Generic/ TRADE NAME	SIDE EFFECTS	MONITOR Annually/if indicated	USES √ COMMENTS/ DRUG LEVEL	DRUG INTERACTIONS	INITIAL & MAX DOSE	USUAL SEIZURE DOSE RANGE	$ /100day
Carbamazepine **TEGRETOL**/generic **CBZ** (100ˢ,200ˢˣ▼mg chew tab; 200ˢ mg tab) (200ˢ,400ˢ mg CR tab ☎▼) (20mg/ml susp)	**Common**: gastric distress (N/V), drowsy, dizzy, **unsteady**, pruritic **rash<10%**, **↓WBC** (dose related) **CR tab has fewer side effects**. **Rare**: aplastic anemia, **↑ liver enzymes** (GGT/ALK some ↑ normally), cardiac abnormalities; **↓ serum sodium** (mild & asymptomatic often, but <**125** important); SLE, exfoliative dermatitis, alopecia, ocular effects, **↓ WBC** (persistent ~2%), ↓ T3/T4, osteomalacia & neural tube defects (<1%). **WEIGHT GAIN = minimal**	CBC,Platelets, TSH,LFT, Lytes, **Level** ? ECG for pts >45yrs D Pregnancy	√**Generalized tonic-clonic Sz**, **Partial (1-18yr)**-not myoclonic Sz, may worsen absence Sz. √ BPAD -acute mania, rapid cycle, mixed & prophylaxis √ trigeminal neuralgia Option: for **aggressive** patients & neurologic dx & cognitive impaired CI in hepatic dx; safe in renal dx **Level 17-54 umol/l -trough**	**↑ Carbamazepine level by**: cimetidine, **danazol, diltiazem, erythromycin, felodipine, fluoxetine**, grapefruit juice, isoniazid, ketoconazole, lamotrigine, metronidazole, nefazodone, phenobarbital, **propoxyphene, verapamil** & valproate **↓ Carbamazepine level by**: phenytoin, phenobarb, St.Johns wort, theophylline **Carbamazepine ↓'s levels of**: **BCP's ~40%**, lamotrigine, phenytoin, theophylline, topiramate, valproate& **warfarin**. **INDUCES P450 3A4 System**	100mg bid ↑ 200mg/d q5-7day (to ↓ **rash rate**) ~2800mg/day (**autoinduction** of P450 system complete in 4 weeks)	200mg po tid 400mg po tid 600mg po bid (some clinicians give regular release **bid** in select situations) 400mg CR bid (600-1600mg/d) Peds:10-20→35mg/kg/d Mainly an enzyme **inducer**	35 64 64 97
Clobazam **FRISIUM**/generic (10ˢ mg tab)	**B e n z o** **Common**: **Drowsiness** (tolerance develops), dizziness, ↓ concentration, anterograde amnesia, ↑ traffic accidents. **Rare**: skin rash, paradoxical anger, thrombocytopenia & depression.	? Platelets U	Alt: generalized tonic-clonic, myoclonic & atonic, partial & absence Sz Broad spectum→tolerance develops	**Few** drug interactions **↓ clobazam level by**: carbamazepine **clobazam ↑ level of**: phenytoin	5-10mg od 80mg/day	10mg po bid 30mg po hs (20-30mg/d) Peds:0.5-1.5mg/kg/d	50 72
Clonazepam **RIVOTRIL**/ generic (0.5ˢ,1,2ˢ mg tab; 0.25ˣ▼ mg tab)	Other Benzo's used for **status epilepticus** etc… **Diazepam VALIUM** 2ˢ,5ˢ,10ˢ mg tab; 10mg/2ml amp; 5mg/ml **rectal gel DIASTAT**; 10mg/2ml emulsion **DIAZEMULS**. **Lorazepam ATIVAN** 0.5,1ˢ,2ˢ mg **po** /**slˣ** tab; 4mg/ml **amp**	? Platelets D	√Myoclonic Sz; Alt→tonic & atonic, absence & infantile spasms ✚; Panic attack Option: sedative, social phobia, akathisia, acute mania, restless leg syndrome & neuralgic pain	**Few drug interactions**. Tolerance in 1/3 pts in 6 months. ? ↑ Generalized tonic clonic Sz. **Level clonazepam 40-230nmo/l** -useful for compliance, not efficacy	0.5mg po tid ↑ 0.5-1mg/d q3d 20mg/day	0.5mg po tid 1mg po tid 2mg po tid (4-8mg/d) Peds:0.01-0.3mg/kg/d	**36** 74 52
Divalproex (DVA) **EPIVAL**/generic (125,250,500mg EC tab); 1000mg/10 ml vial ✗⊗) -**prodrug** of VPA: see **valproic acid below**	**Common**:nausea, diarrhea, dizzy, sedation, somnolence, essential tremor ≤20%, ataxia, fatigue, confusion, headache, abdominal cramps, hair loss(often temp.), hyperammonemia, menstrual disturbances & ?↑ osteoporosis. **Rare: ↓ platelets**(↓ dose helps) **& WBC, hepatotoxic**, **pancreatitis**, ↑blood insulin, neural tube defects→spina bifida 1-2%. **Caution: polycystic ovaries** **WEIGHT GAIN**= ++ (up to 59%, more common in ♀; mean gain **8-14kg**)	CBC,Platelets, LFT **Valproic acid level** Correct levels up for low **albumin** D	√**1°Generalized tonic-clonic**, **Absence**, **Partial**, **Myoclonic& Atonic**, Juvenile myoclonic & **LGS** √ BPAD **acute mania**, **rapid cycle, mixed, prophylaxis** & depression √ migraine prophylaxis; Option: for aggression; Acute Mania -Oral LD 20mg/kg CI in hepatic dx **ADV**: safe in renal dx, **↓ rash** & less cognitive impairment. **Level 350-830 umol/l -trough**	**↑ Valproic acid level by**: aspirin, cimetidine, erythromycin, felbamate, fluoxetine, isoniazid & salicylates **↓ Valproic acid level by**: carbamazepine, cholestryramine, lamotrigine, phenobarbital, phenytoin, primidone, rifampin & topiramate **Valproic acid ↑'s levels of**: amitriptyline, carbamazepine (epoxide ie.↑ SE), clonazepam, diazepam, ethosuximide, **lamotrigine** lorazepam, **phenobarbital & warfarin** **Does not ↓ effect of BCP's**	250-500mg bid ↑ 250mg/d q1 week 3-5g/day Mainly an enzyme **inhibitor**	250mg po tid cc **500mg po bid cc** 500mg po tid cc (1-3g/day) cc= with food Peds:10-15→60mg/kg/d	78 **102** 149
Ethosuximide **ZARONTIN** (250mg cap;50mg/ml syrup)	**Common**: nausea, diarrhea, anorexia, drowsiness, hiccups & **headache**. **Rare**:skin rash(Stevens-Johnson), blood dyscrasias, lupus & behavioral changes esp. in kids.	CBC,Platelets, **Level** C	√Only for uncomplicated **Absence Sz**. **Does not** protect for generalized tonic clonic Sz. **Level 280-710umol/l -trough**	**↓ ethosuximide levels by**: carbamazepine **↑ ethosuximide levels by**: ritonavir & valproic acid	250mg od/bid ↑ 250mg/d q1week 2000mg/day	250mg po bid **500mg po bid** (750-1500mg/d) Peds: 10-15→20-40mg/kg/d	77 **147**
Gabapentin **NEURONTIN**/generic (100,300,400mg cap) (600,800mg tab✗▼,↑ cost)	**Common**: somnolence, dizzy, ataxia, headache, nystagmus, nausea, vomiting, blurred vision, tremor, slurred speech, edema, rash, behavioral changes in kids & ↓ WBC ≤1%. **WEIGHT GAIN= +** (appears dose related)	Scr C	Alt: **Partial** & 2° generalized Sz. -**not for generalized Sz** such as juvenile myoclonic. Option: Neuropathic pain & **Anxiolytic in severe Panic dx & social phobia**, restless leg & migraine Well **tolerated in the elderly** **ADV**:**↓ rash & safe in liver failure** **DIS**: Myoclonus may be ↑ **3-25umol/l** for compliance, not efficacy	Antacids ↓ by 20% absorption (space by 2hr) NO other signif. interactions With doses >600mg less is absorbed since mechanism is saturated **Does not ↓ effect of BCP's**	100-300mg tid (↑ 300mg q1day) 3.6-4.8g/d	400mg po tid **600mg po tid** 800mg po tid ↓dose in renal dysfx (900-3600mg/d) Peds:10-15→25-40mg/kg/d	211 **327** 394
Lamotrigine **LAMICTAL**/generic (25ˢ,100ˢ,150ˢ mg tab; 5ˢ mg chewable tab) (2mg chewable tab ✗▼)	**Common:** dizzy, nausea, vomiting, ataxia, asthenia, headache, somnolence, fatigue, ↑ alertness, diplopia, abd pain, rash (1st month→gen. red morbilliform) & ↓ hair. **Rare**:**Stevens-Johnson syndrome**# & toxic epidermal necrolysis, ? hepatotoxic, tics in kids & leukopenia. **WEIGHT GAIN=neutral effect** **Broad spectrum of Sz activity**	CBC,LFT, **Scr** to ↓ dose if necessary C Not teratogenic in animals, but ↑ risk of fetal death Pregnancy: ↓ levels & ↑ levels seen in breast milk	√Mono→**Partial** & **LGS**. Alt: **Generalized tonic-clonic**, **Absence**, Partial, **Myoclonic& Atonic** Option: **BPAD I for acute depression** & **Bipolar II for rapid cycling** FDA Jun03 **Rash** 5-10%→life threatening 0.3%# (If drug related→ **D/C at first sign of rash**) **ADV**:**↓hormonal** dysfx&more **alert** **4-39 umol/l** for compliance, not efficacy	**↑ Lamotrigine level** by: sertraline & **valproate** **↓ Lamotrigine level** by: **BCP's**, **carbamazepine**, oxcarbazepine, **phenytoin**, phenobarb., primidone, rifampin, topiramate NO EFFECT ON P450 enzyme system **With carbamazepine: ↑ dizziness.** **Does not ↓ effect of BCP's&folic acid**	25-50mg bid ↑ by 50mg/day **every 1-2weeks (to ↓ rash rate)** Peds:0.15-0.6 mg/kg/d start 5-800mg/day	**100mg po bid** 150mg po bid (100-500mg/d) Peds: 1-15mg/kg/d **If with valproate:** 25mg hs start→ 100mg po hs (50-200mg/d) Peds: 1-5mg/kg/d	**208** 299 32 107

Levetiracetam KEPPRA 250, 500, 750 mg tab	**Common**:drowsy, dizzy, asthenia, fatigue, depression,psychosis & rarely ↓ WBC/Hg.	**CBC,Scr** C	Adj:Partial Sz→adults & kids ≥4yr **ADV**: ↓ rash.**Dose** ↓ if renal dysfx.	**Few drug interactions** **Does not ↓ effect of BCP's**	500mg bid ↑ 1g/d q2week	500mg po bid 1000mg po bid (1-3g/d) Ped:10-60 mg/kg	**420** 800
Methsuximide **CELONTIN** (300mg cap)	**Common**: nausea, diarrhea, drowsiness, hiccups & **headache**. **Rare**: skin rash, blood dyscrasias, lupus & behavioral changes especially in kids.	CBC,Platelets, **Level** C	√Only for **Absence Sz**. **Does not** protect for generalized tonic clonic Sz. **Level 53-212 umol/l -trough**	**methsuximide ↑'s levels of**: phenobarbital, phenytoin & primidone **methsuximide ↓'s levels of**: lamotrigine **↓ methsuximide levels by**: carbamazepine, phenobarbital & phenytoin	300mg od ↑ 300mg/d q1week 1200mg/day	**300mg po tid** 300mg po qid (300-1200mg/d) Peds: 10-30mg/kg/d	**123** 161
Oxcarbazepine☎⊗ **TRILEPTAL** 150ς,300ς,600ς mg tab; 60mg/ml susp	**Common**: GI upset, sedation , diplopia, ↓ **sodium** ~**3%** & **rash**.**Prodrug** of CBZ. Convert CBZ→ this drug by 1.5 x CBZ dose	As per CBZ C	√Mono→**Partial** Sz in adults& ≥6yr ? Generalized Sx **ADV**: ? ↓ CNS SE & rash vs CBZ	Similiar DI's as per CBZ but less. (**BCP's** levels ↓;phenytoin levels↑) Cross sensitivity with CBZ of **25%**	150mg bid ↑ 300-600mg/d q1week	600mg po bid 900mg po bid (600-2400mg/d) Peds:8→10-50 mg/kg/d	**678** 999
Nitrazepam **MOGADON**/generic (5,10mg tab)	**Benzo** **Common**: **Drowsiness** (tolerance develops), dizziness, anterograde amnesia, ↑ traffic accidents, dependence & paradoxical anger. **Rare**: skin rash & thrombocytopenia.	? Platelets U	√myoclonic & infantile spasms **+** & sedative/**hypnotic**	**Few** drug interactions. Tolerance in 1/3 pts in 6 months. ? ↑ Generalized tonic clonic Sz.	5mg po hs 60mg	2.5mg po tid 5mg po tid Peds:0.25-1.2mg/kg/d	23 **38**
Phenobarbital (15,30ς,60,100mg tab; 5mg/ml soln *soon DC'd by Co.*; 30⊗, 120mg/ml amp)	**Common**: **sedation**, rash 5-10%, dizzy, ↓ concentration, ↓ cognition, sleep problems, ataxia, nystagmus, hyperactive & behavioral changes esp. in kids. **Rare**: blood dyscrasias & hepatotoxicity.	CBC,LFT **Level** D	√Partial seizures (1-12months) neonatal Sz Drug of choice,↑breast milk levels Generalized tonic-clonic (1mo-6yr) LD 20mg/kg IV@ 50-75mg/min **Level 65-150 umol/l -trough**	**↑ phenobarbital level by:** cimetidine,felbamate & **valproate** **phenobarbital ↓'s levels of:** acetaminophen, **BCP's**, carbamazepine, cyclosporin, estrogen, lamotrigine, theophylline, verapamil & **warfarin**	60-90mg hs ↑ 30mg/d q1month 240mg/day	60mg po hs **90mg po hs** (90-180mg/d) Peds: 2-8mg/kg/d	19 **25**
Phenytoin **DILANTIN** (30,100mg cap;50ςmg chew tab; 6 & 25mg/ml susp; 100mg/2ml vial ✗⊗) (92% phenytoin→ cap & inj; 100% phenytoin→tab & susp)	**Common**: nausea, diarrhea, dizzy, ataxia, ↓ coordination, ↓ concentration, sedation, somnolence, tremor, rash 5-10%(rarely serious),↑ LFT, blood dyscrasias, **gingival hyperplasia** ~50%, nystagmus, ↑ **body hair**, acne, ↓ folic acid, ↓ vitamin D levels & osteomalacia. Fosphenytoin CEREBYX ✗ IV friendly **150mg Fosphenytoin=100mg Phenytoin**	CBC, LFT, **Level** **Folate level** D	√**Generalized tonic-clonic & Partial** (Not for absence Sz) **LD** 15-20mg/kg IV @ 50mg/min **Saturable** kinetics ↑dose→ ↑↑level IV→Purple glove syndrome occurs Correct levels up for low **albumin** **(Alb=20g/l→100%;30g/l→40%;>36g/l→none)** **Level 40-80 umol/l -trough**	**↑ phenytoin level by:** amiodarone, cimetidine, ciprofloxacin, clobazam, **disulfiram**, fluconazole, **isoniazid**, methsuximide, oxcarbazepine, propoxyphene,SSRIs & topiramate **↓ phenytoin level by:** antacids, carbamazepine,folic acid, **nasogastric feeds**, valproate & vigabatrin **phenytoin ↓'s levels of**: amiodarone,**BCP's**, CBZ, dexamethasone,folic acid, **itraconazole**, lamotrigine, **methadone**, mexiletine, quinidine, theophylline, topiramate, vitamin D & warfarin	300mg hs ↑ 50-100mg/d q1month 400-600mg/d	**300mg po hs** 200mg po bid (300-400mg/d) Peds: 4-8 mg/kg/d **IM**→ crystallization **Caps**→like **SR** product	**30** 38
Primidone **MYSOLINE**/generic (125ς,250ς mg tab; 125mg chew tab✗⊗)	**Common**: sedation, rash~5%, nausea, dizzy,depression & ↓ libido. **-metabolized to phenobarbital & PEMA**	CBC,LFT **Level** D	√ Partial & Generalized tonic clonic (less effective vs partial Sz than phenobarbital) √ Essential tremor CI porphyria **Level 28-55umol/l -trough**	**↑ primidone level by:** isoniazid & valproate **↓ primidone level by**: acetazolamide, carbamazepine, phenobarbital (but ↑ phenob. conversion) & phenytoin **primidone ↓ levels of**:**BCP's**,chlorpromaz., furosemide,**lamotrigine**,quinidine,steroids&TCA	125mg hs ↑ 125mg/d q3d 2000mg/day	125mg po tid **250mg po tid** (500-1250mg/d) Peds: 50mg start, 10-25mg/kg/d	25 **34**
Topiramate **TOPAMAX** (25,100,200mg tab; 15, 25mg sprinkle cap) Caution: metabolic acidosis & ↓ **sweating** esp. in kids	**Common**: nausea, dizzy, tremor, ataxia, somnolence, **cognitive dysfunction**, headache, **paresthesias** -fingers & toes, behavioral changes, fatigue, diarrhea, ↓ word finding,**nephrolithiasis&glaucoma**. **WEIGHT GAIN= neutral/ loss possible** (seems dose & duration dependent & > in ♀) **Renal stones**1.5% thus ↑ **fluid intake.**	CNS SE ↑ with agents such as DVA. Adjust dose for **Scr** C Hypospadias in male infants	Alt: **1º Generalized tonic-clonic** & **Partial** ≥2yr, Atonic & Lennox-Gastaut (LGS) →Age 2-16 ? √ myoclonic & absence Sz **Weight loss** ~**4kg** ? dose related 80% Renal elimination **Broad spectrum of Sz activity**	**↓ topiramate level** by: carbamazepine & phenytoin (~40%), valproate (~15%) **↑ renal stones** with topiramate & : Acetazolamide, dorzolamide& methozolamide **topiramate ↓'s level of** : **BCP's ~30%**, lamotrigine & valproate + dva→ ↓ platelet &↑ encephalopathy	25mg bid ↑ 25-50mg/d q1week 400-1000mg/d	**100mg po bid** 200mg po bid (200-600mg/d) Peds: 0.5 mg/kg/d start → 5-9 mg/kg/d	**476** 738
Valproic acid -VPA **DEPAKENE**/generic (250mg cap; 500mg EC cap; 250mg/5ml syrup)	As per **divalproex above** **Depakene generally has more GI** side effects than Epival.	CBC,Platelets, LFT **Level** D	divalproex & valproic acid are therapeutically, but not technically interchangeable medications since they are distinct generic products As per **divalproex above**			**500mg po bid** 500mg po tid (1-3g/d)	**131** 193
Vigabatrin **SABRIL** (500ςmg tab,500mg sachet)	**Common**: drowsy, dizzy, weight gain, fatigue, tremor, psychosis & depression ≤2%, ↑ **behavioral changes** in kids, tremor & **peripheral vision changes**.	Adjust dose for **Scr** Visual field U	Alt: Complex partial & infantile spasms **+**. May worsen absence & myoclonus. **ADV**: No skin, blood or liver SE.	**vigabatrin ↓'s levels of**: phenytoin ~30% **Does not ↓ effect of BCP's**	500mg bid ↑ 1g/d q1week 4000mg/d	1000mg po bid 1500mg po bid(2-3g/d) Peds: 30-100 mg/kg/d	412 604
Tiagabine GABITRIL 4,12,16,20mg tab **NOT IN** 🍁	**Common**: ↓ coordination, drowsy, dizzy, headache, fatigue, asthenia, tremor, stupor & depression.	C	Adj: Partial Sz (≥ 12yr) May ↑generalized & absence Sx **ADV**: low incidence of rash	**↓ tiagabine levels by**: carbamazepine, phenobarbital & phenytoin **Does not ↓ effect of BCP's**	2mg bid ↑ 4-8mg/d q1week	16mg po bid cc 16mg po tid cc (32-56mg/d) Peds: 0.25-1 mg/kg/d	
Zonisamide ZONEGRAN 100mg cap (Special Access)	**Common**: drowsy, ataxia, dizzy, anorexia, fatigue, rash <2%→**sulfa med**, hyperthermia, **renal stones** ~<4%, ↓ WBC & ↑ LFT.	CBC, LFT,**Scr** -harm animal fetus U	Adj: Partial Sz (≥ 16yr) ?√ Generalized,infantile spasms & myoclonic Sz.Dose ↓ if renal dysfx.	**↓ zonisamide levels by**: carbamazepine, phenobarbital & phenytoin **↑ renal stones** with topiramate	100mg od/bid ↑ 100mg/d q2week	200mg po bid (100-600mg/d) 300mg po bid (od/bid) Peds: 1-2→6-8mg/kg/d	

^ **Carbamazepine ↓ level of**: alprazolam, bupropion, clonazepam,cyclosporine,dexamethasone,diazepam,doxycycline,ethosuximide,fentanyl,haloperidol,levothyroxine,phenobarbital,phenothiazines,pregnancy tests,steroids,theophylline,triazolam,tricyclic drugs & **warfarin**. **+** Consider using ACTH

PREGNANCY category: **C**=possible risk to fetus (evident in animals) **D**=fetal risk in humans **U**=unknown. Risk ↑ if on multiple agents & ↑ doses; try for monotherapy & ↓ serum levels (check levels each trimester). Try to **avoid in 1st trimester. Vit K** in last month.

GENERAL: If stopping antiepileptics taper over 2-3 months,at least to ↓ risk of relapse seizures. Consideration for stopping antiepileptics if: Kids seizure free for 2 yrs OR Adults seizure free for 3-5yrs. Consider surgical options for refractory seizures. ▼=covered NIHB

Rash:↑ dose,↑ too quickly, if with valproic or in kids → ↑ rash rate. **Absence Sz**:**ethosuximide,valproate**, clonazepam,lamotrigine,topiramate,clobazam. **Myoclonus**:**valproate**, clonazepam,lamotrigine,clobazam&topiramate.**Generalized tonic-clonic**: **valproate**,**carbamazepine**, **phenytoin**,lamotrigine,clobazam&topiramate.**Partial Sz**:**CBZ**,**phenytoin**,**lamotrigine,oxcarbazepine**,valproate,clobazam,gabapentin,topiramate,phenobarbital,primidone&vigabatrin.**Young females**:use ↑ BCP 50ug dose /alternate contraception; give **folic acid** ~5mg/day.

√Useful for/in **ADJ**=adjunctive **ADV**=advantage **Alt**=alternate **BCP**=birth control pill **CI**=contraindication **CNS**=central nervous system **CR**=control release **DIS**=disadvantage **Dx**=disease **EC**=enteric coated **fx**=function **LD**=loading dose **LGS**=Lennox-Gastaut **LFT**=liver function test **N/A**=not applicable **Peds**=pediatric dose **SE**=side effect

DRUG induced Sz: amoxapine, amphetamines, antipsychotics, benzodiazepine withdrawal, bupropion, cocaine, imipenem, lithium, meperidine, quinolones & theophylline. **SR**=sustained release **Sz**=seizure ☎ =exception drug status ✗ = Non formulary Sask.⊗=not covered NIHB 🍁=↓ dose for renal dysfx ς=scored tab

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