

Prescribing Clinical Network

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

Title of paper:	Tizanidine for the treatment of spasticity associated with multiple sclerosis or with spinal cord injury or disease		
Meeting date:	5 th September 2018		
Agenda item:		Attachment(s):	1 (including this)
Author and contributors:	Fiona Song, Associate Specialist – Neurorehabilitation, ASPH Champa Sumanasuriya, Consultant - Rehabilitation Medicine, ASPH Olatkunbo Ogunbanjo, Chief Pharmacist, ASPH Linda Honey, Head of Medicines management, NWS CCG Kevin Solomons, Head of Medicines management, Surrey Downs CCG Sarah Watkin, Associate Director of Pharmaceutical Commissioning, Surrey Downs CCG		
Paper type	Consideration for addition of Tizanidine to Surrey PAD – Blue Status		
For:	For approval and implementation		
Executive Summary:			
<p>Spasticity is a result of abnormally increased muscular tone and is a common condition affecting patients with brain and spinal injury. Clinical examples are head and spinal cord injuries, stroke, multiple sclerosis and cerebral palsy. Spasticity is sometimes accompanied by spasms. Spasticity has both beneficial and harmful effects and only requires treatment if there are harmful consequences, such as pain, deformity, functional impairment with sitting and lying, pressure sores and difficulties with personal care.</p> <p>National Clinical Guideline for Stroke (Royal College of Physicians, 2016) recommends that patients experiencing troublesome general spasticity, should be treated with antispastic drugs unless contraindicated and either baclofen or tizanidine should be tried first. Other drugs and combinations of drugs should only be started by people with specific expertise in managing spasticity.</p> <p>NICE clinical guideline for Multiple sclerosis in adults published in 2014 (NICE CG 186) recommends use of Tizanidine as a treatment option (second-line) for spasticity in people with Multiple sclerosis. Dosage is initially 2mg as a single dose increased according to response usually up to 24 mg daily in 3–4 divided doses; max. 36mg. Contraindication and caution to use are hepatic impairment and prescribing in elderly patients.</p> <p>While mainstay of treatment is physiotherapy, a significant number of people with moderate and severe spasticity require pharmacological and other interventions. While oral Baclofen is the first line of pharmacotherapy for generalised or regional spasticity some patients are either unable to tolerate this or need additional anti spastic medication such as Tizanidine.</p> <p>Since publication of the NICE clinical guideline there are a number of patients within the network with treatment needs and preferences requiring treatment with Tizanidine. In NWS CCG there are about 400 prescriptions of Tizanidine in primary care per year following specialist initiation.</p>			

Initiation of Tizanidine requires specialist assessment to enable patient selection, a period of prescribing and monitoring by a specialist until the optimum dose has been determined, and then maintenance prescribing in primary care – i.e. **BLUE** traffic light status.

The consideration before the PCN is to endorse and update the Surrey PAD to reflect clinical practice (and in line with NICE CG 186 recommendations).

Summary:

PCN is asked to:

- 1) Consider addition of Tizanidine to the Surrey PAD as a blue drug in line with the NICE CG 186 recommendations for use, without the need for a full evidence review due to the historic use of the drug in clinical practice (and in primary care)

Accompanying papers (please list):

- 1) NICE CG 186
- 2) Royal College of Physicians, 2016. National Clinical Guideline for Stroke