

Request to continue prescribing of lacosamide in primary care for an adult patient

Information sheet for the GP Practice

Neurology specialist	GP Details	Patient details
Name:	Name:	Surname:
Site/clinic initiating:	Address:	Forename: DOB:
Tel:	Tel:	Address:
Fax:	Fax:	Postcode:
nhs.net email	nhs.net email:	NHS no:

Dear Dr

This is to inform you that your patient has been started on **lacosamide** for the management of **epilepsy**.

Lacosamide is indicated as monotherapy and adjunctive therapy in the treatment of partial-onset seizures with or without secondary generalisation in adult and adolescent (16-18 years) patients with epilepsy. The patient is being started on **lacosamide** under Specialist care and as per South East London Area Prescribing Committee (SEL APC) recommendations we request you to take over prescribing and management of this medicine after **two months**.

I can confirm that the patient:

1.	Has been initiated on lacosamide in line with the SEL IMOC (formerly APC) Antiepileptic drug pathway for focal epilepsy in adults	<input type="checkbox"/> YES (tick box)
2.	Does not have known second-or third-degree atrioventricular (AV) block	<input type="checkbox"/> YES (tick box)
3.	Has been made aware of the risk of suicidal ideation. Also aware of the risk of dizziness, which could increase the occurrence of accidental injury or falls. Also the symptoms of second-degree or higher AV block (e.g. slow or irregular pulse, feeling of lightheaded and fainting) and of the symptoms of atrial fibrillation and flutter (e.g. palpitations, rapid or irregular pulse, shortness of breath) and the need to seek medical advice should these symptoms occur.	<input type="checkbox"/> YES (tick box)

Note: The specialist completing this form MUST answer the 3 questions above before sending this request to the practice

Further information:

Patient parameters	Date of test	Result
Baseline ECG, FBC, LFTs and U&Es (including renal function)*		
Follow up ECG at 6 months if clinically indicated**		

*Full results attached ** at GP practice if possible or alternatively at the hospital that initiated lacosamide if necessary

Recommended on-going monitoring by the practice:

- No routine blood tests (unless patient is also taking enzyme inducing antiepileptics) however, GP may be specifically requested to help with blood test monitoring where more convenient/appropriate for patients.
- A clinic letter will accompany this request which will clearly detail an individualised titration regimen which will be discussed with the patient in detail. This will include clear documentation of dose increments, parameters to be met before dose change is made, and when dose titration should stop. The GP is **NOT** expected to titrate the dose outside the individualised guidance and parameters detailed in the clinic letter, and if deviation from guidance on dose titration is required this should be discussed with the secondary care team (contact details above).

Please contact the **specialist Neurology** team via the contact details above if you have any questions about the treatment of this patient or the information contained in this letter.

Yours sincerely,

Print Name:

Date:

GP PRACTICE RESPONSE: to be completed and signed by the GP if **NOT** willing to take on prescribing responsibility and returned to the Neurology Specialist:

This is to confirm that I am **not** willing to accept prescribing responsibility for lacosamide for this patient because:

.....

GP name:GP signature:Date:/...../.....

Reference: Summary of Product Characteristics; Vimpat 50mg, 100mg, 150mg & 200mg film coated tablets, 10mg/ml syrup and 10mg/ml solution for infusion; accessed via <https://www.medicines.org.uk/emc>; on 16/07/2020 (SPC last updated 09/2019)