NHS Suffolk and North East Essex

Anti-epileptic medication – a Primary care guideline on managing a supply shortage

Prescriptions for anti – epileptic medications should ideally be on its own prescription without any other medication.

Category 1 - Carbamazepine, phenobarbital, phenytoin, primidone.

MHRA Advice for prescribing:
Ensure that the patient is maintained on a specific manufacturer's product.

- Community pharmacy to contact wholesaler(s) to ascertain reason for supply disruption and expected resupply date if known. Cross reference these timescales against the number of days treatment the patient has.
- Patient could try an alternative pharmacy if in agreement.

Shortage is confirmed

Category 2 – Clobazam, clonazepam, eslicarbazepine, lamotrigine, oxcarbazepine, perampanel, rufinamide, topiramate, valproate, zonisamide.

MHRA Advice for prescribing
Base the need for continued supply of a particular manufacturer's product on clinical judgement and consultation with patient and/or carer, taking into account factors such as seizure frequency, treatment history, patient/carer-related factors (i.e. negative perceptions about alternative products, other issues related to the patient.

- Community pharmacy to contact wholesaler(s) to ascertain reason for supply disruption and expected resupply date if known. Cross reference these timescales against the number of days treatment the patient has.
- Patient could try an alternative pharmacy if in agreement.

Shortage is confirmed

- Check with the patient/GP practice if a reason for a specific named product.
- Discuss with the patient if they are happy to try alternative brand/generic (same active ingredient)?

Where it is inappropriate to supply a different brand/manufacturers generic then

- Where community pharmacy continues to be unable to obtain stock and supply is less than 7-10 days – the community pharmacy should contact the GP who can seek urgent Advice & Guidance (A&G) from the patient's epilepsy specialist.
- Community pharmacist to ensure the patient/carer understands the **clinical significance of maintaining continuity of treatment and, if needed, assists the patient to escalate to their prescriber**.
- Potential prescription to be dispensed by secondary care (if Hospital Pharmacy stock is confirmed) at the request of the neurology/epilepsy nurse specialist where there is a risk of going without. Please note - Hospital Pharmacies **cannot** access electronic prescriptions generated in primary care, and stock shortages can also affect Hospital Pharmacy - in this situation a contingency should be agreed with the specialist.
- For dispensing valproate and topiramate - consider the regulations under the Pregnancy Prevention Programme, i.e. Risk Acknowledgement Form (RAF) in place, dispense in whole packs whenever possible to ensure warning text about the risks in pregnancy are present.

Produced by SNEE Medicines Optimisation team in collaboration with ESNEFT & WSFHT Epilepsy Specialist nurses and the Medication Safety Collaborative. Approved by: IMOC 9th September 2025

Category 3 – Brivaracetam, ethosuximide, gabapentin, lacosamide, levetiracetam, pregabalin, tiagabine, vigabatrin.

MHRA Advice for prescribing

For these drugs, the potential for clinically relevant differences to exist between different manufacturers' products is considered to be extremely low. However, consider other patient/carer-related factors, such as negative perceptions about alternative products and/or other issues related to the patient.

- Community pharmacy to contact wholesaler(s) to ascertain reason for supply disruption and expected resupply date if known. Cross reference these timescales against the number of days treatment the patient has.
- Patient could try an alternative pharmacy if in agreement.

Shortage is confirmed

- Check with the patient/GP practice if a reason for a specific named product.
- Discuss with the patient if they are happy to try alternative brand/generic (same active ingredient)?

Where it is an excipient that is of concern i.e. lactose then an alternative generic may be appropriate. Check SPC

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Resources

Further patient information:

- Epilepsy Society Generic and branded anti-seizure medications patient information
- Epilepsy Action Switching between different versions of epilepsy medicine

Further HCP information

- MHRA Antiepileptic drugs: updated advice on switching between different manufacturers' products
- BNF Epilepsy treatment summaries
- SPS: Switching brand and generic anti-seizure medicines for epilepsy

Prevention of Future Deaths Report:

Unavailability of Tegretol: David Crompton: Prevention of Future Deaths Report - Courts and Tribunals Judiciary

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