NHS Somerset NHS Foundation Trust

NHS Somerset Clinical Commissioning Group

Shared Care Guidance

Agomelatine in the treatment of patients with moderate to severe depression

This shared care protocol (SCP) sets out details for the sharing of care for patients prescribed agomelatine for depression. It should be read in conjunction with the latest Summary of Products Characteristics (SPC) available at https://www.medicines.org.uk/emc/product/6564

As outlined in NHS England Guidance 2018 (07573), 'Responsibility for Prescribing Between Primary, Secondary and Tertiary Care.' When a consultant considers a patients' condition is stable or predictable he/she may seek the agreement of the patients and their GP to "share" the patients' care. This document provides information on drug treatment for the shared commitment between the consultant and GP concerned. GPs are invited to participate. If the GP is not confident to undertake these roles, then they are 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. The doctor who prescribes the medication has the clinical responsibility for the drug and the consequences of its use.

If the GP decides not to participate in shared care for a particular patient, they must inform the relevant specialist in writing, within 2 weeks of receipt of a request to shared care.

Introduction

NICE CG90 recommends the use of a generic SSRI antidepressant as first line treatment of patients with moderate to severe depression in primary care. Switching to another antidepressant should be considered if there has been no response after one month, or if the drug is poorly tolerated.

Initiation of agomelatine is only recommended after an adequate trial, in terms of duration and dose, of at least two other antidepressants.

Agomelatine is an antidepressant, which is a melatonergic agonist (MT_1 and MT_2 receptors) and 5-HT_{2C} antagonist. The recommended dose is 25 mg once daily taken orally at bedtime. After two weeks of treatment the dose may be increased to 50 mg once daily.

The efficacy and safety of agomelatine have been established in elderly depressed patients (<75years). No effect is documented in patients over 75 years old, therefore

agomelatine should not be used by patients in this age group. No dose adjustment is required in relation to age.

Agomelatine is contraindicated in patients with hepatic impairment (i.e. cirrhosis or active liver disease) or when transaminases exceed three times the upper limit of normal and with concomitant use of CYP1A2 inhibitors (e.g. fluvoxamine, ciprofloxacin). Liver function tests should be performed in all patients before starting treatment.

Shared Care Responsibilities

Responsibilities of the Psychiatric Service ('Specialist')

- Diagnosis of condition and ensuring other treatment options have been fully explored.
- Initiation of agomelatine is only considered after an adequate trial, in terms of duration and dose, of at least two other antidepressants, where treatments have been ineffective or have not been tolerated due to weight gain, sexual dysfunction or sleep disturbance.
- Carefully evaluate risk factors for hepatic injury (i.e. obesity, overweight, non-alcoholic fatty liver disease, diabetes, alcohol use disorder, concomitant medication.
- Informing patients of the symptoms of potential liver injury (such as dark urine, light-coloured stools, yellow skin / eyes, right upper quadrant abdominal pain, sustained new-onset and unexplained fatigue) and advising them to stop taking agomelatine immediately and seek urgent medical advice if these symptoms appear.
- Initiation of treatment and titration of dose to the optimum level. Starting dose is 25mg at night. This can be increased to 50mg at night after two weeks.
- In line with NICE guidelines, review the patient 1 or 2 weeks after drug initiation dependent on suicide risk, and then see them regularly (i.e. every 2 to 4 weeks) for the first 3 months.
- Monitoring liver function and adverse drug reactions (ADRs) and tolerance during titration period.
- Monitoring LFTs 3, 6 and 12 and 24 weeks after initiation before transferring to primary care or if dose is increased.
- Supplying patient with an Agomelatine Alert Card (can be obtained from Servier Laboratories contact details in SPC at https://www.medicines.org.uk/emc/product/6564)
- Liaison with the general practitioner (GP) to share the patient's care when a stable dose has been achieved and proven benefit has been established.
- Provide sufficient information about the medication to allow the GP to prescribe. This should include advice on recommended monitoring requirements and likely duration of treatment.
- If appropriate, clearly outline to GP when therapy may be reduced and stopped assuming no relapse in patient's condition. Review periods to be agreed.
- Provide contact information should further assistance be needed.

- Be available to discuss any problems with the GP and other team members and to review the patient if side effects emerge or there is a deterioration in mental health.
- Notify the GP promptly and in writing of any changes in medication regime.
- Accepting transfer of patient care back from GP's care if requested to do so.
- Any dose increase to 50 mg should be made on an individual patient benefit/risk basis and with strict respect of liver function test (LFT) monitoring.

General Practitioner Responsibilities

- If a GP chooses not to accept clinical responsibility for this drug under a shared care agreement, the GP should notify the specialist as soon as is practical.
- Referral back to the psychiatric service if any problems arise related to antipsychotic medication or the patients psychiatric condition, for a review of medication and consideration of change where indicated.
- Issue prescriptions as advised by the specialist.
- Monitoring the patient's overall health and wellbeing and observing patient for evidence of ADRs/abnormalities and raising with specialist if necessary.
- Report suspected adverse events to the specialist and the MHRA.
- Prescribing agomelatine in accordance with specialist advice and patients' changing needs.
- If dose is increased (under specialist advice & guidance only) restart monitoring schedule i.e. start, 3, 6, 12 and 24 weeks. Any patient who develops increased serum transaminases should have his/her liver function tests (LFT) repeated within 48 hours. After the 24 week test further tests are only indicated if clinically indicated, i.e. there are signs or symptoms of potential liver injury (for example dark urine, light-coloured stools, yellow skin/eyes, right upper quadrant abdominal pain, sustained new-onset and unexplained fatigue or itching).
- **Discontinuing therapy if patients present with symptoms or signs of potential liver injury OR the increase in serum transaminases exceeds three times the upper limit of normal. Liver function tests should be performed regularly until serum transaminases return to normal.**
- Complying with any national advice on agomelatine.
- Ensuring advice is sought from the specialist if there is any significant change in the patient's physical health status.
- Contact the psychiatric service for management advice as required.
- Reducing/stopping treatment in line with specialist's original request.

Patient/Carer Responsibilities

- Do not miss any blood tests or other appointments without first consulting the GP or specialist.
- Report any adverse effects or warning symptoms to the GP or specialist.
- To inform the Psychiatric Service or GP if they have stopped taking their medication.

Further advice and support

- Further support can be accessed via the patient's specialist or the local Community Mental Health Team
- Medicines Management Team, Cheddon Lodge: 01823 368265 MedicinesManagement@somersetft.nhs.uk
- Prescribing & Medicines Management Team, NHS Somerset: 01935 384123

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