



ADULT MEDICATION GUIDELINE

Carbamazepine

Scope (Staff):	All WNHS Staff
Scope (Area):	Obstetrics and Gynaecology

This document should be read in conjunction with the [Disclaimer](#).

Quick Links

[Dose](#)

[Administration](#)

[Monitoring](#)

[Pregnancy and Breastfeeding](#)

Restrictions

[Formulary: Unrestricted](#)

Medication Class

Antiepileptic

Presentation

Form: 100mg immediate release tablet, 200mg immediate release tablet, 200mg modified release tablet, 400mg modified release tablet, 100mg/5mL oral suspension

Storage

Tablets: Store at room temperature, below 30°C. Protect from moisture.

Liquid: Store at room temperature, below 30°C. Protect from light.

Dose

Epilepsy

Oral:

Initially 100mg twice daily; increase daily dose by 100 - 200mg every 2 to 4 weeks according to response. Usual range 400mg - 1.2g daily in 2 or more doses; up to 2g daily may be required

Bipolar Disorder

Oral:

Initially 400mg daily in divided doses; increase gradually according to response up to 1.6g daily

Trigeminal Neuralgia

Oral:

Initially 50 - 100mg twice daily; increase gradually if needed up to 400 - 800mg daily in 2 - 4 doses. Up to 1.2g daily may be required

Conversion between formulations

Dosage may need to be increased when switching from immediate to controlled release tablets (usually given twice a day).

When switching from tablets to oral suspension, give the same total daily dose but at more frequent intervals.

Administration

Take with food to help prevent stomach upset

Swallow controlled release tablets whole; do not chew or crush them

Liquid: Shake well before use

Monitoring

Monitor for rashes or skin changes; may be transient but carbamazepine may also cause severe skin reactions including SJS, TEN, and DRESS.

Check full blood count before starting treatment and periodically during treatment. Cease if bone marrow suppression occurs.

Consider BMD monitoring with long-term use.

Therapeutic Drug Monitoring:

Therapeutic range (epilepsy): 4-12 mg/L (17-50micromol/L) measured as steady state trough level

Steady state levels may not be reached until 2-4 weeks after initiation due to enzyme auto-

induction.

Metabolism of carbamazepine changes during pregnancy so periodic monitoring is recommended and dose adjustments may be necessary.

Pregnancy

1st Trimester: Monitoring required

2nd Trimester: Monitoring required

3rd Trimester: Monitoring required

Carbamazepine has been associated with an increased risk of congenital malformations. For more information, please contact [KEMH Obstetric Medicines Information Service](#).

Breastfeeding

Considered safe to use

Related Policies, Procedures & Guidelines









[Women's and Perinatal Mental Health Referral and Management](#)

References

Australian Medicines Handbook. Carbamazepine. In: Australian Medicines Handbook [Internet]. Adelaide (South Australia): Australian Medicines Handbook; 2017 [cited 2022 Mar 18]. Available from: <https://amhonline.amh.net.au/>

The Royal Women's Hospital. Carbamazepine. In: Pregnancy and Breastfeeding Medicines Guide [Internet]. Parkville (Victoria): The Royal Women's Hospital; 2018 [cited 2022 Mar 18]. Available from: <https://thewomenspbmg.org.au/>

MIMS Australia. Tegretol. In: MIMS Online [Internet]. St Leonards (New South Wales): MIMS Australia; 2016 [cited 2022 Mar 18]. Available from: <https://www.mimsonline.com.au>

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