Lamotrigine Dosing & Titration

CAUTION

Please note that there are two dosing schedules:

1. For patients who are NOT taking Valproate
2. For patients who ARE taking Valproate

Rapid dose escalation can be dangerous with Lamotrigine, due to risk of a serious rash, including Stevens-Johnson reaction. This risk may be increased when Lamotrigine is used concurrently with Valproate.

For dosing schedules in children, please consult the package insert.

1. Initial Dosing Schedule for patients who are NOT taking Valproate

Start 25 mg pills, #170
Weeks 1 & 2: One 25 mg pill each evening
Weeks 3 & 4: 1 pill, twice a day
Week 5: 1 pill each morning, 2 pills each evening
Week 6: 2 pills, twice per day
Week 7: 2 pills each morning, 3 pills each evening
Week 8: 3 pills, twice a day
Fill a new prescription for 100 mg pills, #62 (1 month supply)
Week 9: One 100mg pill, twice per day

2. Initial Dosing Schedule for patients who ARE taking Valproate

Start 25 mg pills, #150
Weeks 1 & 2: One 25 mg pill every other day
Weeks 3 & 4: 1 pill per day
Weeks 5 & 6: 1 pill twice per day
Weeks 7 & 8: 1 pill each morning 2 pills each evening
Weeks 9 & 10: 2 pills, twice per day
Fill a new prescription for 25 mg pills, #124 (1 month supply)

Adding valproate when a patient is already taking lamotrigine

Remember: valproate leads to a decrease in lamotrigine clearance by ~50%.

1. Decrease the lamotrigine dose by half as soon as valproate is started.
2. Start valproate at 500-750 mg/day.
3. Increase valproate by 125-250 mg no more often than every 3 weeks.
4. If stopping lamotrigine, taper over several weeks.
5. If continuing lamotrigine, decrease the dose further with the appearance of any adverse effects.