# HENRY'S GOAL IS TO BE CLEAR AND IN CONTROL.

## Meet Henry*

**Age:** 38

**Occupation:** Adjunct professor

**Diagnosis:** Temporal lobe epilepsy with partial-onset seizures following a brain injury 2 years ago

**Current Treatment:** Levetiracetam, 2000 mg total daily dose (1000 mg BID)

**Challenges:**

- Recent increase in breakthrough partial-onset seizures
- Difficulty administering medication on time due to shifting class schedule**
- Henry's wife has noticed he has become emotionally labile†

**Does Henry sound similar to patients in your practice?**

*This is not a real patient. This representation was not designed to reflect efficacy for an individual patient subgroup. Individual results may vary.

**Oxtellar XR has not been shown to improve adherence.

†Oxtellar XR has not been shown to decrease emotional lability.

**INDICATION**

Oxtellar XR is indicated for the treatment of partial-onset seizures in patients 6 years of age and older.

**CONTRAINDICATIONS**

Oxtellar XR is contraindicated in patients with a known hypersensitivity to oxcarbazepine, or to any of the components of Oxtellar XR, or to eslicarbazepine acetate. Reactions have included anaphylaxis and angioedema.

**Please refer to the full Prescribing Information and Important Safety Information (on page 2) for complete information on Oxtellar XR, or visit OxtellarXRhcp.com.**

ONCE-DAILY

Oxtellar XR®

(oxcarbazepine) extended-release tablets

600 mg 300 mg 150 mg

**Oxtellar XR (oxcarbazepine) extended-release tablets for oral use**

## INDICATION

- Oxtellar XR is indicated for the treatment of partial-onset seizures in patients 6 years of age and older.

## IMPORTANT SAFETY INFORMATION

### CONTRAINDICATIONS

- Oxtellar XR is contraindicated in patients with a known hypersensitivity to oxcarbazepine, or to any of the components of Oxtellar XR, or to eslicarbazepine acetate. Reactions have included anaphylaxis and angioedema.

### WARNINGS & PRECAUTIONS

- Clinically significant hyponatremia (sodium <125 mmol/L) may develop during treatment. Measurement and laboratory tests of serum sodium concentrations should be considered for patients during maintenance treatment with Oxtellar XR, particularly if the patient is receiving other medications known to decrease serum sodium levels. Discontinuation of oxcarbazepine treatment may be clinically required.
- Rare cases of anaphylaxis and angioedema involving the larynx, glottis, lips, and eyelids have been reported in patients after taking the first or subsequent doses of oxcarbazepine. Angioedema associated with laryngeal edema can be fatal. If a patient develops any of these reactions after treatment with Oxtellar XR, the drug should be discontinued and an alternative treatment started. Do not rechallenge these patients with Oxtellar XR.
- Approximately 25% to 30% of patients who have had hypersensitivity reactions to carbamazepine will experience hypersensitivity reactions with Oxtellar XR. Patients with a history of hypersensitivity reactions to carbamazepine should ordinarily be treated with Oxtellar XR only if the potential benefit justifies the potential risk. Discontinue Oxtellar XR immediately if signs or symptoms of hypersensitivity develop.
- Serious dermatological reactions, including Stevens-Johnson syndrome and toxic epidermal necrolysis, have been reported in association with oxcarbazepine use. Should a patient develop a skin reaction while using Oxtellar XR, consideration should be given to discontinuing its use. (Please see WARNINGS section of complete prescribing information.)
- Anyone considering prescribing Oxtellar XR must balance the risk of suicidal thoughts or behavior with the risk of untreated illness. Epilepsy and many other illnesses for which antiepileptic drugs are prescribed are themselves associated with morbidity and mortality and an increased risk of suicidal thoughts and behavior. Should suicidal thoughts and behavior emerge during Oxtellar XR treatment, the prescriber needs to consider whether the emergence of these symptoms in any given patient may be related to the illness being treated.
- Withdrawal of Oxtellar XR should be done gradually to minimize the potential of increased seizure frequency and status epilepticus.
- Multi-organ hypersensitivity reactions have occurred in patients on oxcarbazepine therapy. Some of these cases resulted in hospitalization and some were life-threatening. Signs and symptoms of this disorder were diverse; however, patients typically, although not exclusively, presented with fever and rash associated with other organ system involvement disorders. If an alternative etiology cannot be established, discontinue Oxtellar XR.
- Rare reports of hematologic events such as pancytopenia, agranulocytosis, and leukopenia have been seen in patients treated with oxcarbazepine, and discontinuation of therapy should be considered if any evidence of these hematologic events develop.
- Due to physiological changes during pregnancy, plasma concentrations of the active metabolite of oxcarbazepine may gradually decrease throughout pregnancy. An increase in seizure frequency may occur. Monitor patients carefully during pregnancy and through the postpartum period.
- Exacerbation of or new onset primary generalized seizures has been reported with immediate-release oxcarbazepine. The risk is seen especially in children but may also occur in adults. Discontinue Oxtellar XR if it occurs.
- Data on a limited number of pregnancies from pregnancy registries suggest that oral clefts and ventricular septal defects are associated with oxcarbazepine monotherapy use.

### DOSING CONSIDERATIONS

- Enzyme inducing antiepileptic drugs such as carbamazepine, phenobarbital, and phenytoin decrease the exposure to MHD, the active metabolite of Oxtellar XR. Dosage increases or discontinuation of enzyme inducers may be necessary.
- In adult patients with severe renal impairment, initiate Oxtellar XR at a lower starting dose and increase, if necessary, at a slower than usual rate until the desired clinical response is achieved.
- Use of Oxtellar XR with certain hormonal contraceptives may decrease hormone plasma levels and render these contraceptives less effective. Additional or alternative non-hormonal forms of contraception are recommended.

### ADVERSE REACTIONS

The most commonly observed adverse reactions (≥5% and more frequent than placebo) seen in adults were (1200 mg, 2400 mg, v placebo): dizziness (20%, 41%, v 15%), somnolence (12%, 14%, v 9%), headache (8%, 15%, v 7%), balance disorder (5%, 7%, v 5%), tremor (5%, 1%, v 2%), vomiting (6%, 15%, v 9%), diplopia (10%, 13%, v 4%), asthenia (3%, 7%, v 1%), and fatigue (6%, 3%, v 1%). Adverse reactions in pediatric patients are similar to those seen in adults.

**Please refer to the full Prescribing Information for complete information on Oxtellar XR.**

## Consider making Oxtellar XR® (oxcarbazepine) your sodium channel blocker of choice for patients like Henry.

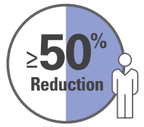
| Patient | Presentation | Diagnosis | Treatment | Appointment Notes | Treatment Decision |
|---|---|---|---|---|---|
| Henry, aged 38; adjunct professor; married with two children | Recurrent partial-onset seizures following a head injury from a car accident | Temporal lobe epilepsy with partial-onset seizures | Levetiracetam started at initial presentation of partial-onset seizures, currently taking 2000 mg (1000 mg BID)<br>• Had seizure improvement initially<br>• 2 years later, breakthrough partial-onset seizures started to occur | Henry would like to simplify his treatment regimen and gain control of his partial-onset seizures | Henry's neurologist prescribed Oxtellar XR, with the goal of titrating off levetiracetam |

## Help simplify Henry's regimen with once-daily Oxtellar XR

87 patients aged 11 to 66 years with medically refractory partial-onset epilepsy participated in an 18-week, multicenter, randomized, double-blind, dose-controlled, monotherapy substitution study evaluating the safety and efficacy of monotherapy with OXC 2400 mg/day vs. OXC 300 mg/day (41 ITT patients received OXC 2400 mg/day and 46 ITT patients received OXC 300 mg/day).[1]

**Primary Endpoint:** The percentage of patients meeting 1 of the exit criteria was significantly lower ($P$<0.0001) for the OXC 2400 mg/day treatment group 14/34 (41%) relative to the OXC 300 mg/day treatment group 42/45 (93%).[1]

### Responder Rate




**42%**

of patients in the 2400 mg/day group had a ≥50% reduction in seizure frequency when converted to OXC monotherapy from 1 to 2 AED(s)[1]


**12%**

of patients in the 2400 mg/day group were seizure free[1]

**In the 300 mg/day group, 7% of patients had a ≥50% reduction in seizure frequency and 0% of patients were seizure free.[1]**

**The recommended dose of Oxtellar XR is between 1200 mg/day and 2400 mg/day.[2]**

## Oxtellar XR is the only AED that provides 24-hour, controlled delivery of OXC.[2,3]

## Henry wants both efficacy *and* proven safety

Phase 3 study: Efficacy and safety (including long-term safety) of Oxtellar XR as adjunctive therapy in patients with refractory partial-onset seizures[2-6]

Efficacy and safety of Oxtellar XR was evaluated in a multinational, multicenter, double-blind, randomized, placebo-controlled, 3-arm, parallel-group, phase 3 trial of 366 adult patients having a diagnosis of epilepsy with uncontrolled partial-onset seizures with or without secondary generalization, taking a stable regimen of 1 to 3 concomitant AED(s), experiencing an average of 6 partial-onset seizures per 28 days.[2-4]

### Phase 3 Efficacy[2,4,5]

Median percent partial-onset seizure frequency change over the 16-week double-blind treatment period:

ITT population (N=366): 29% for placebo (n=121) vs. 38% ($P$=0.078) for Oxtellar XR 1200 mg/day (n=122) and 43% ($P$=0.003) for Oxtellar XR 2400 mg/day (n=123)

North American post hoc analysis (n=116): 13% for placebo (n=41) vs. 35% ($P$=0.022) for Oxtellar XR 1200 mg/day (n=40) and 53% ($P$=0.006) for Oxtellar XR 2400 mg/day (n=35)

**Discontinuation rate due to AEs in the Phase 3 Oxtellar XR study was 30% in the 2400 mg/day group, 15% in the 1200 mg/day group, and 8% in the placebo group.[3]**

### OLE Study Design[3,6]

Key inclusion criteria for initial double-blind, placebo-controlled study (16 weeks): adults (aged 18 to 66 years) with inadequately controlled partial-onset seizures (baseline frequency: ≥3 seizures/28 days) despite taking 1 to 3 concomitant AED(s) at stable doses. Blinded conversion over 3 weeks to 12-month, open-label, once-daily Oxtellar XR 1200 mg/day, with subsequent dose adjustments as clinically indicated (increments/decrements, 300 mg/day to 600 mg/day; maximum dosage, 2400 mg/day).

### OLE Study Limitations[6]

AED additions/withdrawals may influence partial-onset seizure control. Many patients entering OLEs have already demonstrated tolerability of study medication during double-blind treatment and, therefore, may be less likely to withdraw due to AEs. Patient retention may also be influenced by the intensive follow-up that occurs in a clinical study.

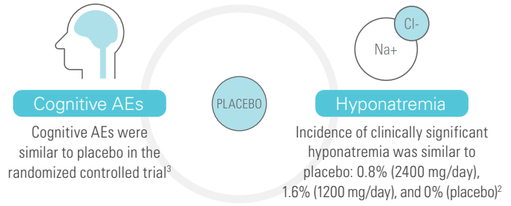
Abbreviations: AEs, adverse events; AEDs, antiepileptic drugs; ITT, intent to treat; OLE, open-label extension; OXC, oxcarbazepine.

**Please refer to the full Prescribing Information and Important Safety Information (on page 2) for complete information on Oxtellar XR, or visit OxtellarXRhcp.com.**

## Henry needs a treatment that works for him

AEs occurring in ≥5% of patients receiving Oxtellar XR with concomitant AEDs and more frequent than with placebo[2-4,6]

| | Phase 3 Trial | | | OLE |
|---|---|---|---|---|
| | Oxtellar XR 2400 mg/day (n=123) | **Oxtellar XR 1200 mg/day** (n=122) | Placebo (n=121) | **Oxtellar XR 600–2400 mg/day** (n=214) |
| **Dizziness** | 41% | **20%** | 15% | **15%** |
| **Somnolence** | 14% | **12%** | 9% | **6%** |
| **Nausea** | 12% | **12%** | 12% | **8%** |
| **Diplopia** | 13% | **10%** | 4% | **9%** |
| **Headache** | 15% | **8%** | 7% | **11%** |
| **Fatigue** | 3% | **6%** | 1% | **0%** |
| **Vomiting** | 15% | **6%** | 9% | **6%** |
| **Tremor** | 1% | **5%** | 2% | **0%** |
| **Balance disorder** | 7% | **5%** | 5% | **5%** |
| **Asthenia** | 7% | **3%** | 1% | **0%** |
| **Upper respiratory tract infection** | 0% | **0%** | 0% | **5%** |
| | **Only 15% discontinuation due to AEs in the Phase 3 trial (1200 mg/day group)[3]** | | | **Only 5% discontinuation due to AEs in the OLE trial[3,6]** |




Cognitive AEs were similar to placebo in the randomized controlled trial[3]

Incidence of clinically significant hyponatremia was similar to placebo: 0.8% (2400 mg/day), 1.6% (1200 mg/day), and 0% (placebo)[2]

**For a complete listing of AEs ≥2%, see full Prescribing Information.**

# Help Henry with his goal to be clear and in control.

Not actual patient.
Used for illustrative purposes.

- Proven partial-onset seizure medication that provides controlled delivery over 24 hours[1,2,4,7]
- 12% of patients in the 2400 mg/day group were seizure free when converted to OXC monotherapy from 1 to 2 AED(s)[1]
- Once-daily dosing and a well-characterized safety profile with cognitive AEs similar to placebo[2-4]

## INDICATION

Oxtellar XR is indicated for the treatment of partial-onset seizures in patients 6 years of age and older.

## CONTRAINDICATIONS

Oxtellar XR is contraindicated in patients with a known hypersensitivity to oxcarbazepine, or to any of the components of Oxtellar XR, or to eslicarbazepine acetate. Reactions have included anaphylaxis and angioedema.


**References:**

**1.** Beydoun A, Sachdeo RC, Rosenfeld WE, et al. Oxcarbazepine monotherapy for partial-onset seizures. *Neurology*. 2000;54:2245-2251. **2.** Oxtellar XR [package insert]. Rockville, MD: Supernus Pharmaceuticals, Inc.; December 2018. **3.** Data on file. Supernus Pharmaceuticals, Inc., Rockville, MD. **4.** French JA, Baroldi P, Brittain ST, Johnson JK; for PROSPER Investigators Study Group. Efficacy and safety of extended-release oxcarbazepine (Oxtellar XR™) as adjunctive therapy in patients with refractory partial-onset seizures: a randomized controlled trial. *Acta Neurol Scand*. 2014;129:143-153. **5.** Johnson JK, French JA, Brittain ST, Louro D. Efficacy and tolerability of Oxtellar XR™, a novel, once-daily, extended-release formulation of oxcarbazepine, as adjunctive treatment of refractory partial seizures in a North American subpopulation. Poster presented at: 65th Annual AAN Meeting; March 16-23, 2013. San Diego, CA. **6.** Chung SS, Johnson JK, Brittain ST, Baroldi P. Long-term efficacy and safety of adjunctive extended-release oxcarbazepine (Oxtellar XR®) in adults with partial-onset seizures. *Acta Neurol Scand*. 2015;133(2):124-130. **7.** Glauser TA. Oxcarbazepine in the treatment of epilepsy. *Pharmacotherapy*. 2001;21(8):904-919.




**Please refer to the full Prescribing Information for complete information on Oxtellar XR, or visit OxtellarXRhcp.com.**

Supernus® Pharmaceuticals