

HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use LAMICTAL XR safely and effectively. See full prescribing information for LAMICTAL XR.

LAMICTAL XR (lamotrigine) Extended-Release Tablets
Initial U.S. Approval: 1994

WARNING: SERIOUS SKIN RASHES

See full prescribing information for complete boxed warning. Cases of life-threatening serious rashes, including Stevens-Johnson syndrome, toxic-epidermal necrolysis, and/or rash-related death, have been caused by lamotrigine. The rate of serious rash is greater in pediatric patients than in adults. Additional factors that may increase the risk of rash include (5.1):

- coadministration with valproate
- exceeding recommended initial dose of LAMICTAL XR
- exceeding recommended dose escalation of LAMICTAL XR

Benign rashes are also caused by lamotrigine; however, it is not possible to predict which rashes will prove to be serious or life-threatening. LAMICTAL XR should be discontinued at the first sign of rash unless the rash is clearly not drug-related. (5.1)

RECENT MAJOR CHANGES

Indications and Usage (1) January/2010
Dosage and Administration (2.2) January/2010

INDICATIONS AND USAGE

LAMICTAL XR is an antiepileptic drug (AED) indicated as adjunctive therapy for primary generalized tonic-clonic (PGTC) seizures and partial onset seizures with or without secondary generalization in patients ≥13 years of age. (1.1)

DOSAGE AND ADMINISTRATION

- Doses are administered once daily. Dose escalation and maintenance doses are based on concomitant medications. (2.1, 2.2)
- To avoid an increased risk of rash, the recommended initial dose and subsequent dose escalations should not be exceeded. LAMICTAL XR Patient Titration Kits are available for the first 5 weeks of treatment. (2.1, 16)
- For patients being converted from immediate-release lamotrigine to LAMICTAL XR, the initial dose of LAMICTAL XR should match the total daily dose of the immediate-release lamotrigine. Patients should be closely monitored for seizure control after conversion to LAMICTAL XR. (2.3)
- Do not restart LAMICTAL XR in patients who discontinued due to rash unless the potential benefits clearly outweigh the risks. (2.1, 5.1)
- Adjustments to maintenance doses will in most cases be required in patients starting or stopping estrogen-containing oral contraceptives. (2.1, 5.7)
- LAMICTAL XR should be discontinued over a period of at least 2 weeks (approximately 50% reduction per week). (2.1, 5.8)

DOSAGE FORMS AND STRENGTHS

Extended-Release Tablets: 25 mg, 50 mg, 100 mg, 200 mg, and 300 mg. (3.1, 16)

CONTRAINDICATIONS

Hypersensitivity to the drug or its ingredients. (Boxed Warning, 4)

WARNINGS AND PRECAUTIONS

- Life-threatening serious rash, and/or rash-related death, may result. (Boxed Warning, 5.1)
- Hypersensitivity reaction may be fatal or life-threatening. Early signs of hypersensitivity (e.g., fever, lymphadenopathy) may present without rash; if signs present, patient should be evaluated immediately.
- LAMICTAL XR should be discontinued if alternate etiology for hypersensitivity signs is not found. (5.2)
- Acute multiorgan failure has resulted (some cases fatal). (5.3)
- Blood dyscrasias (e.g., neutropenia, thrombocytopenia, pancytopenia) may result, either with or without an associated hypersensitivity syndrome. (5.4)
- Suicidal behavior and ideation. (5.5)
- Medication errors involving LAMICTAL have occurred. In particular, the names LAMICTAL or lamotrigine can be confused with the names of other commonly used medications. Medication errors may also occur between the different formulations of LAMICTAL. (3.2, 5.6, 16, 17.9)

ADVERSE REACTIONS

- Most common adverse reactions (treatment difference ≥4%, LAMICTAL XR - Placebo) are dizziness, tremor/intention tremor, vomiting, and diplopia. (6.1)

To report SUSPECTED ADVERSE REACTIONS, contact GlaxoSmithKline at 1-888-825-5249 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

DRUG INTERACTIONS

- Valproate increases lamotrigine concentrations more than 2-fold. (7, 12.3)
- Carbamazepine, phenytoin, phenobarbital, and primidone decrease lamotrigine concentrations by approximately 40%. (7, 12.3)
- Oral estrogen-containing contraceptives and rifampin also decrease lamotrigine concentrations by approximately 50%. (7, 12.3)

USE IN SPECIFIC POPULATIONS

- Pediatric use: Safety and effectiveness in patients below the age of 13 have not been established. (8.4)
- Effectiveness of lamotrigine, used as adjunctive treatment for partial seizures, was not demonstrated in a small randomized, double-blind, placebo-controlled, withdrawal study in very young pediatric patients (1 to 24 months). (8.4)
- Hepatic impairment: Dosage adjustments required. (2.1)
- Healthcare professionals can enroll patients in the Lamotrigine Pregnancy Registry (1-800-336-2176). Patients can enroll themselves in the North American Antiepileptic Drug Pregnancy Registry (1-888-233-2334). (8.1)

See 17 for PATIENT COUNSELING INFORMATION and Medication Guide.

Revised: April 2010

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FULL PRESCRIBING INFORMATION

WARNING: SERIOUS SKIN RASHES

LAMICTAL® XR™ can cause serious rashes requiring hospitalization and discontinuation of treatment. The incidence of these rashes, which have included Stevens-Johnson syndrome, is approximately 0.8% (8 per 1,000) in pediatric patients (2 to 16 years of age) receiving the immediate-release formulation of LAMICTAL as adjunctive therapy for epilepsy and 0.3% (3 per 1,000) in adults on adjunctive therapy for epilepsy. In a prospectively followed cohort of 1,983 pediatric patients (2 to 16 years of age) with epilepsy taking the adjunctive immediate-release formulation of LAMICTAL, there was 1 rash-related death. LAMICTAL XR is not approved for patients under the age of 13 years. In worldwide postmarketing experience, rare cases of toxic epidermal necrolysis and/or rash-related death have been reported in adult and pediatric patients, but their numbers are too few to permit a precise estimate of the rate.

The risk of serious rash caused by treatment with LAMICTAL XR is not expected to differ from that with the immediate-release formulation of LAMICTAL. However, the relatively limited treatment experience with LAMICTAL XR makes it difficult to characterize the frequency and risk of serious rashes caused by treatment with LAMICTAL XR.

Other than age, there are as yet no factors identified that are known to predict the risk of occurrence or the severity of rash caused by LAMICTAL XR. There are suggestions, yet to be proven, that the risk of rash may also be increased by (1) coadministration of LAMICTAL XR with valproate (includes valproic acid and divalproex sodium), (2) exceeding the recommended initial dose of LAMICTAL XR, or (3) exceeding the recommended dose escalation for LAMICTAL XR. However, cases have occurred in the absence of these factors.

Nearly all cases of life-threatening rashes caused by the immediate-release formulation of LAMICTAL have occurred within 2 to 8 weeks of treatment initiation. However, isolated cases have occurred after prolonged treatment (e.g., 6 months). Accordingly, duration of therapy cannot be relied upon as means to predict the potential risk heralded by the first appearance of a rash.

Although benign rashes are also caused by LAMICTAL XR, it is not possible to predict reliably which rashes will prove to be serious or life-threatening. Accordingly, LAMICTAL XR should ordinarily be discontinued at the first sign of rash, unless the rash is clearly not drug-related. Discontinuation of treatment may not prevent a rash from becoming life-threatening or permanently disabling or disfiguring [see *Warnings and Precautions (5.1)*].

38 **1 INDICATIONS AND USAGE**

39 LAMICTAL XR is indicated as adjunctive therapy for primary generalized tonic-clonic
40 (PGTC) seizures and partial onset seizures with or without secondary generalization in patients
41 ≥ 13 years of age.

42 Safety and effectiveness of LAMICTAL XR for use in patients below the age of 13 have
43 not been established.

44 **2 DOSAGE AND ADMINISTRATION**

45 LAMICTAL XR Extended-Release Tablets are taken once daily, with or without food.
46 Tablets must be swallowed whole and must not be chewed, crushed, or divided.

47 **2.1 General Dosing Considerations**

48 Rash: There are suggestions, yet to be proven, that the risk of severe, potentially
49 life-threatening rash may be increased by (1) coadministration of LAMICTAL XR with
50 valproate, (2) exceeding the recommended initial dose of LAMICTAL XR, or (3) exceeding the
51 recommended dose escalation for LAMICTAL XR. However, cases have occurred in the
52 absence of these factors [see *Boxed Warning*]. Therefore, it is important that the dosing
53 recommendations be followed closely.

54 The risk of nonserious rash may be increased when the recommended initial dose and/or
55 the rate of dose escalation of LAMICTAL XR is exceeded and in patients with a history of
56 allergy or rash to other AEDs.

57 LAMICTAL XR Patient Titration Kits provide LAMICTAL XR at doses consistent with
58 the recommended titration schedule for the first 5 weeks of treatment, based upon concomitant
59 medications for patients with partial onset seizures and are intended to help reduce the potential
60 for rash. The use of LAMICTAL XR Patient Titration Kits is recommended for appropriate
61 patients who are starting or restarting LAMICTAL XR [see *How Supplied/Storage and Handling*
62 (16)].

63 It is recommended that LAMICTAL XR not be restarted in patients who discontinued
64 due to rash associated with prior treatment with lamotrigine, unless the potential benefits clearly
65 outweigh the risks. If the decision is made to restart a patient who has discontinued
66 LAMICTAL XR, the need to restart with the initial dosing recommendations should be assessed.
67 The greater the interval of time since the previous dose, the greater consideration should be given
68 to restarting with the initial dosing recommendations. If a patient has discontinued lamotrigine
69 for a period of more than 5 half-lives, it is recommended that initial dosing recommendations and
70 guidelines be followed. The half-life of lamotrigine is affected by other concomitant medications
71 [see *Clinical Pharmacology (12.3)*].

72 LAMICTAL XR Added to Drugs Known to Induce or Inhibit Glucuronidation: Drugs
73 other than those listed in the Clinical Pharmacology section [see *Clinical Pharmacology (12.3)*]
74 have not been systematically evaluated in combination with lamotrigine. Because lamotrigine is
75 metabolized predominantly by glucuronic acid conjugation, drugs that are known to induce or

76 inhibit glucuronidation may affect the apparent clearance of lamotrigine and doses of
77 LAMICTAL XR may require adjustment based on clinical response.

78 **Target Plasma Levels:** A therapeutic plasma concentration range has not been
79 established for lamotrigine. Dosing of LAMICTAL XR should be based on therapeutic response
80 [see *Clinical Pharmacology (12.3)*].

81 **Women Taking Estrogen-Containing Oral Contraceptives: Starting**
82 ***LAMICTAL XR in Women Taking Estrogen-Containing Oral Contraceptives:*** Although
83 estrogen-containing oral contraceptives have been shown to increase the clearance of lamotrigine
84 [see *Clinical Pharmacology (12.3)*], no adjustments to the recommended dose-escalation
85 guidelines for LAMICTAL XR should be necessary solely based on the use of estrogen-
86 containing oral contraceptives. Therefore, dose escalation should follow the recommended
87 guidelines for initiating adjunctive therapy with LAMICTAL XR based on the concomitant AED
88 or other concomitant medications (see Table 1). See below for adjustments to maintenance doses
89 of LAMICTAL XR in women taking estrogen-containing oral contraceptives.

90 ***Adjustments to the Maintenance Dose of LAMICTAL XR In Women Taking***
91 ***Estrogen-Containing Oral Contraceptives:***

92 (1) ***Taking Estrogen-Containing Oral Contraceptives:*** For women not taking
93 carbamazepine, phenytoin, phenobarbital, primidone, or other drugs such as rifampin that induce
94 lamotrigine glucuronidation [see *Drug Interactions (7)*], the maintenance dose of
95 LAMICTAL XR will in most cases need to be increased, by as much as 2-fold over the
96 recommended target maintenance dose, in order to maintain a consistent lamotrigine plasma
97 level [see *Clinical Pharmacology (12.3)*].

98 (2) ***Starting Estrogen-Containing Oral Contraceptives:*** In women taking a
99 stable dose of LAMICTAL XR and not taking carbamazepine, phenytoin, phenobarbital,
100 primidone, or other drugs such as rifampin that induce lamotrigine glucuronidation [see *Drug*
101 *Interactions (7), Clinical Pharmacology (12.3)*], the maintenance dose will in most cases need to
102 be increased by as much as 2-fold in order to maintain a consistent lamotrigine plasma level. The
103 dose increases should begin at the same time that the oral contraceptive is introduced and
104 continue, based on clinical response, no more rapidly than 50 to 100 mg/day every week. Dose
105 increases should not exceed the recommended rate (see Table 1) unless lamotrigine plasma
106 levels or clinical response support larger increases. Gradual transient increases in lamotrigine
107 plasma levels may occur during the week of inactive hormonal preparation (“pill-free” week),
108 and these increases will be greater if dose increases are made in the days before or during the
109 week of inactive hormonal preparation. Increased lamotrigine plasma levels could result in
110 additional adverse reactions, such as dizziness, ataxia, and diplopia. If adverse reactions
111 attributable to LAMICTAL XR consistently occur during the “pill-free” week, dose adjustments
112 to the overall maintenance dose may be necessary. Dose adjustments limited to the “pill-free”
113 week are not recommended. For women taking LAMICTAL XR in addition to carbamazepine,
114 phenytoin, phenobarbital, primidone, or other drugs such as rifampin that induce lamotrigine

115 glucuronidation [see *Drug Interactions (7), Clinical Pharmacology (12.3)*], no adjustment to
116 should be necessary to the dose of LAMICTAL XR.

117 **(3) Stopping Estrogen-Containing Oral Contraceptives:** For women not
118 taking carbamazepine, phenytoin, phenobarbital, primidone, or other drugs such as rifampin that
119 induce lamotrigine glucuronidation [see *Drug Interactions (7), Clinical Pharmacology (12.3)*],
120 the maintenance dose of LAMICTAL XR will in most cases need to be decreased by as much as
121 50% in order to maintain a consistent lamotrigine plasma level. The decrease in dose of
122 LAMICTAL XR should not exceed 25% of the total daily dose per week over a 2-week period,
123 unless clinical response or lamotrigine plasma levels indicate otherwise [see *Clinical*
124 *Pharmacology (12.3)*]. For women taking LAMICTAL XR in addition to carbamazepine,
125 phenytoin, phenobarbital, primidone, or other drugs such as rifampin that induce lamotrigine
126 glucuronidation [see *Drug Interactions (7), Clinical Pharmacology (12.3)*], no adjustment to the
127 dose of LAMICTAL XR should be necessary.

128 **Women and Other Hormonal Contraceptive Preparations or Hormone**
129 **Replacement Therapy:** The effect of other hormonal contraceptive preparations or hormone
130 replacement therapy on the pharmacokinetics of lamotrigine has not been systematically
131 evaluated. It has been reported that ethinylestradiol, not progestogens, increased the clearance of
132 lamotrigine up to 2-fold, and the progestin-only pills had no effect on lamotrigine plasma levels.
133 Therefore, adjustments to the dosage of LAMICTAL XR in the presence of progestogens alone
134 will likely not be needed.

135 **Patients With Hepatic Impairment:** Experience in patients with hepatic impairment is
136 limited. Based on a clinical pharmacology study in 24 patients with mild, moderate, and severe
137 liver impairment [see *Use in Specific Populations (8.6), Clinical Pharmacology (12.3)*], the
138 following general recommendations can be made. No dosage adjustment is needed in patients
139 with mild liver impairment. Initial, escalation, and maintenance doses should generally be
140 reduced by approximately 25% in patients with moderate and severe liver impairment without
141 ascites and 50% in patients with severe liver impairment with ascites. Escalation and
142 maintenance doses may be adjusted according to clinical response.

143 **Patients With Renal Impairment:** Initial doses of LAMICTAL XR should be based on
144 patients' concomitant medications (see Table 1); reduced maintenance doses may be effective for
145 patients with significant renal impairment [see *Use in Specific Populations (8.7), Clinical*
146 *Pharmacology (12.3)*]. Few patients with severe renal impairment have been evaluated during
147 chronic treatment with immediate-release lamotrigine. Because there is inadequate experience in
148 this population, LAMICTAL XR should be used with caution in these patients.

149 **Discontinuation Strategy:** For patients receiving LAMICTAL XR in combination with
150 other AEDs, a re-evaluation of all AEDs in the regimen should be considered if a change in
151 seizure control or an appearance or worsening of adverse reactions is observed.

152 If a decision is made to discontinue therapy with LAMICTAL XR, a step-wise reduction
153 of dose over at least 2 weeks (approximately 50% per week) is recommended unless safety
154 concerns require a more rapid withdrawal [see *Warnings and Precautions (5.8)*].

155 Discontinuing carbamazepine, phenytoin, phenobarbital, primidone, or other drugs such
 156 as rifampin that induce lamotrigine glucuronidation should prolong the half-life of lamotrigine;
 157 discontinuing valproate should shorten the half-life of lamotrigine.

158 | **2.2 Primary Generalized Tonic-Clonic and Partial Onset Seizures**

159 This section provides specific dosing recommendations for patients ≥ 13 years of age.
 160 Specific dosing recommendations are provided depending upon concomitant AED or other
 161 concomitant medications.

162
 163 **Table 1. Escalation Regimen for LAMICTAL XR in Patients ≥ 13 Years of Age**

	For Patients TAKING Valproate ^a	For Patients NOT TAKING Carbamazepine, Phenytoin, Phenobarbital, Primidone, ^b or Valproate ^a	For Patients TAKING Carbamazepine, Phenytoin, Phenobarbital, or Primidone ^b and NOT TAKING Valproate ^a
Weeks 1 and 2	25 mg every <i>other</i> day	25 mg every day	50 mg every day
Weeks 3 and 4	25 mg every day	50 mg every day	100 mg every day
Week 5	50 mg every day	100 mg every day	200 mg every day
Week 6	100 mg every day	150 mg every day	300 mg every day
Week 7	150 mg every day	200 mg every day	400 mg every day
Maintenance Range (Week 8 and onward)	200 to 250 mg every day ^c	300 to 400 mg every day ^c	400 to 600 mg every day ^c

164 ^a Valproate has been shown to inhibit glucuronidation and decrease the apparent clearance of
 165 lamotrigine [see *Drug Interactions (7), Clinical Pharmacology (12.3)*].

166 ^b These drugs induce glucuronidation and increase clearance [see *Drug Interactions (7),*
 167 *Clinical Pharmacology (12.3)*]. Other drugs which have similar effects include estrogen-
 168 containing oral contraceptives [see *Drug Interactions (7), Clinical Pharmacology (12.3)*].
 169 Dosing recommendations for oral contraceptives can be found in General Dosing
 170 Considerations [see *Dosage and Administration (2.1)*]. Patients on rifampin, or other drugs
 171 that induce glucuronidation and increase clearance, should follow the same dosing
 172 titration/maintenance regimen as that used with anticonvulsants that have this effect.

173 ^c Dose increases at week 8 or later should not exceed 100 mg daily at weekly intervals.

174 **2.3 Conversion From Immediate-Release Lamotrigine Tablets to LAMICTAL XR**

175 Patients may be converted directly from immediate-release lamotrigine to
 176 LAMICTAL XR Extended-Release Tablets. The initial dose of LAMICTAL XR should match
 177 the total daily dose of immediate-release lamotrigine. However, some subjects on concomitant
 178 enzyme-inducing agents may have lower plasma levels of lamotrigine on conversion and should
 179 be monitored [see *Clinical Pharmacology (12.3)*].

180 Following conversion to LAMICTAL XR, all patients (but especially those on drugs that
181 induce lamotrigine glucuronidation) should be closely monitored for seizure control [*see Drug*
182 *Interactions (7)*]. Depending on the therapeutic response after conversion, the total daily dose
183 may need to be adjusted within the recommended dosing instructions (Table 1).

184 **3 DOSAGE FORMS AND STRENGTHS**

185 **3.1 Extended-Release Tablets**

186 25 mg, yellow with white center, round, biconvex, film-coated tablets printed with
187 “LAMICTAL” and “XR 25.”

188 50 mg, green with white center, round, biconvex, film-coated tablets printed with
189 “LAMICTAL” and “XR 50.”

190 100 mg, orange with white center, round, biconvex, film-coated tablets printed with
191 “LAMICTAL” and “XR 100.”

192 200 mg, blue with white center, round, biconvex, film-coated tablets printed with
193 “LAMICTAL” and “XR 200.”

194 300 mg, gray with white center, caplet-shaped, film-coated tablets printed with
195 “LAMICTAL” and “XR 300.”

196 **3.2 Potential Medication Errors**

197 Patients should be strongly advised to visually inspect their tablets to verify that they are
198 receiving LAMICTAL XR, as opposed to other medications, and that they are receiving the
199 correct formulation of LAMICTAL each time they fill their prescription. Depictions of the
200 LAMICTAL XR tablets can be found in the Medication Guide [*see Patient Counseling*
201 *Information (17.10)*].

202 **4 CONTRAINDICATIONS**

203 LAMICTAL XR is contraindicated in patients who have demonstrated hypersensitivity to
204 the drug or its ingredients [*see Boxed Warning, Warnings and Precautions (5.1), (5.2)*].

205 **5 WARNINGS AND PRECAUTIONS**

206 **5.1 Serious Skin Rashes [*see Boxed Warning*]**

207 The risk of serious rash caused by treatment with LAMICTAL XR is not expected to
208 differ from that with the immediate-release formulation of LAMICTAL [*see Boxed Warning*].
209 However, the relatively limited treatment experience with LAMICTAL XR makes it difficult to
210 characterize the frequency and risk of serious rashes caused by treatment with LAMICTAL XR.

211 Pediatric Population: The incidence of serious rash associated with hospitalization and
212 discontinuation of the immediate-release formulation of LAMICTAL in a prospectively followed
213 cohort of pediatric patients (2 to 16 years of age) with epilepsy receiving adjunctive therapy with
214 immediate-release lamotrigine was approximately 0.8% (16 of 1,983). When 14 of these cases
215 were reviewed by 3 expert dermatologists, there was considerable disagreement as to their proper
216 classification. To illustrate, one dermatologist considered none of the cases to be
217 Stevens-Johnson syndrome; another assigned 7 of the 14 to this diagnosis. There was 1 rash-

218 related death in this 1,983-patient cohort. Additionally, there have been rare cases of toxic
219 epidermal necrolysis with and without permanent sequelae and/or death in US and foreign
220 postmarketing experience.

221 There is evidence that the inclusion of valproate in a multidrug regimen increases the risk
222 of serious, potentially life-threatening rash in pediatric patients. In pediatric patients who used
223 valproate concomitantly, 1.2% (6 of 482) experienced a serious rash compared with 0.6% (6 of
224 952) patients not taking valproate.

225 LAMICTAL XR is not approved in patients under the age of 13 years.

226 Adult Population: Serious rash associated with hospitalization and discontinuation of the
227 immediate-release formulation of LAMICTAL occurred in 0.3% (11 of 3,348) of adult patients
228 who received the immediate-release formulation of LAMICTAL in premarketing clinical trials
229 of epilepsy. In worldwide postmarketing experience, rare cases of rash-related death have been
230 reported, but their numbers are too few to permit a precise estimate of the rate.

231 Among the rashes leading to hospitalization were Stevens-Johnson syndrome, toxic
232 epidermal necrolysis, angioedema, and a rash associated with a variable number of the following
233 systemic manifestations: fever, lymphadenopathy, facial swelling, and hematologic and
234 hepatologic abnormalities.

235 There is evidence that the inclusion of valproate in a multidrug regimen increases the risk
236 of serious, potentially life-threatening rash in adults. Specifically, of 584 patients administered
237 the immediate-release formulation of LAMICTAL with valproate in epilepsy clinical trials, 6
238 (1%) were hospitalized in association with rash; in contrast, 4 (0.16%) of 2,398 clinical trial
239 patients and volunteers administered the immediate-release formulation of LAMICTAL in the
240 absence of valproate were hospitalized.

241 Patients With History of Allergy or Rash to Other AEDs: The risk of nonserious rash
242 may be increased when the recommended initial dose and/or the rate of dose escalation of
243 LAMICTAL is exceeded and in patients with a history of allergy or rash to other AEDs.

244 **5.2 Hypersensitivity Reactions**

245 Hypersensitivity reactions, some fatal or life-threatening, have also occurred. Some of
246 these reactions have included clinical features of multiorgan failure/dysfunction, including
247 hepatic abnormalities and evidence of disseminated intravascular coagulation. It is important to
248 note that early manifestations of hypersensitivity (e.g., fever, lymphadenopathy) may be present
249 even though a rash is not evident. If such signs or symptoms are present, the patient should be
250 evaluated immediately. LAMICTAL XR should be discontinued if an alternative etiology for the
251 signs or symptoms cannot be established.

252 **Prior to initiation of treatment with LAMICTAL XR, the patient should be**
253 **instructed that a rash or other signs or symptoms of hypersensitivity (e.g., fever,**
254 **lymphadenopathy) may herald a serious medical event and that the patient should report**
255 **any such occurrence to a physician immediately.**

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258 **5.3 Acute Multiorgan Failure**

259 Multiorgan failure, which in some cases has been fatal or irreversible, has been observed
260 in patients receiving the immediate-release formulation of LAMICTAL. Fatalities associated
261 with multiorgan failure and various degrees of hepatic failure have been reported in 2 of 3,796
262 adult patients and 4 of 2,435 pediatric patients who received the immediate-release formulation
263 of LAMICTAL in epilepsy clinical trials. Rare fatalities from multiorgan failure have been
264 reported in compassionate plea and postmarketing use. The majority of these deaths occurred in
265 association with other serious medical events, including status epilepticus and overwhelming
266 sepsis, and hantavirus, making it difficult to identify the initial cause.

267 Additionally, 3 patients (a 45-year-old woman, a 3.5-year-old boy, and an 11-year-old
268 girl) developed multiorgan dysfunction and disseminated intravascular coagulation 9 to 14 days
269 after the immediate-release formulation of LAMICTAL was added to their AED regimens. Rash
270 and elevated transaminases were also present in all patients and rhabdomyolysis was noted in 2
271 patients. Both pediatric patients were receiving concomitant therapy with valproate, while the
272 adult patient was being treated with carbamazepine and clonazepam. All patients subsequently
273 recovered with supportive care after treatment with the immediate-release formulation of
274 LAMICTAL was discontinued.

275 **5.4 Blood Dyscrasias**

276 There have been reports of blood dyscrasias with the immediate-release formulation of
277 LAMICTAL that may or may not be associated with the hypersensitivity syndrome. These have
278 included neutropenia, leukopenia, anemia, thrombocytopenia, pancytopenia, and, rarely, aplastic
279 anemia and pure red cell aplasia.

280 **5.5 Suicidal Behavior and Ideation**

281 Antiepileptic drugs (AEDs), including LAMICTAL XR, increase the risk of suicidal
282 thoughts or behavior in patients taking these drugs for any indication. Patients treated with any
283 AED for any indication should be monitored for the emergence or worsening of depression,
284 suicidal thoughts or behavior, and/or any unusual changes in mood or behavior.

285 Pooled analyses of 199 placebo-controlled clinical trials (mono- and adjunctive therapy)
286 of 11 different AEDs showed that patients randomized to one of the AEDs had approximately
287 twice the risk (adjusted Relative Risk 1.8, 95% CI:1.2, 2.7) of suicidal thinking or behavior
288 compared to patients randomized to placebo. In these trials, which had a median treatment
289 duration of 12 weeks, the estimated incidence of suicidal behavior or ideation among 27,863
290 AED-treated patients was 0.43%, compared to 0.24% among 16,029 placebo-treated patients,
291 representing an increase of approximately 1 case of suicidal thinking or behavior for every 530
292 patients treated. There were 4 suicides in drug-treated patients in the trials and none in placebo-
293 treated patients, but the number of events is too small to allow any conclusion about drug effect
294 on suicide.

295 The increased risk of suicidal thoughts or behavior with AEDs was observed as early as 1
296 week after starting treatment with AEDs and persisted for the duration of treatment assessed.

297 Because most trials included in the analysis did not extend beyond 24 weeks, the risk of suicidal
 298 thoughts or behavior beyond 24 weeks could not be assessed.

299 The risk of suicidal thoughts or behavior was generally consistent among drugs in the
 300 data analyzed. The finding of increased risk with AEDs of varying mechanism of action and
 301 across a range of indications suggests that the risk applies to all AEDs used for any indication.
 302 The risk did not vary substantially by age (5 to 100 years) in the clinical trials analyzed.

303 Table 2 shows absolute and relative risk by indication for all evaluated AEDs.
 304

305 **Table 2. Risk by Indication for Antiepileptic Drugs in the Pooled Analysis**

Indication	Placebo Patients With Events Per 1,000 Patients	Drug Patients With Events Per 1,000 Patients	Relative Risk: Incidence of Events in Drug Patients/Incidence in Placebo Patients	Risk Difference: Additional Drug Patients With Events Per 1,000 Patients
Epilepsy	1.0	3.4	3.5	2.4
Psychiatric	5.7	8.5	1.5	2.9
Other	1.0	1.8	1.9	0.9
Total	2.4	4.3	1.8	1.9

306
 307 The relative risk for suicidal thoughts or behavior was higher in clinical trials for epilepsy
 308 than in clinical trials for psychiatric or other conditions, but the absolute risk differences were
 309 similar for the epilepsy and psychiatric indications.

310 Anyone considering prescribing LAMICTAL XR or any other AED must balance the risk
 311 of suicidal thoughts or behavior with the risk of untreated illness. Epilepsy and many other
 312 illnesses for which AEDs are prescribed are themselves associated with morbidity and mortality
 313 and an increased risk of suicidal thoughts and behavior. Should suicidal thoughts and behavior
 314 emerge during treatment, the prescriber needs to consider whether the emergence of these
 315 symptoms in any given patient may be related to the illness being treated.

316 Patients, their caregivers, and families should be informed that AEDs increase the risk of
 317 suicidal thoughts and behavior and should be advised of the need to be alert for the emergence or
 318 worsening of the signs and symptoms of depression, any unusual changes in mood or behavior,
 319 or the emergence of suicidal thoughts, behavior, or thoughts about self-harm. Behaviors of
 320 concern should be reported immediately to healthcare providers.

321 **5.6 Potential Medication Errors**

322 Medication errors involving LAMICTAL have occurred. In particular, the names
 323 LAMICTAL or lamotrigine can be confused with the names of other commonly used
 324 medications. Medication errors may also occur between the different formulations of
 325 LAMICTAL. To reduce the potential of medication errors, write and say LAMICTAL XR
 326 clearly. Depictions of the LAMICTAL XR Extended-Release Tablets can be found in the
 327 Medication Guide [see *Patient Counseling Information (17.10)*]. Each LAMICTAL XR tablet

328 has a distinct color and white center, and is printed with “LAMICTAL XR” and the tablet
329 strength. These distinctive features serve to identify the different presentations of the drug and
330 thus may help reduce the risk of medication errors. LAMICTAL XR is supplied in round, unit-
331 of-use bottles with orange caps containing 30 tablets. The label on the bottle includes a depiction
332 of the tablets which further communicates to patients and pharmacists that the medication is
333 LAMICTAL XR and the specific tablet strength included in the bottle. The unit-of-use bottle
334 with a distinctive orange cap and distinctive bottle label features serves to identify the different
335 presentations of the drug and thus may help to reduce the risk of medication errors. To avoid the
336 medication error of using the wrong drug or formulation, patients should be strongly advised to
337 visually inspect their tablets to verify that they are LAMICTAL XR each time they fill their
338 prescription.

339 **5.7 Concomitant Use With Oral Contraceptives**

340 Some estrogen-containing oral contraceptives have been shown to decrease serum
341 concentrations of lamotrigine [*see Clinical Pharmacology (12.3)*]. **Dosage adjustments will be**
342 **necessary in most patients who start or stop estrogen-containing oral contraceptives while**
343 **taking LAMICTAL XR** [*see Dosage and Administration (2.1)*]. During the week of inactive
344 hormone preparation (“pill-free” week) of oral contraceptive therapy, plasma lamotrigine levels
345 are expected to rise, as much as doubling at the end of the week. Adverse reactions consistent
346 with elevated levels of lamotrigine, such as dizziness, ataxia, and diplopia, could occur.

347 **5.8 Withdrawal Seizures**

348 As with other AEDs, LAMICTAL XR should not be abruptly discontinued. In patients
349 with epilepsy there is a possibility of increasing seizure frequency. Unless safety concerns
350 require a more rapid withdrawal, the dose of LAMICTAL XR should be tapered over a period of
351 at least 2 weeks (approximately 50% reduction per week) [*see Dosage and Administration*
352 *(2.1)*].

353 **5.9 Status Epilepticus**

354 Valid estimates of the incidence of treatment-emergent status epilepticus among patients
355 treated with immediate-release lamotrigine are difficult to obtain because reporters participating
356 in clinical trials did not all employ identical rules for identifying cases. At a minimum, 7 of 2,343
357 adult patients had episodes that could unequivocally be described as status epilepticus. In
358 addition, a number of reports of variably defined episodes of seizure exacerbation (e.g., seizure
359 clusters, seizure flurries, etc.) were made.

360 **5.10 Sudden Unexplained Death in Epilepsy (SUDEP)**

361 During the premarketing development of the immediate-release formulation of
362 LAMICTAL, 20 sudden and unexplained deaths were recorded among a cohort of 4,700 patients
363 with epilepsy (5,747 patient-years of exposure).

364 Some of these could represent seizure-related deaths in which the seizure was not
365 observed, e.g., at night. This represents an incidence of 0.0035 deaths per patient-year. Although
366 this rate exceeds that expected in a healthy population matched for age and sex, it is within the
367 range of estimates for the incidence of sudden unexplained deaths in patients with epilepsy not

368 receiving lamotrigine (ranging from 0.0005 for the general population of patients with epilepsy,
369 to 0.004 for a recently studied clinical trial population similar to that in the clinical development
370 program for immediate-release lamotrigine, to 0.005 for patients with refractory epilepsy).
371 Consequently, whether these figures are reassuring or suggest concern depends on the
372 comparability of the populations reported upon to the cohort receiving immediate-release
373 lamotrigine and the accuracy of the estimates provided. Probably most reassuring is the
374 similarity of estimated SUDEP rates in patients receiving immediate-release lamotrigine and
375 those receiving other AEDs, chemically unrelated to each other, that underwent clinical testing in
376 similar populations. Importantly, that drug is chemically unrelated to lamotrigine. This evidence
377 suggests, although it certainly does not prove, that the high SUDEP rates reflect population rates,
378 not a drug effect.

379 **5.11 Addition of LAMICTAL XR to a Multidrug Regimen That Includes Valproate**

380 Because valproate reduces the clearance of lamotrigine, the dosage of lamotrigine in the
381 presence of valproate is less than half of that required in its absence.

382 **5.12 Binding in the Eye and Other Melanin-Containing Tissues**

383 Because lamotrigine binds to melanin, it could accumulate in melanin-rich tissues over
384 time. This raises the possibility that lamotrigine may cause toxicity in these tissues after
385 extended use. Although ophthalmological testing was performed in one controlled clinical trial,
386 the testing was inadequate to exclude subtle effects or injury occurring after long-term exposure.
387 Moreover, the capacity of available tests to detect potentially adverse consequences, if any, of
388 lamotrigine binding to melanin is unknown [*see Clinical Pharmacology (12.2)*].

389 Accordingly, although there are no specific recommendations for periodic
390 ophthalmological monitoring, prescribers should be aware of the possibility of long-term
391 ophthalmologic effects.

392 **5.13 Laboratory Tests**

393 The value of monitoring plasma concentrations of lamotrigine in patients treated with
394 LAMICTAL XR has not been established. Because of the possible pharmacokinetic interactions
395 between lamotrigine and other drugs including AEDs (see Table 4), monitoring of the plasma
396 levels of lamotrigine and concomitant drugs may be indicated, particularly during dosage
397 adjustments. In general, clinical judgment should be exercised regarding monitoring of plasma
398 levels of lamotrigine and other drugs and whether or not dosage adjustments are necessary.

399 Treatment with LAMICTAL XR caused an increased incidence of subnormal (below the
400 reference range) values in some hematology analytes (e.g., total white blood cells, monocytes).
401 The treatment effect (LAMICTAL XR % - Placebo %) incidence of subnormal counts was 3%
402 for total white blood cells and 4% for monocytes.

403 **6 ADVERSE REACTIONS**

404 The following adverse reactions are described in more detail in the *Warnings and*
405 *Precautions* section of the label:

- 406 • Serious skin rashes [*see Warnings and Precautions (5.1)*]

- 407 • Hypersensitivity reactions [see Warnings and Precautions (5.2)]
- 408 • Acute multiorgan failure [see Warnings and Precautions (5.3)]
- 409 • Blood dyscrasias [see Warnings and Precautions (5.4)]
- 410 • Suicidal behavior and ideation [see Warnings and Precautions (5.5)]
- 411 • Withdrawal seizures [see Warnings and Precautions (5.8)]
- 412 • Status epilepticus [see Warnings and Precautions (5.9)]
- 413 • Sudden unexplained death in epilepsy [see Warnings and Precautions (5.10)]

414 **6.1 Clinical Trial Experience With LAMICTAL XR for Treatment of PGTC and**
 415 **Partial Onset Seizures**

416 Because clinical trials are conducted under widely varying conditions, adverse reaction
 417 rates observed in the clinical trials of a drug cannot be directly compared with rates in the
 418 clinical trials of another drug and may not reflect the rates observed in practice.

419 LAMICTAL XR has been evaluated for safety in patients ≥ 13 years of age with PGTC
 420 and partial onset seizures. The most commonly observed adverse reactions ($\geq 4\%$ for
 421 LAMICTAL XR and more common on drug than placebo) in these 2 double-blind, placebo-
 422 controlled trials of adjunctive therapy with LAMICTAL XR were, in order of decreasing
 423 treatment difference (LAMICTAL XR % - Placebo %) incidence: dizziness, tremor/intention
 424 tremor, vomiting, and diplopia.

425 In these 2 trials, adverse reactions led to withdrawal of 4 (2%) patients in the group
 426 receiving placebo and 10 (5%) patients in the group receiving LAMICTAL XR. Dizziness was
 427 the most common reason for withdrawal in the group receiving LAMICTAL XR (5 patients
 428 [3%]). The next most common adverse reactions leading to withdrawal in 2 patients each (1%)
 429 were rash, headache, nausea, and nystagmus.

430 Table 3 displays the incidence of adverse reactions in these two 19-week, double-blind,
 431 placebo-controlled studies of patients with PGTC and partial onset seizures.

432
 433 **Table 3. Treatment-Emergent Adverse Reaction Incidence in Double-Blind,**
 434 **Placebo-Controlled Adjunctive Trials of Patients With Epilepsy (Adverse Reactions $\geq 2\%$**
 435 **of Patients Treated With LAMICTAL XR and Numerically More Frequent Than in the**
 436 **Placebo Group)**

Body System/Adverse Reaction	LAMICTAL XR (n = 190) %	Placebo (n = 195) %
Ear and Labyrinth Disorders		
Vertigo	3	<1
Eye Disorders		
Diplopia	5	<1
Vision blurred	3	2
Gastrointestinal Disorders		
Nausea	7	4

Vomiting	6	3
Diarrhea	5	3
Constipation	2	<1
Dry mouth	2	1
General Disorders and Administration Site Conditions		
Asthenia and fatigue	6	4
Infections and Infestations		
Sinusitis	2	1
Metabolic and Nutritional Disorders		
Anorexia	3	2
Musculoskeletal and Connective Tissue Disorder		
Myalgia	2	0
Nervous System		
Dizziness	14	6
Tremor and intention tremor	6	1
Somnolence	5	3
Cerebellar coordination and balance disorder	3	0
Nystagmus	2	<1
Psychiatric Disorders		
Depression	3	<1
Anxiety	3	0
Respiratory, Thoracic, and Mediastinal Disorders		
Pharyngolaryngeal pain	3	2
Vascular disorder		
Hot flush	2	0

437 Note: In these trials the incidence of nonserious rash was 2% for LAMICTAL XR and 3% for
438 placebo. In clinical trials evaluating the immediate-release formulation of LAMICTAL, the
439 rate of serious rash was 0.3% in adults on adjunctive therapy for epilepsy [see *Boxed*
440 *Warning*].

441
442 Adverse reactions were also analyzed to assess the incidence of the onset of an event in
443 the titration period, and in the maintenance period, and if adverse reactions occurring in the
444 titration phase persisted in the maintenance phase.

445 The incidence for many adverse reactions caused by LAMICTAL XR treatment was
446 increased relative to placebo (i.e., LAMICTAL XR % - Placebo % = treatment difference $\geq 2\%$)
447 in either the titration or maintenance phases of the study. During the titration phase, an increased
448 incidence (shown in descending order of % treatment difference) was observed for diarrhea,

449 nausea, vomiting, somnolence, vertigo, myalgia, hot flush, and anxiety. During the maintenance
450 phase, an increased incidence was observed for dizziness, tremor, and diplopia. Some adverse
451 reactions developing in the titration phase were notable for persisting (>7 days) into the
452 maintenance phase. These “persistent” adverse reactions included somnolence and dizziness.

453 There were inadequate data to evaluate the effect of dose and/or concentration on the
454 incidence of adverse reactions because although patients were randomized to different target
455 doses based upon concomitant AED, the plasma exposure was expected to be generally similar
456 among all patients receiving different doses. However, in a randomized, parallel study
457 comparing placebo and 300 and 500 mg/day of immediate-release formulation of LAMICTAL,
458 the incidence of the most common adverse reactions ($\geq 5\%$) such as ataxia, blurred vision,
459 diplopia, and dizziness were dose-related. Less common adverse reactions (<5%) were not
460 assessed for dose-response relationships.

461 There were insufficient data to evaluate the effect of gender, age, and race on the adverse
462 reaction profile for LAMICTAL XR.

463 **6.2 Other Adverse Reactions Observed During the Clinical Development of the** 464 **Immediate-Release Formulation of LAMICTAL**

465 All reported reactions are included except those already listed in the previous tables or
466 elsewhere in the labeling, those too general to be informative, and those not reasonably
467 associated with the use of the drug.

468 Adjunctive Therapy in Adults With Epilepsy: In addition to the adverse reactions
469 reported above from the development of LAMICTAL XR, the following adverse reactions with
470 an uncertain relationship to lamotrigine were reported during the clinical development of the
471 immediate-release formulation of LAMICTAL for treatment of epilepsy in adults. These
472 reactions occurred in $\geq 2\%$ of patients receiving the immediate-release formulation of
473 LAMICTAL and more frequently than in the placebo group.

474 *Body as a Whole:* Flu syndrome, fever, abdominal pain, neck pain.

475 *Musculoskeletal:* Arthralgia.

476 *Nervous:* Insomnia, convulsion, irritability, speech disorder, concentration
477 disturbance.

478 *Respiratory:* Rhinitis, pharyngitis, cough increased.

479 *Skin and Appendages:* Rash, pruritus.

480 *Urogenital:* (female patients only) Vaginitis, amenorrhea, dysmenorrhea.

481 Other Clinical Trial Experience: The immediate-release formulation of LAMICTAL
482 has been administered to 6,694 individuals for whom complete adverse reaction data was
483 captured during all clinical trials, only some of which were placebo controlled. During these
484 trials, all adverse reactions were recorded by the clinical investigators using terminology of their
485 own choosing. To provide a meaningful estimate of the proportion of individuals having adverse
486 reactions, similar types of reactions were grouped into a smaller number of standardized
487 categories using modified COSTART dictionary terminology. The frequencies presented

488 represent the proportion of the 6,694 individuals exposed to LAMICTAL who experienced an
489 event of the type cited on at least one occasion while receiving LAMICTAL.

490 Adverse reactions are further classified within body system categories and enumerated in
491 order of decreasing frequency using the following definitions: *frequent* adverse reactions are
492 defined as those occurring in at least 1/100 patients; *infrequent* adverse reactions are those
493 occurring in 1/100 to 1/1,000 patients; *rare* adverse reactions are those occurring in fewer than
494 1/1,000 patients.

495 Body as a Whole: *Infrequent:* Allergic reaction, chills, and malaise.

496 Cardiovascular System: *Infrequent:* Flushing, hypertension, palpitations, postural
497 hypotension, syncope, tachycardia, and vasodilation.

498 Dermatological: *Infrequent:* Acne, hirsutism, maculopapular rash, skin discoloration,
499 and urticaria. *Rare:* Angioedema, erythema, exfoliative dermatitis, fungal dermatitis, herpes
500 zoster, leukoderma, multiforme erythema, petechial rash, pustular rash, Stevens-Johnson
501 syndrome, and vesiculobullous rash.

502 Digestive System: *Infrequent:* Dysphagia, eructation, gastritis, gingivitis, increased
503 appetite, increased salivation, liver function tests abnormal, and mouth ulceration. *Rare:*
504 Gastrointestinal hemorrhage, glossitis, gum hemorrhage, gum hyperplasia, hematemesis,
505 hemorrhagic colitis, hepatitis, melena, stomach ulcer, stomatitis, and tongue edema.

506 Endocrine System: *Rare:* Goiter and hypothyroidism.

507 Hematologic and Lymphatic System: *Infrequent:* Ecchymosis and leukopenia. *Rare:*
508 Anemia, eosinophilia, fibrin decrease, fibrinogen decrease, iron deficiency anemia, leukocytosis,
509 lymphocytosis, macrocytic anemia, petechia, and thrombocytopenia.

510 Metabolic and Nutritional Disorders: *Infrequent:* Aspartate transaminase increased.
511 *Rare:* Alcohol intolerance, alkaline phosphatase increase, alanine transaminase increase,
512 bilirubinemia, general edema, gamma glutamyl transpeptidase increase, and hyperglycemia.

513 Musculoskeletal System: *Infrequent:* Arthritis, leg cramps, myasthenia, and twitching.
514 *Rare:* Bursitis, muscle atrophy, pathological fracture, and tendinous contracture.

515 Nervous System: *Frequent:* Confusion and paresthesia. *Infrequent:* Akathisia, apathy,
516 aphasia, CNS depression, depersonalization, dysarthria, dyskinesia, euphoria, hallucinations,
517 hostility, hyperkinesia, hypertonia, libido decreased, memory decrease, mind racing, movement
518 disorder, myoclonus, panic attack, paranoid reaction, personality disorder, psychosis, stupor, and
519 suicidal ideation. *Rare:* Choreoathetosis, delirium, delusions, dysphoria, dystonia,
520 extrapyramidal syndrome, faintness, grand mal convulsions, hemiplegia, hyperalgesia,
521 hyperesthesia, hypokinesia, hypotonia, manic depression reaction, muscle spasm, neuralgia,
522 neurosis, paralysis, and peripheral neuritis.

523 Respiratory System: *Infrequent:* Yawn. *Rare:* Hiccup and hyperventilation.

524 Special Senses: *Frequent:* Amblyopia. *Infrequent:* Abnormality of accommodation,
525 conjunctivitis, dry eyes, ear pain, photophobia, taste perversion, and tinnitus. *Rare:* Deafness,
526 lacrimation disorder, oscillopsia, parosmia, ptosis, strabismus, taste loss, uveitis, and visual field
527 defect.

528 Urogenital System: *Infrequent:* Abnormal ejaculation, hematuria, impotence,
 529 menorrhagia, polyuria, urinary incontinence. *Rare:* Acute kidney failure, anorgasmia, breast
 530 abscess, breast neoplasm, creatinine increase, cystitis, dysuria, epididymitis, female lactation,
 531 kidney failure, kidney pain, nocturia, urinary retention, urinary urgency.

532 **6.3 Postmarketing Experience with the Immediate-Release Formulation of**
 533 **LAMICTAL**

534 The following adverse events (not listed above in clinical trials or other sections of the
 535 prescribing information) have been identified during postapproval use of the immediate-release
 536 formulation of LAMICTAL. Because these events are reported voluntarily from a population of
 537 uncertain size, it is not always possible to reliably estimate their frequency or establish a causal
 538 relationship to drug exposure.

539 Blood and Lymphatic: Agranulocytosis, hemolytic anemia.

540 Gastrointestinal: Esophagitis.

541 Hepatobiliary Tract and Pancreas: Pancreatitis.

542 Immunologic: Lupus-like reaction, vasculitis.

543 Lower Respiratory: Apnea.

544 Musculoskeletal: Rhabdomyolysis has been observed in patients experiencing
 545 hypersensitivity reactions.

546 Neurology: Exacerbation of Parkinsonian symptoms in patients with pre-existing
 547 Parkinson's disease, tics.

548 Non-site Specific: Progressive immunosuppression.

549 **7 DRUG INTERACTIONS**

550 Significant drug interactions with lamotrigine are summarized in Table 4. Additional
 551 details of these drug interaction studies, which were conducted using the immediate-release
 552 formulation of LAMICTAL, are provided in the Clinical Pharmacology section [*see Clinical*
 553 *Pharmacology (12.3)*].

554
 555 **Table 4. Established and Other Potentially Significant Drug Interactions**

Concomitant Drug	Effect on Concentration of Lamotrigine or Concomitant Drug	Clinical Comment
Estrogen-containing oral contraceptive preparations containing 30 mcg ethinylestradiol and 150 mcg levonorgestrel	↓ lamotrigine ↓ levonorgestrel	Decreased lamotrigine levels approximately 50%. Decrease in levonorgestrel component by

		19%.
Carbamazepine (CBZ) and CBZ epoxide	↓ lamotrigine ? CBZ epoxide	Addition of carbamazepine decreases lamotrigine concentration approximately 40%. May increase CBZ epoxide levels.
Phenobarbital/Primidone	↓ lamotrigine	Decreased lamotrigine concentration approximately 40%.
Phenytoin (PHT)	↓ lamotrigine	Decreased lamotrigine concentration approximately 40%.
Rifampin	↓ lamotrigine	Decreased lamotrigine AUC approximately 40%.
Valproate	↑ lamotrigine ? valproate	Increased lamotrigine concentrations slightly more than 2-fold. Decreased valproate concentrations an average of 25% over a 3-week period then stabilized in healthy volunteers; no change in controlled clinical trials in epilepsy patients.

556 ↓ = Decreased (induces lamotrigine glucuronidation).

557 ↑ = Increased (inhibits lamotrigine glucuronidation).

558 ? = Conflicting data.

559 **8 USE IN SPECIFIC POPULATIONS**

560 **8.1 Pregnancy**

561 Teratogenic Effects: Pregnancy Category C. No evidence of teratogenicity was found in
562 mice, rats, or rabbits when lamotrigine was orally administered to pregnant animals during the
563 period of organogenesis at doses up to 1.2, 0.5, and 1.1 times, respectively, on a mg/m² basis, the
564 highest usual human maintenance dose (i.e., 500 mg/day). However, maternal toxicity and
565 secondary fetal toxicity producing reduced fetal weight and/or delayed ossification were seen in
566 mice and rats, but not in rabbits at these doses. Teratology studies were also conducted using
567 bolus intravenous administration of the isethionate salt of lamotrigine in rats and rabbits. In rat
568 dams administered an intravenous dose at 0.6 times the highest usual human maintenance dose,
569 the incidence of intrauterine death without signs of teratogenicity was increased.

570 A behavioral teratology study was conducted in rats dosed during the period of
571 organogenesis. At day 21 postpartum, offspring of dams receiving 5 mg/kg/day or higher
572 displayed a significantly longer latent period for open field exploration and a lower frequency of
573 rearing. In a swimming maze test performed on days 39 to 44 postpartum, time to completion
574 was increased in offspring of dams receiving 25 mg/kg/day. These doses represent 0.1 and 0.5
575 times the clinical dose on a mg/m² basis, respectively.

576 Lamotrigine did not affect fertility, teratogenesis, or postnatal development when rats
577 were dosed prior to and during mating, and throughout gestation and lactation at doses
578 equivalent to 0.4 times the highest usual human maintenance dose on a mg/m² basis.

579 When pregnant rats were orally dosed at 0.1, 0.14, or 0.3 times the highest human
580 maintenance dose (on a mg/m² basis) during the latter part of gestation (days 15 to 20), maternal
581 toxicity and fetal death were seen. In dams, food consumption and weight gain were reduced,
582 and the gestation period was slightly prolonged (22.6 vs. 22.0 days in the control group).
583 Stillborn pups were found in all 3 drug-treated groups with the highest number in the high-dose
584 group. Postnatal death was also seen, but only in the 2 highest doses, and occurred between days
585 1 and 20. Some of these deaths appear to be drug-related and not secondary to the maternal
586 toxicity. A no-observed-effect level (NOEL) could not be determined for this study.

587 Although lamotrigine was not found to be teratogenic in the above studies, lamotrigine
588 decreases fetal folate concentrations in rats, an effect known to be associated with teratogenesis
589 in animals and humans. There are no adequate and well-controlled studies in pregnant women.
590 Because animal reproduction studies are not always predictive of human response, this drug
591 should be used during pregnancy only if the potential benefit justifies the potential risk to the
592 fetus.

593 Non-Teratogenic Effects: As with other AEDs, physiological changes during
594 pregnancy may affect lamotrigine concentrations and/or therapeutic effect. There have been
595 reports of decreased lamotrigine concentrations during pregnancy and restoration of pre-partum
596 concentrations after delivery. Dosage adjustments may be necessary to maintain clinical
597 response.

598 Pregnancy Exposure Registry: To provide information regarding the effects of in
599 utero exposure to LAMICTAL XR, physicians are advised to recommend that pregnant patients
600 taking LAMICTAL XR enroll in the North American Antiepileptic Drug (NAAED) Pregnancy
601 Registry. This can be done by calling the toll-free number 1-888-233-2334, and must be done by
602 patients themselves. Information on the registry can also be found at the website
603 <http://www.aedpregnancyregistry.org/>.

604 Physicians are also encouraged to register patients in the Lamotrigine Pregnancy
605 Registry; enrollment in this registry must be done prior to any prenatal diagnostic tests and
606 **before fetal outcome is known. Physicians** can obtain information by calling the Lamotrigine
607 Pregnancy Registry at 1-800-336-2176 (toll-free).

608 **8.2 Labor and Delivery**

609 The effect of LAMICTAL XR on labor and delivery in humans is unknown.

610 **8.3 Nursing Mothers**

611 Preliminary data indicate that lamotrigine passes into human milk. Because the effects on
612 the infant exposed to lamotrigine by this route are unknown, breastfeeding while taking
613 LAMICTAL XR is not recommended.

614 **8.4 Pediatric Use**

615 LAMICTAL XR is indicated as adjunctive therapy for PGTC and partial onset seizures
616 with or without secondary generalization in patients ≥ 13 years of age. Safety and effectiveness of
617 LAMICTAL XR for any use in patients below the age of 13 have not been established.

618 The immediate-release formulation of LAMICTAL is indicated for adjunctive therapy in
619 patients ≥ 2 years of age for partial seizures, the generalized seizures of Lennox-Gastaut
620 syndrome, and primary generalized tonic-clonic seizures.

621 Safety and efficacy of the immediate-release formulation of LAMICTAL, used as
622 adjunctive treatment for partial seizures, were not demonstrated in a small randomized, double-
623 blind, placebo-controlled, withdrawal study in very young pediatric patients (1 to 24 months).
624 The immediate-release formulation of LAMICTAL was associated with an increased risk for
625 infectious adverse reactions (LAMICTAL 37%, Placebo 5%), and respiratory adverse reactions
626 (LAMICTAL 26%, Placebo 5%). Infectious adverse reactions included bronchiolitis, bronchitis,
627 ear infection, eye infection, otitis externa, pharyngitis, urinary tract infection, and viral infection.
628 Respiratory adverse reactions included nasal congestion, cough, and apnea.

629 **8.5 Geriatric Use**

630 Clinical studies of LAMICTAL XR for epilepsy did not include sufficient numbers of
631 subjects 65 years of age and over to determine whether they respond differently from younger
632 subjects or exhibit a different safety profile than that of younger patients. In general, dose
633 selection for an elderly patient should be cautious, usually starting at the low end of the dosing
634 range, reflecting the greater frequency of decreased hepatic, renal, or cardiac function, and of
635 concomitant disease or other drug therapy.

636 **8.6 Patients With Hepatic Impairment**

637 Experience in patients with hepatic impairment is limited. Based on a clinical
638 pharmacology study with the immediate-release formulation of LAMICTAL in 24 patients with
639 mild, moderate, and severe liver impairment [*see Clinical Pharmacology (12.3)*], the following
640 general recommendations can be made. No dosage adjustment is needed in patients with mild
641 liver impairment. Initial, escalation, and maintenance doses should generally be reduced by
642 approximately 25% in patients with moderate and severe liver impairment without ascites and
643 50% in patients with severe liver impairment with ascites. Escalation and maintenance doses
644 may be adjusted according to clinical response [*see Dosage and Administration (2.1)*].

645 **8.7 Patients With Renal Impairment**

646 Lamotrigine is metabolized mainly by glucuronic acid conjugation, with the majority of
647 the metabolites being recovered in the urine. In a small study comparing a single dose of
648 immediate-release lamotrigine in patients with varying degrees of renal impairment with healthy
649 volunteers, the plasma half-life of lamotrigine was significantly longer in the patients with renal
650 impairment [*see Clinical Pharmacology (12.3)*].

651 Initial doses of LAMICTAL XR should be based on patients' AED regimens; reduced
652 maintenance doses may be effective for patients with significant renal impairment. Few patients
653 with severe renal impairment have been evaluated during chronic treatment with lamotrigine.

654 Because there is inadequate experience in this population, LAMICTAL XR should be used with
655 caution in these patients [see *Dosage and Administration (2.1)*].

656 **10 OVERDOSAGE**

657 **10.1 Human Overdose Experience**

658 Overdoses involving quantities up to 15 g have been reported for the immediate-release
659 formulation of LAMICTAL, some of which have been fatal. Overdose has resulted in ataxia,
660 nystagmus, increased seizures, decreased level of consciousness, coma, and intraventricular
661 conduction delay.

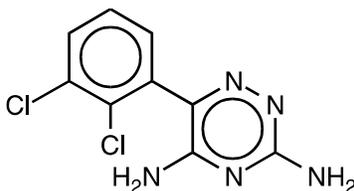
662 **10.2 Management of Overdose**

663 There are no specific antidotes for lamotrigine. Following a suspected overdose,
664 hospitalization of the patient is advised. General supportive care is indicated, including frequent
665 monitoring of vital signs and close observation of the patient. If indicated, emesis should be
666 induced or gastric lavage should be performed; usual precautions should be taken to protect the
667 airway. It is uncertain whether hemodialysis is an effective means of removing lamotrigine from
668 the blood. In 6 renal failure patients, about 20% of the amount of lamotrigine in the body was
669 removed by hemodialysis during a 4-hour session. A Poison Control Center should be contacted
670 for information on the management of overdosage of LAMICTAL XR.

671 **11 DESCRIPTION**

672 LAMICTAL XR (lamotrigine), an AED of the phenyltriazine class, is chemically
673 unrelated to existing AEDs. Its chemical name is 3,5-diamino-6-(2,3-dichlorophenyl)-*as*-triazine,
674 its molecular formula is C₉H₇N₅Cl₂, and its molecular weight is 256.09. Lamotrigine is a white to
675 pale cream-colored powder and has a pK_a of 5.7. Lamotrigine is very slightly soluble in water
676 (0.17 mg/mL at 25°C) and slightly soluble in 0.1 M HCl (4.1 mg/mL at 25°C). The structural
677 formula is:

678



679

680

681 LAMICTAL XR Extended-Release Tablets are supplied for oral administration as 25-mg
682 (yellow with white center), 50-mg (green with white center), 100-mg (orange with white center),
683 200-mg (blue with white center), and 300-mg (gray with white center) tablets. Each tablet
684 contains the labeled amount of lamotrigine and the following inactive ingredients: glycerol
685 monostearate, hypromellose, lactose monohydrate; magnesium stearate; methacrylic acid
686 copolymer dispersion, polyethylene glycol 400, polysorbate 80, silicon dioxide (25-mg and 50-
687 mg tablets only), titanium dioxide, triethyl citrate, iron oxide black (50-mg and 300-mg tablets
688 only), iron oxide yellow (25-mg, 50-mg, 100-mg tablets only), iron oxide red (100-mg tablet

689 only), FD&C Blue No. 2 Aluminum Lake (200-mg tablet only). Tablets are printed with edible
690 black ink.

691 LAMICTAL XR Extended-Release Tablets contain a modified-release eroding
692 formulation as the core. The tablets are coated with a clear enteric coat and have an aperture
693 drilled through the coats on both faces of the tablet (DiffCORE™) to enable a controlled release
694 of drug in the acidic environment of the stomach. The combination of this and the modified-
695 release core are designed to control the dissolution rate of lamotrigine over a period of
696 approximately 12 to 15 hours, leading to a gradual increase in serum lamotrigine levels.

697 **12 CLINICAL PHARMACOLOGY**

698 **12.1 Mechanism of Action**

699 The precise mechanism(s) by which lamotrigine exerts its anticonvulsant action are
700 unknown. In animal models designed to detect anticonvulsant activity, lamotrigine was effective
701 in preventing seizure spread in the maximum electroshock (MES) and pentylenetetrazol (scMet)
702 tests, and prevented seizures in the visually and electrically evoked after-discharge (EEAD) tests
703 for antiepileptic activity. Lamotrigine also displayed inhibitory properties in the kindling model
704 in rats both during kindling development and in the fully kindled state. The relevance of these
705 models to human epilepsy, however, is not known.

706 One proposed mechanism of action of lamotrigine, the relevance of which remains to be
707 established in humans, involves an effect on sodium channels. In vitro pharmacological studies
708 suggest that lamotrigine inhibits voltage-sensitive sodium channels, thereby stabilizing neuronal
709 membranes and consequently modulating presynaptic transmitter release of excitatory amino
710 acids (e.g., glutamate and aspartate).

711 Although the relevance for human use is unknown, the following data characterize the
712 performance of lamotrigine in receptor binding assays. Lamotrigine had a weak inhibitory effect
713 on the serotonin 5-HT₃ receptor (IC₅₀ = 18 μM). It does not exhibit high affinity binding
714 (IC₅₀>100 μM) to the following neurotransmitter receptors: adenosine A₁ and A₂; adrenergic α₁,
715 α₂, and β; dopamine D₁ and D₂; γ-aminobutyric acid (GABA) A and B; histamine H₁; kappa
716 opioid; muscarinic acetylcholine; and serotonin 5-HT₂. Studies have failed to detect an effect of
717 lamotrigine on dihydropyridine-sensitive calcium channels. It had weak effects at sigma opioid
718 receptors (IC₅₀ = 145 μM). Lamotrigine did not inhibit the uptake of norepinephrine, dopamine,
719 or serotonin, (IC₅₀>200 μM) when tested in rat synaptosomes and/or human platelets in vitro.

720 **Effect of Lamotrigine on N-Methyl d-Aspartate-Receptor Mediated Activity:**

721 Lamotrigine did not inhibit N-methyl d-aspartate (NMDA)-induced depolarizations in rat cortical
722 slices or NMDA-induced cyclic GMP formation in immature rat cerebellum, nor did lamotrigine
723 displace compounds that are either competitive or noncompetitive ligands at this glutamate
724 receptor complex (CNQX, CGS, TCHP). The IC₅₀ for lamotrigine effects on NMDA-induced
725 currents (in the presence of 3 μM of glycine) in cultured hippocampal neurons exceeded
726 100 μM.

727 **12.2 Pharmacodynamics**

728 Folate Metabolism: In vitro, lamotrigine inhibited dihydrofolate reductase, the enzyme
729 that catalyzes the reduction of dihydrofolate to tetrahydrofolate. Inhibition of this enzyme may
730 interfere with the biosynthesis of nucleic acids and proteins. When oral daily doses of
731 lamotrigine were given to pregnant rats during organogenesis, fetal, placental, and maternal
732 folate concentrations were reduced. Significantly reduced concentrations of folate are associated
733 with teratogenesis [*see Use in Specific Populations (8.1)*]. Folate concentrations were also
734 reduced in male rats given repeated oral doses of lamotrigine. Reduced concentrations were
735 partially returned to normal when supplemented with folic acid.

736 Accumulation in Kidneys: Lamotrigine accumulated in the kidney of the male rat,
737 causing chronic progressive nephrosis, necrosis, and mineralization. These findings are attributed
738 to α -2 microglobulin, a species- and sex-specific protein that has not been detected in humans or
739 other animal species.

740 Melanin Binding: Lamotrigine binds to melanin-containing tissues, e.g., in the eye and
741 pigmented skin. It has been found in the uveal tract up to 52 weeks after a single dose in rodents.

742 Cardiovascular: In dogs, lamotrigine is extensively metabolized to a 2-N-methyl
743 metabolite. This metabolite causes dose-dependent prolongations of the PR interval, widening of
744 the QRS complex, and, at higher doses, complete AV conduction block. Similar cardiovascular
745 effects are not anticipated in humans because only trace amounts of the 2-N-methyl metabolite
746 (<0.6% of lamotrigine dose) have been found in human urine [*see Clinical Pharmacology*
747 (12.3)]. However, it is conceivable that plasma concentrations of this metabolite could be
748 increased in patients with a reduced capacity to glucuronidate lamotrigine (e.g., in patients with
749 liver disease).

750 **12.3 Pharmacokinetics**

751 In comparison to immediate-release lamotrigine, the plasma lamotrigine levels following
752 administration of LAMICTAL XR are not associated with any significant changes in trough
753 plasma concentrations, and are characterized by lower peaks, longer time to peaks, and lower
754 peak-to-trough fluctuation, as described in detail below.

755 Absorption: Lamotrigine is absorbed after oral administration with negligible first-pass
756 metabolism. The bioavailability of lamotrigine is not affected by food.

757 In an open-label, crossover study of 44 subjects with epilepsy receiving concomitant
758 AEDs, the steady-state pharmacokinetics of lamotrigine were compared following administration
759 of equivalent total doses of LAMICTAL XR given once daily with those of lamotrigine
760 immediate-release given twice daily. In this study, the median time to peak concentration (T_{max})
761 following administration of LAMICTAL XR was 4 to 6 hours in patients taking carbamazepine,
762 phenytoin, phenobarbital, or primidone; 9 to 11 hours in patients taking VPA; and 6 to 10 hours
763 in patients taking AEDs other than carbamazepine, phenytoin, phenobarbital, primidone, or
764 VPA. In comparison, the median T_{max} following administration of immediate-release lamotrigine
765 was between 1 and 1.5 hours.

766 The steady-state trough concentrations for extended-release lamotrigine were similar to
767 or higher than those of immediate-release lamotrigine depending on concomitant AED (Table 5).

768 A mean reduction in the lamotrigine C_{max} by 11% to 29% was observed for LAMICTAL XR
 769 compared to immediate-release lamotrigine resulting in a decrease in the peak-to-trough
 770 fluctuation in serum lamotrigine concentrations. However, in some subjects receiving enzyme-
 771 inducing AEDs, a reduction in C_{max} of 44% to 77% was observed. The degree of fluctuation was
 772 reduced by 17% in patients taking enzyme-inducing AEDs, 34% in patients taking VPA, and
 773 37% in patients taking AEDs other than carbamazepine, phenytoin, phenobarbital, primidone, or
 774 VPA. LAMICTAL XR and immediate-release lamotrigine regimens were similar with respect to
 775 area under the curve (AUC, a measure of the extent of bioavailability) for patients receiving
 776 AEDs other than those known to induce the metabolism of lamotrigine. The relative
 777 bioavailability of extended-release lamotrigine was approximately 21% lower than immediate-
 778 release lamotrigine in subjects receiving enzyme-inducing AEDs. However, in some subjects in
 779 this group a reduction in exposure of up to 70% was observed when switched to
 780 LAMICTAL XR. Therefore, doses may need to be adjusted in some subjects based on
 781 therapeutic response.

783 **Table 5. Steady-State Bioavailability of LAMICTAL XR Relative to Immediate-Release**
 784 **Lamotrigine at Equivalent Daily Doses (Ratio of XR to IR 90% CI)**

Concomitant AED	AUC _(0-24ss)	C_{max}	C_{min}
EIAEDs ^a	0.79 (0.69, 0.90)	0.71 (0.61, 0.82)	0.99 (0.89, 1.09)
VPA	0.94 (0.81, 1.08)	0.88 (0.75, 1.03)	0.99 (0.88, 1.10)
AEDs other than EIAEDs ^a or VPA	1.00 (0.88, 1.14)	0.89 (0.78, 1.03)	1.14 (1.03, 1.25)

785 ^a EIAEDs include carbamazepine, phenytoin, phenobarbital, and primidone.

786
 787 **Dose Proportionality:** In healthy volunteers not receiving any other medications and
 788 given LAMICTAL XR once daily, the systemic exposure to lamotrigine increased in direct
 789 proportion to the dose administered over the range of 50 to 200 mg. At doses between 25 and
 790 50 mg, the increase was less than dose proportional, with a 2-fold increase in dose resulting in an
 791 approximately 1.6-fold increase in systemic exposure.

792 **Distribution:** Estimates of the mean apparent volume of distribution (Vd/F) of
 793 lamotrigine following oral administration ranged from 0.9 to 1.3 L/kg. Vd/F is independent of
 794 dose and is similar following single and multiple doses in both patients with epilepsy and in
 795 healthy volunteers.

796 **Protein Binding:** Data from in vitro studies indicate that lamotrigine is approximately
 797 55% bound to human plasma proteins at plasma lamotrigine concentrations from 1 to 10 mcg/mL
 798 (10 mcg/mL is 4 to 6 times the trough plasma concentration observed in the controlled efficacy
 799 trials). Because lamotrigine is not highly bound to plasma proteins, clinically significant
 800 interactions with other drugs through competition for protein binding sites are unlikely. The
 801 binding of lamotrigine to plasma proteins did not change in the presence of therapeutic

802 concentrations of phenytoin, phenobarbital, or valproate. Lamotrigine did not displace other
 803 AEDs (carbamazepine, phenytoin, phenobarbital) from protein-binding sites.

804 **Metabolism:** Lamotrigine is metabolized predominantly by glucuronic acid conjugation;
 805 the major metabolite is an inactive 2-N-glucuronide conjugate. After oral administration of
 806 240 mg of ¹⁴C-lamotrigine (15 µCi) to 6 healthy volunteers, 94% was recovered in the urine and
 807 2% was recovered in the feces. The radioactivity in the urine consisted of unchanged lamotrigine
 808 (10%), the 2-N-glucuronide (76%), a 5-N-glucuronide (10%), a 2-N-methyl metabolite (0.14%),
 809 and other unidentified minor metabolites (4%).

810 **Enzyme Induction:** The effects of lamotrigine on the induction of specific families of
 811 mixed-function oxidase isozymes have not been systematically evaluated.

812 Following multiple administrations (150 mg twice daily) to normal volunteers taking no
 813 other medications, lamotrigine induced its own metabolism, resulting in a 25% decrease in t_{1/2} and
 814 a 37% increase in Cl/F at steady state compared with values obtained in the same volunteers
 815 following a single dose. Evidence gathered from other sources suggests that self-induction by
 816 lamotrigine may not occur when lamotrigine is given as adjunctive therapy in patients receiving
 817 enzyme-inducing drugs such as carbamazepine, phenytoin, phenobarbital, primidone, or other
 818 drugs such as rifampin that induce lamotrigine glucuronidation [see Drug Interactions (7)].

819 **Elimination:** The elimination half-life and apparent clearance of lamotrigine following
 820 administration of immediate-release lamotrigine to adult patients with epilepsy and healthy
 821 volunteers is summarized in Table 6. Half-life and apparent oral clearance vary depending on
 822 concomitant AEDs.

823 Since the half-life of lamotrigine following administration of single doses of immediate-
 824 release lamotrigine is comparable to that observed following administration of LAMICTAL XR,
 825 similar changes in the half-life of lamotrigine would be expected for LAMICTAL XR.

826
 827 **Table 6. Mean^a Pharmacokinetic Parameters of Immediate-Release Lamotrigine in**
 828 **Healthy Volunteers and Adult Patients With Epilepsy**

Adult Study Population	Number of Subjects	t _{1/2} : Elimination Half-life (hr)	Cl/F: Apparent Plasma Clearance (mL/min/kg)
Healthy volunteers taking no other medications:			
Single-dose lamotrigine	179	32.8 (14.0-103.0)	0.44 (0.12-1.10)
Multiple-dose lamotrigine	36	25.4 (11.6-61.6)	0.58 (0.24-1.15)

Healthy volunteers taking valproate:			
Single-dose lamotrigine	6	48.3 (31.5-88.6)	0.30 (0.14-0.42)
Multiple-dose lamotrigine	18	70.3 (41.9-113.5)	0.18 (0.12-0.33)
Patients with epilepsy taking valproate only:			
Single-dose lamotrigine	4	58.8 (30.5-88.8)	0.28 (0.16-0.40)
Patients with epilepsy taking carbamazepine, phenytoin, phenobarbital, or primidone^b plus valproate:			
Single-dose lamotrigine	25	27.2 (11.2-51.6)	0.53 (0.27-1.04)
Patients with epilepsy taking carbamazepine, phenytoin, phenobarbital, or primidone:^b			
Single-dose lamotrigine	24	14.4 (6.4-30.4)	1.10 (0.51-2.22)
Multiple-dose lamotrigine	17	12.6 (7.5-23.1)	1.21 (0.66-1.82)

829 ^a The majority of parameter means determined in each study had coefficients of variation
 830 between 20% and 40% for half-life and Cl/F and between 30% and 70% for T_{max}. The overall
 831 mean values were calculated from individual study means that were weighted based on the
 832 number of volunteers/patients in each study. The numbers in parentheses below each
 833 parameter mean represent the range of individual volunteer/patient values across studies.

834 ^b Carbamazepine, phenobarbital, phenytoin, and primidone have been shown to increase the
 835 apparent clearance of lamotrigine. Estrogen-containing oral contraceptives and other drugs
 836 that induce lamotrigine glucuronidation have also been shown to increase the apparent
 837 clearance of lamotrigine [see *Drug Interactions (7)*].
 838

839 **Drug Interactions:** The apparent clearance of lamotrigine is affected by the
 840 coadministration of certain medications [see *Warnings and Precautions (5.7, 5.11)*, *Drug*
 841 *Interactions (7)*].

842 The net effects of drug interactions with lamotrigine are summarized in Table 7. Details
 843 of the drug interaction studies, which were done using immediate-release lamotrigine, are
 844 provided following Table 7.

845
846

Table 7. Summary of Drug Interactions With Lamotrigine

Drug	Drug Plasma Concentration With Adjunctive Lamotrigine ^a	Lamotrigine Plasma Concentration With Adjunctive Drugs ^b
Oral contraceptives (e.g., ethinylestradiol/levonorgestrel ^c)	↔ ^d	↓
Bupropion	Not assessed	↔
Carbamazepine (CBZ)	↔	↓
CBZ epoxide ^e	?	
Felbamate	Not assessed	↔
Gabapentin	Not assessed	↔
Levetiracetam	↔	↔
Lithium	↔	Not assessed
Olanzapine	↔	↔ ^f
Oxcarbazepine	↔	↔
10-monohydroxy oxcarbazepine metabolite ^g	↔	
Phenobarbital/primidone	↔	↓
Phenytoin (PHT)	↔	↓
Pregabalin	↔	↔
Rifampin	Not assessed	↓
Topiramate	↔ ^h	↔
Valproate	↓	↑
Valproate + PHT and/or CBZ	Not assessed	↔
Zonisamide	Not assessed	↔

847 ^a From adjunctive clinical trials and volunteer studies.
 848 ^b Net effects were estimated by comparing the mean clearance values obtained in adjunctive
 849 clinical trials and volunteer studies.
 850 ^c The effect of other hormonal contraceptive preparations or hormone replacement therapy on
 851 the pharmacokinetics of lamotrigine has not been systematically evaluated in clinical trials,
 852 although the effect may be similar to that seen with the ethinylestradiol/levonorgestrel
 853 combinations.
 854 ^d Modest decrease in levonorgestrel.
 855 ^e Not administered, but an active metabolite of carbamazepine.
 856 ^f Slight decrease, not expected to be clinically relevant.
 857 ^g Not administered, but an active metabolite of oxcarbazepine.
 858 ^h Slight increase, not expected to be clinically relevant.
 859 ↔ = No significant effect.

860 ? = Conflicting data.

861

862 Estrogen-Containing Oral Contraceptives: In 16 female volunteers, an oral
863 contraceptive preparation containing 30 mcg ethinylestradiol and 150 mcg levonorgestrel
864 increased the apparent clearance of lamotrigine (300 mg/day) by approximately 2-fold with mean
865 decreases in AUC of 52% and in C_{max} of 39%. In this study, trough serum lamotrigine
866 concentrations gradually increased and were approximately 2-fold higher on average at the end
867 of the week of the inactive hormone preparation compared with trough lamotrigine
868 concentrations at the end of the active hormone cycle.

869 Gradual transient increases in lamotrigine plasma levels (approximate 2-fold increase)
870 occurred during the week of inactive hormone preparation (“pill-free” week) for women not also
871 taking a drug that increased the clearance of lamotrigine (carbamazepine, phenytoin,
872 phenobarbital, primidone, or other drugs that induce lamotrigine glucuronidation [*see Drug*
873 *Interactions (7)*]). The increase in lamotrigine plasma levels will be greater if the dose of
874 LAMICTAL XR is increased in the few days before or during the “pill-free” week. Increases in
875 lamotrigine plasma levels could result in dose-dependent adverse effects.

876 In the same study, coadministration of lamotrigine (300 mg/day) in 16 female volunteers
877 did not affect the pharmacokinetics of the ethinylestradiol component of the oral contraceptive
878 preparation. There were mean decreases in the AUC and C_{max} of the levonorgestrel component of
879 19% and 12%, respectively. Measurement of serum progesterone indicated that there was no
880 hormonal evidence of ovulation in any of the 16 volunteers, although measurement of serum
881 FSH, LH, and estradiol indicated that there was some loss of suppression of the hypothalamic-
882 pituitary-ovarian axis.

883 The effects of doses of lamotrigine other than 300 mg/day have not been systematically
884 evaluated in controlled clinical trials.

885 The clinical significance of the observed hormonal changes on ovulatory activity is
886 unknown. However, the possibility of decreased contraceptive efficacy in some patients cannot
887 be excluded. Therefore, patients should be instructed to promptly report changes in their
888 menstrual pattern (e.g., break-through bleeding).

889 Dosage adjustments may be necessary for women receiving estrogen-containing oral
890 contraceptive preparations [*see Dosage and Administration (2.1)*].

891 Other Hormonal Contraceptives or Hormone Replacement Therapy: The effect of
892 other hormonal contraceptive preparations or hormone replacement therapy on the
893 pharmacokinetics of lamotrigine has not been systematically evaluated. It has been reported that
894 ethinylestradiol, not progestogens, increased the clearance of lamotrigine up to 2-fold, and the
895 progestin-only pills had no effect on lamotrigine plasma levels. Therefore, adjustments to the
896 dosage of LAMICTAL XR in the presence of progestogens alone will likely not be needed.

897 Bupropion: The pharmacokinetics of a 100-mg single dose of lamotrigine in healthy
898 volunteers (n = 12) were not changed by coadministration of bupropion sustained-release
899 formulation (150 mg twice daily) starting 11 days before lamotrigine.

900 Carbamazepine: Lamotrigine has no appreciable effect on steady-state carbamazepine
901 plasma concentration. Limited clinical data suggest there is a higher incidence of dizziness,
902 diplopia, ataxia, and blurred vision in patients receiving carbamazepine with lamotrigine than in
903 patients receiving other AEDs with lamotrigine [see *Adverse Reactions (6.1)*]. The mechanism
904 of this interaction is unclear. The effect of lamotrigine on plasma concentrations of
905 carbamazepine-epoxide is unclear. In a small subset of patients (n = 7) studied in a
906 placebo-controlled trial, lamotrigine had no effect on carbamazepine-epoxide plasma
907 concentrations, but in a small, uncontrolled study (n = 9), carbamazepine-epoxide levels
908 increased.

909 The addition of carbamazepine decreases lamotrigine steady-state concentrations by
910 approximately 40%.

911 Esomeprazole: In a study of 30 subjects, coadministration of LAMICTAL XR with
912 esomeprazole resulted in no significant change in lamotrigine levels and a small decrease in T_{max} .
913 The levels of gastric pH were not altered compared with pre-lamotrigine dosing.

914 Felbamate: In a study of 21 healthy volunteers, coadministration of felbamate (1,200 mg
915 twice daily) with lamotrigine (100 mg twice daily for 10 days) appeared to have no clinically
916 relevant effects on the pharmacokinetics of lamotrigine.

917 Folate Inhibitors: Lamotrigine is a weak inhibitor of dihydrofolate reductase. Prescribers
918 should be aware of this action when prescribing other medications that inhibit folate metabolism.

919 Gabapentin: Based on a retrospective analysis of plasma levels in 34 patients who
920 received lamotrigine both with and without gabapentin, gabapentin does not appear to change the
921 apparent clearance of lamotrigine.

922 Levetiracetam: Potential drug interactions between levetiracetam and lamotrigine were
923 assessed by evaluating serum concentrations of both agents during placebo-controlled clinical
924 trials. These data indicate that lamotrigine does not influence the pharmacokinetics of
925 levetiracetam and that levetiracetam does not influence the pharmacokinetics of lamotrigine.

926 Lithium: The pharmacokinetics of lithium were not altered in healthy subjects (n = 20) by
927 coadministration of lamotrigine (100 mg/day) for 6 days.

928 Olanzapine: The AUC and C_{max} of olanzapine were similar following the addition of
929 olanzapine (15 mg once daily) to lamotrigine (200 mg once daily) in healthy male volunteers
930 (n = 16) compared with the AUC and C_{max} in healthy male volunteers receiving olanzapine alone
931 (n = 16).

932 In the same study, the AUC and C_{max} of lamotrigine were reduced on average by 24%
933 and 20%, respectively, following the addition of olanzapine to lamotrigine in healthy male
934 volunteers compared with those receiving lamotrigine alone. This reduction in lamotrigine
935 plasma concentrations is not expected to be clinically relevant.

936 Oxcarbazepine: The AUC and C_{max} of oxcarbazepine and its active 10-monohydroxy
937 oxcarbazepine metabolite were not significantly different following the addition of
938 oxcarbazepine (600 mg twice daily) to lamotrigine (200 mg once daily) in healthy male

939 volunteers (n = 13) compared with healthy male volunteers receiving oxcarbazepine alone
940 (n = 13).

941 In the same study, the AUC and C_{max} of lamotrigine were similar following the addition
942 of oxcarbazepine (600 mg twice daily) to lamotrigine in healthy male volunteers compared with
943 those receiving lamotrigine alone. Limited clinical data suggest a higher incidence of headache,
944 dizziness, nausea, and somnolence with coadministration of lamotrigine and oxcarbazepine
945 compared with lamotrigine alone or oxcarbazepine alone.

946 **Phenobarbital, Primidone:** The addition of phenobarbital or primidone decreases
947 lamotrigine steady-state concentrations by approximately 40%.

948 **Phenytoin:** Lamotrigine has no appreciable effect on steady-state phenytoin plasma
949 concentrations in patients with epilepsy. The addition of phenytoin decreases lamotrigine steady-
950 state concentrations by approximately 40%.

951 **Pregabalin:** Steady-state trough plasma concentrations of lamotrigine were not affected
952 by concomitant pregabalin (200 mg 3 times daily) administration. There are no pharmacokinetic
953 interactions between lamotrigine and pregabalin.

954 **Rifampin:** In 10 male volunteers, rifampin (600 mg/day for 5 days) significantly
955 increased the apparent clearance of a single 25-mg dose of lamotrigine by approximately 2-fold
956 (AUC decreased by approximately 40%).

957 **Topiramate:** Topiramate resulted in no change in plasma concentrations of lamotrigine.
958 Administration of lamotrigine resulted in a 15% increase in topiramate concentrations.

959 **Valproate:** When lamotrigine was administered to healthy volunteers (n = 18) receiving
960 valproate, the trough steady-state valproate plasma concentrations decreased by an average of
961 25% over a 3-week period, and then stabilized. However, adding lamotrigine to the existing
962 therapy did not cause a change in valproate plasma concentrations in either adult or pediatric
963 patients in controlled clinical trials.

964 The addition of valproate increased lamotrigine steady-state concentrations in normal
965 volunteers by slightly more than 2-fold. In one study, maximal inhibition of lamotrigine
966 clearance was reached at valproate doses between 250 and 500 mg/day and did not increase as
967 the valproate dose was further increased.

968 **Zonisamide:** In a study of 18 patients with epilepsy, coadministration of zonisamide
969 (200 to 400 mg/day) with lamotrigine (150 to 500 mg/day for 35 days) had no significant effect
970 on the pharmacokinetics of lamotrigine.

971 **Known Inducers or Inhibitors of Glucuronidation:** Drugs other than those listed above
972 have not been systematically evaluated in combination with lamotrigine. Since lamotrigine is
973 metabolized predominately by glucuronic acid conjugation, drugs that are known to induce or
974 inhibit glucuronidation may affect the apparent clearance of lamotrigine, and doses of
975 LAMICTAL XR may require adjustment based on clinical response.

976 **Other:** Results of in vitro experiments suggest that clearance of lamotrigine is unlikely to
977 be reduced by concomitant administration of amitriptyline, clonazepam, clozapine, fluoxetine,
978 haloperidol, lorazepam, phenelzine, risperidone, sertraline, or trazodone.

979 Results of in vitro experiments suggest that lamotrigine does not reduce the clearance of
980 drugs eliminated predominantly by CYP2D6.

981 **Special Populations: Patients With Renal Impairment:** Twelve volunteers with
982 chronic renal failure (mean creatinine clearance: 13 mL/min; range: 6 to 23) and another
983 6 individuals undergoing hemodialysis were each given a single 100 mg dose of immediate-
984 release lamotrigine. The mean plasma half-lives determined in the study were 42.9 hours
985 (chronic renal failure), 13.0 hours (during hemodialysis), and 57.4 hours (between hemodialysis)
986 compared with 26.2 hours in healthy volunteers. On average, approximately 20% (range: 5.6 to
987 35.1) of the amount of lamotrigine present in the body was eliminated by hemodialysis during a
988 4-hour session [see Dosage and Administration (2.1)].

989 **Hepatic Disease:** The pharmacokinetics of lamotrigine following a single 100-mg
990 dose of immediate-release lamotrigine were evaluated in 24 subjects with mild, moderate, and
991 severe hepatic impairment (Child-Pugh Classification system) and compared with 12 subjects
992 without hepatic impairment. The patients with severe hepatic impairment were without ascites
993 (n = 2) or with ascites (n = 5). The mean apparent clearances of lamotrigine in patients with mild
994 (n = 12), moderate (n = 5), severe without ascites (n = 2), and severe with ascites (n = 5) liver
995 impairment were 0.30 ± 0.09 , 0.24 ± 0.1 , 0.21 ± 0.04 , and 0.15 ± 0.09 mL/min/kg, respectively,
996 as compared with 0.37 ± 0.1 mL/min/kg in the healthy controls. Mean half-lives of lamotrigine
997 in patients with mild, moderate, severe without ascites, and severe with ascites hepatic
998 impairment were 46 ± 20 , 72 ± 44 , 67 ± 11 , and 100 ± 48 hours, respectively, as compared with
999 33 ± 7 hours in healthy controls [see Dosage and Administration (2.1)].

1000 **Elderly:** The pharmacokinetics of lamotrigine following a single 150 mg dose of
1001 immediate-release lamotrigine were evaluated in 12 elderly volunteers between the ages of 65
1002 and 76 years (mean creatinine clearance: 61 mL/min, range: 33 to 108 mL/min). The mean half-
1003 life of lamotrigine in these subjects was 31.2 hours (range: 24.5 to 43.4 hours), and the mean
1004 clearance was 0.40 mL/min/kg (range: 0.26 to 0.48 mL/min/kg).

1005 **Gender:** The clearance of lamotrigine is not affected by gender. However, during
1006 dose escalation of immediate-release lamotrigine in one clinical trial in patients with epilepsy on
1007 a stable dose of valproate (n = 77), mean trough lamotrigine concentrations, unadjusted for
1008 weight, were 24% to 45% higher (0.3 to 1.7 mcg/mL) in females than in males.

1009 **Race:** The apparent oral clearance of lamotrigine was 25% lower in non-Caucasians
1010 than Caucasians.

1011 **Pediatric Patients:** Safety and effectiveness of LAMICTAL XR for use in patients
1012 below the age of 13 have not been established.

1013 **13 NONCLINICAL TOXICOLOGY**

1014 **13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility**

1015 No evidence of carcinogenicity was seen in 1 mouse study or 2 rat studies following oral
1016 administration of lamotrigine for up to 2 years at maximum tolerated doses (30 mg/kg/day for
1017 mice and 10 to 15 mg/kg/day for rats, doses that are equivalent to 90 mg/m² and 60 to 90 mg/m²,

1018 respectively). Steady-state plasma concentrations ranged from 1 to 4 mcg/mL in the mouse study
1019 and 1 to 10 mcg/mL in the rat study. Plasma concentrations associated with the recommended
1020 human doses of 300 to 500 mg/day are generally in the range of 2 to 5 mcg/mL, but
1021 concentrations as high as 19 mcg/mL have been recorded.

1022 Lamotrigine was not mutagenic in the presence or absence of metabolic activation when
1023 tested in 2 gene mutation assays (the Ames test and the in vitro mammalian mouse lymphoma
1024 assay). In 2 cytogenetic assays (the in vitro human lymphocyte assay and the in vivo rat bone
1025 marrow assay), lamotrigine did not increase the incidence of structural or numerical
1026 chromosomal abnormalities.

1027 No evidence of impairment of fertility was detected in rats given oral doses of
1028 lamotrigine up to 2.4 times the highest usual human maintenance dose of 8.33 mg/kg/day or
1029 0.4 times the human dose on a mg/m² basis. The effect of lamotrigine on human fertility is
1030 unknown.

1031 **14 CLINICAL STUDIES**

1032 **14.1 PGTC Seizures**

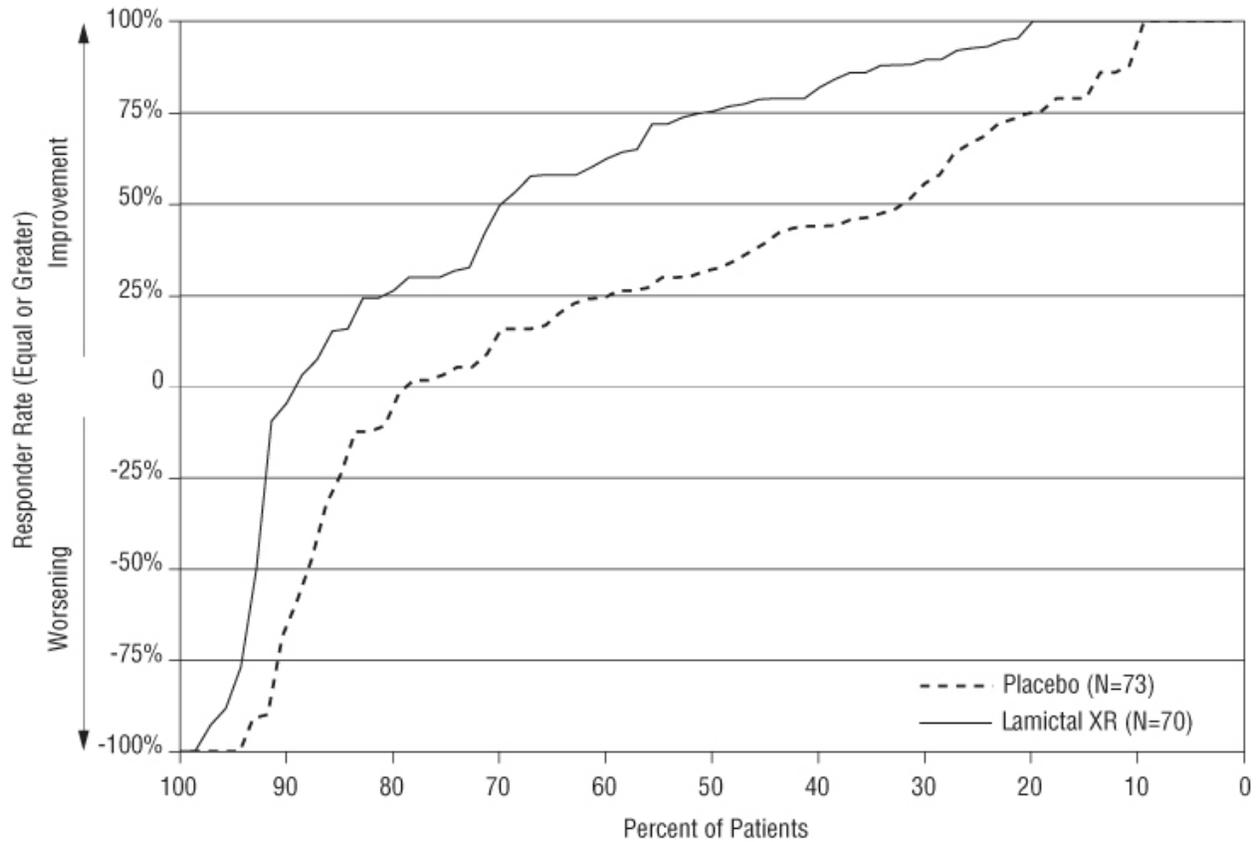
1033 The effectiveness of LAMICTAL XR as adjunctive therapy was established in PGTC
1034 seizures in a 19-week, international, multicenter, double-blind, randomized, placebo-controlled
1035 study in 143 patients 13 years of age and older (n = 70 on LAMICTAL XR and n = 73 on
1036 placebo). Patients with at least 3 PGTC seizures during an 8-week baseline phase were
1037 randomized to 19 weeks of treatment with LAMICTAL XR or placebo added to their current
1038 AED regimen of up to 2 drugs. Patients were dosed on a fixed-dose regimen, with target doses
1039 ranging from 200 mg/day to 500 mg/day of LAMICTAL XR based on concomitant AED(s)
1040 (target dose = 200 mg for valproate, 300 mg for AEDs not altering plasma lamotrigine levels,
1041 and 500 mg for enzyme-inducing AEDs).

1042 The primary efficacy endpoint was percent change from baseline in PGTC seizure
1043 frequency during the double-blind treatment phase. For the intent-to-treat population, the median
1044 percent reduction in PGTC seizure frequency was 75% in patients treated with LAMICTAL XR
1045 and 32% in patients treated with placebo, a difference that was statistically significant, defined as
1046 a 2-sided *p* value ≤ 0.05 .

1047 Figure 1 presents the percentage of patients (X-axis) with a percent reduction in PGTC
1048 seizure frequency (responder rate) from baseline through the entire treatment period at least as
1049 great as that represented on the Y-axis. A positive value on the Y-axis indicates an improvement
1050 from baseline (i.e., a decrease in seizure frequency), while a negative value indicates a worsening
1051 from baseline (i.e., an increase in seizure frequency). Thus, in a display of this type, a curve for
1052 an effective treatment is shifted to the left of the curve for placebo. The proportion of patients
1053 achieving any particular level of reduction in PGTC seizure frequency was consistently higher
1054 for the group treated with LAMICTAL XR compared with the placebo group. For example, 70%
1055 of patients randomized to LAMICTAL XR experienced a 50% or greater reduction in PGTC
1056 seizure frequency, compared with 32% of patients randomized to placebo. Patients with an

1057 increase in seizure frequency >100% are represented on the Y-axis as equal to or greater than
1058 -100%.

1059
1060 **Figure 1. Proportion of Patients by Responder Rate for LAMICTAL XR and Placebo Group**
1061 **(PGTC Study)**



1062
1063 **14.2 Partial Onset Seizures**

1064 The effectiveness of immediate-release lamotrigine as adjunctive therapy was initially
1065 established in 3 pivotal multicenter, placebo-controlled, double-blind clinical trials in 355 adults
1066 with refractory partial onset seizures.

1067 The effectiveness of LAMICTAL XR as adjunctive therapy in partial onset seizures, with
1068 or without secondary generalization, was established in a 19-week, multicenter, double-blind,
1069 placebo-controlled trial in 236 patients, 13 years of age and older (approximately 93% of patients
1070 were 16 to 65 years old). Approximately 36% were from the U.S. and approximately 64% were
1071 from other countries including Argentina, Brazil, Chile, Germany, India, Korea, Russian
1072 Federation, and Ukraine. Patients with at least 8 partial onset seizures during an 8-week
1073 prospective baseline phase (or 4-week prospective baseline coupled with a 4-week historical
1074 baseline documented with seizure diary data) were randomized to treatment with
1075 LAMICTAL XR (n = 116) or placebo (n = 120) added to their current regimen of 1 or 2 AEDs.
1076 Approximately half of the patients were taking 2 concomitant AEDs at baseline. Target doses
1077 ranged from 200 to 500 mg/day of LAMICTAL XR based on concomitant AED (target dose =

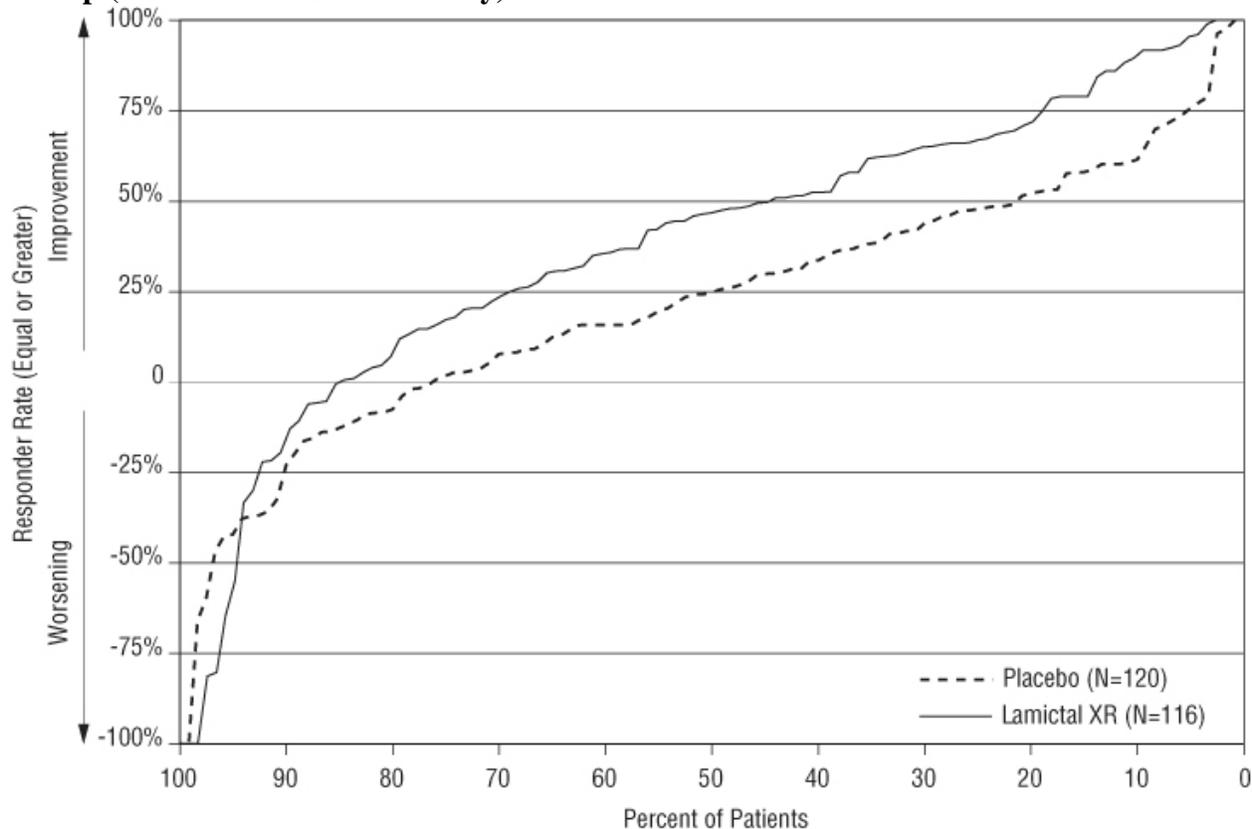
1078 200 mg for valproate, 300 mg for AEDs not altering plasma lamotrigine, and 500 mg for
1079 enzyme-inducing AEDs). The median partial seizure frequency per week at baseline was 2.3 for
1080 LAMICTAL XR and 2.1 for placebo.

1081 The primary endpoint was the median percent change from baseline in partial onset
1082 seizure frequency during the entire double-blind treatment phase. The median percent reductions
1083 in weekly partial onset seizures were 47% in patients treated with LAMICTAL XR and 25% on
1084 placebo, a difference that was statistically significant, defined as a 2-sided p value ≤ 0.05 .

1085 Figure 2 presents the percentage of patients (X-axis) with a percent reduction in partial
1086 seizure frequency (responder rate) from baseline through the entire treatment period at least as
1087 great as that represented on the Y-axis. The proportion of patients achieving any particular level
1088 of reduction in partial seizure frequency was consistently higher for the group treated with
1089 LAMICTAL XR compared with the placebo group. For example, 44% of patients randomized to
1090 LAMICTAL XR experienced a 50% or greater reduction in partial seizure frequency, compared
1091 with 21% of patients randomized to placebo.

1092

1093 **Figure 2. Proportion of Patients by Responder Rate for LAMICTAL XR and Placebo**
1094 **Group (Partial Onset Seizure Study)**



1095

1096

1097 **16 HOW SUPPLIED/STORAGE AND HANDLING**
1098 **LAMICTAL XR (lamotrigine) Extended-Release Tablets**

1099 25 mg, yellow with a white center, round, biconvex, film-coated tablets printed on one
1100 face in black ink with “LAMICTAL” and “XR 25”, unit-of-use bottles of 30 with orange caps
1101 (NDC 0173-0754-00).

1102 50 mg, green with a white center, round, biconvex, film-coated tablets printed on one
1103 face in black ink with “LAMICTAL” and “XR 50”, unit-of-use bottles of 30 with orange caps
1104 (NDC 0173-0755-00).

1105 100 mg, orange with a white center, round, biconvex, film-coated tablets printed on one
1106 face in black ink with “LAMICTAL” and “XR 100”, unit-of-use bottles of 30 with orange caps
1107 (NDC 0173-0756-00).

1108 200 mg, blue with a white center, round, biconvex, film-coated tablets printed on one
1109 face in black ink with “LAMICTAL” and “XR 200”, unit-of-use bottles of 30 with orange caps
1110 (NDC 0173-0757-00).

1111 300 mg, gray with a white center, caplet-shaped, film-coated tablets printed on one face
1112 in black ink with “LAMICTAL” and “XR 300”, unit-of-use bottles of 30 with orange caps (NDC
1113 0173-0761-00).

1114 **LAMICTAL XR (lamotrigine) Patient Titration Kit for Patients Taking Valproate**
1115 **(Blue XR Kit)**

1116 25 mg, yellow with a white center, round, biconvex, film-coated tablets printed on one
1117 face in black ink with “LAMICTAL” and “XR 25” and 50 mg, green with a white center, round,
1118 biconvex, film-coated tablets printed on one face in black ink with “LAMICTAL” and “XR 50”;
1119 blisterpack of 21/25-mg tablets and 7/50-mg tablets (NDC 0173-0758-00).

1120 **LAMICTAL XR (lamotrigine) Patient Titration Kit for Patients Taking**
1121 **Carbamazepine, Phenytoin, Phenobarbital, or Primidone, and Not Taking Valproate**
1122 **(Green XR Kit)**

1123 50 mg, green with a white center, round, biconvex, film-coated tablets printed on one
1124 face in black ink with “LAMICTAL” and “XR 50”; 100 mg, orange with a white center, round,
1125 biconvex, film-coated tablets printed on one face in black ink with “LAMICTAL” and “XR
1126 100”; and 200 mg, blue with a white center, round, biconvex, film-coated tablets printed on one
1127 face in black ink with “LAMICTAL” and “XR 200”; blisterpack of 14/50-mg tablets, 14/100-mg
1128 tablets, and 7/200-mg tablets (NDC 0173-0759-00).

1129 **LAMICTAL XR (lamotrigine) Patient Titration Kit for Patients Not Taking**
1130 **Carbamazepine, Phenytoin, Phenobarbital, Primidone, or Valproate (Orange XR Kit)**

1131 25 mg, yellow with a white center, round, biconvex, film-coated tablets printed on one
1132 face in black ink with “LAMICTAL” and “XR 25”; 50 mg, green with a white center, round,
1133 biconvex, film-coated tablets printed on one face in black ink with “LAMICTAL” and “XR 50”;
1134 and 100 mg, orange with a white center, round, biconvex, film-coated tablets printed on one face
1135 in black ink with “LAMICTAL” and “XR 100”; blisterpack of 14/25-mg tablets, 14/50-mg
1136 tablets, and 7/100-mg tablets (NDC 0173-0760-00).

1137 **Storage:** Store at 25°C (77°F); excursions permitted to 15-30°C (59-86°F) [see USP
1138 Controlled Room Temperature].

1139 **17 PATIENT COUNSELING INFORMATION**

1140 See Medication Guide (17.10).

1141 **17.1 Rash**

1142 Prior to initiation of treatment with LAMICTAL XR, the patient should be instructed that
1143 a rash or other signs or symptoms of hypersensitivity (e.g., fever, lymphadenopathy) may herald
1144 a serious medical event and that the patient should report any such occurrence to a physician
1145 immediately.

1146 **17.2 Suicidal Thinking and Behavior**

1147 Patients, their caregivers, and families should be counseled that AEDs, including
1148 LAMICTAL XR, may increase the risk of suicidal thoughts and behavior and should be advised
1149 of the need to be alert for the emergence or worsening of symptoms of depression, any unusual
1150 changes in mood or behavior, or the emergence of suicidal thoughts, behavior, or thoughts about
1151 self-harm. Behaviors of concern should be reported immediately to healthcare providers.

1152 **17.3 Worsening of Seizures**

1153 Patients should be advised to notify their physician if worsening of seizure control
1154 occurs.

1155 **17.4 CNS Adverse Effects**

1156 Patients should be advised that LAMICTAL XR may cause dizziness, somnolence, and
1157 other symptoms and signs of central nervous system (CNS) depression. Accordingly, they should
1158 be advised neither to drive a car nor to operate other complex machinery until they have gained
1159 sufficient experience on LAMICTAL XR to gauge whether or not it adversely affects their
1160 mental and/or motor performance.

1161 **17.5 Blood Dyscrasias and/or Acute Multiorgan Failure**

1162 Patients should be advised of the possibility of blood dyscrasias and/or acute multiorgan
1163 failure and to contact their physician immediately if they experience any signs or symptoms of
1164 these conditions [*see Warnings and Precautions (5.3, 5.4)*].

1165 **17.6 Pregnancy**

1166 Patients should be advised to notify their physicians if they become pregnant or intend to
1167 become pregnant during therapy. Patients should be advised to notify their physicians if they
1168 intend to breastfeed or are breastfeeding an infant.

1169 Patients should also be encouraged to enroll in the NAAED Pregnancy Registry if they
1170 become pregnant. This registry is collecting information about the safety of antiepileptic drugs
1171 during pregnancy. To enroll, patients can call the toll-free number 1-888-233-2334 [*see Use in*
1172 *Specific Populations (8.1)*].

1173 **17.7 Oral Contraceptive Use**

1174 Women should be advised to notify their physician if they plan to start or stop use of oral
1175 contraceptives or other female hormonal preparations. Starting estrogen-containing oral
1176 contraceptives may significantly decrease lamotrigine plasma levels and stopping estrogen-
1177 containing oral contraceptives (including the “pill-free” week) may significantly increase
1178 lamotrigine plasma levels [*see Warnings and Precautions (5.7), Clinical Pharmacology (12.3)*].

1179 Women should also be advised to promptly notify their physician if they experience adverse
1180 reactions or changes in menstrual pattern (e.g., break-through bleeding) while receiving
1181 LAMICTAL XR in combination with these medications.

1182 **17.8 Discontinuing LAMICTAL XR**

1183 Patients should be advised to notify their physician if they stop taking LAMICTAL XR
1184 for any reason and not to resume LAMICTAL XR without consulting their physician.

1185 **17.9 Potential Medication Errors**

1186 Medication errors involving LAMICTAL have occurred. In particular the names
1187 LAMICTAL or lamotrigine can be confused with the names of other commonly used
1188 medications. Medication errors may also occur between the different formulations of
1189 LAMICTAL. To reduce the potential of medication errors, write and say LAMICTAL XR
1190 clearly. Depictions of the LAMICTAL XR Extended-Release Tablets can be found in the
1191 Medication Guide. Each LAMICTAL XR tablet has a distinct color and white center, and is
1192 printed with “LAMICTAL XR” and the tablet strength. These distinctive features serve to
1193 identify the different presentations of the drug and thus may help reduce the risk of medication
1194 errors. LAMICTAL XR is supplied in round, unit-of-use bottles with orange caps containing 30
1195 tablets. The label on the bottle includes a depiction of the tablets which further communicates to
1196 patients and pharmacists that the medication is LAMICTAL XR and the specific tablet strength
1197 included in the bottle. The unit-of-use bottle with a distinctive orange cap and distinctive bottle
1198 label features serves to identify the different presentations of the drug and thus may help to
1199 reduce the risk of medication errors. **To avoid a medication error of using the wrong drug or
1200 formulation, patients should be strongly advised to visually inspect their tablets to verify
1201 that they are LAMICTAL XR each time they fill their prescription and to immediately talk
1202 to their doctor/pharmacist if they receive a LAMICTAL XR tablet without a white center
1203 and without “LAMICTAL XR” and the strength printed on the tablet as they may have
1204 received the wrong medication [see Dosage Forms and Strengths (3), How Supplied/Storage
1205 and Handling (16)].**

1206 **17.10 Medication Guide**

1207 A Medication Guide is provided as a separate leaflet accompanying the product. The full
1208 text of the Medication Guide is reprinted below.

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1215 Research Triangle Park, NC 27709

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1219 April 2010

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