Shared Care Guideline for NALMEFENE FOR REDUCING ALCOHOL CONSUMPTION IN ADULT PATIENTS (GP SUMMARY)

This shared care agreement outlines the responsibilities for managing the prescribing of nalmefene by the patient's GP whilst the patient is receiving psychosocial support from a specialist service. If the service asks the GP to prescribe this drug, the GP should reply to this request as soon as practicable and ensure the patient stays in contact with the support service during the prescribing of the drug

Basingstoke, Southampton & Winchester District Prescribing Committee

Specialist Contact Details	**Patient ID Label**
Name:_____	**Surname:**_____
Location:_____	**Forename:**_____
Date:_____	**NHS Number:**_____
Tel:_____	**Date of Birth:**_____

Indications

Nalmefene is indicated for the reduction of alcohol consumption in adult patients with **mild alcohol dependence** who have a high drinking risk level (DRL), without physical withdrawal symptoms and who do not require immediate detoxification.
Nalmefene should only be prescribed in conjunction with continuous psychosocial support focused on treatment adherence and reducing alcohol consumption.
Nalmefene should be initiated only in patients who continue to have a high DRL two weeks after initial assessment.

Mild Alcohol Dependence:

- Men drinking 7.5 units a day or more but less than 15 units and no history or evidence of physical withdrawal symptoms which would require a detoxification.
- Women drinking 5 units a day or more but less than 12 units and no history or evidence of physical withdrawal symptoms which would require a detoxification.

Dose & Response

Nalmefene is to be taken as-needed: on each day the patient perceives a risk of drinking alcohol; one tablet should be taken, preferably 1-2 hours prior to the anticipated time of drinking. If the patient has started drinking alcohol without taking nalmefene, the patient should take one tablet as soon as possible.
The maximum dose of nalmefene is one tablet per day. Nalmefene can be taken with or without food.

Duration of Treatment:
The NICE guidance does not include clear information about when treatment should be stopped. Clinical data for the use of nalmefene under randomised controlled conditions are available for a period of 6 to 12 months. Caution is advised if nalmefene is prescribed for more than 1 year. During treatment, the GP and specialist service should continue to assess the patient's progress in reducing alcohol consumption, overall functioning, treatment adherence, and any potential side effects.

GP Responsibilities

Before referral to Inclusion Alcohol Services:
Following the identification of a patient who may benefit from being prescribed nalmefene the GP MUST:

- Undertake a general physical assessment to determine suitability for prescribing nalmefene including undertaking relevant blood tests
- Consider concomitantly prescribed medication (particularly inhibitor of the UGT2b7 enzyme and UGT inducers) and opioid agonists.
- Consider contraindications to treatment with nalmefene.
- Consider factors that make treatment unsuitable i.e. immediate abstinence desired.

If nalmefene is potentially suitable, the GP MUST make a referral to Inclusion Alcohol Services for assessment and supported treatment before any prescribing takes place.

The GP should offer brief advice and provide the patient with a drink diary to complete.

Following referral to Inclusion Alcohol Services:
Where nalmefene is appropriate the GP will respond to a request from the Inclusion Alcohol Services to initiate nalmefene in line with NICE guideline (TAG 325).
Stop prescribing nalmefene if at any time it is no longer clinically appropriate and inform Inclusion Alcohol Services of decisions to stop.

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	Stop prescribing nalmefene on the advice of Inclusion Alcohol Services. Communicate openly with Inclusion Alcohol Services to assist the patient's treatment. Report any suspected adverse drug reactions (ADRs) to the specialist service & Medicines and Healthcare products Regulatory Agency (MHRA) via the yellow card scheme.
Inclusion Alcohol Service Responsibilities	Triage Patients Follow the Pathway for Nalmefene Prescribing in Hampshire (see below). Routinely report information on the patient's progress in reducing alcohol consumption, overall functioning, treatment adherence, and any potential side effects back to the patient's GP. Inform the GP to stop prescribing nalmefene if at any stage of the treatment the patient misses their appointment/ drinking increases and/or other risks are disclosed. Report known or suspected adverse events to the GP, who will report to the MHRA via the Yellow Card scheme. Provide other treatment options if appropriate following completion of nalmefene prescribing or should it be discontinued for any other reason.

Summary of Nalmefene Prescribing Pathway Hampshire

Stage 1:
Initial assessment appointment: within 14-21 days of GP referral to establish level of drinking and completion of alcohol screening tools.
If the patient meets the criteria – provide brief intervention and drink diary and provide a 2 week follow-up app.
Where the patient does not meet requirements by:

- Drinking more than 15 units per day (men) or 12 units per day (women) – offer further Tier 3 treatment pathway
- Drinking less than 5 units daily – offer brief intervention/extended brief interventions.

Stage 2:
Follow-up appointment: within 14 days of initial assessment to provide advice/tools for the patient to manage their drinking, encourage continued use of the drink diary, and establish if the patient continues to meet the criteria for prescribing nalmefene.
Request the GP prescribes nalmefene if determined clinically suitable.
(If the GP is unable to prescribe nalmefene then Inclusion Alcohol Services will consider prescribing it and passing the prescription back to the GP to prescribe after 2 weeks.)

Stage 3:
Second follow-up appointment: within 2 weeks of prescribing nalmefene to review progress.
The GP will be up-dated on patient progress. Where appropriate the GP will be asked to continue with the on-going prescribing of nalmefene.
In some cases psychosocial support will be sufficient and nalmefene will not be required, the specialist service will advise the GP if this is the case.

Stage 4:
Monthly reviews with patients prescribed nalmefene for a period of 3 months. During these reviews checks will be made to ensure that the patient is complying with the GPs nalmefene prescription.

Stage 5
Additional monthly reviews for a further 3 months: The patient's GP may be asked to continue to prescribe nalmefene for up to a further three months if deemed appropriate and if there are on-going benefits from continued prescribing.

Stage 6:
Six month review: Inclusion Alcohol Services will review the patient's progress and treatment options and will consider:

- Discharge from the service back to the GP where progress has been maintained or problem resolved
- Further ongoing prescribing with monthly reviews and monitoring by the specialist service to continue for a further period of up to 6 months (the current recommended maximum length of prescribing is 6-12 months)

At EVERY stage Inclusion Alcohol Services will offer patient's individual/group brief intervention work and ask patients to complete a drink diary.

Patient Responsibilities	Ensure they have a clear understanding of the treatment. Take nalmefene as directed. Use written and other information on the reduction of alcohol and nalmefene. Share any concerns in relation to treatment with the Specialist Service, GP or pharmacist Report any adverse effects or warning symptoms to the Specialist Service, GP or pharmacist whilst taking/giving the medication Attend booked appointments for review and monitoring of therapy Attend appropriate psychological support and GP appointments.
Administration	Nalmefene tablets are for oral use. The film-coated tablet should be swallowed whole. The film-coated tablet should not be divided or crushed because nalmefene may cause skin sensitisation when in direct contact with the skin.
Contra-Indications	**Contra-indications:** • Hypersensitivity to the active substance or to any of the excipients listed (refer to SPC). • Patients taking opioid analgesics. • Patients with current or recent opioid addiction. • Patients with acute symptoms of opioid withdrawal. • Patients for whom recent use of opioids is suspected. • Patients with severe hepatic impairment (Child-Pugh classification). • Patients with severe renal impairment (eGFR <30 ml/min per 1.73 m2). • Patients with a recent history of acute alcohol withdrawal syndrome (including hallucinations, seizures, and delirium tremens). • Patients with rare hereditary problems of galactose intolerance, Lapp lactase deficiency, or glucose-galactose malabsorption (medicine contains lactose) should not take this medicinal product. • Nalmefene is not for patients for whom the treatment goal is immediate abstinence. Reduction of alcohol consumption is an intermediate goal on the way to abstinence. • Nalmefene is not recommended for use in patients who are pregnant or breastfeeding
Cautions	**Opioid administration** In an emergency situation when opioids must be administered to a patient taking nalmefene, the amount of opioid required to obtain the desired effect may be greater than usual. The patient should be closely monitored for symptoms of respiratory depression as a result of the opioid administration and for other adverse reactions. If opioids are needed in an emergency, the dose must always be titrated individually. If unusually large doses are required, close observation is necessary. Nalmefene should be temporarily discontinued for 1 week prior to the anticipated use of opioids, for example, if opioid analgesics might be used during elective surgery. The prescriber should advise patients that it is important to inform their health care professional of last nalmefene intake if opioid use becomes necessary. Caution should be exercised when using medicinal products containing opioids (for example, cough medicines, opioid analgesics (see section 4.5). **Psychiatric disorders** Psychiatric effects were reported in clinical studies. If patients develop psychiatric symptoms that are not associated with treatment initiation with nalmefene, and/or that are not transient, the prescriber should consider alternative causes of the symptoms and assess the need for continuing treatment with nalmefene. Nalmefene has not been investigated in patients with unstable psychiatric disease. Caution should be exercised if nalmefene is prescribed to patients with current psychiatric co-morbidity such as major depressive disorder. **Seizure disorders** There is limited experience in patients with a history of seizure disorders, including alcohol withdrawal seizures. Caution is advised if treatment aimed at reduction of alcohol consumption is started in such patients. **Renal or hepatic impairment** Nalmefene is extensively metabolised by the liver and excreted predominantly in the urine. Therefore, caution should be exercised when prescribing nalmefene to patients with mild or moderate hepatic or mild or moderate renal impairment, for example, by more frequent monitoring. Caution should be exercised when prescribing nalmefene to patients with elevated ALAT or ASAT (>3 times

	ULN) as these patients were excluded from the clinical development programme. **Elderly patients (≥65 years of age)** Limited clinical data are available on the use of nalmefene in patients ≥65 years of age with alcohol dependence. Caution should be exercised when prescribing nalmefene to patients ≥65 years of age. **Others** Caution is advised if nalmefene is co-administered with a potent UGT2B7 inhibitor (see Drug Interactions).
Common Adverse Effects	**Common Adverse Effects :*** Nausea, vomiting, dry mouth, weight loss, decreased appetite, tachycardia, palpitation, dizziness, headache, somnolence, tremor, disturbance in attention, paraesthesia, hypoaesthesia, malaise, sleep disorders, confusion, restlessness, decreased libido, muscle spasms, hyperhidrosis. Hallucinations and dissociation also reported.
Drug Interactions	**Drug Interactions :*** If nalmefene is taken concomitantly with opioid agonists (for example, certain types of cough and cold medicinal products, certain anti-diarrhoeal medicinal products, and opioid analgesics), the patient may not benefit from the opioid agonist. Co-administration with medicinal products that are potent inhibitors of the UGT2B7 enzyme (for example, diclofenac, fluconazole, medroxyprogesterone acetate, meclofenamic acid) may significantly increase the exposure to nalmefene. This is unlikely to present a problem with occasional use, but if long-term concurrent treatment with a potent UGT2B7 inhibitor is initiated, a potential for an increase in nalmefene exposure cannot be excluded. Conversely, concomitant administration with a UGT inducer (for example, dexamethasone, phenobarbital, rifampicin, omeprazole) may potentially lead to subtherapeutic nalmefene plasma concentrations. Simultaneous intake of alcohol and nalmefene does not prevent the intoxicating effects of alcohol.
Further Information	* The lists of potential side effects and potential drug interactions included within this document are not exhaustive. The manufacturer's summary of product characteristics (SPC) and the most current edition of the British National Formulary should be consulted for full information on contra-indications, warnings, side-effects and drug interactions. This medicinal product is subject to additional monitoring under the MHRA black triangle scheme.

References:

Hampshire Nalmefene Pathway November 2015 (Inclusion Alcohol Services)
Summary of Product Characteristics for Selincro® 18mg tablets (Lundbeck Limited, accessed 18/05/2016)
NICE Technology Appraisal 325: Nalmefene for reducing alcohol consumption in people with alcohol dependence (accessed 18/05/2016)