

## EFFECTIVE SHARED CARE AGREEMENT OF TIZANIDINE FOR THE TREATMENT OF SPASTICITY ASSOCIATED WITH BRAIN INJURIES, MULTIPLE SCLEROSIS OR SPINAL CORD INJURY OR DISEASE

### RESPONSIBILITIES and ROLES

<b>Specialist clinician responsibilities</b>	
1	Discuss the benefits and side effects of treatment with the patient.
2	Check for possible drug interactions with tizanidine and patients regular medication. Avoid prescribing interacting drugs.
3	Assess likelihood of compliance.
4	Ensure patient is given sufficient information about their treatment.
5	Perform all baseline tests (including FBC, U&Es and LFTs).
6	Initiate and stabilise treatment with tizanidine. Stabilisation will usually take 4 weeks, but specialist will monitor for 4 months and will be handed over to GP only at the end of 4 months.
7	Supply medication until care is transferred to GP.
8	Ask the GP whether he or she is willing to participate in shared care and explain the intention to share care with patient/carer and obtain consent.
9	Monitors appropriately as stated on the monitoring requirements.
10	Inform GP of the dose to be prescribed, any changes in dose, when to stop treatment and when to refer the patient back to specialist clinician.
11	Ensure GP has access to blood results for information.
12	Monitor for side effects and report adverse events to the MHRA and GP where appropriate.
13	Inform GP if patient does not attend specialist appointments and action to be taken.
14	Have a mechanism in place to receive rapid referral of a patient from the GP in event of deteriorating clinical condition.
15	Ensure that clear backup arrangements exist for GPs to obtain advice and support.
<b>General Practitioner responsibilities</b>	
1	Reply to the request for shared care as soon as possible.
2	Prescribe tizanidine at the dose recommended.
3	Ensure compatibility with other concomitant medication.
4	Adjust the dose as advised by the specialist clinician.
5	Contact the specialist clinician if you suspect the patient is not complying with their medication.
6	Check for possible drug interaction when prescribing new medication and avoid prescribing interacting drugs.
7	GPs to monitor the liver function only if the patient develops new unexplained GI symptoms like unexplained nausea, anorexia or fatigue. If LFT increased to 3 times the upper limit, GP to wean the dose (not stop it abruptly) and refer to specialist immediately through the contact details provided.
8	Stop treatment on the advice of the specialist clinician or immediately if an urgent need to stop treatment arises but contact the specialist clinician immediately. Do not stop the medication suddenly especially when on high doses (on or above 20 mg/day) for long periods (more than 9 weeks) to avoid withdrawal adverse reactions and seek specialist opinion urgently to wean the dose gradually.
9	Refer the patient to the specialist clinician if his/her spasticity deteriorates.
10	Report any suspected adverse events to specialist team and any severe adverse events to MHRA.

Patient's / Carer's role	
1	Take tizanidine as recommended by specialist clinician.
2	Report to the specialist or GP if he / she do not have a clear understanding of the treatment.
3	Request repeat prescriptions from the GP at least 5 days before the next supply is needed.
4	Attend scheduled appointments with specialist clinician, GP for monitoring.
5	Share any concerns in relation to treatment with GP or specialist clinician.
6	Inform specialist clinician or GP of any other medication being taken, including over-the-counter products
7	Inform specialist clinician or GP if you feel you are having problems taking your medication or have stopped taking it.
8	Report any adverse effects to the specialist clinician or GP.

## SUPPORTING INFORMATION EFFECTIVE SHARED CARE AGREEMENT

Information on therapeutic indication, dosage, method of administration, side effects and management considerations in special populations can be found in the Summary of Product Characteristics for tizanidine available from [www.medicines.org.uk](http://www.medicines.org.uk)

## MONITORING REQUIREMENTS

Monitoring Interval	Liver function tests	GP or Specialist Clinician	Actions to be taken
Baseline assessment on initiation or on specialist review if initiation pre-dates recent introduction of guideline	✓	Specialist clinician	
Monitor liver function at 4 weeks after establishment on a stable dose.	✓	Specialist clinician	
Monitor liver function for those who develop new unexplained nausea, anorexia or fatigue.	✓	GP	If the serum levels of alanine aminotransferase (ALT) and/or aspartate aminotransferase (AST) have worsened since the last LFT done by specialist, wean the dose by 6 mg/24 hours and refer to specialist clinician immediately.

<b>Common Side effects</b>	Dizziness, Nausea , Arrhythmias, Hypotension , Rebound Hypertension, Hallucination, Raised LFTs. <b>Refer to BNF for the complete list.</b>
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**Clinically Significant Drug Interaction: Refer BNF for the complete list**

Concomitant use of tizanidine with **fluvoxamine or ciprofloxacin** (both CYP450 1A2 inhibitors) is contraindicated - Clinically significant and prolonged hypotension may result along with somnolence, dizziness and decreased psychomotor performance.

Co-administration of tizanidine with other inhibitors of CYP1A2 such as antiarrhythmics ( amiodarone ,mexiletene ,propafenone),cimetidine , some fluoroquinolones (enoxacin , norfloxacin) , and ticlopidine be avoided or used with caution.

Oral contraceptives have the potential to reduce the clearance of tizanidine.

Caution should be exercised when tizanidine is used concurrently with  $\beta$ -adrenoreceptor blocking drugs or digoxin which may potentiate hypotension or bradycardia.

Caution should be exercised when tizanidine is prescribed with drugs known to prolong QT interval.

**Additional information which cannot be found in the SPC**

**Reference**

Otero-Romero, S., Sastre-Garriga, J., Comi, G., Hartung, H.P., Soelberg Sørensen, P., Thompson, A.J., Vermersch, P., Gold, R. and Montalban, X., 2016. Pharmacological management of spasticity in multiple sclerosis: systematic review and consensus paper. *Multiple Sclerosis Journal*, 22(11), pp.1386-1396

**BACK-UP ADVICE AND SUPPORT**

Contact details	Telephone No.
Helpline:	01782 673687
For urgent advice: ask for Consultant Rehabilitation Medicine Dr A.Suthanthira-Singh, Dr A.Ball, Dr R. Singha, Dr C.Bezzina	01782673693, 01782673694, 01782673742 <a href="mailto:anita.singh@mpft.nhs.uk">anita.singh@mpft.nhs.uk</a>
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