Therapeutics Advisory Group

Improving lives together
Norfolk and Waveney Integrated Care System

Prescribing Guidance Update
Cenobamate for focal onset seizures in epilepsy - TA753
April 2023 v1.0

Key Message

In Norfolk and Waveney, **Cenobamate** has been awarded a classification of **AMBER 0 – Prescribe the drug and perform a basic level of monitoring e.g., annual review** for treating focal onset seizures in epilepsy as per NICE TA753 **GP would not be asked to prescribe until the patient has reached their stable dose.**

NICE Guidance

NICE TA753 - Cenobamate for treating focal onset seizures in epilepsy was published in December 2021.

Cenobamate is recommended by NICE as an option for treating focal onset seizures with or without secondary generalised seizures in adults with drug-resistant epilepsy that has not been adequately controlled with at least 2 antiseizure medicines, only if:

- it is used as an add-on treatment, after at least 1 other add-on treatment has not controlled seizures
- treatment is started in a tertiary epilepsy service.

Prescribing

Initiation

The specialist will initiate the medication accordingly and adjust the dose until the patient is stable. Patients are expected to reach their stable dose after approximately 3 months, at which point GPs will be asked to continue prescribing. Some patients may require a slower titration, in which case the **GP would not be asked to prescribe until the patient has reached their stable dose.**

Continuation

On-going prescribing can be continued by a GP. The GP is **NOT** expected to titrate the dose. The responsibility for titrating the dose or stopping treatment due to lack of effect or side effects remains with the specialist.

Special warnings and precautions

MHRA published a Drug Safety Update - Antiepileptics: risk of suicidal thoughts and behaviour in Decmeber 2014.

Antiepileptic treatment is associated with a small risk of suicidal thoughts and behavior. Patients and caregivers of patients should be alert to any mood changes, distressing thoughts, or feelings about suicide or harming themselves at any point during treatment and should be advised to seek medical advice should any signs emerge.

Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS)

DRESS has been reported in association with Cenobamate when started at higher doses and titrated rapidly (weekly or faster titration). Patients should be advised of the signs and symptoms of DRESS and monitored closely for skin reactions.

Symptoms of DRESS include typically, although not exclusively,
fever, rash associated with other organ system involvement, lymphadenopathy, liver function tests abnormalities and eosinophilia. If signs and symptoms suggestive of these reactions appear, Cenobamate should be withdrawn immediately, and an alternative treatment considered (as appropriate).

QT Shortening:
A dose-dependent shortening of the QTcF interval has been observed with Cenobamate. Clinicians should use caution when prescribing Cenobamate in combination with other medicinal products that are known to shorten the QT. Cenobamate must not be used in patients with Familial Short-QT syndrome.

Pregnancy:
There is no adequate data from the use of Cenobamate in pregnant women. Women of childbearing potential must use effective contraception during use of cenobamate and until 4 weeks after treatment discontinuation.
Any woman of childbearing potential or planning a pregnancy whilst on this drug should be referred for specialist review.

Potential Drug Interactions with other Antiepileptic Drugs (AEDs)

When used concomitantly with Cenobamate, no dosage adjustments are needed for: Carbamazepine, Lacosamide, Levetiracetam, Oxcarbazepine and Valproic acid.

Recommended dose adjustments depending on individual patient response:

Concomitant AED	Cenobamate
Lamotrigine	Depending on individual response, the dose of cenobamate may need to be increased.
Clobazam • May require dose reduction	No dose adjustment required
Phenobarbital • May require dose reduction based on individual response (Phenobarbital concentration should be monitored during Cenobamate titration)	
Phenytoin • May require dose reduction based on individual response (Phenobarbital concentration should be monitored during Cenobamate titration)	

References

NICE Guidance - Cenobamate for treating focal onset seizures in epilepsy
SPC - Cenbamate
BNF - Cenobamate
MHRA Drug Safety Update - Antiepileptics: risk of suicidal thoughts and behaviour

Adapted for local use from document developed by Kent and Medway Joint Prescribing Committee (JPC)

Title	Prescribing Guidance Update Cenobamate for focal onset seizures in epilepsy - TA753
Description of policy	*To inform healthcare professionals*
Scope	*Norfolk and Waveney Integrated Care System*
Prepared by	Norfolk and Waveney ICB Medicines Optimisation Team
Impact Assessment (Equalities and Environmental)	*Please indicate impact assessment outcome:* *Positive impact* *Adverse impact - low - action plan completed as per guidance* *Adverse impact - medium - action plan completed as per guidance* *Adverse impact - high - action plan completed as per guidance* *No impact* ***No policy will be approved without a completed equality impact assessment***
Other relevant approved documents	
Evidence base / Legislation	Level of Evidence: *A. based on national research-based evidence and is considered best evidence* ***B. mix of national and local consensus*** *C. based on local good practice and consensus in the absence of national research based information.*
Dissemination	Is there any reason why any part of this document should not be available on the public web site? ☐ Yes / No ☒
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Authorised by	*Norfolk & Waveney Drug Integrated Care Board on behalf of the ICS April 2023*
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