



Resource impact statement

Resource impact

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No significant resource impact is anticipated

NICE has recommended cenobamate as an option as an add-on treatment for focal onset seizures with or without secondary generalised seizures in adults with drug-resistant epilepsy that has not been adequately controlled with at least 2 antiseizure medicines. It is recommended only as a second-line add-on treatment if:

- it is used after at least 1 first-line add-on treatment has not controlled seizures, and other first-line add-on treatments are contraindicated or not tolerated, and
- treatment is started by a healthcare professional with expertise in epilepsy, after which treatment can be continued in primary care.

This recommendation is not intended to affect treatment with cenobamate that was started in the NHS before this guidance was published. People having treatment outside this recommendation may continue without change to the funding arrangements in place for them before this guidance was published, until they and their NHS clinician consider it appropriate to stop.

We do not expect this guidance to have a significant impact on resources; that is, the resource impact of implementing the recommendations in England will be less than £5 million per year in England (or approximately £8,800 per 100,000 population, based on a population for England of 57.16 million people).

This is because cenobamate is a further treatment option, the overall cost of treatment will be similar and we do not think practice will change substantially as a result of this guidance. Short-term clinical evidence shows that cenobamate reduced the number of seizures and also increases how many people stop having any seizures. These benefits may result in capacity benefits from a reduction in administration and management costs.

Cenobamate is commissioned by integrated care boards. Providers are NHS hospital trusts and primary care providers.