

North of Tyne, Gateshead and North Cumbria Area Prescribing Committee

Apomorphine

Shared Care Guidance

For the Management of Advanced Parkinson's Disease.

<p>Introduction</p>	<p>Indication: Dopamine agonist used for the treatment of motor fluctuations in patients with advanced Parkinson's disease not sufficiently controlled by oral anti-Parkinson medication. Apomorphine is given as a continuous subcutaneous infusion over 12 hours, or via intermittent injection for treatment at the onset of an off period.</p> <p>This shared care agreement covers the administration of intermittent subcutaneous injections using the pre-filled pens. Using the Apo-go brand as per the North of Tyne Formulary.</p> <p>Dose: Patient specific and calculated based on apomorphine challenge; this will be confirmed in specialist correspondence.</p> <p>Doses do not normally exceed 4mg/hour.</p>
<p>Specialist Responsibilities</p>	<p>Initial assessment and prescribing:</p> <ul style="list-style-type: none"> • Initiate and supply medication for first three months as a minimum or until the dose is stabilised. • Domperidone pre-loading to manage associated nausea and subsequent withdrawal. • Patient and carer counselling. <p>Initial safety monitoring:</p> <ul style="list-style-type: none"> • FBC • Reticulocyte count • Direct antiglobulin test (Coombs test) – Available on ICE • ECG <p>Ongoing Responsibilities:</p> <ul style="list-style-type: none"> • Assess and monitor patients' response to treatment and the need to continue therapy on at least a 12 monthly basis. • Provide the GP with relevant information for each patient including treatment plan • Report any suspected ADRs to CSM via Yellow Card system. • Provide GP with any further advice if required
<p>GP Responsibilities</p>	<p>Maintenance prescribing: Prescribe apomorphine as directed by hospital correspondence:</p> <ul style="list-style-type: none"> • Intermittent subcutaneous injection: defined dose at time of transfer of care. <p>Physical Monitoring: FBC, reticulocyte count and Direct antiglobulin test (Coombs test) every 6 months (all available via ICE)</p> <p>Further Responsibilities:</p> <ul style="list-style-type: none"> • Report any adverse effects to specialist and regulatory bodies i.e. CSM via Yellow Card process • Liaise with consultant regarding any complications of treatment • Ask the specialist to take back the prescribing should unmanageable problems arise

	<ul style="list-style-type: none"> • Provision of 1L sharps bins • Supply of Needles- compatible with insulin pen needles, no longer than 12mm and not finer than 0.33mm (29G) • GlucoRx or BD viva needles should be prescribed in line with local arrangements at a cost of less than £5 per 100 needles. 														
Adverse Effects, Precautions, Contraindications	<p>Contraindications:</p> <ul style="list-style-type: none"> • Pregnancy or breastfeeding • Respiratory or CNS depression • Hepatic impairment • Dementia • Neuropsychiatric conditions • History of hypersensitivity to opioids <p>Cautions:</p> <ul style="list-style-type: none"> • Cardiovascular disease • Susceptibility to QT-interval prolongation • Pulmonary disease • History of postural hypotension <p>Adverse Effects</p> <table border="1"> <thead> <tr> <th><u>Adverse Effect</u></th> <th><u>Action</u></th> </tr> </thead> <tbody> <tr> <td>Nausea , vomiting – more common on initiation</td> <td>Manage with Domperidone 10 mg 3 times per day, if not contra-indicated following ECG (specialist as above)</td> </tr> <tr> <td>Clinical Deterioration(motor, confusion, hallucinations, psychosis)</td> <td>Contact consultant or movement disorder nurse specialist</td> </tr> <tr> <td>Injection site nodules</td> <td>Ensure injection site rotation & Contact movement disorder nurse specialist</td> </tr> <tr> <td>Abnormal FBC (thrombocytopenia)</td> <td>Contact consultant or movement disorder nurse specialist</td> </tr> <tr> <td>Haemolysis and/or +ve Direct antiglobulin test (Coombs test)</td> <td>Contact consultant or movement disorder nurse specialist</td> </tr> <tr> <td>Impulse control disorders</td> <td>Contact consultant or movement disorder nurse specialist</td> </tr> </tbody> </table> <p>As with all other anti- Parkinson's medications and secondary to disease progression patients will be at risk of hypotension and drowsiness.</p> <p>Antiparkinsonian treatments should never be stopped suddenly as this carries a small risk of neuroleptic malignant syndrome.</p>	<u>Adverse Effect</u>	<u>Action</u>	Nausea , vomiting – more common on initiation	Manage with Domperidone 10 mg 3 times per day, if not contra-indicated following ECG (specialist as above)	Clinical Deterioration(motor, confusion, hallucinations, psychosis)	Contact consultant or movement disorder nurse specialist	Injection site nodules	Ensure injection site rotation & Contact movement disorder nurse specialist	Abnormal FBC (thrombocytopenia)	Contact consultant or movement disorder nurse specialist	Haemolysis and/or +ve Direct antiglobulin test (Coombs test)	Contact consultant or movement disorder nurse specialist	Impulse control disorders	Contact consultant or movement disorder nurse specialist
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Common Drug Interactions	<ul style="list-style-type: none"> • Alcohol- increased risk of drowsiness • Ondansetron- increased risk hypotension • Nitrates, Calcium-channel blockers, and Alpha blockers- The hypotensive adverse effects of apomorphine might possibly be increased. • The concurrent use of more than one drug that prolongs the QT interval increases the risk of torsade de pointes, which might lead to life-threatening ventricular arrhythmias. 														
Communication/Contact Details	<p>Named Specialist Mon – Fri 09:00 – 17:00</p> <ul style="list-style-type: none"> ▪ Gateshead QE via switchboard: 0191 482 0000 ▪ Newcastle Upon Tyne Hospitals via 0191 233 6161 ▪ Northumbria Healthcare NHS foundation Trust via 0344 811 8111 														

This information is not inclusive of all prescribing information and potential adverse effects. Please refer to full prescribing data in the SPC or the BNF

Private and Confidential

Apomorphine - Shared Care Request/Confirmation

- Specialist Prescriber to complete first section of form and send to patient's GP.
- GP to complete second section of form and return to specialist prescriber within 28 days
- A copy of the full shared care guideline can be viewed at www.northoftyneapc.nhs.uk

Specialist Prescriber			
Department			
Hospital			
Telephone			
Patient details (use hospital label if preferred)			
Name			
Address			
Postcode			
NHS or Hosp reg no		Male / Female	DoB

Treatment Requested for Prescribing in Accordance with an Approved Shared Care Arrangement			
Drug Information – Apomorphine			
Formulation		Dose	Frequency
Indication – For the Management of Advanced Parkinson's Disease.			
Other information (if appropriate)			
Signed (Specialist Prescriber)		Name (Print)	Date

To be completed by GP		Please tick one box	
I ACCEPT the proposed shared care arrangement for this patient			
I ACCEPT the proposed shared care arrangement with the caveats below			
I DO NOT ACCEPT the proposed shared care arrangement for this patient			
My caveats/reason(s) for not accepting include:			
Signed		Name (print)	Date

N.B. Participation in this shared care arrangement implies that prescribing responsibility is shared between the specialist prescriber and the patient's GP