

Shared Care Guideline: Tolcapone for the treatment of *Parkinson's Disease*



County Durham & Tees Valley
Area Prescribing Committee

Drug	Tolcapone	
Indication	As an adjunct to levodopa treatment in patients with Parkinson's disease experiencing end-of-dose motor fluctuations and who have failed to respond, or are intolerant of other catechol-O-methyltransferase (COMT) inhibitors (e.g. entacapone or opicapone).	
Overview	Tolcapone inhibits the peripheral breakdown of levodopa, prolonging the effective duration of treatment. Rarely, potentially life-threatening hepatotoxicity has been reported, particularly (though not exclusively) in females and during the first 6 months of treatment.	
Specialist's Responsibilities	<p>Initial investigations: Baseline LFTs</p> <p>Initial regimen: 100mg three times daily</p> <p>Clinical monitoring: For response to treatment and adverse effects</p> <p>Frequency: Fortnightly to transfer (typically 2 months). Then 2 to 6 monthly</p> <p>Safety monitoring: LFTs Fortnightly to transfer and before any dose increase</p> <p>Prescribing details: Initiation and until transfer (typically first 2 months)</p> <p>Documentation: Clinic letter to GP.</p>	
GP's Responsibilities	<p>Maintenance prescription: 100mg – 200mg three times daily (as advised)</p> <p>Clinical monitoring: For adverse effects and usual management as required</p> <p>Safety monitoring: LFTs</p> <p>Frequency: Fortnightly for first year, every 4 weeks for the next 6 months, every 8 weeks thereafter. Restart monitoring schedule if dose increased</p> <p>Duration of treatment: Long-term according to efficacy and tolerability</p> <p>Documentation: Practice records, correspondence with specialist as required, copies of blood results to specialist</p>	
Adverse Events	Adverse events	Action
	Elevated ALT or AST above the upper-limit of normal	Discontinue tolcapone & discuss with specialist.
	Persistent nausea, lethargy, anorexia, jaundice, dark urine, pruritus, right upper quadrant tenderness	Discontinue tolcapone. Check LFTs & discuss with specialist
	Marked rigidity (out of keeping with patient's Parkinson's Disease), altered conscious level, elevated temperature, labile blood pressure, tachycardia	Consider Neuroleptic Malignant Syndrome. Discontinue tolcapone. Check CPK & discuss with specialist
Contra-indications	Please refer to the BNF and/or SPC for information	

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Cautions Drug Interactions	
Other Information	Tolcapone should be discontinued if there is no significant clinical benefit seen within 3 weeks of initiation. Patients may experience an increase in levodopa related side-effects and reduction of levodopa dosage may be helpful in these circumstances
Contact Details	Name: Sister Zenita Cowen, PD Specialist Nurse NMC No: 79K0130E Address: Department of Neurology, James Cook University Hospital Telephone: 01642 854319

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GP name
GP address

Dear Dr

Date:

Request for Shared Care of XXXXXX

Re: Patient's name
Address

DOB:
Hospital Number:

This patient has been prescribed for the management of
.....

The patients' current dose isper day

The patient was commenced on this drug onand has been stable on the
current dose since

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 and should be continued in
line with the shared care guideline.

In addition, the following patient specific monitoring is required for this patient

.....
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 his or her usual consultant/ specialist
nurse 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 my secretary as soon as practically possible

Yours sincerely

Consultant name
Contact details

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GP Agreement

Patient's Name:
DOB:
Hospital No:

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

Dose to be prescribed

Dated/...../

Signed:

GP's Name:

GP contact details

Please return to Consultant's secretary. You may wish to keep a copy for your records.

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