NHS
Pan Mersey
Area Prescribing Committee

SHARED CARE FRAMEWORK

The Pan Mersey Area Prescribing Committee recommends the prescribing of RILUZOLE film-coated tablets for amyotrophic lateral sclerosis (ALS) in accordance with NICE TA20.

SHARED CARE

1. Background	Riluzole is licensed to extend life or the time to mechanical ventilation for patients with amyotrophic lateral sclerosis (ALS), a variant of Motor Neuron Disease (MND). Safety and efficacy of riluzole has only been studied in ALS. Riluzole has not been shown to be effective in late stages of ALS. Progressive bulbar palsy (PBP) is considered by NICE to be a form of ALS and is eligible for treatment with riluzole. Riluzole should only be initiated by a neurological specialist with expertise in the management of MND and routine supervision of therapy can be managed locally by GPs as indicated in this policy (as per NICE TA 20, 2001).
2. Licensed indications	Riluzole is licensed to extend life or the time to mechanical ventilation for patients with amyotrophic lateral sclerosis (ALS).
3. Locally agreed off-label use	None
4. Initiation and ongoing dose regime	Transfer of monitoring and prescribing to Primary care is normally after 3 months. The duration of treatment will be determined by the specialist based on clinical response and tolerability. The specialist centre may request that the GP takes over prescribing and monitoring after the first month for patients who have difficulty travelling to the hospital for the first three months of treatment. **Dosing information** 50mg twice daily. No significant increased benefit can be expected from daily doses higher than 100mg. All dose adjustments will be the responsibility of the initiating specialist unless directions have been discussed and agreed with the primary care clinician. **Monitoring information** Termination of treatment will be the responsibility of the specialist.
5. Baseline investigations, initial monitoring, and dose titration to be undertaken by specialist	**Baseline** Baseline monitoring: FBC and LFT including serum transaminases undertaken by specialist centre. **Initiation** This will be followed by monthly monitoring for the first 3 months. No dose titration required.

6. Ongoing monitoring requirements to be undertaken by primary care	**Monitoring**	**Frequency**
	LFTs	After the initial monitoring period, every 3 months for the first year of therapy. To be continued at 3 monthly intervals unless specified differently by the specialist.
	FBC	After the initial monitoring period, every 3 months for the first year of therapy. To be continued at 3 monthly intervals unless specified differently by the specialist.
7. Pharmaceutical aspects	Route of administration:	Oral
	Formulation:	50mg film coated tablets Oral solution 5mg in 1mL Only use liquid when essential as it is much more expensive than tablets.
	Administration details:	Absorption can be reduced by fatty food. Tablets can be crushed and mixed with soft food to aid swallowing. Once crushed tablets should be taken immediately.
	Legal category:	POM
8. Contraindications	Patient will be assessed for contraindications at initiation by the specialist, see SPC for up-to-date list.	
9. Significant drug interactions	For a comprehensive list consult the BNF or Summary of Product Characteristics.	
10. Adverse effects and management	For a comprehensive list consult the BNF or Summary of Product Characteristics	
	Adverse effect	**Management**
	Raised serum transaminase	Discuss with specialist, patient should be advised to stop riluzole if ALT is raised to 5 times the upper limit of normal
	Febrile illness	Check WBC, discontinue riluzole in case of neutropenia
	Development of new dry cough/dyspnoea	Dyspnoea may be due to MND or a rare adverse effect of riluzole. New cough or dyspnoea can be discussed with the MND team, or the respiratory team if involved, who will advise on need for chest X-ray (CXR). Any CXR showing changes suggestive of interstitial lung disease (e.g. bilateral diffuse lung opacities) should lead to discontinuation of riluzole immediately.
11. Advice to patients and carers	Patients should be advised to report any febrile illness. The specialist will counsel the patient with regard to the benefits and risks of treatment and will provide the patient with any relevant information and advice, including patient information leaflets on individual drugs.	

12. Pregnancy and breastfeeding	Riluzole is contraindicated in pregnancy and breast feeding due to lack of available data. It is not known whether riluzole is excreted in human milk.
13. Specialist contact information	See appendix 2
14. Additional information	Where patient care is transferred from one specialist service or GP practice to another, a new shared care agreement must be completed.
15. References	1. National Institute for Health and Care Excellence. Guidance on the use of Riluzole (Rilutek) for the treatment of Motor Neurone Disease. Technology Appraisal Guidance (TA) 20. Accessed 21 May 2021 at: https://www.nice.org.uk/guidance/ta20 2. NEWT Guidelines for the administration of medications to patients with enteral feeding tubes or swallowing difficulties. Accessed 21 May 21
16. To be read in conjunction with the following documents	• Policy for shared care (Appendix 1) • Shared care agreement (Appendix 2) • RMOC Shared Care for Medicines Guidance • NHSE/NHSCC guidance – items which should not be routinely prescribed in primary care: guidance for CCGs NHSE 2019 • NHSE policy- Responsibility for prescribing between Primary & Secondary/Tertiary Care NHSE

Appendix 1

Policy for Shared Care

Shared care is only appropriate if it provides an optimum solution for the patient, and it meets the criteria outlined in the Shared Care section of the Pan Mersey Definitions and Criteria for Categorisation of Medicines in the Pan Mersey Formulary document.

- Prescribing responsibility will only be transferred when the specialist and the patient's GP agree that the patient's condition is stable.
- Before prescribing responsibilities are transferred to primary care, all information required by the shared care framework for the individual medicine has been provided to the patient's GP.
- Patients will only be referred to the GP once the GP has agreed to the shared care agreement and returned signed copies.

Inherent in any shared care agreement is the understanding that participation is at the discretion of the GP, subject to the availability of sufficient information to support clinical confidence.

Specialist Responsibilities in Shared Care

- To obtain patient informed consent for sharing of care between the specialist, primary care prescriber and patient. Consenting parties must have sufficient, accurate, timely information in an understandable form. Consent must be given voluntarily and must be documented in the patient's notes. Patients should be aware that shared care will not always be the best option for them. This is a mutual agreement between the specialist and primary care, which needs to be confirmed with the shared care agreement.
- To confirm the diagnosis.
- To confirm that the patient's care can be suitably maintained by primary care, following their medicine being optimised for approximately 3 months, with satisfactory investigation results.
- To initiate the medicine, prescribe, and monitor for toxicity and efficacy as described by the shared care framework until the patient is stabilised.
- To ensure the patient or their carer:
    - Is counselled with regard to the risks and benefits of the medicine.
    - Is provided with any necessary written information with regard to the individual medicine including patient information leaflets on individual drugs.
    - Provides informed consent when any medicine is prescribed for an off-label indication for any condition
- To be familiar with the shared care framework.
- To provide all information to the patient's GP as required by the shared care framework when prescribing responsibility is initially transferred and at any subsequent times as necessary for safe and effective treatment of the patient.
- Following the request to the patient's GP to initiate shared care; to ensure that the patient has an adequate supply of medication (usually 28 days) until shared care arrangements are in place. Further prescriptions will be issued if, for unforeseen reasons, arrangements for shared care are not in place at the end of 28 days. Patients should not be put in a position where they are unsure where to obtain supplies of their medication.
- To assess the patient regularly as necessary for the duration of therapy. The specialist will send a written summary within 14 days to the patient's primary care prescriber, confirm that ongoing treatment with the monitored medicine is appropriate and record test results on the patient-held monitoring booklet if applicable confirm the current dosage and clearly highlight any changes made both to the patient and in writing to the patient's primary care prescriber.

- The specialist team will:

  - provide training, advice, and guidance (as appropriate) for primary care prescribers if necessary to support the shared care agreement
  - provide contact details for both working and non-working hours
  - supply details for fast-track referral back to secondary/specialist care
  - provide the patient with details of their treatment, follow up appointments, monitoring requirements and, where appropriate, nurse specialist contact details

- To review the patient promptly if required by the GP.
- To meet any additional requirements as required by the individual medicine shared care framework.
- To communicate the failure of a patient to attend a routine hospital review and advise the GP of appropriate action to be taken.
- Following the addition of a new drug to an existing regime covered by a shared care agreement, the Specialist must initiate, prescribe, and monitor the new drug in accordance with the relevant shared care agreement including subsequent review and inform the GP of this. A new shared care agreement must then be initiated for the new drug.
- Prior to transfer of prescribing, the specialist will ensure that patients (and their caregivers, where appropriate) are aware of and understand their responsibilities to attend appointments and the need for continued monitoring arrangements.

Primary Care Responsibilities in Shared Care

- To prescribe within their own level of competence.
- To reply to a written request for shared care within 21 days ensuring both copies of the shared care agreement are signed if appropriate.

If agreeing to shared care, the GP is asked:

- To prescribe, manage and monitor the medicine as advised by the specialist and in line with the individual shared care framework.
- To review the patient as required by the shared care framework
- To make appropriate and contemporaneous records of prescribing and/or monitoring and to note the existence of the shared care agreement on the patient`s clinical record. A Snomed code “268529002 Shared Care- Specialist/GP” can be used. Where applicable, keep the patient-held monitoring record up to date with the results of investigations, changes in dose and alterations in management.
- To be familiar with the individual shared care framework, have the information and knowledge to understand the therapeutic issues relating to the patient’s clinical condition and undergo any additional training if necessary.
- To report any adverse effect in the treatment of the patient to the specialist team, and via the MHRA Yellow Card Scheme https://yellowcard.mhra.gov.uk/.
- To inform the specialist of any relevant change in the patient’s circumstances.
- To seek specialist advice as appropriate.
- To meet any additional requirements as required by the individual shared care framework.
- To respond to specialist communication relating to any change or addition to the patient’s treatment or monitoring covered by the shared care agreement.
- Where community nurse involvement is required in the administration of medicines under a shared care framework, nurses should be provided with adequate information and guidance by the prescriber or the specialist. Arrangements should be made in good time for any potential problems to be resolved to ensure that patient care is not compromised

Where the GP wishes to withdraw prescribing, for example when the patient fails to attend for monitoring, they need to give the specialist team a minimum of 14 days’ notice of their need to resume responsibility for prescribing. The specialist is required to acknowledge this request within the 14-day time period.

Patient Responsibilities in Shared Care

- To provide their informed consent for sharing of their care with the specialist and primary care prescriber. Consenting parties must have sufficient, accurate, timely information in an understandable and accessible format. Consent must be given voluntarily and must be documented in the patient's notes. Supporting information is available from NICE Making decisions about your care
- To take their medication as agreed, unless otherwise instructed by an appropriate healthcare professional.
- To meet all necessary monitoring arrangements to ensure the safe prescribing of their medication, and to alert the prescriber where these arrangements are not met.
- To attend all follow-up appointments with the primary care prescriber and specialist. If the patient is unable to attend any appointments, they should inform the relevant practitioner as soon as possible and arrange an alternative appointment.
- Inform healthcare professionals of their current medications, both prescribed and purchased elsewhere prior to receiving any new prescribed or over-the-counter medication.
- Report all suspected adverse reactions to medicines to their primary care prescriber.
- Store their medication securely away from children and according to the medication instructions.
- Read the information supplied by their primary care prescriber, specialist and pharmacist and contact the relevant practitioner if they do not understand any of the information given.

Appendix 2

Shared Care Request letter (Specialist to Primary Care Prescriber)

Request by specialist clinician for the patient's GP to enter into a shared care agreement

To be signed by consultant / prescribing member of specialist team (circle or underline as appropriate)

Dear *[insert Primary Care Prescriber's name]*

Patient name: *[insert patient's name]*

Date of birth: *[insert date of birth]*

NHS Number: *[insert NHS Number]*

Diagnosis: *[insert diagnosis]*

Please add patient addressograph here

As per the agreed Pan Mersey APC shared care framework for *[insert medicine name and dose]* for the treatment of *[insert indication],* this patient is now suitable for prescribing to move to primary care.

The patient fulfils criteria for shared care, and I am therefore requesting your agreement to participate in shared care. Where baseline investigations are set out in the shared care protocol, I have carried these out.

I can confirm that the following has happened with regard to this treatment:

	Specialist to complete
The risks and benefits of treatment have been explained to the patient	Yes / No
The patient has agreed to this shared care arrangement, understands the need for ongoing monitoring, and has agreed to attend all necessary appointments	Yes / No
A copy of the shared care framework which covers this treatment/the shared care framework can be found here (*insert electronic/ web link*)	Yes / No
I have provided the patient with sufficient medication to last until	
I have arranged a follow up with this patient in the following timescale	

If you have provided supporting information to the patient, please insert a copy here

Treatment was started on *[insert date started]* and the current dose is *[insert dose and frequency].*

If you are in agreement, please undertake monitoring and treatment from *[insert date*] NB: date must be at least 1 month from initiation of treatment.

The next blood monitoring is due on *[insert date]* and should be continued in line with the shared care guideline.

Frequency of blood test: .....

I confirm that if this is a shared care agreement for a drug indication which is unlicensed or off label, informed consent has been received.

Please could you reply to this request for shared care and initiation of the suggested medication to either accept or decline within 14 days.

Supporting information

Details of Specialist Clinicians

Name ..... Date .....

Consultant / prescribing member of specialist team (circle or underline as appropriate)

Signature .....

In all cases, please also provide the name and contact details of the Consultant.

When the request for shared care is made by a prescriber who is not the specialist, it is the supervising consultant who takes medico-legal responsibility for the agreement.

Consultant: .....

Contact details

Telephone number: ..... Ext: .....

Address for return of documentation .....

.....

.....

Shared Care Agreement Letter (Primary Care Prescriber to Specialist)

Primary Care Prescriber Response

Dear *[insert Doctor's name]*

Patient *[insert Patient's name]*

NHS Number *[insert NHS Number]*

Identifier *[insert patient's date of birth and/or address]*

Thank you for your request for me to accept prescribing responsibility for this patient under a shared care agreement and to provide the following treatment

Medicine	Route	Dose & Frequency

I can confirm that I am willing to take on this responsibility from [insert date] and will complete the monitoring as set out in the shared care protocol for this medicine/condition.

Usual GP signature: ..... Date .....

Usual GP name: ..... (please print)

GP: Please sign and return a copy within 21 calendar days to the address above

GP Practice address/practice stamp

GP- If you do not agree to prescribe, please delete the section above and provide any supporting information as appropriate below: