

*Berkshire West Clinical Commissioning Group
Buckinghamshire Clinical Commissioning Group
East Berkshire Clinical Commissioning Group
Oxfordshire Clinical Commissioning Group*

Thames Valley Priorities Committee Commissioning Policy Statement

Policy No. 120c (TVPC94) Primary Restless Legs Syndrome (RLS) (Willis-Ekbom disease)

Recommendation made by the Priorities Committee: July 2019

Date Approved by CCG October 2019

Date of issue: July 2008, August 2016, October 2019

Thames Valley Priorities Committee has considered the evidence of clinical and cost effectiveness of the management of primary restless legs syndrome (RLS).

A referral for specialist opinion will be funded for severe symptoms of RLS ie patients with a score of more than 21 on the International Restless Legs Syndrome Rating Scale (IRLSRS)¹ if the following criteria are met:

- Ferritin levels have been checked and management commenced if appropriate AND
- At least one dopamine agonist has been tried and symptoms have not responded to treatment. This may include pramipexole or ropinirole. Gabapentin has a different mode of action and is off label for RLS but may also be considered as per NICE Clinical Knowledge Summary (CKS)²

Referral for specialist opinion is recommended if diagnosis is uncertain

1 <https://www.rls-uk.org/diagnosis>

2 <https://cks.nice.org.uk/restless-legs-syndrome>

NOTES:

- Potentially exceptional circumstances may be considered by a patient's CCG where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual's health status.

- This policy will be reviewed in the light of new evidence or new national guidance, e.g., from NICE.
- Thames Valley clinical policies can be viewed at <http://www.fundingrequests.ccsu.nhs.uk/>
- Oxfordshire CCG clinical policies can be viewed at <http://www.oxfordshireccg.nhs.uk/professional-resources/policies>