



Resource impact statement

Resource impact

Published: 15 December 2021

Last updated: 8 February 2022

www.nice.org.uk

No significant resource impact is anticipated

NICE has recommended cenobamate for treating 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 if:

- it is used as an add-on treatment, after at least 1 other add-on treatment has not controlled seizures **and**
- treatment is started in a tertiary epilepsy service.

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 £9,000 per 100,000 population, based on a population for England of 56.3 million people).

This is because cenobamate is a further treatment option; therefore, 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 systems/clinical commissioning groups. Providers are NHS hospital trusts and primary care providers.