NHS Bristol CCG NHS North Somerset CCG NHS South Gloucestershire CCG

BNSSG Shared Care Guidance Please complete all sections

Section 1: Heading

| Drug | Co-enzyme Q10 (ubiquinone/ubidecaranone) | |
|-------------------------|---|--|
| Amber three months | | |
| Indication | Inborn errors of Q10 synthesis Mitochondrial cytopathies | |
| Speciality / Department | Paediatric Metabolic Diseases | |
| Trust(s) | University Hospitals Bristol NHS Foundation Trust | |

Section 2: Treatment Schedule

| Usual dose and frequency of administration | Normal dose for mitochondrial disorders is 100 – 300 mg a day. Starting doses normally begin at 10 mg/kg and maximum doses of 30 mg/kg/day. Usual adult dose is 1 - 4 gram a day so routine to cap dose for children at adult dose. Normally, daily dose is given in 1 to 2 divided doses i.e. ONCE or TWICE a day |
|--|---|
| Route and formulation | Routes: oral, via nasograstric and PEG tubes Formulations: 30mg and 100mg capsules available from PharmaNord. Administration instructions: Capsules to be pierced and capsule contents to be given orally, via nasogastric tube or PEG tubes Can be given with a small amount of food/liquid. |
| Duration of treatment | Lifelong until no longer appropiate |

Section 3: Monitoring

Please give details of any tests that are required before or during treatment, including frequency, responsibilities (please state whether they will be undertaken in primary or secondary care), cause for adjustment and when it is required to refer back to the specialist.

Baseline tests - where appropriate

Muscle and skin biopsies performed at diagnosis (or soon after suspected diagnosis) to be undertaken in secondary care. Usually happens before transfer to primary care. Co-enzyme Q10 administration withheld 7 days prior to biopsy.

BNSSG Shared Care Guidance

Subsequent tests - where appropriate

Liver Function Test (will be taken and interpreted by secondary care)

Section 4: Side Effects

Please list the most common side effects and management. Please provide guidance on when the GP should refer back to the specialist.

| Side effects and management | Common or very common: diarrhoea, heartburn, nausea Rare: agitation/alertness/wakefulness, dizziness, headache, irritability |
|-----------------------------|--|
| Referral back to specialist | Any of above. Wakefulness can sometimes be alleviated by taking a larger portion of daily dose in the morning. Gl upset (cramps, aches, nausea and diarrhoea) can be alleviated by taking co-enzyme Q10 with food. |

Section 5: Drug Interactions

Please list clinically significant drug interactions (eMC link please click here)

| Significant Drug Interactions | Ubidecarenone may reduce or enhance the effect of warfarin. |
|---|---|
| Reminder to ask patient about specific problems | Nil |

Section 6: Contra-indications, Cautions and Special Recommendations

Please list

- 1. Caution: May reduce insulin requirement in diabetes mellitus
- 2. Reduce dose in moderate and severe hepatic impairment

Section 7: Advice to the patient

Advice for prescribing clinician to inform patient

- 1. Advice will provided by hospital initiating treatment.
- 2. Further reputable patient friendly information can be found at: http://www.medicinesforchildren.org.uk/ubidecarenone-mitochondrial-disease

Section 8: Responsibilities for Secondary Care

Core responsibilities

- 1. Initiating treatment and prescribing for the first three months
- 2. Undertaking the clinical assessment and monitoring for the first three months.
- 3. Communicate details of the above in 1 and 2 to GP within the first month of treatment. This information should be transferred in a timely manner.
- 4. Refer patients to GP and provide information of further action where appropriate e.g. blood test is due.

BNSSG Shared Care Guidance

- 5. To provide advice to primary care when appropriate.
- 6. Review concurrent medications for potential interaction prior to initiation of any medication. Paracetamol and ibuprofen are okay to give alongside co-enzyme Q10.
- 7. Stopping treatment where appropriate or providing advice on when to stop.
- 8. Reporting adverse events to the MHRA.
- 9. Reminder to ask patients about particular problems see section 5.

Other specific to drug

All therapeutic drug monitoring to be undertaken by secondary care

Section 9: Responsibilities for Primary Care

Core responsibilities

- 1. Responsible for taking over prescribing after the first three months
- 2. Responsible for the clinical assessment and monitoring after the first three months
- 3. Review of any new concurrent medications for potential interactions.
- 4. Reporting adverse events to the MHRA.
- 5. Refer for advice to specialist where appropriate.
- 6. Reminder to ask patients about particular problems see section 5.

Other specific to drug

Bristol Childrens Hospital recommend supplying patient with PharmaNord brand of coenzyme Q10.

Section 10: Contact Details

| Name | Organisation | Telephone Number | E mail address |
|---------------------------|--|---------------------|---|
| Dr. Germaine Pierre | Univerisity Hospitals Bristol NHS Foundation Trust | 0117 342 1694 | Germaine.Pierre@UHBristol.nhs.uk |
| Dr. Effie Chronopoulou | University Hospitals Bristol NHS Foundation Trust | 0117 342 1694 | Efstathia.Chronopoulou@UHBristol.nhs.uk |
| Will Batten | Univeristy Hopsitals Bristol Foundation Trust | 0117 342 7042 | William.Batten@UHBristol.nhs.uk |

Section 11: Document Details

| Date prepared | 17/08/2017 |
|-----------------------|---------------|
| Prepared by | Will Batten |
| Date approved by PJFG | November 2017 |

BNSSG Shared Care Guidance

| Date of review | November 2019 |
|----------------------------------|---------------|
| Document Identification: Version | V1.2 |

Section 12: Collaboration

Specialists in any one discipline are encouraged to collaborate across the health community in preparing shared care guidance. Please give details

1. Click here to enter details

Section 13: References

Please list references

- Saudebray, 2011, Inborn Metabolic Diseases: Diagnosis and Treatment, 5th Edition, Springer.
 British National Formulary for Children. Accessed online on 26/04/2016 via NHS Evidence.
- 3. Guys and St Thomas', Kings college and University Lewisham Hospitals, Paediatric Formulary, 9th Edition, 2012
- 4. Zschocke and Hoffmann, 2004, Vademecum metabolicum: Manual of metabolic paediatrics, 3rd Edition, Milupa Schattauer
- 5. Parikh et al, 2009, A Modern Approach to the Treatment of Mitochondrial Disease, Current Treatment