

Rationale for Initiation, Continuation and Discontinuation (RICaD)

**Meritene® shake** (Nestlé Health Science)

Indication: Hepato-biliary-pancreatic patients attending the University Hospitals Birmingham NHS Foundation Trust (UHB NHS FT)

This document supports the use and transfer of an agent which is classified as **AMBER**. It is intended for completion by specialists in order to give Primary Care prescribers a clear indication of the reason for recommending an **AMBER** medication together with suggested criteria for its subsequent continuation or discontinuation. This RICaD should be provided as a supplement to the specialist's clinical letter.

**To be completed by the Specialist or Senior Dietitian involved in the patient's care dietetic and clinical treatment**

Patient details		GP details		Specialist details	
Name		GP Name	Dr	Specialist Name	
NHS Number		GP address		I confirm that this patient is eligible to receive Meritene® shake (Nestlé Health Science) under the restrictions listed below	
DOB				Signature	
Patient address				Date	
				Contact details	

**Rationale for Choice**

Relevant Diagnosis:	<ul style="list-style-type: none"> <li>• Diagnosis as per medical Consultant in the multi-professional clinical team.</li> </ul>
Agreed Indication(s) for inclusion in the BSSE APC Formulary:	<ul style="list-style-type: none"> <li>• Hepato-biliary-pancreatic patients e.g.</li> <li>• Biliary/Bile acid malabsorption</li> <li>• Obstructive/Cholestatic jaundice</li> <li>• Fat malabsorption</li> <li>• Liver transplantation</li> <li>• Pancreatic exocrine insufficiency</li> </ul>
Pre-treatment test results (hospital, as clinically indicated)	<ul style="list-style-type: none"> <li>• Blood bilirubin/albumin/magnesium/potassium/phosphate/ammonia/liver function tests</li> <li>• Abdominal x-ray for ascites</li> <li>• Computerised tomography or endoscopic ultrasound for the presence of dilated pancreatic ducts</li> <li>• Pancreatic faecal elastase (as clinically appropriate)</li> </ul>

**Guidance on initiation**

Initiation dose:	One 30 gram sachet of Meritene® powder made up with 200ml of semi-skimmed milk two - four times daily or on average three times daily.
Additional info:	<p>This is the only low fat, high protein, moderate calorie nutritional supplement for the clinical treatment of these patients.</p> <p>Specific patient group:</p>

**Birmingham, Sandwell, Solihull and environs Area Prescribing Committee (BSSE APC)**

Meritene® shake (Nestlé Health Science) RICaD Author: Ruth S. Chinuck, UHB NHS FT

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	<ul style="list-style-type: none"> <li>• Hepato-biliary- pancreatic patients who require a low fat, high protein and calorie nutritional supplement with high acceptability and palatability.</li> <li>• Inpatients and outpatients under the care of the specialist hepato-biliary-pancreatic Dietitians working with the multi-professional team at the Universi.</li> <li>• Adult patients who attend the national hepato-biliary and pancreatic unit at the QEH.</li> </ul> <p>Caution/contraindications:</p> <ul style="list-style-type: none"> <li>• High phosphate and potassium levels</li> <li>• Renal impairment or disease</li> <li>• Not under the care of a specialist Dietitian as part of the multi-disciplinary, hepato-biliary-pancreatic team</li> </ul>
Monitoring:	<ul style="list-style-type: none"> <li>• For a period of approximately 6-24 months or throughout the patient's clinical care pathway, with outpatient dietetic follow-up as part of the multi-professional. This will include: <ul style="list-style-type: none"> <li>- nutritional status and dietetic assessment e.g. assessment of energy and protein intake versus energy and protein requirements, dry body weight, mid arm muscle circumference, hand grip measures, blood bilirubin/albumin/magnesium/potassium/phosphate and liver function tests</li> </ul> </li> <li>• Abdominal x-ray for ascites</li> <li>• Frequency of paracentesis</li> </ul>

## Suggested Criteria for Continuation or Discontinuation

<b>Assessment of Efficacy</b>										
Frequency	<ul style="list-style-type: none"> <li>As per routine outpatient follow-up by the specialist hepato-biliary-pancreatic Dietitians at UHB NHS FT</li> </ul>									
Location	<ul style="list-style-type: none"> <li>Outpatients clinic/GP practice</li> </ul>									
Method (what tests are required)	<ul style="list-style-type: none"> <li>The following hospital tests/measures will be monitored as clinically indicated:               <ul style="list-style-type: none"> <li>-nutritional status and dietetic assessment e.g. assessment of energy and protein intake versus energy and protein requirements, dry body weight, mid arm muscle circumference, hand grip measures, blood bilirubin/albumin/magnesium/potassium/phosphate and liver function tests</li> </ul> </li> <li>Abdominal x-ray for ascites</li> <li>Frequency of paracentesis</li> </ul>									
Continuation Criteria	<ul style="list-style-type: none"> <li>Suspension (pending nutritional improvement) and active transplant listing.</li> <li>Ongoing biliary/bile acid malabsorption</li> <li>Ongoing Obstructive/cholestatic jaundice</li> <li>Ongoing fat malabsorption</li> <li>Suboptimal nutritional status as indicated by serial measures of dry body weight, anthropometry, hand grip, albumin, bilirubin and dietary assessment for energy and protein intake, versus nutritional requirements</li> <li>Pre and post hepato-biliary- pancreatic surgery to optimize, recovery, rehabilitation and wound healing.</li> <li>Ongoing sarcopenia, frailty and malnutrition associated with hepato-biliary-pancreatic disease e.g. decompensated liver cirrhosis</li> <li>Patient adherence</li> </ul>									
Discontinuation Criteria	<ul style="list-style-type: none"> <li>Post hepato-biliary-pancreatic surgery e.g. liver transplant with proven nutritional optimisation. For example, serial increase in dry body weight and/or body mass index with associated increase in tricep skin fold measures and energy /protein intake; indicative of gains in fat mass.</li> <li>Reversal of sarcopenia, frailty or malnutrition associated with hepato-biliary-pancreatic diseases</li> <li>Patient non- adherence</li> <li>Discharged from the hepato-biliary-pancreatic service</li> </ul>									
Follow up action	<ul style="list-style-type: none"> <li>Cease Meritene® shake</li> <li>Amend the daily dosage of Meritene® shake</li> <li>Continue Meritene® shake</li> <li>Update the GP and patient with a supporting clinical letter(s)</li> </ul>									
Shared Care Read Code	<p>In the patients notes, using the appropriate Read Code listed below, denote that the patient is receiving treatment under a shared care agreement/ RICaD</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">GP Prescribing System</th> <th style="text-align: center;">Read Code</th> <th style="text-align: center;">Description</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">EMIS and Vision</td> <td style="text-align: center;">8BM5.00</td> <td style="text-align: center;">Shared care prescribing</td> </tr> <tr> <td style="text-align: center;">SystemOne</td> <td style="text-align: center;">XaB58</td> <td style="text-align: center;">Shared care</td> </tr> </tbody> </table>	GP Prescribing System	Read Code	Description	EMIS and Vision	8BM5.00	Shared care prescribing	SystemOne	XaB58	Shared care
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**Appendix: Important information from the Summary of Product Characteristics (SPC)**

<p>Agreed Indication(s) for inclusion in the BSSE APC Formulary:</p>	<p><u>Clinical indications</u></p> <ul style="list-style-type: none"> <li>-Biliary/Bile acid malabsorption</li> <li>-Obstructive/Cholestatic jaundice</li> <li>-Fat malabsorption</li> <li>-Pancreatic exocrine insufficiency</li> <li>-Liver transplantation</li> </ul> <p><u>Patient groups</u></p> <ul style="list-style-type: none"> <li>-Hepato-biliary- pancreatic patients who require a low fat, high protein, moderate calorie nutritional supplement which has high acceptability, convenience, adherence and palatability.</li> <li>-Inpatients and outpatients under the specialist hepato-biliary-pancreatic Dietitians at UHB NHS FT working with the multi-professional team</li> <li>- Adult patients attending the liver and pancreatic units at UHB NHS FT</li> </ul>
<p>Special precautions</p>	<p>Please refer to manufacturer’s product information</p>
<p>Drug Interactions</p>	<p>Please refer to manufacturer’s product information</p>

**Please note the information included in this document is correct at the time of writing. The manufacturer’s Summary of Product Characteristics (SPC) and the most current edition of the British National Formulary should be consulted for up to date and more detailed prescribing information.**