BSW APC: BaNES, Swindon & Wiltshire (BSW) ICB, Avon & Wiltshire Mental Health Partnership NHS Trust (AWP), Royal United Hospitals Bath NHS Foundation Trust, Great Western Hospitals NHS Foundation Trust, Salisbury NHS Foundation Trust, HCRG care group, Swindon Community Health Services, Wiltshire Health & Care

SHARED CARE AGREEMENT

Stiripentol for Dravet syndrome

For Children from 3 years to adulthood

Amber TLS – [3-6 Months]

Principles of Shared Care

Shared care agreements provide a framework for the seamless transfer of care from a hospital or specialist service setting to general practice, where this is appropriate and, in the patient's, best interest. When a specialist considers a patient's condition to be stable or predictable, they may seek the agreement of the GP (or other primary care prescriber) concerned and the patient to share their care.

Patients and/or carers must be centrally involved in any decision-making process. They should be supported by good quality information that helps them to both come to an informed decision about engagement in a shared care arrangement and sets out the practical arrangements for ongoing supplies of medicines.

The existence of a shared care agreement does not mean that the GP must agree to and accept clinical and legal responsibility for prescribing, they should only do so if they feel clinically confident in managing that condition. Clinical responsibility for prescribing is held by the person signing the prescription, who must also ensure adequate monitoring.

Responsibilities of Secondary Care Specialist

- Ensure the patient fulfils the criteria for treatment as per NICE guidance https://www.nice.org.uk/guidance/ng217
- Assess full blood count and liver function tests prior to initiation.
- Initiate treatment and prescribe for the length of time agreed (3-6 months) – this should be a sufficient amount of time to allow optimisation of treatment and demonstrate that the patient's response is consistent.
- Adjust the doses of other AEDs as appropriate.
- Discuss the benefits and side effects of treatment with the patient.
- Review concurrent medications for potential interactions prior to initiation.
- Undertake the clinical assessment and relevant monitoring at baseline and during the initiation period.
- Communicate details of treatment to GP (in writing or via secure email) within the first month of treatment and ask the GP whether he or she is willing to participate in shared care.
- Discuss shared care arrangements with the patient/carer, obtain their consent and explain their responsibilities.
- Review the patient's condition and monitor response to treatment regularly where indicated.
- Inform the GP after each clinic attendance if there is any change to treatment or monitoring.
- Supply GP with clinic letter or discharge summary within 14 days of an outpatient review or inpatient admission and inform GP if patient does not attend scheduled clinic appointments.
- Ensure that clear arrangements exist for GPs to obtain advice and support.
- Report adverse events to the MHRA.
- Conduct regular follow-up of patient (at least 6 monthly until seizure and dose stability is achieved, then annually thereafter). Advise GP on dosage adjustment and when and how to stop treatment.
- Respond to requests for advice on patients experiencing adverse effects or events whilst on treatment.

Responsibilities of GP/Primary Care Prescriber

- Reply to the request for shared care as soon as practicable using the forms linked here (in writing or via secure email).
- Prescribe maintenance dose of stiripentol according to the dose regimen suggested by the specialist.
- Undertake ongoing clinical assessment and relevant monitoring following initiation period.
- Ensure no drug interactions with concomitant medicines that are added at a later date.
- Refer promptly to specialist when any loss of clinical efficacy is suspected (e.g., worsening of disease-related symptoms, new symptoms suggestive of disease recurrence or progression) or intolerance to therapy occurs.
- Report to and seek advice from the specialist on any aspect of patient care that is of concern and may affect treatment.
- Report adverse events to the specialist and MHRA.
- Stop treatment on the advice of the specialist.

Responsibilities of Patient/Carer		
• Report to the specialist or GP if he or she does not have a clear understanding of the treatment. • Share any concerns in relation to treatment with medicine. • Report any adverse effects to the specialist or GP whilst taking the medicine. • Attend appointments for clinical review and monitoring.		
1. Summary of condition and treatment aims Include links to relevant clinical guidelines e.g. NICE	Dravet syndrome is a Developmental and Epileptic Encephalopathy, or DEE, part of a group of severe epilepsies with frequent and difficult to treat seizures and significant developmental delays. Seizures in Dravet syndrome usually begin during the first 2-15 months of life, often in the presence of fever or warm temperatures. Seizures are frequently prolonged and are not well managed with usual medications. Patients present with a variety of seizure types that generally evolve with age. In a number of trials Stiripentol administered alongside sodium valproate and clobazam has been demonstrated to reduce seizure burden. The aim of treatment is to improve quality of life, reduce risk of SUDEP (Sudden Unexpected Death in Epilepsy) and minimise hospital admissions due to prolonged seizures	
2. Details of medicine and indication Please state whether licensed or unlicensed (off-label) use. Note that shared care is generally unsuitable for off-label prescribing unless it is a widely recognised use (e.g. included in BNF)	Adjunctive treatment of Dravet syndrome in children, adolescents and adults as per NICE NG217. Used in conjunction with clobazam and valproate.	
3. Pharmaceutical aspects	Route of administration:	Oral
	Formulation:	250mg, 500mg hard capsules. 250mg & 500mg powder for oral suspension in sachet
	Administration details:	Stiripentol must be **taken with food**. It degrades rapidly in an acidic environment (e.g. exposure to gastric acid in an empty stomach). But stiripentol should not be taken with milk or dairy products (yoghurt, soft cream cheese, etc.), carbonated drinks, fruit juice or food and drinks that contain caffeine or theophylline. **Swallow capsules whole** with a glass of water.
	Other important information:	The sachet formulation has a slightly higher Cmax than the capsules and thus the formulations are not bioequivalent. **Switching formulations should be done under clinical supervision**, in case of problems with tolerability. Contains less than 1 mmol sodium (23 mg) per capsule/sachet; essentially 'sodium-free'.

<table>
<tr><td>4. Usual dose and frequency (including details of dose adjustments, e.g. in renal impairment) and duration of therapy
Transfer of monitoring and prescribing to Primary care is normally after the patient is on regular dose and with satisfactory investigation results.
All dose or formulation adjustments will be the responsibility of the initiating specialist unless directions have been discussed and agreed with the primary care clinician.
The duration of treatment will be determined by the specialist, based on clinical response and tolerability.
Termination of treatment will be the responsibility of the specialist.</td><td colspan="2">Initially 10 mg/kg daily in 2–3 divided doses, increased weekly up to 50 mg/kg daily in 2–3 divided doses.

Long-term data has not been collected in a sufficient number of adults to confirm maintenance of effect in this population. Treatment should be continued for as long as efficacy is observed.

Stiripentol is not recommended for use in patients with impaired hepatic and/or renal function.</td></tr>
<tr><td rowspan="2">5. Baseline investigations and initial monitoring to be undertaken by specialist</td><td colspan="2">Baseline investigations</td></tr>
<tr><td colspan="2">• FBC and LFTs</td></tr>
<tr><td rowspan="2">6. Ongoing monitoring requirements to be undertaken by primary care</td><td>Monitoring</td><td>Frequency</td></tr>
<tr><td>• FBC
• LFTs</td><td>• 6 monthly</td></tr>
<tr><td>7. Action(s) to be taken by primary care if abnormal result(s)</td><td colspan="2">• In the result of neutropenia or abnormal LFTs, seek advice from the specialist regarding the cessation of therapy.</td></tr>
<tr><td>8. Cautions and contraindications
Please note this does not replace the Summary of Product Characteristics (SPC) and should be read in conjunction with it.</td><td colspan="2">Cautions
• Neutropenia may be associated with the administration of stiripentol, clobazam and valproate. Blood counts should be assessed prior to starting treatment with stiripentol. Unless otherwise clinically indicated, blood counts should be checked every 6 months.
• Stiripentol is not recommended for use in patients with impaired hepatic and/or renal function.
Contraindications
• Those with hypersensitivity to the active substance or to any of the excipients
• A past history of psychoses in the form of episodes of delirium.</td></tr>
<tr><td>9. Significant medicine and food interactions and management</td><td colspan="2">The influence of other antiepileptic medicinal products on stiripentol pharmacokinetics is not well established. Stiripentol metabolism is catalysed by a range of cytochrome P450 enzymes and additionally inhibits a variety of these enzymes. Therefore, patients should be vigilant for adverse effects when medicines that induce or inhibit cytochrome P450 enzymes</td></tr>
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<table>
<tr><td>For a comprehensive list, consult the BNF or Summary of Product Characteristics (SPC)</td><td colspan="2">or are metabolised by these enzymes are used. Further information can be sought from the BNF or local medicines advice service.
The following medicines should be avoided unless strictly necessary
• Ergot alkaloids
• Theophylline
• Cisapride, halofantrine, pimozide, quinidine, bepridil
• Immunosuppressants (tacrolimus, cyclosporine, sirolimus)
• Statins

Stiripentol should not be taken with milk or dairy products (yoghurt, soft cream cheese, etc.), carbonated drinks, fruit juice or food and drinks that contain caffeine or theophylline.</td></tr>
<tr><td rowspan="2">10. Adverse effects and management
Include details of incidence, identification, importance and management.</td><td>Adverse Effect</td><td>Action to be taken if detected</td></tr>
<tr><td>• Most common: nausea, vomiting, aggression, anorexia, ataxia, drowsiness, dystonia, hyperexcitability, hyperkinesia, hypotonia, irritability, sleep disorders, weight loss, neutropenia.
• Less common: fatigue, photosensitivity, rash, urticaria.</td><td>• If adverse effects are detected in a primary care setting the specialist should be contacted as soon as possible.</td></tr>
<tr><td>11. Advice to patients and carers
The specialist will counsel the patient with regard to the benefits and risks of treatment and will provide the patient with any relevant information and advice, including patient information leaflets on individual medicines.</td><td colspan="2">• Stiripentol has major influence on the ability to drive and use machines because it may cause dizziness and ataxia. Patients should be advised not to drive or use machines until they have gained sufficient experience to gauge whether it adversely affects their abilities.</td></tr>
<tr><td>12. Pregnancy and breast feeding
It is the responsibility of the specialist to provide advice on the need for contraception to male and female patients on initiation and at each review but the ongoing responsibility for providing this advice rests with both the GP and the specialist.</td><td colspan="2">Risk related to epilepsy and antiepileptic medicinal products in general
• It has been shown that in the offspring of women with epilepsy, the prevalence of malformations is two to three times greater than the rate of approximately 3% in the general population. Although other factors, e.g. the epilepsy, can contribute, available evidence suggests that this increase, to a large extent, is caused by the treatment. In the treated population, an increase in malformations has been noted with polytherapy. However, effective anti-epileptic therapy should not be interrupted during pregnancy, since the aggravation of the illness may be detrimental to both the mother and the foetus.
Risk related to Stiripentol [see SPC]
• No data on exposed pregnancies are available. Animal studies do not indicate direct or indirect harmful effects with respect to pregnancy, foetal development, parturition or postnatal development at non-maternotoxic doses. In view of the indication, administration of stiripentol during pregnancy and in women of childbearing potential would not be expected. The clinical decision for use of stiripentol in pregnancy needs to be made on an individual patient basis taking into consideration potential clinical benefits and risks. Caution should be exercised when prescribing to pregnant women. Use of efficient methods of contraception advisable.
Breastfeeding
• In the absence of human studies on excretion in breast milk and given that stiripentol passes freely from plasma into milk in the goat, breast-feeding is not recommended during treatment. In case stiripentol therapy is continued during breast-feeding, the breast-fed infant should be carefully observed for potential adverse effects.</td></tr>
</table>

13. Specialist contact information

Faye Price	Paediatric Epilepsy Nurse, RUH	Faye.price@nhs.net	01225 825375
Dr Eve Bassett	Consultant Paediatrician with an interest in epilepsy, RUH	Eve.bassett@nhs.net	
Dr Toby Hunt	Consultant Paediatrician with an interest in epilepsy, RUH	Tobias.hunt@nhs.net	
Natalie Morabito	Paediatric Epilepsy Nurse, SFT	natalie.morabito@nhs.net	01722 336262
Susan Mulhall & Natasha Thomas	Paediatric Epilepsy Nurses Specialists, GWH	Susan.mulhall@nhs.net natasha.thomas22@nhs.net	01793 604969

Other Specialist Contact Information

- Click or tap here to enter text.

14. Additional information

For example, process for when Specialist or GP changes roles; specific issues related to patient age/ capacity/ specific monitoring.

Drug Tariff July 2025:

Stiripentol 250mg capsules	X 60	£284
Stiripentol 250mg oral powder sachets	X 60	£284
Stiripentol 500mg capsules	X 60	£493
Stiripentol 500mg oral powder sachets	X 60	£493

BSW APC recognises stiripentol is an expensive treatment. At maximum dose, treatment costs could be >£3000/yr for a 10kg child; >£9,000/yr for a 30kg child or >£15,000/yr for a 50kg child. Queries concerning costs in primary care can be directed to: bswicb.prescribing@nhs.net

15. References

- Summary of Product Characteristics for (Stiripentol) via https://www.medicines.org.uk/emc/product/13418/smpc
- BNF for children online via: https://bnfc.nice.org.uk/
- NICE Clinical Guideline Epilepsies in children, young people and adults NG217 via https://www.nice.org.uk/guidance/ng217
- Click or tap here to enter text.

16. To be read in conjunction with the following documents

- NHS England: Responsibility for Prescribing Between Primary & Secondary/ Tertiary Care. Ref 07573, Version 1.0, Published January 2018. Accessed via: https://www.england.nhs.uk/publication/responsibility-for-prescribing-between-primary-and-secondary-tertiary-care/
- Patient/Carer info leaflet Stiripentol for preventing seizures – Medicines For Children

Written by (Author Name, Organisation & Role):	Adapted with permission from Basingstoke, Southampton & Winchester District Prescribing Committee SCA for stiripentol
Contributors:	Carol Jackson & Louise Pitman, Specialist paediatric pharmacists RUH & SFT, Faye Price, epilepsy specialist nurse, RUH
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Shared Care Agreement template adapted with agreement from Basingstoke, Southampton & Winchester District Prescribing Committee by Rachel Hobson, February 2023. Version 0.1