In partnership with Hampshire, Southampton and Isle of Wight Clinical Commissioning Group

Essential Shared Care Agreement
Naltrexone

Please complete the following details:
Patient's name, address, date of birth
Consultant's contact details (p.3)
And send One copy to:

1. ***The patient's GP***
2. ***Put one copy in care plan***
3. ***Give one copy to the patient***

Patient's name:	
NHS Number:	
Patient's address:	
Patient's Date of Birth:	
Patient ILLY no:	
As of this date: **Please add to repeat prescription**	
Medication prescribed: **Dose:**	

The aim of this shared care agreement is to provide information on the responsibilities of the General Practitioner and the Consultant while sharing the care of patients prescribed medicines covered by the shared care agreement.
Guidelines will only be written when it has been agreed that shared care is an appropriate option, and will include a statement of Specialist Unit /GP responsibilities.
Shared Care Guidelines will ensure that all GPs have sufficient information to enable them to undertake responsibility for specialist therapies and other therapies which may affect/interact with specialist therapies.
It is not the intention to insist that GPs prescribe such a therapy and any doctor who does not wish to undertake the clinical and legal responsibility for a Shared Care Drug is not so obliged. (It should be noted that it is inappropriate to decline the invitation to shared care on the grounds of cost alone).Acceptance of the Shared Care Guidelines will be endorsed by the Medicines Management Teams of the CCGs.
The information contained in this guideline is issued on the understanding that it is the best available from the resources at our disposal at the time of issue.
For further information please refer to the relevant Summary of Product Characteristics and NICE guidance or contact your local Specialist or Drug Information Centre.

Further copies of this guideline may be obtained from:

- Midlands Partnership NHS Foundation Trust
- CCG's Prescribing Advisers.

Produced: Dr R. Turner
Review date: Jan 2025

Shared Care Guideline		Reference Number
Version: 3	**Replaces: 2**	**Issue date: 28/01/2022**
Author(s)/Originator(s): (please state author name and department) *Dr Rachel Turner GPwSI Inclusion Substance Misuse Services Hampshire*		**To be read in conjunction with the following documents:** Current Summary of Product characteristics (http://www.medicines.org.uk) BNF
Date approved by Trust Governance Group: 27/06/17	**Date approved by MPFT Medicines Management Group: 28/01/2022**	
Date approved by CCG: 28/01/2022	**Review Date: Jan 2025**	

Please complete all sections

1. Licensed Indications	Maintenance of abstinence in alcohol dependence
2. Background and therapeutic use:	Naltrexone is an opiate antagonist. Its mode of action is thought to be via reducing the pleasurable and rewarding effects of alcohol. NICE have recommended the use of naltrexone as first line treatment after successful withdrawal from alcohol (NICE Clinical Practice Guideline 115 Feb2011). A NICE review of a large database of high quality evidence showed it effective in reducing the rate of relapse in moderate to severe alcohol dependence as an adjunct to psychosocial interventions.
3. Contraindications (see also the BNF and the SPC):	Patients currently dependent on opiates, acute hepatitis, acute liver failure and severe hepatic impairment (ALT> x2 normal range), hypersensitivity to Naltrexone.
4. Pregnancy and Lactation:	Very little data available on safety. Avoid unless the risk of drinking without it is so high that the benefit of naltrexone outweighs the risks. Avoid during breastfeeding.
5.Dose/Administration	Naltrexone is available as 50mg scored tablets. Oral Administration. Prescribe 25mg day 1 as test dose and then 50mg daily. Peak plasma concentration is reached within 1 hour. Duration of treatment is usually between 3 and 6 months but can continue up to 12 months. It should be discontinued if there is a full relapse (i.e. return to heavy drinking for 4-6 weeks), or for lack of efficacy or intolerable side-effects. **Please note:** it is not unsafe to have a drink on naltrexone (unlike Disulfiram) and in fact it is advised for patients to continue the drug through 'minor slip ups' as it may help prevent a return to heavier drinking due to the pleasure-blocking effect. **In most cases specialist services (Inclusion) will prescribe the first 2-4 weeks of medication and ask the GP to continue prescribing if it is tolerated and effective.**
6. Drug Interactions (see also BNF and SPC):	**All opiates** as the dose of opiate medication required to achieve the desired therapeutic effect would be higher and thereby increase the risk of respiratory depression.

7. Side-effects (see also BNF and SPC):	• Very common (>10%): headaches, sleep disorders, restlessness, nervousness, abdominal cramps, nausea and muscle and joint pain and stiffness. **Action:** reassure as generally mild and self-limiting, try simple (non-opiate analgesia). Stop Naltrexone if severe and continuous • Common (1-10%): loss of appetite, diarrhoea, constipation, thirst, irritability, skin rashes, increased sweating and increased lacrimation. **Action:** for the gastrointestinal symptoms and thirst- take the dose with or after food, drink water or low calorie drinks. For skin rash- stop naltrexone. Otherwise reassure as they are usually mild, non-harmful and self-limiting effects. • Rare (<0.1%): Liver abnormalities. **Action:** monitor LFTs, if there is a continued elevation of ALT to > x3 normal limit then stop Naltrexone and seek advice from a hepatologist. • Rare (<0.1%): Depression, suicidal ideation. **Action:** stop Naltrexone and consider referral to mental health services. • Very rare (<0.01%): Idiopathic thrombocytopenia. **Action:** stop Naltrexone and seek advice from a haematologist. • Very rare (<0.01%): Euphoria, hallucinations. **Action:** stop Naltrexone and seek advice from mental health services.
8. Baseline investigations and advice:	The patient should have a set of LFTs done prior to starting Naltrexone. They should be advised on the potential side-effects and asked to report the following signs or symptoms: jaundice, easy bruising, excessive bleeding, rapid mood changes or suicidal thoughts. They should also be advised of the need for adjunctive psychological/psychosocial interventions to support relapse prevention and the need for regular reviews and 3 monthly LFTs.
9. Monitoring:	Minimum 4 weekly reviews of efficacy and side-effects and to ensure engagement in the psychosocial programme (preferably 2-4 weekly in the early stages post-detoxification by Inclusion keyworker). After that 6-8 weekly by the GP. LFTs to be done 3 monthly (by GP). If ALT continues >x3 normal limit, stop Naltrexone and contact hepatology for advice.
10. Criteria for Shared Care:	Prescribing responsibility will only be transferred when: • Treatment is for a specified indication and duration • Treatment has been initiated and established by the specialist (Inclusion Services or detoxification unit under an Inclusion care plan, in which case prescribing cost would be met by Inclusion, for a 3 month period only) , i.e. not if privately arranged. • The patient's general physical, mental and social circumstances allow for shared care arrangements

11. Responsibilities of initiating specialist	• Initiate treatment or advise the GP regarding initiating treatment as appropriate • Monitor initial reaction and progress • Prescribe enough medication until the GP supply can be arranged (minimum 1 month) • Continue to review the patient according to this protocol and agree to review promptly if contacted by the GP • Provide GP with adequate information on the diagnosis, treatment plan, drug information and baseline results. Letters detailing outpatient consultations should be sent within 14 days of the date of the consultation • Provide the patient with relevant information (preferably written) on the drug to include potential side-effects and appropriate action
12. Responsibilities of the GP	• Continue treatment as directed by the specialist • Monitor and prescribe in collaboration with the specialist according to this protocol • Discontinue medication if lack of efficacy, full relapse of unacceptable or severe side-effects • Communicate with secondary care as necessary and promptly
13. Responsibilities of the patient	• Take medication as prescribed and inform clinician if not taking medication • Attend primary and secondary care appointments • Report adverse effects to their keyworker, GP or specialist
14. Supporting documentation:	The SCG must be accompanied by a patient information leaflet. (Available from http://www.medicines.org.uk/emc OR http://www.mhra.gov.uk/spc-pil/)
15. Shared care agreement form:	**See Annex 1** **Note: This agreement would last for a maximum of 3 months duration. Responsibility for continuing prescribing following this period, if felt appropriate, would be at the responsibility of the Primary Care prescriber and any associated costs.**
16. Substance Misuse Contact numbers:	**Hampshire Inclusion Recovery Teams - Tel : 0300 124 0103 and choose from the following options:** **Option 1 = Aldershot** **Option 4 = Fareham** **Option 7 = Winchester** **Option 2 = Basingstoke** **Option 5 = Havant** **Option 8 = Andover** **Option 3 = Eastleigh** **Option 6 = New Forest**

Annex 1

as part of

In partnership with

Shared Care Agreement for Naltrexone

Name of Prescriber:

Specialist Area:

Telephone Number:

Fax Number:……

Signature: Date:

Patient's Name:

Address:

ILLY No:

Drug and dose:

Name of GP:

Signature: Date:

Practice Address

- ***This form will be required for invoicing purposes to the Inclusion (Midlands Partnership NHS Foundation Trust)***