Epanutin oral suspension (Pfizer) temporary interruption

There will be a temporary interruption in the supply of *Epanutin oral suspension* (Pfizer), the sole licensed phenytoin oral suspension in the UK, from 29 October – early December 2018. Alternative unlicensed phenytoin suspensions are not necessarily equivalent in bioavailability to *Epanutin oral suspension*.

The pharmacokinetics of phenytoin make its bioavailability a clinically significant issue. Historically, there have been "outbreaks" of status epilepticus in populations in which a phenytoin formulation has been abruptly altered. However, if *Epanutin oral suspension* is unavailable then an alternative, unlicensed phenytoin preparation will have to be prescribed.

The Department of Health & Social Care has directed as per bulleted points below in their Supply Disruption Alert (see: https://www.cas.mhra.gov.uk/ViewandAcknowledgment/ViewAttachment.aspx?Attachment_id=103117 )

- GPs are responsible for identifying patients on *Epanutin oral suspension* without enough supply to take them to early December, so that they can be prescribed an alternative unlicensed phenytoin suspension
- **patients less than 18 years old**
  - GP refer to their specialist prescriber; switches only to be carried out by the specialist prescriber
- **patients greater than 18 years old**
  - GP to contact secondary or tertiary care to help formulate plan regarding switching & monitoring

- for all ages, a change in formulation should always be overseen by a specialist
- The Department of Health & Social Care has stated that Pfizer has obtained permission from the MHRA to import a Canadian phenytoin suspension, *Dilantin 30*.

Secondary care institutions responsible for supervising the care of patients under the age of 18 years should ensure that suitably qualified staff are readily available to provide advice and, if necessary, prescriptions.

Secondary care institutions responsible for supervising the care of patients over the age of 18 years should ensure that suitably qualified staff are readily available to provide advice. Any need to directly provide prescriptions should be determined and addressed at a local level.

The ABN is not aware of any guarantee that alternative phenytoin oral suspensions, including *Dilantin 30*, are available now. Some patients will have enough existing supply of *Epanutin oral suspension* to see them through the interruption in supply. For those patients that do not, local plans should be put in place to ensure that an alternative can be supplied to avoid sudden withdrawal form phenytoin. The available substitutes in the UK are unlicensed oral phenytoin suspensions; phenytoin capsules; and phenytoin "Infatabs" (chewable tablets).

When switching the formulation of phenytoin oral suspensions:

- be aware of differences in phenytoin concentration between formulations
• preparations containing phenytoin sodium are not bioequivalent to those containing phenytoin base: 100 mg of phenytoin sodium is approximately equivalent to 92 mg base. The guidance notes that Epanutin oral suspension contains phenytoin base, and patients needing to be switched should be switched to a product containing phenytoin base. The Supply Disruption Alert from DH&SC provides additional important details and should be consulted.
• the bioavailability of these phenytoin preparations is unclear: if the formulation is switched, measure trough serum phenytoin levels before switching and one week following and then adjust the dose accordingly, guided by clinical state
• revert to Epanutin oral suspension as soon as feasible

Clinicians should note the long-standing additional responsibilities around prescription of unlicensed or off-licence medication, as specified by the GMC: https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/prescribing-and-managing-medicines-and-devices/prescribing-unlicensed-medicines

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