This policy statement is approved by Halton, Knowsley, Liverpool, Southport and Formby, South Sefton, St Helens, and Warrington CCGs

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NHS
Pan Mersey
Area Prescribing Committee

SAFINAMIDE (Xadago® ▼) for Parkinson's disease

The Pan Mersey Area Prescribing Committee recommends the prescribing of SAFINAMIDE tablets (Xadago® ▼), following specialist recommendation, in the management of mid to late stage Parkinson's disease.

AMBER following specialist recommendation

Safinamide is licensed for the treatment of adult patients with idiopathic Parkinson's disease as add-on therapy to a stable dose of levodopa alone or in combination with other medicinal products for the treatment of Parkinson's disease in mid to late stage fluctuating patients.[1]

The Pan Mersey Area Prescribing Committee recommends the prescribing of safinamide, following specialist recommendation only, in patients who have failed to respond to rasagiline and/or selegiline, or in whom these treatments are inappropriate or not tolerated, and in whom consideration is being given to prescribing non-oral therapies e.g. apomorphine.

Note: Patients who are not eligible for treatment under this statement may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy. In this situation, follow locally defined processes.

APC board date: 24 May 2017 Updated: 31 Jul 2019
This recommendation has been designated suitable for inclusion on the Pan Mersey APC static list and will only be reviewed if significant new evidence becomes available.

Prescribing policy statement
Version: 3.0
STATIC

Supporting information

SAFINAMIDE (Xadago® ▼) for Parkinson's disease

Effectiveness[1,2,3,4]

Safinamide has a novel mechanism of action, acting through both dopaminergic and non- dopaminergic pathways. It is a selective and reversible inhibitor of MAO-B, and also reduces glutamate release through selective sodium and calcium channel antagonism. It is not clear to what extent non-dopaminergic effects contribute to its overall effect.

In three randomised, placebo-controlled trials, the main clinical benefits of safinamide at 24 weeks were an increase in 'on time' without troublesome dyskinesia (involuntary movements) of approximately 30 to 60 minutes daily, and a similar reduction in 'off time', compared with placebo. This effect was still observed at a 2-year follow-up.

The EPAR for safinamide states that, whilst modest, the observed increase in the on-state of 0.5-1 hours was clinically relevant. There have been no head-to-head studies comparing safinamide to existing active treatment options, including MAO-B inhibitors.

Safety[1]

Safinamide is contraindicated in patients with severe hepatic impairment, albinism, retinal degeneration, uveitis, inherited retinopathy or severe progressive diabetic retinopathy, and in those receiving concomitant treatment with another MAO inhibitor (including moclobemide) or pethidine.

Serious adverse reactions are known to occur with the concomitant use of SSRIs, SNRIs, tricyclic antidepressants and MAO inhibitors. Caution with sympathomimetics, e.g. nasal/oral decongestants or products containing ephedrine or pseudoephedrine.

When safinamide is co-administered with products that are BCRP substrates (e.g., rosuvastatin, pravastatin, ciprofloxacin, methotrexate, topotecan or diclofenac), please refer to that product's SPC to determine if a dose adjustment is needed.

Common adverse effects include dyskinesia, insomnia, somnolence, dizziness, headache, cataracts, orthostatic hypotension, nausea and falls.

Refer to SPC for further detailed information.

Cost[5]

Annual cost of treatment and comparators:

Safinamide 50-100mg daily: £839.50

Selegiline 5-10mg daily: £60.30 - £117.64

Rasagiline 1mg daily: £26.98

Nb. Do not prescribe the 100mg safinamide dose as 2 x 50mg tablets because this doubles the cost.

Patient numbers are low. Total spend for Pan Mersey APC CCGs April 2018-March 2019 = £18,833; this equates to approx. £1,000 per 100,000 population.

Patient factors[1]

No dosage adjustment is required in patients with renal impairment or in elderly patients, although experience in patients over 75 years of age is limited.

No dosage adjustment is required in patients with mild hepatic impairment. The lower dose of 50mg daily is recommended in patients with moderate hepatic impairment. If patients progress to severe hepatic impairment then safinamide should be stopped.

The safety and efficacy of safinamide in children and adolescents under 18 years of age have not been established.

Prescribing information[1]

Treatment with safinamide should be started at 50mg daily and may be increased to 100mg daily according to clinical need. Safinamide tablets should be taken with water and can be taken with or without food. Patients and carers should be informed of potential impulse control disorders that may occur during treatment, including cases of compulsions, obsessive thoughts, pathological gambling, increased libido, hypersexuality, impulsive behaviour and compulsive spending or buying. Treatment should be reviewed by the specialist if these effects are noticed.

Implementation notes

Treatment should only be recommended by specialists in the management of Parkinson's disease, which may include, but is not limited to, neurologists, gerontologists or GPs with a specialist interest in Parkinson's disease. It is the responsibility of the specialist team to provide clear detailed information about the treatment regimen to the GP upon initiation and when any dose adjustments are made. Dose adjustments remain the responsibility of the specialist team throughout treatment. It is the responsibility of the initiating clinician to counsel patients about potential impulse control disorders.

Supporting information

References

1. Profile Pharma Limited. Summary of Product Characteristics: Xadago 100mg film-coated tablets, 18 October 2018. Accessed 29 May 2019.
2. Borgohain R, Szasz J, Stanzione P et al. Randomized Trial of Safinamide Add-On to Levodopa in Parkinson's Disease With Motor Fluctuations. Movement Disorders. 2014; 29(2): 229-237
3. Schapira A, Fox S, Hauser R et al. Assessment of safety and efficacy of safinamide as a levodopa adjunct in patients with Parkinson disease and motor fluctuations – A randomized clinical trial. JAMA Neurol. 2017; 74(2): 216-224
4. NICE Evidence Summary ES6. Parkinson's disease with motor fluctuations: safinamide, February 2017. Accessed 23 July 2019.
5. NHS Business Services Authority. dm+d browser. Accessed 23 July 2019.