# 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) [ref 1]
- 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/1.73m$^2$)** | No dosage adjustment is necessary if eGFR is more than 30ml/min.<br>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/1.73m$^2$ or less)** | Maximum maintenance dose is 250mg per day.<br>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.<br>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 July 2022

1. Injectable medicines guide, downloaded from Medusa 11/02/2025

# Therapeutic classification

- Anti-epileptic