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

Patients should be at the centre of any shared care arrangements. Individual patient information and a record of their preferences should accompany shared care prescribing guidelines, where appropriate.

Transfer of clinical responsibility to primary care should only be considered where the person's clinical condition is stable or predictable (see referral and initiation below).

Referral to the GP should only take place once the GP has agreed to this in each individual case, and the hospital or specialist will continue to provide prescriptions until a successful transfer of responsibilities. The GP should confirm the agreement and acceptance of the shared care prescribing arrangement and that supply arrangements have been finalised. The secondary/tertiary provider must supply an adequate amount of the medication to cover the transition period. The patient should then be informed to obtain further prescriptions from the GP.

When clinical responsibility for prescribing is transferred to general practice, it is important that the GP, or other primary care prescriber, is confident to prescribe the necessary medicines. Shared care agreements play a key role in enabling primary care prescribers to prescribe medicines with which they may not initially be familiar.

Clinical responsibility for prescribing is held by the person signing the prescription, who must also ensure adequate monitoring.

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

- 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).

Consent form available via the Dorset formulary: link to section

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 (August 20)

Ropinirole Tablets

Strength	250mcg	500mcg	1mg	2mg	5mg	2mgM/R	3mgM/R	4mgM/R	6mgM/R	8mgM/R
Quantity	12	28	84	28	84	28	28	28	28	28
Cost (£)	2.83	5.87	42.53	10.76	183.63	12.54	8.46	25.09	15.32	42.11

Pramipexole Tablets

Strength	88mcg	180mcg	350mcg	700mcg	260mcgM/R	520mcgM/R	1.05mgM/R	1.57mgM/R	2.1mgM/R	2.62mgM/R	3.15mgM/R
Quantity	30	30	30	30	30	30	30	30	30	30	30
Cost (£)	4.95	2.56	13.90	2.19	27.31	33.91	59.82	170.32	218.37	280.14	327.89

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 November 2020
2. Nice NG 71 Parkinson's disease in adults
3. BNF 80 September 2020 - March 2021

Written By	**Parkinson's Disease Working Group**	**May 2010**
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