



## CLINICAL GUIDELINE

# Parkinson's Disease Medication Stocklist, Acute

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

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### Important Note:

The Intranet version of this document is the only version that is maintained. Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

## **NHSGGC Parkinson's disease (PD) medication stock list across acute hospital sites**

### **Introduction**

This guidance highlights the importance of continuing Parkinson's disease (PD) medication and provides details of the location of PD medications across NHSGGC which can be accessed for immediate supply.

### **Assessment / monitoring**

It is CRUCIAL NOT TO STOP PD DRUGS for any significant length of time ie > 2 hours or to miss any doses i.e. as there is a risk of Neuroleptic Malignant-Like Syndrome (Parkinson hyperpyrexia syndrome, PHS) which may be fatal. Symptoms include rigidity, pyrexia, and reduced conscious level. There may be features of autonomic instability, and serum creatine kinase (CK) may be elevated. Complications of PHS include acute renal failure, aspiration pneumonia, deep venous thrombosis / pulmonary embolism, and disseminated intravascular coagulation.

### **General management**

Where a patient does not have an individual supply of their PD medicine, access supplies via the pharmacy or the local main holding areas of PD medications across NHSGGC (see table 1). It is important for PD medications to be administered at exact times. This should be clearly annotated on the prescription chart or the Hospital Electronic Prescribing and Medicines Administration (HEPMA) record.

PD drug	NVH	QEUH	GRI	GGH	RAH	IRH	VoL
Amantadine 100mg CAPs	x	55, EDC	x	x	x	EDC	14
Amantadine 50mg/5ml liquid	x	55, EDC	x	x	x	x	x
Apomorphine solution for infusion pre-filled syringe 5mg/ml(10ml)	x	55, EDC	EDC	x	3	EDC	x
Apomorphine solution for injection pre-filled disposable injection 10mg/ml (3ml)	x	55	x	x	x	x	x
Bromocriptine 2.5mg TABs	x	EDC	x	x	x	x	14
Co-beneldopa 12.5/50 CAPs	NVH1&2	67,55, EDC	39 EDC	EDC	AMU, 3	GSouth, 2,3, EDC	14
Co-beneldopa 12.5/50 DISP	NVH1	67,55, EDC	39	EDC	3,36	2, EDC, J North	14
Co-beneldopa 25/100 CAPs	NVH2	67,55, EDC	39	EDC	3	2,3	14
Co-beneldopa 25/100 DISP	NVH2	55	39	EDC	3	2	14
Co-beneldopa 50/200 CAPs	x	55	x	x	x	2	14
Co-beneldopa 25/100 mr CAPs	NVH1&2	55, EDC	39	x	3	2	14
Co-careldopa 10/100 TABs	x	55	39	EDC	x	EDC	14
Co-careldopa 12.5/50 TABs	NVH1&2	67,55	39	EDC	3	GSouth,2, EDC	14
Co-careldopa 25/100 TABs	NVH1 &2	67,55, EDC	39	EDC	3	2,3	14
Co-careldopa 25/250 TABs	x	55,EDC	39	x	x	EDC	14
Co-careldopa 25/100 mr TABs	NVH1&2	55, EDC	39	x	3	EDC	14
Co-careldopa 50/200 mr TABs	NVH1&2	55	x	x	3	x	14
Entacapone 200mg TABs	NVH1	55, EDC	39	x	3	EDC	14
Opicapone 50mg CAPs	x	55	x	x	3	EDC	14
Pramipexole 88mcg TABs	x	55	39	x	3	EDC, 2	14
Pramipexole 180 mcg TABs	x	55	39	x	3	EDC	14
Pramipexole 350 mcg TABs	x	55, EDC	39	x	x	x	x
Pramipexole 700 mcg TABs	x	55	x	x	3	EDC	14
Pramipexole 1050 mcg mr TABs	x	55	x	x	x	2	x
Pramipexole 1570 mcg mr TABs	x	55	x	x	x	2	x
Pramipexole 2100mcg mr TABs	x	55	x	x	x	2	x
Pramipexole 2.62mg mr TABs	x	55, EDC	x	x	x	2	14
Rasagiline* 1mg TABs	x	55	39	x	3	x	x
Ropinirole 250 mcg TABs	x	55, EDC	39	x	x	x	14
Ropinirole 1mg TABs	x	EDC	39	x	3	EDC	14
Ropinirole 2mg TABs	x	x	x	x	3	2	14
Ropinirole 2mg m/r TABs	x	55, EDC	39	x	3	EDC, 2	14
Ropinirole 4mg m/r TABs	x	55	x	x	x	2	14
Ropinirole 8mg m/r Tabs	x	55, EDC	x	x	x	2	14
Rotigotine 2mg/24 hr patch	NVH1	55, EDC	39	EDC	3	EDC, 2, J North	14
Rotigotine 4mg/24hr patch	NVH1	55	39	EDC	3	EDC, 2	14
Rotigotine 6mg/24hr patch	x	55	x	x	3	2	14
Rotigotine 8mg/24hr patch	x	55	x	x	3	2	x
Selegiline 5mg TABs	x	55	39	x	3	EDC	14
Stanek 50/12.5/200 TABs	x	55, EDC	39	EDC	3	EDC, 2	14
Stanek 75/18.75/200 TABs	x	55, EDC	39	EDC	3	EDC, 2	14
Stanek 100/25/200 TABs	x	55, EDC	39	EDC	3	EDC, 2	14
Stanek 125/31.25/200 TABs	x	55, EDC	39	EDC	3	EDC, 2	14
Stanek 150/37.5/200 TABs	x	55, EDC	39	EDC	3	EDC	14
Stanek 175/43.75/200 TABs	x	55	x	x	3	EDC, 2	14
Stanek 200/50/200 TABs	x	55	39	x	x	EDC,2	14

**Table 1:** Location of PD medicines across acute hospital sites

- \*Rasagiline is non-formulary, however it can be supplied to patients established on therapy. Request for new initiation would need to follow GGC non-formulary processes.
- Duodopa intestinal gel – Patient’s own supply would need to be brought into hospital for use.
- x -not available on ward (contact pharmacy/on-call pharmacist for a supply)

<b>NVH</b> -New Victoria Hospital	<b>QEUH</b> -The Queen Elizabeth University Hospital	<b>GRI</b> -Glasgow Royal Infirmary
<b>GGH</b> -Gartnavel General Hospital	<b>RAH</b> -Royal Alexandra Hospital	<b>IRH</b> -Inverclyde Royal Hospital
		<b>VoL</b> -Vale of Leven

<b>EDC</b> -Emergency Drug Cupboard	<b>ARU</b> -Acute Receiving Unit	<b>AMU</b> - Acute Medical unit
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**PLEASE NOTE: Further stock of PD medications is kept at pharmacies across NHSGGC sites. Contact pharmacy / on-call pharmacist for a supply**