

300, 400, 600, 800 mg. Generic/Trade: Caps 100, 300, 400 mg. Soln 50 mg/mL. Trade only: Tabs, extended-release 300, 600 mg (gabapentin enacarbil, Horizant). Trade only (Gralise): Tabs 300, 600 mg.] ▶K ☉ ♀/?/?R Evidence of fetal developmental toxicity in animals. ▶? \$\$\$\$

LACOSAMIDE (Vimpat) **Adjunctive therapy:** start 50 mg PO/IV two times per day. Increase weekly by 50 mg two times per day to recommended dose of 100 to 200 mg two times per day. Max recommended 400 mg/day (max 300 mg/day in mild/moderate hepatic or severe renal impairment). Alternative initiation: load with 200 mg PO/IV followed 12 h later by 100 mg PO two times per day for 1 week. May then increase weekly as required by 50 mg two times per day to max recommended dose of 400 mg/day. **Monotherapy:** start 100 mg PO/IV two times per day. May increase weekly by 50 mg two times per day to recommended range of 150 to 200 mg two times per day. Alternate initiation: load with 200 mg PO/IV followed 12 h later by 100 mg two times per day for 1 week. May then increase weekly as required by 50 mg two times per day to recommended range of 150 to 200 mg two times per day. **Conversion to monotherapy:** initiate and titrate lacosamide to usual dose of 150 mg to 200 mg two times per day and maintain for at least 3 days before tapering off the concomitant drug. Loading and IV dosing should be monitored. Doses of 600 mg/day are not more effective than 400 mg/day. [Generic/Trade: Tabs 50, 100, 150, 200 mg. Oral Sol 10 mg/mL.] ▶KL ♀/?/?R Evidence of fetal toxicity in animals. ▶? ©V \$\$\$\$

LAMOTRIGINE—NEUROLOGY (Lamictal, Lamictal CD, Lamictal ODT, Lamictal XR) **Partial seizures, Lennox-Gastaut syndrome, or generalized tonic-clonic seizures, adjunctive therapy with other anticonvulsants (not valproate or enzyme inducers);** age older than 12 yo: immediate-release, start 25 mg PO daily for 2 weeks, then 50 mg PO daily for 2 weeks. Increase by 50 mg/day every 1 to 2 weeks to usual maintenance dose of 225 to 375 mg/day divided two times per day. Extended-release (generalized tonic-clonic and partial seizures): start 25 mg PO daily for weeks 1 to 2, then increase to 50 mg/day for weeks 3 to 4. Increase to 100 mg/day on week 5 then increase weekly by 50 mg/day to target dose of 300 to 400 mg/day. **Partial seizures, Lennox-Gastaut syndrome, or generalized tonic-clonic seizures, adjunctive therapy (with an enzyme-inducing anticonvulsant and not valproate);** age older than 12 yo: immediate-release: Start 50 mg PO daily for 2 weeks, then 50 mg PO two times per day for 2 weeks. Increase by 100 mg/day every 1 to 2 weeks to usual maintenance dose of 300 mg to 500 mg/day divided two times per day. Extended-release (generalized tonic-clonic and partial seizures): start 50 mg PO daily for weeks 1 to 2, then increase to 100 mg PO daily for weeks 3 to 4. Then increase by 100 mg/day at weekly intervals to target dose of 400 to 600 mg/day. **Partial seizures, Lennox-Gastaut syndrome, or generalized tonic-clonic seizures, adjunctive therapy (with valproate);** age older than 12 yo: immediate-release, start 25 mg PO every other day for 2 weeks, then 25 mg PO daily for 2 weeks. Increase by 25 to 50 mg/day every 1 to 2 weeks to usual maintenance dose of 100 to 400 mg/day (when used with valproate + other inducers of glucuronidation) or 100 to 200 mg/day (when used with valproate alone) given once daily or divided two times per day.

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