Name: Attach Banda Label here
Address:

Date of Birth:
NHS number:

Coventry & Warwickshire Area Prescribing Committee

Shared Care Agreement

Acamprosate: *Maintenance of abstinence in alcohol dependence in adults aged 18 to 65 years*

AREAS OF RESPONSIBILITY FOR THE SHARING OF CARE

This shared care agreement outlines suggested ways in which the responsibilities for managing the prescribing of **Acamprosate** can be shared between the specialist and general practitioner (GP). GPs are **invited** to participate. If the GP is not confident to undertake these roles, then he or she is under no obligation to do so. In such an event, the total clinical responsibility for the patient for the diagnosed condition remains with the specialist. **If a specialist asks the GP to prescribe this drug, the GP should reply to this request as soon as practicable.**

Sharing of care assumes communication between the specialist, GP and patient. The intention to share care is usually explained to the patient by the specialist initiating treatment. It is important that patients are consulted about treatment and are in agreement with it.

The doctor who prescribes the medication legally assumes clinical responsibility for the drug and the consequences of its use.

Specialist Responsibilities

1. Initiate acamprosate in the outpatient clinic or after inpatient detoxification for appropriate patients aiming for abstinence.
2. Discuss the risks/benefits of treatment with the patient.
3. Ask the GP whether he or she is willing to participate in shared care by emailing the shared care request letter *(Continue to prescribe until GP has agreed to take over prescribing)*.
4. Arrange for specialised counselling from an alcohol worker or community alcohol nurse focusing on ongoing support, relapse prevention and motivational interviewing with a standard of 6 sessions over 6 months and then reduction to 2 monthly if treatment continued.
5. Monitor for a minimum of 3 months with a view to continue or discontinue the treatment.
6. Keep GP informed on progress of the patient.
7. Advise when treatment should be discontinued.
8. Have a mechanism in place to receive rapid referral of a patient from the GP if required.
9. Ensure that clear backup arrangements exist for GPs to obtain advice and support.

Report adverse events to the MHRA on a Yellow Card www.mhra.gov.uk/yellowcard, and to the GP and appropriate Medicines Optimisation team, if in CWPT via the Clinical Governance Pharmacist – see Medicines Policy Section 20).

General Practitioner Responsibilities

1. Reply to the request for shared care as soon as practicable by emailing back the request letter.
2. NB GPs may initiate treatment if at the advice of the community alcohol nurse/Community alcohol worker if the following criteria are met:
3. Patient has completed detoxification either at home or in the community setting.
4. Counselling is in place by either a community alcohol nurse or community alcohol worker.
5. Monitoring of drinking and general health will be done by the GP on a monthly basis in conjunction with community alcohol nurse or community alcohol worker.
6. (In this situation, the GP will be responsible for discontinuation of treatment.)
7. Continue the maintenance prescribing (normally for a maximum of 12 months).
8. Monitor the alcohol consumption and general health normally on a monthly basis (see overleaf)
9. Promote patient compliance with acamprosate.
10. In the event of relapse to drinking or concerns over patient compliance, refer patient back to the specialist.
11. Report to and seek advice from the specialist on any aspect of patient care that is of concern and may affect treatment.
12. Stop treatment on the advice of the specialist or immediately if an urgent need to stop treatment arises

Report adverse events to the MHRA on a Yellow Card (www.mhra.gov.uk/yellowcard), and to the specialist, and appropriate Medicines Optimisation team.

Patient/carer's Role

1. Report to the specialist or GP if he or she does not have a clear understanding of the treatment.
2. Agree to specialised counselling from an alcohol worker or community alcohol nurse.
3. Share any concerns in relation to treatment with acamprosate

Report any adverse effects or warning symptoms to the specialist or GP. The patient may also choose to report any adverse drug reaction direct to the MHRA on a Yellow Card , available at pharmacies, GP surgeries or from the Yellow Card hotline (freephone 0808 100 3352 during business hours). The form can also be downloaded from www.mhra.gov.uk/yellowcard

Back-up Advice and Support: See patient letter and/or other supporting information for contact details of clinician(s) initiating and stabilising patient prior to request for shared care.

SUPPORTING INFORMATION:

Licensed indications: Acamprosate is indicated as therapy to maintain abstinence in alcohol-dependent patients. It should be combined with counselling.

Dosage and administration:

- Adults weighing 60kg or more: 2 tablets three times daily with meals (2 tablets morning, noon and night) in subjects weighing 60kg or more.
- Adults weighing less than 60kg: 4 tablets divided into three daily doses with meals (2 tablets in the morning, 1 at noon and 1 at night).

The recommended treatment period is one year. Treatment with acamprosate should be initiated as soon as possible after the withdrawal period and should be maintained if the patient relapses. Acamprosate should not be administered to children and the elderly.

Monitoring:
Specialist: Specialist: Monitoring by the consultant on a minimum of 3 month basis with a view to continue or discontinue the treatment.

GP: Monitor the alcohol consumption and general health normally on a monthly basis.

Cautions: Acamprosate does not prevent the harmful effects of continuous alcohol abuse. Continued alcohol abuse negates the therapeutic benefit; therefore acamprosate treatment should only be initiated after weaning therapy, once the patient is abstinent from alcohol. Because the interrelationship between alcohol dependence, depression and suicidality is well-recognised and complex, it is recommended that alcohol-dependent patients, including those treated with acamprosate, be monitored for such symptoms.

Contra-indications: Acamprosate is contra-indicated in patients with a known hypersensitivity to the drug, in pregnant and lactating women, in cases of renal insufficiency (serum creatinine >120 micromol/L) or in cases with severe hepatic failure (Childs- Pugh Classification C)

Side effects: Diarrhoea, abdominal pain, nausea, vomiting, pruritus, maculo-papular rash, frigidity or impotence, decreased libido, increased libido, bullous skin reactions. Very rarely, hypersensitivity reactions including urticaria, angio-oedema or anaphylactic reactions have been reported.

Acamprosate does not have black triangle (▼) status. All serious suspected adverse reactions (even well recognised or causal link uncertain) should be reported to the MHRA.

Drug interactions (see also above under cautions): The concomitant intake of alcohol and acamprosate does not affect the pharmacokinetics of either alcohol or acamprosate. Administering acamprosate with food diminishes the bioavailability of the drug compared with its administration in the fasting state. Pharmacokinetic studies have been completed and show no interaction between acamprosate and diazepam, disulfiram or imipramine. There is no information available on the concomitant administration of acamprosate with diuretics.

Cost: At current prices, (Drug Tariff and dm+d browser (https://apps.nhsbsa.nhs.uk/DMDBrowser/DMDBrowser.do#product) Dec 2019) one year's treatment costs:
£37.70 for person >60kg in weight for acamprosate 200 mg 2 tablets tds

References:

1.Summary of Product Characteristics. Acamprosate ® Mylan. Last updated June 2017