

<u>POLICY DOCUMENT</u>	
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'TRAFFIC LIGHTS' FOR THE PRESCRIBING OF PSYCHOTROPICS

This document provides a formulary for use within the North Essex Partnership University NHS Foundation Trust. Medicines that are in the purple section are non-formulary and **should not be prescribed**. They will not usually be available from the NEP Pharmacy and should not be prescribed on FP10s.

The traffic lights also provide guidance to other healthcare organisations in North Essex for the use of psychotropics or medicines used in psychiatry. Some of the medicines listed are also used for other indications which are outside the remit of this document.

PURPLE	Medicines not recommended for prescribing within North Essex (non-formulary in NEP)
RED	Specialist prescribing by NEP prescribers, learning disabilities specialists or practitioners with a special interest in mental health only (non-formulary in all other NHS Trusts in North Essex)
AMBER	Medicines to be prescribed under a <i>shared care</i> protocol (local enhanced services)
YELLOW	Medicines to be initiated by a specialist prescribing and recommended to GP or other prescriber involved in the care of the patient in the community. A <i>continuing care guidance</i> with continuing support may be provided by the Trust.
GREEN	Formulary medicines which can be initiated by primary care or specialist care prescribers
*	Medicines not listed in the NHS Drug Tariff and not usually available through NHS services
◆	Continuing / shared care guidelines should be used

NON-FORMULARY MEDICINES

Please contact the Associate Director for Pharmacy if you wish to prescribe a psychotropic which is non-formulary. For individual patients please complete a Form B. If you would like the Medicines Management Group to consider the medicine for inclusion on the formulary, please complete Form A.

OTHER MEDICINES

There are separate formularies for North East, Mid and West Essex available from the local hospital pharmacy or CCG. NEP prescribers should use the local formularies for non-psychiatric prescribing:

- The Mid Essex formulary and guidance is available at <http://midessexccg.nhs.uk/your-health-services/medicines-optimisation/joint-mid-essex-formulary>
- The North East Essex formulary is available at <http://www.neessexccg.nhs.uk/What%20We%20Do/How%20we%20deal%20with%20Medicines%20Management/Prescribing%20Guidance.html>
- The West Essex prescribing guidance is available at <http://www.westessexccg.nhs.uk/your-health/medicines-optimisation/prescribing-formularies>

GENERIC / TRADE NAMES

Please prescribe by **generic name only**, as the brand may be considerably more expensive. There are a few notable exceptions, for example Lithium, which has varying bioavailability. If no brand is specified Priadel® will be supplied.

PRESCRIBING GUIDANCE

For in-house guidance use <http://intranep/TeamCentre/pharm/Pages/home.aspx> .

There are a number of prescribing guidances on the external website as well <http://www.nep.nhs.uk/> .

In addition prescribers are advised to refer to the latest BNF, the summary of product characteristics for each drug, the Maudsley Guidelines or the Psychotropic Drug Directory latest edition (S. Bazire) or <http://www.choiceandmedication.org/> .

PURPLE	NON-FORMULARY FOR NEP Not Recommended for Prescribing in North Essex
*Alprazolam (Xanax®)	Anxiety
Amoxapine (Asendis®)	Antidepressant. May cause tardive dyskinesia.
Amphetamines mixed (Adderall®)	ADHD. Withdrawn in Canada due to serious incident.
Asenapine (Sycrest®)	Acute phase bipolar 1. Treatment for 14 weeks maximum. Form B applications to MMG only.
*Chlorazepate (Tranxene®)	Anxiety
Chlorpromazine injection (Largactil® and generic)	Erratic unpredictable absorption. Cardiac risk.
Dosulepin, Dothiepin (formerly Prothiaden®)	Antidepressant. Toxic in overdose. Cardiotoxic. Except existing patients with no contraindications (see yellow). Alternatives include Lofepamine, Amitriptyline, Trazodone, Mirtazapine.
Ethosuximide	Epilepsy. Discontinued by manufacturers. Existing patients to be reviewed by specialist care.
*Flunitrazepam (*Rohypnol®)	Hypnotic of misuse.
*Flurazepam (formerly *Dalmane®)	Insomnia
Galantamine tablets (Reminyl®)	Alzheimers. USE SR CAPSULES (ONCE DAILY) OR LIQUID to avoid prescribing errors.
*Gingko Biloba	Alzheimers. Not available on NHS. Risk of cerebral haemorrhage.
Isocarboxazid	Antidepressant MAOI.
Loprazolam (formerly *Dormonox®)	Insomnia
Lormetazepam	Insomnia
Lurasidone (Latuda®)	Schizophrenia. Form B application to MMG only.

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PURPLE	NON-FORMULARY FOR NEP Not Recommended for Prescribing in North Essex
Maprotiline (formerly Ludiomil®)	Antidepressant. May cause convulsions.
Melatonin SR (Circadin®) for adults	Short course for people over 55 with primary insomnia. Form B application to MMG only. CHILDREN – see yellow section. Continuing care guidance.
Meprobamate	Anxiety.
Methadone injection (Physeptone®)	Opioid dependence. Refer to local STaRS team.
Methadone tablets (Physeptone®)	Opioid dependence. Refer to local STaRS team.
Mianserin (formerly *Bolvidon®)	Antidepressant. Side effect blood dyscrasias.
Midazolam oral liquid as Epistat® 10mg/ml	Epilepsy. Alternative to rectal diazepam. Individual care protocol required. Prescribe Buccolam® 5mg/ml in preference by brand name only. Buccolam® is licensed for children, Epistat® is unlicensed – CARE with strengths. Change from Epistat® to Buccolam®.
Modafinil	Narcolepsy only (neurologist initiation, not usually mental health).
Nitrazepam (formerly *Mogadon®)	Insomnia. Review existing patients. Long half-life, muscle relaxant, increases reaction time, leads to falls in elderly / debilitated. See Trust Guidance for the use of Medicines to Treat Sleeplessness for planned withdrawal / change to shorter-acting drug.
Olanzapine embonate long-acting injection (ZypAdhera®)	Antipsychotic long-acting IM injection which required observation after every administration. See Trust Guidance on Olanzapine Depot . Do not apply on Form B unless training is done, ongoing arrangements can be met and all teams agree.
Paraldehyde injection	Glass or Plastipak syringes only. Form B application.
Primidone (formerly Mysoline®)	Prodrug for Phenobarbitone. Except existing reviewed patients. Difficulties with supply.
Promazine (formerly Sparine®)	Antipsychotic. Erratic unpredictable absorption, not recommended by the BNF (see SPC). Not recommended to avoid benzodiazepine addiction. Alternatives include promethazine, levomepromazine, pericyazine, chlorpromazine, fluphenazine.
Promazine IM	Difficult to obtain. Unlicensed in UK.
*St John's Wort	Antidepressant. CARE with bioavailability and interactions. Patients may be advised to purchase. See NICE CG90 Guidelines for Depression .
Tranlylcipromine	Antidepressant MAOI.
Triclofos	Paediatric insomnia.
Trimipramine (formerly Surmontil®)	Tricyclic antidepressant
Typtophan herbal	Advise patients of risk of eosinophilia-myalgia syndrome.

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Vardenafil	Erectile dysfunction.
PURPLE	NON-FORMULARY FOR NEP Not Recommended for Prescribing in North Essex
Vigabatrin	For epilepsy, except for existing reviewed patients.
Zaleplon (Sonata®)	Short-acting insomnia.

RED	FORMULARY FOR NEP IN-HOUSE USE ONLY NOT TO BE INITIATED OR CONTINUED BY PRIMARY CARE PRESCRIBERS Specialist prescribing by NEP or LD prescribers or practitioners with a special interest in mental health only. Prescribing must remain in-house, not to be referred to GP
Aripiprazole injection IM	Agitation and disturbed behaviour in schizophrenia.
Clonazepam injection	To be used IM for rapid tranquillisation if lorazepam injection is not available. (Note: unlicensed route in UK, but licensed in Europe). See Rapid Tranquillisation Guidelines .
Clozapine (Clozaril® in North Essex)	Treatment-resistant schizophrenia. Amber for people with learning disabilities.
Escitalopram Red in North East and Mid.	Antidepressant. 10mg escitalopram is equivalent to 20mg citalopram. Yellow in West.
Haloperidol injection	Antipsychotic. Should have ECG before use. Alternatives for community include risperidone orodispersible, olanzapine orodispersible.
Lofexidine	Opioid dependence.
Olanzapine IM injection (Zyprexa®)	Antipsychotic for rapid tranquillisation. No longer marketed in the UK. Not stocked on wards. Named patient only (Form B).
Omega-3 acid ethyl esters (Omacor®)	Some evidence for improvement in schizophrenia, psychoses, Alzheimer's and bipolar disorder. Advise patient to purchase if possible. Review concordance.
Omega-3 marine triglycerides (Maxepa®)	Advise to purchase and check concordance.
Pimozide (Orap® or generic)	Antipsychotic with marked cardiac side effects. Annual ECG recommended. CAMHS.
*Pirenzepine	Not licenced. For side effects of clozapine.
Sertindole	Antipsychotic for named patients only (Form B).
Tryptophan	Antidepressant for named patients only.
Zuclopenthixol acetate injection (Acuphase® 50mg)	Post-acute psychosis or mania. Inpatient use only. Rapid Tranquillisation Policy must be followed, with monitoring.

AMBER	FORMULARY FOR NORTH ESSEX Medicines to be prescribed under a shared care protocol This may be an enhanced service for the GP
Buprenorphine (Subutex®)	Specialist Treatment and Recovery Service (STaRS). Opioid dependence.

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AMBER	FORMULARY FOR NORTH ESSEX Medicines to be prescribed under a shared care protocol This may be an enhanced service for the GP
Buprenorphine with Naloxone (Suboxone®)	STaRS. Opioid dependence where appropriate, instead of above.
Chlordiazepoxide (Librium®)	STaRS. Alcohol withdrawal.
Clomethiazole (formerly Chlormethiazole, Heminevrin®)	Rarely, for addiction / withdrawal. See yellow section for anxiety / insomnia.
Clozapine (Clozaril® in North Essex)	Treatment-resistant schizophrenia – people with learning difficulties and mental health patients who have difficulty accessing the clozapine clinics or services.
Disulfiram (Antabuse®)	STaRS. Alcohol withdrawal, usually up to a year.
Methadone liquid (Physeptone® SF)	STaRS. Opioid dependence. Please prescribe Physeptone® SF brand .
Naltrexone	STaRS. Opioid dependence.
Paliperidone 3-monthly long-acting injection (Trevicta®)	Only to be used in patients who have been stable on a dose of monthly paliperidone LAI for at least 4 months. Patients on monthly high doses will first need to be reviewed to ensure optimum monthly dose is being used first. Before transferring the patient clinicians must consider any risks to the patient's engagement if only seen 3-monthly. All patients transferred to Trevicta® should fill in a Form C if requested by MMG Chair .

YELLOW	FORMULARY FOR NORTH ESSEX Initiated by specialist prescribers, then recommended in writing to GP. Many of these will receive continuing support from secondary care. GP care is within GMS contract.
Acamprosate (Campral EC®)	Alcohol dependence (1 year course). Stop if patient starts drinking again.
Aripiprazole IM long acting injection (Abilify Maintena®)	Schizophrenia.
Acetazolamide	Epilepsy.
Agomelatine (Valdoxan®)	3 rd line antidepressant for adults under 75 in preference to Duloxetine. NEP to do baseline, 3-week, 6-week and 12-week LFT and supply for first 4 months.
Aripiprazole (Abilify®) oral	Schizophrenia. Bipolar disorder. Psychosis. Please note that generic aripiprazole is only licensed in schizophrenia.
◆ Atomoxetine (Strattera®)	ADHD, with continuing care guidance .
Benperidol	Antipsychotic – sexual disinhibition. Long standing patients should be referred to specialist care. Reasons for continuation MUST be recorded in the notes, and it must be regularly reviewed.
Bupropion	Depression (unlicensed use) (licensed for smoking cessation)

YELLOW	FORMULARY FOR NORTH ESSEX Initiated by specialist prescribers, then recommended in writing to GP. Many of these will receive continuing support from secondary care. GP care is within GMS contract.
Buspirone	Anxiety with lower dependence and abuse potential than benzodiazepines. 2 nd line. Licenced for short-term use only.
Clobazam	Epilepsy only. Endorsed SLS.
Clomethiazole	Rarely agitation / insomnia for elderly people.
Clonazepam	Epilepsy. 'Green' for anxiety.
Clonidine	For children for hyperactivity. Tourette's syndrome.
Cyproterone	Sexual disinhibition. Reasons for continuation MUST be recorded in the notes, and it must be regularly reviewed. Ineffective with chronic alcoholism. (Other indications green).
◆Dexamphetamine	Narcolepsy. ADHD with continuing care guidance .
◆Donepezil (Aricept®)	Alzheimer's disease, with continuing guidance for cholinesterase inhibitors.
Dosulepin / dothiepin	Antidepressant for existing patients only. High overdose and cardiac risk.
Doxepin	Tricyclic antidepressant. Sedative.
Duloxetine (Cymbalta®)	4 th line alternative for depression. 3 rd line for people over 65.
Escitalopram Yellow in West.	Antidepressant. 10mg escitalopram is equivalent to 20mg citalopram. Red in North East and Mid.
Ethosuximide	Epilepsy. Please refer existing patients back to specialist care. Liver monitoring required.
◆Flupentixol decanoate IM injection (generic or Depixol®)	Antipsychotic oily depot injection. Please see Antipsychotic Long-Acting Injections Guidance .
◆Fluphenazine decanoate IM (generic or Modecate®)	Antipsychotic oily depot injection. Please see Antipsychotic Long-Acting Injections Guidance .
Gabapentin	Epilepsy (other indications green).
◆Galantamine capsules (SR) or liquid (Reminyl® XL or liquid)	Alzheimer's disease. Once daily sustained release capsule recommended. Continuing care guidelines for cholinesterase inhibitors . NOTE – do not prescribe <i>tablets</i> (taken BD) to avoid errors.
◆Haloperidol decanoate IM injection	Antipsychotic oily depot injection. Please see Antipsychotic Long-Acting Injections Guidance .
Isocarboxazid	MAOI antidepressant.
Lamotrigine	Epilepsy. Mood disorder.
Levetiracetam (Keppra®)	Adjunct for partial seizures.
Lisdexamphetamine (Elvanse®)	ADHD in children. 2 nd line after methylphenidate or atomoxetine with continuing care guidance .
Lithium (Priadel®, Camcolit®, Liskonum®, Li-liquid®)	Mania. Adjunct in depression. Priadel® is brand of choice for NEP. Specify brand. Ensure lithium booklet has been supplied, monitor as NICE CG 185 and record results in record book.

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FORMULARY FOR NORTH ESSEX	
YELLOW	Initiated by specialist prescribers, then recommended in writing to GP. Many of these will receive continuing support from secondary care. GP care is within GMS contract.
◆ Melatonin 2mg slow release for children	CHILDREN insomnia. Unlicensed use. Please use continuing care guidance .
◆ Memantine (formerly Ebixa®)	Alzheimer's disease, moderate to severe only. Please use continuing care guidance . Ref NICE TA 217 .
◆ Methylphenidate (Ritalin®, Equasym, Concerta, Medikinet® XL)	ADHD, with continuing care guidelines . Specify the brand.
Midazolam oral liquid (Buccolam®) 5mg/ml	Epilepsy. Alternative to rectal diazepam. Individual care protocol required. Prescribe Buccolam® in preference by brand name only. Buccolam® is licensed for children, Epistat® is unlicensed. CARE with strengths. Change from Epistat® 10mg/ml to Buccolam®.
Moclobamide	Depression (beta MAOI).
Oxcarbazepine	Epilepsy.
◆ Paliperidone long-acting injection (Xeplion®)	Schizophrenia. Please see Antipsychotic Long-Acting Injections Guidance .
Phenelzine	MAOI for depression.
Phenobarbital	Epilepsy.
Phenytoin (Epanutin® capsules)	Epilepsy. Specify brand.
Piracetam	Epilepsy.
Pregabalin (Lyrica®) prescribe twice a day (BD) not TDS	Epilepsy. Generalised anxiety disorder as a third line for severely affected patients only. Also neuropathic pain. Please note generic pregabalin capsules are not licensed in neuropathic pain.
Primidone	Prodrug of phenobarbitone. Existing reviewed patients only.
Reboxetine	Antidepressant – noradrenaline reuptake inhibitor NOT RECOMMENDED.
◆ Risperidone long-acting IM injection	Schizophrenia. Please see Antipsychotic Long-Acting Injections Guidance .
◆ Rivastigmine (Exelon®)	Alzheimer's disease. Continuing care guidance for cholinesterase inhibitors .
Trifluoperazine (formerly Stelazine®)	Schizophrenia, psychoses, anxiety.
Tiagabine (Gabitril®)	Epilepsy.
Topiramate (Topamax®)	Epilepsy.
Valproate Semisodium (Depakote®)	Mood disorder.

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YELLOW	FORMULARY FOR NORTH ESSEX Initiated by specialist prescribers, then recommended in writing to GP. Many of these will receive continuing support from secondary care. GP care is within GMS contract.
Valproate & salts (Epilim [®]), Epilim Chrono [®] , Epicenta [®] and others)	Epilepsy. Mood disorder.
Venlafaxine 300mg or more	Antidepressant. Monitoring required. Cardiac risk.
Vortioxetine (Brintellix [®])	Antidepressant. 3 rd line treatment for major depressive disorder.
Zuclopenthixol decanoate IM injection (Clopixol [®])	Antipsychotic oily depot injection. Please see Antipsychotic Long-Acting Injections Guidance .

GREEN	FORMULARY FOR NORTH ESSEX Medicines which can be initiated by primary care or specialist care Please refer to specialist care for new or changed diagnoses
Amisulpiride	Atypical antipsychotic.
Amitriptyline	Tricyclic antidepressant.
Carbamazepine	(for mood disorder use sustained release preparation).
Chloral hydrate / betaine (formerly Welldorm [®])	Insomnia. Short term PRN treatment.
Chlorpromazine	Antipsychotic.
Citalopram	Antidepressant.
Clomipramine	Tricyclic antidepressant.
Clonazepam	Anxiety. 'Yellow' for epilepsy.
Diazepam	Anxiolytic for short term use.
Fluoxetine	Antidepressant selective serotonin reuptake inhibitor (SSRI).
Flupentixol (Depixol [®] 3mg or Fluanxol [®] 500mcg or 1mg)	Antipsychotic / antidepressant.
Haloperidol oral	Antipsychotic.
Hyoscine patches or tablets	For hypersalivation induced by antipsychotics (unlicensed use).
Imipramine	Tricyclic antidepressant with other indications.
Levomepromazine oral and injection (formerly methotrimeprazine, Nozinan [®])	Antipsychotic also used for anxiety in terminal care. Do not use in ambulant patients over 50 years old.
Lofepramine	Antidepressant tricyclic of first choice, after two SSRIs, and possibly mirtazapine.
Lorazepam	Anxiolytic for short term / PRN use. High addiction potential.
Mirtazapine	Antidepressant.
Nortriptyline	Tricyclic antidepressant.
Olanzapine (Zyprexa [®])	Atypical antipsychotic.
Olanzapine orodispersible	Atypical antipsychotic.
Orlistat (Xenical [®])	High BMI. See BNF for monitoring.

GREEN	FORMULARY FOR NORTH ESSEX Medicines which can be initiated by primary care or specialist care Please refer to specialist care for new or changed diagnoses
Orphenadrine	Extra parametal side effects (EPSE). May be sedative.
Oxazepam	Anxiolytic for short term use .
Paroxetine	Antidepressant SSRI.
Pericyazine (Neulactil®)	Antipsychotic.
Perphenazine	Antipsychotic.
Prochlorperazine (formerly Stemetil®)	Antiemetic, dizziness. Not recommended for psychosis.
Procyclidine	EPSE. May be sedative.
Promethazine	Insomnia or agitation (<i>not to be confused with Promazine</i>).
Propranolol	Anxiety.
Quetiapine (Seroquel®)	Antipsychotic do not prescribe liquid. Tablets can be crushed.
Risperidone	Antipsychotic.
Risperidone orodispersible	Antipsychotic.
Sertraline	Antidepressant SSRI recommended by NICE CG 113 as first line for Generalised Anxiety Disorder (GAD).
Sibutramine (Reductil®)	High body mass index. See BNF for contraindications and monitoring.
Temazepam	Insomnia. Short term PRN treatment (max 2 weeks).
Tetrabenazine	Tardive dyskinesia and other indications.
Trazodone	Antidepressant. Sedative.
Trifluoperazine (formerly Stelazine®)	Anxiety. Antipsychotic.
Venlafaxine	3 rd line for doses below 300mg for depression, 75mg sustained release for anxiety.
Zolpidem	Insomnia. Short term PRN treatment (no more than 2 weeks).
Zopiclone	Insomnia. Short term PRN treatment (no more than 2 weeks).
Zuclopenthixol (Clopixol®)	Antipsychotic.

NOTE: Please do not prescribe unlicensed liquids ('specials') unless absolutely necessary, as the cost can be very high. Speak to Pharmacy for advice for alternative options.

NUTRITIONAL SUPPLEMENTS FORMULARY

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Please see [NEP Nutritional Supplements Formulary](#).

Nutritional supplements should be used only on the recommendation of the NEP dieticians. They should not be prescribed on discharge unless there is prior agreement with the GP.

SUMMARY OF CHANGES

DATE	PAGE NO	SUMMARY OF CHANGES
January 2015	8	Piportil® (pipthiazine depot) removed from yellow formulary as discontinued.
	4 & 10	Sildenafil and tadalafil from purple and green formulary removed as now on local formularies.
	3 & 4	Fluphenazine and zotepine removed from purple list as discontinued.
		Nalmefene to be considered in January 2015
	9	Hyoscine added to green
	All	Hyperlinks added in / updated throughout. Minor grammatical changes throughout.
	7	Reference to 'purple books' removed from lithium information as NEP ones are white.
	7	Lisdexamphetamine added in to yellow formulary.
April 2015	6 & 7	Aripiprazole and Pregabalin updated with licence issues
June 2016	All	Reformatted and 'tidied' entire document (changed font, checked hyperlinks are correct etc), changed all mention of 'CDAT' teams to 'STaRS', corrected some typing errors and typed out some abbreviations into their full terms for clarity.
	5, 8 & 10	Vortioxetine changed from green for all areas to: NE – yellow, Mid – yellow, West – red
	5 & 7	Escitalopram changed from yellow in all areas to: NE – red, Mid – red, West – yellow
September 2016	6	Trevicta® (Paliperidone) added to amber
October 2016	5 & 9	Vortioxetine changed from red for West / yellow for Mid & N East to yellow in all three areas