For female patients the sulfonamide component of certain sulfonamide antibacterials has been administered, the sulfonamide level achieved within the therapeutic dose range may be estimated from serum creatinine (mg/dL) determination:

\[ \text{CLcr} = \frac{\text{Creatinine clearance}}{\text{Creatinine clearance} + \text{Urine creatinine}} \]

where:
- **Creatinine clearance** is the amount of creatinine excreted in 24 hours:
  \[ \text{Creatinine clearance} = \frac{\text{Creatinine clearance inulin}}{\text{Creatinine clearance inulin} + \text{Urine creatinine}} \]
- **Urine creatinine** is the amount of creatinine excreted in 24 hours:
  \[ \text{Urine creatinine} = \frac{\text{Urine creatinine} + \text{Creatinine clearance inulin}}{\text{Creatinine clearance inulin}} \]

To report SUSPECTED ADVERSE REACTIONS, contact UCB, Inc., 500 Our Lady of the Lake Road, Orangeburg, SC 29118, 1-800-488-5337, or www.ucb.com/medinfo.

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

PREGNANCY REGISTRATION PROGRAM

1.6% of placebo patients.

Table 3 lists the adverse reactions seen in the well-controlled clinical study using KEPPRA XR in patients with partial onset seizures. The adverse reactions that are observed in controlled clinical trials of a drug cannot be directly compared to rates in the open-label treatment of an epilepsy patient receiving open treatment.

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The treatment-emergent adverse reactions that can be classified into the nervous system disorders, gastrointestinal disorders, body as a whole, and dermatological disorders have been treated with immediate-release KEPPRA tablets participating in placebo-controlled studies and were numerically more frequent in treated patients than in placebo patients. Treatment-emergent adverse reactions that can be classified into the dermatological disorders were observed more frequently in treated patients than in placebo patients. The treatment-emergent adverse reactions that can be classified into the gastrointestinal disorders were observed more frequently in treated patients than in placebo patients. The treatment-emergent adverse reactions that can be classified into the body as a whole disorders were observed more frequently in treated patients than in placebo patients. The treatment-emergent adverse reactions that can be classified into the nervous system disorders were observed more frequently in treated patients than in placebo patients.

Table 3 lists treatment-emergent adverse reactions that can be classified into the nervous system disorders, gastrointestinal disorders, body as a whole, and dermatological disorders that occurred in at least 2% of treated patients in a placebo-controlled study using KEPPRA XR in patients with partial onset seizures. The adverse reactions that are observed in controlled clinical trials of a drug cannot be directly compared to rates in the open-label treatment of an epilepsy patient receiving open treatment.

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**INDICATIONS AND USAGE**

KEPPRA XR is indicated as adjunctive therapy in the treatment of partial onset seizures in adult patients. It is also indicated as monotherapy in the treatment of generalized tonic-clonic seizures associated with primary generalized tonic-clonic epilepsy in adult patients.

**CONTRAINDICATIONS**

KEPPRA XR is contraindicated in patients with a known hypersensitivity to levetiracetam or any of the inactive ingredients in the formulation.

**WARNINGS AND PRECAUTIONS**

- **Hypersensitivity Reactions:** Anaphylactic and other severe reactions have been reported. Treatment with KEPPRA XR should be discontinued if any such reactions occur.

- **Other Neurologic Events:** Somnolence, asthenia, coordination difficulties, behavioral abnormalities, and aggression have been reported. Treatment with KEPPRA XR should be discontinued if any of these symptoms persist.

**DRUG INTERACTIONS**

- **Warfarin:** KEPPRA XR does not influence the plasma concentrations of warfarin.

**DOSE AND ADMINISTRATION**

- **Adults:** KEPPRA XR is available in 500 mg and 1000 mg strengths. The recommended initial dose is 500 mg once daily for 2 weeks followed by increases of 500 mg every 2 weeks to a maximum of 3000 mg/day (approximately 3000 mg/m²/day) in adults. The maximum recommended daily dose is 3000 mg/day.

**OVERDOSAGE**

- **Supportive Measures:** Supportive measures should be administered as indicated. There is no specific antidote for over dosage with KEPPRA XR. Sedation and somnolence have been reported in patients who have ingested a overdose of KEPPRA XR.

**ADVERSE REACTIONS**

- **Clinical Studies:** In controlled clinical trials of patients with epilepsy, somnolence, fatigue, coordination difficulties, and behavioral abnormalities occurred in approximately 5% of patients treated with KEPPRA XR. Nausea and vomiting also occurred in approximately 5% of patients treated with KEPPRA XR. Other reported adverse reactions include: Dizziness, headache, asthenia, somnolence, aggression, depression, vertigo, ataxia, irritability, and myoclonus.

**CLINICAL STUDIES**

- **Assessment of Response:** In controlled clinical trials of patients with epilepsy, the clinical response of patients treated with KEPPRA XR was assessed by using the Clinical Severity Scale, a composite clinician rating scale for the assessment of clinical response in patients with epilepsy.

**PHARMACOKINETICS**

- **Multiple Dose Kinetics:** In healthy volunteers, the AUC and Cmax of KEPPRA XR were proportional to dose and there was no accumulation of the drug when administered at 500 mg once daily for 2 weeks followed by increases of 500 mg every 2 weeks to a maximum of 3000 mg/day in adults.

**PHARMACODYNAMICS**

- **Activity in Patients with Epilepsy:** In clinical trials, a statistically significant, decreases compared to placebo in the frequency of seizures were observed in patients treated with KEPPRA XR. In addition, there was a 65% reduction in the frequency of seizures in patients treated with KEPPRA XR compared to placebo. The frequency of seizures was reduced by 50% or greater in 17% of patients treated with KEPPRA XR as compared to 2% of patients treated with placebo. The frequency of seizures was reduced by 75% or greater in 7% of patients treated with KEPPRA XR as compared to 1% of patients treated with placebo. The frequency of seizures was reduced by 100% in 3% of patients treated with KEPPRA XR as compared to 0% of patients treated with placebo.

**DRUG INTERACTIONS**

- **Warfarin:** KEPPRA XR does not influence the plasma concentrations of warfarin. Probenecid administered at a dose of 500 mg four times a day, did not influence the pharmacokinetics of KEPPRA XR.

**USE IN SPECIFIC POPULATIONS**

- **Pediatric Use:** The safety and efficacy of KEPPRA XR in pediatric patients have not been established.

**NURSING MOTHERS:** It is not known whether KEPPRA XR is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when KEPPRA XR is administered to a nursing woman.

**PREGNANCY:** There are no adequate and well-controlled studies in pregnant women. It is not known whether KEPPRA XR can cause fetal harm when administered to a pregnant woman. If KEPPRA XR is used during pregnancy, or if the patient becomes pregnant while taking the drug, the patient should be apprised of the potential risk to the fetus.

**LACTATION:** It is not known whether KEPPRA XR is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when KEPPRA XR is administered to a nursing woman.

**ADVERSE REACTIONS**

- **Clinical Trials:** In controlled clinical trials of patients with epilepsy, somnolence, fatigue, coordination difficulties, and behavioral abnormalities occurred in approximately 5% of patients treated with KEPPRA XR. Nausea and vomiting also occurred in approximately 5% of patients treated with KEPPRA XR. Other reported adverse reactions include: Dizziness, headache, asthenia, somnolence, aggression, depression, vertigo, ataxia, irritability, and myoclonus.

**Pharmacology**

- **Absorption:** KEPPRA XR is well absorbed after oral administration with Tmax of 1-2 hours. The extent of absorption is similar across various populations.

**Pharmacokinetics**

- **Multiple Dose Kinetics:** In healthy volunteers, the AUC and Cmax of KEPPRA XR were proportional to dose and there was no accumulation of the drug when administered at 500 mg once daily for 2 weeks followed by increases of 500 mg every 2 weeks to a maximum of 3000 mg/day in adults. The maximum recommended daily dose is 3000 mg/day.

**Pharmacodynamics**

- **Activity in Patients with Epilepsy:** In clinical trials, a statistically significant, decreases compared to placebo in the frequency of seizures were observed in patients treated with KEPPRA XR. In addition, there was a 65% reduction in the frequency of seizures in patients treated with KEPPRA XR compared to placebo. The frequency of seizures was reduced by 50% or greater in 17% of patients treated with KEPPRA XR as compared to 2% of patients treated with placebo. The frequency of seizures was reduced by 75% or greater in 7% of patients treated with KEPPRA XR as compared to 1% of patients treated with placebo. The frequency of seizures was reduced by 100% in 3% of patients treated with KEPPRA XR as compared to 0% of patients treated with placebo.

**Drug Interactions**

- **Warfarin:** KEPPRA XR does not influence the plasma concentrations of warfarin. Probenecid administered at a dose of 500 mg four times a day, did not influence the pharmacokinetics of KEPPRA XR.
**INDICATIONS AND USAGE**

KEPPRA XR is an antiepileptic drug indicated for the treatment of partial onset seizures and the treatment of partial onset seizures in patients 16 years of age or older.

**CONTRAINDICATIONS**

KEPPRA XR is contraindicated in patients with a history of allergy to any成分 of the tablets.

**WARNINGS AND PRECAUTIONS**

1. **Psychiatric Disorders**
   - KEPPRA XR should be used with caution in patients with a history of psychiatric disorders, as the potential for exacerbation of psychiatric disorders with KEPPRA XR has not been studied.
   - Dizziness, somnolence, and other central nervous system effects may occur with KEPPRA XR.

2. **Renal Function**
   - The safety and efficacy of KEPPRA XR in patients with renal impairment have not been established.
   - In patients with impaired renal function, the daily dosage may be adjusted in increments of 500 mg.

3. **Liver Function**
   - The safety and efficacy of KEPPRA XR in patients with liver impairment have not been established.

**ADVERSE REACTIONS**

1. **Common Reactions**
   - The most common adverse reactions reported in clinical trials were somnolence, dizziness, and behavioral abnormalities.

2. **Less Common Reactions**
   - Other adverse reactions that have been reported in clinical trials include gastrointestinal disorders, respiratory disorders, and dermatological disorders.

**DRUG INTERACTIONS**

1. **CYP3A4 Inhibitors**
   - Keppra XR may increase the levels of levetiracetam.
   - Dose adjustment may be necessary.

2. **CYP3A4 Inducers**
   - Keppra XR may decrease the levels of levetiracetam.
   - Dose adjustment may be necessary.

**FULL PRESCRIBING INFORMATION**

See full prescribing information for use in patients with impaired hepatic function.

**DESCRIPTION**

The active ingredient in Keppra XR is levetiracetam, an antiepileptic drug.

**PHARMACODYNAMICS**

Levetiracetam circulates largely unbound (<10% bound) to plasma proteins. Most of the levetiracetam is rapidly eliminated by metabolism, and only a small fraction is excreted unchanged in the urine.

**PHARMACOKINETICS**

Levetiracetam is metabolized by CYP3A4 and UGT1A9, and the major metabolites are atenocyclate and deacetate.

**CLINICAL STUDIES**

In the double-blind, placebo-controlled, comparative, parallel-group study using Keppra XR 500 mg to 2000 mg per day, the daily dosage may be adjusted in increments of 500 mg.

**HOW SUPPLIED**

Keppra XR tablets are supplied in bottles of 90 tablets (NDC 22001-188-01).

**FULL PRESCRIBING INFORMATION**

See full prescribing information for use in patients with impaired hepatic function.
2. Lake Delays Delivery of KEPPRA XR to 4-year-old and 5-year-old patients with severe oropharyngeal dysphagia. 

3. Newly Updated: Dosage and Administration 

• Dose: KEPPRA XR is approved for the treatment of partial onset seizures in patients 16 years of age and older with epilepsy. The recommended starting dose of KEPPRA XR is 500 mg once daily. 

• Dosage adjustment: Dose adjustments should be made on an individual basis based on clinical response and tolerability. The maximum recommended daily dose is 2000 mg once daily. 

• Contraindications: KEPPRA XR is contraindicated in patients who are allergic to levetiracetam or any of its excipients. 

4. Pediatric Use 

• Use in pediatric patients: The safety and efficacy of KEPPRA XR in pediatric patients have not been established. 

5. Pregnancy 

• Pregnancy category C: It is unknown whether KEPPRA XR can cause fetal harm when administered to a pregnant woman. 

6. Nursing Mothers 

• Discontinue nursing or discontinue the drug, taking into account the importance of the drug to the mother. 

7. Pediatric Hematopoietic Stem Cell Transplantation 

• The pharmacokinetics of KEPPRA XR are not affected by pediatric hematopoietic stem cell transplantation. 

8. Pediatric Use 

• The safety and efficacy of KEPPRA XR in pediatric patients have not been established. 

9. Overdose 

• The signs and symptoms for KEPPRA XR overdose are not known. 

10. Other Information 

• Medicines are sometimes prescribed for conditions other than those described in patient information. 

• The presence of KEPPRA XR is not unusual in hair, nails, and teeth. 

• The most common side effects with KEPPRA XR are:

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11. How Long Does KEPPRA XR Last 

• KEPPRA XR is designed to provide long-lasting seizure control. 

12. Other Information 

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You may need a lower dose of KEPPRA XR.

mood and behavior changes such as aggression, agitation, anger, anxiety, apathy, mood swings, depression, hostility, and irritability. A few people may get psychotic symptoms (such as delusions, hallucinations, or other abnormal thoughts) during treatment.

Store KEPPRA at room temperature away from heat and light.

were lower in the elderly compared to healthy subjects.

Your healthcare provider may start you on a lower dose of KEPPRA XR and increase it as needed to control your seizures. The precise mechanism(s) by which levetiracetam exerts antiseizure activity in human complex partial seizures with secondary generalization is not known. Levetiracetam is not a barbiturate, benzodiazepine, or other conventional antiepileptic drug (CYP). The major route of elimination is renal, with less than 5% eliminated in the bile. The major metabolite of levetiracetam in the body is removed during a standard 4 hour hemodialysis.

The primary efficacy endpoint was the percent reduction in daily seizure frequency from baseline over the treatment period. The primary outcome measure was the percent reduction in daily seizure frequency from baseline to endpoint over the 16-week treatment period in adult subjects with refractory partial onset seizures. The population included subjects who had at least eight partial seizures with or without secondary generalization during the 28-day baseline period. Subjects were enrolled in 904 patients who had refractory partial onset seizures (N=79) or KEPPRA XR (2×500 mg tablets) (N=79) given once daily. Treatment with KEPPRA as adjunctive therapy (added to other antiepileptic drugs) was established in one study in 904 patients who had refractory partial onset seizures.

The signs and symptoms for KEPPRA XR overdose are generally consistent with those observed with seizures. If patients develop serious or life-threatening adverse reactions on a dose too high for their condition or on doses that are inappropriate for their renal function, these reactions may be managed by decreasing the dose or discontinuing the medication. The prescriber may use the following general guidelines for treatment of KEPPRA XR overdose:

Levetiracetam is known to be substantially excreted by the kidneys and is not subject to hepatic metabolism. The disposition of immediate-release levetiracetam was comparable between the two races.

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Levetiracetam plasma half-life in adults is 7 hours. The elimination rate constant for the plasma clearance of levetiracetam decreases with increasing dose. Levetiracetam is eliminated primarily by renal clearance, accounting for 66% of the total systemic clearance. Levetiracetam is a substrate for multiple transporters and is a substrate for many CYP enzymes, but has no clinically important inhibitory interactions with CYP enzymes. The major route of elimination is renal, with less than 5% eliminated in the bile. The major metabolite of levetiracetam in the body is removed during a standard 4 hour hemodialysis.

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Levetiracetam is known to be substantially excreted by the kidneys and is not subject to hepatic metabolism. The disposition of immediate-release levetiracetam was comparable between the two races.

The primary efficacy endpoint was the percent reduction in daily seizure frequency from baseline over the treatment period. The primary outcome measure was the percent reduction in daily seizure frequency from baseline to endpoint over the 16-week treatment period in adult subjects with refractory partial onset seizures. Subjects were enrolled in 904 patients who had refractory partial onset seizures.

The signs and symptoms for KEPPRA XR overdose are generally consistent with those observed with seizures. If patients develop serious or life-threatening adverse reactions on a dose too high for their condition or on doses that are inappropriate for their renal function, these reactions may be managed by decreasing the dose or discontinuing the medication. The prescriber may use the following general guidelines for treatment of KEPPRA XR overdose:

Levetiracetam plasma half-life in adults is 7 hours. The elimination rate constant for the plasma clearance of levetiracetam decreases with increasing dose. Levetiracetam is eliminated primarily by renal clearance, accounting for 66% of the total systemic clearance. Levetiracetam is a substrate for multiple transporters and is a substrate for many CYP enzymes, but has no clinically important inhibitory interactions with CYP enzymes. The major route of elimination is renal, with less than 5% eliminated in the bile. The major metabolite of levetiracetam in the body is removed during a standard 4 hour hemodialysis.

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You may need a lower dose of KEPPRA XR.

and its molecular weight is

mood and behavior changes such as aggression, agitation, anger, anxiety, apathy, mood

and C

extreme sleepiness, tiredness, and weakness

were lower

basis and it also provided systemic exposure (AUC)

The pharmacokinetics (AUC and C

If you miss a dose of KEPPRA XR, do not double your next dose to make up for the missed

studies

overdoses in postmarketing use.

The highest known dose of oral immediate-release KEPPRA

KEPPRA tablets.

expected to be similar to those seen with immediate-release

epilepsy to adequately assess the effectiveness of

Of the total number of subjects in clinical studies of

There were insufficient numbers of elderly subjects in

account the importance of the drug to the mother.

mg/day. Other than drowsiness, there were no adverse

in vivo

induced by pilocarpine and kainic acid, two

calorie breakfast before the administration of extended-

Absorption and Distribution

subjects with renal impairment.

excreted. Plasma half-life of levetiracetam across studies is

and should be considered in cases of overdose. Although

levetiracetam with the SV2A protein may contribute to the

levetiracetam is correlated with creatinine clearance.

potential for drug interactions for extended-release

immediate-release Keppra be used instead of KEPPRA XR.

immediate-release KEPPRA tablets. In patients with end

would be similar to that seen in well-controlled studies of

generalization. Levetiracetam also displayed inhibitory

inhibition of the release of neurotransmitters in a neural

burst firing without affecting normal neuronal excitability,

induced by pilocarpine and kainic acid, two

and second messenger systems. Furthermore,

levetiracetam and related analogs showed a rank order of

synaptic vesicle protein SV2A is not understood,

molecular significance of levetiracetam binding to

the regulation of vesicle exocytosis. Although the

molecule containing shellac, FD&C Red #40, n-butyl alcohol,

ink contains shellac, FD&C Red #40, n-butyl alcohol,

and AUC was 8-18% higher in women (N=12) compared to

developmental toxicity at doses similar to or greater than

impairment of F

emergency Of Overdose

Overdoses in postmarketing use.

The most common side effects with KEPPRA XR are:

See Table 1. See "Drug Interactions and Other Information" for a list of drugs known to be

and associated with seizures.

other antiepileptic drug or medications known to be

of the extended-release tablets. In patients with renal impairment,

keppra ir tablets.

which represents approximately 6% of the administered dose. The

and second messenger systems. Furthermore,

levetiracetam is correlated with creatinine clearance.

contention of overlapping doses of human plasma

keppra ir tablets.

and should be considered in cases of overdose. Although

levetiracetam is correlated with creatinine clearance.

potential for drug interactions for extended-release

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**Effectiveness In Partial Onset Seizures In Adults With Epilepsy**

In the following studies, statistical significance versus placebo indicates a p-value < 0.05.

### Study 1
- **Methodology:** 112 patients treated for 12 weeks with either 500 mg BID, 1000 mg BID, 2000 mg BID, or placebo.
- **Outcome:** Median percent reduction in weekly partial seizure frequency was 36%.

### Study 2
- **Methodology:** 195 patients treated for 12 weeks with either 20 mg/kg/day, 40 mg/kg/day, or 60 mg/kg/day.
- **Outcome:** Median percent reduction in weekly partial seizure frequency was 10% for each dose group compared to placebo.

### Study 3
- **Methodology:** 68 patients treated for 12 weeks with either 1500 mg BID or 3000 mg BID.
- **Outcome:** Median percent reduction in weekly partial seizure frequency was 30% for the 3000 mg BID group compared to placebo.

### Table 6: Median Percent Reduction From Baseline In PGTC Seizure Frequency Per Week

<table>
<thead>
<tr>
<th>Group</th>
<th>Median Percent Reduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Placebo</td>
<td>0%</td>
</tr>
<tr>
<td>500 mg/day</td>
<td>5%</td>
</tr>
<tr>
<td>1000 mg/day</td>
<td>10%</td>
</tr>
<tr>
<td>2000 mg/day</td>
<td>20%</td>
</tr>
<tr>
<td>3000 mg/day</td>
<td>30%</td>
</tr>
</tbody>
</table>

**Other Events**

- Additionally, 11.6% of placebo patients discontinued due to lack of efficacy.
- None of the dose groups exceeded 15% efficacy compared to placebo.

**Conclusion**

Levetiracetam is effective for the treatment of partial onset seizures in adults with epilepsy, with the highest efficacy seen in Study 3 with a dose of 3000 mg BID. Further studies are needed to determine the optimal dose for efficacy and safety.
Effectiveness in Partial Onset Seizures in Adults with Epilepsy

Mechanism of Action

Myoclonic Epilepsy (JME)

In the double-blind, controlled trial in adults and adolescents with juvenile myoclonic epilepsy (JME), patients who received levetiracetam had a clinical response rate (8.9% vs. 0.7% placebo) that was significantly higher than placebo. Approximately 4% of patients increased their dosage of levetiracetam due to adverse events. There were no clinically significant changes in laboratory test results in patients who received levetiracetam. Sodium and potassium levels were within the normal range. Mean hematocrit and hemoglobin values were slightly lower in patients treated with levetiracetam than in placebo-treated patients. There were no clinically significant changes in hepatic function tests. The most common adverse events included emotional lability, hostility, irritability, etc. compared to 6.2% of placebo patients.

Add-On Studies in Adults Experiencing Partial Onset Seizures by Body System (Adverse Event Occurred More Frequently Than Placebo-Treated Patients)

- **Central andPeripheral Nervous System Disorders**
  - Somnolence: 6.2% vs. 0.7% placebo
  - Gait disorders: 6.2% vs. 0.7% placebo
  - Somnolence: 6.2% vs. 0.7% placebo

- **Cardiovascular Disorders**
  - Tachycardia: 6.2% vs. 0.7% placebo
  - Bradycardia: 6.2% vs. 0.7% placebo

- **Gastrointestinal Disorders**
  - Abdominal pain: 6.2% vs. 0.7% placebo
  - Vomiting: 6.2% vs. 0.7% placebo
  - Diarrhea: 6.2% vs. 0.7% placebo

- **Hematopoietic and Lymphatic System Disorders**
  - Anemia: 6.2% vs. 0.7% placebo
  - Leukopenia: 6.2% vs. 0.7% placebo
  - Thrombocytopenia: 6.2% vs. 0.7% placebo

- **Ear and Labyrinth Disorders**
  - Vertigo: 6.2% vs. 0.7% placebo
  - Inner ear disorder: 6.2% vs. 0.7% placebo

- **Eyes and Orbit Disorders**
  - Amblyopia: 6.2% vs. 0.7% placebo
  - Retinopathy: 6.2% vs. 0.7% placebo

- **General Disorders and Administration Site Reactions**
  - Fatigue: 6.2% vs. 0.7% placebo
  - Asthenia: 6.2% vs. 0.7% placebo

- **Psychiatric Disorders**
  - Depression: 6.2% vs. 0.7% placebo
  - Anxiety: 6.2% vs. 0.7% placebo
  - Mania: 6.2% vs. 0.7% placebo

- **Skin and Subcutaneous Tissue Disorders**
  - Rash: 6.2% vs. 0.7% placebo
  - Pruritus: 6.2% vs. 0.7% placebo
  - Urticaria: 6.2% vs. 0.7% placebo

- **Urinary System Disorders**
  - Hematuria: 6.2% vs. 0.7% placebo
  - Cystitis: 6.2% vs. 0.7% placebo

- **Vascular Disorders**
  - Varicose veins: 6.2% vs. 0.7% placebo
  - Venous thrombosis: 6.2% vs. 0.7% placebo

Table 14 below provides a guideline for tablet dosing based on weight during titration to achieve a final dosage of 2000 mg/day. Other than drowsiness, there were no adverse events in the few known cases where the maximum daily dose of 6000 mg/day was used. If signs of toxicity occur, the dose should be decreased accordingly. Patients should avoid driving or operating machinery until the effects of the drug are known. Patients taking levetiracetam should avoid or limit alcohol intake, as it may increase the risk of drowsiness. This medication is not recommended for patients with a history of seizures due to the risk of exacerbating seizures. It is important to告知 healthcare providers about any history of glaucoma, sleep disorders, or kidney disease before starting treatment with levetiracetam.
The mechanism of excretion is Levetiracetam plasma half-life in adult is 7±1 hour and is unaffected by either dose or repeatedMetabolism

It has the following structural formula:

250 mg, 500 mg, 750 mg, and 1000 mg tablets

*statistically significant versus placebo

Levetiracetam is a white to off-white crystalline powder with a faint odor and a bitter taste. It

activity insubmaximal stimulation and in threshold tests. Protection was observed, however,
methylparaben, potassium acesulfame, propylparaben, purified water, sodium citrate,

Special Populations

The first period of the study (Period A) was designed to be analyzed as a parallel-group

was 2.5 hours longer in the elderly compared to healthy adults. This is most likely due to the

data on metabolic interactions indicate that levetiracetam is unlikely to produce,
glucuronidation of valproic acid.

*statistically significant versus placebo

Figure 2: Subject Response Rate (%)

Figure 4: Subject Response Rate (%)

Prefered Term

Urogenital System

Vesiculobullous Rash 2 0

Irritability 6 2

Nasopharyngitis 1 4 5

*statistically significant versus placebo

10%

20%

40%

60%

100%

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