HIGHLIGHTS OF PRESCRIBING INFORMATION These highlights do not include all the information needed to use DULOXETINE DELAYED-RELEASE CAPSULES safely and effectively. See full prescribing information for DULOXETINE DELAYED-

RELEASE CAPSULES.
DULOXETINE delayed-release capsules, for oral use.
Initial U.S. Approval: 2004

IULOXETINE delayed-release capsules, for oral use.						
Initial U.S. Approval: 2004						
WARNING: SUICIDAL THOUGHTS AND BEHAVIORS						
See full prescribing information for complete b	oxed warning.					
 Increased risk of suicidal thinking and behavior in children, adolescents, and young a taking antidepressants (5.1) 						
Monitor for worsening and emergence of suicidal thoughts	and behaviors (5.1)					
RECENT MAJOR CHANGES-						
Boxed Warning: Suicidal Thoughts and Behaviors	10/2014					
Indications and Usage (1)	10/2014					
Dosage and Administration:						
Dosage for Treatment of Generalized Anxiety Disorder (2.2)	10/2014					
Contraindications:						
Uncontrolled Narrow-Angle Glaucoma (4.2) Removed	07/2014					
Warnings and Precautions:						

Orthostatic Hypotension, Falls and Syncope (5.3) 07/2014 Angle-Closure Glaucoma (5.9) --- INDICATIONS AND USAGE ---

Duloxetine delayed-release capsules, USP is a serotonin and norepinephrine reuptake inhibitor (SNRI) indicated for

Major Depressive Disorder (MDD) (1)

Generalized Anxiety Disorder (GAD) (1) Diabetic Peripheral Neuropathic Pain (DPNP) (1) Chronic Musculoskeletal Pain (1) -----DOSAGE AND ADMINISTRATION --Take duloxetine delayed-release capsules once daily, with or without food. Swallow duloxetine

delayed-release capsules whole; do not crush or chew, do not open capsule. Take a missed dose

as soon as it is remembered. Do not take two doses of duloxetine delayed-release capsules at Indication Starting Dose | Target Dose Maximum Dose 40 mg/day (20 mg twice daily) 120 mg/day (2.1)60 mg/day to 60 mg/day (once daily or as 30 mg twice daily): Maintenance Treatment: 60 mg/d GAD (2.2) 60 mg/day (once daily 60 mg/day DPNP (2.3) 60 mg/day (once daily 60 mg/day Musculoskeletal Pain | 30 mg/day 60 mg/day (once daily) 60 mg/day

Some patients may benefit from starting at 30 mg once daily (2) There is no evidence that doses greater than 60 mg/day confers additional benefit, while some adverse reactions were observed to be dose-dependent (2) Discontinuing duloxetine delayed-release capsules: Gradually reduce dosage to avoid discontinuation

Hepatic Impairment: Avoid use in patients with chronic liver disease or cirrhosis (5.14) Renal Impairment: Avoid use in patients with severe renal impairment, GFR < 30 mL/min (5.14) -----DOSAGE FORMS AND STRENGTHS----20 mg, 30 mg, and 60 mg delayed-release capsules (3)

-----CONTRAINDICATIONS--Serotonin Syndrome and MAOIs: Do not use MAOIs intended to treat psychiatric disorders with duloxetine delayed-release capsules or within 5 days of stopping treatment with duloxetine delayed-release capsules. Do not use duloxetine delayed-release capsules within 14days of stopping an MAOI intended to treat psychiatric disorders. In addition, do not start duloxetine delayed-release capsules within 14days of stopping an MAOI intended to treat psychiatric disorders. In addition, do not start duloxetine delayed-release capsules in a patient who is being treated with linezolid or intravenous methylene

WARNINGS AND PRECAUTIONS Hepatotoxicity: Hepatic failure, sometimes fatal, has been reported in patients treated with duloxetine delayed-release capsules. Duloxetine delayed-release capsules should be discontinued in patients who develop jaundice or other evidence of clinically significant liver dysfunction and should not be resumed unless another cause can be established. Duloxetine delayed-release capsules should not be prescribed to patients with substantial alcohol use or evidence of chronic

Orthostatic Hypotension, Falls and Syncope: Cases have been reported with duloxetine therapy Serotonin Syndrome: Serotonin syndrome has been reported with SSRIs and SNRIs, including with duloxetine delayed-release capsules, both when taken alone, but especially when coadministered with other serotonergic agents (including triptans, tricyclic antidepressants, fentanyl, lithium, tramadol, tryptophan, buspirone and St. John's Wort). If such symptoms occur, discontinue duloxetine delayed-release capsules and initiate supportive treatment. If concomitant

use of duloxetine delayed-release capsules with other serotonergic drugs is clinically warranted, patients should be made aware of a potential increased risk for serotonin syndrome, particularly during treatment initiation and dose increases (5.4)Abnormal Bleeding: Duloxetine delayed-release capsules may increase the risk of bleeding events. Patients should be cautioned about the risk of bleeding associated with the co duloxetine and NSAIDs, aspirin, or other drugs that affect coagulation (5.5, 7.4). Severe Skin Reactions: Severe skin reactions, including erythema multiforme and Stevens-

Johnson Syndrome (SJS), can occur with duloxetine delayed-release capsules. Duloxetine delayed-release capsules should be discontinued at the first appearance of blisters, peeling rash, mucosal erosions, or any other sign of hypersensitivity if no other etiology can be identified.

Discontinuation: May result in symptoms, including dizziness, headache, nausea, diarrhea, paresthesia, irritability, vomiting, insomnia, anxiety, hyperhidrosis and fatigue (5.7). Activation of mania or hypomania has occurred (5.8). Angle-Closure Glaucoma: Angle-closure glaucoma has occurred in patients with untreated

anatomically narrow angles treated with antidepressants. (5.9) Seizures: Prescribe with care in patients with a history of seizure disorder (5.10). Blood Pressure: Monitor blood pressure prior to initiating treatment and periodically throughout treatment (5.11).

Inhibitors of CYP1A2 or Thioridazine: Should not administer with duloxetine delayed-release Hyponatremia: Cases of hyponatremia have been reported (5.13) Glucose Control in Diabetes: In diabetic peripheral neuropathic pain patients, small increases

in fasting blood glucose, and HbA_{1c} have been observed (5.14). • Conditions that Slow Gastric Emptying: Use cautiously in these patients (5.14). Urinary Hesitation and Retention (5.15). -----ADVERSE REACTIONS -

• Most common adverse reactions (\geq 5% and at least twice the incidence of placebo patients): nausea, dry mouth, somnolence, constipation, decreased appetite, and hyperhidrosis (6.3). To report SUSPECTED ADVERSE REACTIONS, contact Hetero Labs Limited at 1-866-495-1995 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch ----DRUG INTERACTIONS

• Potent inhibitors of CYP1A2 should be avoided (7.1). Potent inhibitors of CYP2D6 may increase duloxetine concentrations (7.2). Duloxetine is a moderate inhibitor of CYP2D6 (7.9).

-----USE IN SPECIFIC POPULATIONS- Pregnancy: Based on animal data may cause fetal harm (8.1) Nursing Mothers: Exercise caution when administered to a nursing woman (8.3) See 17 for PATIENT COUNSELING INFORMATION and FDA-approved Medication Guide Pediatric use information for patients ages 7 to 17 years is approved for Eli Lilly and Company.

Inc.'s marketing exclusivity rights, this drug product is not labeled with that pediatric info

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Inc.'s CYMBALTA® (duloxetine) delayed-release capsules. However, due to Eli Lilly and Company

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WARNING: SUICIDAL THOUGHTS AND BEHAVIORS

Antidepressants increased the risk of suicidal thoughts and behavior in children, adolescents, and young adults in short-term studies. These studies did not show an increase in the risk of suicidal thoughts and behavior with antidepressant use in patients over age 24: there was a

suicidal thoughts and behavior with antidepressant use in patients over age 24; there was a reduction in risk with antidepressant use in patients aged 65 and older [see Warnings and

In patients of all ages who are started on antidepressant therapy, monitor closely for worsening, and for emergence of suicidal thoughts and behaviors. Advise families and caregivers of the need for close observation and communication with the prescriber [see Warnings and Precautions

Swallow duloxetine delayed-release capsules whole. Do not chew or crush. Do not open the

Administer duloxetine delayed-release capsules at a total dose of 40 mg/day (given as 20 mg

Adults — For most patients, initiate duloxetine delayed-release capsules 60 mg once daily. For

some patients, it may be desirable to start at 30 mg once daily for 1 week, to allow patients to adjust to the medication before increasing to 60 mg once daily. While a 120 mg once daily dose was shown to be effective, there is no evidence that doses greater than 60 mg/day confer additional benefit.

Nevertheless, if a decision is made to increase the dose beyond 60 mg once daily, increase dose in increments of 30 mg once daily. The safety of doses above 120 mg once daily has not been adequately

evaluated. Periodically reassess to determine the continued need for maintenance treatment and the

Pediatric use information for patients ages 7 to 17 years is approved for Eli Lilly and Company, Inc.'s CYMBALTA® (duloxetine) delayed-release capsules. However, due to Eli Lilly and Company, Inc.'s marketing exclusivity rights, this drug product is not labeled with that pediatric information.

doses higher than 60 mg confer additional significant benefit and the higher dose is clearly less well

tolerated [see Clinical Studies (14.3)]. For patients for whom tolerability is a concern, a lower starting

Since diabetes is frequently complicated by renal disease, consider a lower starting dose and gradual increase in dose for patients with renal impairment [see Dosage and Administration (2.6), Use in Specific Populations (8.10), and Clinical Pharmacology (12.3)].

Administer duloxetine delayed-release capsules 60 mg once daily. Begin treatment at 30 mg for

one week, to allow patients to adjust to the medication before increasing to 60 mg once daily. There is no evidence that higher doses confer additional benefit, even in patients who do not respond to a 60 mg dose, and higher doses are associated with a higher rate of adverse reactions [see Clinical Studies (14.5)].

Hepatic Impairment — Avoid use in patients with chronic liver disease or cirrhosis [see Warnings and Precautions (5.14) and Use in Specific Populations (8.9)].

 $\frac{Severe\ Renal\ Impairment}{GFR < 30\ mL/min\ [see\ Warnings\ and\ Precautions\ (5.14)\ and\ Use\ in\ Specific\ Populations\ (8.10)].}$

insomnia, anxiety, hyperhidrosis, and fatigue. A gradual reduction in dosage rather than abrupt cessation

2.8 Switching a Patient to or from a Monoamine Oxidase Inhibitor (MAOI) Intended to Treat

disorders and initiation of therapy with duloxetine delayed-release capsules. Conversely, at least 5 days should be allowed after stopping duloxetine delayed-release capsules. Conversely, at least 5 days should be allowed after stopping duloxetine delayed-release capsules before starting an MAOI intended to treat psychiatric disorders [see Contraindications (4)].

2.9 Use of Duloxetine Delayed-Release Capsules with Other MAOIs such as Linezolid or Methylene

Do not start duloyetine delayed-release cansules in a natient who is being treated with linezolid

In some cases, a patient already receiving duloxetine delayed-release capsules therapy may

require urgent treatment with linezolid or intravenous methylene blue. If acceptable alternatives to linezolid or intravenous methylene blue treatment are not available and the potential benefits of linezolid

People who take duloxetine delayed-release capsules close in time to an MAOI may have a serious problem called Serotonin Syndrome (see "What are the possible side effects of duloxetine delayed-release capsules ?").

What should I tell my healthcare provider before taking duloxetine delayed-release capsules?

Before starting duloxetine delayed-release capsules, tell your healthcare provider if you:

have heart problems or high blood pressure have diabetes (Duloxetine delayed-release capsules treatment makes it harder for some people with diabetes to control their blood sugar)

have liver problems have kidney problems

At least 14 days should elapse between discontinuation of an MAOI intended to treat psychiatric

Adverse reactions after discontinuation of duloxetine delayed-release capsules, after abrupt or red discontinuation, include: dizziness, headache, nausea, diarrhea, paresthesia, irritability, vomiting,

Administer duloxetine delayed-release capsules 60 mg once daily. There is no evidence that

capsule and sprinkle its contents on food or mix with liquids. All of these might affect the enteric coating. Duloxetine delayed-release capsules can be given without regard to meals. If a dose of duloxetine delayed-release capsules is missed, take the missed dose as soon as it is remembered. If

unixerine delayed release capsules is missed under a sound as it is remembered. It is almost time for the next dose, skip the missed dose and take the next dose at the regular time. Do not take two doses of duloxetine delayed-release capsules at the same time.

twice daily) to 60 mg/day (given either once daily or as 30 mg twice daily). For some patients, it may

twice daily) to be ingray (given either lonce daily of as 30 mg twice daily). For some patients, it may be desirable to start at 30 mg once daily for 1 week, to allow patients to adjust to the medication before increasing to 60 mg once daily. While a 120 mg/day dose was shown to be effective, there is no evidence that doses greater than 60 mg/day confer any additional benefits. The safety of doses above 120 mg/day has not been adequately evaluated. Periodically reassess to determine the need for maintenance treatment and the appropriate dose for such treatment [see Clinical Studies (14.1)].

Duloxetine delayed-release capsules, USP are indicated for the treatment of:

Major Depressive Disorder [see Clinical Studies (14.1)]

Generalized Anxiety Disorder [see Clinical Studies (14.2)]

• Diabetic Peripheral Neuropathy [see Clinical Studies (14.3)]

Chronic Musculoskeletal Pain [see Clinical Studies (14.5)]

2.1 Dosage for Treatment of Major Depressive Disorder

2.2 Dosage for Treatment of Generalized Anxiety Disorder

appropriate dose for such treatment [see Clinical Studies (14.2)].

2.3 Dosage for Treatment of Diabetic Peripheral Neuropathic Pain

2.5 Dosage for Treatment of Chronic Musculoskeletal Pain

2.7 Discontinuing Duloxetine Delayed-Release Capsules

Do not start duloxetine delayed-release capsules if you stopped taking an MAOI in the last 14 days unless directed to do so by your healthcare provider.

Duloxetine Delayed-release Capsules, USP (doh-LOCKS-ah-teen)

Guide

Medication

is recommended whenever possible [see Warnings and Precautions (5.7)]

2.6 Dosing in Special Populations

7.1 Inhibitors of CYP1A2

FULL PRESCRIBING INFORMATION

INDICATIONS AND USAGE

2 DOSAGE AND ADMINISTRATION

7.2 Inhibitors of CYP2D6

a particular patient, duloxetine delayed-release capsules should be stopped promptly, and linezolid or intravenous methylene blue can be administered. The patient should be monitored for symptoms of serotonin syndrome for 5 days or until 24 hours after the last dose of linezolid or intravenous methylene blue, whichever comes first. Therapy with duloxetine delayed-release capsules may be resumed 24 hours after the last dose of linezolid or intravenous methylene blue [see Warnings and Greenthese].

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

Precautions (5.4)] The risk of administering methylene blue by non-intravenous routes (such as oral tablets or by local injection) or in intravenous doses much lower than 1 mg/kg with duloxetine delayed-release capsules is unclear. The clinician should, nevertheless, be aware of the possibility of emergent symptoms of serotonin syndrome with such use [see Warnings and Precautions (5.4)].

3 DOSAGE FORMS AND STRENGTHS Duloxetine Hydrochloride, USP is available as delayed-release capsules 20 mg are Opaque green cap/Opaque green body size '4' hard gelatin capsule imprinted with 'H' on cap and '190' on body, filled with off white colored pellets.

30 mg are Opaque blue cap/ Opaque white body size '3' hard gelatin capsule imprinted with 'H' on cap and '191' on body, filled with off white colored pellets. 60 mg Opaque blue cap/ Opaque green body size '1' hard gelatin capsule imprinted with 'H' on cap and '192' on body, filled with off white colored pellets.

4 CONTRAINDICATIONS Monoamine Oxidase Inhibitors (MAOIs) — The use of MAOIs intended to treat psychiatric disorders with duloxetine delayed-release capsules or within 5 days of stopping treatment with duloxetine delayed-release capsules is contraindicated because of an increased risk of serotonin syndrome. The use of duloxetine delayed-release capsules within 14 days of stopping an MAOI intended to treat psychiatric disorders is also contraindicated [see Dosage and Administration (2.8) and Warnings

Starting duloxetine delayed-release capsules 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 (2.9) and Warnings and Precautions (5.4)].

5 WARNINGS AND PRECAUTIONS 5.1 Suicidal Thoughts and Behaviors in Children, Adolescents and Young Adults

Patients with major depressive disorder (MDD), both adult and pediatric, may experience worsening of their depression and/or the emergence of suicidal ideation and behavior (suicidality) or unusual changes in behavior, whether or not they are taking antidepressant medications, and this risk may persist until significant remission occurs. Suicide is a known risk of depression and certain other atric disorders, and these disorders themselves are the strongest predictors of suicide. There has been a long-standing concern, however, that antidepressants may have a role in inducing worsening ion and the emergence of suicidality in certain patients during the early phases of treatment. Pooled analyses of short-term placebo-controlled trials of antidepressant drugs (SSRIs and others) showed that these drugs increase the risk of suicidal thinking and behavior (suicidality) in children, adolescents, and young adults (ages 18 to 24) with major depressive disorder (MDD) and other psychiatric disorders. Short-term studies did not show an increase in the risk of suicidality with

ssants compared to placebo in adults beyond age 24; there was a reduction with antidepressants pared to placebo in adults aged 65 and older. The pooled analyses of placeho-controlled trials in children and adolescents with MDD, obsessive you disorder (OCD), or other psychiatric disorders included a total of 24 short-term trials of pressant drugs in over 4,400 patients. The pooled analyses of placebo-controlled trials in adults with MDD or other psychiatric disorders included a total of 295 short-term trials (median duration of 2 months) of 11 antidepressant drugs in over 77,000 patients. There was considerable duration of 2 minus) of 1 antucepressant orings in over 77,000 patients. There was considerable variation in risk of suicidality among drugs, but a tendency toward an increase in the younger patients for almost all drugs studied. There were differences in absolute risk of suicidality across the different indications, with the highest incidence in MDD. The risk of differences (drug vs placebo), however, were relatively stable within age strata and across indications. These risk differences (drug-placebo difference in the number of cases of suicidality per 1,000 patients treated) are provided in Table 1.

Table 1				
Age Range Drug-Placebo Difference in Number of Cases of Suic 1,000 Patients Treated				
	Increases Compared to Placebo			
< 18	14 additional cases			
18-24	5 additional cases			
	Decreases Compared to Placebo			
25-64	1 fewer case			
≥ 65	6 fewer cases			
No suicides occurred in an	v of the pediatric trials. There were suicides in the adult trials, but			

the number was not sufficient to reach any conclusion about drug effect on suicide. It is unknown whether the suicidality risk extends to longer-term use, i.e., beyond several months, wever, there is substantial evidence from placebo-controlled maintenance trials in adults with ression that the use of antidepressants can delay the recurrence of depression.

All patients being treated with antidepressants for any indication should be monitored appropriately and observed closely for clinical worsening, suicidality, and unusual changes in behavior, especially during the initial few months of a course of drug therapy, or at times of dose changes, either increases or decreases.

The following symptoms, anxiety, agitation, panic attacks, insomnia, irritability, hostility, aggressiveness, impulsivity, akathisia (psychomotor restlessness), hypomania, and mania, have been reported in adult and pediatric patients being treated with antidepressants for major depressive disorder as well as for other indications, both psychiatric and nonpsychiatric. Although a causal link between the emergence of such symptoms and either the worsening of depression and/or the emergence of suicidal impulses has not been established, there is concern that such symptoms may represent precursors to emerging suicidality. Consideration should be given to changing the therapeutic regimen, including possibly discontinuing the medication, in patients whose depression is persistently worse, or who are experiencing emergent

if these symptoms are severe, abrupt in onset, or were not part of the patient's presenting symptoms. If the decision has been made to discontinue treatment, medication should be tapered, as rapidly steasible, but with recognition that discontinuation can be associated with certain symptoms [see aage and Administration (2.7) and Warnings and Precautions (5.7) for descriptions of the risks of continuation of duloxetine delayed-release capsules]. Tell your healthcare provider about all the medicines that you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. Duloxetine delayed-release capsules and some medicines may interact with each other, may not work as well, or may cause serious side effects.

are pregnant or plan to become pregnant. It is not known if duloxetine delayed-release capsules will harm your unborn baby. Talk to your healthcare provider about the benefits and risks of treating depression or other conditions with duloxetine delayed-release capsules

have glaucoma
have or had seizures or convulsions
have bipolar disorder or mania
have low sodium levels in your blood
have delayed stomach emptying
have or had bleeding problems

are breastfeeding or plan to breastfeed. Duloxetine can pass into your breast milk. Talk to your healthcare provider about the best way to feed your baby while taking duloxetine delayed-release capsules.

Families and caregivers of patients being treated with antidepressants for major depressive disorder or other indications, both psychiatric and nonpsychiatric, should be alerted about the need to monitor patients for the emergence of agitation, irritability, unusual changes in behavior, and the other symptoms described above, as well as the emergence of suicidality, and to report such symptoms immediately to health care providers. Such monitoring should include dail observation by families and caregivers. Prescriptions for duloxetine delayed-release caps should be written for the smallest quantity of capsules consistent with good patient managem

Screening Patients for Bipolar Disorder — A major depressive episode may be the initial entation of bipolar disorder. It is generally believed (though not established in controlled trials) that treating such an episode with an antidepressant alone may increase the likelihood of precipitation of a mixed/manic episode in patients at risk for bipolar disorder. Whether any of the symptoms of a mixed/manic episode in patients at risk for bipolar disorder. Whether any of the symptomic described above represent such a conversion is unknown. However, prior to initiating treatment with an antidepressant, patients with depressive symptoms should be adequately screened to determine if they are at risk for bipolar disorder; such screening should include a detailed psychiatric history, including a family history of suicide, bipolar disorder, and depression. It should be noted that duloxetine delayed-release capsules are not approved for use in treating bipolar depression.

There have been reports of hepatic failure, sometimes fatal, in patients treated with duloxetine delayed-release capsules. These cases have presented as hepatitis with abdominal pain, hepatomegaly, and elevation of transaminase levels to more than twenty times the upper limit of normal with or without jaundice, reflecting a mixed or hepatocellular pattern of liver injury. Duloxetine delayed-release capsules should be discontinued in patients who develop jaundice or other evidence of clinically significant liver dysfunction and should not be resumed unless another cause can be established. Cases of cholestatic jaundice with minimal elevation of transaminase levels have also been

reported. Other postmarketing reports indicate that elevated transaminases, bilirubin, and alkaline phosphatase have occurred in patients with chronic liver disease or cirrhosis. Duloxetine delayed-release capsules increased the risk of elevation of serum transaminase levels in development program clinical trials. Liver transaminase elevations resulted in the disconti of 0.3% (92/34,756) of duloxetine delayed-release capsules-treated patients. In most patients, the median time to detection of the transaminase elevation was about two months. In adult placeb-controlled trials in any indication, for patients with normal and abnormal baseline ALT values, elevation of ALT > 3 times the upper limit of normal occurred in 1.25% (144/11,496) of duloxettine delayed-release capsules-treated patients compared to 0.45% (39/8,716) of placebo-treated patients. In adult olled studies using a fixed dose design, there was evidence of a dose response rela for ALT and AST elevation of > 3 times the upper limit of normal and > 5 times the upper limit of

Because it is possible that duloxetine and alcohol may interact to cause liver injury or that duloxetine may aggravate pre-existing liver disease, duloxetine delayed-release capsules should not be prescribed to patients with substantial alcohol use or evidence of chronic liver disease. 5.3 Orthostatic Hypotension, Falls and Syncope

Orthostatic hypotension, falls and syncope have been reported with therapeutic doses of duloxetine. Syncope and orthostatic hypotension tend to occur within the first week of therapy but can occur at any time during duloxetine treatment, particularly after dose increases. The risk of falling appears to be related to the degree of orthostatic decrease in blood pressure as well as other factors that may increase the underlying risk of falls.

In an analysis of patients from all placebo-controlled trials, patients treated with duloxetine felayed-release capsules reported a higher rate of falls compared to patients treated with placebo. Risk appears to be related to the presence of orthostatic decrease in blood pressure. The risk of blood insk appears to be related to the presence of inflostant bedrease in Indoor pressure in the risk of blood ressure decreases may be greater in patients taking concomitant medications that induce orthostatic ypotension (such as antihypertensives) or are potent CYP1A2 inhibitors (see Warnings and Precautions 5.12) and Drug Interactions (7.1)] and in patients taking duloxetine at doses above 60 mg daily. consideration should be given to dose reduction or discontinuation of duloxetine in patients who xperience symptomatic orthostatic hypotension, falls and/or syncope during duloxetine therapy. Risk of falling also appeared to be proportional to a patient's underlying risk for falls and appeared to increase steadily with age. As elderly patients tend to have a higher underlying risk for falls due to a higher prevalence of risk factors such as use of multiple medications, medical comorbidities and gait disturbances, the impact of increasing age by itself is unclear. Falls with serious consequences cluding bone fractures and hospitalizations have been reported [see Adverse Reactions (6.10) and Patient Counseling Information (17)1.

5.4 Serotonin Syndrome The development of a potentially life-threatening serotonin syndrome has been reported with SNRIs and SSRIs, including duloxetine delayed-release capsules, alone but particularly with concomitant use of other serotonergic drugs (including triptans, tricyclic antidepressants, fentanyl, lithium, tramadol, tryptophan, buspirone, 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

and intravenous methylene blue). Serotonin syndrome symptoms may include mental status changes (e.g., agitation, hallucinations, delirium, and coma), autonomic instability (e.g., tachycardia, table blood pressure, dizziness, diaphoresis, flushing, hyperthermia), neuromuscular symptoms (e.g., tremor, rigidity, myoclonus, hyperreflexia, incoordination), seizures, and/or gastrointestinal symptoms (e.g., nausea, vomiting, diarrhea). Patients should be monitored for the emergence of serotonin syndrome.

The concomitant use of duloxetine delayed-release capsules with MAOIs intended to treat psychiatric disorders is contraindicated. Duloxetine delayed-release capsules should also not be started in a patient who is being treated with MAOIs such as linezolid or intravenous methylene blue. All reports with methylene blue that provided information on the route of administration in violved intravenous administration in the dose range of 1 mg/kg to 8 mg/kg. No reports involved the administration methylene blue by other routes (such as oral tablets or local tissue injection) or at lower doses. There may be circumstances when it is necessary to initiate treatment with an MAOI such as linezolid or intravenous methylene blue in a patient taking duloxetine delayed-release capsules. Duloxetine delayed-release capsules should be discontinued before initiating treatment with the MAOI [see Dosage and Administration (2.9.2.01) and Contraligitations (4.1). eports with methylene blue that provided information on the route of administration involved intravenou Administration (2.8, 2.9), and Contraindications (4)].

If concomitant use of duloxetine delayed-release capsules with other serotonergic drugs including triptans, tricyclic antidepressants, fentanyl, lithium, tramadol, buspirone, tryptophan and St. John's Wort is clinically warranted, patients should be made aware of a potential increased risk for serotonin syndrome, particularly during treatment initiation and dose increases. Treatment with duloxetine delayed-release capsules and any concomitant serotonergic agents, should be discontinued immediately if the above events occur and supportive symptomatic treatment should be initiated.

SSRIs and SNRIs, including duloxetine, may increase the risk of bleeding events. Concomitan use of aspirin, nonsteroidal anti-inflammatory drugs, warfarin, and other anti-coagulants may add to this 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. Bleeding events related to SSRIs and SNRIs use have ranged from ecchymoses, hematomas, epistaxis, and petechiae to life-threatening hemorrhages.

Patients should be cautioned about the risk of bleeding associated with the concomitant use of duloxetine and NSAIDs, aspirin, or other drugs that affect coagulation. 5.6 Severe Skin Reactions Severe skin reactions, including erythema multiforme and Stevens-Johnson Syndrome (SJS). can occur with duloxetine delayed-release capsules. The reporting rate of SJS associated with duloxeting

delayed release spaces use scaceda file general population background includence rate for this serious skin reaction (1 to 2 cases per million person years). The reporting rate is generally accepted to be an underestimate due to underreporting. Duloxetine delayed-release capsules should be discontinued at the first appearance of blisters, peeling rash, mucosal erosions, or any other sign of hypersensitivity if no other etiology can be

5.7 Discontinuation of Treatment with Duloxetine Delayed-release Capsules Discontinuation symptoms have been systematically evaluated in patients taking duloxetine Following abrupt or tapered discontinuation in adult placebo-controlled clinical trials, the following ymptoms occurred at 1% or greater and at a significantly higher rate in duloxetine-treated patient ompared to those discontinuing from placebo: dizziness, headache, nausea, diarrhea, paresthesia rritability, vomiting, insomnia, anxiety, hyperhidrosis, and fatigue.

During marketing of other SSRIs and SNRIs (serotonin and norepinephrine reuptake inhibi there have been spontaneous reports of adverse events occurring upon discontinuation of these drugs, particularly when abrupt, including the following: dysphoric mood, irritability, agitation, dizziness, sensory disturbances (e.g., paresthesias such as electric shock sensations), anxiety, confusio

headache, lethargy, emotional lability, insomnia, hypomania, tinnitus, and seizures. Although these events are generally self-limiting, some have been reported to be severe. Patients should be monitored for these symptoms when discontinuing treatment with duloxetine delayed-release capsules. 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

5.8 Activation of Mania/Hypomania

In adult placebo-controlled trials in patients with major depressive disorder, activation of mania or hypomania was reported in 0.1% (4/3,779) of duloxetine-treated patients and 0.04% (1/2,536) of placebo-treated patients. No activation of mania or hypomania was reported in DPNP, GAD, or chronic musculoskeletal pain placebo-controlled trials. Activation of mania or hypomania has been reported in a small proportion of patients with mood disorders who were treated with other marketed drugs effective in the treatment of major depressive disorder. As with these other agents, duloxetine delayed release cansules should be used cautiously in natients with a history of mania | 5.9 Angle-Closure Glaucoma

The pupillary dilation that occurs following use of many antidepressant drugs including duloxetine

Duloxetine has not been systematically evaluated in patients with a seizure disorder, and such patients were excluded from clinical studies. In adult placebo-controlled clinical trials, seizures/convulsions occurred in 0.02% (3/12,722) of patients treated with duloxetine and 0.01% (1/9,513) of patients treated with placebo. Duloxetine delayed-release capsules should be prescribed with care in patient: with a history of a seizure disorder

5.11 Effect on Blood Pressure In adult placebo-controlled clinical trials across indications from baseline to endpoint, duloxetine treatment was associated with mean increases of 0.5 mm Hg in systolic blood pressure and 0.8 mm Hg in diastolic blood pressure compared to mean decreases of 0.6 mm Hg systolic and 0.3 mm Hg diastolic in placebo-treated patients. There was no significant difference in the frequency of sustained 3 consecutive visits) elevated blood pressure. In a clinical pharmacology study designed to evaluate

to consecutive visins/ elevated brood pressure. In a clinical pharmacology study designed to evaluate the effects of duloxetine on various parameters, including blood pressure at supratherapeutic doses with an accelerated dose titration, there was evidence of increases in supine blood pressure at doses up to 200 mg twice daily. At the highest 200 mg twice daily dose, the increase in mean pulse rate was 5 to 6.8 beats and increases in mean blood pressure were 4.7 to 6.8 mm Hg (systolic) and 4.5 to 7 mm Hg (diastolic) up to 12 hours after dosing. Blood pressure should be measured prior to initiating treatment and periodically measured throughout treatment [see Adverse Reactions (6.7)].

5.12 Clinically Important Drug Interactions Both CYP1A2 and CYP2D6 are responsible for duloxetine metabolism Potential for Other Drugs to Affect Duloxetine Delayed-Release Capsules

CYP1A2 Inhibitors — Co-administration of duloxetine delayed-release capsules with potent CYP1A2 inhibitors should be avoided [see Drug Interactions (7.1)]. CYP2D6 Inhibitors — Because CYP2D6 is involved in duloxetine metabolism, concomitant use of duloxetine with potent inhibitors of CYP2D6 would be expected to, and does, result in higher concentrations (on average of 60%) of duloxetine [see Drug Interactions (7.2)]. Potential for Duloxetine Delayed-Release Capsules to Affect Other Drugs Drugs Metabolized by CYP2D6 — Co-administration of duloxetine delayed-release capsules with drugs that are extensively metabolized by CYP2D6 and that have a narrow therapeutic index, including

drugs that are extensively metabolized by CPZDb and that have a harrow therapeutic index, including certain antidepressants (tricyclic antidepressants [TCAs], such as nortriptyline, amitriptyline, and imipramine), phenothiazines and Type 1C antiarrhythmics (e.g., propafenone, flecainide), should be approached with caution. Plasma TCA concentrations may need to be monitored and the dose of the TCA may need to be reduced if a TCA is co-administered with duloxetine delayed-release capsules. Because of the risk of serious ventricular arrhythmias and sudden death potentially associated with elevated plasma levels of thioridazine, duloxetine delayed-release capsules and thioridazine should not be co-administered (see Drug Interactions (7.9)]. Other Clinically Important Drug Interactions Alcohol — Use of duloxetine delayed-release capsules concomitantly with heavy alcohol intake may be associated with severe liver injury. For this reason, duloxitine delayed-release capsules should not be prescribed for patients with substantial alcohol use [see Warnings and Precautions (5.2) and Dissubstantial secretary (7.45).

CNS Acting Drugs — Given the primary CNS effects of duloxetine delayed-release capsules, it should be used with caution when it is taken in combination with or substituted for other centrally acting drugs, including those with a similar mechanism of action [see Warnings and Precautions (5.12)] and Drug Interactions (7.16)].

5.13 Hyponatremia Hyponatremia may occur as a result of treatment with SSRIs and SNRIs, including duloxetine Hyponiatremia may occur as a resun of treatment with SSNs and SWrist, including dutoxetine delayed-release capsules. In many cases, this hyponatremia appears to be the result of the syndrome of inappropriate antidiuretic hormone secretion (SIADH). Cases with serum sodium lower than 110 mmol/L have been reported and appeared to be reversible when dutoxetine delayed-release capsules were discontinued. Elderly patients may be at greater risk of developing hyponatremia with SSRIs and SNRIs. Also, patients taking diuretics or who are otherwise volume depleted may be at greater risk (see Use in Specific Populations (8.5)). Discontinuation of dutoxetine delayed-release capsules should be considered in extensive the warenesses. dered in patients with symptomatic hyponatremia and appropriate medical intervention should

Signs and symptoms of hyponatremia include headache, difficulty concentrating, memory impairment, confusion, weakness, and unsteadiness, which may lead to falls. More severe and/or acute cases have been associated with hallucination, syncope, seizure, coma, respiratory arrest, and death

5.14 Use in Patients with Concomitant Illness

Clinical experience with duloxetine delayed-release capsules in patients with concomitant systemic illnesses is limited. There is no information on the effect that alterations in gastric motility may have on the stability of duloxetine delayed-release capsule's enteric coating. In extremely acidic conditions, duloxetine delayed-release capsules, unprotected by the enteric coating, may undergo hydrolysis to form naphthol. Caution is advised in using duloxetine delayed-release capsules in patients with conditions that may slow gastric emptying (e.g., some diabetics). Duloxetine delayed-release capsules have not been systematically evaluated in patients with a recent history of myocardial infarction or unstable coronary artery disease. Patients with these diagnoses

were generally excluded from clinical studies during the product's premarketing testing. Hepatic Impairment — Avoid use in patients with chronic liver disease or cirrhosis [see Dosage and Administration (2.6), Warnings and Precautions (5.2), and Use in Specific Populations (8.9)]. <u>Severe Renal Impairment</u> — Avoid use in patients with severe renal impairment, GFR < 30 mL/min. Increased plasma concentration of duloxetine, and especially of its metabolites, occur in patients with end-stage renal disease (requiring dialysis) *[see Dosage and Administration (2.6) and Use in Specific Populations (8.10)]*.

<u>Glycemic Control in Patients with Diabetes</u> — As observed in DPNP trials, duloxe release capsules treatment worsens glycemic control in some patients with diabetes. In three clinical trials of duloxetine delayed-release capsules for the management of neuropathic pain associated with diabetic peripheral neuropathy, the mean duration of diabetes was approximately 12 years, the mean baseline fasting blood glucose was 176 mg/dL, and the mean baseline hemoglobin $A_{\rm LC}$ (Ma,Lc) was 7.8%. In the 12-week acute treatment phase of these studies, duloxetine delayed-release capsules were associated with a small increase in mean fasting blood glucose as compared to placebo. In the extension phase of these studies, which lasted up to 52 weeks, mean fasting blood glucose increased by 12 mg/dL in the duloxetine delayed-release capsules group and decreased by 11.5 mg/dL in the utine care group. HbA_{1c} increased by 0.5% in the duloxetine delayed-release capsules and by 0.2% in the routine care groups. 5.15 Urinary Hesitation and Retention

Duloxetine delayed-release capsules are in a class of drugs known to affect urethral resistance. In post marketing experience, cases of urinary retention have been observed. In some instances of urinary retention associated with duloxetine use, hospitalization and/or catheterization has been

medicine to treat irregular heart rate (like propafenone, flecainide, quinidine)

the antibiotics ciprofloxacin,

tramadol and fentanyl

medicines used to treat mood, anxiety, psychotic or thought disorders, including tricyclics, lithium, buspirone, SSRIs, SNRIs or MAOIs

Especially tell your healthcare provider if you take:

triptans used to treat

theophylline the blood thinner warfarin (Coumadin, Jantoven) non-steroidal anti-inflammatory drug (NSAID) (like ibuprofen, naproxen or aspirin).

over-the-counter supplements such as tryptophan or St. John's Wort thioridazine (Mellaril). Mellaril together with duloxetine can cause serious heart rhythm problems or sudden death.

No specific laboratory tests are recommended ADVERSE REACTIONS

The following serious adverse reactions are described below and elsewhere in the labeling: Suicidal Thoughts and Behaviors in Children, Adolescents and Young Adults [see Boxed Warning and Warnings and Precautions (5.1)]

Hepatotoxicity [see Warnings and Precautions (5.2)] Orthostatic Hypotension, Falls and Syncope [see Warnings and Precautions (5.3)] • Serotonin Syndrome [see Warnings and Precautions (5.4)] Abnormal Bleeding [see Warnings and Precautions (5.5)]

Severe Skin Reactions [see Warnings and Precautions (5.6)] Discontinuation of Treatment with duloxetine delayed-release capsules [see Warnings and Precautions (5.7)1

Activation of Mania/Hypomania [see Warnings and Precautions (5.8)] Angle-Closure Glaucoma [see Warnings and Precautions (5.9)] Seizures [see Warnings and Precautions (5.10)]

Effect on Blood Pressure [see Warnings and Precautions (5.11)]

Clinically Important Drug Interactions [see Warnings and Precautions (5.12)] Hyponatremia [see Warnings and Precautions (5.13)] • Urinary Hesitation and Retention [see Warnings and Precautions (5.15)] 6.1 Clinical Trial Data Sources

at least once, a treatment-emergent adverse reaction of the type listed. A reaction was considered treatment-emergent if it occurred for the first time or worsened while receiving therapy following baseline evaluation. Reactions reported during the studies were not necessarily caused by the therapy and the frequencies do not reflect investigator impression (assessment) of causality. Children and Adolescents — The data described below reflect exposure to duloxetine delayed-release capsules in pediatric, 10-week, placebo-controlled trials for MDD (N=341). The population studied (N=476) was 7 to 17 years of age with 42.4% children age 7 to 11 years of age, 50.6% female, and 68.6% white. Patients received 30 to 120 mg per day during placebo-controlled acute treatment studies. Additional data come from the overall total of 822 pediatric patients (age 7 to 17 years of age) with 41.7% children age 7 to 11 years of age and 51.8% female exposed to dulox capsules in MDD clinical trials up to 36-weeks in length, in which most patients received 30 to 120

Because clinical trials are conducted under widely varying conditions, adverse reaction rates

observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice.

Pediatric use information for patients ages 7 to 17 years is approved for Eli Lilly and Company, Inc.'s CYMBALTA® (duloxetine) delayed-release capsules. However, due to Eli Lilly and Company, Inc.'s marketing exclusivity rights, this drug product is not labeled with that pediatric information. 6.2 Adverse Reactions Reported as Reasons for Discontinuation of Treatment in Adult Placebo

Major Depressive Disorder — Approximately 8.4% (319/3,779) of the patients who received uloxetine in placebo-controlled trials for MDD discontinued treatment due to an adverse reaction, ompared with 4.6% (117/2,536) of the patients receiving placebo. Nausea (duloxetine 1.1%, placebo 0.4%) was the only common adverse reaction reported as a reason for discontinuation and considered to be drug-related (i.e., discontinuation occurring in at least 1% of the duloxetine-treated patients and

at a rate of at least twice that of placebo). Generalized Anxiety Disorder — Approximately 13.7% (139/1,018) of the patients who received duloxetine in placebo-controlled trials for GAD discontinued treatment due to an adverse reaction, compared with 5% (38/767) for placebo. Common adverse reactions reported as a reason for discontinuation and considered to be drug-related (as defined above) included nausea (duloxetine 3.3%, placebo 0.4%), and dizziness (duloxetine 1.3%, placebo 0.4%).

Diabetic Peripheral Neuropathic Pain — Approximately 12.9% (117/906) of the patients who received duloxetine in placebo-controlled trials for DPNP discontinued treatment due to an adverse reaction, compared with 5.1% (23/448) for placebo Common adverse reactions reported as a reason for discontinuation and considered to be drug-related (as defined above) included nausea (duloxetine 3.5%, placebo 0.7%), dizziness (duloxetine 1.2%, placebo 0.4%), and somnolence (duloxetine 1.1%, placebo 0.4%).

Chronic Pain due to Osteoarthritis — Approximately 15.7% (79/503) of the patients who received duloxetine delayed-release capsules in13-week, placebo-controlled trials for chronic pain due to OA discontinued treatment due to an adverse reaction, compared with 7.3% (37/508) for placebo. Common adverse reactions reported as a reason for discontinuation and considered to be drug-related (as defined above) included nausea (duloxetine 2.2%, placebo 1%). <u>Chronic Low Back Pain</u> — Approximately 16.5% (99/600) of the patients who received duloxetine red-release capsules in 13-week, placebo-controlled trials for CLBP discontinued treatment due to an adverse reaction, compared with 6.3% (28/441) for placebo. Common adverse reactions reported as a reason for discontinuation and considered to be drug-related (as defined above) included nausea (duloxetine delayed-release capsules 3%, placebo 0.7%), and somnolence (duloxetine delayed-release

capsules 1%, placebo 0%). 6.3 Most Common Adult Adverse Reactions

<u>Pooled Trials for all Approved Indications</u> — The most commonly observed adverse reactions uloxetine-treated patients (incidence of at least 5% and at least twice the incidence in placebo patients) were nausea, dry mouth, somnolence, fatigue, constipation, decreased appetite, and

<u>Diabetic Peripheral Neuropathic Pain</u> — The most commonly observed adverse reactions in etine-treated patients (as defined above) were nausea, somnolence, decreased appetite, constipation, hyperhidrosis, and dry mouth.

Chronic Pain due to Osteoarthritis — The most commonly observed adverse reactions in etine-treated patients (as defined above) were nausea, fatigue, constipation, dry mouth, insomnia, nnolence, and dizziness. <u>Chronic Low Back Pain</u> — The most commonly observed adverse reactions in duloxetine-treated its (as defined above) were nausea, dry mouth, insomnia, somnolence, constipation, dizziness

6.4 Adverse Reactions Occurring at an Incidence of 5% or More Among Duloxetine-Treated Patients in Adult Placebo-Controlled Trials Table 2 gives the incidence of treatment-emergent adverse reactions in placebo-controlled trials for approved indications that occurred in 5% or more of patients treated with duloxetine and with an Table 2: Treatment-Emergent Adverse Reactions: Incidence of 5%, or More and Creater than Discour

	Percentage of Patients R	eporting Reaction
Adverse Reaction	Duloxetine Delayed-Release Capsules (N=8,100)	Placebo (N=5,655)
Nausea ^c	23	8
Headache	14	12
Dry mouth	13	5
Somnolence ^e	10	3
Fatigue ^{b,c}	9	5
nsomnia ^d	9	5
Constipation ^c	9	4
Dizziness ^c	9	5
Diarrhea	9	6
Decreased appetitec	7	2

Hvperhidrosis^c Abdominal painf The inclusion of an event in the table is determined based on the percentages before rounding however, the percentages displayed in the table are rounded to the nearest inte

Also includes asthenia Events for which there was a significant dose-dependent relationship in fixed-dose studies, excluding ee MDD studies which did not have a placebo lead-in period or dose titratio Also includes initial insomnia, middle insomnia, and early morning awakening.

Also includes hypersomnia and sedation.

Also includes abdominal discomfort, abdominal pain lower, abdominal pain upper, abdominal tenderness, and gastrointestinal pain

6.5 Adverse Reactions Occurring at an Incidence of 2% or More Among Duloxetine-Treated Patients in Adult Placebo-Controlled Trials <u>Pooled MDD and GAD Trials</u> — Table 3 gives the incidence of treatment-emergent adverse reactions in MDD and GAD placebo-controlled trials for approved indications that occurred in 2% or more of patients treated with duloxetine and with an incidence greater than placebo.

Table 3: Treatment-Emergent Adverse Reactions: Incidence of 2% or More in MDD and GAD Placebo-

	Percentage of Patients Reporting Reaction			
System Organ Class / Adverse Reaction	Duloxetine Delayed-Release Capsules (N=4,797)	Placebo (N=3,303)		
Cardiac Disorders				
Palpitations	2	1		
Eye Disorders				
Vision blurred	3	1		
Gastrointestinal Disorders				
Nausea ^c	23	8		
Dry mouth	14	6		
Constipation ^c	9	6		
Diarrhea	9	4		
Abdominal pain ^d	5	4		
Vomiting	4	2		
General Disorders and Administration Site Conditions				
Fatigue ^e	9	5		
Metabolism and Nutrition Disorders				
Decreased appetitee	6	2		
Nervous System Disorders				
Headache	14	14		
Dizziness ^c	9	5		
Somnolencef	9	3		
Tremor	3	1		
Psychiatric Disorders				
Insomnia ^g	9	5		
Agitation ^h	4	2		
Anxiety	3	2		
Reproductive System and Breast Disorders				
Erectile dysfunction	4	1		
Ejaculation delayed ^c	2	1		
Ejaculation disorder ⁱ	3			
Orgasm abnormal ^j	2	<1		
Respiratory, Thoracic, and Mediastinal Disorders				
Vawning	2	×1		

Skin and Subcutaneous Tissue Disorders The inclusion of an event in the table is determined based on the percentages before rounding;

however, the percentages displayed in the table are rounded to the nearest integer Events for which there was a significant dose-dependent relationship in fixed-dose studies, excluding three MDD studies which did not have a placebo lead-in period or dose titration Also includes abdominal pain upper, abdominal pain lower, abdominal tenderness, abdominaldiscomfort, and gastrointestinal pain Also includes asthenia

Also includes hypersomnia and sedation Also includes initial insomnia, middle insomnia, and early morning awakening Also includes feeling jittery, nervousness, restlessness, tension, and psychomotor hyperactivity Also includes loss of libido Also includes anorgasmia

DPNP, another indication, OA, and CLBP — Table 4 gives the incidence of treatment-emergent erse events that occurred in 2% or more of patients treated with duloxetine delayed-release capsules rmined prior to rounding) in the premarketing acute phase of DPNP, another indication, OA, and CLBP placebo-controlled trials and with an incidence greater than placebo Table 4: Treatment-Emergent Adverse Reactions: Incidence of 2% or More and Greater than Placebo

in DPNP, another indication, OA, and CLBP Placebo-Controlled Trialsa

Percentage of Patients Reporting Reaction

System Organ Class / I	Adverse Reaction		loxetine Delay elease Capsul (N=3,303)		Placebo (N=2,352)		Psyc Inso
Gastrointestinal Disord	ders						Resp
Nausea			23		7		Orop
Dry Mouth ^b			11		3		Coug
Constipation ^b			10		3		
Diarrhea			9		5		a The howe
Abdominal Pain ^c			5		4		b Also
Vomiting			3		2		disco
Dyspepsia			2		1		c Also
General Disorders and Conditions	Administration Site						d Freq ≥ 3.5
Fatigue ^d			11		5		e Also
Infections and Infestat	ions						f Also
Nasopharyngitis			4		4		Other
Upper Respiratory Trac	t Infection		3		3		dulox abnor
Influenza			2		2		palpita
Ask your healthcare provider for a list of these medicines if you are not sure. Do not take duloxetine delayed-release capsules with any other medicine that contain duloxetine. How should I take duloxetine delayed-release capsules?	Take duloxetine delayed-release capsules exactly as your healthcare provider tells you to take it. Your healthcare provider may need to change the dose of duloxetine delayed-release capsules until it is the right dose for you.	Swallow duloxetine delayed-release capsules whole. Do not chew or crush duloxetine delayed-release capsules.	Do not open the capsule and sprinkle on food or mix with liquids. Opening the capsule may affect how well duloxetine delayed-release capsule works.	Duloxetine delayed-release capsules may be taken with or without food.	If you miss a dose of duloxetine delayed-release capsules, take the missed dose as soon as you remember. If it is almost time for the next dose skin the missed dose	and take your next dose at the regular time. Do not take two doses of duloxetine delayed-release cansules at the	same time.
Ask if yc Do r othe	•	•	•	•	•		

	Percentage of Patients Reporting Reaction		
System Organ Class / Adverse Reaction	Duloxetine Delayed- Release Capsules (N=3,303)	Placebo (N=2,352)	
Metabolism and Nutrition Disorders			
Decreased Appetite ^b	8	1	
Musculoskeletal and Connective Tissue			
Musculoskeletal Paine	3	3	
Muscle Spasms	2	2	
Nervous System Disorders			
Headache	13	8	
Somnolence ^{b,f}	11	3	
Dizziness	9	5	
Paraesthesia ⁹	2	2	
Tremor ^b	2	< 1	
Psychiatric Disorders			
Insomnia ^{b,h}	10	5	
Agitation ⁱ	3	1	
Reproductive System and Breast Disorders			
Erectile Dysfunction ^b	4	< 1	
Ejaculation Disorder ^j	2	< 1	
Respiratory, Thoracic, and Mediastinal Disorders			
Cough	2	2	
Skin and Subcutaneous Tissue Disorders			
Hyperhidrosis	6	1	
Vascular Disorders			
Flushing ^k	3	1	
Blood pressure increased ^l	2	1	

Incidence of 120 mg/day is significantly greater than the incidence for 60 mg/day. Also includes abdominal discomfort, abdominal pain lower, abdominal pain upper, abdominal

enderness and gastrointestinal pain Also includes asthenia

Also includes myalgia and neck pain Also includes hypersomnia and sedation Also includes hypoesthesia, hypoesthesia facial, genital hypoesthesia and paresthesia oral

Also includes initial insomnia middle insomnia, and early morning awakening Also includes feeling jittery, nervousness, restlessness, tension and psychomotor hyperactivity Also includes ejaculation failure

Also includes blood pressure diastolic increased, blood pressure systolic increased, diast hypertension, essential hypertension, hypertension, hypertension essential hypertension, orthostatic hypertension, secondary hypertension, and systolic hypertension

Changes in sexual desire, sexual performance and sexual satisfaction often occur as manifestations of psychiatric disorders or diabetes, but they may also be a consequence of pharmacologic treatment Because adverse sexual reactions are presumed to be voluntarily underreported, the Arizona Sexual Experience Scale (ASEX), a validated measure designed to identify sexual side effects, was used prospectively in 4 MDD placebo-controlled trials. In these trials, as shown in Table 5 below, patients

treated with duloxetine hydrochloride delayed-release capsules experienced significantly more sexua dysfunction, as measured by the total score on the ASEX, than did patients treated with placebo Gender analysis showed that this difference occurred only in males. Males treated with diluxetine hydrochloride delayed-release capsules experienced more difficulty with ability to reach orgasm (ASEX Item 4) than males treated with placebo. Females did not experience more sexual dysfunction on duloxetine hydrochloride delayed-release capsules than on placebo as measured by ASEX total score Negative numbers signify an improvement from a baseline level of dysfunction, which is co seen in depressed patients. Physicians should routinely inquire about possible sexual side effects

Table 5: Mean Change in ASEX Scores by Gender in MDD Placebo-Controlled Trials					
	Male	Patients ^a	Female Patients ^a		
	Duloxetine Delayed- Release Capsules (n=175)	Placebo (n=83)	Duloxetine Delayed- Release Capsules (n=241)	Placebo (n=126)	
ASEX Total (Items 1-5)	0.56 ^b	-1.07	-1.15	-1.07	
Item 1 — Sex drive	-0.07	-0.12	-0.32	-0.24	
Item 2 — Arousal	0.01	-0.26	-0.21	-0.18	
Item 3 — Ability to achieve erection (men);	0.03	-0.25	-0.17	-0.18	
Lubrication (women)					
Item 4 — Ease of reaching orgasm	0.40c	-0.24	-0.09	-0.13	
Item 5 — Orgasm satisfaction	0.09	-0.13	-0.11	-0.17	

n=Number of patients with non-missing change score for ASEX total b n=0.013 versus placebo

p< 0.001 versus placebo

6.7 Vital Sign Changes in Adults In placebo-controlled clinical trials across approved indications for change from baseline to endpoint, duloxetine treatment was associated with mean increases of 0.23 mm Hg in systolic blood pressure and 0.73 mm Hg in diastolic blood pressure compared to mean decreases of 1.09 mm Hg systolic and 0.55 mm Hg diastolic in placebo-treated patients. There was no significant difference in the frequency of sustained (3 consecutive visits) elevated blood pressure [see Warnings and Precautions

(5.3 and 5.11)1. Duloxetine treatment, for up to 26 weeks in placeho-controlled trials across approved indications typically caused a small increase in heart rate for change from baseline to endpoint compared to placebo of up to 1.37 beats per minute (increase of 1.20 beats per minute in duloxetine-treated patients, decrease of 0.17 beats per minute in placebo- treated patients) 6.8 Laboratory Changes in Adults

Duloxetine delayed-release capsules treatment in placebo-controlled clinical trials across approved indications, was associated with small mean increases from baseline to endpoint in ALT, AST, CPK and alkaline phosphatase; infrequent, modest, transient, abnormal values were observed for these analytes in duloxetine-treated patients when compared with placebo-treated patients [see Warnings and Precautions (5.2)]. High bicarbonate, cholesterol, and abnormal (high or low) potassium, were observed more frequently in duloxetine treated patients compared to placebo

6.9 Electrocardiogram Changes in Adults The effect of duloxetine 160 mg and 200 mg administered twice daily to steady state was evaluated in a randomized, double-blinded, two-way crossover study in 117 healthy female subjects. No QT interval prolongation was detected. Duloxetine appears to be associated with concentration-dependent but not clinically meaningful QT shortening.

6.10 Other Adverse Reactions Observed During the Premarketing and Postmarketing Clinical Trial Evaluation of Duloxetine in Adults Following is a list of treatment-emergent adverse reactions reported by patients treated with duloxetine in clinical trials. In clinical trials of all indications, 34,756 patients were treated with duloxetine. Of these, 26,9% (9,337) took duloxetine for at least 6 months, and 12,4% (4,317) for at least one year. The following listing is not intended to include reactions (1) already listed in previous tables or elsewhere in labeling, (2) for which a drug cause was remote, (3) which were so general as to be uninformative (4) which were not considered to have significant clinical implications, or (5) which occurred at a rate

equal to or less than placebo. Reactions are categorized by body system according to the following definitions; frequent adverse reactions are those occurring in at least 1/100 patients; infrequent adverse reactions are those occurring in 1/100 to 1/1,000 patients; rare reactions are those occurring in fewer than 1/1,000 patients Cardiac Disorders — Frequent: palpitations: Infrequent: myocardial infarction and tachycardia Ear and Labyrinth Disorders — Frequent: vertigo: Infrequent: ear pain and tinnitus.

Eye Disorders — Frequent: vision blurred; Infrequent: diplopia, dry eye, and visual impairment $\textbf{Gastrointestinal Disorders} - \textit{Frequent:} \ \textit{flatulence;} \ \textit{Infrequent:} \ \textit{dysphagia, eructation, gastritis,}$ gastrointestinal hemorrhage, halitosis, and stomatitis; Rare: gastric ulcer General Disorders and Administration Site Conditions — Frequent: chills/rigors; Infrequent: falls, feeling abnormal, feeling hot and/or cold, malaise, and thirst; Rare: gait disturbance. Infections and Infestations — Infrequent: gastroenteritis and laryngitis.

Endocrine Disorders — Infrequent: hypothyroidism.

Metabolism and Nutrition Disorders — Infrequent: dehydration and hyperlipidemia; Rare dvslipidemia. Musculoskeletal and Connective Tissue Disorders — Frequent: musculoskeletal pain: Infrequent: Nervous System Disorders — Frequent: dysgeusia, lethargy, and paresthesia/hype

Investigations — Frequent: weight increased, weight decreased: Infrequent: blood cholesterol

Infrequent: disturbance in attention, dyskinesia, myoclonus, and poor quality sleep; Rare: dysarthria Psychiatric Disorders — Frequent: abnormal dreams and sleep disorder: Infrequent: apathy nfusional state, irritability, mood swings, and suicide attempt; Rare: completed Renal and Urinary Disorders — Frequent: urinary frequency; Infrequent: dysuria, micturition urgency, nocturia, polyuria, and urine odor abnormal. $\label{lem:request} \textbf{Reproductive System and Breast Disorders} - \textit{Frequent:} \ anorgasmia/orgasm \ abnormal;} \ \textit{Infrequent:} \ menopausal \ symptoms, sexual \ dysfunction, \ and \ testicular \ pain; \ \textit{Rare:} \ menstrual \ disorder.$

Respiratory, Thoracic and Mediastinal Disorders — Frequent: yawning, oropharyngeal pain; Skin and Subcutaneous Tissue Disorders - Frequent: pruritus: Infrequent: cold sweat, dermatitis contact, erythema, increased tendency to bruise, night sweats, and photosensitivity reaction; Rare:

Vascular Disorders — Frequent: hot flush; Infrequent: flushing, orthostatic hypotension, and 6.11 Adverse Reactions Observed in Children and Adolescent Placebo-Controlled Clinical Trials The adverse drug reaction profile observed in pediatric clinical trials (children and adolescents) was consistent with the adverse drug reaction profile observed in adult clinical trials. The specific adverse drug reactions observed in adult patients can be expected to be observed in pediatric patients (children and adolescents) [see Adverse Reactions (6.5)]. The most common (\geq 5% and twice placebo) adverse reactions observed in pediatric clinical trials include: nausea, diarrhea, decreased weight, and

Table 6 provides the incidence of treatment-emergent adverse reactions in MDD pediatric placebo controlled trials that occurred in greater than 2% of patients treated with duloxetine delayed-release capsules and with an incidence greater than placebo. Table 6: Treatment-Emergent Adverse Reactions: Incidence of 2% or More and Greater than Placebo in three 10-week Pediatric Placebo-Controlled Trials^a

Percentage of Patients Reporting

System Organ Class / Adverse Reaction

bystem organ olass / Auverse meastion	Reaction	
	Duloxetine Delayed-Release Capsules (N=476)	Placebo (N=362)
Gastrointestinal Disorders		
Nausea	18	8
Abdominal Pain ^b	13	10
Vomiting	9	4
Diarrhea	6	3
Dry Mouth	2	1
General Disorders and Administration Site Conditions		
Fatigue ^c	7	5
Investigations		
Decreased Weightd	14	6
Metabolism and Nutrition Disorders Decreased Appetite	10	5
Nervous System Disorders		
Headache	18	13
Somnolencee	11	6
Dizziness ^c	8	4
Psychiatric Disorders		
Insomnia ^f	7	4
Respiratory, Thoracic, and Mediastinal Disorders		
Oropharyngeal Pain	4	2
Cough	3	1

however, the percentages displayed in the table are rounded to the nearest integer. Also includes abdominal pain upper, abdominal pain lower, abdominal tenderness, abdominal discomfort, and gastrointestinal pair Also includes asthenia. Frequency based on weight measurement meeting potentially clinically significant threshold of 3.5% weight loss (N=467 Duloxetine delayed-release capsules; N=354 Placebo) Also includes hypersomnia and sedation.

The inclusion of an event in the table is determined based on the percentages before rounding:

ou take too much duloxetine delayed-release capsules, Il your healthcare provider or poison control center 1-800-222-1222 right away, or get emergency

Juloxetine delayed-release capsules can cause sleepii
or may affect your ability to make decisions, think cle
or react quickly. You should not drive, operate he
nachinery, or do other dangerous activities until
know how duloxetine delayed-release capsule aff
/on.
Jse of duloxetine delayed-release capsules concomita
with heavy alcohol intake may be associated with se
iver injury. Avoid heavy alcohol use while tal
Juloxetine delayed-release capsules.

When switching from another antidepressant to duloxetine delayed-release capsules your healthcare provider may want to lower the dose of the initial antidepressant first to potentially avoid side effects.

What should I avoid while taking duloxetine delayed-release capsules?

Diabetic Peripheral Neuropathic Pain (DPNP)

Do NOT take duloxetine delayed-release capsules if you:

take a Monoamine Oxidase Inhibitor (MAOI). Ask your healthcare provider or pharmacist if you are not sure if you take an MAOI, including the antibiotic linezolid or intravenous methylene blue. Who should not take duloxetine delayed-release capsules?

Do not take an MAOI within 5 days of stopping duloxetine delayed-release capsules unless directed to do so by your healthcare provider.

Size: 450 x 800 mm Book Folding: 38 x 38 mm Phamra Coďe : F-2597 B-2598 Colour : Pantone Black C Spec: Printed on 28 GSM Bible paper, front & back side printing.

Note: Pharma code position and Orientation are tentative, will be change based on folding size

Read this Medication Guide before you start taking duloxetine delayed-release capsules and each time you get a refill. There may be new information. This information does not take the place of talking to your healthcare provider about your medical condition or treatment.

Talk to your healthcare provider about: the most important causes of suicidal thoughts or actions. Some people may have a particularly high risk of having suicidal thoughts or actions. These include people who have (or have a family history of) bipolar illness (also called manic-depressive illness). all risks and benefits of treatment with antidepressant medicines Duloxetine delayed-release capsules and other antidepressant medicines may increase suicidal thoughts or actions in some children, teenagers, or young adults within the first few months of treatment or when the dose is changed. Pay close attention to any changes in mood, behavior, actions, thoughts, or feelings, especially sudden changes. This is very important when an antidepressant medicine is started or when the dose is changed. all treatment choices for depression or other serious mental illness How can I watch for and try to prevent suicidal thoughts and actions? Call your healthcare provider right away to report new or sudden changes in mood, behavior, thoughts, or feelings.

Keep all follow-up visits with your healthcare provider as scheduled. Call your healthcare provider between visits as needed, especially if you have concerns about symptoms. Call your healthcare provider right away if you have any of the following symptoms or feelings, especially if they are new, worse, or worry you. In an emergency, call 911.

thoughts about suicide or dying acting on dangerous impulses attempts to commit suicide

new or worse depression new or worse irritability feeling very agitated or new or worse anxiety trouble sleeping panic attacks

other unusual changes in behavior or mood an extreme increase in activity

or talking (mania)

What else do I need to know about antidepressant medicines?

Never stop an antidepressant medicine without first talking to a healthcare provider. Stopping an antidepressant medicine suddenly can cause other

Antidepressants are medicines used to treat depression and other illnesses. It is important to discuss all the risks of treating depression and also the risks of not treating it. Patients should discuss all treatment choices with your healthcare provider, not just the use of antidepressants.

Antidepressant medicines have other side effects. Talk to your healthcare provider about the side effects of the medicine prescribed for you or your family member.

Antidepressant medicines can interact with other medicines. Know all of the medicines that you or your family member takes. Keep a list of all medicines to show your healthcare provider. Do not start new medicines without first checking with your healthcare

What are duloxetine delayed-release capsules?

Duloxetine delayed-release capsule is a prescription medicine used to treat certain type of depression called Major Depressive Disorder (MDD). Duloxetine delayed-release capsule belongs to a class of medicines known as SNRIs (or serotonin-norepinephrine reuptake inhibitors).

Duloxetine delayed-release capsule is also used to treat or manage:

Generalized Anxiety Disorder (GAD)

<u>Growth (Height and Weight)</u> — Decreased appetite and weight loss have been observed in association with the use of SSRIs and SNRIs. In studies up to 9 months, duloxetine-treated pediatric patients experienced an increase in height of 1.7 cm on average (2.2 cm increase in children [7 to 11 years of age1 and 1.3 cm increase in adolescents [12 to 17 years of age1). While height increase was observed during these studies, a mean decrease of 1% in height percentile was observed (decrease of 2% in children [7 to 11 years of age] and increase of 0.3% in adolescents [12 to 17 years of age]). Weight and height should be monitored regularly in children and adolescents treated with duloxetine delayedrelease capsules.

Pediatric use information for patients ages 7 to 17 years is approved for Eli Lilly and Company Inc.'s CYMBALTA® (duloxetine) delayed-release capsules. However, due to Eli Lilly and Compa Inc.'s marketing exclusivity rights, this drug product is not labeled with that pediatric informati

6.12 Postmarketing Spontaneous Reports The following adverse reactions have been identified during post approval use of duloxetine delayed-release capsules. Because these reactions are reported voluntarily from a population of incertain size, it is not always possible to reliably estimate their frequency or establish a causal

Adverse reactions reported since market introduction that were temporally related to dulo: therapy and not mentioned elsewhere in labeling include: anaphylactic reaction, aggression and anger (particularly early in treatment or after treatment discontinuation), angioneurotic edema, angle-closure glaucoma, colitis (microscopic or unspecified), cutaneous vasculitis (sometimes associated with systemic involvement), extrapyramidal disorder, galactorrhea, gynecological bleeding, hallucinations, hyperglycemia, hyperprolactinemia, hypersensitivity, hypertensive crisis, muscle spasm, rash, restless legs syndrome, seizures upon treatment discontinuation, supraventricular arrhythmia, tinnitus (upon ent discontinuation), trismus, and urticaria.

DRUG INTERACTIONS Both CYP1A2 and CYP2D6 are responsible for duloxetine metabolism.

7.1 Inhibitors of CYP1A2 When duloxetine 60 mg was co-administered with fluvoxamine 100 mg, a potent CYP1A2 inhibitor, to male subjects (n=14) duloxetine AUC was increased approximately 6-fold, the C_{max} was increased about 2.5-fold, and duloxetine $t_{1/2}$ was increased approximately 3-fold. Other drugs that inhibit CYP142 metabolism include cinetidine and quinolone antimicrobials such as ciprofloxacin and enoxacin [see Warnings and Precautions (5.12)].

7.2 Inhibitors of CYP2D6 Concomitant use of duloxetine (40 mg once daily) with paroxetine (20 mg once daily) increased the concentration of duloxetine AUI by about 60%, and greater degrees of inhibition are expected with higher doses of paroxetine. Similar effects would be expected with other potent CYP2D6 inhibitors (e.g., fluoxetine, quinidine) [see Warnings and Precautions (5.12)].

7.3 Dual Inhibition of CYP1A2 and CYP2D6 Concomitant administration of duloxetine 40 mg twice daily with fluvoxamine 100 mg, a potent CYP1A2 inhibitor, to CYP2D6 poor metabolizer subjects (n=14) resulted in a 6-fold increase in duloxetine

7.4 Drugs that Interfere with Hemostasis (e.g., NSAIDs, Aspirin, and Warfarin) Serotonin release by platelets plays an important role in hemostasis. Epidemiological studies of the case-control and cohort design that have demonstrated an association between use of psychotropic drugs that interfere with serotonin reuptake and the occurrence of upper gastrointestinal bleeding have also shown that concurrent use of an NSAID or aspirin may potentiate this risk of bleeding. Altered anticoagulant effects, including increased bleeding, have been reported when SSRIs or SNRIs are coadministerd with warfarin. Concomitant administration of warfarin (2 to 9 mg once daily) under steady state conditions with duloxetine 60 or 120 mg once daily for up to 14 days in healthy subjects (n=15) did not significantly change INR from baseline (mean INR changes ranged from 0.05 to + 0.07). The total warfarin (protein bound plus free drug) pharmacokinetics (AUC_{Trss}, C_{maxess} or t_{max,ss}) for both R- and S-warfarin were not altered by duloxetine. Because of the potential effect of duloxetine on platelets, patients receiving warfarin therapy should be carefully monitored when duloxetine is initiated or discontinued (see Warnings and Precautions (5.5)).

7.5 Lorazepam Under steady-state conditions for duloxetine (60 mg Q 12 hours) and lorazepam (2 mg Q 12 hours), the pharmacokinetics of duloxetine were not affected by co-administration 7.6 Temazepam

Under steady-state conditions for duloxetine (20 mg ghs) and temazepam (30 mg ghs), the pharmacokinetics of duloxetine were not affected by co-adr 7.7 Drugs that Affect Gastric Acidity

Duloxetine delayed-release capsules have an enteric coating that resists dissolution until reaching a segment of the gastrointestinal tract where the pH exceeds 5.5. In extremely acidic conditions duloxetine delayed-release capsules, unprotected by the enteric coating, may undergo hydrolysis to form naphthol. Caution is advised in using duloxetine delayed-release capsules in patients with conditions that may slow gastric emptying (e.g., some diabetics). Drugs that raise the gastrointestinal pH may lead to an earlier release of duloxetine. However, co-administration of duloxetine delayed-release capsules with aluminum- and magnesium-containing antacids (51 mEq) or duloxetine delayedelease capsules with famotidine, had no significant effect on the rate or extent of duloxetine absorption after administration of a 40 mg oral dose. It is unknown whether the concomitant administration of proton pump inhibitors affects duloxetine absorption [see Warnings and Precautions (5.14)]. 7.8 Drugs Metabolized by CYP1A2

In vitro drug interaction studies demonstrate that duloxetine does not induce CYP1A2 activity. Invertore, an increase in the metabolism of CYP1A2 substrates (e.g., theophylline, caffeine) resulting from induction is not anticipated, although clinical studies of induction have not been performed. Duloxetine is an inhibitor of the CYP1A2 isoform in *in vitro* studies, and in two clinical studies the average (90% confidence interval) increase in theophylline AUC was 7% (1% to 15%) and 20% (13% to 27%) when co-administered with duloxetine (60 mg twice daily). 7.9 Drugs Metabolized by CYP2D6

Duloxetine is a moderate inhibitor of CYP2D6. When duloxetine was administered (at a dose of 60 mg twice daily) in conjunction with a single 50 mg dose of desipramine, a CYP2D6 substrate, the AUC of desipramine increased 3-fold [see Warnings and Precautions (5.12)]. 7.10 Drugs Metabolized by CYP2C9

Results of in vitro studies demonstrate that duloxetine does not inhibit activity. In a clinical study, the pharmacokinetics of S-warfarin, a CYP2C9 substrate, were not significantly affected by duloxetine

7.11 Drugs Metabolized by CYP3A Results of *in vitro* studies demonstrate that duloxetine does not inhibit or induce CYP3A activity. Therefore, an increase or decrease in the metabolism of CYP3A substrates (e.g., oral contracep and other steroidal agents) result studies have not been performed.

7.12 Drugs Metabolized by CYP2C19 Results of in vitro studies demonstrate that duloxetine does not inhibit CYP2C19 activity at therapeutic concentrations. Inhibition of the metabolism of CYP2C19 substrates is therefore not anticipated, although clinical studies have not been performed.

7.13 Monoamine Oxidase Inhibitors (MAOIs) [see Dosage and Administration (2.8, 2.9), Contraindications (4), and Warnings and Precautions

7.14 Serotonergic Drugs [See Dosage and Administration (2.8, 2.9), Contraindications (4), and Warnings and Precautions (5.4)1.

7.15 Alcoho When duloxetine and ethanol were administered several hours apart so that peak concentrations of each would coincide, duloxetine delayed-release capsules did not increase the impairment of mental and motor skills caused by alcohol.

In the duloxetine clinical trials database, three duloxetine-treated patients had liver injury as manifested by ALT and total bilirubin elevations, with evidence of obstruction. Substantial intercurrent ethanol use was present in each of these cases, and this may have contributed to the abnormalities seen [see Warnings and Precautions (5.2 and 5.12)]. 7.16 CNS Drugs

[See Warnings and Precautions (5.12)]. 7.17 Drugs Highly Bound to Plasma Protein

Because duloxetine is highly bound to plasma protein, administration of duloxetine delayed release capsules to a patient taking another drug that is highly protein bound may cause increased free concentrations of the other drug, potentially resulting in adverse reactions. However, coadministration of duloxetine (60 or 120 mg) with warfarin (2 to 9 mg), a highly protein-bound drug, did not result in significant changes in INR and in the pharmacokin bound plus free drug) [see Drug Interactions (7.4)]. cokinetics of either total S-or total R-warfarin (protein

USE IN SPECIFIC POPULATIONS 8.1 Pregnancy

Pregnancy Category C Risk Summary — There are no adequate and well-controlled studies of duloxetine delayed-release capsules administration in pregnant women. In animal studies with duloxetine, fetal weights were decreased but there was no evidence of teratogenicity in pregnant rats and rabbits at oral doses administered during the period of organogenesis up to 4 and 7 times the maximum recommended human dose (MRHD) of 120 mg/day, respectively. When duloxetine was administered orally to pregnant rats throughout gestation and lactation, pup weights at birth and pup survival to 1 day postpartum were decreased at a dose 2 times the MRHD. At this dose, pup behaviors consistent with increased reactivity, such as increased startle response to noise and decreased habituation of locomotor activity were observed. Post-weaning growth was not adversely affected. Duloxetine should be used in pregnancy only if the potential benefit justifies the potential risk to the fetus.

Clinical Considerations Fetal/Neonatal Adverse Reaction — Neonates exposed during pregnancy to serotonin - prepinephrine reuptake inhibitors (SNRIs) or selective serotonin reuptake inhibitors (SSRIs) have developed complications requiring prolonged hospitalization, respiratory support, and tube feeding which 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 are consistent with either a direct toxic effect of the SNRIs or SSRIs, 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 (5.4)]. Animal Data — In animal reproduction studies, duloxetine has been shown to have adverse effects on embryo/fetal and postnatal development. When duloxetine was administered orally to pregnant rats and rabbits during the period of

organogenesis, there was no evidence of teratogenicity at doses up to 45 mg/kg/day (4 times the maximum recommended human dose (MRHD) of 120 mg/day on a mg/m² basis, in rat; 7 times the MRHD in rabbit). However, fetal weights were decreased at this dose, with a no-effect dose of 10 mg/kg/day approximately equal to the MRHD in rats; 2 times the MRHD in rabbits). When duloxetine was administered orally to pregnant rats throughout gestation and lactation,

the survival of pups to 1 day postpartum and pup body weights at birth and during the lactation period were decreased at a dose of 30 mg/kg/day (2 times the MRHD); the no-effect dose was 10 mg/kg/day. Furthermore, behaviors consistent with increased reactivity, such as increased startle response to noise and decreased habituation of locomotor activity, were observed in pups following maternal exposure to 30 mg/kg/day. Post-weaning growth and reproductive performance of the progeny were not affected adversely by maternal duloxetine treatment 8.3 Nursing Mothers

Risk Summary

The most common side effects of duloxetine capsules include:

Duloxetine is present in human milk. In a published study, lactating women who were weaning their infants were given duloxetine. At steady state, the concentration of duloxetine in breast milk was approximately 25% that of maternal plasma. The estimated daily infant dose was approximately 0.14% of the maternal dose. The developmental and health benefits of human milk feeding should be considered along with the mother's clinical need for duloxetine and any potential adverse effects on the milk-fed child from the drug or from the underlying maternal condition. Exercise caution when duloxetine is administered to a nursing woman.

The disposition of duloxetine was studied in 6 lactating women who were at least 12 weeks postpartum and had elected to wean their infants. The women were given 40 mg of duloxetine delayed-release capsules twice daily for 3.5 days. The peak concentration measured in breast milk occurred at a median of 3 hours after the dose. The amount of duloxetine in breast milk was approximatel 7 mcg/day while on that dose; the estimated daily infant dose was approximately 2 mcg/kg/day. The

Major Depressive Disorder — Efficacy was not demonstrated in two 10-week, placebo-controlled trials with 800 pediatric patients with MDD, age 7 to 17. Neither duloxetine delayed-release capsules nor an active control (indicated for treatment of pediatric depression) was superior to placebo. The safety and effectiveness in pediatric patients less than 7 years of age have not been esta The most frequently observed adverse reactions in the clinical trials included nausea, headache decreased weight, and abdominal pain. Decreased appetite and weight loss have been observed in association with the use of SSRIs and SNRIs. Perform regular monitoring of weight and growth in children and adolescents treated with an SNRI such as duloxetine delayed-release caps

Use of duloxetine delayed-release capsules in a child or adolescent must balance the potential ri with the clinical need [see Boxed Warning and Warnings and Precautions (5.1)]. Pediatric use information for patients ages 7 to 17 years is approved for Eli Lilly and Company, Inc.'s CYMBALTA® (duloxetine) delayed-release capsules. However, due to Eli Lilly and Compa Inc.'s marketing exclusivity rights, this drug product is not labeled with that pediatric informati <u>Animal Data</u> - Duloxetine administration to young rats from post-natal day 21 (weaning) through post-natal day 90 (adult) resulted in decreased body weights that persisted into adulthood, but recovered when drug treatment was discontinued; slightly delayed (~1.5 days) sexual maturation in females without any effect on fertility; and a delay in learning a complex task in adulthood, which was not observed after drug treatment was discontinued. These effects were observed at the high dose of 45 mg/kg/day (2 times the MRHD, for a child); the no-effect-level was 20 mg/kg/day (≈1 times the MRHD, for a child) 8.5 Geriatric Use

Of the 2,418 patients in premarketing clinical studies of duloxetine delayed-release capsules for MDD, 5.9% (143) were 65 years of age or over. Of the 1,041 patients in CLBP premarketing studies, 21.2% (221) were 65 years of age or over. Of the 487 patients in OA premarketing studies, 40.5% (197) were 65 years of age or over. Of the 1,074 patients in the DPNP premarketing studies, 33% (357) were 65 years of age or over. In the MDD, DPNP, OA, CLBP and other studies, no overall differences in safety or effectiveness were generally observed between these subjects and younger subjects, and other reported clinical experience has not identified differences in responses between the elderly and younger patients, but greater sensitivity of some older individuals cannot be ruled out. SSRIs and SNRIs, including duloxetine delayed-release capsules have been associated with cases of clinically significant hyponatremia in elderly patients, who may be at greater risk for this adverse event [see Warnings and Precautions (5.13)]. In an analysis of data from all placebo-controlled-trials, patients treated with duloxetine delayed-release capsule reported a higher rate of falls compared to patients treated with placebo. The increased

cappears to be proportional to a patient's underlying risk for falls. Underlying risk appears t risk appears to be proportional to a patient's underlying risk for falls. Underlying risk appears to increase steadily with age. As elderly patients tend to have a higher prevalence of risk factors for falls such as medications, medical comorbidities and gait disturbances, the impact of increasing age by itself on falls during treatment with duloxetine delayed-release capsule is unclear. Falls with serious consequences including bone fractures and hospitalizations have been reported [see Warnings and Precautions (5.3) and Adverse Reactions (6.10)].

headache
weakness or feeling unsteady
confusion, problems concentrating of memory problems

.problems with urination.

Symptoms may include:

decreased urine flow

Duloxetine's half-life is similar in men and women. Dosage adjustment based on gender is not

Duloxetine bioavailability (AUC) appears to be reduced by about one-third in smokers. Dosage modifications are not recommended for smokers. No specific pharmacokinetic study was conducted to investigate the effects of race.

8.9 Hepatic Impairment Patients with clinically evident hepatic impairment have decreased duloxetine metabolism and elimination. After a single 20 mg dose of duloxetine delayed-release capsules, 6 cirrhotic patients with moderate liver impairment (Child-Pugh Class B) had a mean plasma duloxetine clearance about 15% that of age- and gender-matched healthy subjects, with a 5-fold increase in mean exposure (AUC). Although C_{max} was similar to normals in the cirrhotic patients, the half-life was about 3 times leaves of the control of the control of the circhotic patients, the half-life was about 3 times longer [see Dosage and Administration (2.6) and Warnings and Precautions (5.14)]

8.10 Severe Renal Impairment Limited data are available on the effects of duloxetine in patients with end-stage renal disease (ESRD). After a single 60 mg dose of duloxetine, C_{max} and AUC values were approximately 100% greater in patients with end-stage renal disease receiving chronic intermittent hemodialysis than in subjects with normal renal function. The elimination half-life, however, was similar in both groups. The AUCs of the major circulating metabolites, 4-hydroxy duloxetine glucu methoxy duloxetine sulfate, largely excreted in urine, were approximately 7- to 9-fold higher and would be expected to increase further with multiple dosing. Population PK analyses suggest that mild to moderate degrees of renal impairment (estimated CrCl 30 to 80 mL/min) have no significant effect on duloxetine apparent clearance [see Dosage and Administration (2.6) and Warnings and Precautions (6.14)).

DRUG ABUSE AND DEPENDENCE In animal studies, duloxetine did not demonstrate barbiturate-like (depressant) abuse potential. While duloxetine hydrochloride delayed-release capsules have not been systematically studied in humans for its potential for abuse, there was no indication of drug-seeking behavior in the clinical trials. However, it is not possible to predict on the basis of premarketing experience the extent to which a CNS active drug will be misused, diverted, and/or abused once marketed. Consequently, physicians should carefully evaluate patients for a history of drug abuse and follow such patients closely, observing them for signs of misuse or abuse of duloxetine hydrochloride delayed-release capsules (e.g., development of tolerance, incrementation of dose, drug-seeking behavior).

In drug dependence studies, duloxetine did not demonstrate dependence-producing potential in rats 10 OVERDOSAGE

10.1 Signs and Symptoms In postmarketing experience, fatal outcomes have been reported for acute overdoses, primarily with mixed overdoses, but also with duloxetine only, at doses as low as 1,000 mg. Signs and symptoms of overdose (duloxetine alone or with mixed drugs) included somnolence, coma, serotonin syndrome, res, syncope, tachycardia, hypotension, hypertension, and vomiting

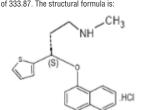
10.2 Management of Overdose There is no specific antidote to duloxetine delayed-release capsules, but if serotonin syndrom ensues, specific freatment (such as with cyproheptation and/or temperature control) may be considered. In case of acute overdose, treatment should consist of those general measures employed in the

An adequate airway, oxygenation, and ventilation should be assured, and cardiac rhythm and vital signs should be monitored. Induction of emesis is not recommended. Gastric lavage with a large-bore orogastric tube with appropriate airway protection, if needed, may be indicated if performed soon after ingestion or in symptomatic patients. Activated charcoal may be useful in limiting absorption of duloxetine from the gastrointestinal tract. Administration of activated charcoal has been shown to decrease AUC and Cmax by an average of one-third, although some subjects had a limited effect of activated charcoal. Due to the large volume of distribution of this drug, forced diuresis, dialysis, hemoperfusion, and exchange transfusion are unlikely to be beneficial.

management of overdose with any drug.

In managing overdose, the possibility of multiple drug involvement should be considered. A specific caution involves patients who are taking or have recently taken duloxetine delayed-release capsules and might ingest excessive quantities of a TCA. In such a case, decreased clearance of the parent tricyclic and/or its active metabolite may increase the possibility of clinically significant seguelae and extend the time needed for close medical observation (see Warnings and Precautions (5.4) and Drug Interactions (7)]. The physician should consider contacting a poison control center (1-800-222-1222 or www.poison.org (not additional information on the treatment of any overdose. Telephone numbers for certified poison control centers are listed in the Physicians' Desk Reference (PDR). 11 DESCRIPTION

Duloxetine hydrochloride, USP is a selective serotonin and norepinephrine reuptake inhibitor (SSNRI) for oral administration. Its chemical designation is (γS) -N-Methyl- γ -(1-napthalenylnoxy)-2-thiophenepropanamine hydrochloride. The empirical formula is $C_{18}H_{19}NOS$ -HCl, which corresponds to a molecular weight of 333.87. The structural formula is



Each cansule contains film-coated pellets of 22 4, 33 7, or 67 3 mg of duloxetine hydrochloride Each capsule contains inin-coated peners of 22.4, 53.7, of 0.3 mg of univacente hydrosinonac, equivalent to 20, 30, or 60 mg of dulovatine, respectively. Inactive ingredients include carboxy lyl ethyl cellulose, crospovidone, FD & C Blue 2, gelatin, hypromellose, isopropyl alcohol, thylene glycol, polysorbate 80, povidone, sodium lauryl sulfate, sucrose, sugar spheres, talc and lum dioxide. In addition, the 20 mg and 60 mg capsules also contain iron oxide yellow. The imprinting ink contains, butyl alcohol, dehydrated alcohol, isopropyl alcohol, propylene glycol, shellac, and strong ammonia solution. The 20 mg capsule also contains black iron oxide and potassium hydroxide. The 30 mg capsule also contains yellow iron oxide. The 60 mg capsule also contains yellow iron oxide. The 60 mg capsule also contains processing bydroxide and trianguing dioxide. 12 CLINICAL PHARMACOLOGY

Duloxetine hydrochloride, USP is an off-white to white colored crystalline powder which is freely

12.1 Mechanism of Action

Although the exact mechanisms of the antidepressant, central pain inhibitory and anxiolytic actions of duloxetine in humans are unknown, these actions are believed to be related to its potentiation of serotonergic and noradrenergic activity in the CNS. 12.2 Pharmacodynamics Preclinical studies have shown that duloxetine is a potent inhibitor of neuronal serotonin and pinephrine reuptake and a less potent inhibitor of dopamine reuptake. Duloxetine has no significant

affinity for dopaminergic, adrenergic, cholinergic, histaminergic, opioid, glutamate, and GABA receptors *in vitro*. Duloxetine does not inhibit monoamine oxidase (MAO). Duloxetine delayed-release capsules are in a class of drugs known to affect urethral resistance. If symptoms of urinary hesitation develop during treatment with duloxetine delayed-release capsules, consideration should be given to the possibility that they might be drug-related. 12.3 Pharmacokinetics

Duloxetine has an elimination half-life of about 12 hours (range 8 to 17 hours) and its pharmacokinetics are dose proportional over the therapeutic range. Steady-state plasma concentrations are typically achieved after 3 days of dosing. Elimination of duloxetine is mainly through hepatic metabolism involving two P450 isozymes, CYP1A2 and CYP2D6.

Absorption and Distribution — Orally administered duloxetine hydrochloride is well absorbed. There is a median 2 hour lag until absorption begins (T_{lag}), with maximal plasma concentrations (C_{max}) of duloxetine occurring 6 hours post dose. Food does not affect the C_{max} of duloxetine, but delays the time to reach peak concentration from 6 to 10 hours and it marginally decreases the extent of absorption (AUC) by about 10%. There is a 3 hour delay in absorption and a one-third increase in apparent clearance of duloxetine after an evening dose as compared to a morning dose. The apparent volume of distribution averages about 1,640 L. Duloxetine is highly bound (> 90%) to proteins in human plasma, binding primarily to albumin and α_1 -acid glycoprotein. The interaction between duloxetine and other highly protein bound drugs has not been fully evaluated. Plasma protein binding of duloxetine is not affected by renal or hepatic impairment.

Metabolism and Elimination — Biotransformation and disposition of duloxetine in humans have been determined following oral administration of ¹⁴C-labeled duloxetine. Duloxetine comprises about 3% of the total radiolabeled material in the plasma, indicating that it undergoes extensive metabolism to numerous metabolities. The major biotransformation pathways for duloxetine involve oxidation of the naphthyl ring followed by conjugation and further oxidation. Both CYP1A2 and CYP2D6 catalyze the oxidation of the naphthyl ring in vitro. Metabolities found in plasma include 4-hydroxy diloxetine glucuronide and 5-hydroxy, 6-methoxy duloxetine sulfate. Many additional metabolites have been identified in urine some representing only mignor pathways of elimination. Only trace (-1 % of the dentified in urine, some representing only minor pathways of elimination. Only trace (< 1% of the dose) amounts of unchanged duloxetine are present in the urine. Most (about 70%) of the duloxetine dose appears in the urine as metabolites of duloxetine: about 20% is excreted in the feces. Duloxeting olism but the major circu ating metabolites have not been shown to

Pediatric use information for patients ages 7 to 17 years is approved for Eli Lilly and Company Inc.'s CYMBALTA® (duloxetine) delayed release capsules. However, due to Eli Lilly and Company, Inc.'s marketing exclusivity rights, this drug product is not labeled with that pediatric information. 13 NONCLINICAL TOXICOLOGY

contribute significantly to the pharmacologic activity of duloxetine.

13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility <u>Carcinogenesis</u> — Duloxetine was administered in the diet to mice and rats for 2 years. In female mice receiving duloxetine at 140 mg/kg/day (6 times the maximum recommended human dose (MRHD) of 120 mg/day on a mg/m² basis), there was an increased incidence of hepatocellular adenomas and carcinomas. The no-effect dose was 50 mg/kg/day (2 times the MRHD). Tumor incidence was not increased in male mice receiving duloxetine at doses up to 100 mg/kg/day (4 times the MRHD). In rats, dietary doses of duloxetine up to 27 mg/kg/day in females (2 times the MRHD) and up to 36 mg/kg/day in males (3 times the MRHD) did not increase the incidence of tumors.

Mutagenesis — Dulovetine was not mutagenic in the *in vitro* bacterial reverse mutation assay (Ames test) and was not clastogenic in an *in vivo* chromosomal aberration test in mouse bone marrow cells. Additionally, duloxetine was not genotoxic in an *in vitro* mammalian forward gene mutation assay in mouse lymphoma cells or in an *in vitro* unscheduled DNA synthesis (UDS) assay in primary rat hepatocytes, and did not induce sister chromatid exchange in Chinese hamster bone marrow *in vivo*. Impairment of Fertility — Duloxetine administered orally to either male or female rats prior to and throughout mating at doses up to 45 mg/kg/day (4 times the MRHD) did not alter mating or

14 CLINICAL STUDIES The efficacy of duloxetine delayed-release capsules has been established in the following adequate and well-controlled trials Major Depressive Disorder (MDD): 4 short-term and 1 maintenance trial in adults [see Clinical Studies (14.1)1.

Diabetic Peripheral Neuropathic Pain (DPNP): Two 12-week trials in adults [see Clinical Studies Chronic Musculoskeletal Pain: Two 12- to 13-week trials in adult patients with chronic low back pain (CLBP) and one 13-week trial in adult patients with chronic pain due to osteoarthritis [see Clinical Studies (14.5)]. Pediatric use information for patients ages 7 to 17 years is approved for Eli Lilly and Company, Inc.'s CYMBALTA® (duloxetine) delayed-release capsules. However, due to Eli Lilly and Company, Inc.'s marketing exclusivity rights, this drug product is not labeled with that pediatric information.

Generalized Anxiety Disorder (GAD): 3 short-term trials in adults, 1 maintenance trial in adults,

14.1 Major Depressive Disorder The efficacy of duloxetine delayed-release capsules as a treatment for depression was established The efficacy of duloxetine delayed-release capsules as a treatment for depression was established in 4 randomized, double-blind, placebo-controlled, fixed-dose studies in adult outpatients (18 to 83 years) meeting DSM-IV criteria for major depression. In 2 studies, patients were randomized to duloxetine delayed-release capsules 60 mg once daily (N=123 and N=128, respectively) or placebo (N=122 and N=139, respectively) for 9 weeks; in the third study, patients were randomized to duloxetine delayed-release capsules 20 or 40 mg twice daily (N=86 and N=91, respectively) or placebo (N=89) for 8 weeks; in the fourth study, patients were randomized to duloxetine delayed-release capsules 40 or 60 mg twice daily (N=95 and N=93, respectively) or placebo (N=93) for 8 weeks. There is no evidence that doses greater than 60 mg/day confer additional benefits.

In all 4 studies, duloxetine delayed-release capsules demonstrated superiority over placebo as measured by improvement in the 17-item Hamilton Depression Rating Scale (HAMD-17) total score (Studies 1 to 4 in Table 7).

Primary Efficacy Measure: HAMD-17 Mean Raseline | I.S. Mean Change | Placeho

-11 (0.49)

-12.1 (0.49)

-2.2 (-3.6, -0.9)

-3.3 (-4.7. -1.9)

In all of these clinical studies, analyses of the relationship between treatment outcome and age, gender, and race did not suggest any differential responsiveness on the basis of these patient Table 7: Summary of the Primary Efficacy Results for Studies in Major Depressive Disorder

Number	Treatment Group	Score (SD)	from Baseline (SE)	subtracted Differencea (95% CI)
Study 1	Duloxetine Delayed-Release Capsules (60 mg/day) ^b	21.5 (4.10)	-10.9 (0.70)	-4.9 (-6.8, -2.9)
	Placebo	21.1 (3.71)	-6.1 (0.69)	
Study 2	Duloxetine Delayed-Release Capsules (60 mg/day) ^b	20.3 (3.32)	-10.5 (0.71)	-2.2 (-4.0, -0.3)
	Placebo	20.5 (3.42)	-8.3 (0.67)	
Study 3	Duloxetine Delayed-Release Capsules (20 mg BID) ^b	18.6 (5.85)	-7.4 (0.80)	-2.4 (-4.7, -0.2)
	Duloxetine Delayed-Release Capsules (40 mg BID) ^b	18.1 (4.52)	-8.6 (0.81)	-3.6 (-5.9, -1.4)
	Placebo	17.2 (5.11)	-5 (0.81)	
Ctudy 4	Dulovatina Dalayad Balassa			

19.9 (3.54)

20.2 (3.41)

19.9 (3.58)

Capsules (40 mg BID)^t

Capsules (60 mg BID)b

Placebo

-8.8 (0.50) SD: standard deviation: SE: standard error: LS Mean: least-squares mean: CI: confidence interval, not adjusted for multiplicity in trials where multiple dose groups were included ^a Difference (drug minus placebo) in least-squares mean change from baseline. ^b Doses statistically significantly superior to placebo.

n another study, 533 patients meeting DSM-IV criteria for MDD received duloxetine delayedrelease capsules 60 mg once daily during an initial 12-week open-label treatment phase. Two hundred and seventy-eight patients who responded to open label treatment (defined as meeting the following and seveny-eight patients with esponded to open aload readment (uterited as integrally the following criteria at weeks 10 and 12: a HAMD-17 total score < 9, Clinical Global Impressions of Severity (CGI-S) < 2, and not meeting the DSM-IV criteria for MDD) were randomly assigned to continuation of duloxetine delayed-release capsules at the same dose (N=136) or to placebo (N=142) for 6 months. to relapse of depression than did patients on placebo (Study 5 in Figure 1). Relapse was defined as an increase in the CGI-S score of ≥ 2 points compared with that obtained at week 12, as well as meeting the DSM-IV criteria for MDD at 2 consecutive visits at least 2 weeks apart, where the 2-week temporal criterion had to be satisfied at only the second visit. The effectiveness of duloxetine delayed-release capsules in hospitalized patients with major depressive disorder has not been studied. anxiety

irritability

feeling tired or problems sleeping

headache

weating

dizziness

electric shock-like sensations

womiting or nausea

diarrhea

manic episodes:

greatly increased energy

severe trouble sleeping

reckless behavior

unusually grand ideas

excessive happiness or irritability

talking more or faster than usual

wisual problems:

eye pain

changes in vision

swelling or redness in or around the eye

Only some people are at risk for these problems. You may want to undergo an eye examination to see if you are at risk and receive preventative treatment if you are.

seizures or convulsions

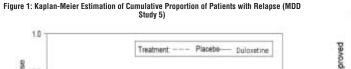
look salt (sodium) levels in the blood. Elderly people may be at greater risk for this. Symptoms may include:

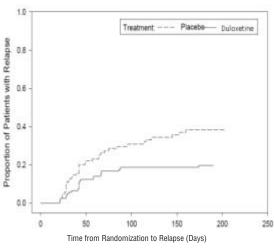
Manufactured for: Camber Pharmaceuticals, Inc. Piscataway, NJ 08854

AMBER TM PHARMACEUTICALS, INC.

By: **HETERO[™]** Hetero Labs Limited Jeedimetla, Hyderabad - 500 055, India

Revised: 05/2016





14.2 Generalized Anxiety Disorde The efficacy of duloxetine delayed-release capsules in the treatment of generalized anxiety disorder (GAD) was established in 1 fixed-dose randomized, double-blind, placebo-controlled trial and 2 flexible-dose randomized, double-blind, placebo-controlled trials in adult outpatients between 18 and 83 years of age meeting the DSM-IV criteria for GAD. In 1 flexible-dose study and in the fixed-dose study, the starting dose was 60 mg once daily

where down titration to 30 mg once daily was allowed for tolerability reasons before increasing it to 60 mg once daily. Fifteen percent of patients were down titrated. One flexible-dose study had a starting dose of 30 mg once daily for 1 week before increasing it to 60 mg once daily. The 2 flexible-dose studies involved dose titration with duloxetine delayed-release capsules dose ranging from 60 mg once daily to 120 mg once daily (N=168 and N=162) compared to placebo (N=159 and N=161) over a 10-week treatment period. The mean dose for completers at endpoint in the flexible-dose studies was 104.75 mg/day. The fixed-dose study evaluated duloxetine delayedrelease capsules doses of 60 mg once daily (N=168) and 120 mg once daily (N=170) compared to placebo (N=175) over a 9-week treatment period. While a 120 mg/day dose was shown to be effective, there is no evidence that doses greater than 60 mg/day confer additional benefit.

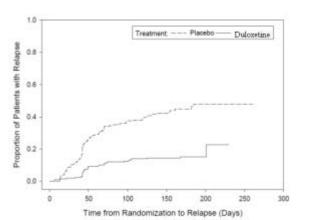
In all 3 studies, duloxetine delayed-release capsules demonstrated superiority over placebo as measured by greater improvement in the Hamilton Anxiety Scale (HAM-A) total score (Studies 1 to 3 in Table 8) and by the Sheehan Disability Scale (SDS) global functional impairment score. The SDS is a composite measurement of the extent emotional symptoms disrupt patient functioning in 3 life domains: work/school, social life/leisure activities, and family life/home responsibilities. In another study, 887 patients meeting DSM-IV-TR criteria for GAD received duloxetine delayed-In another study, 667 patients frieding DSM-Y-Y-I filterial to fact received unlockening delayers release capsules 60 mg to 120 mg once daily during an initial 26-week open-label treatment phase. Four hundred and twenty-nine patients who responded to open-label treatment (defined as meeting the following criteria at weeks 24 and 26: a decrease from baseline HAM-A total score by at least 50% o a score no higher than 11, and a Clinical Global Impressions of Improvement [GGI-mprovement] score of 1 or 2) were randomly assigned to continuation of duloxetine delayed-release capsules at the same dose (N=216) or to placebo (N=213) and were observed for relapse. Of the patients randomized, 28% had been in a responder statute for at least 140 weeks. Palease was defined as an increase in CGI. 73% had been in a responder status for at least 10 weeks. Relapse was defined as an increase in CGI-Severity score at least 2 points to a score ≥4 and a MINI (Mini-International Neuropsychiatric Interview) diagnosis of GAD (excluding duration), or discontinuation due to lack of efficacy. Patients taking duloxetine delayed-release capsules experienced a statistically significantly longer time to relapse of GAD than did patients taking placebo (Study 4 in Figure 2).

Subgroup analyses did not indicate that there were any differences in treatment outcomes as a function of age or gender Table 8: Summary of the Primary Efficacy Results for Studies in General Anxiety Disorder

Study Number	Treatment Group	Primary Efficacy Measure: HAMD-17			
		Mean Baseline Score (SD)	LS Mean Change from Baseline (SE)	Placebo- subtracted Differencea (95% CI)	
	Duloxetine Delayed-Release Capsules (60 mg/day) ^b	25.1 (7.18)	-12.8 (0.68)	-4.4 (-6.2, -2.5)	
Study 1 (HAM-A)	Duloxetine Delayed-Release Capsules (120 mg/day) ^b	25.1 (7.24)	-12.5 (0.67)	-4.1 (-5.9, -2.3)	
	Placebo	25.8 (7.66)	-8.4 (0.67)		
Study 2 (HAM-A)	Duloxetine Delayed-Release Capsules (60-120 mg/day) ^b	22.5 (7.44)	-8.1 (0.70)	-2.2 (-4.2, -0.3)	
	Placebo	23.5 (7.91)	-5.9 (0.70)		
Study 3 (HAM-A)	Duloxetine Delayed-Release Capsules (60-120 mg/day) ^b	25.8 (5.66)	-11.8 (0.69)	-2.6 (-4.5, -0.7)	
	Placebo	25 (5.82)	-9.2 (0.67)		

SD: standard deviation: SE: standard error: LS Mean: least-squares mean: CI: confidence interval. not adjusted for multiplicity in trials where multiple dose groups were included. ^a Difference (drug minus placebo) in least squares mean change from baseline.

b Dose statistically significantly superior to placebo. Figure 2: Kaplan-Meier Estimation of Cumulative Proportion of Patients with Relapse (GAD Study



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The efficacy of duloxetine delayed-release capsules for the management of neuropathic pain associated with diabetic peripheral neuropathy was established in 2 randomized, 12-week, double blind, placebo-controlled, fixed-dose studies in adult patients having diabetic peripheral neuropathic pain for at least 6 months. Study DPNP-1 and Study DPNP-2 enrolled a total of 791 patients of whom 592 (75%) completed the studies. Patients enrolled had Type I or II diabetes mellitus with a diagnosis of painful distal symmetrical sensorimotor polyneuropathy for at least 6 months. The patients had a baseline pain score of \geq 4 on an 11-point scale ranging from 0 (no pain) to 10 (worst possible pain). Patients were permitted up to 4 g of acetaminophen per day as needed for pain, in addition to duloxetine delayed-release capsules. Patients recorded their pain daily in a diary.

Both studies compared duloxetine delayed-release capsules 60 mg once daily or 60 mg twice daily with placebo. DPINP-1 additionally compared Duloxetine delayed-release capsules 20 mg with placebo. A total of 457 patients (342 duloxetine delayed-release capsules, 115 placebo) were enrolled in DPINP-1 and a total of 334 patients (226 duloxetine delayed-release capsules, 108 placebo) were enrolled in DPINP-2. Treatment with duloxetine delayed-release capsules, 108 placebo) were enrolled in DPINP-2. Treatment with duloxetine delayed-release capsules 60 mg one or two times a day statistically significantly improved the endpoint mean pain scores from baseline and increased the proportion of patients with at least a 50% reduction in pain scores from baseline. For various degrees of improvemen in pain from baseline to study endpoint, Figures 3 and 4 show the fraction of patients achieving that degree of improvement. The figures are cumulative, so that patients whose change from baseline is, for example, 50%, are also included at every level of improvement below 50%. Patients who did not complete the study were assigned 0% improvement. Some patients experienced a decrease in pain as early as week 1, which persisted throughout the study.

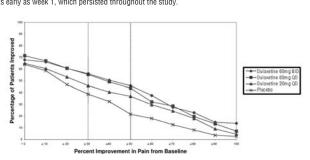


Figure 3: Percentage of Patients Achieving Various Levels of Pain Relief as Measured by 24-Hour Average Pain Severity-DPNP-1

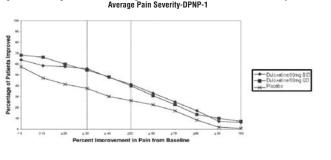


Figure 4: Percentage of Patients Achieving Various Levels of Pain Relief as Measured by 24-Hour Average Pain Severity-DPNP-2

cetine delayed-release capsules is indicated for the management of chronic musculo pain. This has been established in studies in patients with chronic low back pain and chronic pain due Studies in Chronic Low Back Pain

The efficacy of duloxetine delayed-release capsules in chronic low back pain (CLBP) was assessed in two double-blind, placebo-controlled, randomized clinical trials of 13-weeks duration (Study CLBP-1 and Study CLBP-2), and one of 12-weeks duration (CLBP-3). CLBP-1 and CLBP-3 demonstrated efficacy of duloxetine delayed-release capsules in the treatment of chronic low back pain. Patients in all studies had no signs of radiculopathy or spinal stenosis.

Study CLBP-1: Two hundred thirty-six adult patients (N=115 on duloxetine delayed-release Study LEP-7. Two Indirect intiny-six durit patients (N=175 of unioxetine delayed-release capsules, N=121 on placebo) enrolled and 182 (77%) completed 13-week treatment phase. After 7 weeks of treatment, duloxetine delayed-release capsules patients with less than 30% reduction in average daily pain and who were able to tolerate duloxetine delayed-release capsules 60 mg once daily had their dose of duloxetine delayed-release capsules, in a double-blinded fashion, increased to 120 mg once daily for the remainder of the study. Patients had a mean baseline pain rating of 6 on a numerical rating scale ranging from 0 (no pain) to 10 (worst possible pain). After 13 weeks of treatment patients taking duloxetine delayed-release capsules 60 to 120 mg daily had a significantly greater pain reduction compared to placebo. Randomization was stratified by the patients' baseline NSAIDs-use up analyses did not indicate that there were differences in treatment outcomes as a function of NSAIDs use.

Study CLBP-2: Four hundred and four patients were randomized to receive fixed doses of duloxetine delayed-release capsules daily or a matching placebo (N=59 on duloxetine delayed-release capsules 20 mg, N=116 on duloxetine delayed-release capsules 60 mg, N=112 on duloxetine delayed-release capsules 60 mg, N=112 on duloxetine delayed-release capsules 60 mg, N=10 mg, N Study CLBP-3: Four hundred and one patients were randomized to receive fixed doses of duloxetine delayed-release capsules 60 mg daily or placebo (N=198 on duloxetine delayed-release

capsules, N=203 on placebo), and 303 (76%) completed the study. Patients had a mean baseline pain rating of 6 on a numerical rating scale ranging from 0 (no pain) to 10 (worst possible pain). After 12 weeks of treatment, patients taking duloxetine delayed-release capsules 60 mg daily had significantly greater pain reduction compared to placebo. For various degrees of improvement in pain from baseline to study endpoint, Figures 7 and 8 show the fraction of patients in CLBP-1 and CLBP-3 achieving that degree of improvement. The figures are cumulative, so that patients whose change from baseline is, for example, 50%, are also included at every level of improvement below 50%. Patients who did not complete the study were assigned the value of 0% improvement.

Percent Improvement in Pain from Baseline (BOCF)

Figure 7: Percentage of Patients Achieving Various Levels of Pain Relief as Measured by 24-Hour Average Pain Severity – CLBP-1

The imprinting ink contains, butyl alcohol, dehydrated alcohol, isopropyl alcohol, propylene glycol, shellac, and strong ammonia solution. The 20 mg capsule also contains black iron oxide and potassium hydroxide. The 30 mg capsule also contains yellow iron oxide. The 60 mg capsule also contains potassium hydroxide and titanium dioxide.

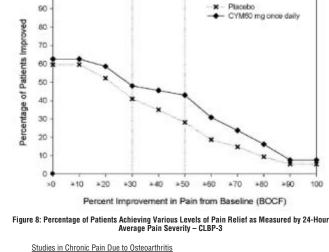
Inactive ingredients: carboxy methyl ethyl cellulose, crospovidone, FD & C Blue 2, gelatin, hypromellose, isopropyl alcohol, polyethylene glycol, polysorbate 80, povidone, sodium lauryl sulfate, sucrose, sugar spheres, talc and titanium dioxide. In addition, the 20 mg and 60 mg capsules also contain iron oxide yellow.

Active ingredient: duloxetine hydrochloride, USP

What are the ingredients in duloxetine delayed-release capsules, USP?

*The brands listed are trademarks of their respective owners and not trademarks of Hetero Labs Limited.

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



Pediatric Use –

CAMBER

ceuticals, Inc

Jeedimetla, Hyderabad - 500 055, India

Manufactured for:

By: **HETERO**TM

Revised: 05/2016

Hetero Labs Limited

Piscataway, NJ 08854

Camber Pharm

Pediatric use information for patients ages 7 to 17 years with GAD is approved for Eli Lilly and Company, Inc.'s CYMBALTA® (duloxetine) delayed-release capsules. However, due to Eli Lilly and Company, Inc.'s marketing exclusivity rights, this drug product is not labeled with that pediatric information. The safety and effectiveness of duloxetine delayed-release capsule have not been established in pediatric patients less than 18 years of age with other indications. [See Use in specific populations (8.4)].

The safety and effectiveness of duloxetine delayed-release capsule have not been established

Interference with Psychomotor Performance - Any psychoactive drug may impair judgment thinking, or motor skills. Although in controlled studies duloxetine delayed-release capsule

has not been shown to impair psychomotor performance, cognitive function, or memory, it may be associated with sedation and dizziness. Therefore, caution patients about operating hazardous machinery including automobiles, until they are reasonably certain that duloxetine delayed-release capsules therapy does not affect their ability to engage in such activities.

in pediatric patients less than 18 years of age with other indications.

The efficacy of duloxetine delayed-release capsules in chronic pain due to osteoarthritis was assessed in 2 double-blind, placebo-controlled, randomized clinical trials of 13-weeks duration (Study OA-1 and Study OA-2). All patients in both studies fulfilled the ACR clinical and radiographic criteria ification of idiopathic osteoarthritis of the knee. Randomization was stratified by the patients or classification in objectific social miles of the time. Harbothization was strainled by the passeline NSAIDs-use status. Patients assigned to dilustrine delayed-release capsules started trin n both studies at a dose of 30 mg once daily for one week. After the first week, the dose of du delayed-release capsules was increased to 60 mg once daily. After 7 weeks of treatment with duloxeting delayed-release capsules 60 mg once daily, in OA-1 patients with sub-optimal response to treatmen < 30% pain reduction) and tolerated duloxetine delayed-release capsules 60 mg once daily had thei dose increased to 120 mg. However, in OA-2, all patients, regardless of their response to treatment after 7 weeks, were re-randomized to either continue receiving duloxetine delayed-release capsules 60 mg once daily or have their dose increased to 120 mg once daily for the remainder of the study. Patients in the placebo treatment groups in both studies received a matching placebo for the entire duration of studies. For both studies, efficacy analyses were conducted using 13-week data from the combined duloxetine delayed-release capsules 60 mg and 120 mg once daily treatment groups

ompared to the placebo group. Study OA-1: Two hundred fifty-six patients (N=128 on duloxetine delayed-release capsules N=128 on placebo) enrolled and 204 (80%) completed the study. Patients had a mean baseline pain rating of 6 on a numerical rating scale ranging from 0 (no pain) to 10 (worst possible pain). After 13 weeks of treatment, patients taking duloxetine delayed-release capsules had significantly greater pain reduction. Subgroup analyses did not indicate that there were differences in treatment outcomes as a function of NSAIDs use.

Study OA-2. Two hundred thirty-one patients (N=111 on duloxetine delayed-release capsules, N=120 on placebo) enrolled and 173 (75%) completed the study. Patients had a mean baseline pain of 6 on a numerical rating scale ranging from 0 (no pain) to 10 (worst possible pain). After 13 weeks of treatment, patients taking duloxetine delayed-release capsules did not show a significantly greate pain reduction In Study OA-1, for various degrees of improvement in pain from baseline to study endpoint Figure 9 shows the fraction of patients achieving that degree of improvement. The figure is cumulative so that patients whose change from baseline is, for example, 50%, are also included at every level o improvement below 50%. Patients who did not complete the study were assigned the value of 0% of the complete the study were assigned the complete the study were of the complete the study were of

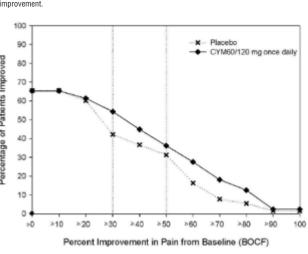


Figure 9: Percentage of Patients Achieving Various Levels of Pain Relief as Measured by 24-Hour Average Pain Severity – 0A-1

16 HOW SUPPLIED/STORAGE AND HANDLING 16.1 How Supplied Duloxetine Delayed-release Capsules USP, 20 mg are Opaque green cap/Opaque green body size '4' hard gelatin capsule imprinted with 'H' on cap and '190' on body, filled with off white colore pellets. They are supplied as follows

(NDC 31722-581-30) Bottles of 30 Capsules Bottles of 60 Cansules (NDC 31722-581-60) Rottles of 100 Cansules (NDC 31722-581-01) Blister Pack of 105 (15x7) Unit-Dose Capsules (NDC 31722-581-32) Duloxetine Delayed-release Capsules USP, 30 mg are Opaque blue cap/ Opaque white body size '3' hard gelatin capsule imprinted with 'H' on cap and '191' on body, filled with off white colored (NDC 31722-582-30)

Bottles of 90 Capsules (NDC 31722-582-90) (NDC 31722-582-01) Bottles of 100 Capsules Blister Card of 7 Unit-Dose Capsules (NDC 31722-582-31) Blister Pack of 105 (15x7) Unit-Dose Capsules (NDC 31722-582-32) Duloxetine Delayed-release Capsules USP, 60 mg are Opaque blue cap/ Opaque green body size '1' hard gelatin capsule imprinted with 'H' on cap and '192' on body, filled with off white colored Bottles of 30 Capsules (NDC 31722-583-30) Bottles of 100 Cansules (NDC 31722-583-01)

Blister Card of 10 Unit-Dose Capsules (NDC 31722-583-31) Blister Pack of 90 (9x10) Unit-Dose Capsules (NDC 31722-583-32) 16.2 Storage and Handling Store at 20° to 25°C (68° to 77°F) [see USP Controlled Room Temperature]

17 PATIENT COUNSELING INFORMATION See FDA-approved patient labeling (Medication Guide).

Information on Medication Guide - Inform patients, their families, and their caregivers about the benefits and risks associated with treatment with duloxetine delayed-release capsules and counsel them in its appropriate use. A patient Medication Guide is available for duloxetine delayed-release capsules. Instruct patients, their families, and their caregivers to read the Medication Guide before starting duloxetine delayed-release capsules and each time their prescription is renewed, and assist them in understanding its contents. Give patients the opportunity to discuss the contents of the Medication Guide and to obtain answers to any questions they may have. The complete text of the Medication Guide is reprinted at the end of this document. Advise patients of the following issues and ask them to alert their prescriber if these occur while taking duloxetine delayed-release capsules.

<u>Suicidal Thoughts and Behaviors</u> - Encourage patients, their families, and their caregivers to be alert to the emergence of anxiety, agitation, panic attacks, insomnia, irritability, hostility, aggressiveness, impulsivity, akathisia (psychomotor restlessness), hypomania mania, other unusual changes in behavior, worsening of depression, and suicidal ideation especially early during antidepressant treatment and when the dose is adjusted up or Advise families and caregivers of patients to observe for the emergence of such symptoms non a day-to-day basis, since changes may be abrupt. Such symptoms should be re to the patient's prescriber or health professional, especially if they are severe, at onset, or were not part of the patient's presenting symptoms. Symptoms such a may be associated with an increased risk for suicidal thinking and behavior and it are defense to result of the patient's presenting the professional and behavior and it is not described by the patients of the patients

a need for very close monitoring and possibly changes in the medication [see Boxed Warning, and Warnings and Precautions (5.1)]. Duloxetine delayed-release capsules should be swallowed whole and should not be chewed or crushed, nor should the capsule be opened and its contents be sprinkled on food or mixed with liquids. All of these might affect the enteric coating. Continuing the Therapy Prescribed - While patients may notice improvement with duloxetine delayed-release capsules therapy in 1 to 4 weeks, advise patients to continue therapy as

Hepatotoxicity - Inform patients that severe liver problems, sometimes fatal, have been reported in patients treated with duloxetine delayed-release capsules. Instruct patients to talk to their healthcare provider if they develop itching, right upper belly pain, dark urine, or yellow skin/eyes while taking duloxetine delayed-release capsules, which may be signs of liver problems. Instruct patients to talk to their healthcare provider about their alcohol consumption. Use of duloxetine delayed release capsules with heavy alcohol intoke may. consumption. Use of duloxetine delayed-release capsules with heavy alcohol intake may be associated with severe liver injury [see Warnings and Precautions (5.2)].

Alcohol - Although duloxetine delayed-release capsules does not increase the impairment of mental and motor skills caused by alcohol, use of duloxetine delayed-release capsule concomitantly with heavy alcohol intake may be associated with severe liver injury. For this reason, duloxetine delayed-release capsules should not be prescribed for patients vith substantial alcohol use [see Warnings and Precautions (5.2) and Drug Interactions

Orthostatic Hypotension, Falls and Syncope - Advise patients of the risk of orthostatic hypotension, falls and syncope, especially during the period of initial use and subsequent dose escalation, and in association with the use of concomitant drugs that might potentiate the orthostatic effect of duloxetine [see Warnings and Precautions (5.3)]. <u>Serotonin Syndrome</u> - Caution patients about the risk of serotonin syndrome with the concomitant use of duloxetine delayed-release capsules and other serotonergic agents including triptans, tricyclic antidepressants, fentanyl, lithium, tramadol, buspi ptophan and St. John's Wort [see Contraindications (4), Warnings and Precautions (5.4), and Drug Interactions (7.14)]. Advise patients of the signs and symptoms associated with serotonin syndrome that may include mental status changes (e.g., agitation, hallucinations, delirium, and coma).

de mental status changes (e.g., agitation, hallucinations, delirium, and coma nomic instability (e.g., tachycardia, labile blood pressure, dizziness, diaphoresis hing, hyperthermia), neuromuscular changes (e.g., tremor, rigidity, myoclonus erreflexia, incoordination), seizures, and/or gastrointestinal symptoms (e.g., nauses vomiting, diarrhea). Caution patients to seek medical care immediately if they experience <u>Abnormal Bleeding</u> - Cautio patients about the concomitant use of duloxetine and NSAIDs, aspirin, warfarin, or other drugs that affect coagulation since combined use of psychotropic drugs that interfere with serotonin reuptake and these agents has been associated with an increased risk of bleeding [see Warnings and Precautions (5.5)].

Severe Skin Reactions - Caution patients that duloxetine delayed-release capsules may cause serious skin reactions. This may need to be treated in a hospital and may be life-threatening. Counsel patients to call their doctor right away or get emergency help if they have skin blisters, peeling rash, sores in their mouth, hives, or any other allergic reactions [see Warnings and Precautions (5.6)]. <u>Discontinuation of Treatment</u> - Instruct patients that discontinuation of duloxetine delayed-release capsules may be associated with symptoms such as dizziness, headache, nausea,

diarrhea, paresthesia, irritability, vomiting, insomnia, anxiety, hyperhidrosis, and fatigue, and should be advised not to alter their dosing regimen, or stop taking duloxetine delayed-release capsules without consulting their physician [see Warnings and Precautions (5.7)]. Activation of Mania or Hypomania - Adequately screen patients with depressive symptoms for risk of bipolar disorder (e.g. family history of suicide, bipolar disorder, and depression) prior to initiating treatment with duloxetine delayed-release capsules. Advise patients to report any signs or symptoms of a manic reaction such as greatly increased energy, severe trouble sleeping, racing thoughts, reckless behavior, talking more or faster than usual, unusually grand ideas, and excessive happiness or irritability [see Warnings and Precautions (5.81)]. Angle-Closure Glaucoma - Advise patients that taking duloxetine delayed-release capsules 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 War and Precautions (5.9)]. <u>Seizures</u> - Advise patients to inform their physician if they have a history of seizure disorder *[see Warnings and Precautions (5.10)].* Effects on Blood Pressure - Caution patients that duloxetine delayed-release capsules may cause an increase in blood pressure [see Warnings and Precautions (5.11)]. Concomitant Medications - Advise patients to inform their physicians if they are taking, or plan to take, any prescription or over-the-counter medications, since there is a potential teractions [see Dosage and Administration (2.8, 2.9), Contraindications (4), Warnings

and Precautions (5.4, 5.12), and Drug Interactions (7)]. <u>Hyponatremia</u> - Advise patients that hyponatremia has been reported as a result of treatment with SNRIs and SSRIs, including duloxetine delayed-release capsules. Advise patients of the signs and symptoms of hyponatremia [see Warnings and Precautions (5.13)]. Concomitant Illnesses - Advise patients to inform their physicians about all of their medical conditions [see Warnings and Precautions (5.14)].

Duloxetine delayed-release capsule is in a class of medicines that may affect urination. Instruct patients to consult with their healthcare provider if they develop any problems with urine flow [see Warnings and Precautions (5.15)]. Pregnancy and Nursing Mothers Advise patients to notify their physician if they:

· become pregnant during therapy · intend to become pregnant during therapy • are nursing [see Use in Specific Populations (8.1, 8.3)]. agitation, hallucinations, coma or other changes in mental status

coordination problems or muscle twitching (overactive reflexes)

racing heartbeat, high or low blood pressure

sweating or fever

nuscle rigidity

dizziness

flushing

tremor

seizures

hanormal bleeding: Duloxetine delayed-release capsules and other antidepressant medicines may increase your risk of bleeding or bruising, especially if you take the blood thinner warfarin (Coumadin, Jantoven), a non-steroidal anti-inflammatory drug (NSAIDs, like ibuprofen or naproxen), or aspirin.

severe skin reactions: Duloxetine delayed-release capsules may cause serious skin reactions that may require stopping its use. This may need to be treated in a hospital and may be life-threatening. Call your health care provider right away or get emergency help if you have skin blisters, peeling rash, sores in the mouth, hives or any other allergic reactions.

discontinuation symptoms: Do not stop duloxetine delayed-release capsules without first talking to your healthcare provider. Stopping duloxetine delayed-release capsules without first talking to your healthcare provider. Stopping duloxetine delayed-release capsules too quickly or changing from another antidepressant too quickly may result in serious symptoms including:

General information about the safe and effective use of duloxetine delayed-release capsules

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. Do not use duloxetine delayed-release capsules for a condition for which it was not prescribed. Do not give duloxetine delayed-release capsules to other people, even if they have the same symptoms that you have. It may harm them.

This Medication Guide summarizes the most important information about duloxetine delayed-release capsules. If you would like more information, talk with your healthcare provider. You may ask your healthcare provider or pharmacist for information about duloxetine delayed-release capsules that is written for healthcare professionals.

For more information, call 1-866-495-1995.

How should I store duloxetine delayed-release capsules? Store duloxetine delayed-release capsules at 20° to 25°C (68° to 77°F) [see USP Controlled Room Temperature]. Keep duloxetine delayed-release capsules and all medicines out of the reach of children.

Call your doctor for medical advice about side effects You may report side effects to 1-800-FDA-1088

These are not all the possible side effects of duloxetine delayed-release capsules. For more information, ask your healthcare provider or pharmacist.

Tell your healthcare provider if you have any side effect that bothers you or that does not go away.

• increase risk of falls, especially in elderly.

Serotonin Syndrome -This condition can be life-threatening and symptoms may include:

increase your blood pressure.
 decrease your blood pressure when standing and cause dizziness or fainting mostly when first starting duloxetine delayed-release capsules or when increasing the dose.

changes in blood pressure and falls. Monitor your blood pressure before starting and throughout treatment. Duloxetine delayed-release capsules may:

enlarged liverincreased liver enzymes right upper abdominal pain dark urine yellow skin or eyes

Side effects in adults may also occur in children and adolescents who take duloxetine delayed-release capsules. Children and adolescents should have height and weight monitored during treatment.

liver damage. Symptoms may include:

Common possible side effects in people who take duloxetine delayed-release capsules include:

decreased weight

Common possible side effects in children and adolescents who take duloxetine delayed-release capsules include:

Duloxetine delayed-release capsules may cause serious side effects, including: See "What is the most important information I should know about duloxetine delayed-release capsules?"

What are the possible side effects of duloxetine delayed-release capsules?

dry mouth