Protocol for the management of aripiprazole (Maintena®) long acting injections when supplied by a local community pharmacy directly to community clinics

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<td>Ray Lyon, Chief Pharmacist - Strategy</td>
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<td>REVIEWED BY</td>
<td>Ashleigh Bradley, Lead Pharmacist Community Teams</td>
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If you require this document in an alternative format, ie easy read, large text, audio, Braille or a community language please contact the Pharmacy Team on 01243 623349.
Protocol for the management of aripiprazole (Maintena®) long acting injections when supplied by a local community pharmacy directly to community clinics

1. Context

1.1. Aripiprazole long acting injections (ALAs) are being dispensed and delivered to Sussex Partnership NHS Foundation Trust community team bases by a locally nominated community pharmacy. All community pharmacies within a two mile radius of each team base have been asked to apply against set criteria to provide the service by Alliance Healthcare, a company organizing the direct supply to clinics on behalf of the companies marketing ALAI. The nominated pharmacy will deliver the injections on a named patient basis, directly to community clinics where the medication is given or collected by community practitioners. Using local pharmacies and bypassing the need to pass the medication through a hospital pharmacy means we are exempt from paying VAT, thus reducing the cost for the Trust very significantly.

1.2. There is only one strength of ALAI available. It can be stored at room temperature.

Protocol

2. Reserve Stocks

2.1. Community bases will not usually hold a reserve stock of ALAI. In the event that ALAI is dispensed and supplied for a patient who no longer has need of it, then this injection can have the label covered up and be held as stock for use on another patient so as to prevent any waste.

2.2. The original label must be covered by a label supplied by the local hospital pharmacy team. The over-label must be placed across the original patient label in such a way as to completely obscure the patient’s details but not the name of the supplying community pharmacy as it is a legal requirement for the name of the original dispensing pharmacy visible on the product.

3 Patient registration with the nominated community pharmacy

3.1. Alliance Healthcare will contact the person co-ordinating the ordering of long acting antipsychotic injections to provide details of the local nominated pharmacy.

3.2. Patients will need to consent to having their prescription sent to the nominated community pharmacy. A consent form for this purpose will be supplied by Alliance Healthcare, but a copy can be seen in appendix 1.

3.3. Patients who decline to use this service will need to take their own prescription to the pharmacy of their choice and have collected the ALAI in time for their next injection.
4 Prescribing

4.1 Only patients who meet the criteria set out in the Trust’s guidelines on using aripiprazole long acting injection (see link below) should be initiated on the medication.
Link: http://www.sussexpartnership.nhs.uk/node/1456/attachment

4.2 Each patient’s ALAI will need to be prescribed each month on a separate standard FP10 prescription with the appropriate team/consultant’s details.

4.3 A sample prescription can be seen as appendix 2. Please ensure the patient’s PIMs number is recorded where it says NHS number on the sample script.

4.4 Local arrangements can be made with the nominated community pharmacy, about starting new patients on ALAI but if the nominated pharmacy is situated some distance from the clinic it is anticipated that a copy of the FP10 can be faxed to the pharmacy with the original being collected when the injection is delivered.

4.5 Local arrangements must be agreed as to the frequency of deliveries and the mechanism for ordering repeat supplies. If more convenient for the team, they may wish to deliver the prescriptions to and collect the injections from the pharmacy at a mutually agreed time instead of having them collected/delivered. However it is important that the delivery log is still completed (appendix 3) as this will generate the summary record we need for monitoring purposes.

4.6 It may be best if deliveries are made on the same day as Polarspeed deliver.

4.7 The pharmacy will not hold more than one injection in stock so they may need to receive the original or faxed copies of the repeat ALAI scripts 3 working days before they are due to be delivered. Some pharmacies may be happy for copies of the scripts to be faxed through and the originals picked up when the delivery is made. Agreement will be needed with the nominated pharmacy on how best to manage repeats.

4.8 The person organizing the repeats must provide a list of patients expected to receive an ALAI at the next delivery so that the delivery can be checked.

5 Prescription charges

5.1 Because we are using FP10 prescriptions patients not exempt from prescription charges will have to pay the pharmacy a prescription charge each month or buy a prepayment certificate. This is no different to patients on oral antipsychotics who have to pay if not exempt.

5.2 If the patient is exempt the appropriate box on the back of the FP10 should be ticked and the prescription signed. If there is uncertainty about the exemption of any patient, the patient can be asked to go to the pharmacy to discuss it.

5.3 If issues arise about paying or not paying prescription charges advice should be sought in the first instance from the nominated pharmacy who deal with these issues every day.
5.4 It is important that the clinic and the nominated pharmacy come to a local agreement on who will sign the back of the prescription if the patient is deemed to be exempt. This may be clinic staff if appropriate, but this should only happen when the team are confident that the patient is exempt.

5.5 Unless the exemption is on the grounds of age, then the patient should provide documentary evidence of their exemption before the clinic staff sign on their behalf. An aide memoire used by community pharmacies is available at the link below. It describes the categories for exemption and the names of the forms the patient should produce as evidence for each exemption category. If the patient cannot provide documentary evidence or there is any uncertainty about it, the patient should be asked to discuss their exemption with the nominated pharmacy and the nominated pharmacy asked to let the clinic know whether or not the patient is exempt.

www.nhsbsa.nhs.uk/CounterFraud/Documents/POD_Counter_Aide.pdf

5.6 Clinic staff should review the patient’s exemption at least every six months for those categories where the patient’s eligibility may change.

6 Delivery and receipt

6.1 The nominated pharmacy will deliver medication directly to the clinic as agreed locally. Special arrangements for Christmas and New Year may need to be made.

6.2 The person delivering on behalf of the nominated pharmacy will have a delivery log they will expect the person receiving the injections will have to sign for each injection, see appendix 3.

6.3 The delivery log should be checked against the list of patients expecting an injection and the actual injections delivered.

6.4 If there are discrepancies between what was expected, what is written on the delivery log or what actually arrived, the nominated pharmacy must be contacted immediately.

6.5 If an injection is missing or an injection is supplied that was not expected, the corresponding line on the delivery log should not be signed.

6.6 All delivery checklists, including those marked with discrepancies should then be given to the person responsible for managing the ordering of long acting antipsychotic injections. This will ensure that supply and payment are accurately monitored.

6.7 Immediately after delivery and checking the medication should be put into the medicines cupboard.

7 Storage

7.1 Staff responsible for taking receipt of medication should check the delivery against the delivery list and what was ordered. Staff should also check that all medications received are well within their expiry date. Once checked off the stock must be immediately stored in the designated medicines cupboard.
8 Administration

8.1 Injections supplied by the nominated pharmacy will be supplied on a named patient basis ONLY. All medication delivered to the clinic will be clearly labelled with the patient’s name. Only injections labelled with a patient’s name can be given to that patient unless using reserve stock on site (see section 2. above).

8.2 The reserve stock, which will have been overlabelled, must only be used in the clinic and not taken out for use by community practitioners.

8.3 Prior to giving an injection, it is important that staff accurately check the label with the patient’s details on the medication packaging, ensuring that this corresponds with the patient’s details and those that are on the prescription card. The Trust’s patient identification policy should also be adhered to as part of this process.

8.4 Any administration must be undertaken in line with the Trust’s ‘Guidelines for the Administration of Long Acting Antipsychotic Injections in Adults’. Link: http://www.sussexpartnership.nhs.uk/node/1493/attachment

9 Trouble shooting

9.1 The nominated pharmacy and the person in the clinic responsible for managing long acting antipsychotic injections will keep a list of people who understand the ordering and delivery process within the clinic, so that if any person needs to contact anyone about orders, deliveries or associated problems, it will be someone that is aware of how the system works. Staff expected to deal with the nominated pharmacy will have their own contact list, which will contain details and contact names and the telephone number of the nominated pharmacy.

9.2 It would be good practice to invite the pharmacy manager to meet the clinic staff involved at the start of the service and at least annually thereafter. One topic that it may be useful to discuss on the first visit is the issue of exemptions and how best to handle them.

10. Contacts List

<table>
<thead>
<tr>
<th>Nominated Pharmacy:</th>
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<tr>
<td>Pharmacy Address:</td>
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<tr>
<th>Pharmacy Contacts</th>
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October 2017 Review by October 2020
Appendix 1 - Patient consent form

Patient consent form (to be sent to the Pharmacy)

Patient agreement to sharing information
(As part of the repeat dispensing arrangements for Community Clinic Direct service)

Patient’s details

Title □ Surname

First name □ Date of birth □-□-□

Address □

Postcode □ Telephone number □

My prescriber or a member of their staff has explained repeat dispensing to me. I have also read the information on the back of this form, and I understand what I have to do. I agree to the exchange of information about my medication or treatment between my prescriber and the dispensing pharmacist as part of the repeat dispensing arrangements.

Signature □ Date □

Prescriber’s details

Name □

Address □

Postcode □ Telephone number □

Prescriber’s signature or member of staff.

Community Clinic Direct has been initiated and fully funded by Otsuka and Lundbeck and is provided by local pharmacies in conjunction with Alliance Healthcare.
Appendix F:

Community Clinic Direct example of written Abilify Maintena® (aripiprazole) FP10SS

Arpiriprazole 400mg prolonged release injection
to be injected monthly as directed by treatment plan
1 op

Community Clinic Direct has been initiated and fully funded by Otsuka and Lundbeck, and is provided by local pharmacies in conjunction with Alliance Healthcare.

UK/AM/0514/0176f Date of preparation: May 2014
**Appendix D: Community Clinic Direct prescription delivery log**

This should be used to track the number of deliveries made each month; also to identify who has received deliveries, or if an Ability Maintena® (Arzpiprazole) injection is queried as being delivered.

<table>
<thead>
<tr>
<th>Patient initials</th>
<th>Patient D.O.B.</th>
<th>Date of delivery</th>
<th>Name of person accepting delivery</th>
<th>Signature</th>
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Only Alliance Healthcare will have access to information on patient identifiable data. No data will be passed to the sponsoring companies Otsuka and Lundbeck.

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UI/AM/0514/0176d Date of preparation: May 2014