Name: Attach Banda Label here
Address:

Date of Birth:
NHS number:

Coventry & Warwickshire
Area Prescribing Committee

Dronedarone▼ (Multaq®)

ESCA: DRONEDARONE for the treatment of non-permanent atrial fibrillation

AREAS OF RESPONSIBILITY FOR THE SHARING OF CARE

Dronedarone has been approved by the Coventry & Warwickshire Area Prescribing Committee to be initiated by consultant cardiologists within its licensed indication and in accordance to NICE recommendation (NICE TA 197).

This shared care agreement outlines suggested ways in which the responsibilities for managing the prescribing of dronedarone for the management of non-permanent atrial fibrillation between secondary care 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 shared care should be explained to the patient by the specialist initiating treatment. It is important that patients are consulted about treatment and are in agreement with it. Patients with atrial fibrillation are usually under regular specialist follow-up, which provides an opportunity to discuss drug therapy.

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. General responsibility – Initiate therapy and stabilise patient on treatment before requesting shared care
2. Assess patient suitability for treatment, ensure stable baseline creatinine and hepatic function
3. Ask the GP if he/she is willing to participate in shared care
4. Discuss benefits, treatments and side-effects with the patient.
5. Initiate treatment with dronedarone
6. Recheck renal function 7-days post dronedarone initiation. Agree with GP the threshold for an increase in plasma creatinine that would prompt patient referral back to specialist care. *(Dronedarone is expected to increase serum creatinine by approx. 10µmol/L at the time of initiation)*
7. Perform appropriate monitoring of patient's renal & hepatic function
8. Provide the GP with advice on any implications of co-prescribing with current medications, particular caution with:-
   Potent CYP 3A4 inducers e.g. rifampicin, phenobarbitone, carbamazepine, phenytoin or St John's Wort;
   Potent CYP 3A4 inhibitors e.g. clarithromycin, ketoconazole, voriconazole;digoxin; β-blockers; statins; calcium antagonists; ACE inhibitors; sirolimus; tacrolimus
9. Assess potential adverse events and report these to the CSM
10. Regularly review the patient in the Cardiology clinic. Promptly inform the GP of any results of investigations and changes in treatment following hospital admission or out-patient consultation.
11. Advise the GP on when and how to stop treatment
12. Ensure clear arrangements for GP back up, advice, and support

General Practitioner responsibilities

1. Reply to the request for shared care as soon as practicable
2. Prescribe dronedarone following communication with specialist about the need for treatment
3. Adjust dose of any concomitant medication known to interact with dronedarone as advised by the specialist
4. Assess patient's clinical status prior to all dose changes
5. Provide adequate monitoring of response to treatment *e.g.* renal function, hepatic function, BP, heart rate, weight. Seek specialist advice if necessary.
6. Upon initiation, monitor liver function test on a monthly basis for first 6 months, at month 9 and month 12 and periodically thereafter
7. Arrange an annual assessment of patient stability and symptomatic response to dronedarone using a 12-lead ECG and refer to specialist for review if necessary
8. Refer back to specialist if condition deteriorates. Particular attention should be paid to symptoms of heart failure – both in terms of patients developing heart failure and signs of deterioration in patients with existing heart failure
9. Report adverse events to the specialist and CSM
10. Stop treatment on advice of specialist

Patient/carer's role

1. Report any adverse effects to the specialist or GP whilst taking dronedarone
2. Share any concerns in relation to treatment with dronedarone. Pay particular attention to any other medicines being taken whilst receiving dronedarone.
3. He/she must not take St John's Wort or drink grapefruit juice whilst receiving dronedarone
4. Report to the GP or specialist as soon as possible should his/her condition significantly worsen
5. Report to the specialist or GP if he/she does not have a clear understanding of the treatment
6. If he/she already has mild heart failure, the patient must immediately notify the GP or specialist if he/she develops any of the following:
   Increasing swelling of the feet or legs; wheezing; chest tightness or coughing up frothy sputum at rest, night time or after minor exertion; using more pillows to prop themselves up at night to ease breathing; weight gain of ≥ 2 – 3 kg (or 5 pounds) in a short period of time
7. Immediately notify the specialist or GP if he/she has severe heart failure or has been hospitalised for heart failure within the last month.
8. Report to the GP or specialist if he/she suffers symptoms of liver injury *e.g. abdominal pain or discomfort, loss of appetite, nausea and vomiting, darkening of urine, itching, yellowing of the skin & whites of the eye, fatigue*

BACK-UP ADVICE AND SUPPORT

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

NICE Recommendation:

Dronedarone is recommended as an option for the treatment of non-permanent atrial fibrillation **ONLY** in those:

- whose AF is not controlled by first-line therapy (usually including β-blockers), that is, as a second-line treatment option, **and**
- who have at least one of the following cardiovascular risk factors
  - hypertension requiring drugs of at least 2 different classes
  - diabetes mellitus
  - previous transient ischaemic attack, stroke or systemic embolism
  - left atrial diameter of ≥ 50mm
  - left ventricular ejection fraction (LVEF) < 40% *[note: SPC does not recommend in patients with LVEF < 35% due to limited experience]*
  - age 70 years or older, **and**
- who do not have unstable New York Heart Association (NYHA) class III or IV heart failure

SUPPORTING INFORMATION (see SPC for complete details/specific guidance http://emc.medicines.org.uk)

Licensed indications:

Dronedarone is indicated in adult clinically stable patients with a history of, or current non-permanent atrial fibrillation (AF) to prevent recurrence of AF.

Dosage and administration:

Recommended dose is 400mg twice daily in adults. It should be taken as

- one tablet with the morning meal and one tablet with the evening meal

Monitoring:

- Check U & Es at baseline, and **7 days** after commencing dronedarone.

[If an increase in creatininemia is found after 7 days, this value should be used as the new reference baseline as a rise in plasma creatinine has been observed with dronedarone 400mg BD in clinical trial. This initial creatinine rise should not necessarily lead to discontinuation of ACE inhibitor & Angiotensin-II receptor blocker]

Electrolytes imbalances (if found) should be corrected before initiation and during dronedarone therapy.

- Check LFT at baseline, **monthly for 6 months, at month 9, at month 12** and periodically thereafter.

Cautions:

- Avoid in patients with a recent history of moderate heart failure, or with a significantly reduced left ventricular function
- Correct hyppkalaemia and hypomagneasaemia before strating and during treatment
- Measure serum creatinine 7 days after initiation

Contra-indications:

- Hypersensitivity to the active ingredient or to any of the excipients (including those with galactose intolerance)
- 2nd or 3rd degree atrio-ventricular block or sick sinus syndrome (except when used in conjunction with a functioning pacemaker)
- Bradycardia <50bpm
- NYHA Class III & IV heart failure and those with LVEF < 35%
- Co-administration with potent CYP 3A4 inhibitors *e.g.* ketoconazole, itraconazole, clarithromycin, ritonavir
- Co-administration of medicinal products that could induce *torsades de pointes e.g.* terfenadine, tricyclic antidepressants, Class I & III antiarrhythmics
- QTc Bazett interval ≥ 500msec
- Severe hepatic impairment
- Severe renal impairment (CrCl < 30ml/min)

Side effects:

Common side effects: GI disturbances (*e.g.* diarrhoea, nausea & vomiting, dyspepsia); fatigue; asthenia; bradycardia; rash; pruritus

Uncommon/rare side effects: erythematous rash ; eczema & dermatitis; photosensitivity reactions

Please refer to SPC for further details

Drug interactions (see also above under cautions):

Dronedarone is primarily metabolised by CYP 3A4. It is a moderate inhibitor of CYP 3A4, a mild inhibitor of CYP 2D6, and a potent-inhibitor of P-glycoproteins.

- *Statins:* Use lower starting dose and maintenance doses due to increase risk of statin-induced myopathy
- *Digoxin:* Increased risk of digoxin-toxicity. Reduce digoxin dose by 50%
- *Verapamil & Diltiazem:* Use with caution due to depressant effects on sinus and AV node
- *β-blockers:* Use with caution
- *Grapefruit juice & St. John's Wort*: Avoid with dronedarone
- *Macrolides & Antifungals*: Avoid with dronedarone

Please refer to SPC for further details

Cost:

Basic NHS price**: £22.50 for 20 tablet pack**
£67.50 for 60 tablet pack

References:

Sanofi-aventis: Summary of Product Characteristics (SPC) for dronedarone (Multaq®) March 2010

National Institute for Health and Clinical Excellence (NICE) technology appraisal guidance on dronedarone (TA 197) 25th August 2010

Effective shared care agreement toolkit for dronedarone. Keele University. www.esca-keele.co.uk/dronedarone/agreementsetup.php *<accessed 15th Sept 2010>*

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