies of Sandwell and West Birmingham, Wolverhampton, Dudley, and Walsall as it includes only the BNF Chapter 4 psychotropic medicines used in Black Country Partnership FT.

There are links to NICE technology appraisals where applicable along with any other guidance issued by them. The Medicines Management Committee will consider any new technology appraisals published by NICE for mental health medicines and these will be incorporated into the formulary within 3 months of the publication date of the guidance. Note that some medicines are used outside their marketing authorisation but are established in clinical practice and recognised in the BNF. Any off-label use is noted in the Formulary.

This formulary does not specifically consider medicines for physical health conditions. Generally prescribers within BCPFT will continue any physical health medicines that patients may be taking on admission as inpatients. For patients in community services, physical health medicines will be prescribed by the GP. Physical health medicines may be prescribed by mental health prescribers but this will often follow initial prescription by general practitioners or on recommendation of specialists from other relevant health services. Because the physical health medicines are included in acute trust and health care economy formularies, mental health prescribers should follow the medicines listed in the formularies of other local providers within the Black Country health community. The Pharmacy Team can advise on the formulary status of a medicine if necessary.

Local health economy formularies can be accessed at:

Wolverhampton CCG

<http://medicines.wolvespct.nhs.uk/>

Sandwell and West Birmingham CCG

<http://www.sandwellandwestbhamccgformulary.nhs.uk/>

Walsall CCG

<http://walsallccg.nhs.uk/about-us/formulary>

Dudley CCG

<http://www.dudleyformulary.nhs.uk/formulary>

All mental health prescribing guidelines have been developed by pharmacy, medical and nursing staff. Primary care is often involved in development of guidance and is always offered the opportunity to comment prior to agreement by the Medicines Management Committee, ratification by the Trust Care Governance Committee and publication.

This formulary will be kept under regular review by the Medicines Management Committee and prescribing will be monitored by Pharmacy against the published formulary at least every 6 months.

The formulary has been designed in keeping with the new BNF chapter headings. The new BNF no longer has the sub-section code numbering. However, in order to facilitate transition from the old system to the new one, the old style sub-section codes are also given in the new sections.

Note that any drug not named in the Formulary is automatically regarded as a non-formulary product. Consultants wishing to prescribe such drugs will need to complete the form at Appendix 2 of the 'Managed Entry of Drugs' policy and have approval from the Medical Director and the Deputy Chief Pharmacist.

Generic prescribing must be used in all circumstances unless there is a special reason for prescribing a drug by a specific brand. For example, lithium must be prescribed by brand (Priadel being the standard choice).

| BCPFT Formulary 2017 | | | | | | | | | |
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| Drugs used for mental illnesses. All other drugs prescribed will follow the local health economy formularies as appropriate. | | | | | | | | | |
| Chapter Sub-heading | Legacy BNF Chapter | Drug name | Licensed Indications | Off-label Usage | Further information | Formulary Status | 1st Choice | 2nd Choice | Comment |
| Hypnotics and Anxiolytics | | | | | | | | | |
| TA77 | 4.1.1 | Chloral & derivatives | | | | Second line | | | Little used |
| | | Melatonin | Primary insomnia in adults > 55yrs | Sleep disorders in CAMHS, LD | The MHRA has said that it may be used off-label as it is the only product with a full marketing authorisation | Second line | | ✓ | Circadin MR. The prescriber will carry increased responsibility and liability if prescribing off-label. |
| | | Promethazine | For short term use in sedation & treatment of insomnia in adults, and as a paediatric sedative. | | | On formulary | | ✓ | Usually used for inpatients but may appear on TTOs. GPs may be asked to continue prescribing. |
| | | Temazepam | Insomnia | | | On formulary | | ✓ | Should not be given for longer than three weeks. Little used. |
| | | Zolpidem | Insomnia | | | On formulary | | ✓ | |
| | | Zopiclone | Insomnia | | | On formulary | ✓ | | Tends to be first choice |
| | 4.1.2 | Diazepam | anxiety, insomnia, alcohol withdrawal, status epilepticus | | | On formulary | ✓ | | Anxiety usually. Second choice in alcohol withdrawal. The rectal form is used for status epilepticus |
| CG115 | | Chlordiazepoxide | anxiety, alcohol withdrawal | | | On formulary | ✓ | | Standard local treatment for alcohol withdrawal |
| | | Clonazepam | Epilepsy | Anxiolytic, sedation, in mania & psychotic episodes | | On formulary | | | MH initiation for off-label use, esp. in PICU |
| | | Lorazepam | Anxiety, insomnia | | | On formulary | ✓ | | |
| Psychoses & related disorders | | | | | | | | | |
| First Generation Antipsychotics | 4.2.1 | Benperidol | Control of deviant antisocial sexual behaviour | | | Specialist only | | | MH initiation. Little used. GPs may be asked to continue under guidance |
| Tend to be less used now | | Chlorpromazine | Multiple | | | On formulary | | ✓ | More rarely used now |
| | | Flupentixol (oral) | Psychoses, incl. schizophrenia | | | On formulary | | | Little used |
| Psychosis and schizophrenia in adults:CG178 | | Haloperidol | Multiple | | | On formulary | ✓ | | |
| | | Penfluridol | Not licensed in UK | | Penfluridol is an option in people with chronic schizophrenia who do not comply with oral medication on a daily basis or object to depot antipsychotics. | Specialist only | | | Penfluridol can only be prescribed on a strict name-patient basis by consultants. It is imported from the EU. Contact Pharmacy for further details. |
| | | Pericyazine | Psychoses, incl. schizophrenia, violent or dangerously impulsive behaviour | | | Second line | | | LD only. GPs may be asked to continue under guidance. |
| | | Perphenazine | Psychoses, incl. schizophrenia, violent or dangerously impulsive behaviour | | | Second line | | | LD only. GPs may be asked to continue under guidance. |
| | | Promazine | Psychomotor agitation, agitation & restlessness in elderly | | | On formulary | | ✓ | |
| | | Sulpiride | Schizophrenia | | | On formulary | | ✓ | |
| | | Trifluoperazine | Multiple | | | On formulary | | ✓ | |
| | | Zuclophenthixol (oral) | Psychoses, incl. schizophrenia | | | On formulary | | ✓ | Use by MH & LD only |

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| | | Zuclopenthixol Acetate | Short-term mgt of acute psychoses, mania, or exacerbations of chronic psychoses | | http://luna.smhsc.local/documents/policies-and-procedures/black-country-partnership-policies-and-procedures/clinical/medicine-management | Specialist only | | ✓ | Rarely used on consultant approval only. It is not regarded as a rapid onset tranquilliser as the onset of sedation is several hours. See Rapid Tranquillisation Policy for further details. |
| Second Generation Antipsychotics | | | | | | | | | |
| | | Amisulpride | Schizophrenia | | | On formulary | | ✓ | |
| More commonly used than first generation | | Aripiprazole | Schizophrenia, treatment & prophylaxis of mania, control of agitation & disturbed behaviour in schizophrenia | Control of hyperprolactinaemia | Maudsley Prescribing Guidelines 11th Edn note that treatment depends more on symptoms & long-term risk than on measured plasma level | On formulary | | ✓ | Can be used as an adjunct to existing treatment to reduce prolactin levels. |
| | | Asenapine | Moderate to severe manic episodes associated with bipolar disorder | | Not yet approved by MMC. | Non-formulary | | | Consultant request only for individual cases |
| | CG155 Psychosis and schizophrenia in children and young people: NICE guideline | Clozapine | Treatment-resistant schizophrenia, psychosis in Parkinson's disease, intolerance of conventional antipsychotics | Bipolar affective disorder | | Specialist only | | | MH only in treatment resistant schizophrenia. |
| | | Lurasidone | Treatment of schizophrenia in adults aged 18 and over | | Approved for use as named patient only. | Non-formulary | | | Consultant request only for individual cases. Will require named-patient request form. |
| | | Olanzapine | Schizophrenia, treatment & prophylaxis of mania | | | On formulary | ✓ | | |
| | | Quetiapine | Schizophrenia; mania, either alone or with mood stabilisers; depression in bipolar disorder; adjunctive treatment in MDD | | Immediate release (IR) formulations only. The XL (MR) tablets must not be prescribed unless there is good clinical reason | On formulary | | ✓ | IR formulations should be used as standard. MR tablets, if deemed necessary, should be prescribed using the branded generic, Zaluron XL. |
| | | Risperidone | Schizophrenia; moderate to severe manic episodes associated with bipolar disorders; short-term treatment of aggression in Alzheimer's dementia or in conduct disorder | | | On formulary | | ✓ | |
| Antipsychotic Depot Injections | 4.2.2 (Typical) | Flupentixol | Maintenance in schizophrenia and other psychoses | Maintenance treatment in bipolar disorder. | | On formulary | | ✓ | MH initiation |
| | Psychosis and schizophrenia in adults:CG178 | Fluphenazine | Maintenance in schizophrenia and other psychoses | | | On formulary | | ✓ | MH initiation |
| | | Haloperidol | Maintenance in schizophrenia and other psychoses | | | On formulary | | ✓ | MH initiation |
| | | Zuclopenthixol | Maintenance in schizophrenia and paranoid psychoses | | | On formulary | | ✓ | MH initiation |
| | 4.2.2 (Atypical) | Aripiprazole | Maintenance treatment of schizophrenia in adult patients stabilised with oral aripiprazole | Maintenance treatment in bipolar disorder. | Potentially expensive LAI | Second line | | ✓ | MH only, named patient, consultant initiation. Completion of registration form required. |
| | | Olanzapine | Maintenance in schizophrenia in patients tolerant to olanzapine by mouth | | Potentially expensive LAI. Not approved for use in the Trust. | Non-formulary | | | Specific circumstances, requested by consultant only and approved by Medical Director & Deputy Chief Pharmacist. |

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| | | Paliperidone (monthly) | Maintenance in schizophrenia in patients previously responsive to paliperidone or risperidone | | Potentially expensive LAI | Second line | | ✓ | MH only, named patient, consultant initiation. Completion of registration form required. |
| | | Paliperidone (3-monthly) | Maintenance in schizophrenia in patients previously responsive to paliperidone or risperidone | | Potentially expensive LAI. PP3M is cost-neutral with the monthly injection. It may be considered in certain patients. See the SOP for PP3M for further advice. | Second line | | ✓ | MH only, named patient, consultant initiation. Completion of registration form required. |
| | | Risperidone | Schizophrenia & other psychoses in pts tolerant to risperidone by mouth | | | Non-formulary | | | Use PLAI in preference |
| Drugs for mania & hypomania | | | | | | | | | |
| | 4.2.3 | Carbamazepine | Prophylaxis of manic-depressive psychoses in patients unresponsive to lithium therapy | | CG38 Has been replaced by CG185 | On formulary | | ✓ | When cannot use lithium. Little used. |
| | | Bipolar disorder: the assessment and management of bipolar disorder in adults, children and young people in primary and secondary care 1- recommendations Guidance and guidelines NICE | Lamotrigine | Prevention of depressive episodes in Bipolar disorder | | On formulary | | ✓ | |
| | | Lithium | Treatment & prophylaxis of mania, bipolar disorder, recurrent depression; aggressive or self-mutilating behaviour | | Care in women of child-bearing age. ECG, TFTs, biochemistry, full discussion with patient before prescribing. Regular serum levels after initiation and after each dose change. | ESCA | | ✓ | Should be initiated by consultant or senior medic. |
| | | Sodium Valproate (Epilem) | All forms of epilepsy | Acute mania and maintenance treatment of bipolar disorder. | | Second line | | ✓ | Unlicensed use in psychiatry but has been established for many years. |
| | | Valproic Acid (Depakote) | Manic episodes associated with bipolar disorder. Prophylaxis of bipolar disorder. | | | On formulary | | ✓ | the SPC states that it can be considered for continuation after a manic episode |
| Antidepressant drugs | | | | | | | | | |
| | 4.3.1 | Amitriptyline | Depressive illness (NOT recommended) | neuropathic pain; migraine prophylaxis | | On formulary | | ✓ | Amitriptyline is no longer recommended for the treatment of depression. |
| | | Depression in adults (CG90) | TCAs | Clomipramine | Depressive illness, phobias & obsessions | On formulary | | ✓ | Less often used now but can be more effective than SSRIs in OCD. |
| | | | | Dosulepin | Depressive illness (NOT recommended) | Specialist only | | | Maybe some 'legacy' patients. No new patients should be started. |
| | | Depression in Children (CG28) | | Imipramine | Depressive illness | On formulary | | ✓ | |
| | | | | Lofepamine | Depressive illness | On formulary | | ✓ | |
| | | | | Trazodone | Depressive illness, esp. if sedation required | On formulary | | | Often used in the elderly at night due to its sedative properties in small doses as an adjunct to another antidepressant. |
| | 4.3.2 | Moclobemide | Depressive illness; social anxiety disorder | | | Second line | | ✓ | MH initiation; little used |
| | | Isocarboxazid | Depressive illness | | | Second line | | | |

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| | | Phenelzine | Mixed anxiety and depression and phobic or hypochondriacal features | | There is less conclusive evidence of its usefulness with severely depressed patients with endogenous features. | Second line | | | Little used. Can be difficult to manage due to dietary & drug interactions. NICE recommendation puts MAOIs low down the hierarchy of choice. GPs may be asked to continue prescription. |
| | | Tranylcypromine | Depressive illness especially where phobic symptoms are present or where treatment with other types of anti-depressants has failed | | | Second line | | | |
| | 4.3.3 | Citalopram | Depressive illness, panic disorder | | Citalopram and escitalopram: QT interval prolongation - new maximum daily dose restrictions | On formulary | ✓ | | Choice of SSRI will depend on the individual patient and experience of the doctor prescribing. Sertraline is currently first choice as per the multiple-treatments meta-analysis by Cipriani <i>et al.</i> A second SSRI may be tried if the first fails or is not tolerated. |
| | | Fluoxetine | Major depression, bulimia nervosa, OCD | | | On formulary | ✓ | | |
| | | Paroxetine | Major depression, OCD, panic disorder; social anxiety disorder; PTSD; GAD | | Little used now | On formulary | ✓ | | |
| | | Sertraline | Depressive illness, OCD, panic disorder | | Cipriani <i>et al</i> | On formulary | ✓ | | |
| | Others | Duloxetine | MDD; GAD | | | Second line | | | MH initiation. Must be prescribed as 'Cymbalta'. |
| | | Mirtazapine | Major depression | | | Second line | ✓ | | MH initiation |
| | | Venlafaxine | Major depression, GAD | | | On formulary | ✓ | | |
| | | Vortioxetine | Major depression | | NICE TA367. Use after two antidepressants have been tried. | Specialist only | ✓ | | http://www.nice.org.uk/guidance/ta367 |
| Attention deficit hyperactivity disorder (ADHD) | | | | | | | | | |
| CNS Stimulants | 4.4 | Atomoxetine | ADHD | | | ESCA | ✓ | | MH initiation |
| Attention deficit hyperactivity disorder (ADHD) | | Dexamfetamine | Refractory ADHD | | | ESCA | | | MH initiation. Third line. |
| | | Lisdexamphetamine | ADHD refractory to methylphenidate | | Not yet approved by MMC. | Specialist only | | | MH initiation. Third line. |
| | | Methylphenidate | ADHD | | | ESCA | ✓ | | MH initiation |
| Parkinson's disease & related disorders | | | | | | | | | |
| | 4.9.2 | Orphenadrine | Drug-induced EPSE | | | On formulary | ✓ | | |
| | | Procyclidine | Drug-induced EPSE | | | On formulary | ✓ | | Drug of choice |
| | | Trihexyphenidyl (Benhexol) | Drug-induced EPSE | | | On formulary | ✓ | | |
| Substance dependence | | | | | | | | | |
| | 4.10.2 | Acamprosate | Maintenance of abstinence in alcohol-dependent patients | | https://www.nice.org.uk/guidance/cg115/resources/alcohol-dependence-and-harmful-alcohol-use-sample-chlordiazepoxide-dosing-regimens-for-use-in-managing-alcohol-withdrawal-136383229 | On formulary | | | Should be combined with counselling. |
| | | Chlordiazepoxide | Adjunct in acute alcohol withdrawal | | | On formulary | | | |

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| | | Disulfiram | Disulfiram may be indicated as an adjuvant in the treatment of carefully selected and co-operative patients with drinking problems. | | Alcohol dependence and harmful alcohol use | On formulary | | | MH initiation, usually as inpatient. |
| | | Nalmefene | Reduction of alcohol consumption in patients with alcohol dependence who have a high drinking risk without physical withdrawal, and who do not need immediate detoxification. | | | Specialist only | | | Not usually prescribed by MH. Normally initiated by drug & alcohol services. |
| Drug misuse - methadone and buprenorphine | 4.10.3 | Buprenorphine | Adjunct in treatment of opioid dependence | | | Specialist only | | | Drug & Alcohol services initiation |
| | | Methadone | Adjunct in treatment of opioid dependence | | | Specialist only | | | Drug & Alcohol services initiation |
| Dementia | | | | | | | | | |
| | 4.11 | Donepezil | Mild to moderate dementia in Alzheimer's disease | | | ESCA | ✓ | | MH initiation |
| Dementia - CG42 | | Galantamine | Mild to moderate dementia in Alzheimer's disease | | | ESCA | ✓ | | MH initiation |
| | | Memantine | Moderate to severe dementia in Alzheimer's disease | | | ESCA | | ✓ | MH initiation |
| | | Rivastigmine | Mild to moderate dementia in Alzheimer's disease. Treatment of mild to moderately severe dementia in patients with idiopathic Parkinson's disease | | | ESCA | ✓ | | MH initiation |
| Selective Antimuscarinics | | | | | | | | | |
| | 1.3.2 | Pirenzepine | Not licensed in UK | Hypersalivation (usually clozapine) | Imported from EU | Specialist only | | | MH Use only. Usually reserved for clozapine patients. |
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| | | | These are only the MH indications | | | | | | |