

# Prescribing Memo

## Nalmefene and Psychosocial Support

Date: 19<sup>th</sup> January 2015

Memo Ref: NalmP1

Nalmefene was recommended for use in “NICE Technology appraisal guidance 235: Nalmefene for reducing alcohol consumption in people with alcohol dependence”. See: <https://www.nice.org.uk/guidance/ta325>

This drug is only licensed for use in conjunction with continuous psychosocial support focused on treatment adherence and reducing alcohol consumption. **Do not prescribe unless the required associated level of regular support is also provided.\***

Currently there are no plans to prescribe outside of specialist services. The CCG is to work with Tees Valley Public Health Shared Services to formalise referral pathways for patients who have been assessed as being high risk drinkers. It is hoped a service will be in place from 1<sup>st</sup> April 2015.

**Nalmefene is recommended by NICE, within its marketing authorisation, as an option for reducing alcohol consumption, for people with alcohol dependence:**

- Who have a high drinking risk level (defined as alcohol consumption of more than 7.5 units (60 g) per day for men and more than 5 units (40g) per day for women, according to the World Health Organization's drinking risk levels) without physical withdrawal symptoms,

**and**

- Who do not require immediate detoxification.

**The marketing authorisation states that nalmefene should:**

- Only be prescribed in conjunction with continuous psychosocial support focused on treatment adherence and reducing alcohol consumption,

**and**

- Be initiated only in patients who continue to have a high drinking risk level 2 weeks after initial assessment.

\*Alcohol-use disorders -NICE clinical guideline 115 recommends that psychosocial intervention should typically consist of weekly sessions of 60 minute duration over a 12 week period. Current services available in England have difficulty providing this level of treatment. NICE therefore endorsed either brief/extended brief, intervention although the review group suggested a greater response may be seen with higher-intensity psychosocial intervention.

In the trials submitted to NICE the psychosocial support was in the form of a specific model called BRENDA. All sessions were provided by trained professionals and were delivered at weekly intervals for the first 2 weeks and then monthly. Sessions lasted for 15–30 minutes except for the first longer session, which was 30–40 minutes.