CLINICAL GUIDELINE

Continuation of Foslevodopa-foscarbidopa (Produodopa®) for hospital inpatients

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.

Version Number:	1
Does this version include changes to clinical advice:	N/A
Date Approved:	19th March 2025
Date of Next Review:	30th September 2027
Lead Author:	Jennifer Garrity
Approval Group:	Area Drugs & Therapeutics Committee

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.

Greater Glasgow and Clyde Parkinson's Excellence Managed Clinical Network (MCN) Guidance on Continuation of Foslevodopa-foscarbidopa (Produodopa®) for hospital inpatients.

This guideline describes how to continue pre-existing foslevodopa/foscarbidopa (Produodopa®) subcutaneous infusion treatment during hospital admission. It does not discuss initiation of treatment in new patients. It is intended for Prescribers and Registered Nurses within NHSGGC who may have a Parkinson's patient receiving Produodopa® therapy and provides information on how to maintain the patient on their therapy throughout their hospital stay.

All patients admitted to hospital on foslevodopa/foscarbidopa (Produodopa®) should be referred to the Parkinson's nurse specialist (PDNS), movement disorders team or pharmacist for advice as soon as possible. See contacts on page 4.

General Information

- All patients (including their carers) admitted to hospital on Produodopa® will have received training and information on how to use the pump and will have been supplied with an information package along with details of who to contact in the event of problems arising with the pump. Patients (including their carers) are familiar and competent in using the Vyafusor pump, staff should encourage them to maintain the patient on the pump during their hospital stay, where appropriate.
- If for any reason the patient/carer cannot safely continue the pump in hospital, the emergency Parkinson's disease oral drug regimen should be initiated and the local PD team contacted for advice.
- Produodopa® is not stocked on any site within NHSGGC.
- Patients will be supplied with their Produodopa® via Homecare (a four-week supply is normally issued at a time) therefore patients should always have a supply at home which should be brought in during an emergency admission to hospital. If patients are admitted without a supply of Produodopa® they should be commenced on the emergency Parkinson's disease oral drug regimen until their own supply can be brought in.
- The Vyafusor pumps are not stocked on any site within NHSGGC, patients should be maintained on their own pump on admission to hospital.
- Produodopa® is a combination of foslevodopa/foscarbidopa in 10ml vials: Each 1ml contains 240mg foslevodopa and 12mg foscarbidopa.

Prescribing of Produodopa ®

- Produodopa® should be prescribed on HEPMA in accordance with NHSGGC guidelines. The drug should be prescribed on HEPMA and a paper infusion chart completed with details of dose and flow rate. Prescribers should be aware some patients will have a different dose/flow rate for overnight and separate infusion charts would be required.
- The dose/infusion rate should only be changed by a PD Specialist.

- If not able to administer Produodopa®, the admitting ward prescriber should commence the patient on their emergency Parkinson's disease oral medication regimen. Details of the emergency drug prescription are documented on the patient's clinic letters and available on ECS. If no oral access is available, prescribers should refer to the Nil-by-Mouth algorithm available in the Parkinson's Disease in Acute Care guidance, via below link or the Clinical Guidelines platform Parkinson's Disease (PD) – Nil by Mouth Guidance, Acute (301)
- Patients may be on Produodopa® alone or with other concurrent medicinal products for Parkinson's disease. Prescribers should ensure an accurate medication history has been obtained prior to prescribing.

Storage

- Store and transport refrigerated 2°C - 8°C
- Vials may be stored at room temperature up to a maximum of 30°C for a single period of up to 28 days. Once a vial has been stored at room temperature, do not return the product to the refrigerator.
- Produodopa® may vary from colourless to yellow to brown and may have a purple or red tint. Variations in colour are expected and have no impact on product quality. The solution may become darker in colour after piercing of the vial stopper or while in the syringe.
- Once opened, vials should be used immediately.
- If refrigerated prior to use, remove the vial from the refrigerator and allow to sit at room temperature out of direct sunlight for 30 minutes before administering.

Infusion device set up

- Produodopa® is administered as a continuous subcutaneous infusion, 24 hours per day using a Vyafuser pump.
- Only the Vyafusor pump should be used for the administration of Produodopa®
- The usual subcutaneous site of infusion is the abdomen, avoiding the 5cm radius area from the navel. The infusion set (cannula) can remain in place for 3 days when the medication is infused continuously.
- Aseptic technique should be followed when setting up the infusion.
- The infusion site should be rotated and a new infusion set used at least every 3 days.
- New infusion sites should be at least 2.5cm from sites used within the previous 12 days. Do not infuse into areas where the site is tender, bruised, red or hard to touch.
- Produodopa® vials are single use only. Once the content of the vial is transferred to the syringe, the contents of the syringe should be administered within 24 hours.
- Discard any used medication vials and syringes into a medication waste disposal bin. Syringes must be discarded after 24hours, even if residual product remains.
- Further details on setting up the pump are available via this link:

  Infusion Setup Leaflet digital version.pdf (abbviepro.com)

Patients (including their carers) are familiar and competent in using the Vyafusor pump, staff should encourage them to maintain the patient on the pump during their hospital stay, where appropriate

Interruption of therapy

- Sudden discontinuation or rapid dose reduction of Produodopa®, without administration of alternative dopaminergic therapy, should be avoided.
- Produodopa® can be interrupted without further actions for brief periods of time, e.g. if the patient is showering.
- For interruptions longer than 1 hour, a new infusion set (tubing and cannula) should be used and rotated to a different infusion site.
- If the infusion has been interrupted for longer than 3 hours, the patient may self-administer a loading dose, if enabled on the pump set-up, to quickly re-establish control. If no loading dose is set on the device, an oral loading dose should be given (use the first dose from their emergency Parkinson's disease oral medication regimen).
- If the infusion is interrupted for a prolonged time (>24hours) or permanently discontinued, patients should be commenced on their emergency Parkinson's disease oral medication regimen. Details of the emergency drug prescription is documented on the patient's clinic letters and available on ECS. Ensure local Parkinson's team contacted for advice on ongoing management.

Patient Monitoring

- A sudden or gradual worsening of bradykinesia may indicate an obstruction in the device and should be investigated.
- Infusion site events are common (>10%) including infusion site reactions and infections. Patients should be monitored for any skin changes at the infusion site that could indicate a potential infection including redness associated with warmth, swelling, pain and discolouration when pressure is applied. A new infusion set should be used if any of these skin changes are observed.
- As with all levodopa combinations, patients should be carefully observed if Produodopa® is abruptly reduced or discontinued due to the risk of Neuroleptic Malignant Syndrome (NMS)
- Further information regarding drug interactions, adverse effects and contra-indications of Produodopa® can be found in the Summary of Product Characteristics (SPC) Produodopa 240 mg/ml + 12 mg/ml solution for infusion - Summary of Product Characteristics (SmPC) - (emc) (medicines.org.uk) or the British National Formulary (BNF)

Contacts for further advice

Gartnavel General Hospital	0141 211 3166 or 07855 102 326
Glasgow Royal Infirmary and Lightburn	0141 211 1522 or 07949 982 628 or page 13992
Inverclyde Royal Hospital	01475 525 389 or page 51196
Royal Alexandra Hospital	0141 314 6833 or page 56617
Queen Elizabeth, Institute of Neurological Sciences	0141 201 2590 / 2747
Queen Elizabeth University Hospital	0141 201 2440 or 07958 702 902 or 07855 102 326
Stobhill	0141 355 1480 or page 11072
Vale of Leven	01475 525 389 or page 51196
New Victoria Hospital	0141 347 8146 / 8144

Out of hours the emergency duty pharmacist can be contacted for support in using this guideline

Further Information

A helpline is provided by HealthNet (the service partner for Abbvie) and is available for patients, carers and HCP's for ongoing support. Telephone 0808 175 6665

Monday to Friday: 8 am – 8 pm (including Bank Holidays)

Saturday and Sunday: 9 am – 5 pm

Out-of-hours voicemail available