Lacosamide Intravenous for adults

Who can administer

May be administered by registered competent doctor or nurse/midwife

Important information

- The overall duration of treatment with intravenous lacosamide is at the physician's discretion; there is experience from clinical trials with twice daily infusions of lacosamide for up to 5 days in adjunctive therapy
- In accordance with current clinical practice, if lacosamide has to be discontinued, it is recommended this be done gradually (e.g. taper the daily dose by 200mg/week)
- See below for dosage adjustment in **renal impairment**

Available preparations

Vimpat 200mg per 20ml vial

Reconstitution

Already in solution

Infusion fluids

- Not required - product ready for use.
- If required, can be diluted with Sodium chloride 0.9% or Glucose 5% - suggest 100ml (volume used not critical)
- If a 50ml infusion volume is used the residual volume in the infusion line must be flushed through at the same rate to avoid significant underdosing

Methods of intravenous administration

Intermittent intravenous infusion

- Administer over 15 to 60 minutes

Dose in adults

Starting dose

- Usual starting dose is 50mg twice a day. This should be increased to an initial therapeutic dose of 100mg twice a day after one week
- Treatment may also be initiated with a single loading dose of 200mg, followed approximately 12 hours later by a 100mg twice daily maintenance dose regimen. This may be done when rapid attainment of therapeutic effect is warranted.
- The maintenance dose can be further increased by 50mg twice a day every week, to a maximum recommended dose of **300mg twice daily when used as monotherapy**, or **200mg twice a day when used as adjunctive therapy**.

Changing between intravenous and oral therapy

- Conversion to or from oral and intravenous administration can be done directly without titration
- The total daily dose and twice daily administration should be maintained

Renal Impairment

Mild or moderate (eGFR 30ml/min/1.73m2) or more	No dosage adjustment is necessary if eGFR is more than 30ml/min. In patients with an eGFR of more than 30ml/min a loading dose of 200mg may be considered, but further dose titration (>200mg daily) should be performed with caution.
Severe renal impairment (eGFR < 30ml/min/1.73m2)	Maximum maintenance dose is 250mg per day. If a loading dose is indicated, an initial dose of 100mg followed by a 50mg twice daily regimen for the first week should be used. In these patients, the dose titration should be performed with caution.
Haemodialysis patients:	A supplement of up to 50% of the divided daily dose directly after the end of haemodialysis is recommended

Hepatic Impairment

- A maximum dose of 300mg **daily** for patients with mild to moderate hepatic impairment should not be exceeded
- Dose titration should be performed with caution if co-existing renal impairment
- See SPC for further details

Storage

- Store below 25 C

References

SPC June 2021

Therapeutic classification

- Anti-epileptic