HIGHLIGHTS OF PRESCRIBING INFORMATION

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

Glenmark - Lamotrigine Tablets USP

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 lamotrigine**
- **exceeding recommended dose escalation of lamotrigine**

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

----------RECENT MAJOR CHANGES----------

Warnings and Precautions, Aseptic Meningitis (5.7)
October 2010

----------INDICATIONS AND USAGE----------

Lamotrigine is an antiepileptic drug (AED) indicated for:

Epilepsy – adjunctive therapy in patients ≥2 years of age: (1.1)

- partial seizures.
- primary generalized tonic-clonic seizures.
- generalized seizures of Lennox-Gastaut syndrome

Epilepsy – monotherapy in patients ≥16 years of age: conversion to monotherapy in patients with partial seizures who are receiving treatment with carbamazepine, phenobarbital, phenytoin, primidone, or valproate as the single AED. (1.1)

Bipolar Disorder in patients ≥18 years of age: maintenance treatment of Bipolar I Disorder to delay the time to occurrence of mood episodes in patients treated for acute mood episodes with standard therapy. (1.2)

----------DOSAGE AND ADMINISTRATION----------

- Dosing is based on concomitant medications, indication, and patient age. (2.2, 2.4)
- To avoid an increased risk of rash, the recommended initial dose and subsequent dose escalations should not be exceeded. (2.1, 16)
- Do not restart lamotrigine in patients who discontinued due to rash unless the potential benefits clearly outweigh the risks. (2.1)
- Adjustments to maintenance doses will in most cases be required in patients starting or stopping estrogen-containing oral contraceptives. (2.1, 5.9)
- Lamotrigine should be discontinued over a period of at least 2 weeks (approximately 50% reduction per week). (2.1, 5.10)

Epilepsy

- Adjunctive therapy - See Table 1 for patients >12 years of age and Tables 2 and 3 for patients 2 to 12 years. (2.2)
- Conversion to monotherapy - See Table 4. (2.3)

Bipolar Disorder: See Tables 5 and 6. (2.4)

---------- DOSAGE FORMS AND STRENGTHS----------

Tablets: 25 mg, 100 mg, 150 mg, and 200 mg scored. (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. Lamotrigine 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)
- Clinical worsening, emergence of new symptoms, and suicidal ideation/behaviors may be associated with treatment of bipolar disorder. Patients should be closely monitored, particularly early in treatment or during dosage changes. (5.6)
- Aseptic meningitis reported in pediatric and adult patients. (5.7)
- Medication errors involving lamotrigine have occurred. In particular the name lamotrigine can be confused with names of other commonly used medications. Medication errors may also occur between the different formulations of lamotrigine (3.4, 5.8, 16, 17.9)

----------ADVERSE REACTIONS----------

- Most common adverse reactions (incidence ≥10%) in adult epilepsy clinical studies were dizziness, headache, diplopia, ataxia, nausea, blurred vision, somnolence, rhinitis, and rash. Additional adverse reactions (incidence ≥10%) reported in children in epilepsy clinical studies included vomiting, infection, fever, accidental injury, pharyngitis, abdominal pain, and tremor. (6.1)
- Most common adverse reactions (incidence >5%) in adult bipolar clinical studies were nausea, insomnia, somnolence, back pain, fatigue, rash, rhinitis, abdominal pain, and xerostomia. (6.1)

To report SUSPECTED ADVERSE REACTIONS, contact Glenmark Generics Inc., USA at 1 (888)721-7115 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----------

- 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)
- Efficacy of lamotrigine, used as adjunctive treatment for partial seizures, was not demonstrated in a small randomized, double-blind, placebo-controlled study in very young pediatric patients (1 to 24 months). (8.4)

See 17 for PATIENT COUNSELING INFORMATION and Medication Guide.

Revised: February 2012