

Guidance for People with Parkinsons and their doctors resulting from the recent notice of the pending Sinemet® product shortage

October 2018

MSD, the pharmaceutical company which produces Sinemet® products notified the Irish Medicine's regulatory body, the HPRA, that there will be a temporary shortage of two of their Sinemet® products from October 2018. This shortage is anticipated to last a number of months with the expected return to medication availability in Spring 2019. The shortage is temporary, global and described by MSD as being 'due to manufacturing constraints at a global level'. The HSE has sourced generic version of these medications which should be the first option explored with patients effected. The pharmacist should be able to provide the generic version without the need for the individual to return to prescriber for change in prescription.

What medicines will be affected?

Only the 2 medicines - Sinemet Plus® (25/100) and Sinemet®25/250 are affected in the first instance.

Supply of all other medicines for People with Parkinson disease is unaffected.

When will the medicines shortage start? How long will it last?

The shortage is likely to come into effect during October this year.

Information supplied by MSD suggests a normal return to medicines' availability in Spring 2019.

We recommend that over the next few months, you contact your pharmacist about filling your Sinemet® prescription about a week before it runs out to allow a satisfactory alternative to be sourced.

What alternatives are available?

The current medication substitution options for patients established on Sinemet products are:

1. Generic co-careldopa at an equivalent levodopa dose
2. Multiple dosings of Sinemet® LS 12.5/50 for Sinemet® Plus 25/100
3. Substituting Sinemet® 10/100 for Sinemet® 25/100 (*the '10mg' rather than '25mg' of carbidopa may cause some nausea in some patients*)
4. Substituting Sinemet® CR 50/200 for Sinemet®25/250
5. Madopar® - co-beneldopa – capsules at an equivalent levodopa dose, but this medication contains 'benserazide' rather than the 'carbidopa' which is present in Sinemet.
6. Stalevo® - likely at equivalent levodopa dose or 'consider a small dose reduction', but this medication also contains entacapone which your doctor would need to discuss with you.

Will I notice any difference on the new medication?

The basic active agent in Sinemet® and the alternatives above is levodopa, so you should be optimistic that your Parkinson's can be controlled close to current levels with the Sinemet® alternatives. In the event that your PD control worsens, then other therapy options can be explored directly with your prescriber/specialist.

How do I get more information?

Your local pharmacist can advise which alternatives are readily available and to ensure that they do not interact with other medications you may be taking.

Your GP can help with the prescription of alternatives.

Your Parkinson disease Nurse Specialist / Parkinson disease Doctor can also advise on alternatives.

When information about the return of the normal supply of the doses of Sinemet® becomes available to us, we will inform the advocacy groups – ‘The Parkinson’s Association of Ireland’ and ‘Move 4Parkinson’s’ so that they can help share the information with everyone. We will also inform your General Practitioners through their College, the ICGP.

Dr. Graham Hughes
Geriatrician, St. Vincent’s University Hospital
Dublin

Professor Tim Lynch
Clinical Lead, Neurology Programme
Neurologist Mater Misericordiae University Hospital, Dublin