INTRODUCTION TO NEW DIRECTIONS’ ADOPTED CLINICAL PRACTICE GUIDELINE ON SCHIZOPHRENIA

New Directions Behavioral Health® (New Directions) offers a full range of behavioral health solutions. The members we serve have a wide range of mental health diagnoses, including schizophrenia (SCZ). With over 12,000 members who have a psychotic disorder as a diagnosis, we are committed to offer guidance to providers so they can align with evidence-based practice guidelines. See Table 1 for prevalence. Our goal is to improve clinical effectiveness and provide members with the best care possible.

This clinical practice guideline will focus on the treatment of SCZ, including first episode of psychosis (FEP). There is a distinction between psychotic symptoms, which can occur in a wide range of psychiatric illnesses, and psychotic disorders, which are defined in the DSM-5™. Psychotic disorders include schizophrenia, schizoaffective disorder, brief psychotic disorder, psychotic disorder due to another medical condition, etc. There are different symptoms and time frames for these various disorders.

The etiology of SCZ is multifactorial and includes biological, social and psychological components. Onset of this illness is typically gradual and generally thought to involve environmental, genetic, and physiological risk factors.

The outcome of SCZ varies from a single episode of illness to a lifelong disease characterized by severe loss of function and neurological deficits. Intensive and structured and targeted treatment after FEP is increasingly considered to positively impact the course of the disorders.

New Directions adopted the Clinical Practice Guidelines (CPG) developed by the Royal Australian and New Zealand College of Psychiatrists (RANZCP) for the management of schizophrenia and related disorders.

New Directions has three caveats concerning this CPG:
  - The following oral/injectable medications are not available in the U.S.: amisulpride, pericyazine, zuclopenthixol
  - The following long-acting injectable medications are not available in the U.S.: flupenthixol, zuclopenthixol
  - In addition, section 5 of the RANZCP document¹ deals with specific populations, including Aboriginal, Torres Strait Islanders, Māori, and Pacific Islander peoples.
Table 1: Members who have Schizophrenia/Psychosis as a primary diagnosis

<table>
<thead>
<tr>
<th>Health Plan</th>
<th>Schizophrenia Diagnosis</th>
<th>Membership</th>
<th>Prevalence Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>AL</td>
<td>3,324</td>
<td>2205083</td>
<td>0.15%</td>
</tr>
<tr>
<td>AR</td>
<td>2,035</td>
<td>561262</td>
<td>0.36%</td>
</tr>
<tr>
<td>FL</td>
<td>4,762</td>
<td>2935623</td>
<td>0.16%</td>
</tr>
<tr>
<td>KC</td>
<td>512</td>
<td>522184</td>
<td>0.10%</td>
</tr>
<tr>
<td>KS</td>
<td>669</td>
<td>531328</td>
<td>0.13%</td>
</tr>
<tr>
<td>WM</td>
<td>1,093</td>
<td>665046</td>
<td>0.16%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>12,395</strong></td>
<td><strong>7420526</strong></td>
<td><strong>0.17%</strong></td>
</tr>
</tbody>
</table>

Data Source: Claims Data, 1/2018 to 12/2018, Blue KC, Florida Blue, ABCBS, BCBSA, BCBSKS
Based on 2018 ND Managed claims for all ages
All plans excluding MI/LA due to data availability/reliability issues.

**Data Source:** New Directions Claims Data, 1/2017 to 12/2017 (includes Membership from five major Health Plans)

**Links and References:**


Adopted: 6/2017
Last Updated: 6/2018
Reviewed annually.