Dronedarone for the treatment of atrial fibrillation

AREAS OF RESPONSIBILITY FOR THE SHARING OF CARE

This shared care agreement outlines suggested ways in which the responsibilities for managing the prescribing of dronedarone can be shared between the specialist and general practitioner or non-medical prescriber in primary care (*Note: in this document, medical and non-medical prescribers in primary care are abbreviated as '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 that case, the total clinical responsibility for the patient for the diagnosed condition remains with the specialist. **If a specialist asks the GP to prescribe drugs for this treatment, 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 should be explained to the patient by the doctor 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.

RESPONSIBILITIES and ROLES

	Specialist responsibilities
1	Initiate treatment with dronedarone according to NICE guidance.
2	Discuss the benefits and side effects of treatment with the patient, as well as the intention to share care.
3	Perform liver function tests (LFTs) before initiating treatment with dronedarone as per MHRA advice, and arrange transfer of the patient to primary care when it is appropriate to do so.
4	Ask the GP whether he or she is willing to participate in shared care.
5	Agree with the GP who will carry out the LFTs specified in the Summary of Product Characteristics (SPC) and MHRA guidance.
6	Communicate promptly with the GP when treatment is changed or needs to be changed by the GP, and any results of monitoring undertaken.
7	Have a mechanism in place to receive rapid referral of a patient from the GP in the event of deteriorating clinical condition.
8	Advise GPs on when to stop treatment (if appropriate).
9	Report adverse events to the MHRA.
10	Ensure that clear backup arrangements exist for GPs to obtain advice and support.

	General Practitioner responsibilities
1	Reply to the request for shared care as soon as practicable.
2	Prescribe dronedarone at the dose recommended.
3	Carry out LFTs as agreed with the specialist. If alanine transaminase (ALT) levels are elevated to ≥ 3× upper limit of normal (ULN), levels should be retested within 48 to 72 hours. If ALT levels are confirmed to be ≥ 3× ULN after retesting, dronedarone treatment should be withdrawn (MHRA & SPC advice).
4	Report to and seek advice from the specialist on any aspect of patient care that is of concern and may affect treatment.
5	Refer patient to specialist if his or her condition deteriorates.
6	Stop treatment on the advice of the specialist or immediately if an urgent need to stop treatment arises.
7	Report adverse events to the specialist and MHRA.

	Patient's role
1	Report to the specialist or GP if he or she does not have a clear understanding of the treatment.
2	Share any concerns in relation to treatment.
3	Report any adverse effects to the specialist or GP. Patients should immediately report any symptoms of heart failure (such as weight gain, swollen ankles, or breathing difficulties), or liver injury (including sustained new-onset abdominal pain, loss of appetite, nausea, vomiting, fever, malaise, fatigue, jaundice, dark urine or itching) to the specialist or GP.

BACK-UP ADVICE AND SUPPORT

Contact details	Telephone No.	Bleep:	Fax:	Email address:
Specialist:				
Hospital Pharmacy Dept:				
Other:				

This ESCA should be read in conjunction with the Summary of Product Characteristics (SPC), the MTRAC Commissioning Support Summary Sheet for dronedarone (SS 02/11) and NICE guidance on dronedarone (TA197)

Original template created by MTRAC in April 2011 for local adaptation and adoption.

Additional ideas and resources to develop a dronedarone template ESCA can be found here: http://www.esca-keele.co.uk/dronedarone/

SUPPORTING INFORMATION (taken from the SPC)

Licensed indications

Dronedarone is licensed for the treatment of adult clinically stable patients with a history of, or current non-permanent atrial fibrillation (AF), to prevent recurrence of AF or to lower ventricular rate.

Dosage and Administration

The recommended dose is 400 mg twice daily, taken with meals. Treatment with Class I or III antiarrhythmics (such as flecainide, propafenone, quinidine, disopyramide, dofetilide, sotalol, amiodarone) must be stopped before starting dronedarone.

Refer to SPC for full guidance on dosing.

Contraindications and precautions for use

Dronedarone is contraindicated in:

- patients with unstable haemodynamic conditions including patients with symptoms of heart failure at rest or with minimal exertion (corresponding with New York Heart Association [NYHA] class IV and unstable class III patients).
- patients with asymptomatic bradycardia (ECG confirmed sinus rate <50bpm) except where a functioning cardiac pacemaker device is in situ
- patients with second- or third- degree atrio-ventricular block or sick sinus syndrome (except when used in conjunction with a functioning pacemaker)
- patients with QTc Bazett interval ≥ 500 milliseconds
- patients with severe hepatic or renal impairment (CrCl < 30ml/min).

Side Effects

The most common side effects with dronedarone treatment in trials were diarrhoea, nausea and raised serum creatinine levels, bradycardia and QT-interval prolongation (not a cause of toxicity according to SPC but ECG monitoring necessary). The SPC also includes fatigue and asthenia.

Dronedarone was launched in March 2010 and has black triangle (▼) status. All suspected reactions (including those considered not to be serious and even where the causal link is uncertain) should be reported to the MHRA via the Yellow Card Scheme at www.yellowcard.gov.uk

Monitoring

According to MHRA advice and the SPC, liver function tests should be performed before treatment, monthly for the first six months, at months 9 and 12 and then periodically thereafter.

Drug Interactions

Dronedarone should not be used in conjunction with medicinal products that induce torsades de pointes such as phenothiazines, cisapride, bepridil, tricyclic antidepressants, terfenadine and certain oral macrolides (such as erythromycin).

Class I and III antiarrhythmics should not be administered concomitantly with dronedarone because of the risk of triggering arrhythmia.

Dronedarone should not be used in conjunction with potent cytochrome P 450 (CYP) 3A4 inhibitors, such as ketoconazole, itraconazole, voriconazole, posaconazole, telithromycin, clarithromycin, nefazodone and ritonavir.

Patients should be warned to avoid grapefruit juice beverages while taking dronedarone.

Cost

At current prices, the cost of one year's treatment with dronedarone 400 mg twice daily is £821.

References

- MTRAC Commissioning Support Summary Sheet for dronedarone (SS 02/11) http://www.mtrac.co.uk/
- NICE TA197: Dronedarone for the treatment of non-permanent atrial fibrillation http://guidance.nice.org.uk/TA197
- Dronedarone: risk of cardiac failure and risk of hepatotoxicity. Drug Safety Update. MHRA 2011. http://www.mhra.gov.uk/Safetyinformation/DrugSafetyUpdate/CON108677
- Sanofi-aventis. Multaq 400 mg tablets. Electronic Medicines Compendium. 2011. http://www.medicines.org.uk/EMC/medicine/22894/SPC/Multaq+400mg+tablets/