Clozapine Shared Care Protocol and Information for Oxfordshire GPs

There should be willing consent of all parties to enter into a shared care agreement. This includes patients (plus carers if necessary) and prescribers (i.e. general practitioners / primary care prescribers and consultants / secondary care prescribers). If a general practitioner is not confident to undertake these roles, then he or she is under no obligation to do so. In such an event, the total clinical responsibility (including prescribing) for the patient remains with the secondary care specialist.

Shared Care Responsibilities

Shared care assumes communication between the specialist, GP and patient. The intention to share care should be explained to the patient and accepted by them. Patients should be under regular follow-up which provides an opportunity to discuss drug therapy.

Aspects of care for which the Secondary Care Multidisciplinary Team is responsible:

- Consider approaching GP with a view to participating in shared care agreement when patient's mental state & clozapine dose are stable and the FBC is being monitored every four weeks (i.e after one year's treatment),
- Contact GP to request GP to prescribe and send copy of shared care agreement. Once the GP has agreed, complete DMS shared care patient registration form (Appendix 1) with GP details, consultant signature, care coordinator and patient's community pharmacy details and send form to pharmacist linked to AMHT to coordinate transfer date with DMS
- Update Patient's Electronic Health Record with details of the GP and Community Pharmacy for information and upload copy of completed shared care agreement.
- Once transfer date agreed, ensure patient is given four weeks supply from OHFT pharmacy and confirm with GP
- Complete "Useful Contact Numbers" section with relevant numbers and forward to the GP
- Together with care coordinator ensure that first month's supply of clozapine is prescribed by GP and patient collects dispensed medicine from the community pharmacy the patient will be using.
- Monitor patient's progress at least yearly as indicated by care plan – assessing adherence, response to treatment, side effects and Trust Physical health Monitoring Guidelines.
- Evaluate any adverse events noted by the patient/carer or GP
- Liaise with GP over any problems obtaining prescribed medication
- If for any reason the patient misses doses for longer than 48 hours, identify the reasons and prescribe a suitable re-titration dose schedule. The DMS must be informed of the treatment break and weekly blood monitoring may be necessary for six weeks (if the break was >72 hours). STARTING BACK ON THE ORIGINAL DOSE MAY LEAD TO SEVERE SIDE EFFECTS. Additional monitoring of BP, pulse and temperature are required during re-titration. Once re-titration is complete and the patient stable, care can once again be shared with the GP.
- Report serious adverse events to Medicines and Healthcare products Regulatory Agency (**MHRA**)
- Ensure clear arrangements for feedback, advice and support for GP
- **NB If patient plans to change GPs, or go and live in another area, ensure that:**
    - **the new Consultant team is notified well in advance of transfer and that the patient has been transferred to the new Consultant before the move.**
    - **The new GP is aware that the patient they are accepting is taking clozapine, and is happy to continue with the Shared Care Agreement .**
    - **A new Pharmacy is able to maintain supply of clozapine, is aware of the Shared Care Agreement and is registered with Denzapine.**
    - **Arrangements need to be made as to who will prescribe/dispense clozapine before the**

patient moves. **NOTE**: Shared care patients must have a consultant linked with their care and this must be taken into account when discharging patients to GPs or transferring patients. Appendix2

- Due to the terms of the UK licence for clozapine, patients will need to remain open to a specialist.

Aspects of care for which the General Practitioner is responsible:

- Reply to request to share care as soon as practicable and ensure familiar with responsibilities before agreeing to prescribe
- Either
    - Take FBC and send to the nearest local Biochemistry and Pathology lab (Oxford,Universitry Hospitals). The results will be entered in the patient's DMS record by Pharmacy staff at Oxford Health NHS Foundation Trust Pharmacy.
    - Request postal FBC packs from DMS – phlebotomist can take blood in tubes provided and post packs as indicated to DMS laboratories so blood samples analysed and results put on database to enable dispensing. This means that surgeries do not have to spend time sending local results to DMS to enter on the website. Request DMS to send paper results to surgery.

- Ensure prescription for 28 days supply of clozapine is available for collection by patient or individual community pharmacy indicated at the same time the blood sample is taken. The Community pharmacy will order Clozapine from Britannia Pharmaceuticals on the appropriate form but will only be able to supply once a green light has been obtained from DMS.
- Carry out yearly health check as per Trust Guidance for Physical health Monitoring. Monitor weight, glucose and cholesterol changes as indicated by individual NICE guidance. Liaise with AMHT over any concerns with physical health.
- Liaise with patient/AMHT if patient does not pick up prescription or has any problems with taking medication or issues with side effects/increase in side effects. **Consider any changes in smoking habits or potential interacting drugs**. **Reduction in amount of cigarettes smoked may lead to increased clozapine levels and require further monitoring and reduction in clozapine dose**. Conversely a return to smoking or an increase in smoking can lead to a lowering of clozapine plasma levels. Contact AMHT if any concerns.
- If for any reason the patient misses doses for longer than 48 hours identify the reasons and contact the AMHT so that arrangements can be made by the specialist for the clozapine to be re-titrated. Weekly blood monitoring for six weeks may be necessary if the break was greater than 72 hours. STARTING BACK ON THE ORIGINAL DOSE MAY LEAD TO SEVERE SIDE EFFECTS. Additional monitoring of BP, pulse and temperature are also required during re-titration. Once re-titration has been carried out by the specialist and the patient is stable, care can once again be shared.
- Due to the terms of the UK Clozapine licence, patients will need to remain open to a specialist.
- **NB If the patient plans to change GPs or go and live in another area, ensure that the consultant team is notified well in advance of transfer and that arrangements are made to register the new consultant before the move using the appropriate paperwork. Arrangements need to be made as to who will prescribe/dispense clozapine beforehand**. **NOTE**: ***shared care patients must have a consultant linked with their care and any new GP/pharmacy has to be registered with DMS before they can prescribe/dispense clozapine.***

Aspects of care for which the Community Pharmacist is responsible:

- Agree to request to register with DMS to dispense clozapine for a particular patient and sign paperwork as indicated. Clozapine cannot be ordered through the wholesaler and will only be supplied to a pharmacy registered for that specific patient

- Order Clozapine from Britannia Pharmaceuticals using the appropriate paperwork.
- Contact DMS for confirmation of a green light in order to dispense.
- Contact GP if patient does not collect prescription, has not had a blood test or clozapine is not available.
- Under no circumstances should another person's clozapine be used for a particular patient unless authorised by DMS and where blood test is valid.
- Advise the patient to contact their GP if they have any flu-like symptoms, especially sore throat and temperature that could indicate agranulocytosis or if there are any concerns about side effects or treatment adherence. If the patient has missed doses for >48 hours they need to have their dose gradually re-titrated and they will also require weekly blood monitoring for six weeks if the interval without clozapine has been >72 hours. Re-titration will be organised by the specialist.

Aspects of care for which Patient/Carer is responsible:

- Go for regular four weekly full blood count monitoring as part of treatment plan and let GP know if there are any problems with this.
- Let GP know if you have flu-like symptoms which could indicate a decrease in white cell count and should be monitored with an extra blood test, if other causes ruled out.
- Collect/arrange collection of prescription from GP surgery at the same time as having monthly blood test and take to the specific community pharmacy registered to dispense this for you. Hand in prescription and collect dispensed medicines about 5 days after blood test was carried out unless otherwise specified.
- Notify GP/psychiatrist of any concerns about your treatment or if any increase in side effects.
- Notify GP/psychiatrist if you are planning to change smoking habits. Smoking decreases clozapine levels and therefore if you stop smoking suddenly, clozapine levels may rise and cause increased adverse effects such as constipation, confusion and seizures.
- Attend GP and outpatient appointments as necessary and discuss any information needs or concerns as relevant.
- If for any reason you occasionally miss a dose of clozapine, notify your GP/psychiatrist next time you see them. However, you **must** notify GP/psychiatrist immediately if you do not take clozapine for longer than 48 hours. DO NOT RESTART BACK ON THE ORIGINAL DOSE, AS THIS MAY LEAD TO SEVERE SIDE EFFECTS. Arrangements will be made for the dose to be re-titrated back to the original dose gradually. You may also require weekly blood monitoring for six weeks.

Clozapine Summary

1. Clozapine, re-introduced in the 1990s, is an atypical antipsychotic which has been shown to be very effective in the treatment of schizophrenia but requires ongoing blood monitoring to detect any fall in white blood cells due to the rare adverse effect of agranulocytosis.
2. NICE[1] guidance indicates that clozapine should be offered 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. Once the dose has been optimised, in some cases a second antipsychotic may be added to augment treatment.
3. Neutropenia/agranulocytosis is a serious adverse drug reaction associated with clozapine. The overall incidence of neutropenia is around 2.7% and agranulocytosis is between 0.7% and 0.8%, with the majority of cases (70%) occurring in the first 18 weeks of treatment and necessitating regular full blood count monitoring (FBC). The monitoring frequency is weekly for the first 18 weeks of treatment, then fortnightly. The risk of neutropenia/agranulocytosis falls considerably after the first year of treatment and the monitoring frequency is reduced to every four weeks at this stage.
4. Clozapine[2] can only be initiated by a consultant psychiatrist. The patient, psychiatrist and pharmacy all have to be registered with the company supplying the clozapine.

5. In Oxfordshire the brand of clozapine used is Denzapine® manufactured by Britannia Pharmaceuticals. For governance reasons all patients are registered with the Denzapine Monitoring Service (DMS) which oversees supplies of Denzapine® to the relevant pharmacies on receipt of a valid blood result.
6. After one year of treatment the consultant may consider approaching the GP with a view to participating in a shared-care arrangement when the following conditions are met:
    1. The patient's mental state is stable
    2. The dose of clozapine is stable
    3. The Full Blood Count is monitored every four weeks.
    4. The patient and carer are in agreement
    5. The GP is happy that under the arrangements he/she is confident to:
        - monitor the patient
        - arrange for blood samples to be taken every four weeks
        - make dosage adjustments of clozapine in liaison with the psychiatrist
    6. The patient's nominated community pharmacist agrees to dispense clozapine
    7. Written guidelines for treatment and action are adequately explained in a shared care protocol

Any GP who agrees to participate in a shared care arrangement for a patient treated with clozapine will have their details recorded by DMS. Any community pharmacy wishing to dispense for a particular patient will need to be registered with DMS

References

1. National Institute for Health and Care Excellence. Psychosis and schizophrenia in adults: prevention and management, CG178, Feb 2014. Accessed at https://www.nice.org.uk/Guidance/CG178.
2. Britannia Pharmaceuticals Limited. Denzapine Summary of Product Characteristics. Accessed at http://www.medicines.org.uk/emc. Last updated on emc 14 June 2019
3. Bleakely S and Taylor D. Clozapine Handbook. First edition Lloyd Reinhold Communications 2013

Prescribing Information

Indications:

a) Treatment-resistant schizophrenia and in schizophrenia patients who have severe, untreatable neurological adverse reactions to other antipsychotic agents, including atypical antipsychotics. Treatment resistance is defined as a 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 an adequate duration.

b) Psychotic disorders occurring during the course of Parkinson's Disease, in cases where standard treatment has failed.

Pharmaceutical Form

Tablets; 25mg, 50mg, 100mg, 200mg (N.B OHFT only use 25mg and 100mg). Denzapine® liquid 50mg/ml suspension *(this should only be prescribed for patients with genuine swallowing difficulties as it is more expensive).*

Prescribing Information & Patient Information Leaflet (See Denzapine SPC)

Clozapine is prescribed in secondary care for the first year of treatment. Only when the patient is stabilised on four weekly FBC monitoring may the GP be asked to prescribe under a shared care agreement.

Contra-Indications (See Denzapine SPC)

Patients with: hypersensitivity to the active substance or any of the excipients listed in the SPC ;galactose intolerance, Lapp lactose intolerance deficiency or glucose-galactose malabsorption; unable to undergo regular blood tests; Impaired bone marrow function; History of toxic/idiosyncratic granulocytopenia/agranulocytosis(except where caused by previous chemotherapy); History of clozapine-induced agranulocytosis; Uncontrolled epilepsy; Alcoholic and other toxic psychoses, drug intoxication, comatose conditions; Circulatory collapse and /or CNS depression of any cause; Severe renal/cardiac disorders (e.g. myocarditis); Active liver disease associated with nausea, anorexia, or jaundice, progressive liver disease, hepatic failure:; Paralytic ileus. Clozapine treatment must not be started concurrently with drugs known to have a substantial potential for causing agranulocytosis; concomitant use of depot antipsychotics is to be discouraged.

Warnings and Precautions for Use (See Denzapine SPC for full information)

Clozapine can cause agranulocytosis and therefore can only be initiated in patients who have normal white cell & neutrophil counts and where regular FBC monitoring can take place.
Cases of venous thromboembolism (VTE) have been reported with antipsychotic drugs and all possible risk factors for VTE should be identified before and during treatment and preventative measures taken. Similarly clozapine should be used with caution in patients with risk factors for stroke (e.g. dementia patients).
Clozapine has significant anticholinergic properties and careful supervision is indicated in the presence of: prostatic enlargement, narrow-angle glaucoma, constipation, faecal impaction and paralytic ileus.

Monitoring

Due to risks of agranulocytosis, patients commencing clozapine are monitored with weekly full blood count (FBC) for 18 weeks. If results are satisfactory monitoring is reduced to two weekly until a total of 52 weeks of treatment. Patients will then be reviewed by Denzapine Monitoring Service (DMS) for four weekly FBC monitoring and may then be considered for GP prescribing/shared care.

Blood results need to be entered on the DMS website and a Green result recorded before clozapine can be issued to a patient.

Blood Cell Count		**Result code**	**Action Required**
White Cell Count (WCC)/L	**Neutrophils (N)/L**		
$\geq$ 3.5 x 10^9	**$\geq$2.0 x 10^9**	**GREEN**	**Continue treatment.**
$\geq$3.0x10^9 to <3.5 x10^9)	**$\geq$1.5x 10^9 to <2.0 x 10^9**	**AMBER**	**Continue treatment and sample FBC twice weekly until counts stabilise or increase.**
<3.0x10^9	**<1.5 x 10^9**	**RED**	**Immediately stop clozapine. Sample FBC daily until haematological abnormality is resolved. Monitor for infection. Review circumstances around result and discuss with DMS. Consider interim antipsychotic treatment where appropriate.**

FBC monitoring following missed doses or treatment breaks.

DMS must be notified of all treatment breaks. Patients whose treatment is interrupted for more than two days will need to have their clozapine dose re-titrated by their specialist (see responsibilities above). Additionally, patients whose treatment is interrupted for more than **three** days but less than four weeks should have WCC and neutrophils monitored weekly for an additional six weeks. If no haematological abnormality occurs during this monitoring period, the patient's usual monitoring frequency may be resumed on notification by DMS.

Therapeutic drug monitoring is indicated if there is a need to check ongoing treatment adherence, if there are significant side effects, if there is a lack of response to treatment or if someone is changing smoking pattern. It is also considered best practice and is an OH recommendation that annual plasma levels are taken. The sample must be a *trough* level - this is taken 12 hours after the last dose in the evening and prior to any morning doses, if they are prescribed.*

Patient details are recorded on the request form as well as:

- how many hours post dose the level was taken
- daily clozapine dose
- smoker/non-smoker
- reason for level.

Clozapine plasma level kits (including the required form) can be requested by e-mail sent to dispensary@oxfordhealth.nhs.uk. The email must include:

- a reason for the request
- requestors contact details
- a delivery address for the plasma level report to be sent to.

Other relevant information will need to be completed on the paperwork when the blood test is taken.

Result interpretation:
A target range for plasma clozapine of 0.35-0.50 mg/L is suggested in treatment resistant schizophrenia, but some patients respond at lower concentrations. The upper limit is likewise not well defined, but there is an increased risk of convulsions at higher doses/plasma concentrations. The measurement of norclozapine can be useful in monitoring adherence, and concentrations average 70% those of clozapine during normal therapy.
Multiple factors can influence the clozapine plasma level as well as the subsequent actions that may be necessary. For further guidance on interpretation or recommended actions, please contact the OH Medicines Advice Service on 01865 904365 (or email medicines.advice@oxfordhealth.nhs.uk).

**N.B.* Patients should delay taking their morning dose of clozapine until after the sample is taken.

Other Adverse Effects **(This list is not comprehensive, please also refer to the Denzapine SPC)**

[very common: (≥1/10); common: (≥1/100 < 1/10); uncommon: (≥1/1000 < 1/100); rare (≥1/10,000 < 1/1000) very rare (<1/10,000)]

	Treatment initiation	**Ongoing treatment**	**Comments**
Tachycardia/postural hypotension/ dizziness	very common		Very common on initiation and if very pronounced consider reducing dose and slowing dose titration. If prolonged symptoms review possibility of pericarditis/cardiomyopathy.
Drowsiness/sedation	very common	common	First few months. May persist, but usually wears off. Give smaller dose in the morning. Reduce dose if necessary – check plasma level if ongoing problem
Constipation	very common	very common	NB ensure good advice on high fibre diet, adequate fluid intake and exercise. Use bulk forming laxatives/stimulants where necessary. Intestinal obstruction/ paralytic ileus are very rare but have been causes of death
Hypersalivation	very common	common	If no possibilities of dose reduction, advise using towel on pillow, or propping pillows up for night-time hypersalivation and prescribe hyoscine hydrobromide(Kwells) 300micrograms sucked daily. Dose can be increased to 900micrograms gradually
Fatigue, fever, benign hyperthermia, disturbances in sweating &	common		Usually just first few weeks of treatment and reduction in dose titration advised. May be an indication of myocarditis if other symptoms also evident. In the presence of high fever, consider neuroleptic malignant syndrome and

temperature regulation			referral to A&E.
Blurred vision, headache	common		Usually just at commencement of treatment or initially on dose increase.
Nausea, vomiting	common		Usually dose related and requires reduction in dose and slower titration. If occurs out of the blue review LFTs and other potential causes.
Transient, asymptomatic increase in liver enzymes	common		If symptoms of liver dysfunction e.g. nausea, vomiting &/or anorexia develop carry out LFTs. If values > 3 x normal maximum discontinue treatment.
Eosinophilia	common	rarely need for action	Ongoing FBC monitoring will pick this up. if eosinophil count > 3.0x 10^9/L discontinue.
Orthostatic hypotension	common	rare	Usually only a problem on initiation or following large dose increases.
Weight gain	common	common	Review & manage weight gain as per NICE Obesity guidance. Advise on diet and exercise. Review treatment options if weight gain leading to significant clinical risk.
Seizures	common	common	Related to dose, plasma level and rapid dose escalation. Greater incidence with clozapine levels > 0.5mg/L. May be caused by drug interaction or smoking cessation leading to raised levels. Prophylactic sodium valproate or lamotrigine may be prescribed.
Urinary Incontinence/ Nocturnal Enuresis	common	common	If clozapine suspected of causing incontinence review dose/potential interactions leading to raised clozapine levels - reduce dose if possible. Avoid fluids before bedtime. In severe cases, consider desmopressin/ anticholinergic bearing mind individual adverse effects
Pericarditis/pericardial effusion, myocarditis, and cardiomyopathy	rare	rare	If suspected stop treatment. Symptoms: persistent tachycardia at rest, **NB in first two months** of treatment, and/or palpitations, arrhythmias, chest pain and other signs & symptoms of heart failure
Impaired glucose tolerance, diabetes mellitus	rare	rare	Regular glucose monitoring with yearly health check – see Oxford Health NHS Foundation Trust/CCG physical health monitoring for oral and depot anti-psychotics
Thromboembolism	rare	rare	Avoid immobilisation of patients, and review risk factors before and during treatment. As a precautionary measure encourage exercise and good hydration.
Increased Creatinine Kinase(CK)	rare	rare	If significantly raised consider Neuroleptic Malignant Syndrome.
Hepatitis, cholestatic jaundice, pancreatitis	rare	rare	If symptoms occur clozapine must be stopped
Neuroleptic malignant syndrome (NMS)*		uncommon	If symptoms of rigidity/altered mental status/autonomic changes/hyperthermia occur in singly of in a cluster consider NMS. Raised serum CK levels are one of the indicators of NMS. Clozapine should be stopped and patient should be referred to A&E

Drug Interactions **(refer also to BNF or Denzapine SPC)**

Drug	Interaction	Comments
Bone marrow suppressants e.g. carbamazepine, chloramphenicol, sulphonamides, (e.g. co-trimoxazole), pyrazolone analgesics (e.g. phenylbutazone), penicillamine, cytotoxic agents,	Interact to increase risk and/or severity of bone marrow suppression	Denzapine **must not be used** concomitantly with other agents having a well-known potential to suppress bone marrow function

long acting antipsychotic depots		
Anticholinergics	Clozapine potentiates the action of these drugs through additive anticholinergic activity.	Observe patients for anticholinergic side – effects, e.g. constipation, especially when using to help control hypersalivation
Antihypertensives	Clozapine can potentiate hypotensive effects	Caution is advised if Denzapine is used concomitantly with antihypertensive agents. Patients should be advised of the risk of hypotension, especially during the period of initial dose titration
Alcohol, monoamine oxidase inhibitors, CNS depressants e.g. benzodiazepines, narcotics	Enhanced central effect. Additive CNS depression and cognitive and motor performance interference when used in combination with these drugs.	Caution is advised if Denzapine is used concomitantly with other CNS active agents. Advise patients of the possible additive sedative effects and caution them not to drive or operate machinery
Benzodiazepines	Concomitant use may increase risk of circulatory collapse which may lead to cardiac and/or respiratory arrest	Whilst the occurrence is rare, caution is advised when using these drugs together. Reports suggest that respiratory depression and collapse are more likely to occur at the start of this combination or when Denzapine is added to an established benzodiazepine regimen.
Highly protein bound drugs e.g. warfarin, digoxin	Clozapine may cause increased plasma concentration of these drugs	Patients should be monitored for the occurrence of side effects associated with these drugs, and doses of the protein bound drug adjusted, if necessary
Phenytoin	May cause reduction in clozapine concentrations	If phenytoin must be used, the patient should be monitored closely for a worsening or recurrence of psychotic symptoms
Lithium	Concomitant use can increase risk of neuroleptic malignant syndrome (NMS).	Observe for signs and symptoms of NMS (see adverse effects)
Drugs that inhibit the following liver enzymes: CYP1A2 (e.g. caffeine, fluvoxamine, ciprofloxacin), CYP3A4 (e.g. erythromycin) or CYP2D6 (e.g. fluoxetine).	Concomitant use may increase clozapine levels.	Potential for increase in adverse effects. Care is also required upon cessation of concomitant CYP1A2 or CYP3A4 inhibiting medications as there may be a decrease in clozapine levels. The effect of CYP2C19 inhibition will be minimal.
CYP1A2 inducing substances (e.g. omeprazole).	Concomitant use may decrease clozapine levels	Potential for reduced efficacy of clozapine should be considered.
Cigarette Smoke	Increases metabolism of clozapine and may result in a decrease in plasma levels	If planned reduction in smoking, monitor clozapine plasma levels and reduce dose if levels rise. More detailed recommendations are included in the OHFT Medicines Information bulletin: "Smoking Cessation: the effects on psychotropic medication"

Pregnancy and Lactation

There is limited clinical data on exposed pregnancies although animal studies do not indicate teratogenicity. Contact Oxford Health NHS Foundation Trust Medicines Advice Service 01865 904365, the community mental health team, or the Perinatal Mental Health Service for advice in pregnancy. Clozapine is excreted in breast milk and mothers taking clozapine should not breast-feed.

Useful Contact Numbers:

Consultant psychiatrist		
Care Coordinator		
Oxford Health NHS Foundation Trust Reception		Tel: 01865 901000
G.P:		
Registered Community Pharmacy		
Pharmacy Department, OHFT		Tel: 01865 904888 oxfordhealth.pharmacy@nhs.net
Medicines Advice Service, OHFT		Tel: 01865 904365 medicines.advice@oxfordhealth.nhs.uk
Denzapine Monitoring Service (DMS)		Tel: 0333 200 4141 Fax: 0333 200 4142 denzapine@britannia-pharm.com
ASI: *To obtain clozapine plasma levels*		Register with ASI to view the sample results: www.asilab.co.uk Contact OHFT Medicines Advice Service for advice on sampling and interpretation of results.

** **DMS shared care registration forms are included on the following pages but can also be found at the following link: https://securesign.britannia-pharm.co.uk/** **

SHARED CARE PATIENT REGISTRATION FORM

Please complete all form fields before submission of application. Missing information may result in delays to patient registration.

DMS No.:

Patient Initials:

Option 1 - Denzapine® Shared Care prescriber details

GP Name:

Address:

Postcode:

Phone: Fax:

E-mail:

The above mentioned GP has been contacted by myself and the prescribing and dispensing of Denzapine® for this patient has been discussed with them.

Consultant Signature: Date:

Print Consultant Name:

Or, Option 2

I intend to continue prescribing, but require the patient to collect his/her supply of Denzapine® from a community pharmacy.

Consultant Signature: Date:

Print Name:

Continued overleaf

Community Pharmacy details

Name of Pharmacist:

Trading Name: Branch No:

Address:

Postcode:

Phone: Fax:

OPTIONAL - Mental Health Team Co-ordinator (you may wish to nominate the Key Worker)

Name:

Address:

Postcode:

Phone: Emergency Contact No:

Please fax this form to the Denzapine Monitoring Team (secure fax) 0333 200 4142 or Email to: denzapine@britannia-pharm.com

BRITANNIA
PHARMACEUTICALS LTD

Shared Care Community Pharmacy Registration Form

Please print in capitals using a black ballpoint pen.

Please complete all fields before submission of this form. Missing information may lead to delays in processing the application.

Pharmacy Name:

Branch No.:

Address:

Postcode:

Phone:

Fax:

E-mail:

Pharmacist Name:

RPSGB No.:

Phone:

Fax:

Email:

Pharmacy Technician Name:

Phone:

Fax:

E-mail:

Out of hours Contacts Mobile / Pager:

Other Contacts:

Continued overleaf

I, the undersigned, hereby agree,

- To participate in the distribution of Denzapine® within the Denzapine Monitoring Service (DMS)
- To abide by the obligations set out in the Summary of Product Characteristics (SmPC) and the UK specific guidelines for all patients receiving clozapine.

Signature:.....

Date:.....

Responsible Pharmacist

Please fax this form to the Denzapine Monitoring Team (secure fax) 0333 200 4142 or Email to: denzapine@britannia-pharm.com