SHARED CARE AGREEMENT FOR AGOMELATINE in the treatment of MAJOR DEPRESSIVE DISORDER

Sharing of care assumes communication between the specialist, GP and patient, and other members of the care team including specialist nurses and pharmacists. The intention to share care will 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.

If a GP is invited by the specialist to participate in a shared care arrangement, the GP should reply to this request within 10 working days. 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.

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

Agomelatine is an antidepressant which is a specific agonist of MT$_1$ and MT$_2$ melatonin receptors and also has 5-HT$_{2c}$ antagonist properties. The exact mechanism of action is unknown. Dosage is 25mg once daily given in the evening and this may be increased to 50mg (2 x 25mg tablets) after 2 weeks according to response. After oral administration metabolism is mainly hepatic via CYP1A2. Elimination is rapid with the mean plasma half-life being 1-2 hours. Excretion is urinary and mainly in the form of metabolites. Efficacy over placebo has been demonstrated measured by the HAMD$_{17}$ scale in some short term studies.

Agomelatine appears to cause few sexual adverse events and may have benefits on subjective sleep compared to venlafaxine. Treatment discontinuation effects were similar to placebo and less than those seen with paroxetine. Discontinuation rates compared to placebo in trials were low and adverse events generally mild. However LFT monitoring is required.

Dosage in the Elderly up to 75 years – no dose change required.

No effect is documented in patients ≥75 years; agomelatine use is therefore contraindicated in patients in patients >75 years.

A placebo-controlled 8-week trial of agomelatine 25-50mg/day in elderly depressed patients (≥65 years, N=222, of which 151 on agomelatine) demonstrated a statistically significant difference of 2.67 points on HAM-D total score, the primary outcome. Responder rate analysis favoured agomelatine. No improvement was observed in very elderly patients (≥75 years, N= 69, of which 48 on agomelatine). Tolerability of agomelatine in elderly patients was comparable to that seen in the younger adults.

Specialist responsibilities

1. Diagnosis of condition and ensuring other treatment options have been fully explored.
2. Ensuring that the patient has been tried on at least 3 other antidepressants including venlafaxine or escitalopram prior to initiation of agomelatine.
3. Informing patients of the symptoms of potential liver injury and advising them to stop taking agomelatine immediately and seek urgent medical advice if these symptoms appear.
4. 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 if the patient shows absolutely no improvement on the 25mg dose.
5. Monitoring liver function and adverse drug reactions (ADRs) during titration period.
6. 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 using the Shared Care Request Form. Shared care should not be assumed until a written agreement has been received from the GP.
7. Monitor LFTs 3, 6 and 12 weeks after initiation before transferring to primary care.
10. 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.
11. Responding to issues raised by GP after care of patient has been transferred.

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12. Advising GP on related issues such as drug interactions etc.
13. 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.

**GP responsibilities**

1. Confirm or decline request to share patient’s care within 10 working days, using the shared care request form.
2. Monitoring the patient’s overall health and well being and observing patient for evidence of ADRs/abnormalities and raising with secondary care clinician if necessary.
4. Monitoring LFTs 24 weeks after initiation of therapy indicated. If dose is increased 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.
5. **Discontinuing therapy if patients present with symptoms or signs of potential liver injury OR the increase in serum transaminases exceeds 3X upper limit of normal. Liver function tests should be performed regularly until serum transaminases return to normal.**
6. Comply with terms of the Community Based Service and any national advice on agomelatine.
7. Ensuring advice is sought from the secondary care clinician if there is any significant change in the patient’s physical health status.
8. Reducing/stopping treatment in line with secondary care clinician’s original request.

**Community pharmacist responsibilities**

1. Check patient is taking the medicine as prescribed
2. Check the patient is attending for monitoring as outlined above
3. Report any side effects to the GP
4. Check patient has Agomelatine Alert Card (can be obtained from Servier Laboratories)

**Patient responsibilities**

1. Do not miss any blood tests or other appointments without first consulting the GP or specialist.
2. Report any adverse effects or warning symptoms to the GP or specialist.

**Further advice and support – this information is not inclusive of all prescribing information**

For advice on management of abnormal blood test results, contact a LPT clinical pharmacist in the first instance on 0116 295 8384 (Mon-Fri 8.30am – 5.30pm and Sat 9-11am)

Consultant Psychiatrist via LPT switchboard 0116 2256000

Summary of product characteristics via [electronic Medicines Compendium (eMC)](https://www.medicinescomplete.com)

British National Formulary via [www.medicinescomplete.com](http://www.medicinescomplete.com)

Trent Medicines Information Centre, Victoria Building, Leicester Royal Infirmary, LE1 5WW
Tel: 0116 258 6491 Fax: 0116 258 5680

**e-mail:** medicines.info@uhl-tr.nhs.uk

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<td>1.1</td>
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<td>Updated header with new logo</td>
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| 1.2     |         | Updated for Agomelatine  
Added a comment on page 1 to say contraindicated in patients>75years 
Amended GP responsibilities to state if dose increased then restart monitoring schedule 
(Link to shared care request form to be updated once finalised ) | 04/01/2016 | D sud, Acting interface pharmacist |
| 1.3     |         | Provision of Agomelatine Alert Card in secondary care clinician responsibilities and community pharmacist responsibilities. | 06/12/2017 | Zeibun Patel |

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