West Yorkshire
Health and Care Partnership

AMBER GUIDANCE

Agomelatine: Amber Drug Guidance for the treatment of Depression in adults

To be adapted as required for individual medicines or may remove and leave at the end only

Specialist responsibilities - key points see *detailed responsibilities section 16 for further information if needed*

- Diagnose the patient; ensure that this diagnosis is communicated to primary care.
- Discuss the benefits and risks of the treatment with the patient and provide the appropriate counselling to enable the patient to reach an informed decision. Provide the patient with relevant information including duration of treatment, adverse effects and how to manage. Also, when to seek urgent care and any circumstances where treatment should be stopped.
- Assess for contraindications, cautions and interactions.
- Conduct required baseline investigations and initial monitoring (see section 8).
- Prescribe treatment for 6 months.
- Send information to the patient's GP practice detailing the current and ongoing dose, any relevant test results and when the next monitoring is required.
- Provide advice and review treatment if a woman becomes or wishes to become pregnant.
- Provide advice to primary care on the management of adverse effects if required.
- Advise primary care if treatment should be discontinued.

Primary care responsibilities key points: see *detailed responsibilities section 17 for further information if needed*

- Ensure the specialist is notified within 2 weeks if unwilling to undertake prescribing and monitoring when requested.
- If accepted, prescribe ongoing treatment as detailed in the specialist's request
- Adjust the dose of agomelatine as advised by the specialist. Specialist to do LFTs if dose increased.
- Conduct the required monitoring (see section 9)
- Assess for possible interactions when starting new medicines.
- Manage any adverse effects and discuss with specialist team when required.
- Stop agomelatine and seek specialist advice if LFTs greater than 3 times upper limit of normal
- Seek advice from the specialist if the patient becomes or plans to become pregnant.
- Stop treatment as advised by the specialist.
- Encourage patients to ask questions about their medicines.
- Inform specialist team if patient is not taking medicine as prescribed/intended

Patient and/or carer responsibilities

- To agree and accept responsibility for taking agomelatine as prescribed.
- To understand how to take agomelatine safely.
- To understand the duration of treatment prescribed initially by the hospital specialist.
- To understand the most common adverse events/side effects and inform the Specialist/GP as soon as reasonably possible should they occur and significantly affect the use of the medicines.
- To understand the circumstances under which the medicines should be immediately stopped and what action to take.
- To attend for blood tests/disease monitoring on time
- To check with the community pharmacist that there are no interactions with agomelatine, and other medications taken including other prescribed medications, medicines bought over the counter and herbal/homoeopathic products.

- To check with dentists or other specialists who may prescribe medicines that there are no interactions with agomelatine.
- To understand contents of written information provided by the Specialist/ GP and in the patient information leaflet supplied with the medicines and to seek clarification if required.
- More information on asking about medication can be found in the Me & My Medicines Charter https://meandmymedicines.org.uk/the-charter/
- Use an appropriate form of contraception, as agreed with their doctor/nurse/sexual health service.
- Inform the specialist or primary care prescriber immediately if they become pregnant or wish to become pregnant.
- The NHS Website - information on health link and medicines link
- Patient information leaflets for mental health conditions and treatments:
- *Leeds and York Partnership NHS Foundation Trust www.choiceandmedication.org/leedsandyorkpft*
- *South West Yorkshire Partnership NHS Foundation Trust www.choiceandmedication.org/swyp/*
- *Bradford District Care NHS Foundation Trust www.choiceandmedication.org/bradford*

Contents

1. Background/ Introduction	Agomelatine is a melatonin receptor agonist and a selective serotonin-receptor antagonist; it does not affect the uptake of serotonin, noradrenaline, or dopamine. Patients should be told how to recognise signs of liver disorder and advised to seek immediate medical attention if symptoms such as dark urine, light coloured stools, jaundice, bruising, fatigue, abdominal pain, or pruritus develop. Patients should be given a patient information leaflet with more information on the risk of hepatic side-effects. **This medicine requires significant ongoing monitoring which may include blood tests.**

	Unless otherwise specified within this guidance, this drug must be initiated by a specialist who must be a prescriber with relevant expertise. Specialist may include consultants, registrars, GPs with special interest or independent non-medical prescribers. Subsequent changes in drug treatment may be recommended by non-prescribers with the relevant competency working with the specialist MDT in accordance with clinical guidelines and best practice. ***Consult the BNF, and SPC for full and current prescribing information.***	
2. Indications **(Please state whether licensed or unlicensed or unlicensed use of a licensed product)**	Depression (licensed indication) – use 5th line when SSRIs/mirtazapine/venlafaxine/vortioxetine are not appropriate or have not worked e.g., if significant cardiac co-morbidities or hyponatraemia with previous antidepressants	
3. Locally agreed off-label use Medicines will be those that are current / established practice that are DTG approved /in National guidance. Any new medicine use would need to go through the appropriate approval mechanism.	N/A	
4. Contraindications and cautions This section will link to the SPC for licensed medicines. For unlicensed medicines then information would be added.	**Contraindications: see BNF/ SPC** **Cautions: see BNF / SPC**	
5. Initiation and ongoing dose regime	Dose: the usual dose is 25-50mg at night for depression. See clinic referral letter for recommended dose for particular patient. Formulation – 25mg tablets	
6. Pharmaceutical aspects If a medicine needs to be prescribed by brand /formulation information will be included in this section.	Route of administration:	oral
	Other important information:	N/A
7. Significant medicine interactions For a comprehensive list consult the BNF or	**Link to SPC (for licensed medicines)**	

<table>
<tr><td>Summary of Product Characteristics. SPC</td><td colspan="2"></td></tr>
<tr><td>8. Baseline investigations, routine tests/monitoring and follow up

The duration of treatment & frequency of review will be determined by the specialist, based on clinical response and tolerability.</td><td colspan="2">Baseline investigations:
Monitoring at baseline is the responsibility of the specialist.

• LFTs

By Specialist - at week 3, 6, 12 and 24 – if LFTs greater than 3 times upper limit of normal, stop drug. The monitoring schedule should be restarted if the dose is increased to 50mg/day. Specialist to do LFTs if dose increased.

Follow up: As per outpatient letter from specialist</td></tr>
<tr><td rowspan="2">9. Ongoing monitoring requirements to be undertaken by primary care.

See section 10 for further guidance on management of adverse effects/ responding to monitoring results.</td><td>Monitoring</td><td>Frequency</td></tr>
<tr><td>LFTs</td><td>Once patient has been on a stable dose for at least 6 months - check LFTs annually – stop drug and seek specialist advice if any LFTs greater than 3 times upper limit of normal. If LFTs start to rise but within 3 times upper limit of normal seek advice from specialist about continuing the drug. Check LFTs if signs of liver impairment.

The monitoring schedule should be restarted if the dose is increased to 50mg/day. (Specialist to do LFTs if dose increased)</td></tr>
<tr><td rowspan="3">10. Adverse effects and managements

Where relevant add information regarding at what point GPs should refer back to the specialist or note that GPs should manage in line with usual Primary Care practice.</td><td>Result</td><td>Action for GP</td></tr>
<tr><td>If LFTs are greater than 3 times upper limit of normal</td><td>stop drug and seek specialist advice if any LFTs greater than 3 times upper limit of normal</td></tr>
<tr><td colspan="2">Any serious adverse reactions should be reported to the MHRA via the Yellow Card scheme www.mhra.gov.uk/yellowcard</td></tr>
<tr><td>11. Advice to patients and carers

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.</td><td colspan="2">The patient should be advised to report any of the following signs or symptoms to their GP without delay:
• Patients should be told how to recognise signs of liver disorder and advised to seek immediate medical attention if symptoms such as dark urine, light coloured stools, jaundice, bruising, fatigue, abdominal pain, or pruritus develop.</td></tr>
<tr><td>12. Pregnancy, paternal exposure and breast feeding.
It is the responsibility of the specialist to provide</td><td colspan="2">Pregnancy: see SPC

Breastfeeding: see SPC</td></tr>
</table>

<table>
<tr><td>advice on the need for contraception to male and female patients on initiation but the ongoing responsibility for providing this advice rests with both the GP and the specialist.</td><td></td></tr>
<tr><td>13. Specialist contact information</td><td>Bradford District Care NHS Foundation Trust
Bradford phone number and e-mail: (01274) 363230
pharmacy@bdct.nhs.uk

Leeds and York Partnership Foundation Trust
Leeds phone number and e-mail: (0113) 855 5534
Pharmacyleedspft.lypft@nhs.net

South West Yorkshire Partnership Foundation Trust
<table>
<tr><th>Team</th><th>Email Address</th><th>Contact number</th></tr>
<tr><td>Wakefield</td><td>FieldheadPharmacy@swyt.nhs.uk</td><td>01924 316820</td></tr>
<tr><td>Barnsley</td><td>KendrayPharmacyTeam@swyt.nhs.uk</td><td>01226 644338 or 644145</td></tr>
<tr><td>Calderdale</td><td rowspan="3">PharmacyTeamCK@swyt.nhs.uk</td><td>01422 222933</td></tr>
<tr><td>Huddersfield</td><td>01484 343108</td></tr>
<tr><td>Dewsbury</td><td>01924 316374</td></tr>
</table></td></tr>
<tr><td>14. To be read in conjunction with the following documents</td><td>n/a</td></tr>
<tr><td>15. Specialist responsibilities</td><td>• Ensure current diagnosis of condition and the treatment options have been discussed and understood by the patient and their carers where appropriate.
• Ensure that the ongoing treatment has been agreed with and by the patient and carer where appropriate.
• To assess the suitability of the patient for this treatment.
• To discuss the benefits and side effects of treatment with the patient/carer and where applicable the need for long term monitoring.
• Checking for allergies, interactions and contra-indications.
• To perform baseline tests.
• To initiate treatment in agreement with the patient to include a discussion about unlicensed use as appropriate.
• To assess and monitor the patient’s response to treatment before prescribing transferred to primary care.
• Write to the patient’s General Practitioner (GP) to ask if they are willing to take over the prescribing and monitoring responsibilities under this amber drug guidance.
• Providing information on dose to be prescribed and very rarely any titration schedule if appropriate.</td></tr>
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	• To advise primary care what routine monitoring will be completed by the specialist. Note primary care monitoring is outlined in section 9. • To ensure results of monitoring are provided to primary care. • Outlining to primary care when therapy may be reduced and stopped assuming no relapse in patient's condition. Review periods to be agreed. • Ensure this is also known, understood and agreed with the patient (and where appropriate their carers). • Responding promptly to issues raised by the GP/primary care and informing the patient (and carers) of any material changes to any advice or agreements made at the outset. • To monitor the patient for adverse events/side effects and report to the GP and where appropriate Commission on Human Medicines/MHRA (Yellow card scheme). • Discuss with the patient their responsibilities outlined below, confirm understanding and confirm that the patient is happy to adhere to them.
16. Primary Care prescriber responsibilities	• Ensure the specialist is notified within 2 weeks if unwilling to undertake prescribing and monitoring when requested • Checking for allergies, interactions and contra-indications when taking over prescribing and when changing, or initiating new treatments • To prescribe agomelatine and adjust the dose as recommended by the specialist following initiation and stabilisation by the specialist. • Monitoring the patient's overall health and wellbeing, observing patient for evidence of ADRs and liaising with specialist clinician if necessary and where appropriate report to Commission on Human Medicines/MHRA (Yellow card scheme). • Routine disease monitoring should continue. • When patient attends for review of treatment confirm, in line with the information already provided, by the specialist (or other specialist acting on their behalf) the circumstances under which the medicines should be immediately stopped and what actions the patient is to take. • To ensure that there is an agreed process in place for accessing the ongoing supply of the medicines that is not placing any unnecessary burden or workload on the patient or their carers. • Ensuring advice is sought from the responsible specialist clinician if there is any significant change in the patient's physical health status that may affect prescribing or appropriateness of the amber medicine, or any information relevant to their care that becomes available that was not made available at the time of the specialist diagnosis and treatment option agreement. • Take reasonable steps to ensure that the patient is using their medicines as prescribed and intended, i.e., include amber medication as part of medication review. • Inform the specialist team if the patient repeatedly does not attend routine blood monitoring and agree an action plan. • Inform specialist team if patient is not taking medication as prescribed/intended. • Reducing/stopping treatment in line with specialist clinician's original request • Encourage the patient at medication review appointments to ask questions and raise any concerns they have about their treatment, particularly anything that may be affecting their adherence to treatment. Use the Me & My Medicines Charter - https://meandmymedicines.org.uk/the-charter/.