



**ONTOZRY**<sup>®</sup> ▼  
cenobamate

# Your ONTOZRY<sup>®</sup> Titration Diary

Helping you keep track of your treatment – for adults prescribed ONTOZRY<sup>®</sup>

▼ This medicine is subject to additional monitoring. This will allow quick identification of new safety information. You can help by reporting any side effects you may get. If you get any side effects, talk to your doctor, pharmacist, or nurse. This includes any possible side effects not listed in the package leaflet. You can also report side effects directly via the Yellow Card Scheme at [www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard) for the UK or [www.hpra.ie](http://www.hpra.ie) for Ireland. By reporting side effects, you can help provide more information on the safety of this medicine

ONTOZRY<sup>®</sup> contains the active substance cenobamate. It is used in combination with other antiepileptic medicines in adult patients with epilepsy who have not been adequately controlled despite treatment with at least 2 anti-epileptic products, to treat a type of epilepsy that has focal-onset seizures with or without secondary generalisation.<sup>1</sup>

The information in this booklet does not replace the Patient Information Leaflet that is enclosed with your prescribed medication. For more information, please refer to your Patient Information Leaflet. Please read this leaflet carefully before starting to take this medicine, and keep it with your medicine. This booklet does not replace information from your healthcare team. Please consult your doctor or nurse if you have any questions or require further advice.

1. ONTOZRY<sup>®</sup> Patient Information Leaflet.

 **Angelini**  
Pharma

This is a non-promotional material developed and funded by  
Angelini Pharma UK-1 for patients prescribed ONTOZRY<sup>®</sup>.  
MAT-UKI-0222-NP | May 2025

## Contents

<b>Welcome to your ONTOZRY® Titration Diary</b> .....	<b>4</b>
Find out how this easy-to-use diary can help you complete the titration period	
<b>Make sure you are taking the correct dose of ONTOZRY®</b> .....	<b>6</b>
Let's check you have everything you need to get started	
<b>My titration diary</b> .....	<b>8</b>
Keep track and write notes on how you are getting on	
<b>Extra titration page</b> .....	<b>18</b>
You can scan or photocopy this extra titration page to continue with your titration	

### Have you read 'Your guide to taking ONTOZRY®'?

It contains key information about ONTOZRY® and how to get the most out of this medicine.

If you don't have a copy, please ask your nurse.

For more information, please refer to your Patient Information Leaflet.



### Any questions? Get in touch

If you have any questions, it's important to talk to your doctor or nurse.

My doctor: \_\_\_\_\_

Tel: \_\_\_\_\_

My nurse: \_\_\_\_\_

Tel: \_\_\_\_\_

# Welcome to your ONTOZRY® Titration Diary

## How can this diary help me?

Hello, this diary is designed to help you get the most out of your epilepsy medicine: **ONTOZRY®** (*on-toz-ree*).

ONTOZRY® is a **tablet** that you take **once a day, in addition to your other epilepsy medicine**, to help reduce the frequency of your seizures. You should continue to take all your epilepsy medicines as directed by your doctor or nurse. There are two phases of treatment with ONTOZRY®. First, you complete a **titration phase**, before continuing with your **maintenance dose**.

Once your doctor has found the dose that is right for you, this maintenance dose will be the **set dose you take on a regular basis**.

### What does 'titration' mean?

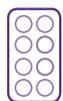
**Titration** is when your doctor increases your dose (**step-up** or **up-titrate**) over time. Your doctor may also lower your dose (**step-down** or **down-titrate**), until you reach the **dose that is right for you**. Titration lets your body gradually **adjust to the medicine** and helps to **reduce side effects**.

### How long is the titration phase?

Your titration phase will take **at least 10 weeks**, but it can be longer. This is okay, it just depends on your needs, and **every person with epilepsy is different**.

## How to use this diary

Use it to:



Check which dose to take each week



Keep track of when you have taken your medicine



Record any seizures



Note any side effects

## Recording your experience with ONTOZRY® is easy using this diary

There is space for you to write notes, which you can **share with your healthcare team** during your appointments. This helps your healthcare team understand if ONTOZRY® is working for you and that you are on the right dose. Your notes can also help them understand if any problems are due to your epilepsy or a side effect of your medicine.

You can also include notes about your other treatments, to give your healthcare team a **broader picture** of how you are getting on.

### Top tips on how to take ONTOZRY®:

- Let's agree on these targets:
  - Decide on the **same time each day**
  - Clear a set space to **store your medicine** (and out of the reach and sight of children)
  - Is there anything that is **preventing you from taking your medicine on time**? Let's work out how we can solve that
- Swallow ONTOZRY® **whole**, with a glass of water – the tablet can also be crushed, then mixed with water and administered orally or via a nasogastric tube
- ONTOZRY® can be taken with or between meals
- Missed a dose?
  - If you miss one dose, and it has been **less than 12 hours** since you should have taken it, take this dose as soon as you remember. If **more than 12 hours** have passed, **skip** the forgotten dose and take the next dose at your regular time. **Do not take a double dose to make up for a forgotten dose**
- Do not change the dose or stop taking your medicine** without discussing this with your doctor or epilepsy nurse first

# Make sure you are taking the correct dose of ONTOZRY®

## Before you start

Let's check you have the right dosage, since ONTOZRY® comes in different colours depending on the dose.

On one side of the tablet, you'll find 'AV' stamped on it. On the other side, you'll see a number, which corresponds to the dose. For example, the 25 mg tablet has '25' stamped on it (except with the 12.5 mg tablet, which is stamped '12'). Below are descriptions of each tablet and their corresponding packs:



**ONTOZRY® 12.5 mg**  
Round white to off-white tablet



**ONTOZRY® 25 mg**  
Round brown tablet



**ONTOZRY® 50 mg**  
Round yellow tablet



**ONTOZRY® 100 mg**  
Round brown tablet



**ONTOZRY® 150 mg**  
Round light orange tablet



**ONTOZRY® 200 mg**  
Oval light orange tablet

Product images for illustrative purposes only.

## My titration plan

Fill in this titration plan with your doctor or nurse. You may find that your dose could change depending on your individual needs. **Your titration may take longer than 10 weeks, and that is okay** – you can scan or photocopy the extra titration page at the back to continue with your titration.

Titration week number and daily ONTOZRY® dose				
<b>1</b> Date: _____ mg	<b>2</b> Date: _____ mg	<b>3</b> Date: _____ mg	<b>4</b> Date: _____ mg	<b>5</b> Date: _____ mg
<b>6</b> Date: _____ mg	<b>7</b> Date: _____ mg	<b>8</b> Date: _____ mg	<b>9</b> Date: _____ mg	<b>10</b> Date: _____ mg
Use these extra weeks if you need them				
Date: _____ mg	Date: _____ mg	Date: _____ mg	Date: _____ mg	Date: _____ mg

Decide on a time in the day to take your medicine: \_\_\_\_\_ (am OR pm)

## Keep up the good work

Once you have successfully completed your titration, and your doctor has told you what your maintenance dose is, it is important to stay focused. **Continue taking ONTOZRY®** as directed by your doctor or nurse, and keep in contact with them.

**Be proud of yourself for looking after your health.**

## Ready to get started?

Let's move to the next page and get you started on your Titration Diary.

**Top tip:** Keep your **Titration Diary with your medicine.**

Is there someone who you live with **who can help you with details** about any seizures you may have had, or maybe even record them to assist your doctor or nurse?

## Titration diary: Week 1

My dose: \_\_\_\_\_ mg per day

Day	Dose taken ✓	How many seizures?	Seizure notes (e.g., possible triggers, how you felt, how long it took to recover afterwards)	Any side effects?
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

Notes about my other epilepsy medicines (e.g., changes in medicine/dose, missed doses, side effects) or other significant changes in lifestyle such as mental health and sleep:

## Titration diary: Week 2

My dose: \_\_\_\_\_ mg per day

Day	Dose taken ✓	How many seizures?	Seizure notes (e.g., possible triggers, how you felt, how long it took to recover afterwards)	Any side effects?
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

Notes about my other epilepsy medicines (e.g., changes in medicine/dose, missed doses, side effects) or other significant changes in lifestyle such as mental health and sleep:



**Off to a great start! Has your doctor or nurse told you to up-titrate?**



Talk to your doctor, pharmacist or nurse about any changes in your epilepsy and if you experience any side effects with your medicine.

## Titration diary: Week 3

My dose: \_\_\_\_\_ mg per day

Day	Dose taken ✓	How many seizures?	Seizure notes (e.g., possible triggers, how you felt, how long it took to recover afterwards)	Any side effects?
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

Notes about my other epilepsy medicines (e.g., changes in medicine/dose, missed doses, side effects) or other significant changes in lifestyle such as mental health and sleep:

## Titration diary: Week 4

My dose: \_\_\_\_\_ mg per day

Day	Dose taken ✓	How many seizures?	Seizure notes (e.g., possible triggers, how you felt, how long it took to recover afterwards)	Any side effects?
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

Notes about my other epilepsy medicines (e.g., changes in medicine/dose, missed doses, side effects) or other significant changes in lifestyle such as mental health and sleep:

 **Can anyone record on their phone or help you write details about any seizures you may have had?**

 Talk to your doctor, pharmacist or nurse about any changes in your epilepsy and if you experience any side effects with your medicine.

## Titration diary: Week 5

My dose: \_\_\_\_\_ mg per day

Day	Dose taken ✓	How many seizures?	Seizure notes (e.g., possible triggers, how you felt, how long it took to recover afterwards)	Any side effects?
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

Notes about my other epilepsy medicines (e.g., changes in medicine/dose, missed doses, side effects) or other significant changes in lifestyle such as mental health and sleep:

## Titration diary: Week 6

My dose: \_\_\_\_\_ mg per day

Day	Dose taken ✓	How many seizures?	Seizure notes (e.g., possible triggers, how you felt, how long it took to recover afterwards)	Any side effects?
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

Notes about my other epilepsy medicines (e.g., changes in medicine/dose, missed doses, side effects) or other significant changes in lifestyle such as mental health and sleep:

 **You are doing great!**

 Talk to your doctor, pharmacist or nurse about any changes in your epilepsy and if you experience any side effects with your medicine.

## Titration diary: Week 7

My dose: \_\_\_\_\_ mg per day

Day	Dose taken ✓	How many seizures?	Seizure notes (e.g., possible triggers, how you felt, how long it took to recover afterwards)	Any side effects?
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

Notes about my other epilepsy medicines (e.g., changes in medicine/dose, missed doses, side effects) or other significant changes in lifestyle such as mental health and sleep:

## Titration diary: Week 8

My dose: \_\_\_\_\_ mg per day

Day	Dose taken ✓	How many seizures?	Seizure notes (e.g., possible triggers, how you felt, how long it took to recover afterwards)	Any side effects?
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

Notes about my other epilepsy medicines (e.g., changes in medicine/dose, missed doses, side effects) or other significant changes in lifestyle such as mental health and sleep:

 **Remember to keep recording any seizures and side effects**

 Talk to your doctor, pharmacist or nurse about any changes in your epilepsy and if you experience any side effects with your medicine.

## Titration diary: Week 9

My dose: \_\_\_\_\_ mg per day

Day	Dose taken ✓	How many seizures?	Seizure notes (e.g., possible triggers, how you felt, how long it took to recover afterwards)	Any side effects?
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

Notes about my other epilepsy medicines (e.g., changes in medicine/dose, missed doses, side effects) or other significant changes in lifestyle such as mental health and sleep:

## Titration diary: Week 10

My dose: \_\_\_\_\_ mg per day

Day	Dose taken ✓	How many seizures?	Seizure notes (e.g., possible triggers, how you felt, how long it took to recover afterwards)	Any side effects?
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

Notes about my other epilepsy medicines (e.g., changes in medicine/dose, missed doses, side effects) or other significant changes in lifestyle such as mental health and sleep:



**Keep going, you can do this!**



Talk to your doctor, pharmacist or nurse about any changes in your epilepsy and if you experience any side effects with your medicine.

## Extra Titration page

### Titration diary: Week \_\_\_\_\_

My dose: \_\_\_\_\_ mg per day

Day	Dose taken ✓	How many seizures?	Seizure notes (e.g., possible triggers, how you felt, how long it took to recover afterwards)	Any side effects?
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

Notes about my other epilepsy medicines (e.g., changes in medicine/dose, missed doses, side effects) or other significant changes in lifestyle such as mental health and sleep:



#### Stay focused - look how far you have come



Talk to your doctor, pharmacist or nurse about any changes in your epilepsy and if you experience any side effects with your medicine.

### Titration diary: Week \_\_\_\_\_

My dose: \_\_\_\_\_ mg per day

Day	Dose taken ✓	How many seizures?	Seizure notes (e.g., possible triggers, how you felt, how long it took to recover afterwards)	Any side effects?
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

Notes about my other epilepsy medicines (e.g., changes in medicine/dose, missed doses, side effects) or other significant changes in lifestyle such as mental health and sleep:



#### Your healthcare team are there for you if you want to chat about your condition, including your mental health



Talk to your doctor, pharmacist or nurse about any changes in your epilepsy and if you experience any side effects with your medicine.

If you would like further information about ONTOZRY® or anything mentioned in this guide, please speak to your healthcare team.