

Epilepsies in children, young people and adults (update)

13 May 2026

Resource impact summary report

Guideline recommendations

See [NICE's recommendation 6.4.3 on treating self-limited epilepsy with centrotemporal spikes](#).

In January 2025 sultiame received a UK licence for the indication above. Sultiame was used in the NHS before January 2025 as an unlicensed medicine. The NICE recommendation moves sultiame from a third line to a second line treatment option. Previous guidance advised considering sultiame as a third line monotherapy or add-on therapy only after consultation with a tertiary paediatric neurologist, primarily because it was not licensed at the time the guideline was issued. The new guidance states that sultiame should only be prescribed by, or on the advice of, a paediatric epilepsy specialist.

Financial and capacity resource impact

Sultiame is available as an 20 mg/ml oral suspension (250 ml bottle) at an NHS indicative price of £91.25 ([British national formulary for children](#)). The costs in table 1 below are based on:

- maximum dosage from the [British national formulary for children](#) and
- unit costs for other drugs are from the [NHS Electronic Drug Tariff \(accessed 5 May 2026\)](#) and
- average weight of 31 kg based on mean weight of children aged 0 to 15 years old ([Health Survey for England 2022, Part 2: Data tables - NHS England Digital](#)).

Table 1 Unit cost per person per year based on maximum daily dose

Treatment	Estimated number of items per year	Unit cost	Annual cost	Uptake levels (%)
Sultiame (250 ml (20 mg/ml)	13 bottles	£91.25	£1,186.25	-
Sultiame (200 mg, 50 tablets)	8 packets	£93.05	£744.40	<0.01
Carbamazepine (300 ml (100 mg/5 ml)	110 bottles	£12.02	£1,322.20	31.9
Carbamazepine (400 mg, 56 tablets)	30 packets	£5.02	£150.60	56.5
Oxcarbazepine (60 mg/ml)	35 bottles	£48.96	£1,713.60	1.5
Oxcarbazepine (300 mg, 50 tablets)	35 packets	£5.79	£202.65	3.9
Zonisamide (250 ml (100 mg/5 ml)	37 bottles	£181.90	£6,730.30	0.9
Zonisamide (100 mg, 56 tablets)	33 packets	£4.87	£160.71	5.3

Uptake assumptions are based on the [2024/25 Prescription Cost Analysis for antiepileptic drugs](#) in England and are calculated using total quantities prescribed for each treatment listed in table 1.

Overall uptake of liquid formulations is lower (34.3%) than that of tablet formulations (65.7%). As tablet formulations have low treatment costs, any increase in the use of liquid sultiame compared to tablet formulations would be expected to create a cost pressure. Switching from higher-cost liquid formulations of carbamazepine, oxcarbazepine, or zonisamide to sultiame may generate savings, as the unit costs of these liquids exceed that of sultiame. However, carbamazepine accounts for the highest uptake among liquid formulations (31.9%), meaning the overall opportunity for savings is limited, with the potential cost saving estimated at approximately £136 per person.

Treatment costs could vary by individual, based on weight of the person and the treatment duration. [NHS Electronic Drug Tariff \(accessed 5 May 2026\)](#) prices are used as they reflect actual usage and costs in the NHS.

Sultiame is unlikely to have a significant impact on resources. This is due to a small number of people being likely to use this option.

Furthermore, because the recommendation specifies that sultiame should be prescribed only by, or on the advice of, a paediatric epilepsy specialist, this may further limit the number of children who are able to receive the treatment.

Population covered

Around 55,900 children aged 17 or under have epilepsy in England ([Epilepsy Action](#)), and of these it is estimated that 8% to 25% (16.5%) have self-limited epilepsy with centrottemporal spikes (SeLECTS) ([Lacey A. S. et al. \(2026\)](#)). Because many children outgrow SeLECTS and some children have only minor seizures, antiseizure medication is not always required and it is estimated that only 20% of children therefore require treatment ([Orphanet – rare diseases](#)).

Table 2 shows the estimated number of children (0 to 17 years old) with SeLECTS who may be eligible for first-line treatment and, subsequently, for second-line options if first-line therapies are unsuccessful.

Table 2 Estimated number of children eligible for treatment in England

Details	Percentage, %	Number	Source
Children 0 to 17 years old with epilepsy	N/A	55,915	Epilepsy Action
With SeLECTS	16.5	9,226	Lacey A S et al. (2026)
With frequent seizures requiring first-line treatment	20	1,845	Orphanet – rare diseases

The number of people eligible for second-line treatment options is unknown. Because the NICE recommendation repositions sultiame from a third-line to a second-line treatment option more people might end up receiving the treatment as it is available earlier in the treatment pathway. However, uptake is not expected to be significant based on the numbers in table 2.

Key information

Table 3 Key information

Speciality	Neurology
Disease area	Epilepsy
Programme budgeting category	7X - Neurological - Other
Commissioner(s)	Integrated care boards
Provider(s)	Primary care & NHS Hospital trusts

About this resource impact summary report

This resource impact summary report accompanies the [NICE guideline on epilepsies in children, young people and adults](#) and should be read with it.

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