

NALMEFENE FOR REDUCTION OF ALCOHOL CONSUMPTION IN ADULTS
COMMISSIONING RESPONSIBILITY: PUBLIC HEALTH
ADVICE TO CCGs JANUARY 2014
Policy agreed by Vale of York CCG (*date*)

Drug, Treatment, Device name
Nalmefene 18mg tablets▼ (Selincro, Lundbeck)
Licensed indication
<p>Reduction of alcohol consumption in adult patients with alcohol dependence who have a high drinking risk level (DRL) without physical withdrawal symptoms and who do not require immediate detoxification.</p> <p>Nalmefene should only be prescribed in conjunction with continuous psychosocial support focused on treatment adherence and reducing alcohol consumption.</p> <p>Selincro should be initiated only in patients who continue to have a high DRL two weeks after initial assessment.</p>
Advice
<p>Nalmefene is a treatment which is expected to be provided by specialist alcohol services, locally is the commissioning responsibility of public health. As a new treatment, a formal commissioning position is to be established.</p> <p>Advice to CCGs</p> <p>CCGs will be aware that this product is licensed and any requests for a CCG GP practice to partake in provision of this treatment with continuous psychosocial support is expected to be subject to formal agreement. In the absence of such, it is not recommended that GP practices engage in the prescribing of this treatment.</p>
Evidence reviews – For information
<p>NICE</p> <p>Alcohol use disorders http://www.nice.org.uk/guidance/CG115 ESNM29 – Alcohol dependence – Nalmefene published December 2013 In development, expected November 2014 http://guidance.nice.org.uk/TAG/442</p> <p>Scottish Medicines Consortium – September 2013</p> <p>Accepted for use within the licensed indication. http://www.scottishmedicines.org.uk/SMC_Advice/Advice/917_13_nalmefene_Selincro/nalmefene_Selincro</p> <p>Regional Drug & Therapeutics New Medicines Review</p> <p>http://rdtc.nhs.uk/sites/default/files/publications/nde_128_nalmefene.pdf</p> <p>Psychosocial support services would need to be made available for patients prescribed nalmefene in order to achieve the response observed in the trial population. It is debatable whether the same level of support could be provided in clinical practice, and therefore whether such responses would be achieved. Nalmefene may be best reserved for selected patients treated by specialist alcohol services, although shared care may be appropriate in some cases.</p>

Greater Manchester Medicines Management Group

The group does not recommend the use of nalmefene for the above indication.

Patients in the trial received intensive motivational and adherence enhancing support (the BRENDA model) which resulted in a change in total alcohol consumption in the placebo group. Therefore the clinical relevance of the small extra benefit from adding nalmefene to the effective psychosocial therapy used in ESENSE1 has not been established.

As this high level of psychosocial support is unlikely to be replicated in clinical practice in Greater Manchester, it is debatable whether the response seen in trials can be replicated in clinical practice.

http://www.nyrdtc.nhs.uk/GMMMG/Groups/Publications/IPNTS_docs/IPNTS_recom_2/IPNTS%20recommendation%20Nalmefene.pdf