



**PAN MERSEY AREA PRESCRIBING COMMITTEE**  
**PRESCRIBING POLICY STATEMENT**  
REF: PS24 FINAL  
FIRST BOARD DATE: 28 JAN 2015  
LAST BOARD DATE: 28 SEP 2017



**Pan Mersey**  
Area Prescribing Committee

## NALMEFENE film coated tablets (Selincro<sup>®</sup> ▼)

**The Pan Mersey Area Prescribing Committee recommends the prescribing of NALMEFENE (Selincro<sup>®</sup> ▼) within its marketing authorisation, as an option for reducing alcohol consumption in adults with alcohol dependence, in line with NICE TA325**

\*REFER TO [PAN MERSEY FORMULARY](#) FOR RAG STATUS FOR EACH INDIVIDUAL CCG\*

[NICE TA325](#) (November 2014) recommends Nalmefene (Selincro<sup>®</sup> ▼) 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 60 g (7.5 units) per day for men and more than 40 g (5 units) per day for women, according to the World Health Organization's drinking risk levels [DRL]) without physical withdrawal symptoms and
- who do not require immediate detoxification.

The marketing authorisation also states:

- Nalmefene should only be prescribed in conjunction with continuous psychosocial support focused on treatment adherence and reducing alcohol consumption.
- Nalmefene should be initiated only in patients who continue to have a high DRL two weeks after initial assessment<sup>1</sup>.

Psychosocial interventions to be provided alongside nalmefene are brief interventions (which include identification and brief advice on alcohol which can be delivered by any healthcare professional and supported with information leaflets) and extended brief interventions which may be delivered by trained healthcare professionals or specialist services. Encouragement should be given to engage on community peer support networks and self help groups such as Alcoholics Anonymous and SMART Recovery.

Local alcohol treatment pathways differ and local commissioning arrangements will dictate how the drug is managed in practice.

Related NICE guidance on alcohol use disorders includes:

1. Alcohol-use disorders: diagnosis and management of physical complications ([Clinical Guideline 100](#), June 2010).
2. Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence ([Clinical Guideline 115](#), February 2011).
3. Alcohol-use disorders: prevention ([Public Health Guidance 24](#), June 2010).
4. Alcohol - problem drinking. ([Clinical Knowledge Summaries](#), July 2016)

**Note:** Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy. If appropriate an exceptional funding request will be required following the usual locally defined process.

## NALMEFENE film coated tablets (Selincro<sup>®</sup> ▼)

### EFFECTIVENESS

Nalmefene is an opioid receptor modulator, which exhibits antagonist activity at the mu and delta opioid receptors, and partial agonist activity at the kappa opioid receptors. The efficacy and safety of nalmefene as-needed versus placebo for alcohol reduction in adults with alcohol dependence (DSM-IV-TR) was studied in 3 randomised controlled trials: two identical 24 week efficacy studies, ESENSE1 (n=604) and ESENSE2 (n=718) and one 12 month safety and efficacy study, SENSE (n =675)<sup>2</sup>. Psychosocial support focusing on treatment adherence and reduction of alcohol consumption (BRENDA) was provided to all groups. NICE TA315 only considered the results of post hoc subgroup analyses of trial patients with a high or very high drinking risk level at baseline who maintained such a level at randomisation because these analyses formed the basis of the licensed population in the marketing authorisation for nalmefene. Results of the post hoc subgroup analyses showed greater reductions in the number of heavy drinking days (HDDs) and total alcohol consumption (TAC) in patients treated with nalmefene plus BRENDA, compared to placebo plus BRENDA. The treatment difference in the changes from baseline to 6 months in the number of HDDs was -3.7 days per month (95% CI -5.9 to -1.5, p=0.001) in ESENSE1, and -2.7 days per month (95% CI -5.0 to -0.3, p=0.025) in ESENSE2. The treatment difference in the changes from baseline to 6 months in TAC was -18.3g per day (95% CI -26.9 to -9.7, p<0.001) in ESENSE1, and -10.3g per day (95% CI -20.2 to -0.5, p=0.040) in ESENSE2. In the SENSE study, the treatment difference in the changes from baseline to 6 months in the number of HDDs was -2.6 days per month (95% CI -5.5 to 0.2, p=0.071) at 6 months, and -3.6 days per month (95% CI -6.5 to -0.7, p=0.016) at month 13. The difference in TAC at month 6 was -15.3g per day (95% CI -29.1 to -1.5, p=0.031) and at month 13 was -17.3g per day (95% CI -30.9 to -3.8, p=0.013). NICE concluded that nalmefene plus BRENDA reduces the number of HDDs and TAC compared with BRENDA alone, although the exact magnitude of effect was uncertain because of post hoc subgroup analyses in trials that were not powered for these analyses.

### COST

The cost of nalmefene is £3.03/tablet (£42.42 for a pack of 14 tablets, Drug Tariff, September 2017), with monthly drug costs up to £84.

NB: This cost excludes the cost of psychosocial support.

No other treatments are specifically licensed for reduction of alcohol consumption.

### SAFETY

#### Side effects

The most common adverse drug reactions (ADRs) in clinical trials were nausea, dizziness, insomnia, and headache. The majority of these reactions were mild or moderate, associated with treatment initiation, and of short duration<sup>1</sup>. Report any suspected adverse reactions via the Yellow Card Scheme at: [www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard).

#### Contraindications

Hypersensitivity to the active substance or excipients; **concurrent or recent use or misuse of opioids**; severe renal or hepatic impairment; acute opioid withdrawal or recent history of acute alcohol withdrawal syndrome (including hallucinations, seizures, and delirium tremens)

#### Cautions

- Not suitable for acute detoxification
- **Caution is necessary when using opioid-containing products (e.g. opioid analgesics, cough medicines); temporary discontinuation of the opioid or nalmefene may be required.**
- Caution in seizure disorders, including alcohol withdrawal seizures;
- Long-term concurrent use of potent inhibitors (e.g. diclofenac, fluconazole, etc.) or inducers (e.g. dexamethasone, phenobarbital, rifampicin, omeprazole) of the UGT2B7 enzyme may significantly alter the levels of nalmefene.

Limited data is available in patients aged <18 years and ≥65 years; pregnancy and lactation and people with unstable psychiatric disorders

For full details of adverse reactions, interactions, contraindications and cautions, refer to the [SPC](#)<sup>1</sup>.

### PATIENT FACTORS

- Use with caution in mild to moderate renal or hepatic impairment;
- People with galactose intolerance, Lapp lactase deficiency, or glucose-galactose malabsorption should not take nalmefene.
- May have minor to moderate influence on the ability to drive and use machines and patients should exercise caution particular when starting treatment with nalmefene

### PRESCRIBING INFORMATION

The licensed dose of nalmefene is a maximum of one tablet daily as needed, taken on each day the patient perceives a risk of drinking alcohol. The tablets should be swallowed whole and taken preferably 1 to 2 hours prior to drinking alcohol or as soon as possible if patient has started drinking. The recommended length of treatment is a maximum of 12 months as there is no clinical data for treatment periods longer than 1 year. Psychosocial interventions should be provided in line with local pathways. The patient's progress, response to treatment, adherence and the need for continued treatment should be assessed on a regular (e.g. monthly) basis. **Be aware of potentially significant interactions with opioids.** Refer to [SPC](#)<sup>1</sup> for full details.

### IMPLEMENTATION NOTES

Nalmefene in conjunction with psychosocial support may be appropriate for alcohol harm reduction in people with harmful drinking and mild dependence (AUDIT score 16+ or SADQ <15 or units/day <15)<sup>3</sup> whose treatment goal is to reduce consumption rather than to achieve abstinence. Eligible people may be identified, assessed and managed in a variety of healthcare settings. Local alcohol treatment pathways differ and local commissioning arrangements will dictate how the drug is managed in practice.

### REFERENCES

1. Lundbeck Limited. Summary of Product Characteristics. Selincro 18mg film-coated tablets: 13 July 2017. Accessed 15 September 2017 at: <http://www.medicines.org.uk/emc/medicine/27609>
2. National Institute for Health and Care Excellence. Nalmefene for reducing alcohol consumption in people with alcohol dependence. Technology Appraisal 325; Nov 2014. Accessed 15 September 2017 at: <https://www.nice.org.uk/guidance/ta325>
3. National Institute for Health and Care Excellence. Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence. Clinical Guideline 115; 2011. Accessed 15 September 2017 at <https://www.nice.org.uk/guidance/cg115>