Drug-Placebo Difference in Number of Patients of Suicidal

Thoughts and Behaviors per 1,000 Patients Treated

Increases Compared to Placebo

14 additional patients

5 additional patients

Decreases Compared to Placebo

1 fewer patient

6 fewer patients

PRODUCT NAME :	Escitalopram Tablets, USP	COUNTRY: US	LOCATION: VKT Pharma		Supersedes A/W No.:		
ITEM / PACK :	Outsert	NO. OF COLORS: 1	REMARK: added 2D code printing details in same code for better clarity in ease of serialization process. V. No.: 01				
DESIGN STYLE :	Front Side	PANTONE SHADE NOS.:	SUBSTRATE: 28 g/m ² Bible Paper				
CODE :	8098544	Black	Activities	Department	Name	Signature	Date
DIMENSIONS (MM) :	640 x 510		Prepared By	Pkg. Dev.			
ART WORK SIZE :	S/S		Reviewed By	Pkg. Dev.			
DATE :	23-10-2024	Font Size 6.5 pt_Med. 10 pt	Approved By	Quality			

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HIGHLIGHTS OF PRESCRIBING INFORMATION use ESCITALOPRAM TABLETS safely and effectively. See full prescribing information for ESCITALOPRAM TABLETS. ESCITALOPRAM tablets, for oral use Initial U.S. Approval: 2002

WARNING: SUICIDAL THOUGHTS AND BEHAVIORS See full prescribing information for complete boxed Increased risk of suicidal thoughts and behavior in pediatric and young adult patients taking antidepressants. Closely monitor all antidepressant-treated patients for clinical worsening and emergence of suicidal thoughts and behaviors (5.1). Escitalopram tablets are not approved for use in pediatric patients less than 7 years of age (8.4).

-- RECENT MAJOR CHANGES -Indications (1) Dosage and Administration (2.2, 2.3, 2.5) 5/2023 Dosage and Administration, Use of Escitalonram with Other MAOIs such as Linezolid or Warnings and Precautions (5.2, 5.7) 8/2023 ---- INDICATIONS AND USAGE

indicated for the: treatment of major depressive disorder (MDD) in adults and pediatric patients 12 years of age and older (1) treatment of generalized anxiety disorder (GAD) in adults

--- DOSAGE AND ADMINISTRATION -Indication and Population | Recommended Dosage MDD in Adults (2.1) Initial: 10 mg once daily

Recommended: 10 mg once daily Maximum: 20 mg once daily MDD in Pediatric Initial: 10 mg once daily Patients 12 years and Recommended: 10 mg once daily Maximum: 20 mg once daily GAD in Adults (2.2) Initial: 10 mg once daily Recommended: 10 mg once daily Maximum: 20 mg once daily No additional benefits were seen at 20 mg once daily (2.1)

Administer once daily, morning or evening, with or without food (2.3) Elderly patients: recommended dosage is 10 mg once daily Hepatic impairment: recommended dosage is 10 mg once
 See 17 for PATIENT COUNSELING INFORMATION and
 During marketing of escitalopram tablets and other SSRIs, there have been spontaneous reports of adverse reactions occurring
 The second of the second of

. When discontinuing Escitalopram tablets, reduce dose gradually whenever possible (2.5) --- DOSAGE FORMS AND STRENGTHS ----

 Tablets: 5 mg, 10 mg (scored), and 20 mg (scored) ---- CONTRAINDICATIONS ---- Do not use MAOIs intended to treat psychiatric disorders with escitalopram or within 14 days of stopping treatmen with escitalopram. Do not use escitalopram within 14 days of stopping an MAOI intended to treat psychiatric disorders. In addition, do not start escitalopram in a patient who is being treated with linezolid or intravenous methylene blue (4)

Concomitant use of pimozide (4) Known hypersensitivity to escitalogram or citalogram or any of the inactive ingredients (4)

FULL PRESCRIBING INFORMATION: CONTENTS*

DOSAGE AND ADMINISTRATION

2.3 Administration Information

Escitalopram Tablets

DOSAGE FORMS AND STRENGTHS

Discontinuation Syndrome

5.5 Activation of Mania or Hypomania

5.10 Use in Patients with Concomitant Illness

than 7 years of age [see Use in Specific Populations (8.4)].

major depressive disorder (MDD) in adults and pediatric patients 12 years of age and older.

marketing exclusivity rights, this drug product is not labeled with that information.

maximum recommended dosage of 20 mg once daily at an interval of no less than 1 week.

marketing exclusivity rights, this drug product is not labeled with that information.

2.4 Screen for Bipolar Disorder Prior to Starting Escitalogram Tablets

2.5 Recommended Dosage for Specific Populations

2.6 Discontinuation of Treatment with Escitalogram Tablets

bipolar disorder, mania, or hypomania [see Warnings and Precautions (5.5)].

the physician may continue decreasing the dose but at a more gradual rate.

MAOI intended to treat psychiatric disorders [see Contraindications (4)].

and 20 mg escitalopram base. The 10 and 20 mg tablets are scored.

5 mg tablets are debossed with '135' on one side and '5' on other side.

5.1 Suicidal Thoughts and Behaviors in Adolescents and Young Adults

3 DOSAGE FORMS AND STRENGTHS

Escitalopram tablets are contraindicated in patients

4 CONTRAINDICATIONS

5 WARNINGS AND PRECAUTIONS

2.7 Switching Patients to or from a Monoamine Oxidase Inhibitor (MAOI) Antidepressant

10 mg tablets are debossed with break line on one side, separating '11' and '36' on one side, and '10' on other side.

20 mg tablets are debossed with break line on one side, separating '11' and '37' on one side, and '20' on other side.

• taking MAOIs with escitalopram tablets or within 14 days of stopping treatment with escitalopram tablets because of an

Administer escitalopram tablets orally once daily, in the morning or evening, with or without food.

Escitalopram tablets are indicated for the treatment of:

• generalized anxiety disorder (GAD) in adults.

7 Increased Risk of Bleeding

5.9 Angle Closure Glaucoma

6.2 Post-Marketing Experience

FULL PRESCRIBING INFORMATION

1 INDICATIONS AND USAGE

2 DOSAGE AND ADMINISTRATION

2.1 Major Depressive Disorder

interval of no less than 3 weeks.

2.2 Generalized Anxiety Disorder

2.3 Administration Information

Populations (8.5, 8.6)].

5 11 Sexual Dysfunction

ADVERSE REACTIONS

WARNINGS AND PRECAUTIONS

and Young Adults

5.2 Serotonin Syndrome

5.4 Seizures

CONTRAINDICATIONS

Major Depressive Disorder

Generalized Anxiety Disorder

2.4 Screen for Bipolar Disorder Prior to Starting

Inhibitor (MAOI) Antidepressant

2.5 Recommended Dosage for Specific Populations

Discontinuation of Treatment with Escitalopram

2.7 Switching Patients to or from a Monoamine Oxidase

5.1 Suicidal Thoughts and Behaviors in Adolescents

Interference with Cognitive and Motor Performanc

WARNING: SUICIDAL THOUGHTS AND BEHAVIORS

WARNINGS AND PRECAUTIONS -behaviors per 1,000 patients treated are provided in Table 1. and initiate supportive treatment (4, 5.2)

Discontinuation syndrome: When discontinuing Table 1: Risk Differences of the Number of Patients of Suicidal Thoughts and Behaviors in the Pooled Placebo-Controlled and monitor for discontinuation symptoms (5.3) Seizures: Use with caution in patients with a history o seizure (5.4)

Age Range

<18 years old

18 to 24 years old

25 to 64 years old

>65 years old

experiencing emergent suicidal thoughts or behaviors.

and behaviors.

discontinuation symptoms.

Activation of Mania/Hypomania: Screen patients for bipolar disorder (5.5) Hyponatremia: Can occur in association with syndrome of inappropriate antidiuretic hormone secretion (5.6) Increased Risk of Bleeding: Concomitant use of nonsteroidal

anti-inflammatory drugs, aspirin, other antiplatelet drugs, warfarin and other drugs that affect coagulation ma increase risk (5.7) Interference with Cognitive and Motor Performance: Use Caution when operating machinery (5.8)

Angle Closure Glaucoma: Angle closure glaucoma has Angle Closure glaucoma has a compared to the compared of depression and that depression itself is a risk factor for suicidal thoughts

occurred in patients with untreated anatomically narrow with MDD that antidepressants delay the recurrence of depression and that depression itself is a risk factor for suicidal thoughts angles treated with antidepressants (5.9) patients with diseases or conditions that produce altered

Monitor all antidepressant-treated patients for any indication for clinical worsening and emergence of suicidal thoughts and Use in Patients with Concomitant Illness: Use caution in metabolism or hemodynamic responses (5.10) Sexual Dysfunction: Escitalopram may cause symptoms of caregivers of patients to monitor for changes in behavior and to alert the healthcare provider. Consider changing the therapeutic Escitalopram is a selective serotonin reuptake inhibitor (SSRI)

sexual dysfunction (5.11) ---- ADVERSE REACTIONS ---Most commonly observed adverse reactions (incidence 5.2 Serotonin Syndrome ≥ 5% and at least twice the incidence of placebo patients) | SSRIs, including escitalopram tablets, can precipitate serotonin syndrome, a potentially life-threatening condition. The risk is are: insomnia, ejaculation disorder (primarily ejaculatory increased with concomitant use of other serotonergic drugs (including triptans, tricyclic antidepressants, fentanyl, meperidine, delay), nausea, sweating increased, fatigue and somnolence, methadone, lithium, tramadol, tryptophan, buspirone, amphetamines, and St. John's Wort) and with drugs that impair metabolism

of serotonin, i.e., MAOIs Isee Contraindications (4) and Drug Interactions (7)1. decreased libido, and anorgasmia (6.1) To report SUSPECTED ADVERSE REACTIONS, contact Torrent | Serotonin syndrome symptoms may include mental status changes (e.g., agitation, hallucinations, delirium, and coma), Pharma Inc. at 1-800-912-9561, or FDA at 1-800-FDA-1088 autonomic instability (e.g., tachycardia, labile blood pressure, dizziness, diaphoresis, flushing, hyperthermia), neuromuscular symptoms (e.g., tremor, rigidity, myoclonus, hyperreflexia, incoordination) seizures, and/or gastrointestinal symptoms (e.g., or www.fda.gov/medwatch. nausea, vomiting, diarrhea). -- DRUG INTERACTIONS

Concomitant use with SSRIs, SNRIs or Tryptophan is not Tryptophan recommended (7)
Use caution when concomitant use with drugs that affect

being treated with MAOIs such as linezolid or intravenous methylene blue. No reports involved the administration of methylene blue by other routes (such as oral tablets or local tissue injection). If it is necessary to initiate treatment with an MAOI such as recommended (7) linezolid or intravenous methylene blue in a patient taking Escitalopram, discontinue Escitalopram before initiating treatment with Hemostasis (NSAIDs, Aspirin, Warfarin) (7) the MAOI [see Contraindications (4) and Dosage and Administration (2.7)]. - USE IN SPECIFIC POPULATIONS Pregnancy: SSRI use, particularly later in pregnancy, may

Monitor all patients taking escitalopram tablets for the emergence of serotonin syndrome. Discontinue treatment with escitalopram

increase the risk for persistent pulmonary hypertension | tablets and any concomitant serotonergic agents immediately if the above symptoms occur, and initiate supportive symptomatic and symptoms of poor adaptation (respiratory distress, temperature instability, feeding difficulties, hypotonia, increased risk for serotonin syndrome and monitor for symptoms. 5.3 Discontinuation Syndrome tremor, irritability) in the neonate (8.1)

Medication Guide Additional pediatric use information is approved for AbbVie Inc.'s LEXAPRO® (escitalopram) tablets. However, due to AbbVie Inc.'s marketing exclusivity rights, this drug product is not labeled with that information

DRUG INTERACTIONS

Pregnancy

8.4 Pediatric Use

8.5 Geriatric Use

8.6 Hepatic Impairment

12 CLINICAL PHARMACOLOGY

12.1 Mechanism of Action

12.2 Pharmacodynamics

13 NONCLINICAL TOXICOLOGY

14.1 Major Depressive Disorder

14.2 Generalized Anxiety Disorde

17 PATIENT COUNSELING INFORMATION

information are not listed.

16 HOW SUPPLIED/STORAGE AND HANDLING

14 CLINICAL STUDIES

WARNING: SUICIDAL THOUGHTS AND BEHAVIORS

The recommended dosage of escitalogram tablets in pediatric patients 12 years of age and older is 10 mg once daily. Depending

The recommended starting dosage of escitalogram tablets in adults is 10 mg once daily. Depending on clinical response and

13.2 Animal Toxicology and/or Pharmacology

Renal Impairment

9 DRUG ABUSE AND DEPENDENCE

9.2 Abuse and Dependence

8.2 Lactation

10 OVERDOSAGE

11 DESCRIPTION

8 USE IN SPECIFIC POPULATIONS

Monitor for these symptoms when discontinuing treatment with escitalopram. A gradual reduction in the dose rather than abrupt cessation is recommended whenever possible. If intolerable symptoms occur following a decrease in the dose or upon discontinuation of treatment, then resuming the previously prescribed dose may be considered. Subsequently, the physician may continue decreasing the dose but at a more gradual rate [see Dosage and Administration (2.6)].

upon discontinuation of these drugs, particularly when abrupt, including the following: dysphoric mood, irritability, agitation

emotional lability, insomnia, and hypomania. While these events are generally self-limiting, there have been reports of serious

dizziness, sensory disturbances (e.g., paresthesias such as electric shock sensations), anxiety, confusion, headache, lethargy,

behaviors, especially during the initial few months of drug therapy, and at times of dosage changes. Counsel family members or

regimen, including possibly discontinuing escitalopram, in patients whose depression is persistently worse, or who are

Although anticonvulsant effects of racemic citalopram have been observed in animal studies, escitalopram has not been systematically evaluated in patients with a seizure disorder. These patients were excluded from clinical studies during the product's premarketing testing. In clinical trials of escitalopram, cases of convulsion have been reported in association with escitalopram

treatment. Like other drugs effective in the treatment of major depressive disorder, escitalopram tablets should be introduced with care in patients with a history of seizure disorder. 5.5 Activation of Mania or Hypomania In patients with bipolar disorder, treating a depressive episode with escitalopram or another antidepressant may precipitate a

mixed/manic episode. In placebo-controlled trials of escitalopram in major depressive disorder, activation of mania/hypor was reported in one (0.1%) of 715 patients treated with escitalopram and in none of the 592 patients treated with placebo. One additional case of hypomania has been reported in association with escitalopram treatment. Activation of mania/hypomania has also been reported in a small proportion of patients with major affective disorders treated with racemic citalopram and other marketed drugs effective in the treatment of major depressive disorder. Prior to initiating treatment with escitalopram, screen those for which the coded terms were uninformative or misleading) were reported at an incidence of at least 2% for escitalopram those for which the coded terms were uninformative or misleading) were reported at an incidence of at least 2% for escitalopram patients for any personal or family history of bipolar disorder, mania, or hypomania [see Dosage and Administration (2.4)].

Hyponatremia may occur as a result of treatment with SSRIs, including escitalopram. In many cases, this hyponatremia appears to be the result of the syndrome of inappropriate antidiuretic hormone secretion (SIADH), and was reversible when escitalopram

Generalized Anxiety Disorder was discontinued. Cases with serum sodium lower than 110 mmol/L have been reported. Elderly patients may be at greater risk Adults hyponatremia and appropriate medical intervention should be instituted.

allucination, syncope, seizure, coma, respiratory arrest, and death, 13.1 Carcinogenesis, Mutagenesis, Impairment of 5.7 Increased Risk of Bleeding Drugs that interfere with serotonin reuptake inhibition, including escitalopram, increase the risk of bleeding events. Concomitant

use of aspirin, nonsteroidal anti-inflammatory drugs (NSAIDs), other antiplatelet drugs, warfarin, and other anticoagulants may add to the risk. Case reports and epidemiological studies (case-control and cohort design) have demonstrated an association between use of drugs that interfere with serotonin reuptake and the occurrence of gastrointestinal bleeding. Based on data from the published observational studies, exposure to SSRIs, particularly in the month before delivery, has been associated with a less than 2-fold increase in the risk of postpartum hemorrhage [see Use in Specific Populations (8.1)]. Bleeding events related to drugs that interfere with serotonin reuptake have ranged from ecchymoses, hematomas, epistaxis, and petechiae to life-threatening *Sections or subsections omitted from the full prescribing

Inform patients about the increased risk of bleeding associated with the concomitant use of escitalopram and antiplatelet agents or anticoagulants. For patients taking warfarin, carefully monitor the international normalized ratio [see Drug Interactions (7)]. 5.8 Interference with Cognitive and Motor Performance In a study in normal volunteers, escitalogram 10 mg daily did not produce impairment of intellectual function or psychomotor

performance. Because any psychoactive drug may impair judgment, thinking, or motor skills, however, patients should be cautioned about operating hazardous machinery, including automobiles, until they are reasonably certain that escitalopram tablets therapy does not affect their ability to engage in such activities. 5.9 Angle Closure Glaucoma

The pupillary dilation that occurs following use of many antidepressant drugs, including escitalopram may trigger an angle closure attack in a patient with anatomically narrow angles who does not have a patent iridectomy. Antidepressants increased the risk of suicidal thoughts and behaviors in pediatric and young adult patients in short-term 5.10 Use in Patients with Concomitant Illness Clinical experience with escitalopram in patients with certain concomitant systemic illnesses is limited. Caution is advisable in

studies. Closely monitor all antidepressant-treated patients for clinical worsening, and for emergence of suicidal thoughts and behaviors [see Warnings and Precautions (5.1)]. Escitalopram tablets is not approved for use in pediatric patients less using escitalopram tablets in patients with diseases or conditions that produce altered metabolism or hemodynamic responses. Escitalopram has not been systematically evaluated in patients with a recent history of myocardial infarction or unstable heart Patients with these diagnoses were generally excluded from clinical studies during the product's premarketing testing.

In subjects with hepatic impairment, clearance of racemic citalopram was decreased and plasma concentrations were increased The recommended dose of escitalopram tablets in hepatically impaired patients is 10 mg daily [see Dosage and Administration Additional pediatric use information is approved for AbbVie Inc.'s LEXAPRO® (escitalopram) tablets. However, due to AbbVie Inc.'s (2.5) and Use in Specific Populations (8.6)]. Because escitalopram is extensively metabolized, excretion of unchanged drug in urine is a minor route of elimination. Until adequate numbers of patients with severe renal impairment have been evaluated during chronic treatment with escitalopran

tablets, however, it should be used with caution in such patients [see Dosage and Administration (2.5) and Use in Specific Populations (8.7)1. The recommended dosage of escitalopram tablets in adults is 10 mg once daily. A fixed-dose trial of escitalopram tablets 5.11 Sexual Dysfunction demonstrated the effectiveness of both 10 mg and 20 mg of escitalopram tablets, but failed to demonstrate a greater benefit of Use of SSRIs, including escitalopram, may cause symptoms of sexual dysfunction [see Adverse Reactions (6.1)]. In male 20 mg over 10 mg [see Clinical Studies (14.1)]. Depending on clinical response and tolerability, dosage may be increased to the patients, SSRI use may result in ejaculatory delay or failure, decreased libido, and erectile dysfunction. In female patients, SSRI

use may result in decreased libido and delayed or absent orgasm It is important for prescribers to inquire about sexual function prior to initiation of escitalopram and to inquire specifically about changes in sexual function during treatment, because sexual function may not be spontaneously reported. When evaluating on clinical response and tolerability, dosage may be increased to the maximum recommended dosage of 20 mg once daily at an changes in sexual function, obtaining a detailed history (including timing of symptom onset) is important because sexual function, obtaining a detailed history (including timing of symptom onset) is important because sexual symptoms may have other causes, including the underlying psychiatric disorder. Discuss potential management strategies to

6 ADVERSE REACTIONS The following adverse reactions are discussed in greater detail in other sections of the labeling: tolerability, dosage may be increased to the maximum recommended dosage of 20 mg once daily at an interval of no less than Suicidal thoughts and behaviors in adolescents and young adults [see Warnings and Precautions (5.1)] Serotonin syndrome [see Warnings and Precautions (5.2)] Additional pediatric use information is approved for AbbVie Inc.'s LEXAPRO® (escitalopram) tablets. However, due to AbbVie Inc.'s Discontinuation syndrome [see Warnings and Precautions (5.3)]

support patients in making informed decisions about treatment.

Seizures *[see Warnings and Precautions (5.4)]*

Activation of mania or hypomania [see Warnings and Precautions (5.5)] Hyponatremia [see Warnings and Precautions (5.6)] Increased Risk of Bleeding [see Warnings and Precautions (5.7)] Interference with Cognitive and Motor Performance [see Warnings and Precautions (5.8)] Prior to initiating treatment with escitalopram tablets or another antidepressant, screen patients for a personal family history of Angle-closure glaucoma [see Warnings and Precautions (5.9)]

Use in Patients with Concomitant Illness [see Warnings and Precautions (5.10)]

Sexual Dysfunction [see Warnings and Precautions (5.11)] The recommended dosage for most elderly patients and patients with hepatic impairment is 10 mg once daily [see Use in Specific 6.1 Clinical Trials Experience $Because \ clinical \ studies \ are \ conducted \ under \ widely \ varying \ conditions, \ adverse \ reaction \ rates \ observed \ in \ the \ clinical \ studies \ of \ a$ The recommended dosage for escitalopram tablets in adults with a creatinine clearance less than 20 mL/minute has not been drug cannot be directly compared to rates in the clinical studies of another drug and may not reflect the rates observed in practice. Dose Dependency of Adverse Reactions

determined. No dosage adjustment is necessary for patients with mild or moderate renal impairment [see Use in Specific Clinical Trial Data Sources Adverse reactions information for escitalopram was collected from 715 patients with major depressive disorder who were exposed Symptoms associated with discontinuation of escitalopram tablets and other SSRIs and SNRIs have been reported [see Warnings to escitalopram and from 592 patients who were exposed to placebo in double-blind, placebo-controlled trials. An additional 284 and Precautions (5.3)]. Patients should be monitored for these symptoms when discontinuing treatment. A gradual reduction in patients with major depressive disorder were newly exposed to escitalopram in open-label trials. The adverse reaction information the dose rather than abrupt cessation is recommended whenever possible. If intolerable symptoms occur following a decrease in for escitalopram in patients with GAD was collected from 429 patients exposed to escitalopram and from 427 patients exposed to

the dose or upon discontinuation of treatment, then resuming the previously prescribed dose may be considered. Subsequently, placebo in double-blind, placebo-controlled trials. Adverse reactions during exposure were obtained primarily by general inquiry and recorded by clinical investigators using 2.7 Switching Patients to or from a Monoamine Oxidase Inhibitor (MAOI) Antidepressant terminology of their own choosing. Consequently, it is not possible to provide a meaningful estimate of the proportion of At least 14 days should elapse between discontinuation of an MAOI intended to treat psychiatric disorders and initiation of therapy with escitalopram tablets. Conversely, at least 14 days should be allowed after stopping escitalopram tablets before starting an event categories. In the tables and tabulations that follow, standard World Health Organization (WHO) terminology has been used to classify reported adverse reactions.

The stated frequencies of adverse reactions represent the proportion of individuals who experienced, at least once, a treatment Escitalopram tablets, USP are film-coated, round tablets containing escitalopram oxalate in strengths equivalent to 5 mg, 10 mg emergent adverse event of the type listed. An event was considered treatment-emergent if it occurred for the first time or worsened while receiving therapy following baseline evaluation. Adverse reaction information for pediatric patients was collected in double-blind placebo-controlled studies in 576 pediatric patients 6 to 17 years of age, (286 escitalopram, 290 placebo) with major depressive disorder

> The safety and effectiveness of escitalopram have not been established in pediatric patients less than 12 years of age with MDD or less than 7 years of age with GAD. Adverse Reactions Associated with Discontinuation of Treatment

reasing whater schizopharm tablets of within 14 days of stopping an MAOI intended to treat psychiatric disorders is also contraindicated [see Dosage and Administration (2.7) and Warnings and Precautions (5.2)].

Major Depressive Disorder psychiatric disorders is also contraindicated [see Dosage and Administration (2.7) and Warnings and Precautions (5.2)].

psychiatric disorders is also contraindicated [see Dosage and Administration (2.7) and Warnings and Precautions (5.2)].

Starting escitalopram tablets in a patient who is being treated with MAOIs such as linezolid or intravenous methylene blue is also contraindicated because of an increased risk of serotonin syndrome [see Dosage and Administration (2.6) and Warnings and contraindicated because of an increased risk of serotonin syndrome [see Dosage and Administration (2.6) and Warnings and Precautions (5.2)].

Adults

**Male and Female Sexual Dysfunction with SSRIs*

**Although changes in sexual desire, sexual performance, and sexual satisfaction often occur as manifestations of a psychiatric adverse reactions in patients receiving placebo. The rate of discontinuation for adverse reactions in patients receiving placebo. The rate of discontinuation for adverse reactions in patients assigned to a for adverse reactions in patients receiving placebo. The rate of discontinuation for adverse reactions in patients assigned to a for adverse reactions in patients receiving placebo. The rate of discontinuation for adverse reactions in patients assigned to a for adverse reactions in patients receiving placebo. The rate of discontinuation for adverse reactions in patients assigned to a for adverse reac fixed dose of 20 mg/day escitalopram was 10%, which was significantly different from the rate of discontinuation for adverse reactions in patients receiving 10 mg/day escitalopram (4%) and placebo (3%). Adverse reactions that were associated with In pooled analyses of placebo-controlled trials of antidepressant drugs (SSRIs and other antidepressant classes) that included approximately 77,000 adult patients and 4,500 pediatric patients, the incidence of suicidal thoughts and behaviors in the Pediatric Patients

antidepressant-treated patients age 24 years and younger was greater than in placebo-treated patients. There was considerable Adverse reactions in pediatric patients 6 to 17 years of age were associated with discontinuation of 3.5% of 286 patients These highlights do not include all the information needed to

Serotonin Syndrome: Increased risk when co-administered variation in risk of suicidal thoughts and behaviors among drugs, but there was an increased risk identified in young patients for receiving escitalopram and 1% of 290 patients receiving placebo. The most common adverse reaction (incidence at least 1% for with other serotonergic agents but also when taken alone. If it occurs, discontinue Escitalopram and serotonergic agents with MDD. The drug-placebo differences in the number of cases of suicidal thoughts and behaviors across the different indications, with the highest incidence in patients with MDD. The drug-placebo differences in the number of cases of suicidal thoughts and effectiveness of escitalopram have not been established in pediatric patients less than 12 years of age with MDD.

The safety and effectiveness of escitalopram have not been established in pediatric patients less than 12 years of age with MDD.

The safety and effectiveness of escitalopram have not been established in pediatric patients less than 12 years of age with MDD. **Generalized Anxiety Disorder**

> Among the 429 GAD patients who received escitalopram 10 to 20 mg/day in placebo-controlled trials, 8% discontinued treatment due to an adverse event, as compared to 4% of 427 patients receiving placebo. Adverse reactions that were associated with the discontinuation of at least 1% of patients treated with escitalopram, and for which the rate was at least twice the placebo rate, were nausea (2%), insomnia (1%), and fatigue (1%).

Incidence of Adverse Reactions in Placebo-Controlled Clinical Trials Major Depressive Disorder

The most commonly observed adverse reactions in escitalogram patients (incidence of approximately 5% or greater and approximately twice the incidence in placebo patients) were insomnia, ejaculation disorder (primarily ejaculatory delay), nausea, sweating increased, fatigue, and somnolence. Table 2 enumerates the incidence, rounded to the nearest percent, of adverse reactions that occurred among 715 depressed

patients who received escitalopram at doses ranging from 10 to 20 mg/day in placebo-controlled trials. Reactions included It is unknown whether the risk of suicidal thoughts and behaviors in children, adolescents, and young adults extends to longerare those occurring in 2% or more of patients treated with escitalopram and for which the incidence in patients treated with

	TABLE 2		
Adverse Reactions observed with a frequency of $\geq 2\%$ and greater than placebo for Major Depressive Disorder (Adults)			
Adverse Reaction	Escitalopram (N=715) %	Placebo (N=592) %	
Autonomic Nervous System Disorders			
Dry Mouth	6%	5%	
Sweating Increased	5%	2%	
Central & Peripheral Nervous System Disorders			
Dizziness	5%	3%	
Gastrointestinal Disorders			
Nausea	15%	7%	
Diarrhea	8%	5%	
Constipation	3%	1%	
Indigestion	3%	1%	
Abdominal Pain	2%	1%	
General			
Influenza-like Symptoms	5%	4%	
Fatigue	5%	2%	
Psychiatric Disorders			
Insomnia	9%	4%	
Somnolence	6%	2%	
Appetite Decreased	3%	1%	
Libido Decreased	3%	1%	
Respiratory System Disorders			
Rhinitis	5%	4%	
Sinusitis	3%	2%	
Urogenital			
Ejaculation Disorder ^{1,2}	9%	<1%	
Impotence ²	3%	<1%	
Anorgasmia ³	2%	<1%	

³Denominator used was for females only (N=490 escitalopram: N=404 placebo).

The overall profile of adverse reactions in pediatric patients 6 to 17 years in major depressive disorder was generally similar to that

Reproductive Disorders/Female: menstrual cramps menstrual disorder. seen in adult studies, as shown in Table 2. However, the following adverse reactions (excluding those which appear in Table 2 and and greater than placebo: back pain, urinary tract infection, vomiting, and nasal congestion

The safety and effectiveness of escitalopram have not been established in pediatric patients less than 12 years of age with MDD.

of developing hyponatremia with SSRIs and SNRIs. Also, patients taking diuretics or who are otherwise volume depleted may The most commonly observed adverse reactions in escitalopram patients (incidence of approximately 5% or greater and marketing exclusivity rights, this drug product is not labeled with that information. be at greater risk [see Use in Specific Populations (8.5)]. Consider discontinuation of escitalopram in patients with symptomatic approximately twice the incidence in placebo patients) were nausea, ejaculation disorder (primarily ejaculatory delay), insomnia, 6.2 Post-Marketing Experience fatigue, decreased libido, and anorgasmia.

in 2% or more of nationts treated with escitalon and for which the incidence in nationts treated with escitalon am was greater than the incidence in placebo-treated patients.

Adverse Reactions Observed with a Frequency of ≥ 2% and >placebo for Generalized Anxiety Disorder (Adults)			
Adverse Reactions	Escitalopram (N=429) %	<u>Placebo</u> (N=427) %	
Autonomic Nervous System Disorders			
Dry Mouth	9%	5%	
Sweating Increased	4%	1%	
Central & Peripheral Nervous System Disorders			
Headache	24%	17%	
Paresthesia	2%	1%	
Gastrointestinal Disorders			
Nausea	18%	8%	
Diarrhea	8%	6%	
Constipation	5%	4%	
Indigestion	3%	2%	
Vomiting	3%	1%	
Abdominal Pain	2%	1%	
Flatulence	2%	1%	
Toothache	2%	0%	
General			
Fatigue	8%	2%	
Influenza-like Symptoms	5%	4%	
Musculoskeletal System Disorder			
Neck/Shoulder Pain	3%	1%	
Psychiatric Disorders			
Somnolence	13%	7%	
Insomnia	12%	6%	
Libido Decreased	7%	2%	
Dreaming Abnormal	3%	2%	
Appetite Decreased	3%	1%	
Lethargy	3%	1%	
Respiratory System Disorders			
Yawning	2%	1%	
Urogenital			
Ejaculation Disorder ^{1,2}	14%	2%	
Anorgasmia ³	6%	<1%	
Menstrual Disorder	2%	1%	

Primarily ejaculatory delay. minator used was for males only (N=182 escitalopram; N=195 placebo) ³Denominator used was for females only (N=247 escitalogram; N=232 placebo).

The potential dose dependency of common adverse reactions (defined as an incidence rate of ≥5% in either the 10 mg or 20 mg escitalopram groups) was examined on the basis of the combined incidence of adverse reactions in two fixed-dose trials. The verall incidence rates of adverse reactions in 10 mg escitalopram-treated patients (66%) was similar to that of the placebo treated patients (61%), while the incidence rate in 20 mg/day escitalopram-treated patients was greater (86%). Table 4 shows common adverse reactions that occurred in the 20 mg/day escitalopram group with an incidence that was approximately twice nately twice that of the placeho gro

	TABL	E 4		
Inci	Incidence of Common Adverse Reactions in Patients with Major Depressive Disorder			
Adverse Reaction	Placebo (N=311)	10 mg/day Escitalopram (N=310)	20 mg/day Escitalopram (N=125)	
Insomnia	4%	7%	14%	
Diarrhea	5%	6%	14%	
Dry Mouth	3%	4%	9%	
Somnolence	1%	4%	9%	
Dizziness	2%	4%	7%	
Sweating Increased	<1%	3%	8%	
Constipation	1%	3%	6%	
Fatigue	2%	2%	6%	
Indigestion	1%	2%	6%	

the discontinuation of at least 1% of patients treated with escitalopram tablets, and for which the rate was at least twice that of of the incidence of untoward sexual experience and performance cited in product labeling are likely to underestimate their actual

	TABLE 5		
Incidence of S	exual Side Effects in Placebo-Controlled C	Clinical Trials	
Adverse Event	Escitalopram	Placebo	
	In Male:	s Only	
	(N=407)	(N=383)	
Ejaculation Disorder (primarily ejaculatory delay)	12%	1%	
Libido Decreased	6%	2%	
Impotence	2%	<1%	
	In Females Only		
	(N=737)	(N=636)	
Libido Decreased	3%	1%	
Anorgaemia	20/_	~10/ _~	

There are no adequately designed studies examining sexual dysfunction with escitalopram treatment. Prianism has been reported with all SSRIs.

While it is difficult to know the precise risk of sexual dysfunction associated with the use of SSRIs, physicians should routinely inquire about such possible side effects.

Vital Sign Changes Escitalopram and placebo groups were compared with respect to (1) mean change from baseline in vital signs (pulse, systolic blood pressure, and diastolic blood pressure) and (2) the incidence of patients meeting criteria for potentially clinically significant changes from baseline in these variables. These analyses did not reveal any clinically important changes in vital signs associated

with escitalopram treatment. In addition, a comparison of supine and standing vital sign measures in subjects receiving escitalopram indicated that escitalopram treatment is not associated with orthostatic changes. Weight Changes

Patients treated with escitalopram in controlled trials did not differ from placebo-treated patients with regard to clinically important change in body weight.

Laboratory Changes Escitalopram and placebo groups were compared with respect to (1) mean change from baseline in various serum chemistry, hematology, and urinalysis variables, and (2) the incidence of patients meeting criteria for potentially clinically significant changes from baseline in these variables. These analyses revealed no clinically important changes in laboratory test parameters associated with escitalopram treatment.

ECG Changes Electrocardiograms from escitalopram (N=625) and placebo (N=527) groups were compared with respect to outliers defined as Data subjects with QTc changes over 60 msec from baseline or absolute values over 500 msec post-dose, and subjects with heart rate increases to over 100 bpm or decreases to less than 50 bpm with a 25% change from baseline (tachycardic or bradycardic Exposure to SSRIs, particularly later in pregnancy, may increase the risk for PPHN. PPHN occurs in 1 to 2 per 1,000 live births in outliers, respectively). None of the patients in the escitalopram group had a QTcF interval >500 msec or a prolongation >60 msec the general populations and is associated with substantial neonatal morbidity and mortality. compared to 0.2% of patients in the placebo group. The incidence of tachycardic outliers was 0.2% in the escitalopram and the

placebo group. The incidence of bradycardic outliers was 0.5% in the escitalopram group and 0.2% in the placebo group. established exposure-response relationship, the predicted QTcF change from placebo arm (95% confidence interval) under the C_{max} for the dose of 20 mg is 6.6 (7.9) msec. Escitalopram 30 mg given once daily resulted in mean C_{max} of 1.7-fold higher than the malformations were observed at any of the doses tested (as high as 73 times the MRHD on a mg/m² basis).

mean C_{max} for the maximum recommended therapeutic dose at steady state (20 mg). The exposure under supratherapeutic 30 mg

When female rats were treated with escitalopram (6, 12, 24, or 48 mg/kg/day) during pregnancy and through weaning, slightly dose is similar to the steady state concentrations expected in CYP2C19 poor metabolizers following a therapeutic dose of 20 mg. increased offspring mortality and growth retardation were noted at 48 mg/kg/day which is approximately 23 times the MRHD of Other Reactions Observed During the Premarketing Evaluation of Escitalopram Tablets

Following is a list of treatment-emergent adverse reactions, as defined in the introduction to the ADVERSE REACTIONS section, at this dose. Slightly increased offspring mortality was also seen at 24 mg/kg/day. The no-effect dose was 12 mg/kg/day which is reported by the 1,428 patients treated with escitalopram tablets for periods of up to one year in double-blind or open-label clinical approximately 6 times the MRHD of 20 mg on a mg/m² basis.

trials during its premarketing evaluation. The listing does not include those reactions already listed in Tables 2 & 3, those reactions

In two rat embryo/fetal development studies, oral administration of racemic citalopram (32, 56, or 112 mg/kg/day) to pregnant for which a drug cause was remote and at a rate less than 1% or lower than placebo, those reactions which were so general as to be uninformative, and those reactions reported only once which did not have a substantial probability of being acutely life of fetal abnormalities (including cardiovascular and skeletal defects) at the high dose, which is approximately 18 times the MRHD threatening. Reactions are categorized by body system. Reactions of major clinical importance are described in the Warnings and of 60 mg/day on a mg/m² basis. This dose was also associated with maternal toxicity (clinical signs, decreased body weight Precautions section (5). Cardiovascular: hypertension, palpitation,

Central and Peripheral Nervous System Disorders: light-headed feeling, migraine. Gastrointestinal Disorders: abdominal cramp, heartburn, gastroenteritis.

General: allergy, chest pain, fever, hot flushes, pain in limb. Metabolic and Nutritional Disorders: increased weight. Musculoskeletal System Disorders: arthralgia, myalgia jaw stiffness. Psychiatric Disorders: appetite increased, concentration impaired, irritability.

Respiratory System Disorders: bronchitis, coughing, nasal congestion, sinus congestion, sinus headache.

Skin and Annendanes Disorders: rash Special Senses: vision blurred, tinnitus.

Urinary System Disorders: urinary frequency, urinary tract infection.

Additional pediatric use information is approved for AbbVie Inc.'s LEXAPRO® (escitalopram) tablets. However, due to AbbVie Inc.'s

Adverse Reactions Reported Subsequent to the Marketing of Escitalopram

Blood and Lymphatic System Disorders: anemia, agranulocytis, aplastic anemia, hemolytic anemia, idiopathic thrombocytopenia 8.4 Pediatric Use

Cardiac Disorders: atrial fibrillation, bradycardia, cardiac failure, myocardial infarction, tachycardia, torsade de pointes, ventricular

The safety and effectiveness of escitalopram for the treatment of major depressive disorder have been established in pediatric

Ear and labyrinth disorders: vertigo Endocrine Disorders: diabetes mellitus, hyperprolactinemia, SIADH

Eve Disorders: angle closure glaucoma, diplopia, mydriasis, visual disturbance.

Gastrointestinal Disorder: dysphagia, gastrointestinal hemorrhage, gastroesophageal reflux, pancreatitis, rectal hemorrhage. General Disorders and Administration Site Conditions: abnormal oait, asthenia, edema, fall, feeling abnormal, malaise, Hepatobiliary Disorders: fulminant hepatitis, hepatic failure, hepatic necrosis, hepatitis.

Immune System Disorders: allergic reaction, anaphylaxis. Investigations: bilirubin increased, decreased weight, electrocardiogram QT prolongation, hepatic enzymes increased, hypercholesterolemia, INR increased, prothrombin decreased.

Metabolism and Nutrition Disorders: hyperglycemia, hypoglycemia, hypokalemia, hyponatremia. Musculoskeletal and Connective Tissue Disorders: muscle cramp, muscle stiffness, muscle weakness, rhabdomyolysis. Nervous System Disorders: akathisia, amnesia, ataxia, choreoathetosis, cerebrovascular accident, dysarthria, dyskinesia, and in a juvenile animal study, male and female rats were administered escitalopram at 5, 40, or 80 mg/kg/day by oral gavage from dystonia, extrapyramidal disorders, grand mal seizures (or convulsions), hypoaesthesia, myoclonus, nystagmus, Parkinsonism,

Pregnancy, Puerperium and Perinatal Conditions: spontaneous abortion. Psychiatric Disorders: acute psychosis, aggression, agitation, anger, anxiety, apathy, completed suicide, confusion, mg/kg/day (3.5 times the MRHD based on AUC levels). A reversible disruption of learning and memory function was observed in depersonalization, depression aggravated, delirium, delusion, disorientation, feeling unreal, hallucinations (visual and auditory), males at 80 mg/kg/day with a NOAEL of 40 mg/kg/day, which was associated with an AUC level 3.5 times those measured at the MRHD in pediatrics. There was no effect on learning and memory function in treated female rats.

attempt, suicidal ideation, suicidal tendence Renal and Urinary Disorders: acute renal failure, dysuria, urinary retention.

Reproductive System and Breast Disorders: menorrhagia, priapism.

Respiratory, Thoracic and Mediastinal Disorders: anosmia, dyspnea, epistaxis, pulmonary embolism, hyposmia, pulmonary

Skin and Subcutaneous Tissue Disorders: alopecia, angioedema, dermatitis, drug reaction with eosinophilia and systemic greater sensitivity of some elderly individuals to effects of escitalopram cannot be ruled out. symptoms (DRESS), ecchymosis, erythema multiforme, photosensitivity reaction, Stevens Johnson Syndrome, toxic epidermal necrolysis, urticaria.

7 DRUG INTERACTIONS

Table 6 presents clinically important drug interactions with escitalopram

estless legs, seizures, syncope, tardive dyskinesia, tremor

TABLE 6 Clinically Important Drug Interactions with Escitalopram Monoamine Oxidase Inhibitors (MAOIs)

Concomitant use of SSRIs, including Escitalopram, and MAOIs increases the risk of Escitalopram is contraindicated in patients taking MAOIs, including MAOIs such as linezolid or intravenous methylene blue [see Dosage and Administration (2.7), Contraindications (4), Intervention: and Warnings and Precautions (5.2)]. Pimozide

	Clinical Impact:	Concomitant use of racemic citalopram with pimozide increases plasma concentrations of pimozide, a drug with a narrow therapeutic index, and may increase the risk of QT prolongation and/or ventricular arrhythmias compared to use of racemic citalopram alone [see Clinical Pharmacology (12.3)].	9 DRUG ABUSE AND DEPENDENCE 9.2 Abuse and Dependence Physical and Psychological Dependence Animal studies suggest that the abuse liat
,	Intervention:	Escitalopram is contraindicated in patients taking pimozide [see Contraindications (4)].	humans for its potential for abuse, toleran
	Other Serotonergic Drugs	not reveal any drug-seeking behavior. It basis of this limited experience the exte	
J	Clinical Impact:	Concomitant use of Escitalopram and other serotonergic drugs (including other SSRIs, SNRIs, triptans, tricyclic antidepressants, opioids, lithium, buspirone, amphetamines, tryptophan, and St. John's Wort) increases the risk of serotonin syndrome.	Consequently, physicians should carefull closely, observing them for signs of misi behavior).
-	Intervention:	Monitor patients for signs and symptoms of serotonin syndrome, particularly during Escitalopram initiation and dosage increases. If serotonin syndrome occurs, consider	10 OVERDOSAGE The following have been reported with esc
è		discontinuation of Escitalopram and/or concomitant serotonergic drugs [see Warning and Precautions (5.2)].	Cardiovascular toxicity, which may be
1	Drugs That Interfere With Hemo	stasis (NSAIDs, Aspirin, Warfarin, etc.)	and torsade de pointes. Hypertensi

Clinical Impact:	Concomitant use of Escitalopram and an antiplatelet or anticoagulant may potentiate the risk of bleeding.	
Intervention:	Inform patients of the increased risk of bleeding associated with the concomitant us Escitalopram and antiplatelet agents and anticoagulants. For patients taking ward carefully monitor the international normalized ratio [see Warning and Precautions (5.7)]	
Sumatriptan		
Clinical Impact:	There have been postmarketing reports describing patients with weakness, hyperreflexiand incoordination following the use of an SSRI and sumatriptan.	
Intervention:	If concomitant treatment with sumatriptan and an SSRI is clinically warranted, appropri observation of the patient is advised [see Warning and Precautions (5.2)].	
Carbamazepine	·	
Clinical Impact:	Combined administration of racemic citalopram (40 mg/day for 14 days) and carbamazepir (titrated to 400 mg/day for 35 days) did not significantly affect the pharmacokinetics (carbamazepine, a CYP3A4 substrate.	
Intervention	Although trough sitelearum plasma levels were unoffected given the enzyme indusin	

Although trough citalopram plasma levels were unaffected, given the enzyme-inducing properties of carbamazepine, the possibility that carbamazepine might increase the clearance of escitalopram should be considered if the two drugs are coadministered. Coadministration of escitalopram (20 mg/day for 21 days) with the tricyclic antidepressa

nax and a 100% increase in AUC of desipramine

of escitalogram and drugs metabolized by CYP2D6.

The clinical significance of this finding is unknown. Exercise caution during coadministration

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy Pregnancy Exposure Registry

therapeutic doses (see Data).

There is a pregnancy exposure registry that monitors pregnancy outcomes in women exposed to antidepressants during pregnancy. Healthcare providers are encouraged to advise patients to register by calling the National Pregnancy Registry for Antidepressants at 1-844-405-6185 or visiting online at https://womensn Risk Summary

Based on data from published observational studies, exposure to SSRIs, particularly in the month before delivery, has been associated with a less than 2-fold increase in the risk of postpartum hemorrhage [see Warnings and Precautions (5.7) and Clinical

Available data from published epidemiologic studies and postmarketing reports have not established an increased risk of major birth defects or miscarriage. There are risks of persistent pulmonary hypertension of the newborn (PPHN) (see Data) and poor neonatal adaptation (see Clinical Considerations) with exposure to selective serotonin reuptake inhibitors (SSRIs), including escitalopram, during pregnancy. There are risks associated with untreated depression in pregnancy (see Clinical Considerations). In animal reproduction studies, both escitalopram and racemic citalopram have been shown to have adverse effects on embryo/ fetal and postnatal development, including fetal structural abnormalities, when administered at doses greater than human

The estimated background risk of major birth defects and miscarriage for the indicated population is unknown. All pregnancies have a background risk of birth defect, loss, or other adverse outcomes. In the U.S. general population, the estimated background risk of major birth defects and miscarriage in the clinically recognized pregnancies is 2 to 4% and 15 to 20%, respectively. Clinical Considerations

Disease-associated maternal risk and/or embryo/fetal risk

Women who discontinue antidepressants are more likely to experience a relanse of major depression than women who continue antidepressants. This finding is from a prospective longitudinal study of 201 pregnant women with a history of major depression, who were euthymic and taking antidepressants at the beginning of pregnancy. Consider the risk of untreated depression when discontinuing or changing treatment with antidepressant medication during pregnancy and postpartum Maternal Adverse Reactions

Use of escitalopram tablets in the month before delivery may be associated with an increased risk of postpartum hemorrhage [see Warnings and Precautions (5.7)].

Fetal/Neonatal adverse reactions Neonates exposed to SSRIs or SNRIs, including escitalopram, late in third trimester have developed complications requiring prolonged hospitalization, respiratory support, and tube feeding. Such complications can arise immediately upon delivery Reported clinical findings have included respiratory distress, cyanosis, apnea, seizures, temperature instability, feeding difficulty, vomiting, hypoglycemia, hypotonia, hypertonia, hyperreflexia, tremor, jitteriness, irritability, and constant crying. These features tent with either a direct toxic effect of SSRIs and SNRIs or, possibly, a drug discontinuation syndrome. It should be

noted that, in some cases, the clinical picture is consistent with serotonin syndrome [see Warnings and Precautions (5.2)]. Human Data

In a rat embryo/fetal development study, oral administration of escitalopram (56, 112, or 150 mg/kg/day) to pregnant animals QTcF interval was evaluated in a randomized, placebo and active (moxifloxacin 400 mg) controlled cross-over, escalating multiple during the period of organogenesis resulted in decreased fetal body weight and associated delays in ossification at the two higher dose study in 113 healthy subjects. The maximum mean (95% upper confidence bound) difference from placebo arm were doses [approximately \geq 55 times the maximum recommended human dose (MRHD) of 20 mg/day on a mg/m² basis]. Maternal 4.5 (6.4) and 10.7 (12.7) msec for 10 mg and supratherapeutic 30 mg escitalopram given once daily, respectively. Based on the toxicity (clinical signs and decreased body weight gain and food consumption), mild at 56 mg/kg/day, was present at all dose

gain). The developmental no-effect dose was 56 mg/kg/day is approximately 9 times the MRHD on a mg/m² basis. In a rabbit study, no adverse effects on embryo/fetal development were observed at doses of racemic citalopram of up to 16 mg/kg/day, or approximately 5 times the MRHD on a mg/m² basis. Thus, developmental effects of racemic citalogram were observed at a

maternally toxic dose in the rat and were not observed in the rabbit. When female rats were treated with racemic citalogram (4.8, 12.8, or 32 mg/kg/day) from late gestation through weaning. increased offspring mortality during the first 4 days after birth and persistent offspring growth retardation were observed at the highest dose, which is approximately 5 times the MRHD of 60 mg on a mg/m² basis. The no-effect dose was 12.8 mg/kg/day is approximately 2 times the MRHD on a mg/m² basis. Similar effects on offspring mortality and growth were seen when dams were reated throughout gestation and early lactation at doses ≥ 24 mg/kg/day, approximately 4 times the MRHD on a mg/m² basis. A no-effect dose was not determined in that study.

8.2 Lactation Risk Summary

Data from the published literature report the presence of escitalopram and desmethylescitalopram in human milk (see Data). There are reports of excessive sedation, restlessness, agitation, poor feeding and poor weight gain in infants exposed to escitalopram, through breast milk (see Clinical Considerations). There are no data on the effects of escitalopram or its metabolites on milk production. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for scitalopram and any potential adverse effects on the breastfed child from escitalopram or from the underlying maternal condition. Clinical Considerations

Infants exposed to escitalopram should be monitored for excess sedation, restlessness, agitation, poor feeding and poor weight

Signs and symptoms of hyponatremia include headache, difficulty concentrating, memory impairment, confusion, weakness, and unsteadiness, which may lead to falls. Signs and symptoms associated with more severe and/or acute cases have included to the maternal weight-adjusted dose of escitalopram and 1.7% of the

Major Depressive Disorder patients 12 years of age and older. Use of escitalopram for this indication is supported by evidence from adequate and wellcontrolled studies in adults with additional evidence from an 8-week, flexible-dose, placebo-controlled study that compared escitalopram tablets 10 mg to 20 mg once daily to placebo in pediatric patients 12 to 17 years of age with major depressive disorder [see Clinical Studies (14.1)]. The safety of escitalopram was similar to adult patients with MDD [see Adverse Reactions

The safety and effectiveness of escitalopram for the treatment of major depressive disorder have not been established in pediatric patients younger than 12 years of age. In a 24-week, open-label safety study in 118 pediatric patients aged 7 to 11 years who had major depressive disorder, the safety findings were consistent with the known safety and tolerability profile for escitalopram.

<u>Generalized Anxiety Disorder</u>
The safety and effectiveness of escitalopram for the treatment of generalized anxiety disorder have not been established in pediatric patients younger than 7 years of age.

Antidepressants increase the risk of suicidal thoughts and behaviors in pediatric patients [see Warnings and Precautions (5.1)]. Decreased appetite and weight loss have been observed in association with the use of SSRIs. Consequently, regular monitoring of weight and growth should be performed in children and adolescents treated with an SSRI such as escitalopram. Juvenile Animal Toxicity Data

postnatal day (PND) 21 to PND 69. A delay in sexual maturation was observed in both males and females at \geq 40 mg/kg/day with a No Observed Adverse Effect Level (NOAEL) of 5 mg/kg/day. This NOAEL was associated with plasma AUC levels less than those measured at the maximum recommended dose (MRHD) in pediatrics (20 mg). However, there was no effect on reproductive function. Increased motor activity (both ambulatory and fine movements) was observed in females prior to daily dosing at ≥ 40

Additional pediatric use information is approved for AbbVie Inc.'s LEXAPRO® (escitalopram) tablets. However, due to AbbVie Inc.'s marketing exclusivity rights, this drug product is not labeled with that information 8.5 Geriatric Use Approximately 69 patients (6%) of the 1,144 patients receiving escitalopram in controlled trials of escitalopram in major depressive disorder and GAD were 60 years of age or older *[see Clinical Studies (14.1, 14.2)]*. The number of elderly patients in these trials was insufficient to adequately assess for possible differential efficacy and safety measures on the basis of age. Nevertheless,

In two pharmacokinetic studies, escitalopram half-life was increased by approximately 50% in subjects 65 years and older necrolysis, urticaria.

as compared to young subjects and C_{max} was unchanged [see Clinical Pharmacology (12.3)]. The recommended dosage of escitalopram tablets for elderly patients is 10 mg daily [see Dosage and Administration (2.5)]. SSRIs, including escitalopram, have been associated with cases of clinically significant hyponatremia in elderly patients, who may

be at greater risk for this adverse reaction [see Warnings and Precautions (5.6)] Of 4 422 natients in clinical studies of racemic citalogram. 1.357 were 60 and over, 1,034 were 65 and over, and 457 were 75 and over. No overall differences in safety or effectiveness were observed between these subjects and younger subjects, and other reported clinical experience has not identified differences in responses between the geriatric and younger patients, but again, greater sensitivity of some elderly individuals cannot be ruled out.

8.6 Hepatic Impairment ncreased citalopram exposure occurs in patients with hepatic impairment [see Clinical Pharmacology (12.3)]. The recommended dosage of escitalopram tablets in patients with hepatic impairment is 10 mg daily [see Dosage and Administration (2.5)]. 8.7 Renal Impairment

rmacokinetics of escitalopram in patients with a creatinine clearance less than 20 mL/minute has not been evaluated. No dosage adjustment is necessary for patients with mild or moderate renal impairment [see Dosage and Administration (2.5),

Animal studies suggest that the abuse liability of racemic citalopram is low. Escitalopram has not been systematically studied in humans for its potential for abuse, tolerance, or physical dependence. The premarketing clinical experience with escitalopram did not reveal any drug-seeking behavior. However, these observations were not systematic and it is not possible to predict on the basis of this limited experience the extent to which a CNS-active drug will be misused, diverted, and/or abused once marketed. Consequently, physicians should carefully evaluate escitalopram patients for history of drug abuse and follow such patients closely, observing them for signs of misuse or abuse (e.g., development of tolerance, incrementations of dose, drug-seeking

10 OVERDOSAGE

The following have been reported with escitalopram tablet overdosage: Seizures, which may be delayed, and altered mental status including coma. Cardiovascular toxicity, which may be delayed, including QRS and QTc interval prolongation, wide complex tachyarrhythmias, and torsade de pointes. Hypertension most commonly seen, but rarely can see hypotension alone or with co-ingestants

including alcohol. Concomitant use of Escitalopram and an antiplatelet or anticoagulant may potentiate the Serotonin syndrome (patients with a multiple drug overdosage with other proserotonergic drugs may have a higher risk). Prolonged cardiac monitoring is recommended in escitalopram overdosage ingestions due to the arrhythmia risk. Gastrointestinal decontamination with activated charcoal should be considered in patients who present early after a escitalopram

Consider contacting the Poison Help line (1-800-222-1222) or a medical toxicologist for additional overdose management recommendations

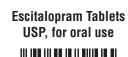
xia, 11 DESCRIPTION Escitalopram tablets contain escitalopram, a selective serotonin reuptake inhibitor (SSRI), present as escitalopram oxalate salt. Escitalopram is the pure S- enantiomer (single isomer) of the racemic bicyclic phthalane derivative citalopram. Escitalopram oxalate is designated S-(+)-1- [3-(dimethyl-amino)propyl]-1-(p-fluorophenyl)-5-phthalancarbonitrile oxalate with the following

 ${}^{\bullet}C_{2}H_{2}O_{4}$

desipramine (single dose of 50 mg), a substrate for CYP2D6, resulted in a 40% increase in The molecular formula is $C_{20}H_{21}FN_{2}O \cdot C_{2}H_{2}O_{4}$ and the molecular weight is 414.40. Escitalopram oxalate, USP occurs as a fine, white to slightly-yellow powder and is freely soluble in methanol and dimethyl sulfoxide (DMSO), soluble in isotonic saline solution, sparingly soluble in water and ethanol, slightly soluble in ethyl acetate, and insoluble in heptane.

Escitalopram tablets, USP are white to off-white, round, biconvex, film-coated tablets containing 6.38 mg, 12.75 mg and 25.55

































LOCATION: VKT Pharma PRODUCT NAME Escitalopram Tablets, USP COUNTRY: US Supersedes A/W No. REMARK: added 2D code printing details in same code for better clarity in ease of serialization process ITEM / PACK Outsert NO. OF COLORS: 1 V. No. : 01 DESIGN STYLE Back Side PANTONE SHADE NOS .: SUBSTRATE: 28 g/m² Bible Paper 8098544 Black Activities Department Signature Date DIMENSIONS (MM) 640 x 510 Prepared By Pkg. Dev. ART WORK SIZE S/S Reviewed By Pkg. Dev. 23-10-2024 Font Size 6.5 pt_Med. 10 pt Approved By Quality

Note: Pharma code/ Bar code and adjacent text must be visible on folded leaflet. These details can be moved/resized by printed to arrange pharma code/ Bar code and adjacent text visible on folded leaflet 2D code shall be printed by the printer at the time of commercial supply.

mg escitalopram oxalate in strengths equivalent to 5 mg, 10 mg, and 20 mg, respectively, of escitalopram base. The 10 and 20 mg tablets are scored. The tablets also contain the following inactive ingredients: cellulose microcrystalline, colloidal silicon dioxide, croscarmellose sodium, magnesium stearate, povidone and talc. The prolongation, a known risk factor for the observed outcome in dogs. film coating contains hypromellose, polyethylene glycol 400 and titanium dioxide.

Meets USP Dissolution Test 2 12 CLINICAL PHARMACOLOG

The mechanism of antidepressant action of escitalopram, the S-enantiomer of racemic citalopram, is presumed to be linked to potentiation of serotonergic activity in the central nervous system (CNS) resulting from its inhibition of CNS neuronal reuptake of serotonin (5-HT).

In vitro and in vivo studies in animals suggest that escitalopram is a highly selective serotonin reuptake inhibitor (SSRI) with minimal effects on norepinephrine and dopamine neuronal reuptake. Escitalopram is at least 100fold more potent than the R-enantiomer with respect to inhibition of 5-HT reuptake and inhibition of 5-HT neuronal firing rate. Tolerance to a model of antidepressant effect in rats was not induced by long-term (up to 5 weeks) treatment with escitalopram. Escitalopram has no or very low affinity for serotonergic (5-HT $_{1\,to}$ 7) or other receptors including alpha- and beta-adrenergic, dopamine (D_{1 to 5}), histamine (H_{1 to 3}), muscarinic (M_{1 to 5}) and benzodiazepine receptors. Escitalopram also does not bind to, or has low affinity for, various ion channels including Na⁺, K⁺, Cl⁻, and Ca⁺⁺ channels. Antagonism of muscarinic, histaminergic, and adrenergic receptors has been hypothesized to be associated with various anticholinergic, sedative, and cardiovascular side effects of other psychotropic drugs.

The single- and multiple-dose pharmacokinetics of escitalopram are linear and dose-proportional in a dose

With once-daily dosing, steady state plasma concentrations are achieved within approximately one week. A steady state, the extent of accumulation of escitalopram in plasma in young healthy subjects was 2.2 to 2.5 times the plasma concentrations observed after a single dose.

The absolute bioavailability of citalogram is about 80% relative to an intravenous dose. The tablet and the oral

solution dosage forms of escitalopram oxalate are bioequ Following a single oral dose (20 mg tablet or solution) of escitalopram, peak blood levels occur at about 5 hours. Absorption of escitalopram is not affected by food.

The binding of escitalopram to human plasma proteins is approximately 56%. The volume of distribution of citalopram is about 12 L/kg. Data specific on escitalopram are unavailable.

Biotransformation of escitalopram is mainly hepatic, with a mean terminal half-life of about 27 to 32 hours. The oral clearance of escitalopram is 600 mL/min, with approximately 7% of that due to renal clearance.

Escitalopram is metabolized to S-DCT and S-didemethylcitalopram (S-DDCT). In humans, unchanged escitalopram is the predominant compound in plasma. At steady state, the concentration of the escitalopram metabolite S-DCT in plasma is approximately one-third that of escitalopram. The level of S-DDCT was not detectable in most subjects. In vitro studies show that escitalopram is at least 7 and 27 times more potent than S-DCT and S-DDCT, respectively, in the inhibition of serotonin reuptake, suggesting that the metabolites of scitalopram do not contribute significantly to the antidepressant actions of escitalopram. S-DCT and S-DDCT also have no or very low affinity for serotonergic (5-HT1 to 7) or other receptors including alpha- and betaadrenergic, dopamine (D_{1 to 5}), histamine (H_{1 to 3}), muscarinic (M_{1 to 5}), and benzodiazepine receptors. S-DCT and S-DDCT also do not bind to various ion channels including Na+, K+, Cl-, and Ca++ channels. In vitro studies N-demethylation of escitalopram.

Following oral administrations of escitalopram, the fraction of drug recovered in the urine as escitalopram and S-demethylcitalopram (S-DCT) is about 8% and 10%, respectively.

Pediatric Patients

Pediatric patients 12 to 17 years of age: In a single dose study of 10 mg escitalopram, AUC of escitalopram decreased by 19%, and C_{max} increased by 26% in healthy pediatric subjects 12 to 17 years of age compared to adults. Following multiple dosing of 40 mg/day citalopram, escitalopram elimination half-life, steady-state 16 HOW SUPPLIED/STORAGE AND HANDLING C_{max} and AUC were similar in pediatric patients 12 to 17 years of age with MDD compared to adults [see Use in Specific Populations (8.4)].

Escitalopram pharmacokinetics in subjects ≥ 65 years of age were compared to adults in a single-dose and a multiple-dose study. Escitalopram AUC and half-life were increased by approximately 50% in elderly subjects, and C_{max} was unchanged [see Dosage and Administration (2.5), Use in Specific Populations (8.5)].

Based on data from single- and multiple-dose studies measuring escitalopram in elderly, young adults, and adolescents, no dosage adjustment on the basis of gender is needed

Citalopram oral clearance was reduced by 37% and half-life was doubled in patients with reduced hepatic function compared to normal subjects [see Dosage and Administration (2.5), Use in Specific Populations (8.6)].

In patients with mild to moderate renal function impairment, oral clearance of citalogram was reduced by 17% compared to normal subjects. No information is available about the pharmacokinetics of escitalogram in patients with severely reduced renal function (creatinine clearance < 20 mL/min) [see Use in Specific Populations (8.7)1 Drug Interaction Studies

vitro enzyme inhibition data did not reveal an inhibitory effect of escitalopram on CYP3A4, -1A2, -2C9, -2C19, and -2E1. Based on in vitro data, escitalopram would be expected to have little inhibitory effect on in vivo metabolism mediated by these cytochromes. While in vivo data to address this question are limited, results from drug interaction studies suggest that escitalopram, at a dose of 20 mg, has no 3A4 inhibitory effect and a modest 2D6 inhibitory effect [see Drug Interactions (7)].

In vitro studies indicated that CYP3A4 and -2C19 are the primary enzymes involved in the metabolism of escitalopram. However, coadministration of escitalopram (20 mg) and ritonavir (600 mg), a potent inhibitor of Store at 20° to 25°C (68° to 77°F); excursions permitted to 15° to 30°C (59° to 86°F) [see USP Controlled

CYP3A4, did not significantly affect the pharmacokinetics of escitalopram. Because escitalopram is metabolized $by \ multiple \ enzyme \ systems, inhibition \ of a single \ enzyme \ may \ not \ appreciably \ decrease \ escitalopram \ clearance.$ In subjects who had received 21 days of 40 mg/day racemic citalopram, combined administration of 400

respectively. The clinical significance of these findings is unknown.

In subjects who had received 21 days of 40 mg/day racemic citalogram, combined administration of citalogram and digoxin (single dose of 1 mg) did not significantly affect the pharmacokinetics of either citalopram or

mg twice a day cimetidine for 8 days resulted in an increase in citalopram AUC and C_{max} of 43% and 39%,

Coadministration of racemic citalopram (40 mg/day for 10 days) and lithium (30 mmol/day for 5 days) had no significant effect on the pharmacokinetics of citalogram or lithium. Plasma lithium levels should be monitored with appropriate adjustment to the lithium dose in accordance with standard clinical practice. Because lithium may enhance the serotonergic effects of escitalopram, caution should be exercised when escitalopram tablets

Theophylline Combined administration of racemic citalogram (40 mg/day for 21 days) and the CYP1A2 substrate theophylline (single dose of 300 mg) did not affect the pharmacokinetics of theophylline. The effect of theophylline on the pharmacokinetics of citalogram was not evaluated.

Combined administration of racemic citalopram (40 mg) and ketoconazole (200 mg), a potent CYP3A4 inhibitor, decreased the C_{max} and AUC of ketoconazole by 21% and 10%, respectively, and did not significantly affect the pharmacokinetics of citalogram

Combined administration of a single dose of ritonavir (600 mg), both a CYP3A4 substrate and a potent inhibitor of CYP3A4, and escitalopram (20 mg) did not affect the pharmacokinetics of either ritonavir or escitalopram.

Combined administration of racemic citalogram (titrated to 40 mg/day for 28 days) and the CYP3A4 substrate triazolam (single dose of 0.25 mg) did not significantly affect the pharmacokinetics of either citalopram or

Administration of 20 mg/day escitalopram tablets for 21 days in healthy volunteers resulted in a 50% increase in C_{max} and 82% increase in AUC of the beta-adrenergic blocker metoprolol (given in a single dose of 100 mg). Increased metoprolol plasma levels have been associated with decreased cardioselectivity. Coadministration of escitalopram tablets and metoprolol had no clinically significant effects on blood pressure or heart rate.

Escitalopram did not potentiate the cognitive and motor effects of alcohol in a clinical trial. As with other psychotropic medications, the use of alcohol by patients taking escitalopram tablets are not recommended.

Administration of 40 mg/day racemic citalopram for 21 days did not affect the pharmacokinetics of warfarin, a CYP3A4 substrate. Prothrombin time was increased by 5%. The clinical significance of these findings is Additional pediatric use information is approved for AbbVie Inc.'s LEXAPRO® (escitalopram) tablets. However,

due to AbbVie Inc.'s marketing exclusivity rights, this drug product is not labeled with that information. 13 NONCLINICAL TOXICOLOGY

13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

Racemic citalopram was administered in the diet to NMRI/BOM strain mice and COBS WI strain rats for 18 and 24 months, respectively. There was no evidence for carcinogenicity of racemic citalopram in mice receiving up to 240 mg/kg/day. There was an increased incidence of small intestine carcinoma in rats receiving 8 or 24 mg/kg/day racemic citalopram. A no-effect dose for this finding was not established. The relevance of these findings to humans is unknown

Racemic citalopram was mutagenic in the in vitro bacterial reverse mutation assay (Ames test) in 2 of 5 bacterial strains (Salmonella TA98 and TA1537) in the absence of metabolic activation. It was clastogenic in the in vitro Chinese hamster lung cell assay for chromosomal aberrations in the presence and absence of metabolic activation. Racemic citalogram was not mutagenic in the *in vitro* mammalian forward gene mutation assay (HPRT) in mouse lymphoma cells or in a coupled *in vitro/in vivo* unscheduled DNA synthesis (UDS) assay in rat liver. It was not clastogenic in the *in vitro* chromosomal aberration assay in human lymphocytes or in two

When racemic citalogram was administered orally to 16 male and 24 female rats prior to and throughout mating and gestation at doses of 32, 48, and 72 mg/kg/day, mating was decreased at all doses, and fertility was decreased at doses \geq 32 mg/kg/day. Gestation duration was increased at 48 mg/kg/day.

13.2 Animal Toxicology and/or Pharmacology Retinal Changes in Rats

in vivo mouse micronucleus assays.

Pathologic changes (degeneration/atrophy) were observed in the retinas of albino rats in the 2-year carcinogenicity study with racemic citalogram. There was an increase in both incidence and severity of retinal pathology in both male and female rats receiving 80 mg/kg/day. Similar findings were not present in rats citalopram for 18 months, or in dogs receiving up to 20 mg/kg/day of racemic citalopram for one year.

Additional studies to investigate the mechanism for this pathology have not been performed, and the potential significance of this effect in humans has not been established

Cardiovascular Changes in Dogs In a one-year toxicology study, 5 of 10 beagle dogs receiving oral racemic citalopram doses of 8 mg/kg/day died suddenly between weeks 17 and 31 following initiation of treatment. Sudden deaths were not observ rats at doses of racemic citalogram up to 120 mg/kg/day, which produced plasma levels of citalogram and its

metabolites demethylcitalopram and didemethylcitalopram (DDCT) similar to those observed in dogs at 8 mg/ kg/day. A subsequent intravenous dosing study demonstrated that in beagle dogs, racemic DDCT caused QT

14.1 Major Depressive Disorde

The efficacy of escitalopram as a treatment for major depressive disorder was established in three, 8-week placebo-controlled studies conducted in outpatients between 18 and 65 years of age who met DSM-IV criteria for major depressive disorder. The primary outcome in all three studies was change from baseline to endpoint in the Montgomery Asberg Depression Rating Scale (MADRS)

A fixed-dose study compared 10 mg daily escitalopram and 20 mg daily escitalopram to placebo and 40 mg daily citalogram. The 10 mg daily and 20 mg daily escitalogram treatment groups showed statistically significant greater mean improvement compared to placebo on the MADRS. The 10 mg and 20 mg escitalopram

In a second fixed-dose study of 10 mg daily escitalopram and placebo, the 10 mg daily escitalopram treatment group showed statistically significant greater mean improvement compared to placebo on the MADRS. In a flexible-dose study comparing escitalonram, titrated between 10 mg and 20 mg daily to placeho and citalopram, titrated between 20 mg and 40 mg daily, the escitalopram treatment group showed statistically

Analyses of the relationship between treatment outcome and age, gender, and race did not suggest any

differential responsiveness on the basis of these patient characteristics. In a longer-term trial, 274 patients meeting (DSM-IV) criteria for major depressive disorder, who had responder during an initial 8 week, open-label treatment phase with escitalopram 10 mg or 20 mg daily, were randomized o continuation of escitalopram at their same dose, or to placebo, for up to 36 weeks of observation for relapse desponse during the open-label phase was defined by having a decrease of the MADRS total score to \leq 12 Relanse during the double-blind phase was defined as an increase of the MADRS total score to > 22 or discontinuation due to insufficient clinical response. Patients receiving continued escitalopram experienced a atistically significant longer time to relapse compared to those receiving placeb

Pediatric Patients 12 years of age and older was established in an 8-week, flexible-dose, placebo-controlled study that compared escitalopram tablets (10 mg to 20 mg daily) to placebo in outpatients 12 to 17 years of age inclusive who met DSM-IV criteria for major epressive disorder (MDD). The primary outcome was change from baseline to endpoint in the Children's Depression Rating Scale - Revised (CDRS-R). In this study, escitalopram showed statistically significant greater mean improvement compared to placebo on the CDRS-R.

he efficacy of escitalopram in the treatment of major depressive disorder in pediatric patients 12 to 17 years was established, in part, on the basis of extrapolation from the 8-week, flexible-dose, placebo-controlled study with racemic citalogram 20 mg to 40 mg daily. In this outpatient study in pediatric patients 7 to 17 years of age who met DSM-IV criteria for major depressive disorder, citalopram treatment showed statistically significant eater mean improvement from baseline, compared to placebo, on the CDRS-R; the positive results for this trial largely came from the 12 to 17 year subgroup.

Two additional flexible-dose, placebo-controlled MDD studies (one escitalopram study in patients ages to 17 years and one citalopram study patients 13 to 18 years) did not demonstrate efficacy. The safety and effectiveness of escitalopram have not been established in pediatric patients less than 12 years of age with

14.2 Generalized Anxiety Disorder

The efficacy of escitalopram in the treatment of generalized anxiety disorder (GAD) in adults was demonstrated using human liver microsomes indicated that CYP3A4 and CYP2C19 are the primary isozymes involved in the in three, 8-week, multicenter, flexible-dose, placebo-controlled studies that compared escitalopram tablets (10 mg to 20 mg daily) to placebo in outpatients between 18 and 80 years of age who met DSM-IV criteria for AD. In all three studies, escitalopram showed statistically significant greater mean improvement compared to placebo on the Hamilton Anxiety Scale (HAM-A).

> here were too few patients in differing ethnic and age groups to adequately assess whether or not escitalopram has differential effects in these groups. There was no difference in response to escitalopram between men and

> Additional pediatric use information is approved for AbbVie Inc.'s LEXAPRO® (escitalopram) tablets. However, due to AbbVie Inc.'s marketing exclusivity rights, this drug product is not labeled with that information.

Escitalopram tablets, USP 5 mg are white to off-white, round, biconvex, film coated tablets debossed with '135' on one side and '5' on other side.

NDC 13668-135-30 Bottles of 100 NDC 13668-135-0 NDC 13668-135-05 Bottles of 500 NDC 13668-135-10 Bottles of 1000 Bottles of 4000 NDC 13668-135-40 Escitalopram tablets, USP 10 mg are white to off-white, round, biconvex, film coated tablets debossed with

NDC 13668-136-30 Bottles of 100 NDC 13668-136-0 NDC 13668-136-05 Bottles of 500 NDC 13668-136-10 Bottles of 1000

Bottles of 3000 NDC 13668-136-43 HSP 20 mg are break line on one side, separating '11' and '37' on one side, and '20' on other side Bottles of 30 NDC 13668-137-30 Bottles of 100 NDC 13668-137-0 Bottles of 500 NDC 13668-137-05 Bottles of 1000 NDC 13668-137-10

break line on one side, separating '11' and '36' on one side, and '10' on other side.

NDC 13668-137-20 Bottles of 2000

17 PATIENT COUNSELING INFORMATION

Advise the patient to read the FDA-approved patient labeling (Medication Guide). Suicidal Thoughts and Behaviors Advise patients, their families and caregivers to look for the emergence of suicidal ideation and behavior. especially during treatment and when the dose is adjusted up or down, and instruct them to report such mptoms to their healthcare provider [see Boxed Warning and Warnings and Precautions (5.1)].

Serotonin Syndrome Caution patients about the risk of serotonin syndrome, particularly with the concomitant use of escitalopram with other serotonergic drugs including triptans, tricyclic antidepressants, opioids, lithium, tryptophan, buspirone,

amphetamines, and St. John's Wort, and with drugs that impair metabolism of serotonin (in particular, MAOIs, both those intended to treat psychiatric disorders and also others, such as linezolid). Instruct patients to contact their health care provider or report to the emergency room if they experience signs or symptoms of serotonin syndrome (see Warnings and Precautions (5.2) Drug Interactions (7)] Advise patients not to abruptly discontinue escitalopram tablets and to discuss any tapering regimen with

their healthcare provider. Inform patients that adverse reactions can occur when escitalopram tablets are

discontinued [see Warnings and Precautions (5.3)]. Activation of Mania or Hypomania Advise patients and their caregivers to observe for signs of activation of mania/hypomania and instruct them to report such symptoms to the healthcare provider [see Warnings and Precautions (5.5)].

Increased Risk of Bleeding Inform patients about the concomitant use of escitalopram with NSAIDs, aspirin, warfarin, other antiplatelet

drugs, or other anticoagulants because the combined use has been associated with an increased risk of bleeding. Advise patients to inform their healthcare providers if they are taking or planning to take any prescription o over-the-counter medications that increase the risk of bleeding [see Warnings and Precautions (5.7)].

Advise patients that taking escitalopram tablets can cause mild pupillary dilation, which in susceptible individuals, can lead to an episode of angle closure glaucoma. Pre-existing glaucoma is almost always open angle glaucoma because angle closure glaucoma, when diagnosed, can be treated definitively with iridectomy Open-angle glaucoma is not a risk factor for angle closure glaucoma. Patients may wish to be examined to determine whether they are susceptible to angle closure, and have a prophylactic procedure (e.g., iridectomy), f they are susceptible [see Warnings and Precautions (5.9)].

Sexual Dysfunction Advise patients that use of escitalopram may cause symptoms of sexual dysfunction in both male and female patients. Inform patients that they should discuss any changes in sexual function and potential management

strategies with their healthcare provider [see Warnings and Precautions (5.11)]. Concomitant Medications Since escitalopram is the active isomer of racemic citalopram (Celexa), the two agents should not be coadministered. Patients should be advised to inform their physician if they are taking, or plan to take, any

prescription or over-the-counter drugs, as there is a potential for interactions Interference with Psychomotor Performance Because psychoactive drugs may impair judgment, thinking, or motor skills, patients should be cautioned about operating hazardous machinery, including automobiles, until they are reasonably certain that escitalopram tablets therapy does not affect their ability to engage in such activities.

Patients should be told that, although escitalopram has not been shown in experiments with normal subjects to

increase the mental and motor skill impairments caused by alcohol, the concomitant use of escitalopram and alcohol in depressed patients is not advised. Advise pregnant women to notify their healthcare providers if they become pregnant or intend to become

pregnant during treatment with escitalogram tablets. Advise patients that escitalopram use later in pregnancy may lead to increased risk for neonatal complications equiring prolonged hospitalization, respiratory support, tube feeding, and/or persistent pulmonary

hypertension (PPHN) of the newborn [see Use in Specific Populations (8.1)]. Advise women that there is a pregnancy exposure registry that monitors pregnancy outcomes in women exposed to escitalopram during pregnancy [see Use in Specific Populations (8.1)].

Advise breastfeeding women using escitalopram to monitor infants for excess sedation, restlessness, agitation poor feeding and poor weight gain and to seek medical care if they notice these signs [see Use in Specific may cause serious side effects.

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Especially tell your healthcare provider if you take: • medicines used to treat migraine headache known as triptans

tricyclic antidepressants

 amphetamines St. John's Wort

MEDICATION GUIDE

Escitalopram (es" sye tal' oh pram) Tablets, USP What is the most important information I should know about escitalopram tablets?

Escitalopram tablets may cause serious side effects, including: Increased risk of suicidal thoughts or actions. Escitalopram tablets and other antidepressant medicines increase the risk of suicidal thoughts and actions in people 24 years of age and

or when the dose is changed. Depression or other mental illnesses are the most important causes of suicidal thoughts or actions. How can I watch for and try to prevent suicidal thoughts and

younger, **especially within the first few months of treatment**

 Pay close attention to any changes, especially sudden changes in mood, behavior, thoughts, or feelings, or if you or your child develop suicidal thoughts or actions. This is very important when an antidepressant medicine is started

or when the dose is changed. Call your healthcare provider right away to report new or sudden changes in mood, behavior, thoughts, or feelings or if you or your child develop suicidal thoughts or actions. Keep all follow-up visits with your healthcare provider as

scheduled and call your healthcare provider between visits

impulses

trouble sleeping

other unusual changes in

if you are worried about symptoms. Call your healthcare provider or get emergency medical help right away if you or your child have any of the following symptoms,

especially if they are new, worse, or worry you: attempts to commit suicide
 acting on dangerous

> acting aggressive, being
> thoughts about suicide or angry or violent new or worse depression new or worsening

anxiety feeling very agitated or restless

What is escitalopram tablets?

new or worse irritability

an extreme increase in

activity or talking (mania)

Escitalopram tablets are prescription medicine used to treat: a certain type of depression called Major Depressive Disorder (MDD) in adults and children 12 years of age and older

Generalized Anxiety Disorder (GAD) in adults It is not known if escitalopram is safe and effective for use in children under 12 years of age with MDD or children under 7 years of age with

Do not take escitalopram tablets if you or your child:

 are taking, or have stopped taking within the last 14 days, a medicine called a monoamine oxidase inhibitor (MAOI), including the antibiotic linezolid or intravenous methylene blue

are taking the antipsychotic medicine pimozide

are allergic to escitalopram or citalopram or any of the ingredients in escitalopram tablets. See the end of this Medication Guide for a complete list of ingredients in escitalopram tablets. Ask your healthcare provider or pharmacist if you are not sure if

you or your child take an MAOI, including the antibiotic linezolid or

intravenous methylene blue. Do not start taking an MAOI for at least 14 days after you or your child have stopped treatment with escitalopram tablets.

Before taking escitalopram tablets, tell your healthcare provider

about all your medical conditions, including if you or your child:

have or had seizures or convulsions have, or have a family history of bipolar disorder, mania, or

hypomania

have low blood sodium levels have or had bleeding problems

have high pressure in the eye (glaucoma)

have heart, liver, or kidney problems are pregnant or plan to become pregnant. Escitalopram tablets may harm the unborn baby. Taking escitalopram tablets during the third trimester of pregnancy may cause the baby to have withdrawal symptoms, or breathing, temperature control, feeding, or other problems after birth. Talk to your healthcare provider about the risks to the baby if you or your child take escitalopram tablets

during pregnancy. Tell your healthcare provider right away if you or your child become pregnant or think you may be pregnant during treatment with escitalopram tablets.

 There is a pregnancy registry for females who are exposed | to escitalopram tablets during pregnancy. The purpose of the registry is to collect information about the health of females exposed to escitalopram tablets and their baby. If you or your child become pregnant during treatment with escitalopram tablets, talk to your healthcare provider about registering with the National Pregnancy Registry for Antidepressants at 1-844-405-6185 or visit online at https://womensmentalhealth.org/

<u>research/pregnancyregistry/antidepressants</u>. are breastfeeding or plan to breastfeed. Escitalopram passes into breast milk and may harm the baby. Talk to your healthcare provider about the best way to feed the baby during treatment with escitalopram tablets.

o If you or your child breastfeed during treatment with escitalopram tablets, call your healthcare provider if the baby develops sleepiness or fussiness, or is not feeding or gaining weight well.

Tell your healthcare provider about all the medicines you or your **child take**, including prescription and nonprescription medicines, vitamins, and herbal supplements. Escitalopram tablets and some medicines may affect each other and

Escitalopram tablets may affect the way other medicines work and other medicines may affect the way Escitalopram tablets works.

lithium

· tramadol, fentanyl, meperidine, methadone, or other opioids tryptophan

buspirone

medicines used to treat mood, anxiety, psychotic or thought

disorders, including selective serotonin reuptake inhibitors (SSRIs) and serotonin norepinephrine reuptake inhibitors (SNRIs)

 medicines that can affect blood clotting such as aspirin, nonsteroidal anti-inflammatory drugs (NSAIDs) and warfarin

Ask your healthcare provider if you are not sure if you or your child are taking any of these medicines. Your healthcare provider can tell you if it is safe to take escitalopram tablets with your other medicines.

Do not start or stop any other medicines during treatment with escitalopram tablets without talking to your healthcare provider first. Stopping escitalopram tablets suddenly may cause you or your child to have serious side effects. See, "What are the possible side effects of Escitalopram tablets?"

Know the medicines you or your child take. Keep a list of them to show your healthcare provider and pharmacist when you get new medicine.

How should I take Escitalopram tablets?

 Take escitalopram tablets exactly as prescribed. Your healthcare provider may need to change the dose of escitalopram tablets until

it is the right dose for you or your child. Take escitalopram tablets 1 time each day, in the morning or the

Take escitalopram tablets with or without food.

If you or your child take too much escitalopram tablets, call your healthcare provider or Poison Help Line at 1-800-222-1222, or go to the nearest hospital emergency room right away.

What should I avoid while taking escitalopram tablets? Do not drive, operate heavy machinery, or do other dangerous activities until you know how escitalopram tablets affects you. Escitalopram tablets can cause sleepiness or may affect your ability to make decisions, think clearly, or react quickly.

Do not drink alcohol during treatment with escitalopram tablets.

What are the possible side effects of escitalopram tablets? Escitalopram tablets may cause serious side effects, including: See "What is the most important information I should know

about escitalopram tablets?" • **Serotonin syndrome**. A potentially life-threatening problem called serotonin syndrome can happen when escitalopram tablets is

taken with certain other medicines. See "**Do not take escitalopram** tablets if you?" Call your healthcare provider or go to the nearest hospital emergency room right away if you or your child have any of the following signs and symptoms of serotonin syndrome:

 agitation seeing or hearing things that are not real (hallucinations)

 confusion coma

fast heartbeat

 blood pressure changes sweating

o shaking (tremors), stiff muscles, or muscle twitching flushing

seizures

 high body temperature (hyperthermia) nausea, vomiting, diarrhea

 loss of coordination **Discontinuation syndrome.** Suddenly stopping escitalopram tablets may cause you or your child to have serious side effects.

Your healthcare provider may want to decrease the dose slowly. Symptoms may include:

changes in mood

headache

 irritability and agitation tiredness

 dizziness problems sleeping

 electric shock sensation (paresthesia) hypomania

 anxiety ringing in your ears (tinnitus)

 confusion seizures

Seizures (convulsions). Manic episodes. Manic episodes may happen in people with bipolar disorder who take escitalopram tablets. Symptoms may

greatly increased energy

 severe trouble sleeping racing thoughts

 reckless behavior unusually grand ideas excessive happiness or irritability

 talking more or faster than usual Low sodium levels in the blood (hyponatremia). Low sodium levels in the blood that may be serious and may cause death can happen during treatment with escitalopram tablets. Elderly people and people who take certain medicines may be at greater risk for developing low sodium levels in the blood. Signs and symptoms

may include:

problems concentrating or thinking

 weakness or feeling unsteady which can lead to falls confusion

n more severe or more sudden cases, signs and symptoms include: o seeing or hearing things that are not real (hallucinations) fainting

eye pain

 seizures coma

memory problems

stopping breathing (respiratory arrest)

Increased risk of bleeding: Taking escitalopram tablets with aspirin, NSAIDS, warfarin, or other blood thinners may add to this risk. Tell your healthcare provider if you have any unusual bleeding

Visual problems (angle-closure glaucoma). Escitalopram tablets may cause a type of eye problem called angle-closure glaucoma in people with certain eye problems. You or your child may want to undergo an eye examination to see if you are at risk and receive preventative treatment if you are. Call your healthcare provider if you or your child have:

changes in vision

swelling or redness in or around the eye

• Sexual problems (dysfunction). Taking escitalopram tablets may cause sexual problems

Symptoms in males may include:

delayed ejaculation or inability to have an ejaculation

decreased sex drive

problems getting or keeping an erection

Symptoms in females may include: decreased sex drive

 delayed orgasm or inability to have an orgasm Talk to your healthcare provider if you develop any changes in your sexual function or if you have any questions or concerns about sexual problems during treatment with escitalopram. There may be

treatments your healthcare provider can suggest. The most common side effects of escitalopram tablets include:

trouble sleeping

sweating

 decreased sex drive delayed ejaculation

 delayed orgasm or inability to have an orgasm sleepiness

with escitalopram tablets. Your child's height and weight should be monitored during treatment with escitalopram tablets. These are not all the possible side effects of escitalopram tablets. Call your doctor for medical advice about side effects. You may

Height and weight changes in children may happen during treatment

report side effects to FDA at 1-800-FDA-1088.

How should I store escitalopram tablets? Store escitalopram tablets at room temperature between 68°F to

77°F (20°C to 25°C). Keep escitalopram tablets and all medicines out of the reach of

General information about the safe and effective use of escitalopram

Medicines are sometimes prescribed for purposes other than those |

listed in a Medication Guide. Do not use escitalopram tablets for a condition for which it was not prescribed. Do not give escitalopram tablets to other people, even if they have the same symptoms that you have. It may harm them. You may ask your pharmacist or healthcare provider for information about escitalopram tablets that is written for health professionals.

Inactive ingredients: cellulose microcrystalline, colloidal silicon

dioxide, croscarmellose sodium, magnesium stearate, povidone and

talc. The film coating contains hypromellose, polyethylene glycol 400

For more information about escitalopram tablets call 1-800-912-9561.

What are the ingredients in escitalopram tablets? **Active ingredient:** escitalopram oxalate

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VKT Pharma Private Limited, Srikakulam-532409, India.

and titanium dioxide.

Dispense with Medication Guide available at https://torrentpharma.com/pi/usa/products/ torrent to

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Manufactured for: Torrent Pharma INC., Basking Ridge, NJ 07920. 8098544 Revised: October 2024 Additional pediatric use information is approved for AbbVie Inc.'s

This Medication Guide has been approved by the U.S. Food and Drug

LEXAPRO® (escitalopram) tablets. However, due to AbbVie Inc.'s

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Administration.

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