Lacosamide should be administered to patients with severe hepatic impairment only when the expected therapeutic benefits are anticipated to outweigh the possible risks. The doses may need to be adjusted while carefully observing disease activity and potential side effects in the patient.

Special Warnings and Precautions for Use

Seizure and related behaviour have been reported in patients treated with antiepileptic medicinal products. These consequences include gasoline inhalation and asphyxia of randomised placebo-controlled trials of antiepileptic medicinal products have also shown an increased risk of suicidal behaviour. The mechanism of this risk is not known and the available data do not exclude the occurrence of such an increase in risk. Therefore, patients should be monitored for signs of suicidal ideation and behaviour and appropriate counselling (and caregivers of patients) should be advised to seek medical advice should the risk of suicide ideation or behaviour emerge.

Disposing

Treatment with lacosamide has been associated with dizziness which could increase the occurrence of falls. Patients should be advised to exercise caution until they are familiar with the potential effects of the medicine.

Children and Adolescents

No dose adjustment is necessary in elderly patients.

Co-administration with other medicinal products and other forms of interaction

Lacosamide should be used with caution in patients treated with medicinal products known to be associated with PR prolongation (e.g. car- bamazepine, lamotrigine) or lacosamide has been used to treat class 1a antiarrhythmics. However, subgroup analysis did not find any significant interaction. AUC of lacosamide has been found to be modestly reduced in the presence of a cytochrome CYP3A4 inhibitor (e.g. bupropion) in the intradose. In vivo data show that CYP3A4 and CYP2C19 inhibitors are capable of catalysing the formation of the O-demethyl metabolite.

In vitro data

No dose differences or induce CYP3A4 and 3A4 are to a clinically relevant extent. Lacosamide did not affect the AUC of midazolam (metabolised by CYP3A4), cyproheptadine (metabolised by CYP2D6 and CYP3A4) or omeprazole (metabolised by CYP2C19 and CYP3A4) given concomitantly.

The CYP3A4 inhibitor, ketoconazole (40 mg once daily) did not give rise to any significant change in the Cmax or AUC of lacosamide. Inhibitors of CYP3A4 are unlikely to affect systemic lacosamide exposure in a clinically relevant way.

Caution is recommended in concomitant treatment with strong inhibitors of CYP3A4 (e.g. rifampicin and CYP3A4 (e.g. rifampicin, keto- conazole, rifiniquamide, clarithromycin), which may lead to increased systemic exposure of lacosamide. Such interactions have not been evaluated in vivo, but are possible based on in vitro data.

In some studies, the enzyme inducer carbamazepine or rifampicin (Hyperi- cum perforatum) may moderately reduce the systemic exposure of lacosamide. Therefore, starting or ending treatment with these enzyme inducers should be done with caution.

Antiepileptic medicinal products

Lacosamide tablets in clinical studies did not significantly affect the plasma concentrations of carbamazepine and valproic acid. Lacosamide plasma concentrations were not affected when lacosamide was given in combination with the pharmacokinetics of omeprazole (metabolised by CYP2C19 and CYP3A4) given concomitantly.

In vitro data

Lacosamide should be used with caution in patients treated with medicinal products known to be enzyme inducers (carbamazepine, phenytoin, phenobarbital) and in patients receiving experience. In the placebo-controlled trials of lacosamide in epileptic trials showing that lacosamide is used in combination with products known to be enzyme inducers (carbamazepine, lamotrigine, eslicarbazepine, pregabalin) and in patients concomitantly receiving carbamazepine or lamotrigine in clinical trials.
**Psychiatric disorders**

- Depression: Confusion, dizziness, insomnia
- Agitation: Apparent irritability
- Agranulocytosis
- Psychosis
- Suicide attempt
- Suicide ideation
- Hallucinations

**Nervous system disorders**

- Headache
- Couples
- Sycope
- Convulsion

**Eye disorders**

- Scleritis
- Uveitis

**Ear and labyrinth disorders**

- Vertigo
- Tinnitus

**Cardiac disorders**

- Atrioventricular block (1,2)
- Bradycardia
- Atrial fibrillation
- Atrial flutter

**Gastro-intestinal disorders**

- Nausea
- Vomiting
- Constipation
- Flatulence
- Diarrhoea
- Dyspepsia
- Dry mouth

**Hepatobiliary disorders**

- Liver function test abnormalities
- Hepatitis
- Enzyme increased (2

**Skin and subcutaneous tissue disorders**

- Pruritus
- Arguesia
- Urgencia
- Stevens-Johnson syndrome
- Toxic epidermal necrolysis

**Musculoskeletal and connective tissue disorders**

- Muscle spasm

**General disorders and administration site conditions**

- Local disturbance
- Fatigue
- Inflability
- Necrosis

**Injury, poisoning and procedural complications**

- Skin ulceration
- Contusion

---

**OVERDOSE**

Symptoms:
- Symptoms observed after an accidental or intentional overdose of lacosamide are primarily associated with CNS and gastrointestinal system.

- The types of adverse reactions experienced by patients exposed to doses above 400 mg to 500 mg were not clearly different from those of patients administered recommended doses of lacosamide.

- Reactions reported after an intake of more than 850 mg are dizziness, nausea, vomiting, seizures (generalized tonic-clonic seizures, status epilepticus).

- Cardiovascular reactions, shock and coma have also been observed.

- Fatalities have been reported in patients following an intake of acute simple overdose of several grams of lacosamide.

Treatment or Management of Overdose:
- There is no specific antidote for overdose with lacosamide.

- Treatment of lacosamide overdose should include general supportive measures and may include hemodialysis if necessary.

---

**PHARMACEUTICAL PARTICULARS**

**List of excipients**

- Tablet core:
  - microcrystalline cellulose
  - hydroxypropylcellulose
  - lactose (sweet)
  - carboxymethylcellulose (poloxamer XL10 Pharmaceutical Grade)
  - magnesium stearate

**Tablet coat**

- Seizgard 50 mg film-coated tablets
  - Opacity II Pink 85F3342
  - Opacity II Yellow 85G2072

- Seizgard 150 mg film-coated tablets
  - Opacity II Tan 85G2170
  - Opacity II Blue 85G2048

**Incompatibilities**

- Not applicable.

**Storage**

- This medicinal product does not require any special storage conditions.

- Keep out of reach of children.

- Nature and contents of container:
  - Seizgard 50 mg, 100 mg, 150 mg and 200 mg film-coated tablet - available in blister pack.

**Special precautions for disposal**

- No special requirements for disposal.

---

**CONTACT:**

For Medical Information - Contact: Medical Affairs Department
medinfoindia@ubc.com

**MANUFACTURED BY:**

M.M. Laboratories Private Limited, (Formulations Division)

Plot No. 42, ANRICH Industrial Estate, Bollaram, Sangareddy District – 502320, Telangana, India

**MARKETED BY:**

UCB INDIA PVT. LTD
BLOG NO. P3, UNIT NO. 103, FIRST FLOOR, PRITHVI COMPLEX, KALHER PIPELINE, KALHER, BHIWANDI – 421302.

**License No.:** 38/MD/AP/2007/F/CC

**Contact Number:** 421302.

---

**Table of selected adverse reactions**

**Description of selected adverse reactions**

- The use of lacosamide is associated with dose-related increase in the PR interval. Adverse reactions associated with PR interval prolongation (e.g. atrioventricular block, syncope, bradycardia) may occur.

- In adjunctive clinical trials in epilepsy patients, the incidence rate of second- or third-degree AV block associated with lacosamide treatment have been reported in postmarketing experience.

- Atrial fibrillation or flutter were not reported in short term clinical trials; however, both have been reported in open-label epilepsy trials and in post-marketing experience.

- Laboratory abnormalities:
  - Abnormalities in liver function tests have been observed in controlled trials with lacosamide in adult patients with partial-onset seizures who were taking 1 to 3 concomitant antiepileptic medicinal products. Elevations of ALT to ≥ 3 ULN occurred in 0.7 % (7/050) of Vmp patients and 0 % (0/56) of placebo patients.

---

**Adverse reactions reported in post marketing experience**

- Adverse reactions reported in post-marketing experience.

---

**Multiorgan hypersensitivity reactions**

- Multiorgan hypersensitivity reactions (also known as Drug Reaction with Eosinophilia and Systemic Symptoms, DRESS) have been reported in patients treated with some antiepileptic medicinal products. These reactions are variable in expression, but typically present with fever and rash and can be associated with involvement of different organ systems. If multiorgan hypersensitivity reaction is suspected, lacosamide should be discontinued.

- Effects on ability to drive and use machines:
  - Lacosamide has minor to moderate influence on the ability to drive and use ma chines. Lacosamide treatment has been associated with dizziness or blurring of vision.

  - Accordingly, patients should be advised not to drive or to operate other potentially hazardous machinery until they are familiar with the effects of lacosamide on their ability to perform such activities.