

INDICATIONS

- 1) Bipolar disorder and other cyclic mood disorders
- 2) Aggressive behavior secondary to a psychiatric disorder

PRECAUTIONS TO CONSIDER

Contraindications

Absolute:

- 1) History of anaphylactic reaction or similarly severe significant hypersensitivity to carbamazepine or tricyclic antidepressants
- 2) Current bone marrow suppression
- 3) Concomitant use of MAO Inhibitor or within 14 days of MAO Inhibitor use
- 4) Nefazodone
- 5) Concomitant use with NNRTI (HIV) agents

Relative:

- | | |
|--|---------------------------------------|
| 1) History of blood dyscrasias | 5) History of bone marrow suppression |
| 2) Myoclonic seizure, atonic seizures, absence seizures | 6) Pregnancy/nursing mothers |
| 3) AV heart block | 7) Concomitant use of |
| 4) Positive HLA-B*1502, HLA-A*3101– benefit must clozapine (Clozaril®) outweigh risk of serious skin reactions | |

Precautions

- | | |
|----------------------------------|------------------------------|
| 1) Diabetes Mellitus | 5) Cardiovascular disease |
| 2) SIADH | 6) Hyponatremia |
| 3) Glaucoma or urinary retention | 7) Renal function impairment |
| 4) Hepatic impairment | |

Pregnancy and Breast-Feeding

See relative contraindications. FDA Pregnancy Category D. Lactation Risk L2

Drug Interactions of Major Significance

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| 1) Anticoagulants | 11) Quinidine |
| 2) Anticonvulsants, phenytoin, | 12) Corticosteroids |
| 3) Barbiturates, , | 13) Calcium channel blockers (especially diltazem and verapamil) |
| 4) Benzodiazepines metabolized via hepatic microsomal enzymes, especially clonazepam | 14) Isoniazid, rifampin, bedaquiline |
| 5) Antidepressants | 15) Monoamine oxidase (MAO) inhibitors |
| 6) Cimetidine | 16) Antipsychotics |
| 7) Clarithromycin, erythromycin or troleandomycin | 17) Nefazodone |
| 8) Oral estrogen and progestin | 18) HIV Medication – NNRTI, protease inhibitors |
| 9) Statins | 19) Guanfacine |
| 10) Cyclosporine | 20) Ketoconazole, itraconazole |

SEE TABLE A: Cytochrome P450 Drug Metabolism/Inhibition

PRECAUTIONS TO CONSIDER (continued)

Age-Specific considerations

Geriatric population maybe more sensitive to hyponatremia.
Young children more susceptible to auto-induction of carbamazepine

Side Effects Which Require Medical Attention

- 1) Blurred or double vision
- 2) Rash
- 3) Sore throat or fever
- 4) Worsening confusion or disorientation
- 5) Nausea, vomiting, diarrhea or abdominal discomfort
- 6) Drowsiness, lethargy
- 7) Headache
- 8) Bone or joint pain
- 9) Suicidal ideation
- 10) Myalgia, body weakness, malaise

PATIENT MONITORING

Patient Monitoring Parameters

- 1) CBC with differential – baseline and 1 to 2 weeks after each dose increase, annually, and as clinically indicated
 - 2) Electrolytes – baseline and 1 to 2 weeks after each dose increase, annually, and as clinically indicated
 - 3) Hepatic function - baseline, monthly for first three months, annually and as clinically indicated.
 - 4) Pregnancy Test – baseline as appropriate, and as clinically indicated
 - 5) Carbamazepine levels – 1 week after initiation, 3-4 weeks after dose adjustment, then as clinically indicated
 - 6) For patients with Asian descent, genetic test for HLA-B*1502 at baseline (prior to the initiation of carbamazepine). May use results of previously completed testing.
 - 7) Consider HLA-A*3101 genetic testing at baseline for those to be considered at high risk (most common in Asian, Native American, European, and Latin American descents)
 - 8) Monitor for the emergence of suicidal ideation or behavior
- Usual therapeutic levels 4-12 mcg/ml
 - Therapeutic ranges for the lab used should be listed on the report.

Dosing

Take with food to avoid stomach upset
See DSHS/DADS Formulary for dosage guidelines.