North of Tyne, Gateshead and North Cumbria Area Prescribing Committee

Sativex (delta-9-tetrahydrocannabinol / cannabidiol) Oromucosal Spray Shared Care Guidance

Introduction	**Indication:** Moderate to severe spasticity in adults with multiple sclerosis when other pharmacological treatments for spasticity are not effective **Background:** recommended for use (as per NICE CG186: Multiple sclerosis in adults: management) when other agents have been tried and were ineffective / not tolerated or were not considered appropriate.
Dosing	An initial titration period is required to achieve the optimal dose. The number of sprays should be increased gradually up to a maximum of 12 sprays per day (according to instructions provided in patient information leaflet), until they achieve optimum symptom relief. There should be at least a 15 minute gap between sprays.
Specialist Responsibilities	**Initial assessment and prescribing:** The MS team will initiate treatment providing a four week course (3 x 10ml) using the pay-for-responders scheme. The patient will come to clinic and will be asked to complete a 0 to 10 patient-reported numeric rating scale. After the 4 week trial of Sativex the MS team will remotely review the patient and treatment can be continued if the person has had at least a 20% reduction in spasticity-related symptoms on a 0 to 10 patient-reported numeric rating scale. **Note:** the patient will be asked to send a picture of the 0 to 10 patient-reported numeric rating scale to the MS team during the remote appointment. The patient will be asked to send several VAS scales so the team can get an average of how effective the Sativex is. If the patient responded to treatment the patient will be provided with a further month of treatment from the Trust whilst prescribing is transferred to the patient's GP. **Ongoing Responsibilities:** an annual review will performed by the MS team to confirm that the patient is continuing to respond to treatment. The MS team will inform the GP if the Sativex is to be continued or not.
GP Responsibilities	**Maintenance prescribing:** • GP to provide monthly prescriptions • GP to adjust dosage of Sativex as directed by specialist. • GP to refer back to specialist team if any concerns about efficacy and tolerability.
Adverse Effects, Precautions, Contraindications	Sativex is contraindicated in patients: • With hypersensitivity to cannabinoids or to any of the excipients. • With any known or suspected history or family history of schizophrenia, or other psychotic illness; history of severe personality disorder or other significant psychiatric disorder other than depression associated with their underlying condition. • Who are breast feeding. Sativex is not recommended for use in children or adolescents below 18 years of age due to lack of safety and efficacy data. Sativex is not recommended in patients with serious cardiovascular disease. Caution should be taken when treating patients with a history of epilepsy, or recurrent seizures.

	This class of medicine is in the list of drugs included in regulations under 5a of the Road Traffic Act 1988. When prescribing this medicine, patients should be told: • The medicine is likely to affect your ability to drive • Do not drive until you know how the medicine affects you • It is an offence to drive while under the influence of this medicine However, you would not be committing an offence (called 'statutory defence') if: **1)** The medicine has been prescribed to treat a medical problem and **2)** You have taken it according to the instructions given by the prescriber and in the information provided with the medicine and **3)** It was not affecting your ability to drive safely

Common Drug Interactions	**This is a list of commonly occurring drug interactions (not exhaustive)**
	• Sativex reversibly inhibits CYP3A4, 1A2, 2B6, 2C9 and 2C19 at high concentrations, and may inhibit CYP3A4 at clinically relevant concentrations.
	  ○ Review dosing regimen of CYP3A4 substrates if given with Sativex as the plasma concentration of concomitant drug may increase.
	• Sativex may induce CYP1A2, 2B6 and CYP3A4 and thus may reduce activity of other drugs metabolised by cytochrome P-450:
	  ○ e.g. coumarins, statins, beta-blockers and corticosteroids. Review dosing regimen of sensitive CYP substrates if co-administered with Sativex.
	• Sativex inhibits the UGT enzymes UGT1A9 and UGT2B7 at therapeutic doses.
	  ○ Caution when prescribing Sativex with drugs solely metabolised by any of these UGTs (e.g. propofol and certain antivirals).
	• Use Sativex with caution in patients with genetic glucuronidation disorders (e.g. Gilbert's disease) as they may exhibit increased serum concentrations of bilirubin.
	• Sativex is metabolised by cytochrome P-450 enzyme system.
	  ○ If concomitant treatment with CYP3A4 inhibitors (e.g. itraconazole, ritonavir, clarithromycin) is started or stopped during Sativex treatment, consider new dose titration.
	  ○ Fluconazole may inhibit metabolism of Sativex; care should be taken when co-administering Sativex with potent CYP2C9 inhibitors as may increase in exposure to THC, CBD and their metabolites.
	  ○ Avoid concomitant use of strong cytochrome P-450 enzyme inducers (e.g. rifampicin, carbamazepine, phenytoin, phenobarbital, St John's Wort) with Sativex; if use is unavoidable, careful titration is recommended, especially in two weeks following discontinuation of the inducer.
	• Concomitant use of hypnotics and drugs with sedating effects: additive effect may increase risk of falls. Sativex may interact with alcohol, affecting co-ordination, concentration and ability to respond quickly. Avoid alcohol consumption whilst taking Sativex, especially at the beginning of treatment or when changing dose; additive CNS effects may impair ability to drive or use machines and increase fall risk.
	• Sativex may reduce effectiveness of systemic hormonal contraceptives: use additional barrier methods.

Communication/Contact Details	**Named Specialist** Mon – Fri 09:00 – 17:00 ▪ 019102825403

This information is not inclusive of all prescribing information and potential adverse effects. Please refer to full prescribing data in the SPC or the BNF

Private and Confidential

Sativex - Shared Care Request/Confirmation

- Specialist Prescriber to complete first section of form and send to patient's GP.
- GP to complete second section of form and return to specialist prescriber within 28 days
- A copy of the full shared care guideline can be viewed at www.northoftyneapc.nhs.uk

Specialist Prescriber				
Department				
Hospital				
Telephone				
Patient details (use hospital label if preferred)				
Name				
Address				
Postcode				
NHS or Hosp reg no		**Male / Female**	**DoB**	

Treatment Requested for Prescribing in Accordance with an Approved Shared Care Arrangement					
Drug Information – Sativex					
Formulation		**Dose**		**Frequency**	
Indication – Spasticity in Multiple Sclerosis					
Other information (if appropriate)					
Signed (Specialist Prescriber)		**Name (Print)**		**Date**	

To be completed by GP	**Please tick one box**
I ACCEPT the proposed shared care arrangement for this patient	❑
I ACCEPT the proposed shared care arrangement with the caveats below	❑
I DO NOT ACCEPT the proposed shared care arrangement for this patient	❑
My caveats/reason(s) for not accepting include:	

Signed		**Name (print)**		**Date**	

N.B. Participation in this shared care arrangement implies that prescribing responsibility is shared between the specialist prescriber and the patient's GP