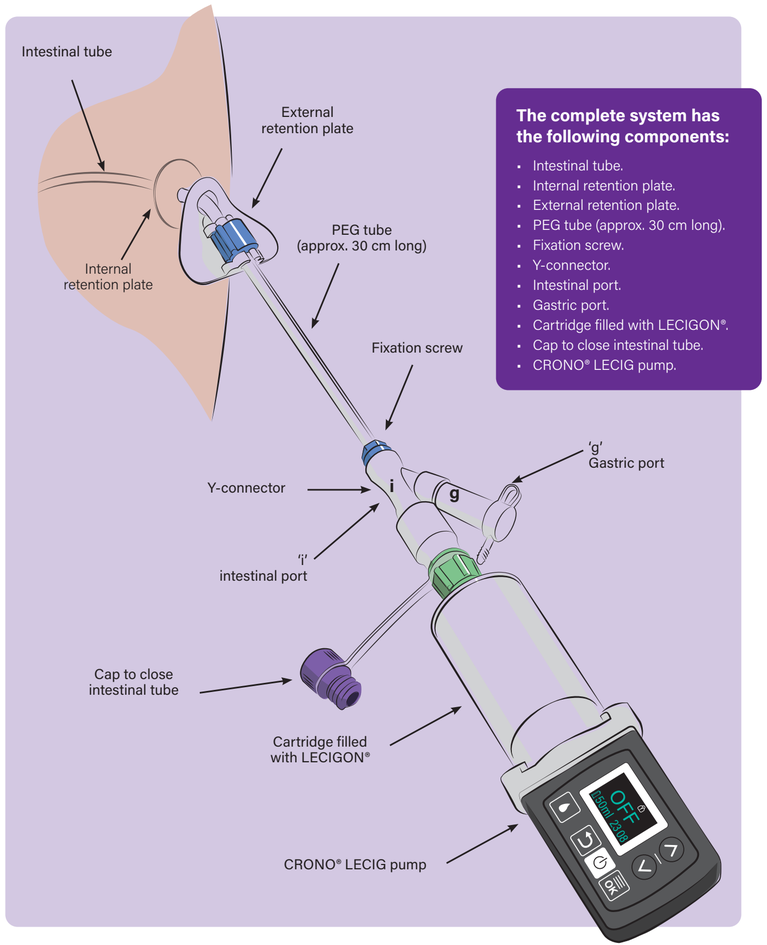
LECIGON® Components[1]

The PEG-J tube with pump attached:



The complete system has the following components:

- Intestinal tube.
- Internal retention plate.
- External retention plate.
- PEG tube (approx. 30 cm long).
- Fixation screw.
- Y-connector.
- Intestinal port.
- Gastric port.
- Cartridge filled with LECIGON®.
- Cap to close intestinal tube.
- CRONO® LECIG pump.

Prescribing information

LECIGON® 20 mg/ml + 5 mg/ml + 20 mg/ml intestinal gel

levodopa/carbidopa monohydrate/entacapone

PRESCRIBING INFORMATION

Indications Treatment of advanced Parkinson's disease with severe motor fluctuations and hyperkinesia or dyskinesia when available oral combinations of Parkinson medicinal products have not given satisfactory results.

Dosage and Administration *Adults/Elderly:* Administration by a portable infusion pump directly into the duodenum or upper jejunum via a percutaneous endoscopic gastrostomy (PEG) tube or radiological gastrojejunostomy tube. **Please consult Summary of Product Characteristics (SmPC) for further information.** Only pump CRONO® LECIG (CE 0476) may be used for the administration of LECIGON®. The dose should be titrated to achieve the optimal clinical response in the individual patient, which involves maximising the functional ON-time during the day by minimising the number and duration of OFF episodes (bradykinesia) and minimising ON-time with disabling dyskinesia. Total dose/day of LECIGON® is composed of three individually adjusted doses: the morning bolus dose, the continuous maintenance dose, and extra bolus doses. Treatment is usually limited to the patient's awake period. If medically justified, LECIGON® can be administered up to 24 hours/day. The maximum recommended daily dose is 100 ml (2000 mg levodopa, 500 mg carbidopa monohydrate and 2000 mg entacapone). **Please consult SmPC for further information.** Total morning dose is usually 5–10 ml (100–200 mg levodopa) but not exceeding 15 ml (300 mg levodopa). Continuous maintenance dose is usually 0.7–5.0 ml/hour (15–100 mg levodopa/hour). Extra bolus doses are given if the patient becomes hypokinetic and are normally less than 3 ml (60 mg levodopa). An increase in the continuous maintenance dose should be considered if the need for extra bolus doses exceeds 5 doses per day. **Please consult SmPC for further information.** After initial titration, the morning dose and maintenance dose are fine-tuned over the course of a few weeks. LECIGON® is initially given as monotherapy. If needed, other anti-Parkinsonian medicinal products can be taken concurrently. If treatment with other anti-Parkinsonian medicinal products is discontinued or changed, it may be necessary to adjust the doses of LECIGON®. Sudden deterioration in response with recurring motor fluctuations may indicate that the tube has dislocated to the stomach. This needs confirmation by X-ray and may require repositioning. **Please consult SmPC for further information.** The cartridge is for single use only and should not be used for more than 24 hours. *Children:* There is no relevant indication for use in children and adolescents.

Contraindications Hypersensitivity to the active substances or any excipients of the medicinal product, narrow-angle glaucoma, severe heart failure, severe cardiac arrhythmia, acute stroke, severe hepatic impairment. Non-selective MAO-inhibitors and selective MAO type A inhibitors are contraindicated and should be discontinued at least two weeks prior to initiating therapy with LECIGON®. Conditions in which adrenergics are contraindicated. Previous Neuroleptic Malignant Syndrome (NMS) and/or non-traumatic rhabdomyolysis. Suspected undiagnosed skin lesions or a history of melanoma. **Please consult SmPC for further information.**

Warnings and Precautions Not recommended for the treatment of drug-induced extrapyramidal reactions. Caution in ischaemic heart disease, severe cardiovascular or pulmonary disease, bronchial asthma, renal, hepatic or endocrine disease, or history of peptic ulcer disease or of convulsions, past or current psychosis, chronic wide-angle glaucoma, concomitant administration of antipsychotics with dopamine receptor blocking properties or with medicines which may cause orthostatic hypotension. In patients with a history of myocardial infarction who have residual atrial nodal or ventricular arrhythmias, cardiac function should be monitored with particular care during the period of initial dosage adjustments. Monitor all patients for mental changes, depression with suicidal tendencies, and other serious mental changes. Neuroleptic malignant like syndrome with secondary rhabdomyolysis may occur on abrupt dose reduction/discontinuation of LECIGON®. Patients should be monitored for the development of impulse control disorders and review of treatment is recommended if such symptoms develop. Patients and caregivers are advised to monitor for melanomas on a regular basis when using LECIGON®. Dose may need to be adjusted downwards to avoid levodopa-induced dyskinesia. Periodically evaluate hepatic, haematopoietic, cardiovascular and renal function during extended therapy. LECIGON® contains hydrazine, a degradation product of carbidopa that can be genotoxic and possibly carcinogenic. Reported complications for levodopa/carbidopa intestinal gel in clinical studies include bezoar, ileus, implant site erosion/ulcer, intestinal haemorrhage, intestinal ischaemia, intestinal obstruction, intestinal perforation, intussusception, pancreatitis, peritonitis, pneumoperitoneum and post-operative wound infection. Sudden or gradual worsening of bradykinesia may indicate an obstruction in the tubing system and should be investigated. Weight loss has been associated with the active substances contained in LECIGON®, and caregivers should therefore be aware of weight loss. Monitoring of weight is recommended to avoid severe weight loss. Prolonged or persistent diarrhoea that appears during use of entacapone could be a sign of colitis. In case of prolonged or persistent diarrhoea, treatment with the medicinal product should be discontinued and other appropriate medical treatment and investigation considered. Replacement of LECIGON® with either levodopa and a DDC inhibitor without entacapone or other dopaminergic therapy may be necessary and should be done slowly. For patients who experience progressive anorexia, asthenia and weight loss within a relatively short period of time, a general medical evaluation including liver function assessment should be considered. Please consult SmPC for further information.

Drug Interactions Antihypertensives, antidepressants, anticholinergics, dopamine receptor antagonists, benzodiazepines, isoniazid, phenytoin, papaverine, sympathomimetics, iron, protein-rich diet, amantadine and dopamine agonists (e.g. piribedil) may increase levodopa-related adverse events. LECIGON® dose adjustment may be needed when used with these medicines. LECIGON® can be taken with MAO type B inhibitors (e.g. selegiline) although serious orthostatic hypotension may occur and the dose of levodopa may need to be reduced. LECIGON® may affect metabolism of medicinal products such as S-warfarin and patients should be monitored during initiation with LECIGON® therapy when used with this medicine. **Please consult SmPC for further information.**

Pregnancy and lactation LECIGON® is not recommended during pregnancy or in women of childbearing potential not using contraception unless the benefits for the mother outweigh the possible risks to the foetus. It is unknown whether carbidopa and entacapone or their metabolites are excreted in human milk. Breastfeeding should be avoided during treatment with LECIGON®.

Ability to drive and operate machinery Caution; LECIGON® can have a major influence on the ability to drive and use machines. Refrain if somnolence and/or sudden sleep episodes occur.

Side Effects *Very common*: Weight loss, anxiety, depression, insomnia, dyskinesia, Parkinson's disease/Exacerbation of parkinsonism (e.g. bradykinesia). Orthostatic hypotension, nausea, constipation, diarrhoea, pain in muscles and tissues, musculoskeletal pain, chromaturia, urinary tract infection and fall. *Common*: Anaemia, elevated amino acid level (elevated methylmalonic acid), elevated homocysteine in the blood, decreased appetite, weight gain, vitamin B6 deficiency, vitamin B12 deficiency, nightmares, agitation, confused state, hallucination, impulse control disorder, psychotic disorders, sleep attacks, sleep disorder, dizziness, dystonia, headache, hypoaesthesia, on-off phenomenon, paraesthesia, polyneuropathy, somnolence, syncope, tremor, hyperkinesia, blurred vision, irregular heart rate, ischaemic heart disease other than myocardial infarction (e.g. angina pectoris), hypertension, hypotension, dyspnoea, oropharyngeal pain, aspiration pneumonia, abdominal distension, abdominal pain, abdominal discomfort, dry mouth, dysgeusia, dyspepsia, dysphagia, flatulence, vomiting, contact dermatitis, hyperhidrosis, pruritus, skin rash, arthralgia, muscle spasms, neck pain, urinary incontinence, urinary retention, asthenia, chest pain, fatigue, gait disturbance, pain and peripheral oedema. Serious adverse reactions for gastrointestinal haemorrhage (uncommon) and angioedema (rare) have been identified from clinical trials with oral levodopa/carbidopa/entacapone or entacapone in combination with levodopa/DDC inhibitor. Serious hepatitis with mainly cholestatic elements, rhabdomyolysis and neuroleptic malignant syndrome may occur with oral levodopa/carbidopa/entacapone, although no case has been identified from clinical trials. Please consult the SmPC for other less common and rarely reported side effects.

Complications of the device and surgery: *Very common*: Postoperative wound infection, abdominal pain, excessive granulation tissue, complications of device insertion, incision site erythema, post-procedural discharge, procedural pain, procedural site reaction. *Common:* Incision site cellulitis, post-procedural infection, abdominal discomfort, upper abdominal pain, peritonitis, pneumoperitoneum, device dislocation, device occlusion, gastrointestinal stoma complication, incision site pain, postoperative ileus, post-procedural complication, post-procedural discomfort, post-procedural haemorrhage. **Please consult SmPC for further information.**

Presentation and Basic NHS Cost contains 20mg/ml levodopa, 5mg/ml carbidopa monohydrate and 20mg/ml entacapone. Basic NHS cost £532.06 per carton of 7 cartridges.

Marketing Authorisation Number PL 53856/0001

Legal Category: POM

API Revision date: May 2024

Marketing Authorisation Holder: LobSor Pharmaceuticals AB, Kälsängsgränd 10 D, SE-753 19 Uppsala, Sweden

Full prescribing information and further information is available from Britannia Pharmaceuticals at medinfo@britannia-pharm.com or 0808 196 8585

Version Number: Lecigon.PI.V2

Adverse events should be reported. Reporting forms and information can be found at http://www.mhra.gov.uk/yellowcard or search for MHRA Yellow Card in the Google Play or Apple App Store. Adverse events should also be reported to Britannia Pharmaceuticals Ltd at dso@britannia-pharm.com or 0808 196 8585.

BRITANNIA PHARMACEUTICALS LTD
STADA GROUP

This guide has been produced and funded by Britannia Pharmaceuticals Ltd.

UK-LECIGON-2400098
Date of Preparation: September 2024

LECIGON®
levodopa, entacapone, carbidopa intestinal gel

This material is intended for healthcare professionals practising in England only.

Please read the indication at the bottom of this page before prescribing.

CRONO® LECIG Pump Guide

Adverse events should be reported. Reporting forms and information can be found at http://www.mhra.gov.uk/yellowcard or search for MHRA Yellow Card in the Google Play or Apple App Store. Adverse events should also be reported to Britannia Pharmaceuticals Ltd at dso@britannia-pharm.com or 0808 196 8585.

This guide has been produced and funded by Britannia Pharmaceuticals Ltd.

LECIGON® is indicated for the treatment of advanced Parkinson's disease with severe motor fluctuations and hyperkinesia or dyskinesia when available oral combinations of Parkinson's medicinal products have not given satisfactory results.[1]

Prescribing information can be found on the last page.

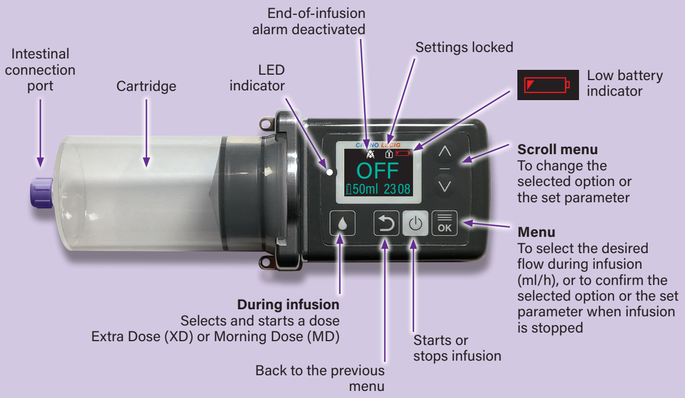
BRITANNIA PHARMACEUTICALS LTD
STADA GROUP

1. LECIGON® 20 mg/ml + 5 mg/ml + 20 mg/ml intestinal gel. Summary of Product Characteristics. UK-LECIGON-2400098 – Date of Preparation: September 2024

CRONO® LECIG pump screen and buttons[1]

This short guide provides an overview of the CRONO® LECIG pump and its functionality. For full details of how to programme the pump, please refer to the CRONO® LECIG pump user manual.

LECIGON® is administered using a lightweight and portable CRONO® LECIG pump and delivered via a gastric tube (PEG-J) directly into the upper part of the small intestine. LECIGON® is supplied with a specially designed CRONO® LECIG pump, tubes, carrier materials and information materials for healthcare teams and patients.



Pump alarm: In case of a pump alarm, the display will show an error code, and the LED indicator will light up.

CODE: OCCL

Cause: Occlusion – the pump or tube is blocked.

Corrective action: Remove the cause of the blockage, and ensure the PEG-J tube is not folded/kinked (please see "How to Remedy an Occlusion" on page 81 of the CRONO® LECIG pump User Manual).

CODE: BATT

Cause: The battery is flat and the pump can no longer function.

Corrective action: Replace the battery (please see "Replacing the Battery" on page 76 of the Pump User Manual).

For full details, please see page 80 of the CRONO® LECIG pump User Manual.

LECIG: Levodopa-entacapode-carbidopa intestinal gel.

Starting the pump and administering a morning dose[1]

A. Press any button on the CRONO® LECIG pump to turn on the display.

B. To switch on the pump, press and hold the **ON/OFF** button until 'ON' shows on the display.

C. Press and hold the **DROPLET** button.

D. Use the up and down **ARROW** buttons to select 'morning dose' on the menu. Press and hold the **DROPLET** button to start the selected dose. The CRONO® LECIG pump will now deliver the morning dose.

Continuous maintenance dose and use of extra doses[1]

Continuous maintenance dose (CD)
Once the CRONO® LECIG pump has finished delivering the morning dose, it will automatically switch to delivering the continuous maintenance dose and continue to run for the rest of the day.

Switching between programmed continuous flow rates:

A. Press any button to turn on the display.

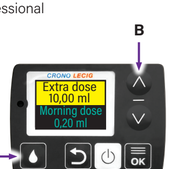
B. When the pump is operating, press and hold the **OK** button.

C. Select the desired flow using the **UP/DOWN** arrows. Press **OK** to confirm.

Extra dose (XD)
If symptoms of Parkinson's disease appear, an XD can be administered as suggested by the relevant healthcare professional

To administer an XD:

A. Press any button to turn on the display, then press and hold the **DROPLET** button.



B. Use the up and down **ARROW** buttons to select 'extra dose' on the menu.

C. Press and hold the **DROPLET** button. The CRONO® LECIG pump will now deliver the XD.

The amount of the XD is manually set. It is normally less than 3.0 ml but is adjusted for patients individually and is usually determined during the test period. The interval between XD is also manually set, with the minimum interval being 15 minutes. However, if the need for XD exceeds five per day, the continuous maintenance dose should be increased, as long as there is no dyskinesia.

The patient's HCP should always be consulted prior to any medication changes.

Temporarily stopping or restarting an infusion[1]

A. Press any button to turn on the display. Press and hold the **ON/OFF** button. The prompt 'STOP?' shows on the display.

B. Press **OK** to stop the infusion.

C. The word 'STOP' appears on the display, and the infusion is stopped.

D. Press any button to turn on the display. Press and hold the **ON/OFF** button to restart the infusion.

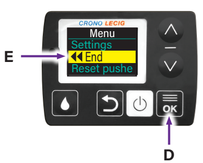
E. The word 'ON' shows on the display.

Stopping the infusion and setting up pump for new infusion[1]

A. Press any button to turn on the display. Stop the infusion by pressing and holding the **ON/OFF** button. The prompt 'STOP?' shows on the display.

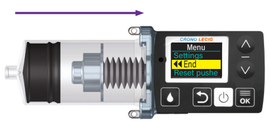
B. Press **OK** to stop the infusion. 'STOP?' appears on the display, and the infusion is stopped.

C. Unscrew the cartridge from the intestinal port and put the cap on the port.



D. Press any button to turn on the display. Press and hold the **OK** button. The display shows the Main Menu.

E. Press the down arrow to select **END**. Press **OK** to confirm the retraction of the pusher.



F. After 10 seconds the pusher will begin to retract. This takes approx. 6 minutes.

G. When retracted fully, remove the cartridge from the pump.

H. The pump will turn itself off, ready to start a new infusion.

CRONO® LECIG pump 24 hour technical helpline +44 (0)808 196 4242

1. CRONO® LECIG pump user manual.