Shared Care Guideline for Safinamide (GP Summary)

It is essential that a transfer of care only takes place with agreement of the GP and when sufficient information has been received. If the GP does not agree to share care they will inform the Consultant responsible for the patient's care.

Basingstoke, Southampton & Winchester District Prescribing Committee

Specialist Contact Details	**Patient ID Label**
Name:_____	**Surname:**_____
Location:_____	**Forename:**_____
Date:_____	**NHS Number:**_____
Tel:_____	**Date of Birth:**_____

Indications and dose	Safinamide is licensed for idiopathic Parkinson's disease as an add-on therapy to stable dose of levodopa either alone or alongside other anti-Parkinsonian drugs in mid-late stage fluctuating patients. It has several mechanisms of action one of which is through mono amine oxidase -B (MAO B) inhabitation.
Dose & response	Dose is 50mg orally once a day increased to 100mg orally once a day if tolerated.
Specialist responsibilities	1. Select patients who are suitable candidates for a trial of safinamide therapy. 2. Provide the patient with the first 3 months of safinamide tablets and appropriate instructions and counselling on the relative benefits and risks of safinamide treatment and what the desired treatment goals will be. 3. Supported by the Parkinson's nurse specialists, monitor the patient for the effectiveness and ongoing appropriateness of safinamide treatment through periodic clinical reviews every 6-12 months after the GP has taken over prescribing. 4. Record their global clinical assessment of the patient's Parkinson's disease control as part of the ongoing departmental efficacy audit. 5. Deal with any clinical concerns passed on from primary care to them regarding their patients' safinamide treatment. 6. Contact number is 02381 206781 for neurology department at UHS.
GP Responsibilities	**Key roles to be undertaken in primary care once a decision to work under shared care is made** 1. Prescribing ongoing safinamide therapy after the first 3 month's treatment has been provided. 2. Ensure any new therapies prescribed in primary care do not conflict with safinamide treatment and to promptly report to the consultant any necessary interacting medicines that may be prescribed. 3. Report to the consultant any changes in the patient's global condition (e.g. visual changes, changes in liver function) that may impact on safinamide treatment. 4. Monitor liver function every 6 months but this may be increased at the discretion of the GP depending on the patient's underlying pathology and drug therapies.
Primary care monitoring	• Monitor patient monthly for worsening of levodopa side-effects, increase in dyskinesias, psychiatric reactions (including impulse control disorders, hallucinations and psychosis). • Annual check of blood pressure for postural hypotension. • Liver function tests (LFTs) monitor after 6 months and then yearly. Please refer back to UHS if any LFTs are more than 3 times the upper limit.
Actions to be taken in response to monitoring	• If adverse levodopa side-effects develop please refer back to the Parkinson's team at UHS. • If postural drops problematic for patient please refer back to Parkinson's team at UHS. • If there is derangement in LFTs likely secondary to safinamide please refer back to Parkinson's team at UHS. Refer back to Parkinsons team at UHS if any LFT is greater than 50% above the upper limit or twice baseline (whichever is greater).
Contra-indications	Safinamide is contra-indicated in those with; • Hypersensitivity to any of the excipients or active ingredients in safinamide tablets • Concomitant treatment with any other monoamine oxidase inhibitors or pethidine. • Patients with albinism, retinal degeneration, uveitis, inherited retinopathy, or severe progressive diabetic retinopathy.
Cautions	• Use safinamide with caution in any patient on selective serotonin re-uptake inhibitors (SSRIs). Ideally allow a washout period of 25 days following SSRI discontinuation. Where SSRIs must be used with safinamide both products should be used at the lowest effective dose necessary and the patient should be monitored closely for serotonergic effects. The risk is particularly pronounced with fluvoxamine or fluoxetine and these drugs should not be prescribed alongside safinamide

	without discussion with the consultant and a careful assessment of risk vs benefits. • Safinamide is predominantly cleared via hepatic elimination (<10% of the dose is found unchanged in urine) via a non-cytochrome mediated enzymatic metabolism to inactive metabolites. Prescribe with caution in mild-moderate hepatic impairment. Safinamide should not be initiated in patients with severe hepatic impairment. In patients with mild-moderate impairment who progress to severe impairment, discontinuation of safinamide is recommended, with discussion with the PD team. • Like all anti-Parkinson's medications safinamide may provoke impulse control disorders. Although this has not been observed in any trials of safinamide it has been observed rarely with other MAO-B inhibitors and so patients and carers should be made aware of the potential for compulsive behaviours including pathological gambling, compulsive spending/buying or hypersexuality. • Safinamide may exacerbate dyskinesias induced by levodopa therapy and enhance other levodopa side-effects necessitating a dose reduction. • Adverse effects on the retina including retinal deterioration have been observed in some animal studies (rat studies showed ocular effects however primate studies did not). Although ophthalmological toxicity has not been observed in human trials there remains a potential for this side-effect to occur in patients. Therefore avoid in any patients with conditions that would increase their risk of retinal damage and avoid co-prescription with any other drugs with potential to cause retinal damage such as amiodarone, ethambutol, chloroquine and hydroxychloroquine.
Important adverse effects & management	The most common adverse effects with safinamide are dizziness, drowsiness, blood pressure changes, falls, headache, dyskinesias, nausea, insomnia. These are generally well tolerated.
Important drug interactions	• Other monoamine oxidase inhibitors – there is a risk of hypertensive crises – concomitant use is contraindicated • Pethidine-serious CNS toxicities seen with concomitant use- concomitant use is contraindicated • Tyramine-Trials did not demonstrate any issues with tyramine therefore dietary restriction is not required- Safinamide is a highly selective and reversible MAO-B inhibitor. • Dextromethorphan-Ideally avoid due to serious incidents reported with other MAO inhibitors and dextromethorphan • Antidepressants-There is potential for serotonergic effects and hypertensive reactions when given concomitantly with antidepressant drugs. In general due to its selective and reversible MAO-B inhibiting action it is considered safer than other drugs in class such as selegiline so may be used with antidepressants with caution (and ideally with both safinamide and antidepressant prescribed at the lowest effective doses) but should avoid fluvoxamine and fluoxetine unless discussed with consultant and pharmacist. • Sympathomimetics i.e. agents present in cough and cold remedies - ideally avoid or use with caution and monitor blood pressure. No clinically significant effect on cytochrome P450 enzymes has been observed with safinamide

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

References

1. Summary of product characteristics for safinamide, accessed via https://www.medicines.org.uk/emc/product/2159