

Primary Care Prescribing Efficiencies – GP Practice Keppra® to Generic Levetiracetam

This information has been produced in collaboration with the neurology specialist service.

Background Information

Keppra[®] is the brand name of the antiepileptic medication levetiracetam. There is a significant cost differential between the brand and generic preparations representing a cost efficiency opportunity. The switch from Keppra[®] to generic levetiracetam is supported by NHS Grampian Neurology team.

Levetiracetam is a Category 3 antiepileptic for these drugs, the potential for clinically relevant differences to exist between different manufacturers' products is considered to be extremely low. For these drugs, it is usually unnecessary to ensure that patients are maintained on a specific manufacturer's product as therapeutic equivalence can be assumed - Antiepileptic drugs: updated advice on switching between different manufacturers' products - GOV.UK (www.gov.uk)

This switch is technically straightforward and has been undertaken by a number of Health Boards. However, due to the sensitivity of changing antiepileptic medication this switch is recommended to be undertaken by a practice clinician, involving an individual discussion with the patient.

This switch is supported by Primary Care Prescribing Efficiencies – GP Practice Agreement with a payment to practices of £25 for each patient review/intervention undertaken as part of this agreement.

Costs

Preparation	Quantity	Keppra® price (Checked dmd January	Generic Levetiracetam price	Price difference per pack
		2024)	(Checked SDT January 2024)	por posses
250mg tablets	60	£28.01	£3.00	£25.01
500mg tablets	60	£49.32	£4.05	£45.27
750mg tablets	60	£84.02	£7.50	£76.52
1g tablets	60	£95.34	£7.90	£87.44
100mg/ml	300ml	£66.95	£10.01	£59.94

Prescribing in NHS Grampian (Paid data, September 2022 – August 2023, run 19/01/24) Levetiracetam costs NHS Grampian ~£450,000 per year.

- Of this £368K (82% of all spend) is spent on Keppra[®] brand.
- There is already a high percentage of generic prescribing of levetiracetam at 73% (9161) of all levetiracetam items.
- Branded prescribing of Keppra® accounts for 82% of all levetiracetam prescribing costs while only being 27% (3389 items) of all levetiracetam items prescribed.
- Expenditure could be reduced by a further £333k if all patients were prescribed generic levetiracetam (£450,000 reduced to ~£117,000 total annual spend)

347 patients are currently prescribed the branded product Keppra $^{\circledR}$ (ePrescribed data, October 23 – Jan 24 for AMS, October 22 – Jan 24 for CMS, run 19/01/24)



Stock Information and Availability

There are multiple manufacturers of generic levetiracetam. There are no current know shortage issues with any levetiracetam preparations. It is also noted that switching to a generic product helps to maintain ongoing supplies in the event of any shortages.

Actions for GP Practice

Practices will be provided with their individual patient identifiable data to undertake review and switch to generic levetiracetam. This will be issued via the NHS Grampian Medicines Management team and will be contained within a password-protected spreadsheet. Practices should ensure they have signed up to the Primary Care Prescribing Efficiencies – GP Practice Agreement to facilitate appropriate payments.

Practices participating are expected to:

- Identify suitable clinicians to carry out these interventions/reviews
- Advise local community pharmacies that this switch is ongoing. This will allow pharmacies to review their stock holding. Community pharmacies will also be able to support patients during this change over.
- Ensure practice staff (all clinicians, prescription admin, pharmacy teams) are aware reviews are being undertaken and provide information as necessary – e.g. to repeat prescribing staff generic/brand names for requests.
- Carry out interventions/reviews in a timely manner (recommended to undertaken within 4 week of list to ensure accuracy of information).
- On completion of reviews/interventions submit information for payment and collation to gram.medicinesmanagement@nhs.scot.

Practice Level Individual Patient Review Considerations

Practices should ensure an appropriate review and discussion is undertaken with individual patients regarding switch to generic levetiracetam. This could include the following:

- Consideration of individual
 - Those who may be currently unsuitable for switch e.g. Palliative care; current unstable epilepsy; individuals who experienced worsening of their seizure control previously on changing brand to generic.
 - Factors that may cause distress/concern if switch was undertaken.
 Ensuring these are discussed with the individual and appropriate assurances given e.g. difference in name, packaging, appearance.
 - Considering patient factors that may have a negative impact on medication compliance, which may affect epilepsy control. For example co-morbid autism, mental health problems, or learning disability.
- Individual discussion regarding the reasons for the switch, providing reassurances regarding safety and effectiveness
- Provide the individual with information regarding the switch (see resources)
- Encourage patients to use up current stocks prior to ordering generic preparation
- Ensure appropriate document in patient records outcomes of review/interventions
- Update repeat records to add generic and remove branded product



• Document switch on Medicines Management spreadsheet and submit for payment on completion of reviews.

Clinician /Patient Resources and links:

- MHRA <u>Antiepileptic drugs: updated advice on switching between different manufacturers' products</u>
- MHRA Patient Letter Summary & Key Messages
- Epilepsy Action Switching between different versions of epilepsy medicine
- www.medicines.org.uk access to datasheet and patient information leaflet levetiracetam
- BNF online Levetiracetam
- <u>Safety of switching from brand-name to generic levetiracetam in patients with epilepsy</u> Magdalena Bosak, Agnieszka Słowik, and Wojciech Turaj: <u>Drug Des</u> Devel <u>Ther.</u> 2017; 11: 2287–2291. Published online 2017 Aug
- Generic Leaflet (scan attached)
- NHSG Generic Letter (attached)