

# ANTI-SEIZURE MEDICATIONS



## List of Anti-Seizure Medications

### Medications for Seizures in LGS (FDA-Approved)

Second Generation (introduced 1960-1975):

- Clobazam / Onfi (pill), Sympazan (dissolvable strip)

Third Generation (introduced 1980 or later):

- Lamotrigine / Lamictal
- Felbamate / Felbatol
- Topiramate / Topamax (pill), Eprontia (liquid)
- Rufinamide / Banzel
- Cannabidiol / Epidiolex
- Fenfluramine / Fintepla

### Medications for Seizures in Epilepsy (FDA-Approved)

First Generation (introduced before 1960):

- Phenobarbital / Phenobarbital
- Phenytoin / Dilantin
- Ethosuximide / Zarontin

Second Generation:

- Valproic Acid / Depakene
- Divalproex Sodium / Depacon and Depakote
- Clonazepam / Klonopin

Third Generation:

- Vigabatrin / Sabril
- Zonisamide / Zonegran
- Oxcarbazepine / Oxtellar XR, Trileptal (contraindicated in LGS)

Third Generation (continued):

- Gabapentin / Neurontin
- Tiagabine / Gabitril
- Levetiracetam / Keppra
- Pregabalin / Lyrica
- Stiripentol / Diacomit
- Lacosamide / Vimpat
- Eslicarbazepine Acetate / Aptiom
- Retigabine / Ezogabine
- Perampanel / Fycompa
- Brivaracetam / Briviact
- Everolimus / Afinitor
- Cenobamate / Xcopri



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ABOUT EACH  
MEDICATION

Loscher & Klein, 2021

### Medications for Seizure Clusters (aka: Rescue/Emergency Medications, FDA-Approved)

- Diazepam Rectal Gel / Diastat
- Diazepam Nasal Spray / Valtoco
- Midazolam Nasal Spray / Nayzilam

### Clinical Trials for Seizures in LGS (Medications & Rescue Therapies)

- The SKYWAY Study for Soticlestat (a medicine to treat seizures in LGS)
- The PACIFIC Study for LP365 (a medicine to treat seizures in LGS)
- The STARS Study for Staccato Alprazolam (a medicine in an inhaler device for prolonged seizures)
- The STELLINA Study for Valtoco (a nasal spray for seizure clusters being studied in children 2-5 years old)
- The CARISBAMATE Study (a medicine to treat seizures in LGS)



Summary of Antiepileptic  
Drugs in the United States

Great In-Depth  
Resource!

Scan for more info  
on clinical trials



None of the information herein constitutes medical advice, diagnosis, treatment, or recommendation. Always seek the advice of your doctor, or other qualified health professional, with any questions about or related to a medical condition.

**LGS FOUNDATION**  
LENNOX-GASTAUT SYNDROME

# TRACKING ANTI-SEIZURE MEDICATIONS



It is Important to Track Your Loved One's Treatments Included in this Kit:

**List of Current Medications & Other Treatments**  
Current treatments and their effects can be hard to keep track of in LGS. This tracker might help.

What prescription and non-prescription medications are they on now?

Date: \_\_\_\_\_

MEDICATION	DOSE	TIMES GIVEN	DOES IT HELP?	SIDE EFFECTS & OTHER NOTES

DEVICE, DIET, OR SURGERY    DATE OF PROCEDURE    DOES IT HELP?    NOTES ABOUT THE DEVICE, DIET, OR SURGERY

## Current Treatments & Supplements Tracker

Use this handy tracker to track current treatments or use your own.



## Medication Administration Tracker

Use this handy tracker to track if medications are given each day.



**Daily Medication Administration Tracker**  
Daily medications can be hard to keep track of in LGS. This tracker might help.

For the Week of: \_\_\_\_\_

Did they get their medication each day this week?

Time	Medication	M	T	W	T	F	S	S	Date
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Know Allergies to Medication (list here): \_\_\_\_\_

## Past Treatments & Supplements Tracker

Use this handy tracker to track treatments no longer used.



Pro Tip



USE A CLIPBOARD OR FOLDER TO KEEP THESE HANDY

None of the information herein constitutes medical advice, diagnosis, treatment, or recommendation. Always seek the advice of your doctor, or other qualified health professional, with any questions about or related to a medical condition.

LGS FOUNDATION<sup>®</sup>  
LENNOX-GASTAUT SYNDROME







# Daily Medication Administration Tracker

Giving daily medications can be hard to keep track of in LGS. This tracker might help.

## Daily Medication Tracker

*Did they get their medication each day this week? Check the box if yes.*

For the Week of: \_\_\_\_\_

Time	Medication	M	T	W	T	F	S	S	Dose
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Known Allergies to Medication (list here):** \_\_\_\_\_

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