

Prescribing Clinical Network

Surrey CCGs (East Surrey, Guildford & Waverley, North West Surrey, Surrey Downs & Surrey Heath), Crawley CCG and Horsham & Mid-Sussex CCG

Application for established medicines without PCN entry for this indication - including colour classification

Drug Treatment of Restless Leg Syndrome as described in CKS

Does diagnosis require Specialist? CKS indicates diagnosis can be made in primary care

CKS Title: Restless legs syndrome CKS Link: <https://cks.nice.org.uk/restless-legs-syndrome#!topicsummary>

Recommendation Options: ① GREEN, ② AMBER, ③ BLUE, ④ RED, ⑤ BLACK, ⑥ Requires full evidence review

| Medicine ⁽¹⁾ | Licensed indication? | Place in therapy ⁽¹⁾ | Does it require dose titration? | Does it require monitoring? (SPC) | Traffic light recommendation |
|-----------------------------------|----------------------|---------------------------------|---|--|---|
| Pramipexole ⁽³⁾ | Yes | 1 st As per CKS | Y – on initiation and discontinuation As per SPC | Yes – renal, blood pressure, impulse control disorder, ophthalmology | Green A dopamine-receptor agonist is generally preferred for people with severe symptoms, who are obese, have co-morbid depression, are at increased risk of falls, or have cognitive impairment |
| Ropinirole ⁽⁴⁾ | Yes | 1 st As per CKS | Y – on initiation and discontinuation As per SPC | Yes – renal, blood pressure, impulse control disorder, ophthalmology | Green A dopamine-receptor agonist is generally preferred for people with severe symptoms, who are obese, have co-morbid depression, are at increased risk of falls, or have cognitive impairment |
| Rotigotine ⁽⁵⁾ | Yes | 1 st As per CKS | Y – on initiation and discontinuation As per SPC | Yes – renal, blood pressure, impulse control disorder | Green A dopamine-receptor agonist is generally preferred for people with severe symptoms, who are obese, have co-morbid depression, are at increased risk of falls, or have cognitive impairment Consider rotigotine transdermal patch if the person has significant daytime symptoms as it has a long duration of action |
| Pregabalin | No | 1 st As per CKS | Y – on initiation As per CKS | Yes – renal | Green An alpha-2-delta ligand is generally preferred for people with severe sleep disturbance (disproportionate to other RLS symptoms), co-morbid insomnia or anxiety, RLS-related or co-morbid pain, or a history of an impulse control disorder |
| Gabapentin | No | 1 st As per CKS | Y – on initiation As per CKS | Yes – renal | Green An alpha-2-delta ligand is generally preferred for people with severe sleep disturbance (disproportionate to other RLS symptoms), co-morbid insomnia or anxiety, RLS-related or co-morbid pain, or a history of an impulse control disorder |

Identified lead for development of necessary documents e.g. shared care agreement

Name:

Designation:

Organisation:

Estimated date of preparation:

References:

1. Restless legs syndrome - NICE CKS, <https://cks.nice.org.uk/restless-legs-syndrome> , Accessed 31st July 2018
2. UKMi: Suggestions for Drug Monitoring in Adults in Primary Care, October 2017, Accessed 31st July 2018, no entry for above medicines
3. MIRAPEXIN 0.088 mg tablets - Summary of Product Characteristics (SmPC) - (eMC), <https://www.medicines.org.uk/emc/product/1553/smp> , Accessed 31st July 2018
4. Neupro 1 mg/24 h Transdermal patch for Restless leg syndrome - Summary of Product Characteristics (SmPC) - (eMC), <https://www.medicines.org.uk/emc/product/8082/smpc> , Accessed 31st July 2018
5. Adartrel 0.25 mg film-coated Tablets - Summary of Product Characteristics (SmPC) - (eMC) <https://www.medicines.org.uk/emc/product/202/smpc> SPC, Accessed 31st July 2018

Prepared by:

Carina Joanes. MSc, MRPharmS , Lead Commissioning Pharmacist, Surrey Downs (Hosted team) Supporting Guildford and Waverley CCG, and Surrey Heath CCG

Declaration of Interest:

None

Date: 31/07/2018

Reviewed by:

Sarah Watkin, Associate Director of Pharmaceutical Commissioning, Surrey Downs CCG (Hosted Team)

Declaration of Interest:

None

Date: 23/10/2018

VERSION CONTROL SHEET

| Version | Date | Author | Status | Comment |
|---------|------|--------|--------|-----------------------------|
| v.1 | | | | <i>Out for consultation</i> |
| v.2 | | | | |
| | | | | |

GREEN - Non-Specialist Drugs

GPs (or non-medical prescribers in primary care) are able to take full responsibility for initiation and continuation of prescribing

BLUE - Specialist Input WITHOUT Formal Shared Care Agreement

Prescribing initiated and stabilised by specialist but has potential to transfer to primary care WITHOUT a formal shared care agreement

AMBER - Specialist Initiation WITH Shared Care Guidelines

Prescribing initiated and stabilised by specialist but has potential to transfer to primary care under a formal shared care agreement

RED - Specialist ONLY drugs

Treatment initiated and continued by specialist clinicians

BLACK – NOT recommended

Not recommended for use in any health setting across Surrey and NW Sussex health economy