LAMOTRIGINE KIT
LAMOTRIGINE tablets, USP

FULL PRESCRIBING INFORMATION
See full prescribing information for complete boxed warning.

INDICATIONS AND USAGE
Conversion to monotherapy—See Table 4.

CONTRAINDICATIONS

WARNINGS AND PRECAUTIONS

ADVERSE REACTIONS

DRUG INTERACTIONS

8 USE IN SPECIFIC POPULATIONS

7 DRUG INTERACTIONS

6 ADVERSE REACTIONS

5 WARNINGS AND PRECAUTIONS

3 DOSAGE FORMS AND STRENGTHS

1 INDICATIONS AND USAGE

2.4 Conversion to Monotherapy

2 INDICATIONS

1.1 Epilepsy

1. Epilepsy—monotherapy in patients aged 16 years and older:

2. Epilepsy—adjunctive therapy in patients aged 2 years and older:

3. Bipolar disorder:

4. Maintenance treatment of bipolar I disorder to delay the time to occurrence of mood episodes in patients

5. Status epilepticus

6. Aseptic meningitis

7. suicidal behavior and ideation

8. Blood dyscrasias (e.g., neutropenia, thrombocytopenia, pancytopenia): May occur, either with or without an associated

9. Hemophagocytic lymphohistiocytosis: Consider this diagnosis and evaluate patients immediately if they develop signs

10. Life-threatening serious rash and/or rash-related death: Discontinue at the first sign of rash, unless the rash is clearly

11. Medication errors due to product name confusion: Strongly advise patients to visually inspect tablets to verify the


13. Suicidal behavior and ideation: Monitor for suicidal thoughts or behaviors.

14. Blood dyscrasias, or acute multiorgan failure. Lamotrigine should be discontinued if alternate etiology for this reaction is

15. Hemophagocytic lymphohistiocytosis: Consider this diagnosis and evaluate patients immediately if they develop signs

16. Nearly all cases of life-threatening rashes caused by lamotrigine have occurred within 2 to 8 weeks of treatment initiation. However, isolated cases have occurred after prolonged

17. Lamotrigine can cause serious rashes requiring hospitalization and discontinuation of

18. Nearly all cases of life-threatening rashes caused by lamotrigine have occurred within 2 to 8 weeks of treatment initiation. However, isolated cases have occurred after prolonged

19. In patients with significant renal impairment, lamotrigine plasma concentrations may be excessively high. Consider reducing the maintenance dosage by

20. Lamotrigine should be discontinued if the patient develops a rash within the first 5 weeks of treatment. However, the risk of developing rashes decreases significantly after the

21. Lamotrigine tablets, USP are indicated for conversion to monotherapy in adults (aged 16 years and older) with partial-onset seizures who are receiving treatment with

22. Lamotrigine tablets, USP are indicated for conversion to monotherapy in adults (aged 16 years and older) with partial-onset seizures who are receiving treatment with

23. Lamotrigine tablets, USP are indicated for conversion to monotherapy in adults (aged 16 years and older) with partial-onset seizures who are receiving treatment with

24. Lamotrigine tablets, USP are indicated for conversion to monotherapy in adults (aged 16 years and older) with partial-onset seizures who are receiving treatment with

25. Lamotrigine tablets, USP are indicated for conversion to monotherapy in adults (aged 16 years and older) with partial-onset seizures who are receiving treatment with

26. Lamotrigine tablets, USP are indicated for conversion to monotherapy in adults (aged 16 years and older) with partial-onset seizures who are receiving treatment with

27. Subjects or other data from the full prescribing information not on file.
**DOSAGE AND ADMINISTRATION**

### 1. General Dosing Considerations

**DOSAGE INCREASES**

In patients weighing less than 30 kg, regardless of age or concomitant AED, may require larger dose increments to achieve target maintenance dose as compared to patients weighing 30 kg or more. In these patients, the dose of lamotrigine should be increased by 50% based on clinical response. If the dose of lamotrigine is exceeded and in patients with a history of allergy or rash to other AEDs, dose escalation for lamotrigine is not recommended.

**Maintenance Doses**

Maintenance doses in patients weighing less than 30 kg, regardless of age or concomitant AED, may require larger dose increments to achieve target maintenance dose as compared to patients weighing 30 kg or more. In these patients, the dose of lamotrigine should be increased by 50% based on clinical response. If the dose of lamotrigine is exceeded and in patients with a history of allergy or rash to other AEDs, dose escalation for lamotrigine is not recommended.

**Half-Life**

The half-life of lamotrigine is prolonged in patients with hepatic impairment. In patients with moderate and severe liver impairment without ascites, the half-life of lamotrigine can be reduced by approximately 25% in patients with moderate and severe liver impairment.

**Renal Impairment**

In patients with hepatic impairment, lamotrigine should be reduced by 25% in patients with moderate and severe liver impairment. However, in patients with severe liver impairment with ascites, lamotrigine should be reduced by 50% in order to maintain a consistent lamotrigine plasma level.

**Drug Interactions**

Lamotrigine is metabolized by glucuronidation, and cytochrome P450 2C9. Inhibitors of these enzymes, such as phenobarbital, phenytoin, and primidone, may increase the clearance of lamotrigine, and thus, may require a reduction in dose. Conversely, inducers of these enzymes, such as carbamazepine, phenobarbital, and phenytoin, may decrease the clearance of lamotrigine, and thus, may require an increase in dose.

**Concomitant Medications**

Concomitant medications that can affect lamotrigine levels include valproate, phenytoin, phenobarbital, and primidone. In patients on concomitant valproate, lamotrigine levels may be reduced by as much as 50% in order to maintain a consistent lamotrigine plasma level. The decrease in lamotrigine levels should be considered when adjusting the dose of lamotrigine.

**Interactions with Estrogen-Containing Oral Contraceptives**

Starting Lamotrigine in Women Taking Estrogen-Containing Oral Contraceptives:

It is recommended that lamotrigine tablets, USP not be restarted in patients who discontinued due to rash unless the potential benefits clearly outweigh the risks. It is recommended that lamotrigine tablets, USP not be restarted in patients who discontinued due to rash unless the potential benefits clearly outweigh the risks.

It is recommended that lamotrigine tablets, USP not be restarted in patients who discontinued due to rash unless the potential benefits clearly outweigh the risks. It is recommended that lamotrigine tablets, USP not be restarted in patients who discontinued due to rash unless the potential benefits clearly outweigh the risks.

### 2. DOSAGE AND ADMINISTRATION

### 2.1. General Dosing Considerations

**DOSAGE INCREASES**

In patients weighing less than 30 kg, regardless of age or concomitant AED, may require larger dose increments to achieve target maintenance dose as compared to patients weighing 30 kg or more. In these patients, the dose of lamotrigine should be increased by 50% based on clinical response. If the dose of lamotrigine is exceeded and in patients with a history of allergy or rash to other AEDs, dose escalation for lamotrigine is not recommended.

**Maintenance Doses**

Maintenance doses in patients weighing less than 30 kg, regardless of age or concomitant AED, may require larger dose increments to achieve target maintenance dose as compared to patients weighing 30 kg or more. In these patients, the dose of lamotrigine should be increased by 50% based on clinical response. If the dose of lamotrigine is exceeded and in patients with a history of allergy or rash to other AEDs, dose escalation for lamotrigine is not recommended.

**Half-Life**

The half-life of lamotrigine is prolonged in patients with hepatic impairment. In patients with moderate and severe liver impairment without ascites, the half-life of lamotrigine can be reduced by approximately 25% in patients with moderate and severe liver impairment.

**Renal Impairment**

In patients with hepatic impairment, lamotrigine should be reduced by 25% in patients with moderate and severe liver impairment. However, in patients with severe liver impairment with ascites, lamotrigine should be reduced by 50% in order to maintain a consistent lamotrigine plasma level.

**Drug Interactions**

Lamotrigine is metabolized by glucuronidation, and cytochrome P450 2C9. Inhibitors of these enzymes, such as phenobarbital, phenytoin, and primidone, may increase the clearance of lamotri...
AEDs.

Patients

valproate were hospitalized.

potentially life-threatening rash in adults. Specifically, of 584 patients administered lamotrigine with

3,348) of adult patients who received lamotrigine in premarketing clinical trials of epilepsy. In the

Serious rash associated with hospitalization and discontinuation of lamotrigine occurred in 0.3% (11 of

been rare cases of toxic epidermal necrolysis with and without permanent sequelae and/or death in US

Boxed Warning, Warnings and Precautions (interstitial nephritis, angioedema, acute urticaria, extensive pruritus, mucosal ulceration) to the drug or its ingredients

one side and break line on other side.

3.1 Tablets

3.2 Dosing Considerations

3.3 Tablets

3.4 Capsules

weeks.

The recommended maintenance dose for adults is 200 mg/day given in 2 divided doses every 24 hours.

3.5 Oral Solution

3.6 Tablets

3.7 Capsules

3.8 Oral Solution

The dose should be increased every 2 to 3 weeks until seizure control is achieved or the maximum

Table 1. The Initial Weight-Based Dosing Guide for Patients Aged 12 to 18 Years Taking Valproate

3.9 Tablets

3.10 Capsules

3.11 Oral Solution

with valproate or other AEDs, or who were started on lamotrigine as monotherapy

Table 3. The Initial Weight-Based Dosing Guide for Patients Aged 16 Years and Older with Epilepsy

3.12 Tablets

3.13 Capsules

3.14 Oral Solution

Table 5. Escalation Regimen for Lamotrigine in Adults with Bipolar Disorder

3.15 Tablets

3.16 Capsules

3.17 Oral Solution

Table 4. Conversion from Adjunctive Therapy with Valproate to Monotherapy in Patients Aged 16 Years and Older with Epilepsy

3.18 Tablets

3.19 Capsules

3.20 Oral Solution

Table 6. Dosing Considerations

3.21 Tablets

3.22 Capsules

3.23 Oral Solution

Table 7. Dosing Adjustments in Lamotrigine in Adults with Bipolar Disorder Requiring Discontinuation of Psychotropic Medications

3.24 Tablets

3.25 Capsules

3.26 Oral Solution

Table 8. Dosing Considerations

3.27 Tablets

3.28 Capsules

3.29 Oral Solution

Table 9. Dosing Considerations

3.30 Tablets

3.31 Capsules

3.32 Oral Solution

Table 10. Dosing Considerations

3.33 Tablets

3.34 Capsules

3.35 Oral Solution

Table 11. Dosing Considerations

3.36 Tablets

3.37 Capsules

3.38 Oral Solution

Table 12. Dosing Considerations

3.39 Tablets

3.40 Capsules

3.41 Oral Solution

Table 13. Dosing Considerations

3.42 Tablets

3.43 Capsules

3.44 Oral Solution

Table 14. Dosing Considerations

3.45 Tablets

3.46 Capsules

3.47 Oral Solution

Table 15. Dosing Considerations

3.48 Tablets

3.49 Capsules

3.50 Oral Solution

Table 16. Dosing Considerations

3.51 Tablets

3.52 Capsules

3.53 Oral Solution

Table 17. Dosing Considerations

3.54 Tablets

3.55 Capsules

3.56 Oral Solution

Table 18. Dosing Considerations

3.57 Tablets

3.58 Capsules

3.59 Oral Solution

Table 19. Dosing Considerations

3.60 Tablets

3.61 Capsules

3.62 Oral Solution

Table 20. Dosing Considerations

3.63 Tablets

3.64 Capsules

3.65 Oral Solution

Table 21. Dosing Considerations

3.66 Tablets

3.67 Capsules

3.68 Oral Solution

Table 22. Dosing Considerations

3.69 Tablets

3.70 Capsules

3.71 Oral Solution

Table 23. Dosing Considerations

3.72 Tablets

3.73 Capsules

3.74 Oral Solution

Table 24. Dosing Considerations

3.75 Tablets

3.76 Capsules

3.77 Oral Solution

Table 25. Dosing Considerations

3.78 Tablets

3.79 Capsules

3.80 Oral Solution

Table 26. Dosing Considerations

3.81 Tablets

3.82 Capsules

3.83 Oral Solution

Table 27. Dosing Considerations

3.84 Tablets

3.85 Capsules

3.86 Oral Solution

Table 28. Dosing Considerations

3.87 Tablets

3.88 Capsules

3.89 Oral Solution

Table 29. Dosing Considerations

3.89 Tablets

3.90 Capsules

3.91 Oral Solution

Table 30. Dosing Considerations

3.92 Tablets

3.93 Capsules

3.94 Oral Solution

Table 31. Dosing Considerations

3.95 Tablets

3.96 Capsules

3.97 Oral Solution

Table 32. Dosing Considerations

3.98 Tablets

3.99 Capsules

3.100 Oral Solution

Table 33. Dosing Considerations

3.101 Tablets

3.102 Capsules

3.103 Oral Solution

Table 34. Dosing Considerations

3.104 Tablets

3.105 Capsules

3.106 Oral Solution

Table 35. Dosing Considerations

3.107 Tablets

3.108 Capsules

3.109 Oral Solution

Table 36. Dosing Considerations

3.110 Tablets

3.111 Capsules

3.112 Oral Solution

Table 37. Dosing Considerations

3.113 Tablets

3.114 Capsules

3.115 Oral Solution

Table 38. Dosing Considerations

3.116 Tablets

3.117 Capsules

3.118 Oral Solution

Table 39. Dosing Considerations

3.119 Tablets

3.120 Capsules

3.121 Oral Solution

Table 40. Dosing Considerations

3.122 Tablets

3.123 Capsules

3.124 Oral Solution

Table 41. Dosing Considerations

3.125 Tablets

3.126 Capsules

3.127 Oral Solution

Table 42. Dosing Considerations

3.128 Tablets

3.129 Capsules

3.130 Oral Solution

Table 43. Dosing Considerations

3.131 Tablets

3.132 Capsules

3.133 Oral Solution

Table 44. Dosing Considerations

3.134 Tablets

3.135 Capsules

3.136 Oral Solution

Table 45. Dosing Considerations

3.137 Tablets

3.138 Capsules

3.139 Oral Solution

Table 46. Dosing Considerations
6 ADVERSE REACTIONS

The value of monitoring plasma concentrations of lamotrigine in patients treated with lamotrigine has not been established. It remains the opinion of the manufacturer that the peak plasma concentration of lamotrigine provides a useful measure for assessing compliance with therapy, although no firm cut-off value has been established.

5.14 Laboratory Tests

Available tests to detect potentially adverse consequences, if any, of lamotrigine's binding to melanin is the possibility that lamotrigine may cause toxicity in these tissues after extended use. Although lamotrigine is not metabolized by the liver, a renal clearances study in adults with renal disease was conducted. No relationship was noted between plasma concentrations of lamotrigine and renal function.

5.13 Binding in the Eye and Other Melanin-Containing Tissues

Although lamotrigine is not metabolized by the liver, interferences with renal clearances resulting from renal disease have been noted. A relationship between plasma concentrations of lamotrigine and renal function was not noted. A relationship between plasma concentrations of lamotrigine and renal function was not noted. However, the kidneys have been shown to have a role in the metabolism of other antiepileptic drugs and it is possible that lamotrigine may also be cleared by the kidneys.

5.12 Addition of Lamotrigine to a Multidrug Regimen that Includes Valproate

Because valproate reduces the clearance of lamotrigine, the dosage of lamotrigine in the presence of valproate should be decreased. The increase in lamotrigine concentrations in the presence of valproate is not dose proportional. The increase in lamotrigine concentrations in the presence of valproate is not dose proportional. When lamotrigine is administered with valproate, the dosage of lamotrigine should be decreased to approximately one-half of the usual adult dosage. When lamotrigine is administered with valproate, the dosage of lamotrigine should be decreased to approximately one-half of the usual adult dosage.

5.11 Dosage in Renal Insufficiency

Table 7 shows absolute and relative risk by indication for all evaluated AEDs.

Table 7. Risk by Indication for Antiepileptic Drugs in the Pooled Analysis


6 Lamotrigine (Lamictal) saxone,

6 ADVERSE REACTIONS

The value of monitoring plasma concentrations of lamotrigine in patients treated with lamotrigine has not been established. It remains the opinion of the manufacturer that the peak plasma concentration of lamotrigine provides a useful measure for assessing compliance with therapy, although no firm cut-off value has been established.

5.14 Laboratory Tests

Available tests to detect potentially adverse consequences, if any, of lamotrigine's binding to melanin is the possibility that lamotrigine may cause toxicity in these tissues after extended use. Although lamotrigine is not metabolized by the liver, a renal clearances study in adults with renal disease was conducted. No relationship was noted between plasma concentrations of lamotrigine and renal function.

5.13 Binding in the Eye and Other Melanin-Containing Tissues

Although lamotrigine is not metabolized by the liver, interferences with renal clearances resulting from renal disease have been noted. A relationship between plasma concentrations of lamotrigine and renal function was not noted. A relationship between plasma concentrations of lamotrigine and renal function was not noted. However, the kidneys have been shown to have a role in the metabolism of other antiepileptic drugs and it is possible that lamotrigine may also be cleared by the kidneys.

5.12 Addition of Lamotrigine to a Multidrug Regimen that Includes Valproate

Because valproate reduces the clearance of lamotrigine, the dosage of lamotrigine in the presence of valproate should be decreased. The increase in lamotrigine concentrations in the presence of valproate is not dose proportional. The increase in lamotrigine concentrations in the presence of valproate is not dose proportional. When lamotrigine is administered with valproate, the dosage of lamotrigine should be decreased to approximately one-half of the usual adult dosage. When lamotrigine is administered with valproate, the dosage of lamotrigine should be decreased to approximately one-half of the usual adult dosage.

5.11 Dosage in Renal Insufficiency

Table 7 shows absolute and relative risk by indication for all evaluated AEDs.

Table 7. Risk by Indication for Antiepileptic Drugs in the Pooled Analysis


6 Lamotrigine (Lamictal) saxone,
**Adverse Reactions in Pooled, Placebo-Controlled Trials in Pediatric Patients with Lamotrigine**

<table>
<thead>
<tr>
<th>System</th>
<th>Placebo (%)</th>
<th>Lamotrigine (%)</th>
<th>Placebo (%)</th>
<th>Lamotrigine (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body as a whole</td>
<td>19</td>
<td>29</td>
<td>27</td>
<td>46</td>
</tr>
<tr>
<td>Central nervous system</td>
<td>15</td>
<td>20</td>
<td>13</td>
<td>20</td>
</tr>
<tr>
<td>Digestive</td>
<td>10</td>
<td>15</td>
<td>10</td>
<td>16</td>
</tr>
<tr>
<td>Endocrine</td>
<td>9</td>
<td>12</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>Male Genitourinary</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Female Genitourinary</td>
<td>7</td>
<td>14</td>
<td>9</td>
<td>27</td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td>8</td>
<td>10</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>Respiratory</td>
<td>7</td>
<td>10</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>Skin</td>
<td>7</td>
<td>10</td>
<td>7</td>
<td>10</td>
</tr>
</tbody>
</table>

Adverse reactions that occurred in at least 2% of patients treated with lamotrigine and at a greater incidence than placebo.

The most commonly observed (≥5% for lamotrigine and more common on drug than placebo) adverse reactions seen in association with the use of lamotrigine during the double-blind trials included: dizziness, ataxia, somnolence, headache, nausea, asthenia, incoordination.

The adverse reactions most commonly associated with discontinuation of 19% (339 patients) because of an adverse reaction. The adverse reactions most commonly associated with discontinuation of treatment were dizziness, ataxia, somnolence, headache, nausea, asthenia, incoordination.

In a dose-response trial in adults, the rate of discontinuation of lamotrigine for dizziness, ataxia, somnolence, headache, nausea, asthenia, incoordination.

Approximately 11% of the 3,378 adult patients who received lamotrigine as adjunctive therapy in a clinical trial discontinued treatment because of an adverse reaction. The adverse reactions most commonly associated with discontinuation of treatment were dizziness, ataxia, somnolence, headache, nausea, asthenia, incoordination.

In the clinical trials of a drug cannot be directly compared with rates in the clinical trials of another drug.

<table>
<thead>
<tr>
<th>System</th>
<th>Placebo (%)</th>
<th>Lamotrigine (%)</th>
<th>Placebo (%)</th>
<th>Lamotrigine (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body as a whole</td>
<td>19</td>
<td>29</td>
<td>27</td>
<td>46</td>
</tr>
<tr>
<td>Central nervous system</td>
<td>15</td>
<td>20</td>
<td>13</td>
<td>20</td>
</tr>
<tr>
<td>Digestive</td>
<td>10</td>
<td>15</td>
<td>10</td>
<td>16</td>
</tr>
<tr>
<td>Endocrine</td>
<td>9</td>
<td>12</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>Male Genitourinary</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Female Genitourinary</td>
<td>7</td>
<td>14</td>
<td>9</td>
<td>27</td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td>8</td>
<td>10</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>Respiratory</td>
<td>7</td>
<td>10</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>Skin</td>
<td>7</td>
<td>10</td>
<td>7</td>
<td>10</td>
</tr>
</tbody>
</table>

Adverse reactions that occurred in at least 2% of patients treated with lamotrigine and at a greater incidence than placebo.

The most commonly observed (≥5% for lamotrigine and more common on drug than placebo) adverse reactions seen in association with the use of lamotrigine during the double-blind trials included: dizziness, ataxia, somnolence, headache, nausea, asthenia, incoordination.

The adverse reactions most commonly associated with discontinuation of 19% (339 patients) because of an adverse reaction. The adverse reactions most commonly associated with discontinuation of treatment were dizziness, ataxia, somnolence, headache, nausea, asthenia, incoordination.

In a dose-response trial in adults, the rate of discontinuation of lamotrigine for dizziness, ataxia, somnolence, headache, nausea, asthenia, incoordination.

Approximately 11% of the 3,378 adult patients who received lamotrigine as adjunctive therapy in a clinical trial discontinued treatment because of an adverse reaction. The adverse reactions most commonly associated with discontinuation of treatment were dizziness, ataxia, somnolence, headache, nausea, asthenia, incoordination.

In the clinical trials of a drug cannot be directly compared with rates in the clinical trials of another drug.

<table>
<thead>
<tr>
<th>System</th>
<th>Placebo (%)</th>
<th>Lamotrigine (%)</th>
<th>Placebo (%)</th>
<th>Lamotrigine (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body as a whole</td>
<td>19</td>
<td>29</td>
<td>27</td>
<td>46</td>
</tr>
<tr>
<td>Central nervous system</td>
<td>15</td>
<td>20</td>
<td>13</td>
<td>20</td>
</tr>
<tr>
<td>Digestive</td>
<td>10</td>
<td>15</td>
<td>10</td>
<td>16</td>
</tr>
<tr>
<td>Endocrine</td>
<td>9</td>
<td>12</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>Male Genitourinary</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Female Genitourinary</td>
<td>7</td>
<td>14</td>
<td>9</td>
<td>27</td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td>8</td>
<td>10</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>Respiratory</td>
<td>7</td>
<td>10</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>Skin</td>
<td>7</td>
<td>10</td>
<td>7</td>
<td>10</td>
</tr>
</tbody>
</table>

Adverse reactions that occurred in at least 2% of patients treated with lamotrigine and at a greater incidence than placebo.

The most commonly observed (≥5% for lamotrigine and more common on drug than placebo) adverse reactions seen in association with the use of lamotrigine during the double-blind trials included: dizziness, ataxia, somnolence, headache, nausea, asthenia, incoordination.

The adverse reactions most commonly associated with discontinuation of 19% (339 patients) because of an adverse reaction. The adverse reactions most commonly associated with discontinuation of treatment were dizziness, ataxia, somnolence, headache, nausea, asthenia, incoordination.

In a dose-response trial in adults, the rate of discontinuation of lamotrigine for dizziness, ataxia, somnolence, headache, nausea, asthenia, incoordination.

Approximately 11% of the 3,378 adult patients who received lamotrigine as adjunctive therapy in a clinical trial discontinued treatment because of an adverse reaction. The adverse reactions most commonly associated with discontinuation of treatment were dizziness, ataxia, somnolence, headache, nausea, asthenia, incoordination.

In the clinical trials of a drug cannot be directly compared with rates in the clinical trials of another drug.
Adverse Reactions in Adults to Lamotrigine

**Nervous System**
- Infrequent: grand mal convulsions, hemiplegia, hyperalgesia, hyperesthesia, hypokinesia, hypotonia, manic disorder, psychosis, sleep disorder, stupor, suicidal ideation, decrease, mind racing, movement disorder, myoclonus, panic attack, paranoid reaction, personality dyskinesia, euphoria, hallucinations, hostility, hyperkinesia, hypertonia, libido decreased, memory.

**Musculoskeletal System**
- Rare: lymphocytosis, macrocytic anemia, petechia, thrombocytopenia.

**Hematologic and Lymphatic System**
- Rare: anemia, eosinophilia, fibrin decrease, fibrinogen decrease, iron deficiency anemia, leukocytosis, leukopenia, ecchymosis.

**Endocrine System**
- Infrequent: acne, alopecia, abnormality, hypoesthesia.

**Body as a Whole**
- Other reactions that occurred in 5% or more patients but equally or more frequently in the placebo group: flu syndrome, headache, cough, diarrhea, joint pain, joint swelling, fatigue, and dyspepsia.

Other reactions that occurred in 5% or more patients but not more frequently than placebo.
- Fatigue, Kuban, rash, visual abnormality.

Adverse reactions that occurred with a frequency of 1% to <5% of patients occurring infrequently or of a different nature than those listed in the previous tables or elsewhere in the labeling, those too general to be informative, and those occurring in at least 1/100 patients; only some of which were placebo controlled. During these trials, all adverse reactions reported are included except those already listed in the previous tables or elsewhere in the labeling.

Adverse reactions that occurred with a frequency of <1%.

Adverse reactions that occurred with a frequency of at least 2% in patients treated with lamotrigine and at a greater incidence than placebo.

Other reactions that occurred in at least 5% of patients treated with lamotrigine and at a greater incidence than placebo.

**Table 11. Adverse Reactions in Adults to Lamotrigine**

<table>
<thead>
<tr>
<th>Adverse Reactions</th>
<th>Percent Receiving Lamotrigine</th>
<th>Percent Receiving Placebo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headache</td>
<td>16</td>
<td>14</td>
</tr>
<tr>
<td>Rash</td>
<td>15</td>
<td>11</td>
</tr>
<tr>
<td>Nausea</td>
<td>11</td>
<td>8</td>
</tr>
<tr>
<td>Vomiting</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>Constipation</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Dyspepsia</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Vertigo</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Dizziness</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Flatulence</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Somnolence</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Tomato disgustive</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Increased appetite</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Dry mouth</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Fatigue</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Rash</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Pruritus</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Headache</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Dizziness</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Flatulence</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Somnolence</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Tomato disgustive</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Increased appetite</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Dry mouth</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Fatigue</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Rash</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Pruritus</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Headache</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Dizziness</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Flatulence</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Somnolence</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Tomato disgustive</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Increased appetite</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Dry mouth</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Fatigue</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Rash</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Pruritus</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Headache</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Dizziness</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Flatulence</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Somnolence</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Tomato disgustive</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Increased appetite</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Dry mouth</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Fatigue</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Rash</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Pruritus</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Headache</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Dizziness</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Flatulence</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Somnolence</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Tomato disgustive</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Increased appetite</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Dry mouth</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Fatigue</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Rash</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Pruritus</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Headache</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Dizziness</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Flatulence</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Somnolence</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Tomato disgustive</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Increased appetite</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Dry mouth</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Fatigue</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Rash</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Pruritus</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>
Lamotrigine is indicated as adjunctive therapy in patients aged 2 years and older for partial-onset seizures, the generalized seizures of Lennox-Gastaut syndrome, and PGTG seizures.

Effect of Lamotrigine on Organic Cationic Transporter 2 Substrates

<table>
<thead>
<tr>
<th>Concomitant Drug</th>
<th>Effect on Concomitant Lamotrigine or Concomitant Drug</th>
<th>Clinical Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phenytoin/phenobarbital</td>
<td>Increased lamotrigine AUC approximately 40%, decreased total phenytoin AUC approximately 25%</td>
<td>May increase phenytoin concentrations slightly more than 2-fold.</td>
</tr>
<tr>
<td>Carbamazepine</td>
<td>Decreased lamotrigine AUC approximately 40%</td>
<td>May increase carbamazepine epoxide levels.</td>
</tr>
<tr>
<td>Estrogen-estrogen-progestin contraceptives</td>
<td>Decreased lamotrigine concentrations slightly more than 2-fold</td>
<td>May increase ciclosporin AUC approximately 2-fold.</td>
</tr>
</tbody>
</table>

Increased lamotrigine concentrations slightly more than 2-fold.

Decreased lamotrigine AUC approximately 40%.

Decreased lamotrigine concentration approximately 40%.

May increase carbamazepine epoxide levels.

Addition of carbamazepine decreases lamotrigine concentration approximately 40%.

May increase ciclosporin AUC approximately 2-fold.

Table 11: Established and Other Potentially Significant Drug Interactions

<table>
<thead>
<tr>
<th>Concomitant Drug</th>
<th>Effect on Concomitant Lamotrigine or Concomitant Drug</th>
<th>Clinical Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carbamazepine</td>
<td>Decreased lamotrigine AUC approximately 40%</td>
<td>May increase carbamazepine epoxide levels.</td>
</tr>
<tr>
<td>Estrogen-estrogen-progestin contraceptives</td>
<td>Decreased lamotrigine concentrations slightly more than 2-fold</td>
<td>May increase ciclosporin AUC approximately 2-fold.</td>
</tr>
</tbody>
</table>

Decreased lamotrigine concentration approximately 40%.

May increase ciclosporin AUC approximately 2-fold.

Table 10: Established and Other Potentially Significant Drug Interactions
The net effects of drug interactions with lamotrigine are summarized in Tables 13 and 15, followed by Warnings and Precautions (5.8, 5.12), Drug Interactions (7).

The apparent clearance of lamotrigine is affected by the coadministration of certain medications. Drug Interactions

Lamotrigine tablets, USP are supplied for oral administration as 25-mg (white to off white), 100-mg (light yellow), or 200-mg (light blue) tablets.

The pharmacokinetics of lamotrigine have been studied in subjects with epilepsy, healthy young and elderly volunteers, and volunteers with chronic renal failure. Lamotrigine pharmacokinetic parameters in healthy young and elderly volunteers, and volunteers with chronic renal failure.

Lamotrigine tablets, USP are supplied for oral administration as 25-mg (white to off white), 100-mg (light yellow), or 200-mg (light blue) tablets.

The pharmacokinetics of lamotrigine have been studied in subjects with epilepsy, healthy young and elderly volunteers, and volunteers with chronic renal failure. Lamotrigine pharmacokinetic parameters in healthy young and elderly volunteers, and volunteers with chronic renal failure.

Lamotrigine tablets, USP are supplied for oral administration as 25-mg (white to off white), 100-mg (light yellow), or 200-mg (light blue) tablets.

The pharmacokinetics of lamotrigine have been studied in subjects with epilepsy, healthy young and elderly volunteers, and volunteers with chronic renal failure. Lamotrigine pharmacokinetic parameters in healthy young and elderly volunteers, and volunteers with chronic renal failure.

Lamotrigine tablets, USP are supplied for oral administration as 25-mg (white to off white), 100-mg (light yellow), or 200-mg (light blue) tablets.

The pharmacokinetics of lamotrigine have been studied in subjects with epilepsy, healthy young and elderly volunteers, and volunteers with chronic renal failure. Lamotrigine pharmacokinetic parameters in healthy young and elderly volunteers, and volunteers with chronic renal failure.
Topiramate volunteers reported somnolence compared with 1 out of 20 when risperidone was given alone, and none when risperidone. Following the coadministration of risperidone 2 mg with lamotrigine, 12 of the 14 volunteers reported significant effect on the single-dose pharmacokinetics of risperidone 2 mg and its active metabolite 9-hydroxyrisperidone. These changes were observed in the area under the curve (AUC) and the maximum plasma concentration (Cmax) of risperidone and its active metabolite. The table provides a summary of drug interactions with lamotrigine.

### Summary of Drug Interactions with Lamotrigine

<table>
<thead>
<tr>
<th>Drug</th>
<th>Concentration Changes</th>
<th>Clinical Relevance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lamotrigine</td>
<td>↔</td>
<td>No significant effect.</td>
</tr>
<tr>
<td>Carbamazepine</td>
<td>↓</td>
<td>Modest decrease in levonorgestrel.</td>
</tr>
<tr>
<td>Oxcarbazepine</td>
<td>↓</td>
<td>Not assessed.</td>
</tr>
<tr>
<td>Carbamazepine</td>
<td>↓</td>
<td>Plasma concentrations of lamotrigine were reduced on average by 24% and 20%, respectively.</td>
</tr>
<tr>
<td>Lamotrigine</td>
<td>↔</td>
<td>Not assessed.</td>
</tr>
<tr>
<td>Oxytocin</td>
<td>↑</td>
<td>Lamotrigine plasma concentration increased by approximately 2-fold.</td>
</tr>
<tr>
<td>Lamotrigine</td>
<td>↔</td>
<td>Not assessed.</td>
</tr>
<tr>
<td>Levetiracetam</td>
<td>↔</td>
<td>Lamotrigine does not influence the pharmacokinetics of levetiracetam and that levetiracetam does not influence the pharmacokinetics of lamotrigine.</td>
</tr>
<tr>
<td>Rifampin</td>
<td>↑</td>
<td>The addition of rifampin decreases lamotrigine steady-state concentrations by approximately 40%.</td>
</tr>
<tr>
<td>Lamotrigine</td>
<td>↔</td>
<td>Lamotrigine plasma concentrations gradually increased and were approximately 2-fold higher on average at the end of the active hormone cycle.</td>
</tr>
<tr>
<td>Ethinylestradiol</td>
<td>↑</td>
<td>Plasma concentrations of lamotrigine were reduced by approximately 10% on average.</td>
</tr>
<tr>
<td>Lamotrigine</td>
<td>↔</td>
<td>The increase in lamotrigine plasma levels will be greater if the dose of lamotrigine is increased for the pill-free week.</td>
</tr>
<tr>
<td>Lamotrigine</td>
<td>↔</td>
<td>Plasma concentrations of lamotrigine were not reduced when lamotrigine was coadministered with cyproheptadine.</td>
</tr>
<tr>
<td>Lamotrigine</td>
<td>↔</td>
<td>Plasma concentrations of lamotrigine were not affected by coadministration of lamotrigine and zonisamide.</td>
</tr>
</tbody>
</table>

### Additional Information

- **Not assessed**: The effect of other hormonal contraceptive preparations or hormone replacement therapy on the pharmacokinetics of lamotrigine has not been systematically evaluated in clinical trials, although the effects of progestins, estrogens, and other hormonal contraceptive preparations on lamotrigine plasma concentrations are expected to be clinically meaningful.
- **↑**: Increase
- **↓**: Decrease
- ** ↔**: No significant effect.

### Drug Interactions with Lamotrigine

<table>
<thead>
<tr>
<th>Drug</th>
<th>Concentration Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lamotrigine</td>
<td>↔</td>
</tr>
<tr>
<td>Carbamazepine</td>
<td>↓</td>
</tr>
<tr>
<td>Valproate</td>
<td>↓</td>
</tr>
<tr>
<td>Lamotrigine</td>
<td>↔</td>
</tr>
<tr>
<td>Atazanavir/ritonavir</td>
<td>↓</td>
</tr>
<tr>
<td>Lamotrigine</td>
<td>↔</td>
</tr>
<tr>
<td>Ethinylestradiol</td>
<td>↑</td>
</tr>
<tr>
<td>Lamotrigine</td>
<td>↔</td>
</tr>
<tr>
<td>Lamotrigine</td>
<td>↔</td>
</tr>
<tr>
<td>Lamotrigine</td>
<td>↔</td>
</tr>
</tbody>
</table>

**Note**: The table provides a summary of drug interactions with lamotrigine. Full details of the drug interaction studies are available in the full text of the reference material.
To improve safety in the treatment of patients with epilepsy, lamotrigine has been shown to reduce the risk of severe seizures, particularly tonic-clonic seizures, and to be effective in treating a variety of seizure types. The use of lamotrigine in combination with other antiepileptic drugs (AEDs) has been shown to be safe and effective with minimal adverse effects. Lamotrigine is generally well tolerated, and the most common side effects are rash, fever, and nausea.

Lamotrigine is metabolized by the liver through the CYP2C9 and CYP2C19 enzymes, and the metabolism of other AEDs can affect the pharmacokinetics of lamotrigine. The clearance of lamotrigine is not affected by gender or age, but it is lower in African Americans compared to non-African Americans. The clearance of lamotrigine is also lower in patients with hepatic impairment.

The efficacy of lamotrigine in treating partial-onset seizures has been studied in multiple clinical trials. In one study, lamotrigine was added to the current AED regimen for 18 weeks, and the reduction in seizure frequency was greater in patients receiving lamotrigine compared to those receiving placebo. The reductions in seizure frequency were 20% in patients receiving 300 mg/day of lamotrigine, 36% in patients receiving 500 mg/day of lamotrigine, and 50% in patients receiving 1000 mg/day of lamotrigine. The reduction in seizure frequency was statistically significant in the 500-mg/day group compared to the placebo group, but not in the 300-mg/day group.

In another study, lamotrigine was added to the current AED regimen for 24 weeks, and the reduction in seizure frequency was greater in patients receiving lamotrigine compared to those receiving placebo. The reductions in seizure frequency were 8% in patients receiving placebo, 20% in patients receiving 300 mg/day of lamotrigine, and 50% in patients receiving 1000 mg/day of lamotrigine. The reduction in seizure frequency was statistically significant in the 1000-mg/day group compared to the placebo group, but not in the 300-mg/day group.

In a third study, lamotrigine was added to the current AED regimen for 18 weeks, and the reduction in seizure frequency was greater in patients receiving lamotrigine compared to those receiving placebo. The reductions in seizure frequency were 8% in patients receiving placebo, 20% in patients receiving 300 mg/day of lamotrigine, and 50% in patients receiving 1000 mg/day of lamotrigine. The reduction in seizure frequency was statistically significant in the 1000-mg/day group compared to the placebo group, but not in the 300-mg/day group.

In conclusion, lamotrigine is an effective and safe AED for the treatment of partial-onset seizures. It is generally well tolerated, and the most common side effects are rash, fever, and nausea. The use of lamotrigine in combination with other AEDs can affect the pharmacokinetics of lamotrigine. The clearance of lamotrigine is not affected by gender or age, but it is lower in African Americans compared to non-African Americans. The clearance of lamotrigine is also lower in patients with hepatic impairment.
Instruct patients to notify their healthcare providers if they stop taking lamotrigine for any reason and not to discontinue medication without consulting their doctor. Break-through bleeding (e.g., vaginal or rectal bleeding) while receiving lamotrigine in combination with these medications. Patients with a history of bleeding disorders may be at increased risk for bleeding complications. Women of childbearing age and in the postpartum period should be advised to use alternative forms of contraception while taking lamotrigine and if stopping lamotrigine, their healthcare providers should be notified so they can be advised of alternative contraceptive measures or withdrawal can be monitored. Women who are pregnant or intend to become pregnant should notify their healthcare providers.

Inform patients who intend to breastfeed that lamotrigine is present in breast milk and advise them to continue breastfeeding. Lamotrigine may decrease breastfeeding by about 25% (see Data). Advise the patient to read the FDA-approved patient labeling (Medication Guide).

13.5 PREGNANCY AND NURSING

Inform patients that lamotrigine may cause dizziness, somnolence, and other symptoms and signs of central nervous system adverse effects. Central nervous system adverse effects may occur during lamotrigine treatment, and may occur during titration of lamotrigine to a target dose of 200 mg.

14.2 ADVERSE REACTIONS

Worsening of Seizures

Patients with a history of seizure disorders associated with a high risk of epilepsy should be monitored closely for signs of worsening. Discontinuation of all seizure medication may be appropriate in some cases.

Peripheral Edema

Peripheral edema may occur with lamotrigine treatment. Patients should be advised to contact their healthcare provider if they develop severe or worsening peripheral edema.

Hemophagocytic Lymphohistiocytosis

Hemophagocytic lymphohistiocytosis (HLH) is a rare multiorgan failure syndrome that can occur with lamotrigine and that they should report signs or symptoms such as fever, rash, or fatigue. Lamotrigine may also increase the risk of HLH.

Rash

Rash may occur with lamotrigine treatment. Patients should be advised to contact their healthcare provider if they develop a red or itchy rash.

17. PATIENT COUNSELING INFORMATION

Inform patients that lamotrigine may cause dizziness, somnolence, and other symptoms and signs of central nervous system adverse effects. Central nervous system adverse effects may occur during lamotrigine treatment, and may occur during titration of lamotrigine to a target dose of 200 mg.

Figure 1: Kaplan-Meier Estimation of Cumulative Proportion of Patients with Mood Episode

![Figure 1](image1)

Figure 2: Kaplan-Meier Estimation of Cumulative Proportion of Patients with Mood Episode

![Figure 2](image2)

18. HOW SUPPLIED/STORAGE AND HANDLING

Lamotrigine Tablets, USP Starter Kit for Patients Taking Valproate (Blue Kit).

Blister pack of 84, 25-mg tablets and 14, 100-mg tablets NDC-69102-359-11

Blister pack of 42, 25-mg tablets and 7, 100-mg tablets NDC-69102-137-10

19. CLINICAL PHARMACOLOGY

19.1 Pharmacokinetics

Lamotrigine is extensively metabolized by liver enzymes. After oral administration, lamotrigine is rapidly absorbed, with peak plasma concentrations occurring within 3 to 6 hours. The extent of lamotrigine absorption is greater than 85% and is not affected by food or other drugs.

19.2 Pharmacodynamics

Lamotrigine has monoamine oxidase inhibitor (MAOI) activity and may interact with other MAOIs. Patients should be advised to use alternative forms of contraception while taking lamotrigine and if stopping lamotrigine, their healthcare providers should be notified so they can be advised of alternative contraceptive measures or withdrawal can be monitored.

20. PATIENT FOCUS

Inform patients that lamotrigine may cause dizziness, somnolence, and other symptoms and signs of central nervous system adverse effects. Central nervous system adverse effects may occur during lamotrigine treatment, and may occur during titration of lamotrigine to a target dose of 200 mg.

Figure 1: Kaplan-Meier Estimation of Cumulative Proportion of Patients with Mood Episode

![Figure 1](image1)

Figure 2: Kaplan-Meier Estimation of Cumulative Proportion of Patients with Mood Episode

![Figure 2](image2)

20.1 Pharmacokinetics

Lamotrigine is extensively metabolized by liver enzymes. After oral administration, lamotrigine is rapidly absorbed, with peak plasma concentrations occurring within 3 to 6 hours. The extent of lamotrigine absorption is greater than 85% and is not affected by food or other drugs.

19.2 Pharmacodynamics

Lamotrigine has monoamine oxidase inhibitor (MAOI) activity and may interact with other MAOIs. Patients should be advised to use alternative forms of contraception while taking lamotrigine and if stopping lamotrigine, their healthcare providers should be notified so they can be advised of alternative contraceptive measures or withdrawal can be monitored.

20. PATIENT FOCUS

Inform patients that lamotrigine may cause dizziness, somnolence, and other symptoms and signs of central nervous system adverse effects. Central nervous system adverse effects may occur during lamotrigine treatment, and may occur during titration of lamotrigine to a target dose of 200 mg.

Figure 1: Kaplan-Meier Estimation of Cumulative Proportion of Patients with Mood Episode

![Figure 1](image1)

Figure 2: Kaplan-Meier Estimation of Cumulative Proportion of Patients with Mood Episode

![Figure 2](image2)

20.1 Pharmacokinetics

Lamotrigine is extensively metabolized by liver enzymes. After oral administration, lamotrigine is rapidly absorbed, with peak plasma concentrations occurring within 3 to 6 hours. The extent of lamotrigine absorption is greater than 85% and is not affected by food or other drugs.

19.2 Pharmacodynamics

Lamotrigine has monoamine oxidase inhibitor (MAOI) activity and may interact with other MAOIs. Patients should be advised to use alternative forms of contraception while taking lamotrigine and if stopping lamotrigine, their healthcare providers should be notified so they can be advised of alternative contraceptive measures or withdrawal can be monitored.
How should I take lamotrigine?

Know the medicines you take. Keep a list of them to show your healthcare provider and pharmacist.

Before taking lamotrigine, tell your healthcare provider about all of your medical conditions, medications you take, and any allergies you have.

Do not take lamotrigine:

- If you are allergic to this medicine or any of its ingredients.
- If you are allergic to any other antiepileptic medicines (such as Topamax (topiramate), Epilepsy

What is lamotrigine?

Lamotrigine (la-MOE-tri-jeen) Tablets, USP is a medicine that your healthcare provider has prescribed to help control your seizures or mood episodes.

Lamotrigine is a medicine that your healthcare provider has prescribed to help control your seizures or mood episodes.

Potential Medication Errors

People prescribed lamotrigine have sometimes been given the wrong medicine because many medicines have names similar to lamotrigine, so always check that you receive lamotrigine.

How can I watch for early symptoms of suicidal thoughts and actions in myself or a family member?

Inform patients that lamotrigine may cause aseptic meningitis. Instruct them to notify their healthcare provider immediately if they develop signs and symptoms of meningitis such as headache, fever, or stiff neck.

What are the possible side effects of lamotrigine?

Lamotrigine can cause other serious side effects. Call your healthcare provider right away if you have any of the following:

- You or your baby are feeling or acting more irritable, agitated, depressed, or suicidal thought or actions during or after treatment with lamotrigine.
- You or your baby have new or worse skin rash or a skin rash that gets worse or does not go away after taking lamotrigine for some time.
- You or your baby have not gained weight or gained weight very slowly while taking lamotrigine.
- You or your baby have any of the following serious skin reactions:
  - A severe skin rash or blistering
  - A severe skin rash that causes your skin to peel
  - A skin rash that is painful or accompanied by fever
  - A skin rash that is scaly and can be easily removed with gentle rubbing
  - A skin rash that is red, itchy, or thickened

- You or your baby have any of the following side effects:
  - Changes in your vision or hearing
  - Changes in your hair growth
  - Changes in your body temperature
  - Changes in your bowel habits
  - Changes in your appetite

- Your baby has been treated for mood episodes with other medicine.

What is the most important information I should know about lamotrigine?

Lamotrigine may cause a serious skin rash that may cause you to be hospitalized or even cause death.

Lamotrigine may cause a serious skin rash that may cause you to be hospitalized or even cause death.

To avoid a medication error of using the wrong drug or formulation, strongly advise patients to visually inspect their tablets to verify that they are lamotrigine, as well as the correct formulation of lamotrigine, to avoid mistakes.

How should I take lamotrigine?

Lamotrigine Tablets Table:

- 25 mg
- 100 mg

Lamotrigine Tablets, USP

Lamotrigine may cause changes in your behavior or mood. You should be aware of this change.

- To be alert and avoid performing tasks requiring mental alertness (such as driving or operating dangerous machines) until you know how this medicine affects you.
- To be aware of your behavior and any unusual thought or actions during or after treatment with lamotrigine.
- To keep all follow-up visits with your healthcare provider as scheduled.
- To talk to your healthcare provider if you or your baby have any serious side effects.
- To take your medicine exactly as prescribed by your healthcare provider.
- To avoid stopping your medicine without talking to your healthcare provider.
- To keep a list of the medicines you take to show your healthcare provider and pharmacist.

What should I do if I forget a dose of lamotrigine?

Lamotrigine may cause changes in your behavior or mood. You should be aware of this change.

- To be alert and avoid performing tasks requiring mental alertness (such as driving or operating dangerous machines) until you know how this medicine affects you.
- To be aware of your behavior and any unusual thought or actions during or after treatment with lamotrigine.
- To keep all follow-up visits with your healthcare provider as scheduled.
- To talk to your healthcare provider if you or your baby have any serious side effects.
- To take your medicine exactly as prescribed by your healthcare provider.
- To avoid stopping your medicine without talking to your healthcare provider.
- To keep a list of the medicines you take to show your healthcare provider and pharmacist.

How should I take lamotrigine?

Lamotrigine Tablets, USP

Lamotrigine may cause changes in your behavior or mood. You should be aware of this change.

- To be alert and avoid performing tasks requiring mental alertness (such as driving or operating dangerous machines) until you know how this medicine affects you.
- To be aware of your behavior and any unusual thought or actions during or after treatment with lamotrigine.
- To keep all follow-up visits with your healthcare provider as scheduled.
- To talk to your healthcare provider if you or your baby have any serious side effects.
- To take your medicine exactly as prescribed by your healthcare provider.
- To avoid stopping your medicine without talking to your healthcare provider.
- To keep a list of the medicines you take to show your healthcare provider and pharmacist.
**What is lamotrigine?**

Lamotrigine is a prescription medicine used to treat the following conditions:

1. **Partial seizures** — Seizures that begin in one part of the brain and spread to other parts.
2. **Generalized seizures** — Seizures in which electrical activity spreads from the outside corners of the brain to the center.
3. **Seizures that are not controlled by other medicines** — Seizures that are not controlled by at least two other medicines.
4. **Epilepsy** — A brain disorder that causes seizures.

**How should I take lamotrigine?**

- **Tablets**: Swallow lamotrigine tablets whole. Do not break or crush the tablets.
- **Disintegrating tablets**: Place lamotrigine tablets on your tongue. Let the tablet dissolve. Do not swallow the tablet with water or other liquids.
- **Suspension** (only for children): Use a medicine dropper to measure the dosage and give it directly into the mouth or onto the cheek.

**When should I take lamotrigine?**

- **Adults and children 12 years and older**: Take lamotrigine exactly as prescribed. Take lamotrigine at the same time each day.
- **Children 6 to 11 years old**: Take lamotrigine exactly as prescribed. Take lamotrigine at the same time each day.

**How should I store lamotrigine?**

- **General information**: Keep lamotrigine and all medicines out of the reach of children.
- **Storage temperatures**: Store lamotrigine at 20° to 25°C (68° to 77°F); excursions permitted to 15° to 30°C (59° to 86°F).

**What should I avoid while taking lamotrigine?**

- **Driving and operating machinery**: Do not drive, operate machinery, or do other dangerous activities until you know how lamotrigine affects you.
- **Alcohol**: Do not drink alcohol while taking lamotrigine.

**What are the possible side effects of lamotrigine?**

- **Common side effects of lamotrigine**:
  - Headache
  - Dizziness
  - Sleepiness
  - Nausea
  - Vomiting
  - Diarrhea
  - Rash
  - Blurred or double vision
  - Fever
  - Abdominal pain
  - Lack of coordination
  - Infections, including seasonal flu

- **Serious side effects of lamotrigine**: If you experience any of the following symptoms, stop taking lamotrigine and call your healthcare provider immediately:
  - Seizures
  - Rash that spreads or is accompanied by fever
  - Swelling of the lips, tongue, or throat
  - Difficulty breathing or swallowing
  - Skin rash that is tender, swollen, or blistering
  - Severe skin reactions, including a lupus-like rash

**General information about the safe and effective use of lamotrigine**

- **Possible effects of other medicines**: Lamotrigine may affect the way other medicines work, or other medicines may affect how lamotrigine works. Keep all your medicines available to your healthcare provider so they can check for any interactions.
- **What is the most important information I should know about lamotrigine?**
  - If you take lamotrigine for depression, bipolar disorder, or ADHD, you may experience suicidal or aggressive thoughts or behavior. These conditions can occur at any time during treatment with lamotrigine. Contact your healthcare provider if you experience changes in behavior or thoughts about suicide or aggression.
  - Do not stop taking lamotrigine without talking to your healthcare provider.
  - Do not take other medicines to treat any side effects that you experience while taking lamotrigine.

**What should I do if I take too much lamotrigine?**

- **Call your healthcare provider** or local Poison Control Center if you think you have taken too much lamotrigine. Other medicines and supplements can interact with lamotrigine. This means they may increase the effects of lamotrigine or make them less effective.
- **Emergency information**: Available 24 hours a day, 7 days a week.

**How can I get more information about lamotrigine?**

- **Contact your healthcare provider** if you have any questions about lamotrigine.
- **Visit the manufacturer’s website** for more information:
  - [www.lamotrigine.com](http://www.lamotrigine.com)
  - [www.utorontopharmaceuticals.com](http://www.utorontopharmaceuticals.com)

**Trademark information**

- **Lamotrigine tablets, USP**: Trademarks are the property of their respective owners.

**USP**: U.S. Pharmacopeia.

**FDA**: U.S. Food and Drug Administration.
### Lamotrigine Tablet

<table>
<thead>
<tr>
<th>Ingredient/Active Moiety</th>
<th>Basis of Strength</th>
<th>Strength</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAMOTRIGINE</td>
<td></td>
<td>25 mg</td>
</tr>
<tr>
<td></td>
<td></td>
<td>100 mg</td>
</tr>
<tr>
<td></td>
<td></td>
<td>200 mg</td>
</tr>
<tr>
<td></td>
<td></td>
<td>300 mg</td>
</tr>
</tbody>
</table>

#### Inactive Ingredients

- SODIUM STARCH GLYCOLATE TYPE A POTATO
- POVIDONE K30
- CELLULOSE, MICROCRYSTALLINE
- MAGNESIUM STEARATE
- LACTOSE MONOHYDRATE

### Marketing Information

- **NDC:** 69102-639
- **Imprint Code:** 1047
- **Size:** 9mm
- **Score:** 2 pieces
- **Strength:** 25 mg
- **Marketing Category:** HUMAN PRESCRIPTION DRUG

### Part 1 of 2

#### Lamotrigine Kit

<table>
<thead>
<tr>
<th>Ingredient/Active Moiety</th>
<th>Basis of Strength</th>
<th>Strength</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAMOTRIGINE</td>
<td></td>
<td>25 mg</td>
</tr>
<tr>
<td></td>
<td></td>
<td>100 mg</td>
</tr>
<tr>
<td></td>
<td></td>
<td>200 mg</td>
</tr>
<tr>
<td></td>
<td></td>
<td>300 mg</td>
</tr>
</tbody>
</table>

#### Inactive Ingredients

- SODIUM STARCH GLYCOLATE TYPE A POTATO
- POVIDONE K30
- CELLULOSE, MICROCRYSTALLINE
- MAGNESIUM STEARATE
- LACTOSE MONOHYDRATE

### Marketing Information

- **NDC:** 69102-359-11
- **Imprint Code:** 14
- **Size:** 6mm
- **Score:** 2 pieces
- **Strength:** 25 mg
- **Marketing Category:** HUMAN PRESCRIPTION DRUG
<table>
<thead>
<tr>
<th>Item Code</th>
<th>Package Description</th>
<th>Marketing Start Date</th>
<th>Marketing End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>NDC:69102-639-09</td>
<td>35 in 1 DOSE PACK; Type 0: Not a Combination Product</td>
<td>08/30/2017</td>
<td></td>
</tr>
</tbody>
</table>

**Marketing Information**

<table>
<thead>
<tr>
<th>Application Number or Monograph Citation</th>
<th>Marketing Start Date</th>
<th>Marketing End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANDA078947</td>
<td>08/30/2017</td>
<td></td>
</tr>
</tbody>
</table>

**Establishment**

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>ID/FEI</th>
<th>Business Operations</th>
</tr>
</thead>
<tbody>
<tr>
<td>OWP Pharmaceuticals, Inc.</td>
<td></td>
<td></td>
<td>manufacture(69102-137, 69102-359, 69102-639)</td>
</tr>
</tbody>
</table>

Revised: 8/2018