800FM.3 ZONISAMIDE FOR ADJUNCTIVE TREATMENT OF EPILEPSY IN ADULTS
Shared Care Protocol

This protocol provides prescribing and monitoring guidance for zonisamide therapy. It should be read in conjunction with the Buckinghamshire responsibilities for amber protocol medicines, the Summary of Product Characteristics (SPC) available on www.medicines.org.uk/emc and the BNF.

AREAS OF RESPONSIBILITY FOR THE SHARING OF CARE

This shared care protocol outlines ways in which the responsibilities for managing the prescribing of zonisamide for epileptic seizures will be shared between the specialist and general practitioner (GP). GPs are **invited** to participate. If the GP is not confident to undertake these roles, then he or she is under no obligation to do so. In such an event, the total clinical responsibility for the patient for the diagnosed condition remains with the specialist.

If a specialist asks the GP to prescribe this drug, the GP should reply to this request as soon as practicable.

Sharing of care assumes communication between the specialist, GP and patient. The intention to share care is usually explained to the patient by the doctor initiating treatment. It is important that patients are consulted about treatment and are in agreement with it. Patients with epilepsy are under regular follow-up. This provides an opportunity to discuss drug therapy. See shared care agreement form and process.

The doctor who prescribes the medication legally assumes clinical responsibility for the drug and the consequences of its use.

SUPPORTING INFORMATION

Licensed indications covered in this protocol

Adjunctive therapy in the treatment of adult patients (18 years or older) with partial seizures, with or without secondary generalisation.

Dosage and administration

Zonisamide must be added to existing therapy and the dose should be titrated on the basis of clinical effect. Doses of 300 to 500 mg per day have been shown to be effective but some patients may respond to lower doses. The recommended initial daily dose is 50 mg in two divided doses. After one week the dose may be increased to 100 mg daily and thereafter the dose may be increased at one-weekly intervals, in increments of up to 100 mg. Use of two-weekly intervals should be considered for patients with renal or hepatic impairment and patients not receiving CYP3A4-inducing agents. *(In local practice, increments of 25 mg are used and usually benefits are seen with lower doses than those used in the trials.)*

Zonisamide can be administered once or twice daily after the titration phase. When zonisamide treatment is to be discontinued, it should be withdrawn gradually.

See the Summary of Product Characteristics (SPC) for further information.

Monitoring

Baseline measurement of urea, electrolytes, creatinine clearance (ml/min) and liver function is recommended because a slower dose titration may be necessary if renal or hepatic function is impaired. Zonisamide is not recommended in severe hepatic impairment and should be used with caution in renal impairment. It should be discontinued in patients who develop acute renal failure or where a clinically significant sustained increase in serum creatinine is observed. Zonisamide is excreted renally.

Contraindications and precautions

Zonisamide is contraindicated in patients with hypersensitivity to the active substance or any of the excipients.

Zonisamide is contraindicated in patients allergic to sulphonamides. Serious immune-based adverse reactions that have been associated with medicinal products containing a sulphonamide group include rash, allergic reaction and major haematological disturbances, including aplastic anaemia. Serious rashes have occurred in association with zonisamide therapy, including isolated cases of Stevens-Johnson syndrome. Consideration must be given to discontinuing zonisamide in patients who develop an otherwise unexplained rash. All patients who develop a rash while taking zonisamide must be closely supervised, with additional levels of caution applied to those patients receiving concomitant antiepileptic agents that may independently induce skin rashes.

Zonegran® contains hydrogenated vegetable oil (from soyabean). Patients must not take this medicinal product if they are allergic to peanut or soya.

Side effects

Adverse events seen more frequently with zonisamide than with placebo include somnolence, asthenia, headache, infection and dizziness. In children, somnolence and behavioural changes including irritability and aggression were reported. See the SPC for further details.

Drug interactions

Pre-marketing data from clinical studies suggests that there are no interactions between zonisamide and phenytoin, carbamazepine, valproic acid, phenobarbital, lamotrigine, gabapentin or primidone.

RESPONSIBILITIES AND ROLES

Specialist responsibilities

1. Ensure that zonisamide is prescribed in accordance with NICE CG137 Epilepsies: Diagnosis and management
2. Initiate and titrate zonisamide until the patient is stabilised on the maintenance dose at 3 months.
3. Perform baseline assessment and at least annual review of renal and hepatic function (as indicated for each patient).
4. Discuss the benefits and side effects of treatment with the patient.
5. Regular follow-up of patient (at least annually). If the patient becomes seizure free and no monitoring is required then, providing there is a channel of communication between the specialist and GP, the specialist does not need to see the patient again.
6. Communicate promptly with the GP when treatment is changed.
7. Have a mechanism in place to receive rapid referral of a patient from the GP in the event of deteriorating clinical condition.
8. Advise GP on dosage adjustment and when and how to stop treatment.
9. Report adverse events to the Commission on Human Medicines (CHM) of the MHRA.
10. Ensure that clear backup arrangements exist for GPs to obtain advice and support.

General Practitioner responsibilities

1. Prescribe zonisamide at the dose recommended.
2. Adjust the maintenance dose as advised by the specialist.
3. Report to and seek advice from the specialist on any aspect of patient care that is of concern and may affect treatment.
4. Stop treatment on the advice of the specialist or initiate tapered withdrawal if advised to do so.
5. Monitor seizure control and seek advice on referral to a specialist in the event of unsatisfactory control.
6. Report adverse events to the specialist and CHM of the MHRA.

Patient's role (or that of carer)

1. Report to the specialist or GP if he or she does not have a clear understanding of the treatment.
2. Share any concerns in relation to treatment with zonisamide.
3. Report any adverse effects to the specialist or GP whilst taking zonisamide.

BACK-UP ADVICE AND SUPPORT

Contact details	Telephone no	Email address
Neurology. Choose the email address that relates to the appropriate BHT site.	01494 425648	bht.neurologyadminsmh@nhs.net bht.neurologywgh@nhs.net bht.neurologyagh@nhs.net
Medicines Resource Centre	01494 425355, 9am to 5pm Monday to Friday (urgent enquires only) Email: Bucks.medicinesresourcecentre@nhs.net	

SHARED CARE AGREEMENT FORM

Available on DocGen. When not available, use the Word version linked here.

References

1 Zonegran® capsules, *Summary of Product Characteristics,* last updated October 2009. Accessible via: www.medicines.org.uk.

2 MHRA: Antiepileptics: New advice on switching between different manufacturers' products for a particular drug. Drug Safety Update, November 2013, Volume 7, Issue 4.

3 NICE Epilepsies: diagnosis and management guidance CG 137 published Jan 2012. Last updated 12th May 2021

Title of Guideline	Zonisamide for Adjunctive Treatment of Epilepsy in Adults - Shared Care Protocol
Guideline Number	800FM
Version	3
Effective Date	July 2021
Review Date	December 2021
Original Version Produced	December 2008
Approvals:	
Medicines Check (Pharmacy)	10th May 2021
Clinical Guidelines Group	18th May 2021
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SDU(s)/Department(s) responsible for updating the guideline	Neurology Pharmacy (primary and secondary care)
Uploaded to Intranet	21st July 2021
Buckinghamshire Healthcare NHS Trust/Buckinghamshire Clinical Commissioning Group	