DOSAGE AND ADMINISTRATION

- Adult Patients: The recommended initial dosage is 600 mg once per day. Increase the dosage in weekly increments of 600 mg to 2400 mg once per day (2.2).
- In adult patients with a creatinine clearance <30 mL/min, initiate at one-half the usual starting dosage and increase slowly (2.3).
- Pediatric Patients: The recommended dosage is based on body weight and is administered orally once per day. Increase the dosage in weekly intervals based on clinical response and tolerability, to the recommended dosage (2.2).
- Geriatric Patients: Start at lower dosage (300 mg or 450 mg/day) and increase slowly (2.4).
- In conversion of oxcarbazepine immediate-release to Oxtellar XR®, higher dosages of Oxtellar XR® may be necessary (2.7, 12.3).

DOSE FORMS AND STRENGTHS

Extended-release tablets: 150 mg, 300 mg and 600 mg (3)

ADVERSE REACTIONS

Most commonly observed (>5% and more frequent than placebo) adverse reactions in adults were dizziness, somnolence, headache, balance disorder, tremor, vomiting, diplopia, asthenia, and fatigue (6.1).

Adverse reactions in pediatric patients are similar to those seen in adult patients.

To report SUSPECTED ADVERSE REACTIONS, contact Supernus, Inc. at (1-866-398-0833) or contact FDA at 1-800-FDA-1088 or www.fda.gov/medwatch

DRUG INTERACTIONS

- Phenytoin, Carbamazepine, and Phenobarbital: Coadministration decreased blood levels of an active metabolite of Oxtellar XR®: Greater dosage of Oxtellar XR® may be required (2.5, 7.2).
- Oral Contraceptives: Advise patients that Oxtellar XR® may decrease the effectiveness of hormonal contraceptives. Additional non-hormonal forms of contraception are recommended (7.3).

USE IN SPECIFIC POPULATIONS

- Pregnancy: May cause fetal harm (5.9, 8.1).
- Severe Hepatic Impairment: Not recommended (8.7).

See 17 for PATIENT COUNSELING INFORMATION and Medication Guide Revised: 12/2018
2.2 General Dosing Recommendations
Monotherapy or Adjunctive Therapy

Adult Patients
Initiate treatment at a dosage of 600 mg/day given orally once daily for one week. Subsequent dosage increases can be made at weekly intervals in 600 mg/day increments to achieve the recommended daily dosage of 1200 mg/day.

The recommended daily dosage of Oxtellar XR® is 1200 mg to 2400 mg/day, given once daily. The dosage of 2400 mg/day showed slightly greater efficacy than 1200 mg/day, but was associated with an increase in adverse reactions [see Adverse Reactions (6.1) and Clinical Studies (14.1)].

Dosage adjustment is recommended in concomitant use of strong CYP3A4 enzyme inducers or UGT inducers, which include certain antiepileptic drugs [AEDs] [see Drug Interactions (7.1)].

Pediatric Patients (6 to Less than 17 Years of Age)
In pediatric patients 6 to less than 17 years of age, initiate treatment at a dosage of 8 mg/kg oral once daily, not to exceed 600 mg per day in the first week.

Subsequent dosage increases can be made at weekly intervals in increments of 300 mg to 450 mg/day, not to exceed 600 mg daily, to achieve the target daily dosage. The target maintenance dosage, achieved over two to three weeks, is displayed in Table 1.

<table>
<thead>
<tr>
<th>Weight</th>
<th>Target Daily Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 kg to 29 kg</td>
<td>900 mg/day</td>
</tr>
<tr>
<td>29.1 kg to 39 kg</td>
<td>1200 mg/day</td>
</tr>
<tr>
<td>Greater than 39 kg</td>
<td>1800 mg/day</td>
</tr>
</tbody>
</table>

Dosage adjustment is recommended with concomitant use of strong CYP3A4 enzyme inducers or UGT inducers, which include certain antiepileptic drugs [AEDs] [see Drug Interactions (7.1, 7.2)].

2.3 Dosage Modifications in Adult Patients with Renal Impairment
In adult patients with severe renal impairment (creatinine clearance less than 30 mL/min), initiate Oxtellar XR® at one-half the usual starting dosage (300 mg/day). Subsequent dosage increases can be made at weekly intervals in increments of 300 mg to 450 mg/day to achieve the desired clinical response [see Use in Specific Populations (8.6)].

2.4 Dosage Modifications in Geriatric Patients
In geriatric patients, consider starting at a lower dosage (300 mg or 450 mg/day). Subsequent dosage increases can be made at weekly intervals in increments of 300 mg to 450 mg/day to achieve the desired clinical response [see Use in Specific Populations (8.5)].

2.5 Dosage Modification with Concomitant Use of Strong CYP3A4 Enzyme Inducers or UGT Enzyme Inducers
Strong CYP3A4 inducers, including enzyme-inducing antiepileptic drugs such as carbamazepine, phenobarbital, and phenytoin, and UGT inducers (e.g., rifampin) decrease exposure to 10-monoxydonor derivative (MHD), the active metabolite [see Drug Interactions (7.2) and Clinical Pharmacology (12.3)]. Dosage adjustment of Oxtellar XR® may be required after initiation, dosage modification, or discontinuation of such inducers. Dosage increases of Oxtellar XR® may be necessary with concomitant use. Consider initiating at 900 mg once daily for adults and 12 to 15 mg/kg orally once daily (not to exceed 900 mg per day in the first week) in pediatric patients.

2.6 Withdrawal of AEDs
As with most antiepileptic drugs, Oxtellar XR® should be withdrawn gradually because of the risk of increased seizure frequency and status epilepticus [see Warnings and Precautions (5.6)].

2.7 Conversion from Immediate-Release Oxcarbazepine to Oxtellar XR®
Conversion of oxcarbazepine immediate-release to Oxtellar XR®, higher dosages of Oxtellar XR® may be necessary (see Clinical Pharmacology (12.3)).

3 DOSAGE FORMS AND STRENGTHS

Extended-release tablets:
- 150 mg: yellow modified-oval shaped with “150” printed on one side
- 300 mg: brown modified-oval shaped with “300” printed on one side
- 600 mg: brownish red modified-oval shaped with “600” printed on one side

4 CONTRAINDICATIONS
Oxtellar XR® is contraindicated in patients with a known hypersensitivity to oxcarbazepine, to carbamazepine, phenobarbital, and phenytoin, and to Oxtellar XR®. Use in patients with a known history of hyponatremia (e.g., diabetes insipidus) has been reported during post-marketing use and prescribing another AED.

5 WARNINGS AND PRECAUTIONS
5.1 Hyponatremia
Clinically significant hyponatremia (sodium <125 mmol/L) may develop during Oxtellar XR® use. Serum sodium levels less than 125 mmol/L have occurred in immediate-release oxcarbazepine, treated patients generally in the first three months of treatment. However, clinically significant hyponatremia may develop more than a year after initiating therapy.

Measurement of serum sodium in patients treated with carbamazepine, treatment-naive patients, or in genetically at-risk populations, prior to initiating treatment with Oxtellar XR®. The chemical structures of immediate-release oxcarbazepine and Oxtellar XR® are similar to that of carbamazepine. Available clinical evidence, and data from nonclinical studies showing a direct interaction between immediate-release oxcarbazepine and Oxtellar XR® and HLA-B*1502 protein, suggest that the HLA-B*1502 allele may also increase the risk for SJS/TEN in patients treated with carbamazepine. The frequency of HLA-B*1502 allele frequencies up to about 2% and 6% have been reported in Korea and India, respectively. The frequency of the HLA-B*1502 allele is negligible in people from European descent, several African populations, indigenous peoples of the Americas, Hispanic populations, and in Japanese (<1%).

5.2 Anaphylactic Reactions and Angioedema
Testing for the presence of the HLA-B*1502 allele should be considered in patients with ancestry in genetically at-risk populations, prior to initiating treatment with Oxtellar XR®. The use of Oxtellar XR® should be avoided in patients positive for HLA-B*1502 unless the benefits clearly outweigh the risks. Consideration should be given to the avoidance of other drugs associated with SJS/TEN in patients treated with Oxtellar XR®. The frequency of HLA-B*1502 allele ranges from 2 to 12% in Han Chinese populations, is about 1% in the Philippines and in some Malay populations.

5.3 Cross Hypersensitivity Reaction to Carbamazepine
Approximately 25% to 30% of patients who have had hypersensitivity reactions to carbamazepine will experience hypersensitivity reactions with Oxtellar XR®. For this reason, patients with a history of hypersensitivity reactions to carbamazepine should be treated with Oxtellar XR® only if the potential benefit justifies the potential risk. Discontinue Oxtellar XR® immediately if signs or symptoms of hypersensitivity develop [see Warnings and Precautions (5.2, 5.7)].

5.4 Serious Dermatological Reactions
Serious dermatological reactions, including Stevens-Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN), have occurred in both children and adults treated with immediate- release oxcarbazepine. The median time of onset for reported cases was 1 to 12 days. Severe skin reactions may be life threatening, and some patients have required hospitalization with very rare reports of fatal outcome. Recurrence of the serious skin reactions following rechallenge with immediate-release oxcarbazepine has also been reported.

5.5 Suicidal Behavior and Ideation
Antiepileptic drugs (AEDs), including Oxtellar XR®, increase the risk of suicidal thoughts or behavior in patients taking these drugs for any indication. Monitor patients treated with any AED or for any indication in depression, suicidal thoughts or behavior, and/or any unusual changes in mood or behavior. Pooled analyses of 199 placebo-controlled clinical trials (mono- and adjunctive therapy) of 11 different AEDs showed that patients randomized to one of the AEDs had approximately twice the risk of suicidal thoughts or behavior compared to placebo patients randomized to placebo. In these trials, which had a median treatment duration of 12 weeks, the estimated incidence rate of suicidal behavior or ideation among 27,863 AED-treated patients was 0.43%, compared to 0.24% among 16,029 placebo-treated patients, representing an increased risk of approximately one case of suicidal thoughts or behavior for every 200 patients treated. There were four suicides in drug-treated patients in the trials and none in placebo-treated patients, but the number is too small to allow any conclusion about drug effect on suicide.

The increase of suicidal thoughts or behavior with AEDs was observed as early as one week after drug treatment began and persisted for the duration of treatment assessed. Because most trials included in the analysis did not extend beyond 24 weeks, the risk of suicidal thoughts or behavior beyond 24 weeks could not be assessed.

The risk of suicidal thoughts or behavior was generally consistent among drugs in the data analyzed, with the exception of increased risk of suicidal thoughts or behavior for drugs including a combination of carbamazepine and sodium valproate, as well as for the drug combination of divalproex sodium and topiramate. Other trials that assessed the risk of suicidal behavior or ideation for AEDs used for any indication indicate that the risk applies to all AEDs used for any indication. The risk of suicidal thoughts or behavior for patients treated with any AED has not been well characterized.

5.6 Monitoring Compliance
The development of, and morbidity from, SJS/TEN, such as antiepileptic drug (AED) dosage, concomitant medications, comorbidities, and the level of dermatologic monitoring have not been well characterized.

Table 2: Risk by Indication for Antiepileptic Drugs in the Pooled Analysis

<table>
<thead>
<tr>
<th>Indication</th>
<th>Placebo Patients</th>
<th>Drug Patients</th>
<th>Risk Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Epilepsy</strong></td>
<td>1.0</td>
<td>3.4</td>
<td>2.4</td>
</tr>
<tr>
<td><strong>Psychiatric</strong></td>
<td>5.7</td>
<td>8.5</td>
<td>2.9</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td>1.0</td>
<td>1.8</td>
<td>0.9</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>2.4</td>
<td>4.3</td>
<td>1.9</td>
</tr>
</tbody>
</table>

The relative risk for suicidal thoughts or behavior was higher in clinical trials for epilepsy than in clinical trials for psychiatric or other conditions, but the absolute risk differences were similar for the epilepsy and psychiatric indications.
Oxtellar XR® or any other AED must balance the risk of suicidal thoughts or behavior with the risk of untreated illness. Epilepsy and many other illnesses for which AEDs are prescribed are themselves associated with morbidity and mortality and an increased risk of suicidal thoughts and behavior. Should suicidal thoughts and behavior emerge during Oxtellar XR® treatment, the prescriber needs to consider whether the emergence of these symptoms in any given patient may be related to the illness being treated.

5.6 Withdrawal of AEDs

As with most AEDs, Oxtellar XR® should be withdrawn gradually because of the risk of increased seizure frequency and status epilepticus. But if withdrawal is needed because of a serious adverse event, rapid discontinuation can be considered.

5.7 Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS)/Multi-Organ Hypersensitivity

Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS), also known as multi-organ hypersensitivity, has occurred with immediate-release oxcarbazepine. Some of these events have been fatal or life-threatening. DRESS typically, although not exclusively, presents with fever, rash, lymphadenopathy, and/or facial swelling, in association with other organ system involvement, such as hepatitis, nephritis, hemolytic anemia, myocardiitis, or myositis sometimes resembling an acute viral infection. Eosinophilia is often present. This disorder is variable in its expression, and other organ systems not noted here may be involved. It is important to note that early manifestations of hypersensitivity (e.g., fever, lymphadenopathy) may be present even though rash is not evident. Oxtellar XR® should be discontinued if an alternative etiology for the signs and symptoms cannot be established.

5.8 Hematologic Reactions

Rare reports of pancytopenia, agranulocytosis, and leukopenia have been seen in patients treated with Oxtellar XR®. For the signs and symptoms cannot be established.

5.9 Risk of Seizures in the Pregnant Patient

Due to physiological changes during pregnancy, plasma concentrations of the active metabolite of oxcarbazepine, the 10-monohydroxy derivative (MHD), may gradually decrease throughout pregnancy. Moreover, patients may be carefully during pregnancy and through the postpartum period because MHD concentrations may increase after delivery.

5.10 Risk of Seizure Aggravation

Exacerbation of or new onset primary generalized seizures has been reported with immediate-release oxcarbazepine. The risk of aggravation of primary generalized seizures is seen especially in children but may also occur in adults. In case of seizure aggravation, Oxtellar XR® should be discontinued.

6 ADVERSE REACTIONS

The following serious adverse reactions are described in other sections of the labeling:

- Hyponatremia [see Warnings and Precautions (5.1)]
- Anaphylactic Reactions and Angioedema [see Warnings and Precautions (5.2)]
- Cross Hypersensitivity Reaction to Carbamazepine [see Warnings and Precautions (5.3)]
- Serious Dermatological Reactions [see Warnings and Precautions (5.4)]
- Suicidal Behavior and Ideation [see Warnings and Precautions (5.5)]
- Withdrawal of AEDs [see Warnings and Precautions (5.6)]
- Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS)/Multi-Organ Hypersensitivity [see Warnings and Precautions (5.7)]
- Hematologic Reactions [see Warnings and Precautions (5.8)]

6.1 Clinical Trials Experience

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

The safety data presented below are from 384 patients with partial-onset seizures who received Oxtellar XR® (366 adults and 18 pediatric patients) with concomitant AEDs. In addition, safety data presented below are from a total of 2288 patients with seizure disorders treated with immediate-release oxcarbazepine; 1832 were adults and 456 were pediatric patients.

Table 3 lists adverse reactions that occurred in at least 2% of patients treated with Oxtellar XR® or placebo and concomitant AEDs and that were numerically more common in the patients treated with any dosage of Oxtellar XR® than in patients receiving placebo. The overall incidence of adverse reactions appeared to be dose related, particularly during the titration period. The most commonly observed (≥5%) adverse reactions seen in association with Oxtellar XR® and more frequent than in placebo-treated patients were: dizziness, somnolence, headache, balance disorder, tremor, vomiting, diplopia, and asthenia.

Adverse Reactions Associated with Discontinuation of Oxtellar XR® Treatment: Approximately 23.3% of the 366 adult patients receiving Oxtellar XR® in clinical studies discontinued treatment because of an adverse reaction. The adverse reactions most commonly associated with discontinuation of Oxtellar XR® (reported by ≥2%) were: dizziness (9.8%), vomiting (5.3%), nausea (3.7%), diplopia (3.2%), and somnolence (2.4%).

Adjunctive Therapy with Oxtellar XR® in Pediatric Patients 6 to Less Than 17 Years of Age Previously Treated with other AEDs

In a pharmacokinetic study in 18 pediatric patients (including patients 6 to less than 17 years of age) with partial-onset seizures treated with different dosages of Oxtellar XR®, the observed adverse reactions seen in association with Oxtellar XR® were similar to those seen in adults. Most Common Adverse Reactions in Immediate-Release Oxcarbazepine Controlled Clinical Studies

Controlled Clinical Studies of Adjunctive Therapy with Immediate-Release Oxcarbazepine in Adults Previously Treated with other AEDs: Table 4 lists adverse reactions that occurred in at least 2% of adult patients with epilepsy treated with immediate-release oxcarbazepine or placebo with concomitant AEDs and that were numerically more common in the patients treated with any dosage of immediate-release oxcarbazepine than in placebo. As immediate-release oxcarbazepine and Oxtellar XR® were not examined in the same trial, adverse event frequencies cannot be directly compared between the two formulations.

Table 3: Adverse Reaction Incidence in a Controlled Clinical Study of Oxtellar XR® with Concomitant AEDs in Adults

<table>
<thead>
<tr>
<th>Table 3: Adverse Reaction Incidence in a Controlled Clinical Study of Oxtellar XR® with Concomitant AEDs in Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxtellar XR® 2400 mg/ day</td>
</tr>
<tr>
<td>N=123</td>
</tr>
<tr>
<td>Any System / Any Term</td>
</tr>
<tr>
<td>Nervous System Disorders</td>
</tr>
<tr>
<td>Dizziness</td>
</tr>
<tr>
<td>Somnolence</td>
</tr>
<tr>
<td>Headache</td>
</tr>
<tr>
<td>Balance Disorder</td>
</tr>
<tr>
<td>Tremor</td>
</tr>
<tr>
<td>Nystagmus</td>
</tr>
<tr>
<td>Ataxia</td>
</tr>
</tbody>
</table>

Table 4: Adverse Reaction Incidence in a Controlled Clinical Study of Immediate Release Oxcarbazepine with Concomitant AEDs in Adults

<table>
<thead>
<tr>
<th>Immediate-Release Oxcarbazepine Dosage (mg/day)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N=166</td>
</tr>
<tr>
<td>OXC 600 N= 163</td>
</tr>
<tr>
<td>Body as a Whole</td>
</tr>
<tr>
<td>Fatigue</td>
</tr>
<tr>
<td>Anesthesia</td>
</tr>
<tr>
<td>Edema Legs</td>
</tr>
<tr>
<td>Complaint</td>
</tr>
<tr>
<td>Feeling Abnormal</td>
</tr>
<tr>
<td>Cardiovascular System</td>
</tr>
<tr>
<td>Hypotension</td>
</tr>
<tr>
<td>Digestive System</td>
</tr>
<tr>
<td>Nausea</td>
</tr>
<tr>
<td>Vomiting</td>
</tr>
<tr>
<td>Pain Abdominal</td>
</tr>
<tr>
<td>Diarrhea</td>
</tr>
</tbody>
</table>
hypokalemia, liver enzymes elevated, serum transaminase increased.

Nervous System:
hypertonia muscle.

Laboratory Abnormality:
changes in the dosage or adjusted, or if the patient was treated conservatively (e.g., fluid restriction).

Nervous System:
hypertonia muscle.

Body as a Whole:
fever, malaise, pain chest precordial, rigors, weight decrease.

Other Reactions Observed in Association with the Administration of Immediate-Release Oxcarbazepine

Other:
Systemic lupus erythematosus.

Laboratory Tests
Serum sodium levels below 125 mmol/L have been observed in patients treated with immediate-release oxcarbazepine (see Warnings and Precautions (5.1)). Experience from clinical trials with immediate-release oxcarbazepine indicates that serum sodium levels return toward normal when the dosage is reduced or discontinued, or when the patient was treated conservatively (e.g., fluid restriction).

Laboratory data from clinical trials suggest that immediate-release oxcarbazepine use was associated with decreases in TSH, without changes in T3 or TSH.

6.2 Postmarketing and Other Experience
The following adverse reactions have been observed in patients treated with immediate-release oxcarbazepine (see Warnings and Precautions (5.1)). Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

Body as a Whole: multigener hypersensitivity disorders characterized by features such as rash, fever, lymphadenopathy, abnormal liver function tests, eosinophilia, and arthralgia (see Warnings and Precautions (5.7)).

Cardiovascular System: atrioventricular block.

Dermatologic and Lymphatic Systems: aplastic anemia (see Warnings and Precautions (5.8)).

Immune System Disorders: anaphylaxis (see Warnings and Precautions (5.2)).

Metabolism and Nutrition Disorders: hypothyroidism and syndrome of inappropriate antidiuretic hormone secretion (SIADH).

Skin and Subcutaneous Tissue Disorders: erythema multiforme, Stevens-Johnson syndrome, toxic epidermal necrolysis (see Warnings and Precautions (5.4)).

Exanthematous Pustulosis (AGEP).

Musculoskeletal, Connective Tissue and Bone Disorders: There have been reports of decreased bone mineral density, osteoporosis and fractures in patients on long-term therapy with immediate-release oxcarbazepine.

7. DRUG INTERACTIONS
7.1 Effect of Oxtellar XR on Other Drugs
It is recommended that the plasma levels of phenytoin be monitored during the period of Oxtellar XR titration and dosage modification (see Clinical Pharmacology (12.3)). A decrease in the dosage of phenytoin may be required.

7.2 Effect of Other Drugs on Oxtellar XR
If Oxtellar XR and strong CYP3A4 inducers or UGT inducers (e.g., rifampin, carbamazepine, phenytoin and phenobarbital) are administered concurrently, it is recommended that the plasma levels of MHD be monitored during the period of Oxtellar XR titration (see Clinical Pharmacology (12.3)). Dosage adjustment of Oxtellar XR may be required after initiation, dosage modification, or discontinuation of such inducers (see Dosage and Administration (2.5)).

7.3 Hormonal Contraceptives
Concurrent use of immediate-release oxcarbazepine with hormonal contraceptives may render these contraceptives less effective (see Clinical Pharmacology (12.3)). Studies with other oral or implant contraceptives have not been conducted.

8. USE IN SPECIFIC POPULATIONS
8.1 Pregnancy
Pregnancy Registry Exposure Data
There is a pregnancy exposure registry that monitors pregnancy outcomes in women exposed to AEDs, such as Oxtellar XR, during pregnancy. Encourage women who are taking Oxtellar XR during pregnancy to enroll in the North American Antiepileptic Drug (NAAED) Pregnancy Registry (by calling 1-888-233-2334 or visiting http://www.aedpregnancyregistry.org/).

Risk Summary
There are no adequate data on the developmental risks associated with the use of Oxtellar XR® in pregnant women; however, Oxtellar XR® is closely related structurally to carbamazepine, which is considered to be teratogenic in humans. Data on a limited number of pregnancies from pregnancy registries suggest that oxcarbazepine monotherapy use is associated with congenital malformations (e.g., craniofacial defects such as oral clefts, and cardiac malformations such as ventricular septal defects). Increased incidences of cerebral structural abnormalities and other manifestations of developmental toxicity (embryolethality, growth retardation) were observed in the offspring of animals treated with either oxcarbazepine or its active 10-hydroxy metabolite (MHD) during pregnancy at doses similar to the maximum recommended human dose (MRHD). In the U.S. pregnancy registry, the estimated birth defects and miscarriage in clinically recognized pregnancies is 2-4% and 15-20%, respectively. The background risk of major birth defects and miscarriage for the indicated population is unknown.

Clinical Considerations
An increase in seizure frequency may occur during pregnancy because of altered levels of the active metabolite of oxcarbazepine. Monitor patients carefully during pregnancy and through the postpartum period (see Warnings and Precautions (5.9)).

Data
Human Data
Data from published registries have reported craniofacial defects such as oral clefts and cardiac malformations such as ventricular septal defects in children with prenatal oxcarbazepine exposure.

Animal Data
When pregnant rats were given oxcarbazepine (30, 300, or 1000 mg/kg/day) orally throughout the period of organogenesis, increased incidences of fetal malformations (craniofacial, cardiac, vascular, and skeletal) were observed at the intermediate and high doses (approximately 1.2 and 4 times, respectively, the MRHD on a mg/m² basis). Increased embryolethality and decreased fetal body weights were seen at the high dose. Doses > 300 mg/kg/day were associated with an increased incidence of fetal deaths and other anomalies. The no-effect dose was 30 mg/kg/day.

Table 4: Adverse Reaction Incidence in a Controlled Clinical Study of Immediate Release Oxcarbazepine with Concomitant AEDs in Adults (continued)

<table>
<thead>
<tr>
<th>Reaction</th>
<th>Immediate-Release Oxcarbazepine Dosage (mg/day)</th>
<th>Placebo N = 196</th>
</tr>
</thead>
<tbody>
<tr>
<td>OX 600</td>
<td>OX 1200</td>
<td>OX 2400</td>
</tr>
<tr>
<td>N (%)</td>
<td>N (%)</td>
<td>N (%)</td>
</tr>
<tr>
<td>Dyspnea</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Constipation</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Gastritis</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Metabolic and Nutritional Disorders</td>
<td>Hypokalemia</td>
<td>3</td>
</tr>
<tr>
<td>Muscle Weakness</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Nervous System</td>
<td>32</td>
<td>28</td>
</tr>
<tr>
<td>Headache</td>
<td>32</td>
<td>28</td>
</tr>
<tr>
<td>Dizziness</td>
<td>32</td>
<td>28</td>
</tr>
<tr>
<td>Somnolence</td>
<td>32</td>
<td>28</td>
</tr>
<tr>
<td>EEG Abnormal</td>
<td>32</td>
<td>28</td>
</tr>
<tr>
<td>Speech Disorder</td>
<td>32</td>
<td>28</td>
</tr>
<tr>
<td>Nervousness</td>
<td>32</td>
<td>28</td>
</tr>
<tr>
<td>Coordination Abnormal</td>
<td>32</td>
<td>28</td>
</tr>
<tr>
<td>Respiratory System</td>
<td>32</td>
<td>28</td>
</tr>
<tr>
<td>Rhinitis</td>
<td>32</td>
<td>28</td>
</tr>
<tr>
<td>Skin and Appendages</td>
<td>32</td>
<td>28</td>
</tr>
<tr>
<td>Acne</td>
<td>32</td>
<td>28</td>
</tr>
<tr>
<td>Special Senses</td>
<td>32</td>
<td>28</td>
</tr>
<tr>
<td>Diplopia</td>
<td>32</td>
<td>28</td>
</tr>
<tr>
<td>Vertigo</td>
<td>32</td>
<td>28</td>
</tr>
<tr>
<td>Vision Abnormal</td>
<td>32</td>
<td>28</td>
</tr>
<tr>
<td>Accommodation Abnormal</td>
<td>32</td>
<td>28</td>
</tr>
</tbody>
</table>

Events in at least 2% of patients treated with 2400mg/day of immediate-release oxcarbazepine and numerically more frequent than in the placebo group
mg/kg were also maternally toxic (decreased body weight gain, clinical signs), but there is no evidence to suggest that teratogenicity was secondary to the maternal effects.

In a study in which pregnant rabbits were orally administered MHD (20, 100, or 200 mg/kg/day) during organogenesis, embryolethal mortality was increased at the highest dose (1.5 times the MRHD on a mg/m² basis). This dose produced only minimal maternal toxicity.

In a study in which female rats were dosed orally with oxcarbazepine (25, 50, or 150 mg/kg/day) during the latter part of pregnancy and lactation, a persistent reduction in body weights and altered behavior (decreased activity) were observed in offspring exposed to the highest dose (0.6 times the MRHD on a mg/kg basis). Oral administration of MHD (25, 75, or 250 mg/kg/day) to rats during gestation and lactation resulted in a persistent reduction in offspring weights at the highest dose (equivalent to the MRHD on a mg/kg basis).

8.2 Lactation

Risk Summary

Oxcarbazepine and its active metabolite (MHD) are present in human milk after oxcarbazepine administration. The effects of oxcarbazepine and its active metabolite (MHD) on the breastfed infant or on milk production are unknown. The developmental and health benefits of breast-feeding should be considered along with the mother’s clinical need for Oxtellar XR and any potential adverse effects on the breastfed infant from Oxtellar XR or from the underlying maternal condition.

8.3 Females and Males of Reproductive Potential

Contraception

Use of Oxtellar XR with hormonal contraceptives containing ethinylestradiol or levonorgestrel is associated with decreased plasma concentrations of these hormones and may result in a failure of the therapeutic effect of the oral contraceptive drug. Advise women of reproductive potential taking Oxtellar XR who are using a contraceptive containing ethinylestradiol or levonorgestrel to use alternative or additional non-hormonal birth control [see Drug Interactions (7.3) and Clinical Pharmacology (12.3)].

8.4 Pediatric Use

The safety and effectiveness of Oxtellar XR® in pediatric patients 6 years of age and older for the treatment of partial-onset seizures is supported by:

1) An adequate and well-controlled safety and efficacy study of Oxtellar XR® in adults that included pharmacokinetic sampling [see Clinical Studies (14.1)].

2) A pharmacokinetic study of Oxtellar XR® in pediatric patients, which included patients 6 to less than 17 years of age [see Clinical Pharmacology (12.3)].

3) Safety and efficacy studies with the immediate-release formulation in adults and pediatric patients [see Clinical Studies (14.2) and Adverse Reactions (6.1)].

Oxtellar XR® is not approved for pediatric patients less than 6 years of age because the size of the tablets is inappropriate for younger children.

8.5 Geriatric Use

Following administration of single (300 mg) and multiple (600 mg/day) doses of immediate-release oxcarbazepine to elderly volunteers (80-82 years of age), the maximum plasma concentrations and AUC values of MHD were 50%-60% higher than in younger volunteers (19-32 years of age). Comparisons of creatinine clearance in young and elderly volunteers indicate that the difference was due to age-related reductions in creatinine clearance. Consider starting at a lower dosage and lowering titration [see Dosage and Administration (2.4)]. Close monitoring of sodium levels is required in elderly patients at risk for hyponatremia [see Warnings and Precautions (5.1)].

8.6 Renal Impairment

There is a linear correlation between creatinine clearance and the renal clearance of MHD [see Clinical Pharmacology (12.3) and Dosage and Administration (2.3)].

The pharmacokinetics of Oxtellar XR® have not been evaluated in patients with renal impairment. In patients with severe renal impairment (creatinine clearance <30 mL/min) given immediate-release oxcarbazepine, the elimination half-life of MHD was prolonged with a corresponding twofold increase in AUC [see Clinical Pharmacology (12.3)]. In these patients initiate Oxtellar XR® at a lower starting dosage and increase, if necessary, at a slower than usual rate until the desired clinical response is achieved [see Dosage and Administration (2.3)].

In patients with end-stage renal disease on dialysis, it is recommended that immediate-release oxcarbazepine be used instead of Oxtellar XR®.

8.7 Hepatic Impairment

The pharmacokinetics of oxcarbazepine and MHD have not been evaluated in severe hepatic impairment, and therefore is not recommended in these patients [see Clinical Pharmacology (12.3)].

9 DRUG ABUSE AND DEPENDENCE

9.2 Abuse

Oxtellar XR® is not habit forming, and is not expected to encourage abuse.

9.3 Dependence

Intragastric injections of oxcarbazepine to four cynomolgus monkeys demonstrated no signs of physical dependence as measured by the desire to self-administer oxcarbazepine by lever pressing activity.

10 OVERDOSAGE

10.1 Human Overdose Experience

Isolated cases of overdose with immediate-release oxcarbazepine have been reported. The maximum dose reported was approximately 48,000 mg. All patients were discovered with symptomatic treatment. Nausea, vomiting, somnolence, aggression, agitation, hypotension, and tremor each occurred in more than one patient. Conna, confusional state, convulsion, dyscoordination, depressed level of consciousness, dizziness, dizziness, dyskinesia, dyspnea, QT prolongation, headache, miosis, myalgia, overdose, decreased urine output, and blurred vision also occurred.

10.2 Treatment and Management

There is no specific antidote for Oxtellar XR® overdose. Administer symptomatic and supportive treatment as appropriate. Options include removal of the drug by gastric lavage and/or inactivation by administering activated charcoal.

11 DESCRIPTION

Oxtellar XR® is an antiepileptic drug (AED). Oxtellar XR® extended-release tablets contain oxcarbazepine for once-a-day oral administration. Oxcarbazepine is 10,11-Dihydro-10-oxo-5H-dibenzo[b,f]-azepine-5-carboxamide, and its structural formula is

Oxcarbazepine is off-white to yellow crystalline powder. Oxcarbazepine is sparingly soluble in chloroform (30-100 g/L). In aqueous media over pH range 1 to 8, oxcarbazepine is practically insoluble and its solubility is 40 mg/L (0.04 g/L) at pH 7.0, 25°C. The molecular formula is C24H23N2O2 and its molecular weight is 252.27.

Oxtellar XR® tablets contain the following inactive ingredients: colloidal silicon dioxide, hydroxy methylcellulose, yellow iron oxide (150 mg, 300 mg tablets only), red iron oxide (300 mg, 600 mg tablets only), black iron oxide (300 mg tablet only), magnesium stearate, methacrylic acid copolymer, microcrystalline cellulose, polyethylene glycol, polyvinyl alcohol, povidone, sodium hydroxide, talc, and titanium dioxide. Each tablet is printed on one side with edible black ink.
Dosage adjustment is recommended in these patients [see Clearance between creatinine clearance and the renal clearance of MHD. When immediate-release Administration (2.3) and Use in Special Populations (8.6).

Pharmacokinetic study of Oxtellar XR was performed in 18 pediatric patients with epilepsy, which included patients 6 to less than 17 years of age, after multiple doses. The pharmacokinetics of oxcarbazepine and MHD in pediatric patients with Oxtellar XR can be determined based on body weight. Weight-normalized doses in pediatric patients should produce MHD exposures (AUC) comparable to that in typical adults, with oxcarbazepine exposures ~40% higher in children than in adults [see Use in Specific Populations (8.4)]. The pharmacokinetics of Oxtellar XR in pediatric patients are similar when used as monotherapy or as adjunctive therapy for the treatment of partial-onset seizures.

Pediatric Patients

The pharmacokinetics and metabolism of immediate-release oxcarbazepine and MHD have not been evaluated in severe hepatic impairment, and therefore it is not recommended in these patients [see Use in Specific Populations (8.4)]. The pharmacokinetic model suggested that dosing of pediatric patients with Oxtellar XR can be based on body weight. Weight-normalized doses in pediatric patients should produce MHD exposures (AUC) comparable to that in typical adults, with oxcarbazepine exposures ~40% higher in children than in adults [see Use in Specific Populations (8.4)].

Patients with Renal or Hepatic Impairment

The effects of renal or hepatic impairment have not been studied for Oxtellar XR. Patients with severe hepatic impairment have not been studied for Oxtellar XR [see Use in Specific Populations (8.6, 8.7)].

Racial or Ethnic Groups

No gender-related pharmacokinetic differences have been observed in children, adults, or the elderly with immediate-release oxcarbazepine. No gender-related pharmacokinetic differences have been evaluated in severe hepatic impairment, and therefore it is not recommended in these patients [see Use in Specific Populations (8.6)].

Pediatric Patients

Pediatric Patients

Pediatric patients with epilepsy are similar when used as monotherapy or as adjunctive therapy for the treatment of partial-onset seizures.

Male and Female Patients

The effects of gender have not been studied for Oxtellar XR.

Racial or Ethnic Groups

No gender-related pharmacokinetic differences have been evaluated in severe hepatic impairment, and therefore it is not recommended in these patients [see Use in Specific Populations (8.6)].

Pediatric Patients

Pediatric patients with epilepsy are similar when used as monotherapy or as adjunctive therapy for the treatment of partial-onset seizures.

Table 5: AED Drug Interactions with Immediate-Release (IR) Oxcarbazepine

<table>
<thead>
<tr>
<th>AED Coadministered (daily dosage)</th>
<th>IR- Oxcarbazepine (daily dosage)</th>
<th>Influence of IR- Oxcarbazepine on AED Concentration Mean Change [90% Confidence Interval]</th>
<th>Influence of AED on Oxcarbazepine Concentration Mean Change (90% Confidence Interval)</th>
<th>Influence of AED on MHD Concentration (Mean Change, 90% Confidence Interval)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carbamazepine (400 – 2000 mg)</td>
<td>900 mg</td>
<td>nc</td>
<td>-14% decrease [CI: 12% decrease, 19% increase]</td>
<td>25% decrease [CI: 12% decrease, 48% increase]</td>
</tr>
<tr>
<td>Valproic Acid (400 – 2800 mg)</td>
<td>1200 nc</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lamotrigine (200 mg)</td>
<td>1200 nc</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

nc denotes a mean change of less than 10%.

1. Mean increase in adults at high doses of immediate-release oxcarbazepine.
Table 6: Primary Efficacy Results in Study 1: Percent Change from Baseline in Partial-Onset Seizure Frequency in the 16-week Treatment Period

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Median seizure frequency during 8-week baseline period (per 28 days)</th>
<th>Median seizure frequency during 16-week treatment period (per 28 days)</th>
<th>Median percent change in seizure frequency</th>
<th>Seizure frequency percent change effect size</th>
<th>P value vs placebo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Placebo (N=121)</td>
<td>7.0</td>
<td>5.0</td>
<td>-28.7%</td>
<td></td>
<td>0.078</td>
</tr>
<tr>
<td>Oxtellar XR® 1200mg/day (N=122)</td>
<td>6.0</td>
<td>4.3</td>
<td>-38.2%</td>
<td>9.5%</td>
<td>0.003</td>
</tr>
<tr>
<td>Oxtellar XR® 2400mg/day (N=123)</td>
<td>6.0</td>
<td>3.7</td>
<td>-42.9%</td>
<td>14.2%</td>
<td></td>
</tr>
</tbody>
</table>

* Wilcoxon rank-sum test of the median percentage change in partial-onset seizure frequency per 28 days during the 16-week Treatment Phase (Titration + Maintenance Periods) relative to the 8-week Baseline Phase.

Although the 1200 mg/day-placebo contrast did not reach statistical significance, concentration-response analyses reveal that the 1200 mg/day dosage is an effective dosage.

14.2 Immediate-Release Oxcarbazepine Adjunctive Therapy Trials

The effectiveness of immediate-release oxcarbazepine as an adjunctive therapy for partial-onset seizures in adults was demonstrated at dosages of 600mg/day, 1200mg/day, and 2400mg/day (divided twice daily) in a randomized, double-blind, placebo-controlled trial. All dosages resulted in a statistically significant reduction in seizure frequency when compared to placebo (p<0.05). The effectiveness of immediate-release oxcarbazepine in dosages of 30-46 mg/kg/day, depending on baseline weight, as an adjunctive therapy for partial-onset seizures in pediatric patients, including patients 6 to less than 15 years of age, was studied in a randomized, double-blind, placebo-controlled trial. Oxcarbazepine in the single-weight-based dosage group resulted in a statistically significant reduction in seizure frequency when compared to placebo (p<0.05).

16 HOW SUPPLIED/STORAGE AND HANDLING

16.1 Dosage Form Supplied

150 mg (yellow modified-oval shaped tablet printed “150” on one side with edible black ink)

Bottles of 100 tablets NDC 17772-121-01

300 mg (brown modified-oval shaped tablet printed “300” on one side with edible black ink)

Bottles of 100 tablets NDC 17772-122-01

600 mg (brownish red modified-oval shaped tablet printed “600” on one side with edible black ink)

Bottles of 100 tablets NDC 17772-123-01

16.2 Storage and Handling

Store at 25°C (77°F); excursions permitted between 15°C and 30°C (59°F to 86°F) [See USP controlled room temperature]. Protect from light and moisture. Dispense in a tight, light-resistant container.

17 PATIENT COUNSELING INFORMATION

Advise the patient to read the FDA-Approved patient labeling (Medication Guide), Administration Information

Advise patients to swallow the tablet whole. Do not cut, chew, or crush the tablet. Advise patients to take Oxtellar XR® on an empty stomach. This means they should take Oxtellar XR® at least one hour before food or at least two hours after food [see Dosage and Administration (2.1) and Clinical Pharmacology (12.3)].

Hypernatremia

Advise patients that Oxtellar XR® may reduce serum sodium concentrations especially if they are taking other medications that can lower sodium. Advise patients to report symptoms of low sodium like nausea, tiredness, lack of energy, confusion, and more frequent or more severe seizures [see Warnings and Precautions (5.1)].

Anaphylactic Reactions and Angioedema

Anaphylactic reactions and angioedema may occur during treatment with Oxtellar XR®. Advise patients to immediately report signs and symptoms suggesting angioedema (swelling of the face, eyes, lips, tongue, or difficulty in swallowing or breathing) and to stop taking the drug until they have consulted with their physician [see Warnings and Precautions (5.2)].

Cross Hypersensitivity Reaction to Carbamazepine

Inform patients who have exhibited hypersensitivity reactions to carbamazepine that approximately 25%-30% of these patients may also experience hypersensitivity reactions with Oxtellar XR®. If patients experience a hypersensitivity reaction while taking Oxtellar XR®, advise them to consult with their physician immediately [see Warnings and Precautions (5.3)].

Serious Dermatological Reactions

Advise patients that serious skin reactions have been reported in association with immediate-release oxcarbazepine. If patients experience a skin reaction while taking Oxtellar XR®, advise patients to consult with their physician immediately [see Warnings and Precautions (5.4)].

Suicidal Behavior and Ideation

Counsel patients, their caregivers, and families that AEDs, including Oxtellar XR®, may increase the risk of suicidal thoughts and behavior and that they need to be alert for the emergence or worsening of depressive symptoms, any unusual changes in mood or behavior, or the emergence of suicidal thoughts, behavior, or thoughts about self-harm. Advise them to immediately report behaviors of concern to healthcare providers [see Warnings and Precautions (5.5)].

DRESS/Multi-Organ Hypersensitivity

Instruct patients that a fever associated with signs of other organ system involvement (e.g., rash, lymphadenopathy, hepatic dysfunction, etc.) occurring during treatment with Oxtellar XR® may be drug-related, and advise them to consult their physician immediately [see Warnings and Precautions (5.7)].

Hematologic Reactions

Advise patients that there have been rare reports of blood disorders reported in patients treated with immediate-release oxcarbazepine. Instruct patients to immediately consult with their physician if they experience symptoms suggestive of blood disorders during treatment with Oxtellar XR® [see Warnings and Precautions (5.8)].

Drug Interactions

Warn female patients of childbearing age that the concurrent use of Oxtellar XR® with hormonal contraceptives may render this method of contraception less effective [see Drug Interactions (7.3) and Use in Specific Populations (8.1)]. Additional non-hormonal forms of contraception are recommended when using Oxtellar XR®.

Pregnancy Registry

Advise patients to notify their healthcare provider if they become pregnant or intend to become pregnant during OXTELLAR XR therapy. Encourage patients to enroll in the North American Antiepileptic Drug (NAAED) Pregnancy Registry if they become pregnant. (This registry is collecting information about the safety of antiepileptic drugs during pregnancy [see Use in Specific Populations (8.1)].

Oxtellar XR® is manufactured by: Patheon Inc., Whitby, Ontario L1N 5Z5 CANADA

Distributed by: Supernus Pharmaceuticals, Inc., Rockville, MD 20850 USA

Oxtellar XR® is a trademark of Supernus Pharmaceuticals, Inc.

RA-OXT-V3

MEDICATION GUIDE Oxtellar XR® (ohm-teh-lahr eks ahr) extended-release tablets, for oral use

What is the most important information I should know about Oxtellar XR®?

Do not stop taking Oxtellar XR® without first talking to your healthcare provider. Stopping Oxtellar XR® suddenly can cause serious problems.

Oxtellar XR® can cause serious side effects, including:

1. Oxtellar XR® may cause the level of sodium in your blood to be low. Symptoms of low blood sodium include:

   • nausea
   • tiredness, lack of energy
   • confusion
   • headache
   • more frequent or more severe seizures

   Similar symptoms that are not related to low sodium may occur from taking Oxtellar XR®. You should tell your healthcare provider if you have any of these side effects and if they bother you or they do not go away.

   Some other medicines can also cause low sodium in your blood.

   Be sure to tell your healthcare provider about all the other medicines that you are taking.

   Your healthcare provider may do blood tests to check your sodium levels during your treatment with Oxtellar XR®.

2. Oxtellar XR® may also cause allergic reactions or serious problems which may affect organs and other parts of your body like the liver or blood cells. You may or may not have a rash with these types of reactions.

   Call your healthcare provider right away if you have any of the following:

   • swelling of your face, eyes, lips, or tongue
   • trouble swallowing or breathing
   • a skin rash
   • hives
   • fever, swollen glands, or sore throat that does not go away or comes and goes
   • painful sores in the mouth or around your eyes
   • yellowing of your skin or eyes
   • unusual bruising or bleeding
   • severe fatigue or weakness
   • severe muscle pain
   • frequent infections that do not go away

   Many people who are allergic to carbamazepine are also allergic to Oxtellar XR. Tell your healthcare provider if you are allergic to carbamazepine.

3. Like other antiepileptic drugs, Oxtellar XR® may cause suicidal thoughts or actions in a very small number of people, about 1 in 500.

   Call your healthcare provider right away if you have any of these symptoms, especially if they are new, worse, or worry you:
• thoughts about suicide or dying
• attempts to commit suicide
• new or worse depression
• new or worse anxiety
• feeling agitated or restless
• panic attacks
• trouble sleeping (insomnia)
• new or worse irritability
• acting aggressive, being angry, violent
• acting on dangerous impulses
• an extreme increase in activity and talking (mania)
• other unusual changes in behavior or mood

How can I watch for early symptoms of suicidal thoughts and actions?
• Pay attention to any changes, especially sudden changes, in mood, behaviors, thoughts, or feelings.
• Keep all follow-up visits with your healthcare provider as scheduled.

Call your healthcare provider between visits as needed, especially if you are worried about symptoms.

Do not stop taking Oxtellar XR without first talking to a healthcare provider.
• Stopping Oxtellar XR suddenly can cause serious problems.
• Stopping a seizure medicine suddenly in a patient who has epilepsy may cause seizures that will not stop (status epilepticus).
Suicidal thoughts or actions may be caused by things other than medicines. If you have suicidal thoughts or actions, your healthcare provider may check for other causes.

What is Oxtellar XR?
Oxtellar XR is a prescription medicine used to treat partial onset seizures in adults and children 6 years of age and older. It is not known if Oxtellar XR is safe and effective in children under 6 years of age. Oxtellar XR is not for use in children under 6 years of age.

Who should not take Oxtellar XR?
Do not take Oxtellar XR if you are allergic to oxcarbazepine or any of the other ingredients in Oxtellar XR, or to eslicarbazepine acetate. See the end of this Medication Guide for a complete list of ingredients in Oxtellar XR.

What should I tell my healthcare provider before taking Oxtellar XR?
Before taking Oxtellar XR, tell your healthcare provider about all your medical conditions, including if you:
• have or have had suicidal thoughts or actions, depression or mood problems
• have liver problems
• have kidney problems
• are allergic to carbamazepine. Many people who are allergic to carbamazepine are also allergic to Oxtellar XR.
• use birth control medicine. Oxtellar XR may cause your birth control medicine to be less effective. Talk to your healthcare provider about the best birth control method to use.
• are pregnant or plan to become pregnant. Oxtellar XR may harm your unborn baby. Tell your healthcare provider right away if you become pregnant while taking Oxtellar XR. You and your healthcare provider will decide if you should take Oxtellar XR while you are pregnant.
  o If you become pregnant while taking Oxtellar XR, talk to your healthcare provider about registering with the North American Antiepileptic Drug (NAAED) Pregnancy Registry.
  o The purpose of this registry is to collect information about the safety of antiepileptic medicine during pregnancy. You can enroll in this registry by calling 1-888-233-2334.
• are breastfeeding or plan to breastfeed. Oxtellar XR passes into breast milk. Talk with your healthcare provider about the best way to feed your baby if you take Oxtellar XR.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. Taking Oxtellar XR with certain other medicines may cause side effects or affect how well they work. Do not start or stop other medicines without talking to your healthcare provider.

Especially tell your healthcare provider if you take: carbamazepine, phenobarbital, phenytoin, or birth control medicine. Know the medicines you take. Keep a list of them and show it to your healthcare provider and pharmacist when you get a new medicine.

How should I take Oxtellar XR?
• Do not stop taking Oxtellar XR without talking to your healthcare provider. Stopping Oxtellar XR suddenly can cause serious problems, including seizures that will not stop (status epilepticus).
• Take Oxtellar XR exactly as prescribed. Your healthcare provider may change your dose. Your healthcare provider will tell you how much Oxtellar XR to take.
• Take Oxtellar XR 1 time each day.
• Take Oxtellar XR on an empty stomach. This means you should take Oxtellar XR at least 1 hour before or at least 2 hours after a meal.
• Take Oxtellar XR tablets whole with water or other liquid.
• Do not cut, crush, or chew the tablets before swallowing.
• If you take too much Oxtellar XR call your healthcare provider right away.

What are the possible side effects of Oxtellar XR?
See “What is the most important information I should know about Oxtellar XR?”
Oxtellar XR may cause other serious side effects including:
• seizures that can happen more often or become worse, especially in children.

The most common side effects of Oxtellar XR include:
• dizziness
• sleepiness
• headache
• balance problems
• tremors
• vomiting
• double vision
• weakness or lack of energy (asthenia)

These are not all the possible side effects of Oxtellar XR. For more information, ask your healthcare provider or pharmacist. Tell your healthcare provider if you have any side effect that bothers you or does not go away.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

How should I store Oxtellar XR?
• Store Oxtellar XR at room temperature between 68°F to 77°F (20°C and 25°C).
• Keep Oxtellar XR in a tightly closed container and out of the light.
• Keep Oxtellar XR tablets dry.

Keep Oxtellar XR and all medicines out of the reach of children.

General Information about the safe and effective use of Oxtellar XR.
Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. Do not use Oxtellar XR for a condition for which it was not prescribed. Do not give Oxtellar XR to other people, even if they have the same symptoms that you have. It may harm them.

You can ask your healthcare provider or pharmacist for information about Oxtellar XR that is written for health professionals.

What are the ingredients in Oxtellar XR?
Active ingredient: oxcarbazepine
Inactive ingredients:
150 mg tablets: colloidal silicon dioxide, hypromellose, yellow iron oxide, magnesium stearate, methacrylic acid copolymer, microcrystalline cellulose, polyethylene glycol, polyvinyl alcohol, povidone, sodium lauryl sulfate, talc, and titanium dioxide.
300 mg tablets: colloidal silicon dioxide, hypromellose, yellow iron oxide, red iron oxide, black iron oxide, magnesium stearate, methacrylic acid copolymer, microcrystalline cellulose, polyethylene glycol, polyvinyl alcohol, povidone, sodium lauryl sulfate, talc, and titanium dioxide.
600 mg tablets: colloidal silicon dioxide, hypromellose, red iron oxide, magnesium stearate, methacrylic acid copolymer, microcrystalline cellulose, polyethylene glycol, polyvinyl alcohol, povidone, sodium lauryl sulfate, talc, and titanium dioxide.

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