NHSGGC Central Prescribing
MEMORANDUM

To: All prescribers in Primary Care, NHS Greater Glasgow and Clyde

From: Central Prescribing Team, Pharmacy Services

Date: January 2019

Subject: Shortage – Carbagen® (carbamazepine) tablets

Background

There is currently a shortage of Carbagen® brand carbamazepine tablets. Carbagen® tablets are licensed for the treatment of:

- epilepsy (generalised tonic–clonic and partial seizures),
- paroxysmal pain of trigeminal neuralgia, and
- prophylaxis of manic-depressive psychosis in patients unresponsive to lithium therapy.

There are only very small numbers of patients in NHSGGC prescribed Carbagen® tablets by brand, however there are larger numbers of patients receiving Carbagen® against generically written prescriptions.

Due to reports of loss of seizure control and/or worsening of side-effects in patients with epilepsy around the time of switching between products, the MHRA has classified carbamazepine as a Category 1 antiepileptic drug. This means that doctors are advised to ensure that their patient is maintained on a specific manufacturer's product.
Any patient with epilepsy who has been receiving Carbagen tablets against a generic prescription will need to be reviewed and will require careful switching onto Tegretol® tablets (the only other brand of carbamazepine tablets available).

What do prescribers need to do?

Prescribers may wish to consider reviewing their patients prescribed generic carbamazepine and ensuring that any patient with epilepsy is prescribed Tegretol® tablets.

Communication has been sent to community pharmacists in NHSGGC highlighting this supply problem. Community pharmacists have been advised that if (through knowledge of the patient's condition or through questioning) the patient it is identified as historically receiving Carbagen® tablets for epilepsy treatment then the prescriber should be contacted.

For advice on switching patients with epilepsy to Tegretol® tablets - see below

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Switching patients with epilepsy to Tegretol® tablets

It is important the transition is carefully discussed with the patient so that they are aware of the change and the potential risk, without creating excess anxiety or alarm.

- Patients should be switched to the same dose and release profile of Tegretol.
- Patient/carers should be advised to report any problems with seizure control after a switch; seizure diaries may be helpful to identify any change in seizure patterns, particularly in complex cases (who may have diaries already).
- Patient/carers should be reminded of the signs of toxicity and advised to report any concerns (e.g. drowsiness, slurred speech, ataxia, hallucinations, nausea, vomiting, tremors, seizures, oliguria, blurred vision, bullous skin formations.).

Advice should be sought from specialist pharmacists/neurologists if there are concerns about switching in complex cases or if any problems arise after switching. Carbamazepine dosing is primarily guided by clinical response, plasma levels are not part of routine practice, and should not be undertaken without specialist advice to enable appropriate interpretation and management recommendations to be made.

Adapted for local use from: https://www.sps.nhs.uk/wp-content/uploads/2019/01/Shortage-memo-Carbagen-final-amended-31-Jan.doc

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