

PRODUCT NAME :	ESCITALOPRAM TAB USP	COUNTRY :	US	LOCATION: VKT Pharma	Supersedes A/W No.:	8098544
ITEM / PACK :	Outsert	NO. OF COLORS: 1	REMARK :	added 2D code printing details in same code for better clarity in ease of serialization process.		
DESIGN STYLE :	Front Side	PANTONE SHAD NOS.:		SUBSTRATE : 28 g/m <sup>2</sup> Bible Paper		
CODE :	8105924	█ Black	Activities	Department	Name	Signature
DIMENSIONS (MM) :	640 x 510		Prepared By	Pkg. Dev.		
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			Approved By	Quality		

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**HIGHLIGHTS OF PRESCRIBING INFORMATION**  
These highlights do not include all the information needed to 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**  
Use full prescribing information for complete boxed warning.

**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) 5/2023  
Dosage and Administration (2, 2.2, 2.3, 2.5) 5/2023  
Dosage and Administration. Use of Escitalopram with Other MAOIs such as Linezolid or Methylene Blue (2.7) - Removed 5/2023  
Warnings and Precautions (5.2, 5.7) 8/2023

**INDICATIONS AND USAGE**

Escitalopram is a selective serotonin reuptake inhibitor (SSRI) 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 (1)

**DOSE AND ADMINISTRATION**

Indication and Population Recommended Dosage  
MDD in Adults (2.1) Initial: 10 mg once daily  
Maintenance: 10 mg once daily  
Maximum: 20 mg once daily  
MDD in Pediatric Patients 12 years and older (2.1) Initial: 10 mg once daily  
Maintenance: 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

**USE IN SPECIFIC POPULATIONS**

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 (2.4)  
Hepatic impairment: recommended dosage is 10 mg once daily (8.6)  
When discontinuing Escitalopram tablets, reduce dose gradually whenever possible (2.5)

**DOSE 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 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)

**WARNINGS AND PRECAUTIONS**

1. **Suicidal Thoughts and Behaviors in Adolescents and Young Adults**  
2. **Serotonin Syndrome**  
3. **Discontinuation Syndrome**  
4. **Activation of Mania or Hypomania**  
5. **Increased Risk of Bleeding**  
6. **Interference with Cognitive and Motor Performance**  
7. **Angle Closure Glaucoma**  
8. **Sexual Dysfunction**  
9. **Use in Patients with Concomitant Illness**

**ADVERSE REACTIONS**

6.1. Clinical Trials Experience  
6.2. Post-Marketing Experience

**DRUG INTERACTIONS**

7. **DRUG INTERACTIONS**  
8. **DRUG ABUSE AND DEPENDENCE**

**HOW SUPPLIED/STORAGE AND HANDLING**

17. **PATIENT COUNSELING INFORMATION**

**DESCRIPTION**

12.1. Mechanism of Action  
12.2. Pharmacokinetics  
12.3. Pharmacokinetics

**NONCLINICAL TOXICOLOGY**

13. Carcinogenesis, Mutagenesis, Impairment of Fertility  
13.2. Animal Toxicology and/or Pharmacology

**CLINICAL STUDIES**

14.1. Major Depressive Disorder  
14.2. Generalized Anxiety Disorder

**HOW SUPPLIED/STORAGE AND HANDLING**

17. **PATIENT COUNSELING INFORMATION**

\*Sections or subsections omitted from the full prescribing information are not listed.

**WARNINGS AND PRECAUTIONS**

5.1. Suicidal Thoughts and Behaviors in Adolescents and Young Adults  
5.2. Serotonin Syndrome  
5.3. Discontinuation Syndrome  
5.4. Activation of Mania or Hypomania  
5.5. Increased Risk of Bleeding  
5.6. Interference with Cognitive and Motor Performance  
5.7. Angle Closure Glaucoma  
5.8. Interference with Cognitive and Motor Performance  
5.9. Sexual Dysfunction  
6.1. Clinical Trials Experience  
6.2. Post-Marketing Experience

**ADVERSE REACTIONS**

6.1. Clinical Trials Experience  
6.2. Post-Marketing Experience

**DOSE AND ADMINISTRATION**

2.1. Major Depressive Disorder  
2.2. Generalized Anxiety Disorder

**DOSE FORMS AND STRENGTHS**

Tablets: 5 mg, 10 mg (scored), and 20 mg (scored)

**CONTRAINDICATIONS**

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**ADVERSE REACTIONS**

6.1. Clinical Trials Experience  
6.2. Post-Marketing Experience

**DOSE AND ADMINISTRATION**

2.1. Major Depressive Disorder  
2.2. Generalized Anxiety Disorder

Indication and Population Recommended Dosage  
MDD in Adults (2.1) Initial: 10 mg once daily  
Maintenance: 10 mg once daily  
Maximum: 20 mg once daily  
MDD in Pediatric Patients 12 years and older (2.1) Initial: 10 mg once daily  
Maintenance: 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

**USE IN SPECIFIC POPULATIONS**

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 (2.4)  
Hepatic impairment: recommended dosage is 10 mg once daily (8.6)  
When discontinuing Escitalopram tablets, reduce dose gradually whenever possible (2.5)

**DOSE FORMS AND STRENGTHS**

Tablets: 5 mg, 10 mg (scored), and 20 mg (scored)  
**CONTRAINDICATIONS**  
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**DOSE AND ADMINISTRATION**

2.1. Major Depressive Disorder  
2.2. Generalized Anxiety Disorder

Indication and Population Recommended Dosage  
MDD in Adults (2.1) Initial: 10 mg once daily  
Maintenance: 10 mg once daily  
Maximum: 20 mg once daily  
MDD in Pediatric Patients 12 years and older (2.1) Initial: 10 mg once daily  
Maintenance: 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

**USE IN SPECIFIC POPULATIONS**

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 (2.4)  
Hepatic impairment: recommended dosage is 10 mg once daily (8.6)  
When discontinuing Escitalopram tablets, reduce dose gradually whenever possible (2.5)

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**DOSE AND ADMINISTRATION**

2.1. Major Depressive Disorder  
2.2. Generalized Anxiety Disorder

Indication and Population Recommended Dosage  
MDD in Adults (2.1) Initial: 10 mg once daily  
Maintenance: 10 mg once daily  
Maximum: 20 mg once daily  
MDD in Pediatric Patients 12 years and older (2.1) Initial: 10 mg once daily  
Maintenance: 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

**USE IN SPECIFIC POPULATIONS**

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 (2.4)  
Hepatic impairment: recommended dosage is 10 mg once daily (8.6)  
When discontinuing Escitalopram tablets, reduce dose gradually whenever possible (2.5)

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**DOSE AND ADMINISTRATION**

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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 :	Back Side	PANTONE SHADE NOS.:	SUBSTRATE : 28 g/m <sup>2</sup> Bible Paper		
CODE :	8105924	█ Black	Activities	Department	Name
DIMENSIONS (MM) :	640 x 510		Prepared By	Pkg. Dev.	Signature
ART WORK SIZE :	S/S		Reviewed By	Pkg. Dev.	Date
DATE :	01-01-2026	Font Size 6.5 pt_Med. 10 pt	Reviewed By	Quality	
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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 film coating contains hypromellose, polyethylene glycol 400 and titanium dioxide.

Meets USP Dissolution Test 2.

#### 12 CLINICAL PHARMACOLOGY

**12.1 Mechanism of Action**  
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).

**12.2 Pharmacodynamics**  
In *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 100-fold 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 (30 to 5 weeks) treatment with escitalopram. Escitalopram has no or very low affinity for serotonergic (5-HT<sub>1A/1B/1C</sub>) or other receptors including alpha- and beta-adrenergic, dopamine (D<sub>1/2/3</sub>), histamine (H<sub>1/2/3</sub>), muscarinic (M<sub>1-5</sub>), and benzodiazepine receptors. Escitalopram also does not bind to, or has low affinity for, various ion channels including Na<sup>+</sup>, K<sup>+</sup>, Cl<sup>-</sup>, and Ca<sup>2+</sup> channels. Antagonism of muscarinic, histaminic, and adrenergic receptors has been hypothesized to be associated with various anticholinergic, sedative, and cardiovascular side effects of other psychotropic drugs.

**12.3 Pharmacokinetics**  
The single- and multiple-dose pharmacokinetics of escitalopram are linear and dose-proportional in a dose range of 10 to 30 mg/day.

With once-daily dosing, steady state plasma concentrations are achieved within approximately one week. At 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.

**Absorption**

The absolute bioavailability of citalopram is about 80% relative to an intravenous dose. The tablet and the oral solution dosage forms of escitalopram oxalate are bioequivalent.

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.

**Distribution**

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.

**Elimination**

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.

**Metabolism**

Escitalopram is metabolized to S-D-CT and S-dimethylcitalopram (S-D-DOCT). In humans, unchanged escitalopram is the predominant compound in plasma. At steady state, the concentration of the escitalopram metabolite S-D-CT in plasma is approximately one-third that of escitalopram. The level of S-D-CT was not detectable in most subjects, but escitalopram is at least 27 times more abundant than S-D-CT and S-D-DOCT in urine. In the inhibition of serotonin reuptake, suggesting that the metabolites of escitalopram do not contribute significantly to the antidepressant actions of escitalopram. S-D-CT and S-D-DOCT also have no or very low affinity for serotonergic (5-HT<sub>1A/1B/1C</sub>) or other receptors including alpha- and beta-adrenergic, dopamine (D<sub>1-3</sub>), histamine (H<sub>1-3</sub>), muscarinic (M<sub>1-5</sub>), and benzodiazepine receptors. S-D-CT and S-D-DOCT also do not bind to various channels including Na<sup>+</sup>, K<sup>+</sup>, Cl<sup>-</sup>, and Ca<sup>2+</sup> channels. *In vitro* studies using human liver microsomes indicated that CYP3A4 and CYP2C19 are the primary isozymes involved in the demethylation of escitalopram.

**Excretion**  
Following oral administrations of escitalopram, the fraction of drug recovered in the urine as escitalopram and S-dimethylcitalopram (S-D-CT) is about 8% and 10%, respectively.

**Specific Populations**

**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<sub>max</sub> 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 C<sub>max</sub> 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)*).

**Geriatric Patients**

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<sub>max</sub> was unchanged (see *Dosage and Administration (2.5), Use in Specific Populations (8.5)*).

**Male and Female Patients**

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.

**Patients with Hepatic Impairment**

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)*).

**Patients with Renal Impairment**

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

**Drug Interaction Studies**

*In vitro* enzyme inhibition data did not reveal an inhibitory effect of escitalopram on CYP3A4, -1A2, -2C8, -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 vitro* data to address this question are not available, drug interaction studies suggest that escitalopram, at a dose of 20 mg, has no 3A4 inhibitory effect and a modest 2C8 inhibitory effect (see *Drug Interactions (7)*).

**CYP3A4 and CYP2C19 Inhibitors**

*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 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.

**Cimetidine**

In subjects who had received 21 days of 40 mg/day racemic citalopram, combined administration of 400 mg twice a day cimetidine for 8 days resulted in an increase in citalopram AUC and C<sub>max</sub> of 43% and 39%, respectively. The clinical significance of these findings is unknown.

**Digoxin**

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

**Lithium**

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 citalopram 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 and lithium are coadministered.

**Theophylline**

Combined administration of racemic citalopram (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 citalopram was not evaluated.

**Ketconazole**

Combined administration of racemic citalopram (40 mg) and ketconazole (200 mg), a potent CYP3A4 inhibitor, decreased the C<sub>max</sub> and AUC of ketconazole by 21% and 10%, respectively, and did not significantly affect the pharmacokinetics of citalopram.

**Ritonavir**

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.

**Triazolam**

Combined administration of racemic citalopram (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 triazolam.

**Mefenorexol**

Administration of 20 mg/day escitalopram tablets for 21 days in healthy volunteers resulted in a 50% increase in C<sub>max</sub> 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.

**Alcohol**

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.

**Warfarin**

Administration of 40 mg/day escitalopram 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 unknown.

*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**  
**Carcinogenesis**

Racemic citalopram was administered in the diet to NMRI/BDM strain mice and COBS WJ 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.

**Mutagenesis**

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 citalopram 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 *in vivo* mouse micronucleus assays.

**Impairment of Fertility**

When racemic citalopram 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 ≥ 32 mg/kg/day. Gestation duration was increased at 48 mg/kg/day.

#### 13.2 Animal Toxicology and/or Pharmacology

**Retinal Changes, II, IIIa**

Pathologic changes (degeneration/atrophy) were observed in the retinas of albino rats in the 2-year carcinogenicity study with racemic citalopram. 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 receiving 24 mg/kg/day of racemic citalopram for two years, in mice receiving up to 240 mg/kg/day of racemic 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 observed in rats at doses of racemic citalopram up to 120 mg/kg/day, which produced plasma levels of citalopram and its

metabolites demethylcitalopram and dimethylcitalopram (DDCT) similar to those observed in dogs at 8 mg/kg/day. A subsequent *in vivo* toxicology study demonstrated that in beagle dogs, racemic DDCT caused QT prolongation, a known risk factor for the observed outcome in dogs.

#### 14 CLINICAL STUDIES

**14.1 Major Depressive Disorder**

**Adults**

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 citalopram. The 10 mg daily and 20 mg daily escitalopram treatment groups showed statistically significant greater mean improvement compared to placebo on the MADRS. The 10 mg and 20 mg escitalopram groups were similar on this outcome measure.

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. 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 responded during an initial 8-week, open-label treatment phase with escitalopram 10 mg or 20 mg daily, were randomized to continuation of escitalopram at their same dose, or to placebo, for up to 36 weeks of observation for relapse. Response during the open-label phase was defined by having a decrease of the MADRS total score to ≤ 12. Relapse 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 statistically significant longer time to relapse compared to those receiving placebo.

**Pediatric Patients 12 years of age and older**

The efficacy of escitalopram as a treatment for major depressive disorder in pediatric patients 12 to 17 years 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 depressive 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.

The 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 citalopram 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 greater 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 7 to 17 years and one citalopram study in 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 MDD.

#### 14.2 Generalized Anxiety Disorder

**Adults**

The efficacy of escitalopram in the treatment of generalized anxiety disorder (GAD) in adults was demonstrated 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 60 years of age who met DSM-IV criteria for GAD. In all three studies, escitalopram showed statistically significant greater mean improvement compared to placebo on the Hamilton Anxiety Scale (HAM-A).

There were too few patients in differing ethnic and age groups to adequately assess whether or not escitalopram has different effects in these groups. There is no evidence in response to escitalopram between men and women.

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#### 15 HOW SUPPLIED/STORAGE AND HANDLING

**How Supplied**

Escitalopram tablets, USP 5 mg are white to off-white, round, biconvex, film coated tablets debossed with '13' on one side and '5' on other side.

Bottles of 30	NDC 13668-135-30
Bottles of 100	NDC 13668-135-01
Bottles of 500	NDC 13668-135-05
Bottles of 1000	NDC 13668-135-10

Escitalopram tablets, USP 10 mg are white to off-white, round, biconvex, film coated tablets debossed with break line on one side, separating '11' and '36' on one side, and '10' on other side.

Bottles of 30	NDC 13668-136-30
Bottles of 100	NDC 13668-136-01
Bottles of 500	NDC 13668-136-05
Bottles of 1000	NDC 13668-136-10

Escitalopram tablets, USP 20 mg are white to off-white, round, biconvex, film coated tablets debossed with 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 13668-137-01
Bottles of 500	NDC 13668-137-05
Bottles of 1000	NDC 13668-137-10

**Storage and Handling**

Store at 20° to 25° (68° to 77°F); excursions permitted to 15° to 30°C (59° to 86°F) (see USP Controlled Room Temperature).

#### 17 PATIENT COUNSELING INFORMATION

*Advise the patient to read the FDA-approved patient labeling (Medication Guide).*

**Warnings and Precautions**

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 symptoms to their healthcare provider. *(see Dosed Warning and Warnings and Precautions (5.1)).*

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)).*

**Discontinuation Syndrome**

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 or over-the-counter medications that increase the risk of bleeding. *(see Warnings and Precautions (5.7)).*

**Angle Closure Glaucoma**

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), if 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.

**Alcohol**

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.

**Pregnancy**

Advise pregnant women to notify their healthcare providers if they become pregnant or intend to become pregnant during treatment with escitalopram tablets.

Advise patients that escitalopram use later in pregnancy may lead to increased risk for neonatal complications requiring 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)).*

**Lactation**

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 Populations (8.2)).*

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#### 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 younger, especially within the first few months of treatment or when the dose is changed.
  - Depression or other mental illnesses are the most important causes of suicidal thoughts or actions.**
- 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 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, or
  - acting on dangerous impulses
- acting aggressive, being angry or violent
- new or worse depression
- panic attacks
- new or worse irritability
- an extreme increase in activity or talking (mania)
- acting on dangerous impulses
- feeling worried about suicide or dying
- new or worsening anxiety
- feeling very agitated or restless
- trouble sleeping
- other unusual changes in behavior or mood

**What is escitalopram tablets?**

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 esc