



## Guidelines for the Use of Melperone

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Author	Vilma Gilis Lay, Locality Lead Pharmacist
Group responsible for developing document	Drug and Therapeutics Group
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# Guidelines for the Use of Melperone

## 1.0 Introduction

1.1 Following the approval by the Trust's Drugs and Therapeutics Medicines Committee for the use of melperone, these guidelines are intended to ensure that this medicine is used safely and effectively.

1.2 Melperone should be initiated by Consultants only. The repeat prescriptions should be written by the consultant or the specialist registrar delegated by the consultant to cover in their absence.

## 2.0 Consent

2.1 This drug is not licensed in the UK. The patient's consent for use of an unlicensed drug must be sought and clearly documented in their medical notes. For the KMPT documentation for the use of unlicensed medicines go to here:

<http://i-connect.kmpt.nhs.uk/trust-departments/medical/Pharmacy-downloads-and-guidelines.htm>

2.2 The patient (and carers if relevant) should be given a copy of the Choice and Medication leaflet on melperone and given time to ask questions about the treatment.

<https://www.choiceandmedication.org/kmpt/>

## 3.0 Indication

3.1 The drug should be considered for patients with a diagnosis of treatment-refractory schizophrenia that have not responded to or cannot tolerate clozapine.

## 4.0 Dosing

4.1 Start at 25mg at night and increase according to tolerability. In non-refractory illness, doses of 100-300mg a day are effective. Higher doses may be needed in refractory illness. Scandinavian SPCs allow doses of up to 600mg/day in exceptional circumstances.

4.2 The daily dose must be given in divided doses, with a higher evening dose being selected in order to achieve a more pronounced sedative effect. It is best taken after meals and before bedtime.

## 5.0 Baseline physical observations

5.1 Before starting melperone, take a full blood count, ECG and measure blood pressure.

5.2 A baseline Brief Psychiatric Rating Scale (BPRS) would also be required before treatment is started.

## 6.0 Prescribing of Melperone

6.1 Melperone should be used alone and not in conjunction with another antipsychotic, although periods of overlap with previously prescribed antipsychotic may be necessary.

6.2 For every patient prescribed melperone, a “Melperone Named Patient Request Form” (Appendix 1) must be completed to allow monitoring and audit of patients. The agreement of the community consultant who will be responsible for the care after discharge should be sought. The completed form should be sent to [kmpt.lai-authorisation@nhs.net](mailto:kmpt.lai-authorisation@nhs.net) . A copy of this should also be filed in the patient’s medical note.

6.3 There should be a discussion with the patient about the reasons for prescribing melperone and that it is unlicensed in the UK. There should be evidence of this discussion recorded on RiO.

6.3 A copy of the baseline BPRS should be sent to pharmacy with the prescription. BPRS would also be carried out at 6 weeks, at 3 months, 6 months and during each review of the patient.

6.4 On discharge, the prescribing of melperone **should not** be transferred to primary care. Prescribing should be continued by secondary care. The GP should be informed that the service user is being prescribed melperone by the community psychiatry team.

6.5 Melperone should not be prescribed on an FP10 prescription.

6.6 Melperone for community patients should be prescribed on an Out-patient Psychotropic Prescription Sheet for Melperone (Appendix 2) and sent to the appropriate Lloyds pharmacy for dispensing and sending to the appropriate CMHT.

6.7 All data relating to patients prescribed melperone in this Trust will be reviewed after 12 months.

**APPENDIX 1**

**MELPERONE NAMED PATIENT REQUEST FORM**

*This form must be completed in full for all patients being initiated on melperone.*

Patient Name	
Date of birth	
Gender	M/F
Diagnosis	Refractory Schizophrenia  Other .....  <i>(It is unlikely that melperone will be considered appropriate for any other diagnosis)</i>
Ethnic origin	
Duration of illness <i>(from first diagnosis)</i>	
Duration of current in patient stay	
Current antipsychotic prescribed	
Other current medication	
Has clozapine been previously prescribed?	Y/N
Reason for clozapine discontinuation	

If clozapine has not been tried what is the reason?	
Is the patient aware that melperone is unlicensed in the UK?	
Date of last ECG and value of QTC interval	
Date and reading of latest blood pressure	
Date of last FBC	
Date and value of most recent BPRS score	

**Initiating Consultant**

Signature	Name	Date

**Consultant taking ongoing responsibility (if different)**

Signature	Name	Date

**Approval**

Head of Psychiatry	Signature	Date
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Please scan and e mail completed form to: [kmpt.lai-authorisation@nhs.net](mailto:kmpt.lai-authorisation@nhs.net)



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**APPENDIX 2**

**Out-patient Psychotropic Prescription Sheet for Melperone**

GP .....

Surgery .....

Allergies/ Idiosyncrasies:  
.....

Surname: .....

First Name: .....

Address: .....

.....

Telephone No.....

Date of Birth .....

Sex: M / F Weight (kg): .....

Medication prescribed by GP:  
(approved name, dose & frequency)

.....

.....

.....

First point of contact: .....

Care co-ordinator: .....

**Does the patient require a compliance aid?**

Yes                      No                      (Delete as appropriate)

Medication to be delivered to:  
.....

Date when Glasgow Antipsychotic Side-effect Scale (GASS) completed .....  
(when completed upload form into clinical documentation on RiO)

Consultant: .....

**EACH PRESCRIPTION IS VALID FOR ..... MONTHS ONLY (maximum 6 months)**

**THIS PRESCRIPTION IS FOR ORAL MEDICATION ONLY**

Date	Drug (Approved Name)	Dose				Name and Signature of Prescriber	Date Cancelled	Pharmacy Disp/Check
		Morning	Noon	Tea	Night			