NHS
Telford and Wrekin
Clinical Commissioning Group

Dronedarone (Multaq®) for Atrial Fibrillation
Effective Shared Care Agreement

Patient details

Name: _____

Address: _____

Date of Birth: _____

NHS number: _____

Contact details
Specialist:
Address:

Email:

Contact number:

GP

Address:

Email:

Contact number:

Patient

Name:

Contact number:

Agreement to shared care, to be signed by GP and Specialist before prescribing is transferred to GP

Specialist Signature: _____

Date: _____

GP Signature: _____

Date: _____

Patient Signature: _____

Date: _____

This Effective Shared Care Agreement outlines suggested ways in which the prescribing responsibilities can be shared between the specialist and GP. GPs are invited to participate. 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's health remains with the specialist.
If a specialist asks the GP to prescribe, the GP should reply to this request within 2 weeks

The prescriber of the medication legally assumes clinical responsibility for the drug and the consequences of its use.

Responsibilities of the specialist initiating treatment

- Discuss with the patient options for treatment and the suitability of dronedarone and discuss the potential benefits and side effects of treatment with the patient.
- Initiate treatment.
- Ask the GP whether he or she is willing to participate in shared care, and agree with the GP as to who will discuss the shared care arrangement with the patient specialist attaches copy of Shared Care Agreement (SCA)
- Ensure agreed signed shared care form has been received back from GP to indicate that the GP is happy to prescribe and monitor.
- Ensure this has been discussed with patient, and that patient has signed SCA form.
- Undertake the following monitoring
    - Regular cardiac examination including **ECG** every 6 months.
    - **LFTs** before initiation, after 1 week and 1 month of treatment.
    - Plasma **creatinine** values before and 7 days after initiation of dronedarone
- Once patient stabilised, transfer prescribing and agreed monitoring to GP
- Communicate promptly with the GP when treatment is changed
- Have a mechanism in place to receive rapid referral of a patient from the GP in the event of deteriorating clinical condition and ensure that clear backup arrangements exist for GPs to obtain advice and support
- Report adverse events to the MHRA (via Yellow Card)

Responsibilities of the General Practitioner

- Reply to the request for shared care as soon as practicable, and if required discuss shared care arrangements with patient
- Prescribe as recommended
- Report to and seek advice from the specialist on any aspect of patient care that is of concern and may affect treatment
- Refer patient to the specialist if his or her condition deteriorates especially if symptoms of heart failure or suspected pulmonary toxicity occur.
- Undertake the following monitoring:
    - **LFTs** every month until month 6, at month 9 and 12.
    - **Renal function** at agreed intervals
- Stop treatment on the advice of the specialist
- Report adverse events to the specialist and MHRA (via Yellow Card)

General information on dronedarone

Licensed Indication

Dronedarone (Multaq®) is indicated for the maintenance of sinus rhythm after successful cardioversion in adult clinically stable patients with paroxysmal or persistent atrial fibrillation (AF). Due to its safety profile, dronedarone (Multaq®) should only be prescribed after alternative treatment options have been considered.

Dronedarone (Multaq®) should not be given to patients with left ventricular systolic dysfunction or to patients with current or previous episodes of heart failure.

The MHRA recommends that dronedarone is only used in patients for the maintenance of sinus rhythm after successful cardioversion in a limited population of patients with paroxysmal or persistent atrial fibrillation

(The licensed indications and MHRA guidance differs from NICE TAG197 dronedarone for the treatment of non-permanent atrial fibrillation[1])

Dosage and administration

The recommended dose is 400mg twice daily in adults. It should be taken as

• one tablet with the morning meal and

• one tablet with the evening meal.

Grapefruit juice should not be taken together with dronedarone

If a dose is missed, patients should take the next dose at the regular scheduled time and should not double the dose.

Treatment with Class I or III antiarrhythmics (such as flecainide, propafenone, quinidine, disopyramide, dofetilide, sotalol, amiodarone) must be stopped before starting dronedarone. **A washout period of one month is recommended before dronedarone is started for patients currently receiving amiodarone. For patients receiving dronedarone who are to receive amiodarone a washout period of two weeks is recommended**.

Contraindications

- Second or third-degree atrio-ventricular block, complete bundle branch block, distal block, sinus node dysfunction, atrial conduction defects, or sick sinus syndrome (except when used in conjunction with a functioning pacemaker).
- Bradycardia <50 beats per minute (bpm)
- Permanent AF with an AF duration 6 months (or duration unknown) and attempts to restore sinus rhythm no longer considered by the physician
- Patients in unstable hemodynamic conditions,
- History of, or current heart failure or left ventricular systolic dysfunction
- Patients with liver and lung toxicity related to the previous use of amiodarone
- Co-administration with potent cytochrome P 450 (CYP) 3A4 inhibitors, such as ketoconazole, itraconazole, voriconazole, posaconazole, telithromycin, clarithromycin, nefazodone and ritonavir.
- Medicinal products inducing torsades de pointes such as phenothiazines, cisapride, bepridil, tricyclic antidepressants, terfenadine and certain oral macrolides (such as erythromycin), Class I and III antiarrhythmics (such as flecainide, propafenone, quinidine, disopyramide, dofetilide, sotalol, amiodarone)
- QTc Bazett interval 500 milliseconds
- Severe hepatic impairment
- Severe renal impairment (CrCl <30ml/min)
- Hypersensitivity to the active substance or to any of the excipients
- Pregnancy and breastfeeding

Side effects

Cardiac - congestive heart failure, bradycardia

Gastrointestinal- diarrhoea, vomiting, nausea, abdominal pain, dyspepsia

Skin - rashes, pruritus

Others - fatigue, asthenia.

Monitoring

Cardiovascular Monitoring
Baseline ECG and at 6 monthly intervals to identify those who revert back to AF. Discontinuation of dronedarone should be considered for these patients.

Hepatic Monitoring
LFTs should be taken before starting treatment with dronedarone, after 1 week of treatment; monthly thereafter for the first 6 months of treatment, at month 9, at month 12 and periodically thereafter.

Renal Monitoring
Creatinine levels should be measured before and 7 days after the initiation of dronedarone. An increase in plasma creatinine (mean increase 10 micromol/L) has been observed with dronedarone 400mg twice daily in healthy subjects and in patients. If an increase in creatininemia is observed, serum creatinine should be re-measured after a further 7 days. If no further increase in creatininemia is observed, this value should be used as the new reference baseline. If serum creatinine continues to rise, then consideration should be given to further investigation and discontinuing treatment.

An increase in creatininemia should not necessarily lead to the discontinuation of treatment with ACE inhibitors or angiotensin II receptor antagonists.

Pulmonary Monitoring
Cases of interstitial lung disease, including pneumonitis and pulmonary fibrosis have been reported. Onset of dyspnoea or non-productive cough may be related to pulmonary toxicity. If suspected, relevant lung examinations should be undertaken and treatment discontinued if confirmed.

Parameter	Frequency of Monitoring	Result	Action
ECG	Monitor ECG for QTc (Bazett) interval prolongation. Baseline and at 6 monthly intervals (Specialist)	• Not greater than or equal to 500 milliseconds • Reversion back to AF	Specialist
U&E	Creatinine at baseline and at 7 days. (Specialist) (If initiated in hospital, the blood test form will be issued by Specialist)	See above	See above
LFT	Prior to treatment and at 7 days (Specialist) On a monthly basis for six months (GP) At 9 months (GP) At 12 months and periodically thereafter (GP)	ALT levels >3xULN If still >3xULN on retest (ULN = upper limit of normal)	Retest Withdraw dronedarone
Dyspnoea, cough, swelling of legs	Observe patients regularly for signs or symptoms of new or worsening heart failure (Specialist & GP)		Refer to Specialist

Drug Interactions[2]

Anti-arrhythmics - Increased risk of myocardial depression, increased risk of ventricular arrhythmias with **amiodarone** or **disopyramide**-avoid concomitant use.

Antibacterials - Avoid concomitant use with **erythromycin, clarithromycin** and **telithromycin**. Plasma concentration reduced by **rifampicin**.

Antidepressants - Avoid concomitant use with **tricyclics** (risk of ventricular arrhythmias) and **St John's Wort** (reduction of plasma concentration).

Antiepileptics - Concentration of dronedarone reduced by **carbamazepine** and **phenytoin.**

Antifungals - plasma concentration increased by **ketoconazole** and avoid use with **itraconazole**, **posaconazole** and **voriconazole.**

Antipsychotics - avoid concomitant use with **phenothiazines.**

Antivirals - avoid concomitant use with **ritonavir.**

Antihypertensives - caution when used with **beta-blockers** and **calcium antagonists.**

Digoxin - increases plasma concentration (dose should be halved)

Statins - increased risk of myopathy with **simvastatin**, possibly increases plasma concentration of **rosuvastatin.**

Medicinal products inducing torsades de pointes such as phenothiazines, cisapride, bepridil, tricyclic antidepressants, terfenadine and certain oral macrolides (such as erythromycin), Class I and III antiarrhythmics (such as flecainide, propafenone, quinidine, disopyramide, dofetilide, sotalol, amiodarone)

There are numerous drug interactions and the Summary of Product Characteristics (www.medicines.org.uk) should be consulted both before treatment and when new drugs are introduced.

[1] NICE TAG 197 Dronedarone for the treatment of non-`permanent atrial fibrillation August 2010
[2] BNF 66 September 2013-March 2014