First Approved by SEL IMOC (formerly APC): June 2016. **Last reviewed:** August 2020 **Review approved:** October 2020
Next Review date: October 2022 (or sooner if evidence or practice changes)

Request to continue prescribing of tiagabine in adults in primary care

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 **tiagabine** for the management of **epilepsy.**

Tiagabine is indicated as add-on therapy for partial seizures with or without secondary generalisation where control is not achieved by optimal doses of at least one other anti-epileptic drug.

The patient is being started on tiagabine 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 tiagabine in line with SEL IMOC (formerly APC) Antiepileptic drug pathway for adults with focal epilepsy	☐ YES (tick box)
2.	Has been made aware of the risk of suicidal ideation, serious rash, spontaneous bruising and visual field defects and advised to seek medical advice if signs of any of them appear.	☐ YES (tick box)
3.	Does not have problems of galactose intolerance, the Lap lactase deficiency, or glucose-galactose malabsorption	☐ YES (tick box)
4.	Does not have severe liver impairment	☐ YES (tick box)
5.	Does not take St John's Wort (Hyericum perforatum), and informed not to	☐ YES (tick box)

Note: The specialist completing this form MUST answer the 4 questions above before sending this request to the practice

Further information:

Patient parameters	Date of test	Result
Baseline: Liver Function Test, FBC*		
Baseline: Ophthalmology assessment		

***Full results attached**

Recommended on-going monitoring by the practice:

- No routine blood test monitoring, however full blood count should be taken if bleeding reported
- Rare cases of visual field defects have been reported with tiagabine. Patients should be asked about visual symptoms and if these develop, the patient should be referred to an ophthalmologist for further evaluation including perimetry.
- 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 requested 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 **tiagabine** for this patient because:

……..

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

Reference:
Summary of Product Characteristics; Gabitril; accessed via https://www.medicines.org.uk/emc 16/07/2020 (SPC last updated 28/04/2020)