
TOPIRAMATE (Eprontia, Qudexy XR, Topamax, Trokendi XR) Fact Sheet [G]

Bottom Line:

Topiramate is a reasonable off-label choice for alcohol use disorder and antipsychotic-induced weight gain. Otherwise, relegate it to the “try when out of other ideas” category.

FDA Indications:

Seizure disorders for patients ≥ 2 years; migraine prophylaxis.

Off-Label Uses:

Alcohol dependence; bipolar disorder; PTSD; binge-eating disorder; obesity.

Dosage Forms:

- **Tablets (G):** 25 mg, 50 mg, 100 mg, 200 mg.
- **Capsules (G):** 15 mg, 25 mg.
- **Capsules, ER (Trokendi XR, Qudexy XR, [G]):** 25 mg, 50 mg, 100 mg, 150 mg, 200 mg.
- **Oral solution (Eprontia):** 25 mg/mL.

Dosage Guidance:

Seizures/migraine: Start 25–50 mg QHS and \uparrow by 50 mg/day in weekly increments. Doses used in psychiatry have typically been 50–300 mg/day, divided BID (ER can be given QHS).

Monitoring: Baseline and periodic serum bicarbonate.

Cost: IR: \$; ER: \$\$\$

Side Effects:

- Most common: Somnolence, dizziness, nervousness, ataxia, speech problems, memory difficulties, confusion, anorexia.
- Serious but rare: Decreases in serum bicarbonate (metabolic acidosis) relatively common but usually mild to moderate; more severe cases, including marked reductions to <17 mEq/L, may occur more rarely. Watch for kidney stones, osteomalacia.
- Pregnancy/breastfeeding: Some risk for malformations, including cleft palate in first-trimester exposure; caution in breastfeeding, as diarrhea and sedation in infants have been reported.

Mechanism, Pharmacokinetics, and Drug Interactions:

- Sodium channel blocker.
- Not metabolized, excreted primarily unchanged; $t_{1/2}$: 21 hours (56 hours for XR); mild CYP3A4 inducer.
- Avoid concomitant use with hydrochlorothiazide, which can increase risk for hypokalemia; monitor potassium. Avoid in patients with metabolic acidosis taking concomitant metformin. Additive effects with sedatives or alcohol. Concurrent use with valproic acid may increase risk of hyperammonemia and associated encephalopathy. Higher doses (>200 mg/day) may decrease levels of some drugs, including contraceptives (CYP450 induction).

Clinical Pearls:

- Many published articles have shown some efficacy in a wide range of disorders, including bipolar disorder, PTSD, alcohol dependence, binge-eating disorder, and obesity.
- Most compelling data are for preventing relapse in alcoholism.
- Some patients may lose weight, but this is not common; greatest decrease in weight seems to occur in heaviest patients (>100 kg). When weight loss occurs, it is often not a large effect (mean of 6 kg) nor is it a sustained effect (patients return to pretreatment weight after 12–18 months).
- A combination of extended-release topiramate and phentermine was FDA approved in 2012 for the long-term treatment of obesity as Qsymia (Vivus Pharmaceuticals).

Fun Fact:

Dose-related cognitive effects of topiramate have led some to refer to Topamax as “Dopamax.”