**This letter is for you to adapt for your patient(s). Please ensure that you customise the text highlighted in yellow so that the information is appropriate. Please also ensure that once you have made your amendments, any important information isn’t split across two pages, or that an instruction to continue on to a second page is added.**

Insert practice header, print to practice headed paper or type out the address below

 [Practice name]

[Address]

[Tel]

[Fax]

[Email]

[Date]

[Title/Initial/Surname]

[Patient Address Block]

Dear [Title] [Surname],

**Re: Antiepileptic drugs (AEDs) – Changing between different manufacturers’ products**

We are currently reviewing the use of antiepileptic drugs (medicines) in line with recent MHRA guidance. These drugs are used to treat epilepsy and other conditions such as nerve pain.

We have recently undertaken a review of our prescribing. We have found that you have been prescribed a branded product called [insert name] to treat epilepsy. We are considering switching some patients from branded antiepileptic drugs to unbranded (generic) versions.

The table below gives the recent guidance on categories of antiepileptic drugs and whether to switch or not.

| **Category** | **Advice for doctors** | **AEDs in category** |
| --- | --- | --- |
| **Category 1** | Doctors are advised to ensure that their patient is maintained on a specific manufacturer’s product. | * Carbamazepine
* Phenobarbital
* Phenytoin
* Primidone
 |
| **Category 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, treatment history, or patient factors such as co-morbid autism, mental health issues, or learning disability. | * Clobazam
* Clonazepam
* Eslicarbazepine
* Lamotrigine
* Oxcarbazepine
* Perampanel
* Rufinamide
* Topiramate
* Valproate
* Zonisamide
 |
| **Category 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), or patient factors such as co-morbid autism, mental health issues, or learning disability. | * Brivaracetam
* Ethosuximide
* Gabapentin
* Lacosamide
* Levetiracetam
* Pregabalin
* Tiagabine
* Vigabatrin
 |

Your doctor is considering changing your medicine to a generic version after speaking with you. This will only happen where it is appropriate for you, so please don’t worry that your medicine will be changed without you being involved, this certainly is not the case for epilepsy treatment.

**Please make an appointment with your doctor/practice pharmacist to discuss this proposed switch from branded to generic medicine.**

You will be able to talk to your doctor/practice pharmacist about whether it is right for you, based upon your condition, past treatment and what you have discussed with your consultant. In the meantime, you can also speak to your community pharmacist for further advice about your prescription.

If you have found in the past that switching antiepileptic drugs is a problem for you, please speak to your doctor/ practice pharmacist about this at your appointment.

**Yours sincerely**

Dr [Name] and partners