NOVARTIS | Reimagining Medicine

Novartis Pharmaceuticals UK Ltd.
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Direct Healthcare Professional Communication

Tegretol® 100 mg/5ml Liquid (Carbamazepine): Temporary stock-out and update to posology (reduction of maximum daily dose)

24th April 2024

Dear Healthcare Professional,

Novartis, in agreement with the Medicines & Healthcare products Regulatory Agency (MHRA), would like to inform you of the following:

Summary

- **There is an imminent stock out for Tegretol® 100 mg/5ml Liquid (carbamazepine) due to manufacturing constraints associated with the sorbitol content (an excipient used in the formulation of Tegretol® 100 mg/5ml Liquid) – other formulations ,such as immediate release (IR) or prolonged release (PR), are not impacted;**
- **There will be a reduction of maximum daily dose out for Tegretol® 100 mg/5ml Liquid (Tegretol Oral Suspension) from 2000 mg/day to 1200 mg/day;**
- **Patients requiring Tegretol OS should be switched to alternative oral formulations of Tegretol, such as IR or PR tablets, where possible. If this is not feasible, other antiseizure medicines should be considered, availability and adherence to relevant epilepsy treatment guidelines permitting.**
- **Patients prescribed with doses of Tegretol OS above 1200 mg/day should be permanently switched to an appropriate alternative.**
- **Tegretol Liquid will produce higher peak levels than the same dose in tablet form. When switching a patient from tablets to liquid the same overall dose may be used but in smaller, more frequent, doses. The inverse (e.g. tablets twice a day instead of oral suspension three times a day) should be considered when switching a patient from liquid to tablets.[1]**
- **Abrupt withdrawal of Tegretol may precipitate seizures, therefore carbamazepine withdrawal should be gradual. If treatment with Tegretol has to be withdrawn abruptly in a patient with epilepsy, the changeover to another anti-epileptic drug should if necessary be effected under the cover of a suitable drug.[1]**

1. Tegretol 100 mg/5ml Liquid - Summary of Product Characteristics (SmPC) - (emc) (medicines.org.uk)

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Background to the safety concern

Tegretol 100 mg/5ml (carbamazepine) is indicated for:

- Epilepsy - generalised tonic-clonic and partial seizures.
- The paroxysmal pain of trigeminal neuralgia.
- For the prophylaxis of manic-depressive psychosis in patients unresponsive to lithium therapy.

This is an important update regarding an imminent stock-out situation and update to posology (reduction of maximum daily dose) with Tegretol Oral Suspension (OS). There is no impact on the currently available Tegretol tablet formulations IR (immediate release) or PR (prolonged release) tablets. Therefore, patients requiring Tegretol OS should be switched to alternative oral formulations of Tegretol, such as IR or PR tablets, where possible. If this is not feasible, other antiseizure medicines (ASM) should be considered, taking into account their availability and adherence to relevant epilepsy treatment guidelines. Patients prescribed with doses of Tegretol OS above 1200 mg/day should be permanently switched to an appropriate alternative.

The formulation of Tegretol OS incorporates sorbitol as one of the excipients. Novartis is currently facing challenges in sourcing sorbitol batches compliant with the appropriate specifications of by-products (secondary products derived from the sorbitol manufacturing process). The reduction of the maximum daily dose for Tegretol OS is initiated to limit the amount of sorbitol intake in order to adhere to these specifications and is based on the current guidelines for the treatment of epilepsy. The posology of other formulations remains unchanged (patients can continue receiving doses of Tegretol IR or PR tablets up to 2000 mg/day).

Patients taking Tegretol OS should adhere to prescribed therapy. However, in anticipation of the imminent stock out and in patients prescribed with doses of Tegretol OS above 1200mg/day, switching to other available options is advised in order maintain adequate seizure control:

Switching from Tegretol OS to a different antiseizure medication

The maintenance dose of the new antiseizure medicine should be determined based on clinical assessment. The transition to an appropriate alternative treatment should be carried out in accordance with the guidance provided by the treating physician as outlined in the approved local label or in accordance with the relevant local epilepsy treatment guidelines.

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Call for reporting

Please continue to report suspected adverse drug reactions (ADRs) to the MHRA through the Yellow Card scheme.

Please report:

- all suspected ADRs that are serious or result in harm. Serious reactions are those that are fatal, life-threatening, disabling or incapacitating, those that cause a congenital abnormality or result in hospitalisation, and those that are considered medically significant for any other reason

You can report via:

- the Yellow Card website
- the free Yellow Card app available from the Apple App Store or Google Play Store
- some clinical IT systems (EMIS/SystmOne/Vision/MiDatabank) for healthcare professionals

Alternatively, you can report a suspected side effect to the Yellow Card scheme by calling 0800 731 6789 for free, Monday to Friday between 9am and 5pm.

When reporting please provide as much information as possible, including information about medical history, any concomitant medication, timing onset, treatment dates, and product brand name.

Company contact point

If you have any questions about this letter or require further information, please contact Novartis Medical Information department on 01276 698370 or email medinfo.uk@novartis.com.

Yours faithfully,

Gerrit Zijlstra
Chief Medical Officer, UK and Ireland
Novartis Pharmaceuticals UK Limited