

Population pharmacokinetic study of lacosamide in children and adults with epilepsy

Anne Ravix¹ – Pascal André² – Monia Guidi^{1,2*} Chantal Csajka^{1,3,4*}

1. Center for Research and Innovation in Clinical Pharmaceutical Sciences, Lausanne University Hospital and University of Lausanne, Lausanne, Switzerland 2. Service of Clinical Pharmacology, Lausanne University Hospital and University of Lausanne, Lausanne, Switzerland 3. Institute of Pharmaceutical Sciences of Western Switzerland, University of Geneva, University of Lausanne, Geneva & Lausanne, Switzerland 4. School of Pharmaceutical Sciences, University of Geneva, University of Lausanne, Geneva, Switzerland * Equal contribution

Purpose:

- Lacosamide is an antiepileptic drug recommended for the treatment of partial seizures with or without secondary generalization in patients ≥ 4 years old.
- Lacosamide is subject to an important interindividual pharmacokinetic (PK) variability, increasing the risk of under- or overdosing.

Objective: To evaluate recommended and alternative dosing regimens for specific populations to achieve the target therapeutic concentration range using a population pharmacokinetic (popPK) approach.

Methods:

- Development of a popPK model from 136 plasma concentrations (111 adult observations + 25 pediatric observations) collected during routine therapeutic monitoring at the University Hospital of Lausanne (CHUV).
- IV and per os administration
- Analysis of biologically relevant covariates (e.g. creatinine clearance, body weight).
- Simulations under different dosing regimens for adults and infants to obtain the best percentage of patients with an average concentration within the target therapeutic range : [10 mg/L, 20 mg/L]¹

Results:

Table 1. Population description

Patients characteristics	Adults (n=48) n (%) or median (min, max)	Children (n=8) n (%) or median (min, max)
Women	21 (43 %)	7 (87%)
Age (years)	67 (22, 94)	10 (4, 14)
BW (kg)	70 (40, 128)	41 (16, 52)
CrCL (Cockcroft-Gault formula, mL/min)	75 (16, 184)	-
CrCL (Schwartz formula, mL/min/1.73m ²)	-	167 (106, 338)
Maintenance doses (mg/day)	400 (50, 400)	200 (40, 400)
Loading doses (mg)	400 (200, 800)	-

BW: body weight, CrCL : Creatinine clearance

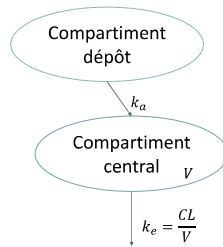


Figure 1. Schematic representation of the structural popPK model

Table 2. PK parameters of the final popPK model

Parameter	Final popPK model Estimate (RSE %)
θ_{CL} (L/h)	1.41 (5.9)
θ_{CrCL}	0.31 (46.3)
θ_V (L)	39.7 (14.2)
k_a (h ⁻¹)	2.11 Fixed
F_1	1 Fixed
IIV_{CL} (%)	32.4 (14)

RSE: standard relative error, θ_{CL} : population clearance, θ_V : population volume of distribution, k_a : absorption constant rate, F_1 : relative bioavailability, θ_{CrCL} : effect of creatinine clearance on clearance, IIV_{CL} : inter-individual variability of clearance, expressed as CV (%)

Final equations : $CL = \theta_{CL} * (1 + \theta_{CrCL} * \frac{CrCL-75}{75}) * (\frac{BW}{70})^{0.75+I_{pop}}$
 $exp(IIV_{CL}) ; I_{pop} = \begin{cases} 0 & \text{if adult} \\ 1 & \text{if children} \end{cases} ; V = \theta_V * (\frac{BW}{70})^{1+I_{pop}}$

Dosing regimens optimization

Adults

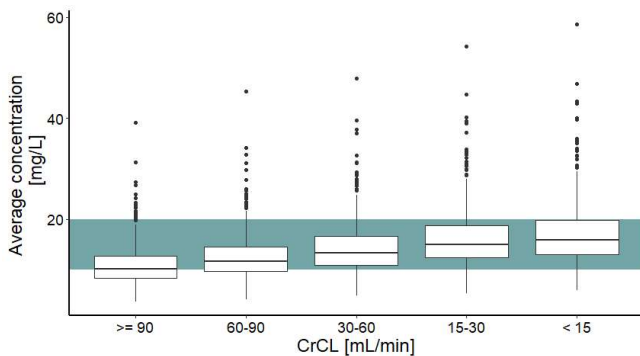


Figure 2. Simulated adults average concentrations under usual dosing regimen (200 mg/12h) as a function of creatinine clearance. The green shape represents the targeted therapeutic range

Children

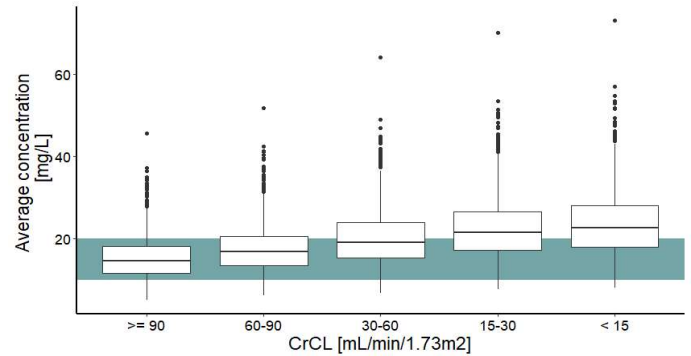


Figure 3. Simulated pediatric average concentrations under maximum approved dose (6 mg/kg/12h) for children under 20 kg as a function of creatinine clearance. The green shape represents the targeted therapeutic range

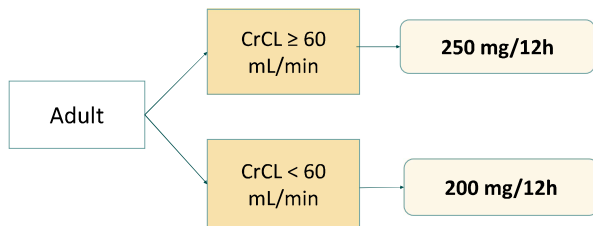


Figure 4. Proposed adult doses for best target concentration achievement as a function of CrCL

Table 3. Proposed children doses for best target concentration achievement as a function of CrCL and BW

CrCL (mL/min/1.73m ²)	BW (kg)			
	< 20	20-30	30-50	≥ 50
≥ 90	6 mg/kg/12h	5 mg/kg/12h	4 mg/kg/12h	250 mg/12h
60-90	5 mg/kg/12h	4 mg/kg/12h		
30-60			3 mg/kg	
15-30	4 mg/kg/12h	3 mg/kg/12h		200 mg/12h
< 15				

Conclusion:

- The simulations showed a discrepancy between the target therapeutic range and the currently recommended doses of 200 mg/12h in adult patients with normal renal function
- Need for clinical studies to verify efficacy and toxicity of proposed dosage regimens