Perampanel (Fycomp®▼) for the adjunctive treatment of partial onset seizures.

The Interface Prescribing and New Therapies Subgroup discussed the above at its meeting on the 22nd October 2013. The recommendation of this subgroup is as follows:*

The Interface Prescribing & New Therapies Subgroup of the GMMMG considered the use of perampanel adjunctive treatment of partial-onset seizures with or without secondarily generalised seizures in patients with epilepsy aged 12 years and older.

Perampanel is not recommended for routine use.

However, it may be a treatment option for patients with highly refractory epilepsy who are unable to tolerate at least two other more established adjunctive therapies.

The group further recommends that perampanel should only be initiated by a consultant neurologist.

The group noted that there was limited evidence of benefit with regards to long-term clinical outcomes and cost effectiveness. Data on perampanel are limited. Further trials are needed to ascertain if it offers advantages over other antiepileptic drugs AEDs in terms of efficacy, safety and quality of life. There have been no active comparator trials and so it is not known whether perampanel is superior to existing antiepileptic drugs. However, the group considered that it is a suitable alternative for those patients who meet the criteria outlined above.

Currently there are no published economic analyses and compared to alternative AEDs perampanel is expensive. (~£1,820 per annum¹)

According to set criteria, perampanel was deemed to be a low priority for funding.

Review date: October 2015

¹ Prices correct at time of publication

* Unless superseded by NICE guidance or substantial and significant new evidence becomes available.
▼ Newly marketed drugs and vaccines are intensively monitored for a minimum of two years, in order to confirm the risk / benefit profile of the product. Healthcare professionals are encouraged to report all suspected adverse drug reactions regardless of the severity of the reaction.