

For every patient with a generalized seizure...



...there are 4 with partial seizures.

TRILEPTAL[®]
(oxcarbazepine)

150-300-600 mg tablets 300 mg/5 mL oral suspension

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(oxcarbazepine)

150-300-600 mg tablets 100 mg/5 mL oral suspension

TRILEPTAL® (oxcarbazepine) is indicated for use as monotherapy or adjunctive therapy in the treatment of partial seizures in adults and as monotherapy in the treatment of partial seizures in children 4 years and older with epilepsy, and as adjunctive therapy in children 2 years and older with epilepsy.

Important safety information: As monotherapy or adjunctive therapy in adults previously treated with AEDs, the most common (≥5%) adverse events occurring substantially more frequently than in placebo patients were dizziness, somnolence, diplopia, fatigue, nausea, vomiting, ataxia, abnormal vision, abdominal pain, tremor, dyspepsia, and abnormal gait—these were typically mild to moderate in severity. Adverse events with TRILEPTAL experienced by children were similar to those of adults, except for infections and infestations which were more frequently seen in children younger than 4 years.

Clinically significant hyponatremia (sodium <125 mEq/L) has been observed in 2.5% of TRILEPTAL-treated patients in controlled clinical trials. Measurement of serum sodium levels should be considered for patients at risk for hyponatremia. (Please see WARNINGS section of complete prescribing information.)

Of patients who have had hypersensitivity to carbamazepine, 25% to 30% will experience a reaction to oxcarbazepine. Caution should be exercised when prescribing TRILEPTAL for patients with a history of hypersensitivity to carbamazepine. (Please see WARNINGS section of complete prescribing information.)

Serious dermatological reactions, including Stevens-Johnson syndrome and toxic epidermal necrolysis, have been reported in association with TRILEPTAL use. Should a patient develop a skin reaction while using TRILEPTAL, consideration should be given to discontinuing its use. (Please see WARNINGS section of complete prescribing information.)

Please see complete prescribing information provided separately.

*Based on the following epidemiological study of patients ≥14 years old in the Netherlands: Kotsopoulos J, de Krom M, Kessels F, et al: Incidence of epilepsy and predictive factors of epileptic and non-epileptic seizures. *Seizure*. 2005;14(3):175-182.



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**Proven monotherapy control.
Minimizing complexities.**