FULL SHARED CARE AGREEMENT FOR

Venlafaxine

in the treatment of

Treatment Resistant Depression

At doses at or above

300mg daily

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On behalf of:
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Leicester City Clinical Commissioning Group
West Leicestershire Clinical Commissioning Groups
University Hospitals of Leicester NHS Trust
Leicestershire Partnership Trust

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Additional medicines information is available from:
Trent Medicines Information Centre
Victoria Building, Leicester Royal Infirmary, LE1 5WW
Tel: 0116 255 5779 / 0116 258 6491
Fax: 0116 258 5680
e-mail: medicines.info@uhl-tr.nhs.uk
**Full Shared Care Agreement for the prescribing of venlafaxine in the treatment of treatment resistant depression at doses at or above 300mg daily.**

**Introduction and purpose**

This shared care agreement has been produced following NICE/MHRA guidance issued in 2004 and revised in 2006 on the use of venlafaxine.

Shared care has been defined as the mechanism of sharing patient care between primary and secondary care providers. This document sets out these responsibilities from initial diagnosis to ongoing support.

**Disease Background**

The diagnostic criteria for depression are set down in both the Diagnostic and Statistical Manual (DSM) and International Classification of Diseases (ICD) diagnostic manuals.

**Drug covered by the agreement**

Venlafaxine is a Serotonin/Noradrenaline Reuptake Inhibitor (SNRI) antidepressant. For the indication major depression the licensed dose for the standard release preparation is 75mg in divided doses increased if necessary at two week intervals to a total daily dose of 375mg given in divided doses. The sustained release preparation is given once daily at a starting dose of 75mg increasing if necessary at 2 weeks to a maximum dose of 375mg once daily. Faster titration may be necessary for some patients as mentioned in the BNF.

Both standard release and controlled release products are licensed for the treatment of depression and the use of Venlafaxine is covered by NICE guidelines on depression ([Clinical Guideline 90](https://www.nice.org.uk/guidance/cg90) - updated April 2018). Venlafaxine is not first line choice and prescribers need to be aware of increased toxicity in overdose and adverse effects such as hypertension and cardiac arrhythmias when considering this treatment.

**Secondary Care Clinician Responsibilities**

(Note that NICE guidelines allow initiation of venlafaxine by GPs with a special interest in mental health. If a GP with a special interest is prescribing venlafaxine as per the specialist in this shared care this individual would be required to carry out all tasks below).

- Diagnosis of resistant depression requiring Venlafaxine treatment at doses at or above 300mg daily based on a timely and comprehensive assessment.
- It is normally the responsibility of secondary care to ensure that the baseline monitoring recommendations set down by the MHRA have been carried out before treatment at doses at or above 300mg daily is initiated taking in to account patient convenience. This monitoring includes cardiac status (e.g. recent myocardial infarction or other change in the risk of serious arrhythmias) and blood pressure. In exceptional circumstances, and with the agreement of the GP, this can be done in primary care.

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- Relay any abnormal findings from baseline assessment to the GP including advising the GP on the implications for future mental health medication prescribing
- Initiation of prescription dose of venlafaxine at or above 300mg daily
- Titration of the venlafaxine dose to the optimum level using the optimum preparation for the individual patient.
- Monitoring for response and adverse drug reactions (ADRs) including raised blood pressure during the titration period
- Liaison with the general practitioner (GP) to share the patient's care when a stable dose has been achieved, and a long term choice of preparation has been made using the Shared Care Request Form.
- Discharge the patient if venlafaxine dose falls below 300mg daily. Direct supervision of patient condition by secondary care clinician may be appropriate for longer in cases that have proved resistant to treatment in the past.
- Outlining to GP when therapy may be reduced and stopped assuming no relapse in patient's condition.
- Evaluating ADRs raised by the GP and evaluating any concerns arising from physical checks by GP.
- Advising GP on related issues such as drug interactions etc.

**GP Responsibilities**

- Monitoring the patient’s overall health and well being
- It is normally the responsibility of secondary care to ensure that baseline monitoring recommendations set down by the MHRA have been carried out before treatment at or above 300mg daily is initiated taking into account patient convenience. In exceptional circumstances, and with the agreement of the GP, this can be done in primary care. This monitoring includes cardiac status (e.g. recent myocardial infarction or other change in the risk of serious arrhythmias) and blood pressure, see Revised SPC: Efexor (venlafaxine) capsules – all strengths

**Cardiovascular system disorders | Mental health and illness**

Venlafaxine should be used with caution in patients with MI or unstable heart disease. Post-marketing cases of QTc prolongation, Torsade de Pointes, ventricular tachycardia, and fatal cardiac arrhythmias have been reported especially in overdose or in patients with risk factors.

- Observing patient for evidence of ADRs or any abnormalities from physical checks and raising with secondary care clinician if necessary.
- Prescription of venlafaxine after achievement of a stable dose regime
- Monitoring of blood pressure on a six-monthly basis.
- Ensuring advice is sought from the secondary care clinician if there is any significant change in the patient’s mental health status.
- Reducing and stopping treatment in line with secondary care clinicians original request.
- Seeking advice on re-institution of treatment if previous Venlafaxine patient suffers a relapse after cessation of therapy.
Contact for support and advice

Consultant to whom the patient was referred

Leicestershire Partnership NHS Trust
0116 225 3700

Supporting Information


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