

## Commissioning Policy

### Prescribing of Levetiracetam in Leeds

The NHS Leeds Clinical Commissioning Group does not support the prescribing of Levetiracetam by the Keppra® brand. Levetiracetam should be prescribed generically.

The only exception to this is in the following:

- The management of patients who are currently prescribed the Keppra® brand of levetiracetam and are seizure free.

***NB If the specialist clinician feels there are exceptional circumstances where a patient would benefit from remaining on a specific brand (e.g. mental health problems, co-morbid autism or learning disabilities), this must be documented in the patient's notes and the Keppra® brand may be prescribed.***

#### Rationale for decision

- The MHRA issued guidance in Nov 2013 (see below) regarding which antiepileptic drugs should be prescribed by brand and which ones do not need this.
- This guidance was updated in November 2017 and the classification for Levetiracetam prescribing has not changed. However, the updated guidance allowed for the above exceptional circumstances to be taken into account.

#### MHRA Guidance switching between different manufacturers' products for a particular antiepileptic drug

- **Category 1** – phenytoin, carbamazepine, phenobarbital, primidone  
For these drugs, doctors are advised to ensure that their patient is maintained on a specific manufacturer's product
- **Category 2** – valproate, lamotrigine, perampanel, retigabine, rufinamide, clobazam, clonazepam, oxcarbazepine, eslicarbazepine, zonisamide, topiramate  
For these drugs, the need for continued supply of a particular manufacturer's product should be based on clinical judgement and consultation with patient and/or carer, taking into account factors such as seizure frequency and treatment history
- **Category 3** - levetiracetam, lacosamide, tiagabine, gabapentin, pregabalin, ethosuximide, vigabatrin  
For these drugs, it is usually unnecessary to ensure that patients are maintained on a specific manufacturer's product unless there are specific reasons such as patient anxiety and risk of confusion or dosing errors

#### References

- 1) Drug Safety Update date volume 7 issue 4, November 2013
- 2) Drug Safety Update volume 11, issue 4; November 2017

**V2.0 updated by Jo Alldred, NHS Leeds CCG May 2021 – Review due May 2022**