

RILUZOLE for the treatment of *Amyotrophic Lateral Sclerosis*

Drug	Riluzole 50mg tablets and 5mg/ml oral solution	
Indication	Amyotrophic Lateral Sclerosis	
Overview	Riluzole is currently the only drug licensed for treating ALS in the UK. The licensed indication is to extend life or the time to mechanical ventilation for individuals with ALS. Riluzole is rarely associated with neutropenia (1:1000) and very rarely hepatitis.	
Specialist's Responsibilities	<ul style="list-style-type: none"> ○ Initial investigations: U&E, FBC, LFT and Gamma GT. ○ Initial regimen: Riluzole 50mg twice a day (tablet or oral suspension). ○ Clinical monitoring: For adverse effects and usual disease management. ○ Frequency: As required, typically every 3 months. ○ Safety monitoring: U&E, FBC, LFT and Gamma GT. ○ Frequency: Initial (pre-treatment) – monthly for first 3 months. ○ Prescribing details: First 3 months from hospital then prescribing responsibility taken over by GP once dose stable. ○ Documentation: Clinic letter to GP including timing of blood investigations required & necessary forms. Separate patient information. 	
GP's Responsibilities	<ul style="list-style-type: none"> ● Maintenance prescription: Riluzole 50mg twice a day (tablet or oral suspension). ● Clinical monitoring: For adverse effects and usual disease management. ● Frequency: As required or at first indication of drug side effect. ● Safety monitoring: U&E, FBC, LFT and Gamma GT. ● Frequency: At months (1,2,3) 6, 9 & 12 - 6 monthly thereafter. ● Duration of treatment: Life-long or until no longer felt appropriate. ● Documentation: Practice records, correspondence with specialist as required. 	
Adverse Events	Adverse events	Action
	LFT ↑ 3-5 x upper limit of normal (ULN) And / or WCC ↓ 2.0 to 4.0	<ol style="list-style-type: none"> 1. Discontinue Riluzole & monitor FBC and LFT weekly for two weeks. 2. If LFT/WCC is within normal range, restart Riluzole 50mg once daily for four weeks, then increase to 50mg twice daily. Monitor LFT's bi-weekly for one month, then monthly for two months. 3. Discontinue Riluzole if LFT/WCC is raised within this 3 month period and inform specialist.
	LFT ↑ >5x ULN or jaundice And / or WCC ↓ <2.0	<ul style="list-style-type: none"> ▪ Discontinue Riluzole immediately & discuss with specialist ▪ Re-administration of Riluzole cannot be recommended.
	Creatinine ↑ > 200	Discuss with specialist
Contra-indications Cautions Drug Interactions	Please refer to the BNF and/or SPC for information	
Contact Details	Dr Janine Evans Consultant Neurologist Care Centre Director	Anthony Hanratty Advanced Nurse Specialist Nurse Independent Prescriber
	Middlesbrough MND Care Centre, The James Cook University Hospitals P: 01642 854318, e: stees.mnd@nhs.net	

GP name
GP address

Date:

Dear Dr

Request for Shared Care of Riluzole

Re: Patient's name NHS Number:
 DOB: Address:

This patient has been prescribed **Riluzole** for the management of motor neurone disease (ALS). The patients' **current dose is 50mg twice daily**.

The patient was commenced on this drug on **(DATE)** and has been stable on the current dose since **(DATE)**

I would now like to ask you to take over the responsibility for prescribing this medication for this patient, as agreed by your CCGs and the Area Prescribing Committee.

The shared care document lists the monitoring requirements for this medication. Can I ask that any problems are reported back into secondary care.

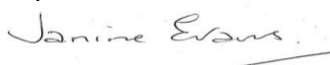
The next blood monitoring is due on **(DATE)** and should be continued in line with the shared care guideline.

This is part of the shared care guideline approved by the Area Prescribing Committee, available at <http://medicines.necsu.nhs.uk/guidelines/durham-darlington/>.

The patient will remain under regular clinical review by the specialist MND team as described in the shared care agreement.

Please send back the second part of this letter, **within 28 days**, so we know that we have your agreement to this arrangement. If you are not happy to accept this patient or have any concerns, then please contact the MND care centre immediately.

Yours sincerely



Dr Janine Evans, GMC 3659892
Consultant Neurologist



Anthony Hanratty, NMC 08G2849E(IP)
Lead advanced Nurse Specialist

GP Agreement

Patients name:	
NHS number:	
Date of Birth:	

1. Accept shared care

I agree to take over the prescribing and monitoring of the above named patient in line with the approved shared care documents as found at <http://medicines.necsu.nhs.uk/guidelines/durham-darlington/>

GP name:			
Practice details:			
Signed:		Date:	

2. Reject shared care

I do not agree to take over the prescribing and monitoring of the above named patient

Reason:			
GP name:			
Practice details:			
Signed		Date:	

Please return:

Via secure email to: stees.mnd@nhs.net (preferred)

OR

Middlesbrough MND care centre
Dept. Neurology, Murray Building
The James Cook University Hospital
Middlesbrough
TS4 3BW

You may wish to keep a copy for your records.