Independent Medical Education (IME)

Request for Proposal (RFP) – Live annual meetings for RLS healthcare providers

Disease Areas: Restless Legs Syndrome

Contact: **medicalaffairs@noctrixhealth.com**

Date ranges:

- January 1, 2026 to December 31, 2026

Scope of events

- Live annual meetings with clinicians who manage restless legs syndrome patients (RLS HCPs) are in-scope and the primary focus.
- RLS HCPs may include MDs and APPs and may include sleep specialists, neurologists, movement disorder specialists, pulmonologists, psychiatrists, and primary care practitioners. However, education of RPSGTs or other non-prescribers would be out-of-scope.
- National meetings are the primary focus, but regional or state meetings with high attendance of RLS HCPs will be considered.
- Annual meetings are the primary focus, but quarterly meetings with high attendance of RLS HCPs will be considered.
- Events focusing on pediatrics or adolescents are not in-scope.
- Virtual educational opportunities may be considered only if there is no comparable live event.
- All initiatives must be U.S.-based only.

Eligibility Criteria

- Societies/associations, academic centers, hospital systems, and medical education companies all may be eligible if they meet the requirements below.
- U.S. based education provider
- ACCME-accredited to provide CME/CE and in good standing

Primary Learning Audiences:

- Primary care practitioners (medical doctors, nurse practitioners, and physician assistants)
- Neurologists and movement disorder specialists
- Sleep specialists

Support Available:

- Support will vary depending on number of learners and scope (nationwide vs. state).

Opportunity:

In most cases, RLS is initially managed by primary care practitioners and initial treatment often involves prescription of dopamine agonist (DA) medications. In many other cases, RLS patients are initially referred to a neurologist, movement disorder, or sleep specialist. Among many of these prescribers, DAs have been the most common first-line treatment for RLS for the past 20 years. While effective in the short-term, long-term DA treatment leads to drug-induced worsening of RLS, termed "augmentation" [1,2]. Augmented patients are especially challenging to manage [3] partially because they have diminished response to other medications [4]. As a result, the most recent clinical practice guideline (CPG) for RLS have changed DAs from being a first-line treatment to a treatment that is recommended against and recommends alternative evidence-based treatments with lower long-term risk. These recommended alternatives include pharmaceuticals (alpha-2-delta ligands & opioids), intravenous iron, and high-frequency peroneal nerve stimulation [5]. Many prescribers may be unaware of the risks of prescribing DAs and unaware of the available alternatives to DAs.

Therefore, there is a need to educate RLS HCPs on:

1. the reasons why DAs are no longer recommended,
2. how to detect and prevent augmentation in RLS patients,
3. non-DA treatments that are recommended,
4. non-drug treatments that are recommended,
5. comparing risks and side-effects of non-DA treatments.

References:

1. García-Borreguero D, Allen RP, Kohnen R, et al. Diagnostic standards for dopaminergic augmentation of restless legs syndrome: report from a World Association of Sleep Medicine-International Restless Legs Syndrome Study Group consensus conference at the Max Planck Institute. *Sleep Med*. 2007;8(5):520-530. doi:10.1016/j.sleep.2007.03.022

2. Garcia-Borreguero D, Silber MH, Winkelman JW, et al. Guidelines for the first-line treatment of restless legs syndrome/Willis-Ekbom disease, prevention and treatment of dopaminergic augmentation: a combined task force of the IRLSSG, EURLSSG, and the RLS-foundation. *Sleep Med*. 2016;21:1-11. doi:10.1016/j.sleep.2016.01.017

3. Winkelman JW. Treating Severe Refractory and Augmented Restless Legs Syndrome. *Chest*. 2022;162(3):693-700. doi:10.1016/j.chest.2022.05.014

4. Garcia-Borreguero D, Cano-Pumarega I, Garcia Malo C, Cruz Velarde JA, Granizo JJ, Wanner V. Reduced response to gabapentin enacarbil in restless legs syndrome following long-term dopaminergic treatment. *Sleep Med*. 2019;55:74-80. doi:10.1016/j.sleep.2018.11.025

5. Winkelman JW, Berkowski JA, DelRosso LM, et al. Treatment of restless legs syndrome and periodic limb movement disorder: an American Academy of Sleep Medicine clinical practice guideline. J Clin Sleep Med. 2025;21(1):137-152. doi:10.5664/jcsm.11390