

Lamotrigine Dosing	
Titration	Adults: Weeks 1–2: 25 mg/day; Weeks 3–4: 50 mg/day; Week 5: 100 mg/day. Children under 16 (based on epilepsy guidelines): Weeks 1–2: 0.3 mg/kg/day; Weeks 3–4: 0.6 mg/kg/day; Weeks 5 and onward: Increase the daily dose by 0.6 mg/kg every 1–2 weeks (always round down to the nearest whole tablet). On valproate: Reduce the lamotrigine dose by 50% at each stage of titration. On carbamazepine, phenobarbital, phenytoin, or primidone: Double the lamotrigine dose at each stage of titration.
Target dose	Adults: 100–250 mg/day. Geriatrics: 50–150 mg/day. Third trimester of pregnancy: 150–400 mg/day. Children under 12 (not FDA approved): 50–150 mg/day. Non-Caucasians may need 25% lower dose due to reduced clearance.
Interactions	Carbamazepine, phenytoin, phenobarbital, primidone, rifampin, and estrogen-containing OCPs lower lamotrigine 40%–50%. Oxcarbazepine at > 1200 mg/day and protease inhibitors lower lamotrigine 30%–50%. Valproic acid raises lamotrigine more than 2-fold. Lamotrigine may lower quetiapine levels 30%. Folic acid may cancel out lamotrigine’s benefits (but other forms of folate do not).
Cost	\$7/month. XR and ODT are generic but more expensive (\$50–\$100/month).

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