

Acamprosate Prescribing Pathway for Hertfordshire patients under the care of Change Grow Live (CGL)

CGL actions:

- 1) Patient is abstinent from alcohol (i.e., no regular use and no alcohol use for the previous five days or more) and under the care of Change Grow Live (CGL)¹.
 - 2) CGL prescriber (doctor/Non-Medical Prescriber [NMP]) conducts acamprosate prescribing assessment (including patient history and detox regimes). Where blood tests are required (which may include FBC, LFTs and U&Es), these will be conducted before initiation (undertaken in conjunction with the GP Practice)*.
 - a) Patient to start CGL Relapse Prevention Programme (minimum duration 8 weeks), as advised/agreed with CGL (see box 1 for psychosocial interventions options used as part of the aftercare plan² depending on patient discussions and agreements).
 - b) Where clinically appropriate, CGL prescriber initiates acamprosate (one-month supply) and gives the patient the Hertfordshire acamprosate patient information leaflet (PIL). See [LINK](#)
- * Patients may be started on acamprosate by CGL specialists within a hospital setting. Where this happens, the initial supply of acamprosate will be made by the provider organisation, with continuation from CGL as per this pathway (i.e., further one month supply from CGL and then transfer of prescribing to GP).
- 3) CGL worker reviews the patient within 2 weeks of initiation and agrees with CGL prescriber if appropriate to continue (i.e., if patient remains abstinent).
 - a) Where appropriate to continue treatment, CGL will provide a summary of their assessment to the GP by email. The CGL summary will include the medical assessment; request for the GP to continue prescribing acamprosate; advise that acamprosate is to continue for a total 12-month period unless there is a need to stop earlier as below in point 6; the date from which the GP Practice needs to continue; details of the aftercare plan², and advice to discontinue acamprosate after the 12-month period.
 - b) CGL will also ask patient to refer to the Hertfordshire acamprosate PIL for information on the notice period required to obtain prescriptions from the GP; total duration of treatment to be supplied by GP and details of the ongoing reviews carried out by CGL.
 - c) No specific ongoing drug monitoring requirements relating to treatment with acamprosate are required and ongoing blood tests are not used routinely.
 - d) If not appropriate to discharge, the patient remains with CGL.

GP actions:

- 4) GP to take over prescribing from month 2 upon monthly patient requests (to be added to normal repeat prescribing with a stop date on the prescription i.e., from month 2 to month 12 – a total of 11 months [not to be put on repeat dispensing]). Patients will be asked to request an acamprosate prescription a week before their current supply is going to finish. If there are any concerns, GP can call CGL for advice on 0800 652 3169 (phones are open

¹ CGL (Change Grow Live/Spectrum is the provider of drug and alcohol services across Hertfordshire)

² Aftercare plan – This is an individual plan developed by the patient and CGL during their preparation to become abstinent from alcohol. This plan is an agreement as to what the patient will do to continue to work on their recovery, which could include attending fellowship meetings, activities, appointments, etc. It is the patient's responsibility to attend.

9am to 5pm Saturday and Monday, 9am to 7pm Tuesday to Thursday) or email Herts@cgl.org.uk.

CGL action:

5) CGL worker to enquire whether the patient is complying to the aftercare plan and to check abstinence. This should be monthly for the first 6 months and then at an interval agreed with the patient. CGL to provide an update to the GP Practice every three months by email to confirm engagement in follow-up sessions and that continued prescribing of acamprosate indicated. If there is any reason acamprosate should be stopped before the 12 months, CGL worker to inform the GP Practice and patient. The GP should stop prescribing acamprosate.

GP action:

6) After 12 months of acamprosate, GP stops prescribing. If patient requests continuation, patient to self-refer or GP Practice to refer to CGL (with patient consent).

GP/CGL action if patient requests to stop acamprosate during the 12-month course

If patient requests to GP to stop prescription before month 12, treatment can be stopped, but the GP should advise the patient to let their CGL worker know (to discuss the reason for stopping).

If patient advises the CGL worker of their request to stop before month 12, CGL worker to establish the reason for the request and advise patient accordingly. Where necessary, the CGL worker should inform the GP Practice to stop repeat prescriptions.

GP action if patient asks to start a new course of acamprosate or restart previously incomplete course

New course of acamprosate should not be initiated or treatment re-started without input from/referral to CGL.

Box 1

Service user attends agreed psychosocial interventions including:

- CGL Relapse Prevention Programme weekly (to be completed prior to discharge to primary care)
- CGL SMART Group
- Fellowship Meetings
- Building Better Opportunities
- MIND
- Breaking Free Online
- Other aftercare activities agreed in aftercare plan

Version	V1.0
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