

## Discontinuation of Fluphenazine Decanoate (Modecate) Depot

Sanofi have announced the discontinuation of fluphenazine injection by mid 2018 due to commercial reasons. Availability of the depot is expected to continue until the end of 2018.

The decision to discontinue fluphenazine should be made by a specialist and patients in primary care should be referred to the mental health team

### Actions for GPs:

- Do not initiate any new patients on fluphenazine
- If responsible for administering the depot, inform all patients receiving the depot that they will need to be reviewed by a psychiatrist at the CMHT
- Identify all patients prescribed the depot and refer to CMHT
- Ensure that there is sufficient stock in the interim

### Actions for CMHTs

- All patients who are prescribed fluphenazine should be invited for a medicines review
- Review each patient and consider if the antipsychotic can be discontinued or a switch to an alternative antipsychotic is necessary – either oral or depot form.

### If considering stopping treatment:

- How long has the patient been symptom free?
- What are the adverse effect of current treatment
- What is the pattern of onset of the illness
- Has stopping been attempted before
- What are the patients current social circumstances
- What is the potential social cost of relapse
- would the patient recognise and act on relapse triggers

### When stopping

- If necessary, change the dosing frequency to 4 weekly
- Reduce the dose by no more than a third each month. Ensure there is sufficient stock to manage the withdrawal
- Consider an alternative treatment if the patient is unable to stop completely without symptoms returning

### Switching to an alternative antipsychotic

The decision to switch medication should be agreed with the patient. When making this decision, the following should be considered:

- Comorbidities including cardiovascular and metabolic disorders

- Previous psychiatric history and previous experiences with other antipsychotics including benefits and side effects.

### *Switching to a typical depot*

Do not extrapolate doses beyond BNF dose or frequency. Test doses are required

Antipsychotic	Equivalent dose	Suggested dose equivalence
Fluphenazine	5-10mg	50mg ev 2 weeks
Flupentixol	10-20mg	80mg every 2 weeks
Zuclopenthixol	100mg	200mg every 2 weeks
Haloperidol	10-15mg	100mg every 2 weeks

Adapted from BNF

**NB when switching to zuclopenthixol or flupentixol** depots, it is recommended that the initial dose interval is every 2 weeks. This may be extended up to 4 weekly administration depending on clinical response to treatment. For more information refer to manufacturer's [Summary of Product Characteristics](#) (SmPC) specific to the product.

### *Switching to an atypical injection*

See individual Trust guidelines for applications for initiating patients on atypical antipsychotic depots.

### *Switching to an oral antipsychotic*

Start the oral antipsychotic at low dose at the time the next fluphenazine injection is due. Increase very gradually, monitoring for side effects and note that it may take approximately 50 days for elimination of fluphenazine depot.

### **FOLLOW-UP AND MONITORING**

After switching to an alternative antipsychotic medication, a timely follow up appointment should be arranged with the prescriber or nurse practitioner to assess the response to the new treatment and to monitor side effects (e.g. the Glasgow Antipsychotic Side Effects Rating Scale)

For oral treatment, amend the daily dose according to response and tolerability of treatment. Discuss adherence with oral medication and consider a switch to a depot/LAI injection if compliance is poor.