TABLES

(Tables are taken from the sponsor's submission, v 43, and are enumerated in the order found.)

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Table 1. Dose Ascension, Maintenance, and Taper Schedule[a]

Treatment Group	TREATMENT TRANSITION PERIOD					MONOTHERAPY TREATMENT PERIOD		
	Dose Ascension				AED Dose Taper	Maintenance[b]	Double-Blind Taper[c]	
	Study Wk 9		Study Wk 10	Study Wk 11	Study Wks 12–16	Study Wks 17–28	Study Wk 29	Study Wk 30
	3 Days	4 Days						
LAMOTRIGINE								
500 mg/day (full dose)	2 x 50 LTG 4 x 250 VPA PBO	2 x 100 LTG 4 x 250 VPA PBO	2 x 150 LTG 4 x 250 VPA PBO	2 x 200 LTG 4 x 250 VPA PBO	2 x 250 LTG 4 x 250 VPA PBO	2 x 250 LTG 4 x 250 VPA PBO	2 x 150 LTG 2 x 250 VPA PBO	2 x 50 LTG 2 x 250 VPA PBO
400 mg/day (dose reduction #1)[d]				2 x 150 LTG 4 x 250 VPA PBO	2 x 200 LTG 4 x 250 VPA PBO	2 x 200 LTG 4 x 250 VPA PBO	2 x 100 LTG 2 x 250 VPA PBO	2 x 50 LTG 2 x 250 VPA PBO
300 mg/day (dose reduction #2)[d]					2 x 150 LTG 4 x 250 VPA PBO	2 x 150 LTG 4 x 250 VPA PBO	2 x 100 LTG 2 x 250 VPA PBO	2 x 50 LTG 2 x 250 VPA PBO
VALPROATE								
1000 mg/day (full dose)	2 x 250 VPA 2 x 250 VPA PBO 2 x 50 LTG PBO	3 x 250 VPA 1 x 250 VPA PBO 2 x 100 LTG PBO	4 x 250 VPA 2 x 150 LTG PBO	4 x 250 VPA 2 x 200 LTG PBO	4 x 250 VPA 2 x 250 LTG PBO	4 x 250 VPA 2 x 250 LTG PBO	2 x 250 VPA 2 x 150 LTG PBO	2 x 250 VPA 2 x 50 LTG PBO
1000 mg/day (dose reduction #1)[d]				4 x 250 VPA 2 x 150 LTG PBO	4 x 250 VPA 2 x 200 LTG PBO	4 x 250 VPA 2 x 200 LTG PBO	2 x 250 VPA 2 x 100 LTG PBO	2 x 250 VPA 2 x 50 LTG PBO
1000 mg/day (dose reduction #2)[d]					4 x 250 VPA 2 x 150 LTG PBO	4 x 250 VPA 2 x 150 LTG PBO	2 x 250 VPA 2 x 100 LTG PBO	2 x 250 VPA 2 x 50 LTG PBO

[a] All doses will be given b.i.d.

[b] If an adverse experience is judged by the investigator to be related to study medication, the maintenance dose may be reduced.

[c] *The dose taper is not required for patients who enter Protocol 29, the double-blind continuation study of Protocol 30.*

[d] These doses will be used if dose reduction is needed.

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Table 2. Time and Events Schedule

CLINICAL ASSESSMENTS/WEEKS[b]	SCREEN	BASELINE		TREATMENT										FOLLOW-UP[a]	
				Treatment Transition				Monotherapy						Dose Taper	
	−2 to 0	4	8	10	12	14	16	18[c]	20	22[c]	24	26[c]	28[d]	30	31[e]
Informed Consent	X														
Inclusion/Exclusion Criteria	X														
Continuing Eligibility Criteria			X												
Demographics & Medical/Seizure History	X														
Examinations:															
Physical	X		X										X		
Neurological	X		X		X		X		X				X		
Vital Signs	X		X				X		X				X		
ECG (12-Lead)	X		X				X		X				X		X[f]
ECG Lead II Rhythm Strip	X		X				X		X				X		X[f]
Laboratory Evaluations:															
Hematology	X		X				X						X		
Blood Chemistry	X		X				X						X		
Urinalysis	X		X		X		X		X		X		X		X
Serum Pregnancy Test[g]	X		X		X	X	X						X		
Trough AED Plasma Concentration[h]	X	X	X	X	X	X	X		X		X		X		
Trough LTG/VPA Plasma Concentration[h]			X	X	X	X	X								
LTG/VPA Plasma Concentration[i]									X		X		X		
Other:															
Quality of Life and Seizure Severity Evaluation			X				X		X				X		
Investigator Global Evaluation					X		X		X		X		X	X	X
Adverse Experience Probe		X	X	X	X	X	X	X	X	X	X	X	X	X	X
Medication Dosing Records (Daily)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Seizure Records (Daily)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Termination Record															X

[a] Dose Taper of study medication will occur under double-blind conditions. Concomitant AED treatment will be initiated during this period. *Patients who enter Protocol 29 are not required to complete the Follow-up Phase.*
[b] Visits for clinical assessments are to be scheduled for the end of the indicated Study Week.
[c] Telephone contacts.
[d] Patients who prematurely discontinue treatment or discontinue due to meeting one of the "escape" criteria will complete Week 28 assessments prior to initiating Dose Taper and Follow-up.
[e] Patients who discontinue from Baseline (prior to randomization to study treatment) will require completion of the Termination Record only.
[f] ECGs are to be conducted only if there was a treatment-emergent ECG abnormality during treatment.
[g] Test is required only for females of childbearing potential.
[h] Blood samples are to be drawn immediately prior to the next dose of medication.
[i] Blood samples can be drawn at any time.

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Project 105c-030
(Data as of: November 27, 1996)

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Table 3
Combined Center Summary of Patient Accountability

Treatment Period	Discontinuation Reason	LAMICTAL	VPA
No. of Patients Randomized		76	80
No. of Patients Entering Treatment Transition Period		76	80
No. of Patients Discontinuing During Treatment Transition Period	Adverse Experience	11	4
	Consent Withdrawn	3	0
	Death	0	1
	Inadequate Response (Wks 9-12)	3	1
	Inadequate Response (Wks 13-28)	2	1
	Protocol Violation	1	2
No. of Patients Meeting Escape Criteria During Transition Period		15	30
No. of Patients Entering Monotherapy Period		41	41
No. of Patients Discontinuing During Monotherapy Period	Adverse Experience	4	2
	Consent Withdrawn	1	2
	Inadequate Response (Wks 13-28)	0	1
	Protocol Violation	1	2
No. of Patients Meeting Escape Criteria During Monotherapy Period		7	21
No. of Patients Completing Monotherapy Treatment Period		28	13
No. of Patients Completing Monotherapy or Escaping		50	64

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Table 6. Protocol Violations/Deviations (Information obtained from Investigator Comment Logs)

Patient #	Treatment Group	AED	Deviation	Outcome
Dosing Deviations				
30–01–01038	LTG	CBZ	Patient given Weeks 28 and 29 cards to taper (not 29 and 30).	Patient did not take Week 30 study medication.
30–05–05028	LTG	CBZ	Patient did not complete Week 31. Started Protocol 29 open–label after Week 30 visit.	Patient continues in Protocol 29.
30–08–08010	LTG	CBZ	Patient quit taking study medication for 5 days during the add–on period without consulting investigator.	Patient continued in study and later discontinued due to withdrawal of consent.
30–15–15013	LTG	CBZ	Patient missed many doses of study med. At Week 14, patient felt dizzy and stopped taking the AM dose.	Patient continued in study and took dose reduction cards for Weeks 15–16.
30–15–15014	LTG	CBZ	At Week 9, patient stopped taking concomitant AED (CBZ) for 5 days.	Patient started taper as soon as discovered and continued in study.
30–20–20157	LTG	CBZ	Patient's concomitant AED was decreased by 20% on two occasions during add–on phase.	Patient continued in study.
30–25–25165	LTG	CBZ	Weeks 29 and 30 were not dispensed to patient.	Patient terminated from study due to inadequate response to study drug.
31–17–17006	LTG	CBZ	Due to site error, patient only received VPA/PBO cards.	Patient discontinued after Week 12 due to protocol violation.
31–17–17032[a]	LTG	CBZ	1. Patient tapered concomitant AED by more than 20% before Week 13 of the study. 2. Treatment transition was only 55 days.	Patient continued in study and withdrew consent at Week 25.
31–17–17041	LTG	CBZ	Per Dr. Valeriano, patient stopped taking LTG/PBO after experiencing AE (behavioral problems). Patient continued to take VPA/PBO. Five days later stopped taking VPA/PBO too.	Patient did not use taper cards. Discontinued due to an adverse event – behavioral problems.
31–23–23098	LTG	CBZ	Patient took medication from Card 5, Card 4, and Card 3. Pt had 7 days of 700 mg and 6 days of 1200 mg.	Patient was told on 6 December 1995 to stop taking medication from Cards 4 and 3. On 7 December, patient began taking medication from cards 5 and 1.
31–23–23099	LTG	CBZ	Patient took medication from Card 5, Card 4, and Card 3. Pt had 7 days of 100 mg and 6 days of 1200 mg.	Patient was told on 6 December 1995 to stop taking medication from Cards 4 and 3. On 7 December, patient began taking medication from cards 5 and 1.

[a] Patient deviations are listed under two different categories, i.e., appears on the table twice.

Table 6. Protocol Violations/Deviations (Information obtained from Investigator Comment Logs) (continued)

Patient #	Treatment Group	AED	Deviation	Outcome
Dosing Deviations (con't)				
31–26–26161	LTG	CBZ	1. Patient completed AED taper one Week early. 2. Patient refused to take Weeks 29 and 30 study medication.	Patient continued in study. Patient was followed through Week 31. Patient discontinued due to an AE.
31–13–13033	LTG	PHT	Patient tapered concomitant AED by more than 20% before Week 13 of the study.	Patient continued in study and completed monotherapy.
31–14–14055[a]	LTG	PHT	1. Patient non–compliant with visit schedule by not attending visits after Week 24. 2. Patient only took one dose of study med per day from Week 25 through Week 27.	Patient discontinued from study due to protocol violation.
31–17–17008	LTG	PHT	Patient did not receive Card 5 for Weeks 9 and 10 during the add–on phase.	Patient repeated Week 9 and 10 and continued in the study.
31–18–18049	LTG	PHT	Patient did not taper off of concomitant AED until Week 18.	Patient continued in the study and completed monotherapy.
30–01–01057	VPA	CBZ	Patient did not taper concomitant AED by 20%/week – started taper late.	Patient completed 12 Weeks of monotherapy – in Protocol 29 open label.
30–02–02002	VPA	CBZ	Patient tapered concomitant AED by more than 20% before Week 13 of study.	Patient continued in study and met "Escape" criteria during taper phase.
30–13–13065	VPA	CBZ	Patient took Week 9 and 10 study med incorrectly.	Patient discontinued due to non–compliance (protocol violation).
30–15–15018	VPA	CBZ	Patient stoppedconcomitant AED for two Weeks starting at Week 9.	Patient tapered last two Weeks and continued in study.
30–15–15042	VPA	CBZ	Patient did not taper concomitant AED during Weeks 13–16.	Patient re–started taper phase and continued in study.
30–20–20158	VPA	CBZ	1. Patient did not receive Card 5 for Weeks 9 and 10 during the add–on phase. 2. Also, the patient's concomitant AED was decreased by 20% on two occasions during add–on phase.	When pt returned for Week 11, Card 5 for Weeks 9 and 10 were dispensed along with Card 1 for Weeks 11 and 12. Week 8 labs were redrawn. Pt continued on to AED taper phase even though AED was decreased twice during the add–on phase.
31–04–04089	VPA	CBZ	Patient missed 5 days of study drug during monotherapy.	Patient continued in study and completed monotherapy.

[a] Patient deviations are listed under two different categories, i.e., appears on the table twice.

Table 6. Protocol Violations/Deviations (Information obtained from Investigator Comment Logs) (continued)

Patient #	Treatment Group	AED	Deviation	Outcome
Dosing Deviations (con't)				
31–07–07018	VPA	CBZ	1. Patient did not taper concomitant AED during the AED taper phase. 2. At Weeks 29 and 30, patient was given card types 3 & 4 for Weeks 29 and 30, instead of card types 1 & 5.	Patient repeated Weeks 13 – 16 and continued in the study. Patient later met "Escape" criteria.
31–13–13035	VPA	CBZ	Patinet did not taper off of AED during Weeks 13–16.	Patient continued in study and repeated Weeks 14–16.
31–14–14025	VPA	CBZ	Patient continued AED taper for two Weeks into monotherapy phase due to patient tapering AED on own.	Patinet continued in study and later discontinued from study due to withdrawal of consent during Week 21.
31–17–17007	VPA	CBZ	Patient did not receive Card 5 for Weeks 9 and 10 during the add–on phase.	Patient repeated Week 9 and 10 and continued in the study.
31–17–17029	VPA	CBZ	Patient did not receive Card 5 for Weeks 9 during the add–on phase.	Patient repeated Week 9 and continued in the study.
31–17–17030	VPA	CBZ	Patient took CBZ with study med for one week after meeting escape criteria.	Patient met "Escape" criteria.
31–18–18050	VPA	CBZ	Patient did not taper off of concomitant AED until Week 21.	Patient continued in study and met "Escape criteria.
31–19–19057[a]	VPA	CBZ	1. Patient re–started CBZ at Week 17. 2. Baseline was only 55 days.	Patient was discontinued from the study due to a protocol violation.
31–20–20077	VPA	CBZ	Pt. completed concomitant AED taper in 2½ Weeks.	Taper complete by end of wk 16. Patient continued in study and completed monotherapy.
31–23–23097	VPA	CBZ	Patient took medication from Card 5, Card 4, and Card 3. Pt had 7 days of 700 mg and 6 days of 1200 mg.	Patient was told on 6 December 1995 to stop taking medication from Cards 4 and 3. On 7 December, patient began taking medication from cards 5 and 1.
31–23–23100	VPA	CBZ	Patient took medication from Card 5 and Card 4. Pt had 5 days of 700 mg.	Patient was told on 6 December 1995 to stop taking medication from Cards 4 and 3. On 7 December, patient began taking medication from cards 5 and 1.
31–23–23101	VPA	CBZ	Patient took medication from Card 5 and Card 4. Pt had 5 days of 700 mg.	Patient was told on 6 December 1995 to stop taking medication from Cards 4 and 3. On 7 December, patient began taking medication from cards 5 and 1.

[a] Patient deviations are listed under two different categories, i.e., appears on the table twice.

Table 6. Protocol Violations/Deviations (Information obtained from Investigator Comment Logs) (continued)

Patient #	Treatment Group	AED	Deviation	Outcome
Dosing Deviations (con't)				
30–01–01037	VPA	PHT	1. Patient did not taper concomitant AED by 20%/week – started taper late. 2. Patient given Weeks 28 and 29 cards to taper (not 29 and 30).	Patient continued in study and met "Escape" criteria.
30–04–04155	VPA	PHT	Patient did not taper concomitant AED by 20%/week – misunderstood and tapered by 50% at week 13.	Patient continued in study and met "Escape" criteria.
31–17–17005	VPA	PHT	Due to site error, patient only received VPA/PBO cards.	Patient discontinued after Week 14 due to protocol violation.
31–21–21177[a]	VPA	PHT	1. Patient only had 55 days of baseline. 2. Patient went 3 days without study drug during the AED taper phase.	Escape criteria was calculated with 55 days and patient continued on to monotherapy.

[a] Patient deviations are listed under two different categories, i.e., appears on the table twice.

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Table 6. Protocol Violations/Deviations (Information obtained from Investigator Comment Logs) (continued)

Patient #	Treatment Group	AED	Deviation	Outcome
Time and Events Deviations				
30–04–04031	LTG	CBZ	Treatment transition was only 55 days.	Patient continued in study and met "Escape" criteria.
30–14–14055	LTG	CBZ	Patient only completed 55 days of baseline.	Patient continued in study and completed monotherapy.
31–17–17032[a]	LTG	CBZ	1. Patient tapered concomitant AED by more than 20% before Week 13 of the study. 2. Treatment transition was only 55 days.	Patient continued in study and withdrew consent at Week 25.
31–14–14055[a]	LTG	PHT	1. Patient non–compliant with visit schedule by not attending visits after Week 24. 2. Patient only took one dose of study med per day from Week 25 through Week 27.	Patient discontinued from study due to protocol violation.
31–15–15001	LTG	PHT	Baseline period was 55 days rather than 56 days.	Patient continued in the study and met "Escape" criteria.
30–14–14054	VPA	CBZ	Patient only completed 55 days of baseline.	Patient continued in study and met "Escape" criteria.
31–19–19057[a]	VPA	CBZ	1. Patient re–started CBZ at Week 17. 2. Baseline was only 55 days.	Patient was discontinued from the study due to a protocol violation.
30–04–04030	VPA	PHT	Patient did not complete Week 31. Started Protocol 29 open–label after Week 30 visit.	Patient discntinued from Protocol 29 due to Stevens–Johnson rash.
31–14–14073	VPA	PHT	Baseline period was 55 days rather than 56 days.	Patient continued in the study met "Escape" criteria.
31–15–15002	VPA	PHT	Baseline period was 55 days rather than 56 days.	Patient continued in the study and met "Escape" criteria.
31–21–21177[a]	VPA	PHT	1. Patient only had 55 days of baseline. 2. Patient went 3 days without study drug during the AED taper phase.	Escape criteria was calculated with 55 days and patient continued on to monotherapy.

[a] Patient deviations are listed under two different categories, i.e., appears on the table twice.

Table 6. Protocol Violations/Deviations (Information obtained from Investigator Comment Logs) (continued)

Patient #	Treatment Group	AED	Deviation	Outcome
Deviations Leading to Inappropriate Escape or Continuation				
31–14–14053	LTG	CBZ	Patient met "Escape" criteria during Week 26 but was inadvertently left in the study due to site error.	Patient completed Week 28 and was enrolled in Protocol 29 double–blind. GW allowded pt to stay in double–blind group.
30–03–03005	VPA	CBZ	Patient met escape criteria during Week 24, but was inadvertently left in study	Patient continued in the study.
30–03–03021	VPA	CBZ	Patient met "Escape" criteria during Week 20, but continued in the study until Week 24.	Patient continued in the study.
30–03–03007	VPA	PHT	Patient's "Escape" criteria miscalculated by site, so patient was mistakenly discontinued from study.	Patient discntinued from study due to lack of efficacy. Allowed to enter protocol 29.
Concomitant Medication Use				
31–14–14076	LTG	CBZ	Patient given benzodiazepine for increased seizure activity during Week 11 of study.	Patient discontinued from study due to lack of efficacy.
31–14–14075	LTG	PHT	Patient took Doxepin for two days during the baseline period.	Patient continued in the study and met "Escape" criteria.
30–04–04029	VPA	CBZ	Patient used Ativan during baseline for a cluster of seizures	Patient continued in study and met "Escape" criteria.
Violation of Study Continuation Criteria				
30–21–21034	VPA	PHT	Patient had 26 seizure–free days during baseline.	Patient continued in study and met "Escape" criteria.
Broken Blind				
31–06–06046	LTG	PHT	Study drug blind was broken in the hospital; however, study coordinator and P.I. were kept blinded.	Patient discontinued from study due to AEs.

[a] Patient deviations are listed under two different categories, i.e., appears on the table twice.

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Table 6.18
Overall Incidence of Treatment Emergent Adverse Experiences
on Add-on and Monotherapy LAMICTAL Treatment in Completed Monotherapy Studies

Body System	Preferred Adverse Experience Term	LAMICTAL Patients (N=868)				
		Patients		Number of Patients with Maximum Intensity[2]		
		No.	% [1]	Mild	Moderate	Severe
Total No. of Patients with Adverse Experience		605	69.7%			
General	HEADACHE	145	16.7%		55	
	ASTHENIA	118	13.6%		45	
	REACT AGGRAV	35	4.0%		26	
	REACT UNEVAL	33	3.8%		10	
	FLU SYND	31	3.6%		10	
	PAIN ABDO	31	3.6%		14	
	INFECT	25	2.9%		5	
	PAIN	20	2.3%		7	
	FEVER	15	1.7%		3	
	PAIN BACK	15	1.7%		5	
	INJURY ACCID	14	1.6%		7	
	PAIN CHEST	13	1.5%		3	
	PAIN NECK	8	0.9%		2	
	ALLERG REACT	5	0.6%		2	
	LAB TEST ABNORM	3	0.3%		2	
	MALAISE	3	0.3%		1	
	CHILLS	2	0.2%		1	
	EDEMA FACE	2	0.2%		0	
	NEOPL	2	0.2%		0	
	ABSCESS	1	0.1%		0	
	CYST	1	0.1%		0	
	IMMUNE SYSTEM DISORDER	1	0.1%		0	
	LAB TEST INTERFER	1	0.1%		0	
	NO DRUG EFFECT	1	0.1%		0	
	PAIN PELVIC	1	0.1%		0	
Cardiovascular	MIGRAINE	11	1.3%		8	
	VASODILAT	7	0.8%		0	
	PALPITAT	6	0.7%		3	
	SYNCOPE	5	0.6%		2	
	ECG ABNORM	3	0.3%		0	
	HYPERTENS	3	0.3%		3	

[1]Percentage is calculated using the overall number of LAMICTAL patients (N=868) as the denominator for all the AEs except for sex specific AEs. Appropriate denominator was used for sex specific AEs. (N=415 and N=453 for male and female, respectively.)

[2]Intensity classification was occasionally missing.

The term ALL RASH includes the following COSTART terms: RASH, RASH PUST, RASH MAC PAP, URTICARIA, STEVENS JOHNSON SYND and RASH VESIC BULL.

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Table 6.18
Overall Incidence of Treatment Emergent Adverse Experiences
on Add-on and Monotherapy LAMICTAL Treatment in Completed Monotherapy Studies

Body System	Preferred Adverse Experience Term	LAMICTAL Patients (N=868)				
		Patients		Number of Patients with Maximum Intensity[2]		
		No.	% [1]	Mild	Moderate	Severe
	TACHYCARDIA	2	0.2%		0	
	ANGINA PECTORIS	1	0.1%		0	
	ARRHYTHMIA	1	0.1%		0	
	CEREBROVASC ACCID	1	0.1%		1	
	EMBOL CEREBR	1	0.1%		1	
	FIBRILLAT ATR	1	0.1%		1	
	HEMORR	1	0.1%		0	
	HYPOTENS	1	0.1%		0	
	HYPOTENS POSTURAL	1	0.1%		0	
	INFARCT CEREBR	1	0.1%		0	
	INFARCT MYOCARD	1	0.1%		1	
	PHLEB	1	0.1%		0	
Digestive	NAUSEA	79	9.1%		34	
	VOMIT	40	4.6%		15	
	DIARRHEA	25	2.9%		6	
	DYSPEPSIA	16	1.8%		1	
	ANOREXIA	12	1.4%		2	
	TOOTH DISORDER	12	1.4%		6	
	CONSTIP	10	1.2%		3	
	DRY MOUTH	7	0.8%		3	
	APPETITE INC	4	0.5%		1	
	GASTROENTERITIS	4	0.5%		2	
	ABSCESS PERIODONT	3	0.3%		2	
	GI DISORDER	3	0.3%		1	
	GASTRITIS	2	0.2%		0	
	HEMATEMESIS	2	0.2%		2	
	LIVER FUNC ABNORM	2	0.2%		1	
	RECTAL DISORDER	2	0.2%		0	
	ULCER MOUTH	2	0.2%		1	
	DYSPHAGIA	1	0.1%		0	
	ENTERITIS	1	0.1%		1	
	FLATUL	1	0.1%		0	
	GLOSSITIS	1	0.1%		0	
	HEMORR RECTAL	1	0.1%		0	

[1]Percentage is calculated using the overall number of LAMICTAL patients (N=868) as the denominator for all the AEs except for sex specific AEs. Appropriate denominator was used for sex specific AEs. (N=415 and N=453 for male and female, respectively.)

[2]Intensity classification was occasionally missing.

The term ALL RASH includes the following COSTART terms: RASH, RASH PUST, RASH MAC PAP, URTICARIA, STEVENS JOHNSON SYND and RASH VESIC BULL.

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on Add-on and Monotherapy LAMICTAL Treatment in Completed Monotherapy Studies

Body System	Preferred Adverse Experience Term	LAMICTAL Patients (N=868)				
		Patients		Number of Patients with Maximum Intensity[2]		
		No.	% [1]	Mild	Moderate	Severe
	HYPER GUM	1	0.1%		0	
	STOMATITIS	1	0.1%		1	
	STOOL ABNORM	1	0.1%		0	
	THIRST	1	0.1%		1	
	ULCER PEPTIC	1	0.1%		0	
	ULCER STOMACH	1	0.1%		1	
Endocrine	HYPOTHYR	1	0.1%		0	
Hemic & Lymphatic	LYMPHADENO	10	1.2%		4	
	ECCHYMOSIS	7	0.8%		2	
	ANEMIA	6	0.7%		2	
	LEUKOPENIA	5	0.6%		1	
	RBC ABNORM	5	0.6%		4	
	EOSINOPHILIA	3	0.3%		1	
	LEUKOCYTOSIS	3	0.3%		0	
	ANEMIA IRON DEFIC	2	0.2%		2	
	LYMPHOCYTOSIS	2	0.2%		0	
	THROMBOCYTHEM	2	0.2%		1	
	THROMBOCYTOPENIA	2	0.2%		0	
	FIBRINOGEN DEC	1	0.1%		0	
Metabolic & Nutritional	WEIGHT INC	14	1.6%		3	
	SGPT INC	8	0.9%		1	
	EDEMA PERIPH	6	0.7%		1	
	WEIGHT DEC	6	0.7%		1	
	PHOSPHATASE ALK INC	5	0.6%		0	
	SGOT INC	5	0.6%		2	
	CREATININE INC	3	0.3%		1	
	EDEMA	3	0.3%		2	
	BILIRUBINEM	2	0.2%		1	
	ALCOHOL INTOLER	1	0.1%		0	
	AVITAMINOSIS	1	0.1%		1	
	CREATINE PK INC	1	0.1%		0	
	EDEMA GENERAL	1	0.1%		0	

[1]Percentage is calculated using the overall number of LAMICTAL patients (N=868) as the denominator for all the AEs except for sex specific AEs. Appropriate denominator was used for sex specific AEs. (N=415 and N=453 for male and female, respectively.)

[2]Intensity classification was occasionally missing.

The term ALL RASH includes the following COSTART terms: RASH, RASH PUST, RASH MAC PAP, URTICARIA, STEVENS JOHNSON SYND and RASH VESIC BULL.

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Table 6.18
Overall Incidence of Treatment Emergent Adverse Experiences
on Add-on and Monotherapy LAMICTAL Treatment in Completed Monotherapy Studies

Body System	Preferred Adverse Experience Term	LAMICTAL Patients (N=868)				
		Patients		Number of Patients with Maximum Intensity[2]		
		No.	% [1]	Mild	Moderate	Severe
	HYPOGLYCEM	1	0.1%		0	
Musculoskeletal	ARTHRALGIA	15	1.7%		3	
	MYALGIA	8	0.9%		3	
	TWITCH	2	0.2%		0	
	ARTHRITIS	1	0.1%		1	
	BURSITIS	1	0.1%		1	
	CRAMPS LEG	1	0.1%		0	
Nervous System	DIZZINESS	110	12.7%		35	
	SOMNOLENCE	61	7.0%		19	
	INSOMNIA	48	5.5%		14	
	TREMOR	29	3.3%		6	
	NERVOUSNESS	23	2.6%		11	
	AMNESIA	22	2.5%		7	
	ATAXIA	21	2.4%		8	
	ANXIETY	19	2.2%		7	
	VERTIGO	19	2.2%		9	
	DEPRESSION	16	1.8%		8	
	COORDINAT ABNORM	14	1.6%		1	
	PARESTHESIA	13	1.5%		3	
	THINKING ABNORM	13	1.5%		4	
	NYSTAGMUS	12	1.4%		2	
	DREAM ABNORM	10	1.2%		6	
	HOSTILITY	9	1.0%		6	
	CONFUS	7	0.8%		2	
	EMOTION LABIL	6	0.7%		4	
	CNS DEPRESS	4	0.5%		1	
	HYPESTHESIA	4	0.5%		1	
	IRRITABILITY	4	0.5%		0	
	PERSON DISORDER	4	0.5%		3	
	AKATHISIA	3	0.3%		2	
	HEMIPLEGIA	3	0.3%		2	
	SPEECH DISORDER	3	0.3%		0	
	AGITATION	2	0.2%		2	

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Body System	Preferred Adverse Experience Term	LAMICTAL Patients (N=868)				
		Patients		Number of Patients with Maximum Intensity[2]		
		No.	% [1]	Mild	Moderate	Severe
	HYPERKINESIA	2	0.2%		1	
	MEMORY DECREASED	2	0.2%		0	
	MYOCLONUS	2	0.2%		1	
	NEOPL CNS	2	0.2%		0	
	PSYCHOSIS	2	0.2%		1	
	REFLEXES INC	2	0.2%		0	
	SLEEP DISORDER	2	0.2%		1	
	APATHY	1	0.1%		1	
	BABINSKI SIGN POS	1	0.1%		0	
	DRUG DEPEND	1	0.1%		1	
	GAIT ABNORM	1	0.1%		0	
	HYPOKINESIA	1	0.1%		0	
	HYPOTONIA	1	0.1%		0	
	HYSTERIA	1	0.1%		0	
	LIBIDO INC	1	0.1%		0	
	MENTAL RETARD	1	0.1%		0	
	NEUROSIS	1	0.1%		1	
	REFLEXES DEC	1	0.1%		0	
	STUPOR	1	0.1%		0	
	SUICIDAL IDEATION	1	0.1%		0	
Respiratory	PHARYNGITIS	37	4.3%		20	
	RHINITIS	30	3.5%		6	
	COUGH INC	11	1.3%		1	
	LUNG DISORDER	9	1.0%		3	
	SINUSITIS	7	0.8%		2	
	EPISTAXIS	6	0.7%		0	
	BRONCHITIS	5	0.6%		3	
	DYSPNEA	4	0.5%		3	
	BRONCHOSPASM	3	0.3%		2	
	RESPIRAT DISORDER	3	0.3%		2	
	HYPERVENTIL	1	0.1%		0	
	PNEUMONIA	1	0.1%		0	
Skin	ALL RASH	117	13.5%		45	

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Overall Incidence of Treatment Emergent Adverse Experiences
on Add-on and Monotherapy LAMICTAL Treatment in Completed Monotherapy Studies

Body System	Preferred Adverse Experience Term	LAMICTAL Patients (N=868)				
		Patients		Number of Patients with Maximum Intensity[2]		
		No.	% [1]	Mild	Moderate	Severe
	RASH	96	11.1%		39	
	PRURITUS	22	2.5%		5	
	RASH MAC PAP	11	1.3%		4	
	SWEAT	9	1.0%		1	
	ALOPECIA	8	0.9%		3	
	ACNE	6	0.7%		4	
	RASH VESIC BULL	6	0.7%		2	
	ECZEMA	3	0.3%		1	
	SKIN DISCOLOR	3	0.3%		0	
	URTICARIA	3	0.3%		0	
	SKIN DRY	2	0.2%		0	
	DERM CONTACT	1	0.1%		0	
	DERM LICHEN	1	0.1%		0	
	FURUNCULOSIS	1	0.1%		0	
	HERPES ZOSTER	1	0.1%		0	
	NAIL DISORDER	1	0.1%		0	
	PSORIASIS	1	0.1%		0	
	SKIN DISORDER	1	0.1%		1	
	STEVENS JOHNSON SYND	1	0.1%		1	
Special Senses	DIPLOPIA	41	4.7%		13	
	AMBLYOPIA	19	2.2%		6	
	EYE DISORDER	5	0.6%		1	
	TASTE PERVERS	5	0.6%		1	
	PAIN EYE	4	0.5%		2	
	VISION ABNORM	4	0.5%		2	
	CONJUNCTIVITIS	3	0.3%		1	
	HYPERACUSIS	2	0.2%		0	
	ACCOMMODATION ABNORM	1	0.1%		0	
	BLEPHARITIS	1	0.1%		0	
	DEAF TRANS	1	0.1%		0	
	DRY EYE	1	0.1%		0	
	EAR DISORDER	1	0.1%		1	
	GLAUCOMA	1	0.1%		0	
	LACRIMATION DISORDER	1	0.1%		0	

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