### Appropriately switching antiepileptic drugs (AEDs)

#### Introduction

Over £429 million is spent annually on all AEDs nationally (ePACT March 2014). QIPP projects in this area focus on reducing unnecessary expenditure on AEDs, but within the current guidance on safely switching from branded to generic AEDs.

#### Key recommendations

- Only consider switching brands of AEDs which the Medicines and Healthcare Products Regulatory Agency (MHRA) and Commission on Human Medicines (CHM) advise are suitable for switching, where practical.\(^1,2\)
- All AEDs in category 3 should be prescribed generically when initiated to maximise savings available. Consider initiating category 2 AEDs on generic prescriptions.
- Category 1 AEDs must always be prescribed as a specific manufacturer’s product (by brand name and formulation) to ensure that the patient is maintained on it.
- Consider a generic switch for all AEDs prescribed for indications other than epilepsy (e.g. neuropathic pain).
- When considering switching appropriate patients to generic AEDs, ensure all patient factors are considered. Only switch suitable patients, not those with any contraindications. See principles for switching in the evidence base section of the accompanying bulletin.\(^3\)
- Following recent loss of seizure control where extra (adjunctive therapy) or a new AED will be prescribed, even those where a switch is not recommended, consider initiating a generic version if felt appropriate.\(^3\)

#### Supporting evidence

The CHM reviewed spontaneous adverse reactions (yellow cards), publications reporting possible harm from brand to generic switching and characteristics of AEDs. They classified AEDs into three categories based on therapeutic index, solubility and absorption to help prescribers and patients decide if staying on a specific manufacturer’s product is necessary.\(^2\) These three categories are shown in Table 1 on the following page, along with advice to the doctor prescribing AEDs.

Only consider switching from brand to generic AEDs if there is a significant clinical or financial benefit. Risks involved in switching AEDs should be minimised.\(^3\) Consider the impact of the switch: a brand-to-generic switch is likely to cause increased anxiety for many patients (with epilepsy), which may be a reason for increased clinic visits (possibly undue concern).\(^4\) Stress may also trigger a seizure,\(^5\) increasing the disease burden to the patient/carer and costs to the NHS. Suitable patient information and support from the community pharmacist may help patients with any concerns, who are prone to these issues.\(^1\)

#### Savings available

Considerable savings can be released by appropriate switching from branded to generic AEDs in categories 2 and 3, where seizure control can be maintained.

If 50% of products in category 2 (where a generic is available) were switched to generic, the total national savings available would be **over £12.4 million, this is equivalent to £21,992 per 100,000 patients**

The switch amount of 50% is an estimate and may not all be achievable. Switching in this category would depend on whether the prescriber and patient think it is suitable to switch to generic products based on seizure frequency and treatment history.

If 100% of products in category 3 (where a generic is available) were switched to generic, the total national savings would be **over £13.7 million, this is equivalent to £24,219 per 100,000 patients**.

The switch amount of 100% is again an estimate. For category 3 AEDs, it is usually unnecessary to ensure that patients are maintained on a specific manufacturer’s product. However, a switch would still not be appropriate if the prescriber has any specific concerns such as:

- Patient anxiety, which may trigger a seizure.
- Risk of confusion or dosing errors, from having several packs at home of a different appearance.
<table>
<thead>
<tr>
<th>Category</th>
<th>Advice for doctors</th>
<th>AEDs in category</th>
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| 1       | Doctors are advised to ensure that their patient is maintained on a specific manufacturer’s product.                                                                                                                | • phenytoin  
• carbamazepine  
• phenobarbital  
• primidone |
| 2       | Doctors are advised to use their clinical judgement (in consultation with their patient and/or their carer) to determine whether it would be advisable for them to be maintained on a specific manufacturer’s product, taking into account factors such as seizure frequency and treatment history. | • valproate  
• lamotrigine  
• perampanel  
• retigabine  
• rufinamide  
• clobazam  
• clonazepam  
• oxcarbazepine  
• eslicarbazepine  
• zonisamide  
• topiramate |
| 3       | Doctors are advised that it is usually unnecessary to ensure that their patients are maintained on a specific manufacturer’s product, unless there are specific concerns such as patient anxiety or risk of confusion or dosing errors (from having several packs of different appearance). | • levetiracetam  
• lacosamide  
• tiagabine  
• gabapentin  
• pregabalin  
• ethosuximide  
• vigabatrin |

**References**


5. Stress and Epilepsy. Epilepsy Action  
   [www.epilepsy.org.uk/info/stress](www.epilepsy.org.uk/info/stress)  Accessed 03.03.14