

Patient presents with seizures uncontrolled on current medication* or unacceptable side effects
 (*Lamictal is not approved for initial monotherapy)
Diagnose Partial or Primary Generalized Epilepsy
 (simple or complex partial seizures, primary or secondarily generalized tonic clonic, absence, myoclonic)

lamotrigine (Lamictal)

Initiate dose at 50mg/d (once daily dose) if not on valproate
 Initiate dose at 25mg/every other day if on concomitant valproate (monitor CBC and for rash)

Increase dose by 25mg/day/week (target concentration 3-14mcg/ml)
 Lamotrigine clearance inhibited by Valproate/during concomitant therapy.
 Can reduce valproate dose to reduce Lamictal plasma concentrations
 Lamictal clearance may be increased by other drugs metabolized by the cytochrome P450 system including oxcarbazepine, carbamazepine, phenytoin and ritonavir

Patient returns to clinic in 2-4 weeks to monitor for efficacy, side effects (see drug information for common adverse effects)
 Return based on frequency of seizures.
 Drug level monitoring required if adverse events or efficacy/compliance in question

Patient no adverse events/not controlled

Continue to titrate to chosen maintenance dose

Patient returns to clinic 4-8 weeks depending on problems

Patient doing well

Patient not doing well on drug

Adverse events/no seizures

Reduce dose and slow titration
 Change dosage schedule (HS or BID)
 Rash/CBC abnormal change drug

Adverse events/seizures

Reduce dose and slow titration
 Change dosage schedule (HS or BID)
 Rash/CBC abnormal change drug

Patient not doing well

Seizures/No Adverse Events
 Increase dose

Adverse Events/Seizures
 Modify schedule (HS or BID)
 Change drug

Patient no adverse events/seizures not controlled

Continue to titrate to chosen maintenance dose

Patient returns to clinic 4-8 weeks depending on problems

Patient doing well

Adverse Events/No seizures
 Reduce dose

