Dorset Medicines Advisory Group

SHARED CARE GUIDELINES FOR PRESCRIBING DOPAMINE AGONISTS IN PARKINSON'S DISEASE

INDICATION

NICE NG71 states:

- Offer levodopa to people in the early stages of Parkinson's disease whose motor symptoms impact on their quality of life.
- Consider a choice of dopamine agonists, levodopa or monoamine oxidase B (MAO B) inhibitors for people in the early stages of Parkinson's disease whose motor symptoms do not impact on their quality of life.
- Do not offer ergot-derived dopamine agonists as first-line treatment for Parkinson's disease

AREAS OF RESPONSIBILITY FOR SHARED CARE

This shared care agreement outlines ways in which the responsibilities for managing the prescribing of a dopamine agonist can be shared between the specialist and general practitioner (GP). GPs are invited to participate. 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. If a specialist asks the GP to prescribe this drug, the GP should reply to this request as soon as practicable.

Sharing of care assumes communication between the specialist, GP and patient. The intention to share care is usually explained to the patient by the doctor initiating treatment. It is important that patients are consulted about treatment and are in agreement with it.

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

REFERRAL AND INITIATION

The diagnosis of Parkinson's disease will be undertaken by a consultant and their team. Pharmacological measures should not be initiated prior to specialist referral. In some cases, it may not be appropriate to initiate therapy with a dopamine agonist when the patient is seen by the specialist team. It may therefore be necessary for GPs to initiate therapy where a delay in initiation is required

Choice:

- **First-line** choices are the non-ergoline agonists Ropinirole or Pramipexole (standard release).
- Ropinirole and pramipexole are available in once daily oral formulation which provide improved night time cover. If this is required initial choice of agent should include consideration of the cost-effectiveness. Slow release formulations are considerably more expensive than standard release.
- Rotigotine is an expensive option available in a patch formulation which may be used for those patients who cannot tolerate the first-line oral agents.
- If side effects occur with one agonist it is worth trying another.
- If an agonist is tolerated in full dosage but without sufficient efficacy it is unlikely that an alternative agonist will be of more benefit.

When starting treatment for people with Parkinson's disease, give people and their family members and carers (as appropriate) oral and written information about the following risks, and record that the discussion has taken place:

- Impulse control disorders with all dopaminergic therapy (and the increased risk with dopamine agonists, available at (https://www.parkinsons.org.uk/information-and-support/impulsive-and-compulsive-behaviour)
- Excessive sleepiness and sudden onset of sleep with dopamine agonists.

- Psychotic symptoms (hallucinations and delusions) with all Parkinson's disease treatments (and the higher risk with dopamine agonists).

Monitoring and information form available from https://s3-eu-west-1.amazonaws.com/puk-live-1-d8-ie/2017-03/compulsive%20behaviour%20information%20tool.pdf or the Dorset formulary for counselling on risks of impulsive and compulsive behaviour.

Note: The ergot-derived dopamine agonists, bromocriptine, cabergoline, and pergolide are associated with pulmonary, retroperitoneal and pericardial fibrotic reactions hence they are no longer recommended for routine use for patients with Parkinson's disease

Specialist Responsibilities	
1	To assess the patient and establish the diagnosis, determine a management strategy and ensure appropriate follow-up in conjunction with the GP.
2	Where appropriate: ○ to initiate and stabilise treatment; ○ obtain consent from the patient's GP to continue prescribing once treatment has been stabilised (usually after 4 weeks) or if a delay in initiation is required to obtain their consent to start treatment when indicated, ○ monitor the patient and their therapy at six monthly intervals.
3	To provide the GP with appropriate prescribing information and any additional information requested.
4	To be available for advice if the patient's condition changes.
5	To ensure that procedures are in place for the rapid re-referral of the patient by the GP.
6	To ensure the patient has given informed consent to their treatment.
7	To liase with the GP on any suggested changes in prescribed therapy.

General Practitioner Responsibilities	
1	Initially, to refer the patient for specialist advice.
2	Where appropriate to continue to prescribe a dopamine agonist as part of a shared care arrangement (usually after 4 weeks). If a decision has been made to delay initiation GPs may initiate therapy in accordance with the specialist's instructions.
3	To deal with general health issues of the patient.
4	Monitor concordance with therapy

Patient's role (or that of carer)	
1	Report to the specialist or GP if he or she does not have a clear understanding of the treatment.
2	Attend appropriate GP and other follow up appointments
3	Share any concerns in relation to treatment with the dopamine agonist
4	Use written and other information on the medication.
5	Seek help urgently if suspect side effects, or otherwise unwell.

SUPPORTING INFORMATION

The following drugs are included on the local formulary:

- Pramipexole
- Ropinirole
- Rotigotine

The manufacturers of each drug's summary of product characteristics (SPC) and the most current edition of the British National Formulary should be consulted for full information on contra-indications, warnings, side-effects and drug interactions.

NHS Electronic Drug Tariff Prices March 2018

Ropinirole Tablets

Strength	250mcg	500mcg	1mg	2mg	5mg	2mg M/R	3mg M/R	4mg M/R	6mg M/R	8mg M/R
Quantity	12	28	84	28	84	28	28	28	28	28
Cost (£)	2.77	7.61	56.71	17.22	165.00	12.54	8.46	25.09	15.32	42.11

Pramipexole Tablets

Strength	88mcg	180mcg	350mcg	700mcg	260mcg M/R	520mcg M/R	1.05mg M/R	1.57mg M/R	2.1mg M/R	2.62mg M/R	3.15mg M/R
Quantity	30	30	30	30	30	30	30	30	30	30	30
Cost (£)	8.34	1.66	2.45	2.45	202.36	64.98	129.96	202.36	259.91	337.27	389.87

Rotigotine Transdermal Patches

Strength	2mg/24hours	4mg/24hours	6mg/24hours	8mg/24hours
Quantity	28	28	28	28
Cost	81.10	123.60	149.93	149.93

References

1. Pharmacological management of Parkinson's disease. Updated by Dorset Medicines Advisory Group March 2018
2. Nice NG 71 Parkinson's disease in adults
3. BNF 74 September 2017-March 2018

Written By	Parkinson's Disease Working Group	May 2010
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