



Humber Area Prescribing Committee

SHARED CARE FRAMEWORK for Verapamil

HUMBER AREA PRESCRIBING COMMITTEE

DATE APPROVED BY APC: 5/6/24

REVIEW DATE: JUNE 2027

<i>PATIENT NAME</i>	<i>NHS NUMBER</i>	<i>DATE OF BIRTH</i>
<i>ADDRESS</i>		
<i>GP'S NAME</i>		
<p>We agree to treat this patient within this Prescribing Framework</p> <p>Specialist Prescriber's Name..... Date:.....</p> <p>Specialist Prescriber's Signature.....</p> <p>Professional register name and registration number</p> <p>Consultant's name (if working under direction of Consultant)</p> <p>Speciality/Department:.....</p> <p>Primary care prescriber's name: Date:.....</p> <p>Primary care prescriber's Signature</p> <p>Professional register name and registration number:.....</p>		

If the Primary Care Prescriber is unable to accept prescribing responsibility for the above patient the Specialist Prescriber should be informed within two weeks of receipt of this framework and Specialist Prescriber letter. In such cases the Primary care Prescriber are requested to update the Specialist Prescriber, by letter, of any relevant changes in the patient's medication / medical condition.



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Responsibilities of clinicians involved:

Responsibilities of hospital specialist

- Select patients appropriate for treatment
- Inform patients of risks and benefits of treatment and supply arrangements
- Provide patient with information and leaflet detailed in section 12
- Perform baseline monitoring as detailed section 8
- Prescribe and assess patient’s response until dose stabilised
- Contact the GP to invite shared care for the patient and provide information on treatment
- Assess clinical response and inform GP of any changes to treatment
- Provide adequate advice and support of the GP

Responsibilities of Primary Care clinicians

- Prescribe treatment once stabilised.
- Monitor patient for efficacy and adverse effects.
- Refer to specialist where appropriate

Shared Care Framework for verapamil for cluster headache

1. Introduction:	Cluster headache is a type of headache causing patients intense pain and incapacity. In episodic cluster headache, bouts of headache are, typically, experienced daily over 6 -12 weeks, once or twice a year. Prophylactic drugs are the mainstay of treatment and verapamil is recommended as first line prophylaxis for cluster headache.	
2. Indication:	Cluster headache	
3. Licensing Information	This is an unlicensed indication but is recommended by NICE CG 150	
4. Pharmaceutical Information	Route	Oral
	Formulation	Immediate release tablets and modified release tablets
	Administration details	Modified release tablets should be swallowed whole. Patients should be maintained on same brand.
	Additional information	For some patient’s treatment may be withdrawn gradually following 14 symptom-free days. In others, treatment may be required long term.
5. Supporting evidence	Recommendations Headaches in over 12s: diagnosis and management Guidance NICE	
6. Initiation on ongoing dosage regimen	Initial dose 80mg tds Increasing by 80mg every 2 weeks. Doses of up to 960mg daily in divided doses may be required.	



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	<p>Lower doses may be required in hepatic impairment.</p> <p>Modified release preparations are used for doses above 80mg tds</p>	
7. Contraindications and Warnings:	<p>Due to negative inotropic effect, verapamil is contraindicated (or should be used with caution) in patients with any form of reduced cardiac output, heart failure or conduction disorders. See BNF/SPC for further details.</p> <p>Verapamil is contraindicated in pregnancy.</p>	
8. Baseline investigations, initial monitoring and ongoing monitoring to be undertaken by specialist	<ul style="list-style-type: none"> • Baseline ECG, BP and heart rate • Subsequent ECGs prior to increasing dose • ECG 6 monthly (if not available in primary care). 	
9. Ongoing monitoring requirements to be undertaken by primary care	Monitoring	Frequency
	Efficacy and adverse effects	Annually
	ECG (if locally available)	6 monthly
10. Interactions	The following drugs are known or suspected interactions and the GP may wish to discuss with the initiating specialist before commencing:	
	Interacting Drug	Advice
	Beta-blockers	Contraindicated – increased risk of heart block
	Non-rate limiting calcium channel blockers e.g. amlodipine, felodipine, nifedipine	Verapamil is predicted to increase exposure to non-rate limiting calcium blockers, monitor effect and adjust dose.
	ACE inhibitors and Angiotensin 2 receptor antagonist	Increased risk of hypotension, monitor effect and adjust dose.
	Amiodarone	Avoid combination
	DOACs	Dabigatran – adjust dose as per manufacturers recommendations



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	Macrolide antibiotics	Clarithromycin is predicated to increase the exposure to verapamil. Avoid combination
	Colchicine	Verapamil is predicated to increase the exposure to colchicine. Reduce colchicine dose.
	Digoxin	Verapamil increases the concentration of digoxin, monitor digoxin levels and pulse rate and adjust dose as necessary
	Antiepileptics (enzyme inducing)	Verapamil can increase levels of enzyme inducing antiepileptics – consider monitoring levels of carbamazepine or phenytoin Also may reduce exposure to verapamil – monitor response
	Ciclosporin	Verapamil increases ciclosporin concentrations. Discuss with specialist team before starting verapamil in patient on ciclosporin as levels will need monitoring
	Simvastatin	Verapamil increases simvastatin levels. Maximum dose of simvastatin 20mg daily is recommended. Monitor concurrent use and advise patients to report any unexplained muscle pain, tenderness or weakness. Or consider rosuvastatin instead.
	Theophylline	Verapamil causes slight reduction in clearance of theophylline. If showing signs of theophylline adverse effects monitor theophylline levels.
	St John's Wort	Reduces verapamil levels; do not use concurrently.
	Other interacting agents: <i>If immunosuppressant include vaccines info here</i> For full list see SPC at www.medicines.org.uk/emc and BNF	
11. Adverse effects and management	Adverse effects	Action for GP
	Constipation	Treat constipation as per standard treatment pathway
	Flushing	Usually self limiting
	Gingival hyperplasia	Advise dental review
	Hypotension, heart failure, bradycardia, heart block and asystole	More likely at high doses – see monitoring
12. Advice to patients and carers The specialist will counsel the patient with regard to the benefits and risks of treatment and will provide the patient with any relevant information and advice, including patient information leaflets on individual medicines.	<p>The patient should be advised to report any of the following signs or symptoms to their GP without delay:</p> <p>Feeling lightheaded, dizzy or collapsing.</p>	



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	<p>Patients should be provided with BASH verapamil leaflet or trust approved equivalent leaflet https://www.headache.org.uk/images/leaflets/BASH-vrp.pdf</p>
<p>13. Preconception, Pregnancy, paternal exposure and breast feeding</p> <p>It is the responsibility of the specialist to provide advice on the need for contraception to male and female patients on initiation and at each review but the ongoing responsibility for providing this advice rests with both the GP and the specialist.</p>	<p>Preconception Patients of childbearing potential should be advised to take adequate contraceptive precautions.</p> <p>Pregnancy: Verapamil is not normally recommended for cluster headache during pregnancy. It may be used when prophylaxis is needed in pregnant patients however should be avoided in the 3rd trimester if possible.</p> <p>Breastfeeding: Verapamil and norverapamil are present in breast milk; depending on dose, this could be very small amounts. There is limited data on breast feeding while on verapamil for cluster headache prophylaxis. In published case reports on breast feeding on verapamil the plasma levels were negligible or undetectable and no side effects have been reported in breastfed infants. However; doses in hypertension are often lower than doses in cluster headache.</p> <p>Paternal Exposure</p> <p>There is no specific information regarding paternal exposure to verapamil.</p>
<p>14. Specialist contact information</p>	<p>Name: <i>As per clinic letter</i> Role and specialty: <i>Consultant Neurologist</i> Daytime telephone number: <i>As per clinic letter</i> Email address: <i>As per clinic letter</i> Alternative contact: Specialist pharmacist- <i>Priscilla Kanyoka</i> (Priscilla.kanyoka1@nhs.net) Headache specialist nurses – lisa.wilson39@nhs.net and helen.delrosario@nhs.net Out of hours contact details: <i>Consultant Neurologist on call via switchboard (01482 875875)</i></p>
<p>15. Local arrangements for referral</p> <p>Define the referral procedure from hospital to primary care prescriber & route of return should the patient's condition change.</p>	<p>For urgent enquiries contact on call neurologist via switchboard. Advice and guidance can be sought via A&G portal for non-urgent enquiries. Or contact the consultant neurologist as per clinic letter.</p>
<p>16. To be read in conjunction with the following documents</p>	<ul style="list-style-type: none"> Shared Care for Medicines Guidance – A Standard Approach (RMOC). Available from https://www.sps.nhs.uk/articles/rmoc-shared-care-guidance/



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	<ul style="list-style-type: none"> NHSE guidance – Responsibility for prescribing between primary & secondary/tertiary care. Available from https://www.england.nhs.uk/publication/responsibility-for-prescribing-between-primary-and-secondary-tertiary-care/ General Medical Council. Good practice in prescribing and managing medicines and devices. Shared care. Available from https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-practice-in-prescribing-and-managing-medicines-and-devices/shared-care NICE NG197: Shared decision making. Last updated June 2021. https://www.nice.org.uk/guidance/ng197/.
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Document and version control	This information is not inclusive of all prescribing information and potential adverse effects. Please refer to the SPC (data sheet) or BNF for further prescribing information.		
	Date approved by Guidelines and SCF Group:	15/05/2024	
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Version number	Author	Job title	Revision description:
1	Jane Morgan	Principal Pharmacist	Adapted from HERPC SCF