

Oral solution

CAUTIONARY AND ADVISORY LABELS 8
EXCIPIENTS: May contain Aspartame, propylene glycol
ELECTROLYTES: May contain Sodium

▶ **Vimpat** (UCB Pharma Ltd)

Lacosamide 10 mg per 1 ml Vimpat 10mg/ml syrup sugar-free | 200 ml [PoM] £25.74 DT = £25.74

Tablet

CAUTIONARY AND ADVISORY LABELS 8

▶ **Vimpat** (UCB Pharma Ltd)

Lacosamide 50 mg Vimpat 50mg tablets | 14 tablet [PoM] £10.81 DT = £10.81

Lacosamide 100 mg Vimpat 100mg tablets | 14 tablet [PoM] £21.62 | 56 tablet [PoM] £86.50 DT = £86.50

Lacosamide 150 mg Vimpat 150mg tablets | 14 tablet [PoM] £32.44 | 56 tablet [PoM] £129.74 DT = £129.74

Lacosamide 200 mg Vimpat 200mg tablets | 56 tablet [PoM] £144.16 DT = £144.16

Lamotrigine

01-Aug-2018

● **INDICATIONS AND DOSE**

Monotherapy of focal seizures | Monotherapy of primary and secondary generalised tonic-clonic seizures | Monotherapy of seizures associated with Lennox-Gastaut syndrome

▶ **BY MOUTH**

▶ **Child 12–17 years:** Initially 25 mg once daily for 14 days, then increased to 50 mg once daily for further 14 days, then increased in steps of up to 100 mg every 7–14 days; maintenance 100–200 mg daily in 1–2 divided doses; increased if necessary up to 500 mg daily, dose titration should be repeated if restarting after interval of more than 5 days

Monotherapy of typical absence seizures▶ **BY MOUTH**

▶ **Child 2–11 years:** Initially 300 micrograms/kg daily in 1–2 divided doses, for 14 days, then 600 micrograms/kg daily in 1–2 divided doses, for further 14 days, then increased in steps of up to 600 micrograms/kg every 7–14 days; maintenance 1–10 mg/kg daily in 1–2 divided doses, increased if necessary up to 15 mg/kg daily, dose titration should be repeated if restarting after interval of more than 5 days

Adjunctive therapy of focal seizures with valproate |

Adjunctive therapy of primary and secondary generalised tonic-clonic seizures with valproate | Adjunctive therapy of seizures associated with Lennox-Gastaut syndrome with valproate

▶ **BY MOUTH**

▶ **Child 2–11 years (body-weight up to 13 kg):** Initially 2 mg once daily on alternate days for first 14 days, then 300 micrograms/kg once daily for further 14 days, then increased in steps of up to 300 micrograms/kg every 7–14 days; maintenance 1–5 mg/kg daily in 1–2 divided doses, dose titration should be repeated if restarting after interval of more than 5 days; maximum 200 mg per day

▶ **Child 2–11 years (body-weight 13 kg and above):** Initially 150 micrograms/kg once daily for 14 days, then 300 micrograms/kg once daily for further 14 days, then increased in steps of up to 300 micrograms/kg every 7–14 days; maintenance 1–5 mg/kg daily in 1–2 divided doses, dose titration should be repeated if restarting after interval of more than 5 days; maximum 200 mg per day

▶ **Child 12–17 years:** Initially 25 mg once daily on alternate days for 14 days, then 25 mg once daily for further 14 days, then increased in steps of up to 50 mg every 7–14 days; maintenance 100–200 mg daily in 1–2 divided doses, dose titration should be repeated if restarting after interval of more than 5 days

Adjunctive therapy of focal seizures (with enzyme inducing drugs) without valproate | Adjunctive therapy of primary and secondary generalised tonic-clonic seizures (with enzyme inducing drugs) without valproate | Adjunctive therapy of seizures associated with Lennox-Gastaut syndromes (with enzyme inducing drugs) without valproate

▶ **BY MOUTH**

▶ **Child 2–11 years:** Initially 300 micrograms/kg twice daily for 14 days, then 600 micrograms/kg twice daily for further 14 days, then increased in steps of up to 1.2 mg/kg every 7–14 days; maintenance 5–15 mg/kg daily in 1–2 divided doses, dose titration should be repeated if restarting after interval of more than 5 days; maximum 400 mg per day

▶ **Child 12–17 years:** Initially 50 mg once daily for 14 days, then 50 mg twice daily for further 14 days, then increased in steps of up to 100 mg every 7–14 days; maintenance 200–400 mg daily in 2 divided doses, increased if necessary up to 700 mg daily, dose titration should be repeated if restarting after interval of more than 5 days

Adjunctive therapy of focal seizures (without enzyme inducing drugs) without valproate | Adjunctive therapy of primary and secondary generalised tonic-clonic seizures (without enzyme inducing drugs) without valproate | Adjunctive therapy of seizures associated with Lennox-Gastaut syndromes (without enzyme inducing drugs) without valproate

▶ **BY MOUTH**

▶ **Child 2–11 years:** Initially 300 micrograms/kg daily in 1–2 divided doses for 14 days, then 600 micrograms/kg daily in 1–2 divided doses for further 14 days, then increased in steps of up to 600 micrograms/kg every 7–14 days; maintenance 1–10 mg/kg daily in 1–2 divided doses, dose titration should be repeated if restarting after interval of more than 5 days; maximum 200 mg per day

▶ **Child 12–17 years:** Initially 25 mg once daily for 14 days, then increased to 50 mg once daily for further 14 days, then increased in steps of up to 100 mg every 7–14 days; maintenance 100–200 mg daily in 1–2 divided doses, dose titration should be repeated if restarting after interval of more than 5 days

IMPORTANT SAFETY INFORMATION**SAFE PRACTICE**

Do not confuse the different combinations or indications.

- **CAUTIONS** Myoclonic seizures (may be exacerbated)
- **INTERACTIONS** → Appendix 1: antiepileptics
- **SIDE-EFFECTS**
 - ▶ **Common or very common** Aggression · agitation · arthralgia · diarrhoea · dizziness · drowsiness · dry mouth · fatigue · headache · irritability · nausea · pain · rash · sleep disorders · tremor · vomiting
 - ▶ **Uncommon** Alopecia · movement disorders · vision disorders
 - ▶ **Rare or very rare** Confusion · conjunctivitis · disseminated intravascular coagulation · face oedema · fever · hallucination · hepatic disorders · lupus-like syndrome · lymphadenopathy · meningitis aseptic · multi organ failure · nystagmus · seizure · severe cutaneous adverse reactions (SCARs) · tic

SIDE-EFFECTS, FURTHER INFORMATION Serious skin reactions including Stevens-Johnson syndrome and toxic epidermal necrolysis have developed; most rashes occur in the first 8 weeks. Rash is sometimes associated with hypersensitivity syndrome and is more common in patients with history of allergy or rash from other