

INFORMATION FOR THE ONGOING PRESCRIBING OF XADAGO (Safinamide) IN PRIMARY CARE

Patient details

DATE OF APPOINTMENT:

FIRST NAME:

SURNAME:

DOB:

NHS no.:

The above patient has been initiated by on a dose of Xadago (Safinamide) 50mg OD

Please increase the safinamide 50mg dose to safinamide 100mg OD by / /
as per the guidance provided by the specialist team below

Instructions on dosing – for completion by specialist

Clinical Team Contact details:

USE IN SPECIAL POPULATIONS

Ophthalmological history

Safinamide is contraindicated in people with ophthalmological history that puts them at increased risk of potential retinal effects.

Renal Impairment

No change in dose is required for elderly patients.

Hepatic Impairment

Mild hepatic impairment: No dose adjustment required for safinamide

Moderate hepatic impairment: Safinamide 50 mg/day is recommended

Severe hepatic impairment: Safinamide is contraindicated. If patients progress from moderate to severe hepatic impairment, then safinamide should be stopped.

MONITORING

Treatment with safinamide does not require specific additional laboratory monitoring.

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DRUG INTERACTIONS

Dextromethorphan

The concomitant administration of safinamide and dextromethorphan is not recommended, or if concomitant treatment is necessary, it should be used with caution.

Antidepressants

Serious adverse reactions have been reported with the concomitant use of selective serotonin reuptake inhibitors (SSRIs), serotonin norepinephrine reuptake inhibitors (SNRIs), tricyclic/tetracyclic antidepressants and MAO inhibitors. With safinamide, antidepressants may be administered but used at the lowest effective dose. The use of safinamide and fluoxetine or fluvoxamine should be avoided. This precaution is based on the occurrence of serious adverse reactions (e.g. serotonin syndrome). A washout period corresponding to 5 half-lives of the SSRI used previously should be considered prior to initiating safinamide.

Safinamide is contraindicated in concomitant treatment with other MAO-B inhibitors or with pethidine.

WHAT IS XADAGO

Xadago (Safinamide) is a selective and reversible Monoamine Oxidase B (MAO-B) inhibitor licensed for "the treatment of adult patients with idiopathic Parkinson's Disease (PD) as add-on therapy to a stable dose of Levodopa (L-Dopa) alone or in combination with other PD medicinal products in mid-late stage fluctuating patients."

DOSAGE AND ADMINISTRATION

- Xadago is available as packets of 30 film coated tablets in 50mg (7mm) & 100mg (9mm)
- Treatment should be started at 50mg/day and may be increased to 100mg/day on the basis of individual clinical need. If a dose is missed the next dose should be taken at the usual time the next day. There are no dietary tyramine restrictions
- Safinamide should be taken with water. Safinamide may be taken with or without food

Xadago 50 and 100 mg film-coated tablets. Consult Summary of Product Characteristics before prescribing.

Legal Category: POM Marketing Authorisation number and basic NHS cost:

PLGB 31654/0012 and PLGB 31654/0011 £69 for 30 tablets. Presentation: Each film-coated tablet contains safinamide methansulfonate equivalent to 50 or 100mg safinamide. Uses: Xadago is indicated for the treatment of adult patients with idiopathic Parkinson's disease

(PD) as add-on therapy to a stable dose of levodopa (L-dopa) alone or in combination with other PD medicinal products in mid-to late-stage fluctuating patients. Dosage and administration: Treatment with safinamide should be started at 50 mg per day. This daily dose may be increased to 100 mg/day on the basis of individual clinical need. If a dose is missed the next dose should be taken at the usual time the next day. Method of administration: Xadago is for oral administration. It should be taken with water. It may be taken with or without food.

Special populations: Paediatric population: The safety and efficacy of safinamide in children and adolescents under 18 years of age have not been established. Elderly: No change in dose is required for elderly patients. Experience of use of safinamide in patients over 75 years of age is limited. Hepatic impairment: Caution should be exercised when initiating treatment with safinamide in patients with moderate hepatic impairment. The lower dose of 50 mg/day is recommended for patients with moderate hepatic impairment. It is contraindicated in severe hepatic impairment. Renal impairment: No change in dose is required for patients with renal impairment. Women of childbearing potential: Safinamide should not be given to women of childbearing potential unless adequate contraception is practiced. Pregnancy: There are no or limited amount of data from the use of safinamide in pregnant women. Xadago should not be given during pregnancy. Breast-feeding: Available pharmacodynamic/ toxicological data in animals have shown excretion of safinamide in milk. A risk for the breast-fed child cannot be excluded. Xadago should not be used during breast-feeding. Contraindications: Hypersensitivity to the active substance or to any of the excipients. Concomitant treatment with other monoamine oxidase (MAO) inhibitors or with pethidine. Xadago should not be used in patients with severe hepatic impairment nor in patients with albinism, retinal degeneration, uveitis, inherited retinopathy or severe progressive diabetic retinopathy. Warnings and Precautions: Xadago may be used with selective serotonin re-uptake inhibitors (SSRIs) at the lowest effective dose, with caution for serotonergic symptoms. The concomitant use of Xadago and fluoxetine or fluvoxamine should be avoided, or if concomitant treatment is necessary these medicinal products should be used at low doses. A washout period corresponding to 5 half-lives of the SSRI used previously should be considered prior to initiating treatment with Xadago. At least 7 days must elapse between discontinuation of Xadago and initiation of treatment with MAO inhibitors or pethidine. When safinamide is co-administered with products that are BCRP substrates, please refer to the SmPC for that particular medicinal product. Impulse control disorders can occur in patients treated with dopamine agonists and/or dopaminergic treatments. Patients and carers should be made aware of the behavioural symptoms of ICDs that were observed in patients treated with MAO-inhibitors, including cases of compulsions, obsessive thoughts, pathological gambling, increased libido, hypersexuality, impulsive behaviour and compulsive spending or buying. Safinamide used as an

adjunct to levodopa may potentiate the side effects of levodopa, and pre-existing dyskinesia may be exacerbated, requiring a decrease of levodopa. Somnolence and dizziness may occur during safinamide treatment, therefore patients should be cautioned about using hazardous machines, including motor vehicles, until they are reasonably certain that safinamide does not affect them adversely. Interactions: Safinamide must not be administered along with other MAO inhibitors (including moclobemide) as there may be a risk of non-selective MAO inhibition that may lead to a hypertensive crisis. Serious adverse reactions have been reported with the concomitant use of pethidine and MAO inhibitors. Concomitant administration of dextromethorphan or sympathomimetics such as ephedrine or pseudoephedrine, requires caution. Serious adverse reactions have been reported with the concomitant use of selective serotonin reuptake inhibitors (SSRIs), serotonin norepinephrine reuptake inhibitors (SNRIs), tricyclic/tetracyclic antidepressants and MAO inhibitors. In view of the selective and reversible MAO-B inhibitory activity of safinamide, antidepressants may be administered but used at the lowest doses necessary. Safinamide may transiently inhibit BCRP, a weak interaction was observed with rosuvastatin. It is recommended to monitor patients when safinamide is taken with medicinal products that are BCRP substrates (e.g., rosuvastatin, pitavastatin, pravastatin, ciprofloxacin, methotrexate, topotecan, diclofenac or glyburide) and to refer to their SmPCs to determine if a dose adjustment is needed. Side effects: Consult the summary of product characteristics for other side effects. Serious adverse reactions are known to occur with the concomitant use of SSRIs, SNRIs, tricyclic/tetracyclic antidepressants and MAO inhibitors, such as hypertensive crisis, neuroleptic malignant syndrome, serotonin syndrome, and hypotension. Other serious adverse reactions include bronchopneumonia, pyoderma, basal cell carcinoma, leukopenia, cachexia, hyperkalaemia, delirium, suicidal ideation, Parkinson's disease, syncope, cataract, glaucoma, diabetic retinopathy, eye haemorrhage, papilloedema, arrhythmia, myocardial infarction, hypertensive crisis, peptic ulcer, upper gastrointestinal haemorrhage, hyperbilirubinaemia, ankylosing spondylitis, prolonged QT on ECG, and fat embolism. Common undesirable effects include insomnia, dyskinesia, somnolence, dizziness, headache, Parkinson's Disease, cataract, orthostatic hypotension, nausea and fall. Further information is available from: Zambon UK Limited, Bicentennial Building, Southern Gate, Chichester, West Sussex, PO19 8EZ, United Kingdom. Email: infoUK@zambongroup.com

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Adverse reactions should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard. Adverse reactions should also be reported to Zambon UK Limited. at drugsafetyUK@ZambonGroup.com or telephone: +44 (0) 800 0288 942