

Anticonvulsant Medications: U.S. Food and Drug Administration-Approved Indications and Dosages for Use in Pediatric Patients

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 pediatric indications and dosages for anticonvulsant medications are provided in this table. Lennox-Gastaut syndrome (LGS) affects approximately 4 percent of pediatric patients diagnosed with childhood epilepsy.[1] Since this is a rare condition and treatment is highly individualized, the FDA-approved anticonvulsant medications for the treatment of LGS are not discussed in this document. 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	Age	Initial Dose	Maximum Dose	Other Information	Generic Availability
carbamazepine[2]	complex partial, monotherapy or adjunct	Younger than 6 years old	10 mg per kg to 20 mg per kg per day in 2 or 3 divided doses	35 mg per kg per day	May increase dose at weekly intervals to achieve optimal clinical response. Give tablets or suspension in 3 or 4 divided doses.	Yes
carbamazepine	complex partial, monotherapy or adjunct	6 to 12 years old	100 mg twice a day (tablets) or 50 mg 4 times a day (suspension)	1000 mg per day	May increase dose at weekly intervals by up to 100 mg per day. Give in 3 or 4 divided doses.	Yes
carbamazepine	complex partial, monotherapy or adjunct	Older than 12 years old	200 mg twice a day (tablets) or 100 mg 4 times a day (suspension)	12 to 15 years old: 1000 mg per day; Older than 15 years old: 1200 mg per day	May increase dose at weekly intervals by up to 200 mg per day. Give in 3 or 4 divided doses.	Yes
carbamazepine	tonic-clonic (grand mal), monotherapy or adjunct	Younger than 6 years old	10 mg per kg to 20 mg per kg per day in 2 or 3 divided doses	35 mg per kg per day	May increase dose at weekly intervals to achieve optimal clinical response. Give tablets or suspension in 3 or 4 divided doses.	Yes
carbamazepine	tonic-clonic (grand mal), monotherapy or adjunct	6 to 12 years old	100 mg twice a day (tablets) or 50 mg 4 times a day (suspension)	1000 mg per day	May increase dose at weekly intervals by up to 100 mg per day. Give in 3 or 4 divided doses.	Yes

Medication	Indication	Age	Initial Dose	Maximum Dose	Other Information	Generic Availability
carbamazepine	tonic-clonic (grand mal), monotherapy or adjunct	Older than 12 years old	200 mg twice a day (tablets) or 100 mg 4 times a day (suspension)	12 to 15 years old: 1000 mg per day; Older than 15 years old: 1200 mg per day	May increase dose at weekly intervals by up to 200 mg per day. Give in 3 or 4 divided doses.	Yes
carbamazepine	mixed seizure types, except for absence (petit mal), monotherapy or adjunct	Younger than 6 years old	10 mg per kg to 20 mg per kg per day in 2 or 3 divided doses	35 mg per kg per day	May increase dose at weekly intervals to achieve optimal clinical response. Give tablets or suspension in 3 or 4 divided doses.	Yes
carbamazepine	mixed seizure types, except for absence (petit mal), monotherapy or adjunct	6 to 12 years old	100 mg twice a day (tablets) or 50 mg 4 times a day (suspension)	1000 mg per day	May increase dose at weekly intervals by up to 100 mg per day. Give in 3 or 4 divided doses.	Yes
carbamazepine	mixed seizure types, except for absence (petit mal), monotherapy or adjunct	Older than 12 years old	200 mg twice a day (tablets) or 100 mg 4 times a day (suspension)	12 to 15 years old: 1000 mg per day; Older than 15 years old: 1200 mg per day	May increase dose at weekly intervals by up to 200 mg per day. Give in 3 or 4 divided doses.	Yes
carbamazepine XR*[3]	complex partial, monotherapy or adjunct	6 to 12 years old	100 mg twice a day	1000 mg per day	May increase dose at weekly intervals by up to 100 mg per day. Give in 2 divided doses.	Yes
carbamazepine XR*	complex partial, monotherapy or adjunct	Older than 12 years old	200 mg twice a day	12 to 15 years old: 1000 mg per day; Older than 15 years old: 1200 mg per day	May increase dose at weekly intervals by 200 mg per day. Give in 2 divided doses.	Yes
carbamazepine XR*	tonic-clonic (grand mal), monotherapy or adjunct	6 to 12 years old	100 mg twice a day	1000 mg per day	May increase dose at weekly intervals by up to 100 mg per day. Give in 2 divided doses.	Yes

Medication	Indication	Age	Initial Dose	Maximum Dose	Other Information	Generic Availability
carbamazepine XR*	tonic-clonic (grand mal), monotherapy or adjunct	Older than 12 years old	200 mg twice a day	12 to 15 years old: 1000 mg per day; Older than 15 years old: 1200 mg per day	May increase dose at weekly intervals by 200 mg per day. Give in 2 divided doses.	Yes
carbamazepine XR*	mixed seizure types, except for absence (petit mal), monotherapy or adjunct	6 to 12 years old	100 mg twice a day	1000 mg per day	May increase dose at weekly intervals by up to 100 mg per day. Give in 2 divided doses.	Yes
carbamazepine XR*	mixed seizure types, except for absence (petit mal), monotherapy or adjunct	Older than 12 years old	200 mg twice a day	12 to 15 years old: 1000 mg per day; Older than 15 years old: 1200 mg per day	May increase dose at weekly intervals by 200 mg per day. Give in 2 divided doses.	Yes
ethosuximide[4]	absence (petit mal) seizures	3 to 6 years old	250 mg per day	1500 mg per day	May increase dose by 250 mg every 4 to 7 days. The optimal dose for most patients is 20 mg per kg per day.	Yes
ethosuximide	absence (petit mal) seizures	6 years old and older	500 mg per day	1500 mg per day	May increase dose by 250 mg every 4 to 7 days. The optimal dose for most patients is 20 mg per kg per day.	Yes
ethotoin[5]	complex partial seizures or tonic-clonic (grand mal) seizures	1 year old and older	Should not exceed 750 mg per day	3000 mg per day	May increase dose gradually over several days. The usual maintenance dose is 500 mg to 1000 mg per day. Doses above 2000 mg per day are rarely necessary. Give in 4 to 6 divided doses.	No

Medication	Indication	Age	Initial Dose	Maximum Dose	Other Information	Generic Availability
felbamate[6]	partial seizures, initial monotherapy	14 years old and older	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. However, if prescribed in 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	14 years old and older	1200 mg per day in 3 or 4 divided doses	3600 mg per day	Obtain maximum dose by Week 3. See prescribing information for withdraw regimen of current AED when converting to monotherapy or adding as adjunctive therapy.	Yes
gabapentin[7]	partial seizures, adjunct therapy	3 to 11 years old	10 mg per kg to 15 mg per kg per day	50 mg per kg per day	The maximum time between doses should not exceed 12 hours. Give in 3 divided doses.	Yes
gabapentin	partial seizures, adjunct therapy	12 years old and older	300 mg 3 times a day	600 mg 3 times a day	The maximum time between doses should not exceed 12 hours.	Yes
lacosamide[8]	partial seizures, adjunct therapy	17 years old and older	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	17 years old and older	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†[9]	partial seizures, tonic-clonic (grand mal) seizures, adjunctive therapy	2 to 12 years old	0.3 mg per kg per day rounded down to nearest whole tablet‡	300 mg per day‡	Refer to prescribing information for escalation regimen based on concomitant AEDs. Give in 2 divided doses.	Yes§

Medication	Indication	Age	Initial Dose	Maximum Dose	Other Information	Generic Availability
lamotrigine†	partial seizures, tonic-clonic (grand mal) seizures, adjunctive therapy	Older than 12 years	25 mg once a day‡	375 mg per day‡	Refer to prescribing information for escalation regimen based on concomitant AEDs. Give in 2 divided doses.	Yes§
lamotrigine†	partial seizures, conversion to monotherapy	16 years old and older	50 mg per 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§
lamotrigine XR*[10]	partial seizures, adjunct therapy	13 years old and older	25 mg once a day‡	400 mg once a day‡	Refer to prescribing information for escalation regimen based on concomitant AEDs.	No
lamotrigine XR*	tonic-clonic (grand mal) seizures, adjunct therapy	13 years old and older	25 mg once a day‡	400 mg once a day‡	Refer to prescribing information for escalation regimen based on concomitant AEDs.	No
lamotrigine XR*	partial seizures, conversion to monotherapy	13 years old and older	50 mg once a day‡	Maintenance dose: 250 mg to 300 mg once a day‡	See prescribing information for initial dose for various AEDs. Conversion from certain AEDs requires achieving a maximum dose of 500 mg per day before decreasing to the maintenance dose.	No
levetiracetam*[11] (tablets)	myoclonic seizures, adjunct therapy	12 years old and older	500 mg twice a day	1500 mg twice a day	May increase dose by 1000 mg per day every 2 weeks.	Yes
levetiracetam (oral solution)	partial seizures, adjunct therapy	1 month old to younger than 6 months old	7 mg per kg twice a day	21 mg per kg twice a day	May increase dose by 7 mg per kg twice a day every 2 weeks.	Yes
levetiracetam (oral solution)	partial seizures, adjunct therapy	6 months old to younger than 4 years old	10 mg per kg twice a day	25 mg per kg twice a day	May increase dose by 10 mg per kg twice a day every 2 weeks.	Yes

Medication	Indication	Age	Initial Dose	Maximum Dose	Other Information	Generic Availability
levetiracetam (oral solution)	partial seizures, adjunct therapy	4 years old to younger than 16 years old	10 mg per kg twice a day	30 mg per kg twice a day up to 1500 mg twice a day	May increase dose by 10 mg per kg twice a day every 2 weeks.	Yes
levetiracetam* (tablets)	partial seizures, adjunct therapy	4 years old to younger than 16 years old and weighing 20 kg to 40 kg	250 mg twice a day	750 mg twice a day	May increase dose by 250 mg twice a day every 2 weeks.	Yes
levetiracetam* (tablets)	partial seizures, adjunct therapy	4 years old to younger than 16 years old and weighing more than 40 kg	500 mg twice a day	1500 mg twice a day	May increase dose by 500 mg twice a day every 2 weeks.	Yes
levetiracetam* (tablets)	partial seizures, adjunct therapy	16 years old and older	500 mg twice a day	1500 mg twice a day	May increase dose by 500 mg twice a day every 2 weeks.	Yes
levetiracetam* (oral solution or tablets)	tonic-clonic (grand mal) seizures, adjunct therapy	6 years old to younger than 16 years old	10 mg per kg twice a day	30 mg per kg twice a day	If patient weighs 20 kg or less, use oral solution only. If patient weighs over 20 kg, may use either oral solution or tablets. May increase dose by 10 mg per kg twice a day every 2 weeks. Dosage is for oral solution. If taking tablets, round to nearest whole tablet size	Yes
levetiracetam* (tablets)	tonic-clonic (grand mal) seizures, adjunct therapy	16 years old and older	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*[12]	partial seizures, adjunct therapy	12 years old and older	1000 mg once a day	3000 mg once a day	May increase dose by 1000 mg per day every 2 weeks.	Yes
methsuximide[13]	absence (petit mal) seizures	No age specified	300 mg per day	1200 mg per day	May increase dose by 300 mg at weekly intervals.	No

Medication	Indication	Age	Initial Dose	Maximum Dose	Other Information	Generic Availability
oxcarbazepine [14]	partial seizures, monotherapy	4 years old to 16 years old	4 mg per kg to 5 mg per kg twice a day	By patient's weight: Less than 25 kg: 900 mg per day; 25 kg to 34.9 kg: 1200 mg per day; 35 kg to 49.9 kg: 1500 mg per day; 50 kg to 59.9 kg: 1800 mg per day; More than 60 kg: 2100 mg per day	May increase dose by 5 mg per kg per day every 3 days. Give in 2 divided doses.	Yes
oxcarbazepine	partial seizures, adjunct therapy	2 years old to younger than 4 years old	4 mg per kg to 5 mg per kg twice a day up to 600 mg per day	30 mg per kg twice a day	Patients less than 20 kg may start at 16 to 20 mg per kg per day. Titrate the dose over 2 to 4 weeks. Give in 2 divided doses.	Yes
oxcarbazepine	partial seizures, adjunct therapy	4 years old to 16 years old	4 mg per kg to 5 mg per kg twice a day up to 300 mg twice a day	By patient's weight: 20 kg to 29 kg: 900 mg per day; 29.1 kg to 39 kg: 1200 mg per day; More than 39 kg: 1800 mg per day	Titrate the dose over 2 to 4 weeks. Give in 2 divided doses.	Yes
perampanel#[15]	partial seizures, adjunct therapy	12 years and older	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	12 years and older	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	Age	Initial Dose	Maximum Dose	Other Information	Generic Availability
phenytoin[16]	complex partial seizures	No age specified	5 mg per kg per day	300 mg per day	A period of 7 to 10 days may be required to reach steady-state blood levels. Give in 2 or 3 divided doses.	Yes‡
phenytoin	tonic-clonic (grand mal) seizures	No age specified	5 mg per kg per day	300 mg per day	A period of 7 to 10 days may be required to reach steady-state blood levels. Give in 2 or 3 divided doses.	Yes‡
phenytoin	seizures during or after neurosurgery	No age specified	5 mg per kg per day	300 mg per day	A period of 7 to 10 days may be required to reach steady-state blood levels. Give in 2 or 3 divided doses.	Yes‡
tiagabine**[17]	partial seizures, adjunct therapy	12 years old to 18 years old	4 mg once a day	32 mg per day	May increase dose by 4 mg per day at the beginning of Week 2 then by 4 mg to 8 mg per day at weekly intervals. Give in 2 to 4 divided doses.	Yes§
topiramate (Topamax®)[18]	partial seizures, monotherapy	2 years old to younger than 10 years old	25 mg once a day at night	By patient's weight; twice a day: Up to 11 kg: 125 mg; 12–22 kg: 150 mg; 23–38 kg: 175 mg; Over 38 kg: 200 mg	May increase dose to 25 mg twice a day after 1 week then by 25 mg to 50 mg per day at weekly intervals. Titration to the minimum maintenance dose should be attempted over 5 to 7 weeks.	Yes
topiramate (Topamax)	partial seizures, monotherapy	10 years old and older	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 (Topamax)	tonic-clonic (grand mal) seizures, monotherapy	2 years old to younger than 10 years old	25 mg once a day at night	By patient's weight twice a day: Up to 11 kg: 125 mg; 12–22 kg: 150 mg; 23–38 kg: 175 mg; Over 38 kg: 200 mg	May increase dose to 25 mg twice a day after 1 week then by 25 mg to 50 mg per day at weekly intervals. Titration to the minimum maintenance dose should be attempted over 5 to 7 weeks.	Yes

Medication	Indication	Age	Initial Dose	Maximum Dose	Other Information	Generic Availability
topiramate (Topamax)	tonic-clonic (grand mal) seizures, monotherapy	10 years old and older	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 (Topamax)	partial seizures, adjunct therapy	2 years old to 16 years old	1 mg per kg to 3 mg per kg up to 25 mg once a day at night for 1 week	4.5 mg per kg twice a day	May increase dose by 1 mg per kg to 3 mg per kg per day at weekly intervals. Give in 2 divided doses after the first week.	Yes
topiramate (Topamax)	partial seizures, adjunct therapy	17 years old and older	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.	Yes
topiramate (Topamax)	tonic-clonic (grand mal) seizures, adjunct therapy	2 years old to 16 years old	1 mg per kg to 3 mg per kg up to 25 mg once a day at night for 1 week	4.5 mg per kg twice a day	May increase dose by 1 mg per kg to 3 mg per kg per day at weekly intervals. Give in 2 divided doses after the first week.	Yes
topiramate (Topamax)	tonic-clonic (grand mal) seizures, adjunct therapy	17 years old and older	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.	Yes
topiramate (Topamax)	migraine headache, prophylaxis	12 years old and older	25 mg at nighttime for 1 week	50 mg twice a day	May increase weekly by increments of 25 mg. Dose and titration should be guided by clinical outcome.	Yes

Medication	Indication	Age	Initial Dose	Maximum Dose	Other Information	Generic Availability
topiramate ER* (Qudexy[TM] XR)[19]	partial seizures, monotherapy	2 years old to less than 10 years old	25 mg at nighttime for 1 week	By patient's weight; once a day; minimum–maximum maintenance doses Up to 11 kg: 150–250 mg 12–22 kg: 200–300 mg 23–31 kg: 200–350 mg 32–38 kg: 250–350 mg Over 38 kg: 250–400 mg	Week 2, increase to 50 mg once a day, then by 25 mg to 50 mg once a day each week, as tolerated, over 5 to 7 weeks to minimum maintenance dose; continue increasing 25 mg to 50 mg once a day each week, as tolerated, to maximum maintenance dose for body weight.	No
topiramate ER* (Qudexy XR)	partial seizures, monotherapy	10 years old and older	50 mg once a day	400 mg once a day	May increase weekly by increments of 50 mg for first 4 weeks then 100 mg for Weeks 5 to 6.	No
topiramate ER* (Qudexy XR)	partial seizures, adjunct therapy	2 years old and older	25 mg nightly for 1 week (based on a range of 1 mg per kg to 3 mg per kg once a day)	5 mg per kg to 9 mg per kg once a day	Increase dosage at 1 or 2 week intervals by increments of 1mg per kg to 3 mg per kg. Dose titration should be guided by clinical outcome.	No

Medication	Indication	Age	Initial Dose	Maximum Dose	Other Information	Generic Availability
topiramate ER* (Qudexy XR)	tonic-clonic (grand mal) seizures, monotherapy	2 years old to less than 10 years old	25 mg once a day at nighttime for the first week	By patient's weight once a day; minimum–maximum maintenance doses Up to 11 kg: 150–250 mg 12–22 kg: 200–300 mg 23–31 kg: 200–350 mg 32–38 kg: 250–350 mg Over 38 kg: 250–400 mg	Week 2, increase to 50 mg once a day, then by 25 mg to 50 mg once a day each week, as tolerated, over 5 to 7 weeks to minimum maintenance dose; continue increasing 25 mg to 50 mg once a day each week, as tolerated, to maximum maintenance dose for body weight.	No
topiramate ER* (Qudexy XR)	tonic-clonic (grand mal) seizures, monotherapy	10 years old and older	50 mg once a day	400 mg once a day	May increase weekly by increments of 50 mg for first 4 weeks then 100 mg for Weeks 5 to 6.	No
topiramate ER* (Qudexy XR)	tonic-clonic (grand mal) seizures, adjunct therapy	2 years old and older	25 mg nightly for 1 week (based on a range of 1 mg per kg to 3 mg per kg once a day)	5 mg per kg to 9 mg per kg once daily	Increase dosage at 1 or 2 week intervals by increments of 1 mg per kg to 3 mg per kg. Dose titration should be guided by clinical outcome.	No
topiramate ER* (Trokendi XR®)[20]	partial seizures, monotherapy	10 years old and older	50 mg once a day	400 mg once a day	May increase weekly by increments of 50 mg for first 4 weeks then 100 mg for Weeks 5 to 6.	No
topiramate ER* (Trokendi XR)	partial seizures, adjunct therapy	6 years old and older	25 mg nightly for 1 week (based on a range of 1 mg per kg to 3 mg per kg once a day)	5 mg per kg to 9 mg per kg once a day	Increase dosage at 1 or 2 week intervals by increments of 1 mg per kg to 3 mg per kg. Dose titration should be guided by clinical outcome.	No

Medication	Indication	Age	Initial Dose	Maximum Dose	Other Information	Generic Availability
topiramate ER* (Trokendi XR)	tonic-clonic (grand mal) seizures, monotherapy	10 years old and older	50 mg once a day	400 mg once a day	May increase weekly by increments of 50 mg for first 4 weeks then 100 mg for Weeks 5 to 6.	No
topiramate ER* (Trokendi XR)	tonic-clonic (grand mal) seizures, adjunct therapy	6 years old and older	25 mg nightly for 1 week (based on a range of 1 mg per kg to 3 mg per kg once a day)	5 mg per kg to 9 mg per kg once a day	Increase dosage at 1 or 2 week intervals by increments of 1 mg per kg to 3 mg per kg. Dose titration should be guided by clinical outcome.	No
valproic acid and divalproex††[21, 22, 23]	complex partial seizures, monotherapy	10 years old and older	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 years old and older	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; if the total daily dose is more than 250 mg, give in divided doses.	Yes§
valproic acid and divalproex††	absence (petit mal) seizures	10 years old and older	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; if the total daily dose is more than 250 mg, give in divided doses.	Yes§
divalproex ER[24]	complex partial seizures	10 years old and older	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	absence (petit mal) seizures	10 years old and older	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
vigabatrin [25]	complex partial seizures, adjunct therapy	10 years old to 16 years old; up to 60 kg	250 mg twice a day	1000 mg twice a day†††	May increase total daily dose weekly to reach the total maintenance dose of 2000 mg per day (1000 mg twice a day).	No

Medication	Indication	Age	Initial Dose	Maximum Dose	Other Information	Generic Availability
vigabatrin	complex partial seizures, adjunct therapy	16 years old and older; 10 years old to 16 year olds and over 60 kg	500 mg twice a day	1500 mg twice a day	May increase total daily dose in 500 mg increments weekly to maximum dose depending on response.	No
vigabatrin	infantile spasms, monotherapy	1 month old to 2 years old	25 mg per kg twice a day	75 mg per kg twice a day	May increase by 25 mg per kg per day to 50 mg per kg per day increments every 3 days up to the maximum dose.	No
zonisamide*[26]	partial seizures, adjunct therapy	16 years old and older	100 mg per day	400 mg per day	May increase dose by 100 mg per day every 2 weeks. Give 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.

† Lamotrigine is only approved as monotherapy in patients 16 years old and older.

‡ 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 from these drugs. The prescribing information has no guidelines for concomitant use with or conversion from AEDs not listed in this footnote.

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

|| Consult prescribing information for conversion to oxcarbazepine monotherapy from another AED.

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.

†† Stavzor® capsules must be swallowed whole.

‡‡ Patients weighing more than 60 kg should be dosed according to adult (over 16 years old) recommendations.

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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