SHARED CARE AGREEMENT FOR APOMORPHINE in the treatment of PARKINSON’S DISEASE

Sharing of care assumes communication between the specialist, GP and patient, and other members of the care team including specialist nurses and pharmacists. The intention to share care will be explained to the patient by the specialist initiating treatment. It is important that patients are consulted about treatment and are in agreement with it.

If a GP is invited by the specialist to participate in a shared care arrangement, the GP should reply to this request within 10 working days. If the GP is not confident to undertake these roles, then he or she is under no obligation to do so. In such an event, the total clinical responsibility for the patient for the diagnosed condition remains with the specialist.

The doctor who prescribes the medication legally assumes clinical responsibility for the drug and the consequences of its use.

Disease background
Parkinson’s disease is a chronic, progressive neurodegenerative disorder caused by the loss of dopaminergic neurones in the substantia nigra. The resultant dopamine deficiency leads to a recognised set of classical motor features, but also a number of important non-motor features causing disruption to autonomic function, cognition, emotion and behaviour.

Drugs covered by the agreement and therapeutic class
Apomorphine is a direct stimulant of dopamine receptors, but has no opiate or addictive properties.

Indications
Treatment of disabling motor fluctuations (“on-off” phenomena) in patients with Parkinson's disease which persist despite individually titrated treatment with levodopa (with a peripheral decarboxylase inhibitor) and/or other dopamine agonists.

Dose, route of administration and duration of treatment
Apomorphine is initially given by subcutaneous injection. Maximum single dose is 10mg, and maximum total daily dose is 100mg. It is administered at the onset of an “off” period and has a rapid onset of effect (4-12 minutes) and duration of action of about 1 hour. The rapid onset of action is an advantage when patients are experiencing frequent or severe “off” periods that are not controlled by levodopa or other dopamine agonists. Where overall control remains unsatisfactory, or for patients who require frequent injections e.g. more than 6 per day, continuous subcutaneous infusion via a pump device may be considered.

Adverse effects
Further information about adverse effects can be found in the BNF or SPC

Cautions and contraindications
Further information about cautions and contraindications can be found in the BNF or SPC

Interactions
It is important as with all drugs that prescriber’s check relevant information for interactions such as the BNF and SPC and also the prescribing system where available.
Specialist responsibilities

1. Diagnosis of condition and ensuring other treatment options have been fully explored.
2. Prescribe domperidone 10mg tds for 2 to 3 days prior to apomorphine initiation and 10mg tds when required after initiation (maximum duration of 2 weeks).
3. Initiation of treatment, titration of dose to the optimum level and re-establishment of any other medicines for Parkinson's disease. Specialist nurse to provide training for patient and/or carer on administration and liaise with the community nursing team as appropriate. Respond to any queries and provide advice during the titration period to ensure that the patient reaches a stable dose.
4. Monitoring for response and adverse drug reactions (ADRs) during titration period.
5. Liaison with the general practitioner (GP) to share the patient’s care when a stable dose has been achieved and proven benefit has been established using the Shared Care Request Form. Shared care should not be assumed until a written agreement has been received from the GP.
6. Perform baseline BP, FBC, LFTs and a Coombs test.
7. Continue to review patient at least six monthly (check FBC, Coombs test and blood pressure at appointment), sending a written summary to the GP.
8. Responding to issues raised by GP after prescribing responsibility has been transferred.
9. Advising GP on related issues such as drug interactions etc.

GP responsibilities

1. Confirm or decline request to share patient’s care within 10 working days, using the shared care request form.
2. Raise any evidence of ADRs/abnormalities with secondary care clinician if necessary.
3. Prescription of apomorphine, needles and sharps bin after achievement of a stable dose regime by secondary care.
4. Comply with terms of the Community Based Service and any national advice on apomorphine.
5. Ensuring advice is sought from the secondary care clinician if there is any significant change in the patient’s physical health status, or significant deviation from the patient’s usual dosing regimen
6. Reducing/stopping treatment in line with secondary care clinician’s request.

Community pharmacist responsibilities

NB Apomorphine is prescribable on FP10 but is not available from local wholesalers, only direct from the manufacturers: Britannia Pharmaceuticals, 200 Longwater Avenue, Reading, Berkshire, RG2 6GP.
Orderline: 0844 8801326; e-mail: customerservices@britannia-pharm.com

1. Check patient is receiving the medicine as prescribed
2. Check the patient is attending for monitoring as outlined above
3. Report any side effects to the GP

Patient responsibilities

1. Do not miss any blood tests or other appointments without first consulting the GP or specialist.
2. Report any adverse effects or warning symptoms to the GP or specialist.
Further advice and support - this information is not inclusive of all prescribing information

Summary of product characteristics via electronic Medicines Compendium (eMC)

British National Formulary via https://www.medicinescomplete.com/mc/bnf/current/

Parkinson’s disease specialist nurses 0116 258 4795

Trent Medicines Information Centre, Victoria Building, Leicester Royal Infirmary, LE1 5WW
Tel: 0116 258 6491 Fax: 0116 258 5680
e-mail: medicines.info@uhl-tr.nhs.uk

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