Surrey Heartlands Integrated Care System Area Prescribing Committee (APC)

Front cover for:	Abstinence drugs acamprosate and naltrexone
Paper type	Treatment pathway and BLUE information sheets
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Executive Summary: *(provide a short description of the subject matter and draw attention to the issues / facts and the proposal)*

There are no Prescribing Advisory Database (PAD) entries for naltrexone or acamposate for assisting abstinence from alcohol
The only entry for a similar medicine is the nalmefene entry from February 2015:

The Surrey Heads of Medicines Management met with Public Health colleagues from Surrey County Council on the 2nd of February 2015 to discuss the current alcohol services commissioned by Public Heath in Surrey and to work on the development of a pathway to include the provision of nalmefene as a treatment option (NICE TA235, Nov 2014, Nalmefene for reducing alcohol consumption in people with alcohol dependence).
It was noted that nalmefene is considered as a treatment option only in conjunction with continous psychosocial support and in people who remain at a high drinking risk after two weeks of initial intervention. Until this work is completed, with the agreement of a pathway for the safe and effective use of nalmefene within its licensed indication in conjunction with psychosocial support, GPs are advised not to prescribe nalmefene.

With alcohol dependence being an issue we would all like to address in Surrey, we would be keen to review and update the PAD in line with the SABP formulary and current practice which is to use naltrexone or acamposate as described in the pathway.

The Drug and Alcohol team do now have provision to support and counsel people in regard to reducing alcohol dependence, which perhaps was not the case in 2015. In consultation with Alison Marshall, Acting Deputy Chief Pharmacist and Mike Flanagan, Consultant Nurse and Clinical Lead, Drug & Alcohol Services for SABP, information sheets for GPs have been developed to request transfer of prescribing from SABP to GPs.

Both naltrexone and acamposate are on the SABP formulary and both are licenced for relapse prevention for people who are abstinent from alcohol as an adjunct to psychosocial interventions.

Acamprosate may be preferred for people with abnormal LFTs, who describe craving as an antecedent to relapse, not licensed for over 65s, less hepatotoxic than naltrexone, preferred for those who may be on opiate substitution or need to use opiates for pain. There is some evidence that acamprosate is neuroprotective so may be preferred for those where we are concerned about cognitive function or risk of Wernicke's encephalopathy.

Naltrexone may be preferred for people whose compliance with TDS dosing may be poor (as it's a once daily dose), suitable for any age, caution for people with poor liver function, good for those also trying to abstain from opiates, tends to work better for people who tend to tipple before having a full blown relapse.

The choice of agent will be made by the Drug and Alcohol team.

The proposal to APC is for these drugs to be formally recognised as traffic light status BLUE. This reflects current practice as we have data showing prescribing in both SABP and primary care. The proposal reflects the description of the BLUE status "Prescribing initiated and stabilised by specialist but has potential to transfer to primary care WITHOUT a formal shared care agreement."
The attached BLUE information sheets and treatment pathway are to support a request for a PAD entry for these drugs to be BLUE with information sheet. In line with NICE CG115 Alcohol-use disorders: diagnosis, assessment and management of harmful drinking (high-risk drinking) and alcohol dependence (published: February 2011)
https://www.nice.org.uk/guidance/cg115/ifp/chapter/treatments-for-adults-who-misuse-alcohol

The Drug and Alcohol team confirm that Nalmefene does not have a role in their services. It was initially intended as a medication for use in primary care for people drinking at hazardous levels who do not want to stop but want help with cutting down. The evidence base was always questionable and it has not gained much traction across the country.

Costs per person maintenance treatment per month:

Acamprosate calcium 333 mg (Drug tariff price) £38.25

Naltrexone hydrochloride 50 mg (Drug tariff price) £79.74

Source eBNF August 2021

Surrey and Borders Partnership Trust usage in last 12 months

Acamprosate:
Total cost in last 12 months (From Define)- £4845
Define estimates that this is 3917 defined daily doses, so approx. 10-11 people prescribed acamprosate by SABP clinicians last year if all took it at the standard dose each day.

Naltrexone
Total cost in last 12 months (From Define)- £5914
Define estimates that this is 2803 defined daily doses, so approx. 7-8 people prescribed naltrexone by SABP clinicians last year if all took it at the standard dose each day.

Surrey Heartlands Primary care usage (ePACT prescribing data)

Number of unique patients who have received a script in the 12 months to Jun 21

Row Labels	Acamprosate calcium	Naltrexone hydrochloride	Grand Total
EAST SURREY ICP	21	1	22
GUILDFORD AND WAVERLEY ICP	13		13
NORTH WEST SURREY ICP	21	2	23
SURREY DOWNS ICP	13	5	18
Grand Total	**68**	**8**	**76**

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Summary: *(What is the APC being asked to do and why)*
The committee are asked to :

- Agree naltrexone and acamposate as BLUE with information sheet for use in line with the pathway
- Agree the information sheets for naltrexone and acamposate

Attachments

1. Acamposate-Naltrexone Pathway
2. Acamposate information sheet
3. Naltrexone information sheet