FULL SHARED CARE AGREEMENT FOR

Pramipexole and Rotigotine

in the treatment of

Parkinson’s Disease, Restless Legs Syndrome, Periodic Limb Movement Disorder (PLMD) and Periodic Limb Movement during Sleep (PLMS)

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On behalf of:
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- Leicester City Clinical Commissioning Group
- West Leicestershire Clinical Commissioning Group
- University Hospitals of Leicester NHS Trust
- Leicestershire Partnership NHS Trust

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Full Shared Care Agreement for the prescribing of pramipexole and rotigotine in the treatment of Parkinson’s Disease, Restless Legs Syndrome (RLS), Periodic Limb Movement Disorder (PLMD) and Periodic Limb Movement during Sleep (PLMS)

Introduction and purpose

This shared care agreement has been produced following classification of pramipexole and rotigotine in the Leicestershire drug traffic light scheme. See website at www.lmsg.nhs.uk

Shared care has been defined as the mechanism of sharing patient care between primary and secondary care providers. This document sets out these responsibilities from initial diagnosis to on going support.

Disease Background

Parkinson’s disease is a progressive neurodegenerative condition resulting from the death of the dopamine containing cells of the substantia nigra. The diagnosis is mainly clinical, based on history and examination. It is not possible to identify a universal first choice drug therapy for either early Parkinson’s disease or for adjuvant drug therapy for later Parkinson’s disease. Drug treatment choice takes into account clinical and lifestyle preferences, and patient preference following discussion.

Restless legs syndrome (RLS) is a neurological disorder characterized by unpleasant sensations in the legs and an uncontrollable urge to move when at rest in an effort to relieve these feelings. RLS sensations are often described by people as burning, creeping, tugging, or like insects crawling inside the legs. The prevalence across the UK is 3-15% of the population and it can occur in both genders but there may be a slightly higher incidence in females. It can occur at any age, but the severity of the disease increases with age. For each individual the severity of the sensations can vary from uncomfortable to irritating to painful and these sensations are often called paraesthesia (abnormal sensation) or dysaesthesia (unpleasant abnormal sensation).

A diagnosis of Restless legs Syndrome can be made, according to the RLS: UK, if the patient fulfils each of the following criteria
- urge to move legs; may be associated with abnormal sensations
- symptoms occur at rest or during periods of inactivity
- partially or completely relieved by moving the limb
- nocturnal worsening or occurrence of symptoms at night

Lying down or trying to relax can activate the symptoms and so sufferers, as a result, have difficulty falling asleep or staying asleep. Untreated the condition can lead to daytime exhaustion for the patient and activities of daily living; personal relationships can be severely affected.

Drug covered by the agreement

Pramipexole and rotigotine are centrally acting dopamine agonists, which have a licence for the treatment of Parkinson’s Disease and the symptomatic treatment of moderate to severe idiopathic Restless Legs Syndrome.
Secondary Care Clinician Responsibilities

- Diagnosis based on a timely and comprehensive assessment
- Exclude patients with a history of retinal disease from treatment. In all others suggest that an optometrist assessment, including visual field testing, should be obtained as soon as possible on starting the agent followed by annual review (or sooner if visual symptoms occur) and inform the GP.
- Initiation of treatment.
- Provision of advice to patient and GP on titration schedule to the optimum level for control of symptoms. Respond to any queries and provide advice during the titration period to ensure that the patient is stable.
- Liaison with the general practitioner (GP) to share the patient’s care using the Shared Care Request Form
- Propose an annual review by a Consultant Sleep Specialist or Consultant Neurologist, after GP has taken over the prescribing, to monitor progress.
- If appropriate outlining to GP when therapy may be reduced and stopped assuming no relapse in patient’s condition.
- Evaluating any concerns arising from treatment, including adverse drug reactions, drug interactions.
- Advising GP on related issues such as use in women considering pregnancy.

GP Responsibilities

- Monitoring the patient’s overall health and well being
- Observing patient for evidence of ADRs/abnormalities and raising with secondary care clinician if necessary.
- Prescription of drug after initiation by secondary care
- Review after three months, to evaluate the patient’s response to the treatment and ensure a stable dose has been achieved and proven benefit has been established. Refer back or liaise with secondary care specialist if necessary.
- Ensuring a baseline and annual optometric check has been undertaken and referring patient to specialist if any visual abnormalities become apparent.
- Ensuring advice is sought from the secondary care clinician if there is any significant change in the patient’s physical health status.
- Reducing/stopping treatment in line with secondary care clinician’s original request

Contact for support and advice

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Consultant Neurologist:  
Dr Peter Critchley  
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Supporting Information

Summary of Product Characteristics (SPC):
Mirapexin® (pramipexole); Boehringer Ingelheim Limited.
Neupro® (rotigotine); UCB Pharma Limited.
Adartrel® (ropinirole); GlaxoSmithKline UK.
Reference to SCA form added June 2011
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