

Anticonvulsant Medications: U.S. Food and Drug Administration-Approved Indications and Most Common Dosages for Use in Adults

The therapeutic dosing recommendations for anticonvulsant medications, also known as antiepileptic drugs (AEDs), are based on U.S. Food and Drug Administration (FDA)-approved product labeling. Nevertheless, the dosing regimen is adjusted according to a patient's individual response to pharmacotherapy. The FDA-approved adult indications and most common dosages for anticonvulsant medications are provided in this table. Lennox-Gastaut syndrome (LGS) is a rare condition that primarily affects young children. Because seizures associated with LGS are difficult to control with medication and treatment regimens are highly individualized, the dosing information for the FDA-approved anticonvulsant medications for the treatment of LGS is not discussed in this document.[1] All of the medications listed are for oral administration. Information on the generic availability of anticonvulsant medications can be found by searching the Electronic Orange Book at <https://www.accessdata.fda.gov/scripts/cder/ob/default.cfm> on the FDA website.



Medication	Indication	Initial Dose	Maximum Dose	Other Information	Generic Availability
carbamazepine[2]	complex partial, monotherapy or adjunct	200 mg twice a day (tablets) or 100 mg 4 times a day (suspension)	1200 mg per day	May increase dose by up to 200 mg per day at weekly intervals. Doses up to 1600 mg per day have been used in rare instances. Take in 3 or 4 divided doses.	Yes
carbamazepine	tonic-clonic (grand mal), monotherapy or adjunct	200 mg twice a day (tablets) or 100 mg 4 times a day (suspension)	1200 mg per day	May increase dose by up to 200 mg per day at weekly intervals. Doses up to 1600 mg per day have been used in rare instances. Take in 3 or 4 divided doses.	Yes
carbamazepine	mixed seizure types, except for absence (petit mal), monotherapy or adjunct	200 mg twice a day (tablets) or 100 mg 4 times a day (suspension)	1200 mg per day	May increase dose by up to 200 mg per day at weekly intervals. Doses up to 1600 mg per day have been used in rare instances. Take in 3 or 4 divided doses.	Yes
carbamazepine	trigeminal neuralgia	100 mg twice a day (tablets) or 50 mg 4 times a day (suspension)	1200 mg per day	May increase dose by up to 200 mg per day. Take tablets in 2 divided doses and suspension in 4 divided doses.	Yes
carbamazepine XR*[3]	complex partial, monotherapy or adjunct	200 mg twice a day	1200 mg per day	May increase dose by up to 200 mg per day at weekly intervals. Doses up to 1600 mg per day have been used in rare instances. Take in 2 divided doses.	Yes

Medication	Indication	Initial Dose	Maximum Dose	Other Information	Generic Availability
carbamazepine XR*	tonic-clonic (grand mal), monotherapy or adjunct	200 mg twice a day	1200 mg per day	May increase dose by up to 200 mg per day at weekly intervals. Doses up to 1600 mg per day have been used in rare instances. Take in 2 divided doses.	Yes
carbamazepine XR*	mixed seizure types, except for absence (petit mal), monotherapy or adjunct	200 mg twice a day	1200 mg per day	May increase dose by up to 200 mg per day at weekly intervals. Doses up to 1600 mg per day have been used in rare instances. Take in 2 divided doses.	Yes
carbamazepine XR*	trigeminal neuralgia	100 mg twice a day	1200 mg per day	May increase dose by up to 200 mg per day. Take in 2 divided doses.	Yes
eslicarbazepine[4]	partial seizures, monotherapy	400 mg once a day; may consider 800 mg once a day if therapeutic need outweighs risk of adverse reactions	Recommended maintenance dose: 800 mg to 1600 mg per day	May increase dose by 400 mg to 600 mg at weekly intervals. If 1200 mg per day is not tolerated, reduce to 800 mg per day.	No
eslicarbazepine	partial seizures, adjunct therapy	400 mg once a day; may consider 800 mg once a day if therapeutic need outweighs risk of adverse reactions	Recommended maintenance dose: 800 mg to 1600 mg per day	May increase dose by 400 mg to 600 mg at weekly intervals. If 1200 mg per day is not effective, increase to 1600 mg per day. Do not take adjunctively with oxcarbazepine.	No
ethosuximide[5]	absence (petit mal) seizures	500 mg per day	1500 mg per day	May increase dose by 250 mg every 4 to 7 days.	Yes
ethotoin[6]	complex partial seizures; tonic-clonic (grand mal) seizures	1000 mg or less per day	3000 mg per day	May increase dose gradually over several days. Take in 4 to 6 divided doses.	No

Medication	Indication	Initial Dose	Maximum Dose	Other Information	Generic Availability
felbamate[7]	partial seizures, initial monotherapy	1200 mg per day in 3 or 4 divided doses	3600 mg per day	Felbamate is not indicated as a first-line antiepileptic treatment and has not been systematically evaluated as initial monotherapy. If necessary to prescribe this way, titrate under close clinical supervision. Increase dosage 600 mg every 2 weeks to 2400 mg per day if necessary, then to maximum dose if necessary.	Yes
felbamate	partial seizures, conversion to monotherapy or adjunct	1200 mg per day in 3 or 4 divided doses	3600 mg per day	Obtain maximum dose by Week 3. See Prescribing information for withdrawal regimen of current AED when converting to monotherapy or adding as adjunctive therapy.	Yes
gabapentin (Neurontin®)[8]	partial seizures, adjunct therapy	300 mg 3 times a day	600 mg 3 times a day	The maximum time between doses should not exceed 12 hours.	Yes
gabapentin (Neurontin®)	postherpetic neuralgia	Day 1: 300 mg once; Day 2: 300 mg twice a day; Day 3: 300 mg 3 times a day	600 mg 3 times a day	Titrate as needed for pain relief.	Yes
gabapentin (Gralise™)*[9]	postherpetic neuralgia	Day 1: 300 mg once; Day 2: 600 mg once; Days 3 through 6: 900 mg once a day	1800 mg once a day	Further dose increases may be made. Days 7 through 10: 1200 mg once a day; Days 11 through 14: 1500 mg once a day; Day 15 and beyond: 1800 mg once a day. Take at evening meal. Cannot be used interchangeably with other gabapentin products.	No
gabapentin XR (Horizant®)*[10]	restless legs syndrome (RLS)	600 mg once a day	600 mg once a day	Take with food around 5:00 p.m. Cannot be used interchangeably with other gabapentin products.	No

Medication	Indication	Initial Dose	Maximum Dose	Other Information	Generic Availability
gabapentin XR (Horizant®)*	postherpetic neuralgia	Days 1 through 3: 600 mg once a day in the morning	600 mg twice a day	May increase to 600 mg twice a day on Day 4. Cannot be used interchangeably with other gabapentin products.	No
lacosamide[11]	partial seizures, adjunct therapy	50 mg twice a day	200 mg twice a day	May increase dose by 50 mg twice a day at weekly intervals.	No
lacosamide	Partial seizures, monotherapy	100 mg twice a day or 200 mg single loading dose (medically supervised) followed 12 hours later by 100 mg twice a day	200 mg twice a day	May increase dose by 50 mg twice a day at weekly intervals.	No
lamotrigine[12]	bipolar I disorder	25 mg once a day†	200 mg per day†	Refer to prescribing information for escalation regimen based on concomitant AEDs. Higher dosages may require taking in divided doses. Treatment of acute manic or mixed episodes is not recommended.	Yes‡
lamotrigine	partial seizures, adjunct	25 mg once a day†	375 mg per day†	Refer to prescribing information for escalation regimen based on concomitant AEDs. Take in 2 divided doses.	Yes‡
lamotrigine	tonic-clonic (grand mal) seizures, adjunctive	25 mg once a day†	375 mg per day†	Refer to prescribing information for escalation regimen based on concomitant AEDs. Take in 2 divided doses.	Yes‡
lamotrigine	partial seizures, conversion to monotherapy	50 mg once a day†	500 mg per day†	Only certain AEDs from which the patient converted were studied. See prescribing information for initial dose for various AEDs. Give maintenance dose in 2 divided doses.	Yes‡

Medication	Indication	Initial Dose	Maximum Dose	Other Information	Generic Availability
lamotrigine XR*[13]	partial seizures, adjunct therapy	25 mg once a day†	400 mg once a day†	May increase dose to 50 mg once a day in Weeks 3 and 4, then may increase by 50 mg once a day at weekly intervals for 3 weeks, then by no more than 100 mg once a day at weekly intervals.	Yes
lamotrigine XR*	tonic-clonic (grand mal) seizures, adjunct therapy	25 mg once a day†	400 mg once a day†	May increase dose to 50 mg once a day in Weeks 3 and 4, then may increase by 50 mg once a day at weekly intervals for 3 weeks, then by 100 mg once a day at weekly intervals.	Yes
levetiracetam[14]	myoclonic or partial seizures, adjunct therapy	500 mg twice a day	1500 mg twice a day	May increase dose by 500 mg twice a day every 2 weeks.	Yes
levetiracetam	tonic-clonic (grand mal) seizures, adjunct therapy	500 mg twice a day	1500 mg twice a day	May increase dose by 500 mg twice a day every 2 weeks.	Yes
levetiracetam XR*[15]	partial seizures, adjunct therapy	1000 mg once a day	3000 mg once a day	May increase dose by 1000 mg per day every 2 weeks.	Yes
methsuximide[16]	absence (petit mal) seizures, refractory	300 mg per day	1200 mg per day	May increase dose by 300 mg per day at weekly intervals.	No
oxcarbazepine[17]	partial seizures, monotherapy	300 mg twice a day	600 mg twice a day	May increase dose by 300 mg per day every 3 days up to 600 mg twice a day.	Yes
oxcarbazepine	partial seizures, conversion to monotherapy	300 mg twice a day; begin reducing concomitant AED	1200 mg twice a day	May increase dose by 600 mg per day at weekly intervals. Obtain maximum dose in 2 to 4 weeks. Withdraw concomitant AED over 3 to 6 weeks.	Yes
oxcarbazepine	partial seizures, adjunct therapy	300 mg twice a day	600 mg twice a day	May increase dose by 600 mg per day at weekly intervals.	Yes
perampanel§[18]	partial seizures, adjunct therapy	2 mg once a day at bedtime	12 mg once a day at bedtime	May increase dose by 2 mg per day no more frequently than once a week.	No
perampanel§	tonic-clonic (grand mal) seizures, adjunct therapy	2 mg once a day at bedtime	12 mg once a day at bedtime	May increase dose by 2 mg per day no more frequently than once a week.	No

Medication	Indication	Initial Dose	Maximum Dose	Other Information	Generic Availability
phenytoin[19]	complex partial seizures; seizures during or after neurosurgery; tonic-clonic (grand mal) seizures	100 mg 3 times a day	600 mg per day	A period of 7 to 10 days may be required to reach steady-state blood levels.	Yes‡
pregabalin[20]	fibromyalgia	75 mg twice a day	225 mg twice a day	May increase dose to 150 mg twice a day within 1 week. There is no evidence that doses of 600 mg per day provide any additional benefit.	No
pregabalin	neuropathic pain associated with diabetic peripheral neuropathy	50 mg 3 times a day	100 mg 3 times a day	May increase dose to 100 mg 3 times a day within 1 week. There is no evidence that doses of 600 mg per day provide any additional benefit.	No
pregabalin	partial seizures, adjunct therapy	150 mg per day	600 mg per day	Adjust dose based on patient response and tolerability. Take in 2 or 3 divided doses.	No
pregabalin	postherpetic neuralgia	150 mg per day	600 mg per day	May increase dose to 300 mg per day within 1 week. Further dose increases may be made after 2 to 4 weeks if there is insufficient pain relief. Take in 2 or 3 divided doses.	No
pregabalin	Neuropathic pain associated with spinal cord injury	150 mg per day	600 mg per day	May increase dose to 300 mg per day within 1 week. Further dose increases may be made after 2 to 3 weeks if there is insufficient pain relief. Take in 2 or 3 divided doses.	No
tiagabine [21]	partial seizures, adjunct therapy	4 mg once a day	56 mg per day	May increase dose by 4 mg to 8 mg per day at weekly intervals. Take with food in 2 to 4 divided doses.	Yes#

Medication	Indication	Initial Dose	Maximum Dose	Other Information	Generic Availability
topiramate[22]	partial seizures, monotherapy	25 mg twice a day	200 mg twice a day	May increase dose by 25 mg twice a day at weekly intervals up to 100 mg twice a day, then may increase by 50 mg twice a day at weekly intervals.	Yes
topiramate[23]	tonic-clonic (grand mal) seizures, monotherapy	25 mg twice a day	200 mg twice a day	May increase dose by 25 mg twice a day at weekly intervals up to 100 mg twice a day, then may increase by 50 mg twice a day at weekly intervals.	Yes
topiramate	partial seizures, adjunct therapy	25 mg to 50 mg per day	200 mg twice a day	May increase dose by 25 mg to 50 mg per day at weekly intervals. Take in 2 divided doses.	Yes
topiramate	tonic-clonic (grand mal) seizures, adjunct therapy	25 mg to 50 mg per day	200 mg twice a day	May increase dose by 25 mg to 50 mg per day at weekly intervals. Take in 2 divided doses.	Yes
topiramate	migraines, prophylaxis of	25 mg once a day at night	50 mg twice a day	May increase dose to 25 mg twice a day after 1 week, then by 25 mg per day at weekly intervals. Take the larger dose at night when morning and evening doses are not equal.	Yes
topiramate ER*[24, 25]	partial, monotherapy	50 mg once a day	400 mg once a day	May increase dose weekly by 50 mg increments for first 4 weeks then 100 mg for Weeks 5 to 6.	No
topiramate ER*	tonic-clonic (grand mal), monotherapy	50 mg once a day	400 mg once a day	May increase dose weekly by 50 mg increments for first 4 weeks then 100 mg for Weeks 5 to 6.	No
topiramate ER*	partial, adjunct therapy	25 mg to 50 mg once a day	400 mg once a day	May increase dose weekly by increments of 25 mg to 50 mg to achieve an effective dose.	No
topiramate ER*	tonic-clonic (grand mal), adjunct therapy	25 mg to 50 mg once a day	400 mg once a day	May increase dose weekly by increments of 25 mg to 50 mg to achieve an effective dose.	No

Medication	Indication	Initial Dose	Maximum Dose	Other Information	Generic Availability
valproic acid and divalproex**[26, 27, 28]	absence (petit mal) seizures	15 mg per kg per day	60 mg per kg per day	May increase dose by 5 mg per kg per day to 10 mg per kg per day at weekly intervals until optimal response; if total daily dose is more than 250 mg, take in divided doses.	Yes‡
valproic acid and divalproex**	complex partial seizures, monotherapy	10 mg per kg to 15 mg per kg per day	60 mg per kg per day	May increase dose by 5 mg per kg to 10 mg per kg per day at weekly intervals until optimal response.	Yes‡
valproic acid and divalproex**	complex partial seizures, adjunct therapy	10 mg per kg to 15 mg per kg per day	60 mg per kg per day	May increase by 5 mg per kg to 10 mg per kg per day at weekly intervals until optimal response; if the total daily dose is more than 250 mg, take in 2 or 3 divided doses.	Yes‡
valproic acid (Stavzor®) and divalproex **[29, 30]	mania	750 mg per day	60 mg per kg per day	Increase dose as rapidly as possible to achieve the lowest possible dose with desired clinical effect. Take in divided doses.	Yes‡
valproic acid (Stavzor®) and divalproex**	migraines	250 mg twice a day	1000 mg per day	There is no evidence that higher doses have greater efficacy.	Yes‡
divalproex ER*[31]	absence (petit mal) seizures	15 mg per kg once a day	60 mg per kg once a day	May increase dose by 5 mg per kg to 10 mg per kg per day at weekly intervals until optimal response.	Yes
divalproex ER*	complex partial seizures, adjunct or monotherapy	10 mg per kg to 15 mg per kg once a day	60 mg per kg once a day	May increase dose by 5 mg per kg to 10 mg per kg per day at weekly intervals until optimal response.	Yes
divalproex ER*	mania	25 mg per kg once a day	60 mg per kg once a day	Increase dose as rapidly as possible to achieve the lowest possible dose with desired clinical effect.	Yes
divalproex ER*	migraines	500 mg once a day	1000 mg once a day	May increase dose to 1000 mg once a day after 1 week.	Yes

Medication	Indication	Initial Dose	Maximum Dose	Other Information	Generic Availability
vigabatrin[32]	refractory complex partial seizures	500 mg twice a day	1500 mg twice a day	May increase by 500 mg per day at weekly intervals.	No
zonisamide*[33]	partial seizures, adjunct therapy	100 mg per day	400 mg per day	May increase by 100 mg per day every 2 weeks. Take once a day or in 2 divided doses.	Yes

AED = Antiepileptic Drug XR or ER = extended-release

* Tablets or capsules must be swallowed whole. Do not chew, crush, or divide.

† Dose adjustments are necessary in patients taking valproic acid, carbamazepine, phenytoin, phenobarbital, oral estrogen-containing contraceptives, rifampin, or primidone. Consult the prescribing information for dosing recommendations in these patients and for recommendations on converting to lamotrigine monotherapy for seizure disorders.

‡ Some dosage forms may not be available in a generic formulation.

§ Dosing is for patients who are not taking an enzyme-inducing AED (for example, carbamazepine, oxcarbazepine, and phenytoin). The recommended starting dose of perampanel in patients taking an enzyme-inducing AED is 4 mg once a day at bedtime.

|| Dosing is for patients already taking an enzyme-inducing AED (for example, carbamazepine, phenytoin, primidone, and phenobarbital). Patients not taking an enzyme-inducing AED require a lower dose of tiagabine and may also require a slower titration schedule.

Some strengths of medication are not available in a generic formulation.

** Stavzor capsules must be swallowed whole.

To see the electronic version of this dosing table and the other products included in the “Anticonvulsants” Toolkit, visit the Medicaid Program Integrity Education page at <https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Pharmacy-Education-Materials/pharmacy-ed-materials.html> on the Centers for Medicare & Medicaid Services (CMS) website.

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