Clinical trial results:
An Open-Lable, Single-Arm, Multicenter Study of Levetiracetam as Monotherapy or Adjunctive Treatment of Partial Seizures in Pediatric Epileptic Subjects Ranging From 1 Month to Less Than 4 Years of Age

Summary

EudraCT number	2021-003372-13
Trial protocol	Outside EU/EEA
Global end of trial date	28 July 2023

Results information

Result version number	v2 (current)
This version publication date	03 August 2024
First version publication date	19 January 2024
Version creation reason	• Correction of full data set Alignment with final posting on ClinicalTrials.gov after NIH review.

Trial information

Trial identification

Sponsor protocol code	EP0100

Additional study identifiers

ISRCTN number	-
ClinicalTrials.gov id (NCT number)	NCT03340064
WHO universal trial number (UTN)	-

Notes:

Sponsors

Sponsor organisation name	UCB Japan Co. Ltd.
Sponsor organisation address	Shinjuku Grand Tower, 8-17-1 Nishi-Shinjuku, Shinjuku-ku, Tokyo, Japan, 160-0023
Public contact	Clin Trial Reg & Results Disclosure, UCB BIOSCIENCES GmbH, clinicaltrials@ucb.com
Scientific contact	Clin Trial Reg & Results Disclosure, UCB BIOSCIENCES GmbH, clinicaltrials@ucb.com

Notes:

Paediatric regulatory details

Is trial part of an agreed paediatric investigation plan (PIP)	No
Does article 45 of REGULATION (EC) No 1901/2006 apply to this trial?	No
Does article 46 of REGULATION (EC) No 1901/2006 apply to this trial?	Yes

Notes:

Results analysis stage

Analysis stage	Final
Date of interim/final analysis	29 August 2023
Is this the analysis of the primary completion data?	Yes
Primary completion date	01 June 2021
Global end of trial reached?	Yes
Global end of trial date	28 July 2023
Was the trial ended prematurely?	No

Notes:

General information about the trial

Main objective of the trial:

To confirm the efficacy of Levetiracetam (LEV) in reducing seizure frequency in the First Period compared to historical control as adjunctive treatment in pediatric epilepsy subjects aged 1 month to <4 years with partial seizures.

Protection of trial subjects:

During the conduct of the study all participants were closely monitored.

Background therapy:

Adjunctive therapy must be on a stable maximum of two AED regimens, and Monotherapy must not receive AED treatment.

Evidence for comparator:

Not applicable.

Actual start date of recruitment	30 November 2017
Long term follow-up planned	Yes
Long term follow-up rationale	Efficacy
Long term follow-up duration	5 Years
Independent data monitoring committee (IDMC) involvement?	No

Notes:

Population of trial subjects

Subjects enrolled per country

Country: Number of subjects enrolled	Japan: 38
Worldwide total number of subjects	38
EEA total number of subjects	0

Notes:

Subjects enrolled per age group

In utero	0
Preterm newborn - gestational age < 37 wk	0
Newborns (0-27 days)	0
Infants and toddlers (28 days-23 months)	29
Children (2-11 years)	9
Adolescents (12-17 years)	0
Adults (18-64 years)	0

From 65 to 84 years	0
85 years and over	0

Subject disposition

Recruitment

Recruitment details:

The study started to enroll participants in November 2017 and concluded in July 2023.

Pre-assignment

Screening details:

Participant Flow refers to the Safety Set Adjunctive therapy (SS_A) and Safety Set Monotherapy (SS_M).

Period 1

Period 1 title	First Period
Is this the baseline period?	Yes
Allocation method	Not applicable
Blinding used	Not blinded

Arms

Are arms mutually exclusive?	Yes
Arm title	Levetiracetam: Adjunctive Therapy

Arm description:

Participants aged 1 month to less than (<) 6 months received LEV 14 milligram per kilogram per day (mg/kg/day) as adjunctive therapy at Visit 3 (Week 0) of First Period and dose up titrated up to 42 mg/kg/day. Participants aged 6 months to <4 years received LEV 20 mg/kg/day at Visit 3(Week 0) of first period and dose up titrated up to maximum of 60 mg/kg/day up to 6 weeks. Dose increased by 2 weeks interval per Investigator's discretion. At Visit 6 (Week 6), dose of participants either down-titrated during 4 weeks interval or they entered in second period and continued LEV 14 to 42 mg/kg/day in participants aged 1 month to <6 months or LEV 20 to 60 mg/kg/day for participants aged greater than or equal to (≥) 6 months <4 years. Participants visited every 4 weeks for first 6 months of administration and then every 12 weeks thereafter until approval or till program discontinued. Dose down-titrated during 4 weeks Interval at discretion of Investigator.

Arm type	Experimental
Investigational medicinal product name	Levetiracetam
Investigational medicinal product code	LEV
Other name	Keppra and E-Keppra
Pharmaceutical forms	Syrup
Routes of administration	Oral use

Dosage and administration details:

Participants received LEV as prespecified.

Arm title	Levetiracetam: Monotherapy

Arm description:

Participants aged 1 month to < 6 months received LEV 14 mg/kg/day as monotherapy at Visit 3 (Week 0) of First Period and dose up titrated up to 42 mg/kg/day. Participants aged 6 months to <4 years received LEV 20 mg/kg/day at Visit 3 (Week 0) of first period and dose up titrated up to a maximum of 60 mg/kg/day up to 6 weeks. The dose was increased by 2 weeks interval as per Investigator's discretion. At Visit 6 (Week 6), dose of participants either down-titrated during 4 weeks interval or they entered in second period and continued LEV 14 to 42 mg/kg/day in participants aged 1 month to <6 months or LEV 20 to 60 mg/kg/day for participants aged ≥ 6 months <4 years at the discretion of the Investigator. Participants visited every 4 weeks for the first 6 months of administration and then every 12 weeks thereafter until approval or till the program discontinued. The dose down-titrated during 4 weeks Interval at the discretion of Investigator.

Arm type	Experimental

Investigational medicinal product name	Levetiracetam
Investigational medicinal product code	LEV
Other name	Keppra and E-Keppra
Pharmaceutical forms	Syrup
Routes of administration	Oral use

Dosage and administration details:

Participants received LEV as prespecified.

Number of subjects in period 1	Levetiracetam: Adjunctive Therapy	Levetiracetam: Monotherapy
Started	32	6
Completed	27	6
Not completed	5	0
Adverse Event, non-fatal	2	-
Lack of efficacy	3	-

Period 2

Period 2 title	Second Period
Is this the baseline period?	No
Allocation method	Not applicable
Blinding used	Not blinded

Arms

Are arms mutually exclusive?	Yes
Arm title	Levetiracetam: Adjunctive Therapy

Arm description:

Participants aged 1 month to less than (<) 6 months received LEV 14 milligram per kilogram per day (mg/kg/day) as adjunctive therapy at Visit 3 (Week 0) of First Period and dose up titrated up to 42 mg/kg/day. Participants aged 6 months to <4 years received LEV 20 mg/kg/day at Visit 3(Week 0) of first period and dose up titrated up to maximum of 60 mg/kg/day up to 6 weeks. Dose increased by 2 weeks interval per Investigator's discretion. At Visit 6 (Week 6), dose of participants either down-titrated during 4 weeks interval or they entered in second period and continued LEV 14 to 42 mg/kg/day in participants aged 1 month to <6 months or LEV 20 to 60 mg/kg/day for participants aged greater than or equal to (≥) 6 months <4 years. Participants visited every 4 weeks for first 6 months of administration and then every 12 weeks thereafter until approval or till program discontinued. Dose down-titrated during 4 weeks Interval at discretion of Investigator.

Arm type	Experimental
Investigational medicinal product name	Levetiracetam
Investigational medicinal product code	
Other name	
Pharmaceutical forms	Syrup
Routes of administration	Oral use

Dosage and administration details:

Participants received LEV as prespecified.

Arm title	Levetiracetam: Monotherapy

Arm description:

Participants aged 1 month to < 6 months received LEV 14 mg/kg/day as monotherapy at Visit 3 (Week

0) of First Period and dose up titrated up to 42 mg/kg/day. Participants aged 6 months to <4 years received LEV 20 mg/kg/day at Visit 3 (Week 0) of first period and dose up titrated up to a maximum of 60 mg/kg/day up to 6 weeks. The dose was increased by 2 weeks interval as per Investigator's discretion. At Visit 6 (Week 6), dose of participants either down-titrated during 4 weeks interval or they entered in second period and continued LEV 14 to 42 mg/kg/day in participants aged 1 month to <6 months or LEV 20 to 60 mg/kg/day for participants aged ≥ 6 months <4 years at the discretion of the Investigator. Participants visited every 4 weeks for the first 6 months of administration and then every 12 weeks thereafter until approval or till the program discontinued. The dose down-titrated during 4 weeks Interval at the discretion of Investigator.

Arm type	Experimental
Investigational medicinal product name	Levetiracetam
Investigational medicinal product code	
Other name	
Pharmaceutical forms	Syrup
Routes of administration	Oral use

Dosage and administration details:

Participants received LEV as prespecified.

Number of subjects in period 2	Levetiracetam: Adjunctive Therapy	Levetiracetam: Monotherapy
Started	27	6
Completed	8	4
Not completed	19	2
Physician decision	3	-
Consent withdrawn by subject	2	1
Adverse Event, non-fatal	1	1
Approved Drug Available For Indication	1	-
Protocol-Specified Withdrawal Criterion Met	1	-
Lack of efficacy	11	-

Baseline characteristics

Reporting groups	
Reporting group title	Levetiracetam: Adjunctive Therapy

Reporting group description:

Participants aged 1 month to less than (<) 6 months received LEV 14 milligram per kilogram per day (mg/kg/day) as adjunctive therapy at Visit 3 (Week 0) of First Period and dose up titrated up to 42 mg/kg/day. Participants aged 6 months to <4 years received LEV 20 mg/kg/day at Visit 3(Week 0) of first period and dose up titrated up to maximum of 60 mg/kg/day up to 6 weeks. Dose increased by 2 weeks interval per Investigator's discretion. At Visit 6 (Week 6), dose of participants either down-titrated during 4 weeks interval or they entered in second period and continued LEV 14 to 42 mg/kg/day in participants aged 1 month to <6 months or LEV 20 to 60 mg/kg/day for participants aged greater than or equal to (≥) 6 months <4 years. Participants visited every 4 weeks for first 6 months of administration and then every 12 weeks thereafter until approval or till program discontinued. Dose down-titrated during 4 weeks Interval at discretion of Investigator.

Reporting group title	Levetiracetam: Monotherapy

Reporting group description:

Participants aged 1 month to < 6 months received LEV 14 mg/kg/day as monotherapy at Visit 3 (Week 0) of First Period and dose up titrated up to 42 mg/kg/day. Participants aged 6 months to <4 years received LEV 20 mg/kg/day at Visit 3 (Week 0) of first period and dose up titrated up to a maximum of 60 mg/kg/day up to 6 weeks. The dose was increased by 2 weeks interval as per Investigator's discretion. At Visit 6 (Week 6), dose of participants either down-titrated during 4 weeks interval or they entered in second period and continued LEV 14 to 42 mg/kg/day in participants aged 1 month to <6 months or LEV 20 to 60 mg/kg/day for participants aged ≥ 6 months <4 years at the discretion of the Investigator. Participants visited every 4 weeks for the first 6 months of administration and then every 12 weeks thereafter until approval or till the program discontinued. The dose down-titrated during 4 weeks Interval at the discretion of Investigator.

Reporting group values	Levetiracetam: Adjunctive Therapy	Levetiracetam: Monotherapy	Total
Number of subjects	32	6	38
Age Categorical Units: Participants			
28 days - <24 months	26	3	29
24 months - <12 years	6	3	9
Age Continuous Units: Years			
arithmetic mean	14.7	32.4	
standard deviation	± 10.7	± 13.2	-
Sex: Female, Male Units: Participants			
Female	15	5	20
Male	17	1	18

End points

End points reporting groups

Reporting group title	Levetiracetam: Adjunctive Therapy

Reporting group description:

Participants aged 1 month to less than (<) 6 months received LEV 14 milligram per kilogram per day (mg/kg/day) as adjunctive therapy at Visit 3 (Week 0) of First Period and dose up titrated up to 42 mg/kg/day. Participants aged 6 months to <4 years received LEV 20 mg/kg/day at Visit 3(Week 0) of first period and dose up titrated up to maximum of 60 mg/kg/day up to 6 weeks. Dose increased by 2 weeks interval per Investigator's discretion. At Visit 6 (Week 6), dose of participants either down-titrated during 4 weeks interval or they entered in second period and continued LEV 14 to 42 mg/kg/day in participants aged 1 month to <6 months or LEV 20 to 60 mg/kg/day for participants aged greater than or equal to (≥) 6 months <4 years. Participants visited every 4 weeks for first 6 months of administration and then every 12 weeks thereafter until approval or till program discontinued. Dose down-titrated during 4 weeks Interval at discretion of Investigator.

Reporting group title	Levetiracetam: Monotherapy

Reporting group description:

Participants aged 1 month to < 6 months received LEV 14 mg/kg/day as monotherapy at Visit 3 (Week 0) of First Period and dose up titrated up to 42 mg/kg/day. Participants aged 6 months to <4 years received LEV 20 mg/kg/day at Visit 3 (Week 0) of first period and dose up titrated up to a maximum of 60 mg/kg/day up to 6 weeks. The dose was increased by 2 weeks interval as per Investigator's discretion. At Visit 6 (Week 6), dose of participants either down-titrated during 4 weeks interval or they entered in second period and continued LEV 14 to 42 mg/kg/day in participants aged 1 month to <6 months or LEV 20 to 60 mg/kg/day for participants aged ≥ 6 months <4 years at the discretion of the Investigator. Participants visited every 4 weeks for the first 6 months of administration and then every 12 weeks thereafter until approval or till the program discontinued. The dose down-titrated during 4 weeks Interval at the discretion of Investigator.

Reporting group title	Levetiracetam: Adjunctive Therapy

Reporting group description:

Participants aged 1 month to less than (<) 6 months received LEV 14 milligram per kilogram per day (mg/kg/day) as adjunctive therapy at Visit 3 (Week 0) of First Period and dose up titrated up to 42 mg/kg/day. Participants aged 6 months to <4 years received LEV 20 mg/kg/day at Visit 3(Week 0) of first period and dose up titrated up to maximum of 60 mg/kg/day up to 6 weeks. Dose increased by 2 weeks interval per Investigator's discretion. At Visit 6 (Week 6), dose of participants either down-titrated during 4 weeks interval or they entered in second period and continued LEV 14 to 42 mg/kg/day in participants aged 1 month to <6 months or LEV 20 to 60 mg/kg/day for participants aged greater than or equal to (≥) 6 months <4 years. Participants visited every 4 weeks for first 6 months of administration and then every 12 weeks thereafter until approval or till program discontinued. Dose down-titrated during 4 weeks Interval at discretion of Investigator.

Reporting group title	Levetiracetam: Monotherapy

Reporting group description:

Participants aged 1 month to < 6 months received LEV 14 mg/kg/day as monotherapy at Visit 3 (Week 0) of First Period and dose up titrated up to 42 mg/kg/day. Participants aged 6 months to <4 years received LEV 20 mg/kg/day at Visit 3 (Week 0) of first period and dose up titrated up to a maximum of 60 mg/kg/day up to 6 weeks. The dose was increased by 2 weeks interval as per Investigator's discretion. At Visit 6 (Week 6), dose of participants either down-titrated during 4 weeks interval or they entered in second period and continued LEV 14 to 42 mg/kg/day in participants aged 1 month to <6 months or LEV 20 to 60 mg/kg/day for participants aged ≥ 6 months <4 years at the discretion of the Investigator. Participants visited every 4 weeks for the first 6 months of administration and then every 12 weeks thereafter until approval or till the program discontinued. The dose down-titrated during 4 weeks Interval at the discretion of Investigator.

Primary: Percent change in partial seizure frequency per week from Baseline to Visit 6

End point title	Percent change in partial seizure frequency per week from Baseline to Visit 6[1][2]

End point description:

The percent difference in partial seizure frequency per week at Baseline and Study Visit 6 (Week 6) was computed as: {[(Number of partial seizures per week at Baseline) minus (Number of partial seizures per

week at Study Visit 6)] divided by (Number of partial seizures per week at Baseline)} multiplied by 100. A positive value in percent difference from Baseline indicates a reduction in partial seizure frequency from Baseline. The Full Analysis Set Adjunctive therapy (FAS_A) consisted of all participants in the SS_A who had at least 1 post-Baseline efficacy assessment. Number of participants analyzed included those participants who were evaluable for the assessment.

End point type	Primary

End point timeframe:

From Baseline (Week 0) to Visit 6 (up to Week 6)

Notes:

[1] - No statistical analyses have been specified for this primary end point. It is expected there is at least one statistical analysis for each primary end point.
Justification: Results were summarized and reported as descriptive statistics only for the single arm.

[2] - The end point is not reporting statistics for all the arms in the baseline period. It is expected all the baseline period arms will be reported on when providing values for an end point on the baseline period.
Justification: Inferential statistics are reported as descriptive statistics because the study is a single arm study.

End point values	Levetiracetam: Adjunctive Therapy			
Subject group type	Reporting group			
Number of subjects analysed	28			
Units: percent change				
median (confidence interval 95%)	24.24 (-25.48 to 51.85)			

Statistical analyses

No statistical analyses for this end point

Secondary: Percent change from baseline for each analysis visit in partial seizure frequency per week on adjunctive therapy

End point title	Percent change from baseline for each analysis visit in partial seizure frequency per week on adjunctive therapy[3]

End point description:

Percent difference in partial seizure frequency (PSF) per week (Wk) at each Analysis Visit: {[(Number of partial seizures [PS] per week at Baseline [BL]) - (Number of partial seizures per week at analysis visit X)]/(Number of partial seizures per week at BL)}*100. Positive value indicates reduction in PSF from BL. End of study (EOS)/early discontinuation visit (EDV) was based on last EDV and calculation of number of partial seizure per week were based on period from previous EDV visit. Mapping of seizure data to Analysis Visits was based on target dates of the visits. A seizure date after that of target date of an Analysis Visit n and up to that of target date of next Analysis Visit n+1 was mapped to next Analysis Visit (n+1). Data for one participant assessed within study duration was mapped to Analysis Visit 35/Week 300 based on statistical plan. Analysis set: FAS_A. Here, N = participants evaluable for this outcome measure. 'n' = participants evaluable at specified time points.

End point type	Secondary

End point timeframe:

From Baseline (Week 0), Week 8, 10, 12, 15, 18, 21, 24, 27, 30, 36, 48, 60, 72, 84, 96, 108, 120, 132, 144, 156, 168, 180, 192, 204, 216, 228, 240, 252, 264, 276, 288, 300, EOS/ED (up to Week 295), and Safety follow-up (up to Week 295)

Notes:

[3] - The end point is not reporting statistics for all the arms in the baseline period. It is expected all the baseline period arms will be reported on when providing values for an end point on the baseline period.
Justification: Data of this outcome measure was analyzed and reported for participants on adjunctive therapy.

End point values	Levetiracetam: Adjunctive Therapy			
Subject group type	Reporting group			
Number of subjects analysed	25			
Units: percent change				
median (full range (min-max))				
Week 8 (n = 25)	35.53 (-137.9 to 100.0)			
Week 10 (n = 24)	59.39 (-138.2 to 100.0)			
Week 12 (n = 22)	50.90 (-167.8 to 100.0)			
Week 15 (n = 22)	60.29 (-129.4 to 100.0)			
Week 18 (n = 20)	82.74 (-22.3 to 100.0)			
Week 21 (n = 20)	80.33 (-44.1 to 100.0)			
Week 24 (n = 19)	88.44 (-97.8 to 100.0)			
Week 27 (n = 18)	93.84 (-4.8 to 100.0)			
Week 30 (n = 17)	98.05 (-4.8 to 100.0)			
Week 36 (n = 16)	100.00 (-94.5 to 100.0)			
Week 48 (n = 16)	98.70 (-28.4 to 100.0)			
Week 60 (n = 13)	100.00 (44.7 to 100.0)			
Week 72 (n = 13)	100.00 (32.0 to 100.0)			
Week 84 (n = 13)	100.00 (62.9 to 100.0)			
Week 96 (n = 12)	99.57 (78.2 to 100.0)			
Week 108 (n = 11)	100.00 (-48.0 to 100.0)			
Week 120 (n = 10)	100.00 (80.4 to 100.0)			
Week 132 (n = 8)	100.00 (50.7 to 100.0)			
Week 144 (n = 7)	100.00 (93.4 to 100.0)			
Week 156 (n = 6)	99.76 (93.5 to 100.0)			
Week 168 (n = 6)	99.74 (90.7 to 100.0)			
Week 180 (n = 6)	99.02 (86.1 to 100.0)			
Week 192 (n = 6)	99.76 (85.5 to 100.0)			
Week 204 (n = 5)	97.94 (78.3 to 100.0)			
Week 216 (n = 5)	96.58 (81.4 to 100.0)			
Week 228 (n = 3)	97.12 (96.6 to 100.0)			
Week 240 (n = 3)	96.36 (86.8 to 100.0)			

Week 252 (n = 2)	91.12 (85.3 to 96.9)			
Week 264 (n = 2)	96.91 (95.8 to 98.0)			
Week 276 (n = 2)	96.40 (95.2 to 97.6)			
Week 288 (n = 2)	96.14 (94.2 to 98.0)			
Week 300 (n = 1)	89.7 (89.7 to 89.7)			
EOS/EDV (n = 10)	21.86 (-120.1 to 100.0)			
Safety Follow Up (n = 24)	39.82 (-267.8 to 100.0)			

Statistical analyses

No statistical analyses for this end point

Secondary: Percent change in partial seizure frequency per week from Baseline to Visit 4

End point title	Percent change in partial seizure frequency per week from Baseline to Visit 4[4]

End point description:

The percent difference in partial seizure frequency per week at Baseline and Study Visit 4 (Week 2) was computed as: {[(Number of partial seizures per week at Baseline) minus (Number of partial seizures per week at Study Visit 4)] divided by (Number of partial seizures per week at Baseline)} multiplied by 100. A positive value in percent difference from Baseline indicates a reduction in partial seizure frequency from Baseline. The FAS_A consisted of all participants in the SS_A who had at least 1 post-Baseline efficacy assessment.

End point type	Secondary

End point timeframe:

From Baseline (Week 0) to Visit 4 (up to Week 2)

Notes:

[4] - The end point is not reporting statistics for all the arms in the baseline period. It is expected all the baseline period arms will be reported on when providing values for an end point on the baseline period. Justification: Data of this outcome measure was analyzed and reported for participants on adjunctive therapy.

End point values	Levetiracetam: Adjunctive Therapy			
Subject group type	Reporting group			
Number of subjects analysed	32			
Units: percent change				
median (full range (min-max))	8.62 (-343.1 to 100.0)			

Statistical analyses

No statistical analyses for this end point

Secondary: Percent change in partial seizure frequency per week from Baseline to

Visit 5

End point title	Percent change in partial seizure frequency per week from Baseline to Visit 5[5]

End point description:

The percent difference in partial seizure frequency per week at Baseline and Study Visit 5 (Week 4) was computed as: {[(Number of partial seizures per week at Baseline) minus (Number of partial seizures per week at Study Visit 5)] divided by (Number of partial seizures per week at Baseline)} multiplied by 100. A positive value in percent difference from Baseline indicates a reduction in partial seizure frequency from Baseline. The FAS_A consisted of all participants in the SS_A who had at least 1 post-Baseline efficacy assessment.

End point type	Secondary

End point timeframe:

From Baseline (Week 0) to Visit 5 (up to Week 4)

Notes:

[5] - The end point is not reporting statistics for all the arms in the baseline period. It is expected all the baseline period arms will be reported on when providing values for an end point on the baseline period. Justification: Data of this outcome measure was analyzed and reported for participants on adjunctive therapy.

End point values	Levetiracetam: Adjunctive Therapy			
Subject group type	Reporting group			
Number of subjects analysed	32			
Units: percent change				
median (full range (min-max))	16.79 (-414.3 to 100.0)			

Statistical analyses

No statistical analyses for this end point

Secondary: Percentage of participants with a percent change in partial seizure frequency per week of <0%, 0% to <25%, 25% to <50%, ≥50%, ≥75%, or 100% on adjunctive therapy

End point title	Percentage of participants with a percent change in partial seizure frequency per week of <0%, 0% to <25%, 25% to <50%, ≥50%, ≥75%, or 100% on adjunctive therapy[6]

End point description:

Percent difference in PSF per Wk at BL and each analysis visit:{[(Number (No.) of PS per Wk at BL)-(No. of PS per Wk at analysis visit X)]/(No. of PS per Wk at BL)}*100. Percent difference in PSF per Wk from BL for each participant and analysis visit were mapped into 6 categories:<0%, 0% - <25%, 25% - <50%, ≥50%, ≥75%, and 100%, then % of participants in these categories derived using no. of participants at risk at each previous analysis visit as denominator. Positive value=reduction in PSF from BL. Categories ≥50%, ≥75% and 100% are overlapping, so % of categories can add up to more than 100%. Mapping of seizure data to Analysis Visits was based on target dates of visits. Seizure date after target date of Analysis Visit n and up to that of target date of next Visit n+1 was mapped to next Visit (n+1). Data for 1 participant assessed within study duration mapped to Analysis Visit 35/ Wk 300 based on statistical plan. FAS_M. n=participants at risk at each previous analysis visit (X-1).

End point type	Secondary

End point timeframe:

From Baseline (Week 0), Week 2, 4, 6, 8, 10, 12, 15, 18, 21, 24, 27, 30, 36, 48, 60, 72, 84, 96, 108, 120, 132, 144, 156, 168, 180, 192, 204, 216, 228, 240, 252, 264, 276, 288, 300, EOS/EDV Week 2, EOS/EDV Week 4, and Safety follow-up (up to Week 295)

Notes:

[6] - The end point is not reporting statistics for all the arms in the baseline period. It is expected all the baseline period arms will be reported on when providing values for an end point on the baseline period.
Justification: Data of this outcome measure was analyzed and reported for participants on adjunctive therapy.

End point values	Levetiracetam: Adjunctive Therapy			
Subject group type	Reporting group			
Number of subjects analysed	32			
Units: percentage of participants				
number (not applicable)				
Week 2: <0% (n = 32)	43.8			
Week 2: 0% - <25% (n = 32)	18.8			
Week 2: 25% - <50% (n = 32)	9.4			
Week 2: ≥ 50% (n = 32)	28.1			
Week 2: ≥ 75% (n = 32)	12.5			
Week 2: 100% (n = 32)	9.4			
Week 4: <0% (n = 32)	37.5			
Week 4: 0% - <25% (n = 32)	18.8			
Week 4: 25% - <50% (n = 32)	15.6			
Week 4: ≥ 50% (n = 32)	28.1			
Week 4: ≥ 75% (n = 32)	18.8			
Week 4: 100% (n = 32)	9.4			
Week 6: <0% (n = 32)	31.3			
Week 6: 0% - <25% (n = 32)	15.6			
Week 6: 25% - <50% (n = 32)	12.5			
Week 6: ≥ 50% (n = 32)	28.1			
Week 6: ≥ 75% (n = 32)	18.8			
Week 6: 100% (n = 32)	15.6			
Week 8: <0% (n = 28)	21.4			
Week 8: 0% - <25% (n = 28)	14.3			
Week 8: 25% - <50% (n = 28)	17.9			
Week 8: ≥ 50% (n = 28)	35.7			
Week 8: ≥ 75% (n = 28)	25.0			
Week 8: 100% (n = 28)	17.9			
Week 10: <0% (n = 25)	24.0			
Week 10: 0% - <25% (n = 25)	12.0			
Week 10: 25% - <50% (n = 25)	8.0			
Week 10: ≥ 50% (n = 25)	52.0			
Week 10: ≥ 75% (n = 25)	28.0			
Week 10: 100% (n = 25)	20.0			
Week 12: <0% (n = 24)	20.8			
Week 12: 0% - <25% (n = 24)	4.2			
Week 12: 25% - <50% (n = 24)	20.8			
Week 12: ≥ 50% (n = 24)	45.8			
Week 12: ≥ 75% (n = 24)	37.5			
Week 12: 100% (n = 24)	25.0			
Week 15: <0% (n = 22)	13.6			
Week 15: 0% - <25% (n = 22)	9.1			
Week 15: 25% - <50% (n = 22)	13.6			
Week 15: ≥ 50% (n = 22)	63.6			

Week 15: ≥ 75% (n = 22)	36.4			
Week 15: 100% (n = 22)	27.3			
Week 18: <0% (n = 22)	9.1			
Week 18: 0% - <25% (n = 22)	4.5			
Week 18: 25% - <50% (n = 22)	9.1			
Week 18: ≥ 50% (n = 22)	68.2			
Week 18: ≥ 75% (n = 22)	54.5			
Week 18: 100% (n = 22)	31.8			
Week 21: <0% (n = 20)	10.0			
Week 21: 0% - <25% (n = 20)	5.0			
Week 21: 25% - <50% (n = 20)	5.0			
Week 21: ≥ 50% (n = 20)	80.0			
Week 21: ≥ 75% (n = 20)	55.0			
Week 21: 100% (n = 20)	30.0			
Week 24: <0% (n = 20)	10.0			
Week 24: 0% - <25% (n = 20)	10.0			
Week 24: 25% - <50% (n = 20)	5.0			
Week 24: ≥ 50% (n = 20)	70.0			
Week 24: ≥ 75% (n = 20)	55.0			
Week 24: 100% (n = 20)	40.0			
Week 27: <0% (n = 19)	5.3			
Week 27: 0% - <25% (n = 19)	5.3			
Week 27: 25% - <50% (n = 19)	10.5			
Week 27: ≥ 50% (n = 19)	73.7			
Week 27: ≥ 75% (n = 19)	52.6			
Week 27: 100% (n = 19)	36.8			
Week 30: <0% (n = 18)	5.6			
Week 30: 0% - <25% (n = 18)	11.1			
Week 30: 25% - <50% (n = 18)	5.6			
Week 30: ≥ 50% (n = 18)	72.2			
Week 30: ≥ 75% (n = 18)	55.6			
Week 30: 100% (n = 18)	44.4			
Week 36: <0% (n = 17)	11.8			
Week 36: 0% - <25% (n = 17)	5.9			
Week 36: 25% - <50% (n = 17)	0			
Week 36: ≥ 50% (n = 17)	76.5			
Week 36: ≥ 75% (n = 17)	70.6			
Week 36: 100% (n = 17)	52.9			
Week 48: <0% (n = 16)	6.3			
Week 48: 0% - <25% (n = 16)	12.5			
Week 48: 25% - <50% (n = 16)	6.3			
Week 48: ≥ 50% (n = 16)	75.0			
Week 48: ≥ 75% (n = 16)	75.0			
Week 48:100% (n = 16)	43.8			
Week 60: <0% (n = 16)	0			
Week 60: 0% - <25% (n = 16)	0			
Week 60: 25% - <50% (n = 16)	6.3			
Week 60: ≥ 50% (n = 16)	75.0			
Week 60: ≥ 75% (n = 16)	68.8			
Week 60: 100% (n = 16)	43.8			
Week 72: <0% (n = 13)	0			
Week 72: 0% - <25% (n = 13)	0			

Week 72: 25% - <50% (n = 13)	7.7			
Week 72: ≥ 50% (n = 13)	92.3			
Week 72: ≥ 75% (n = 13)	76.9			
Week 72: 100% (n = 13)	53.8			
Week 84: <0% (n = 13)	0			
Week 84: 0% - <25% (n = 13)	0			
Week 84: 25% - <50% (n = 13)	0			
Week 84: ≥ 50% (n = 13)	100			
Week 84: ≥ 75% (n = 13)	84.6			
Week 84: 100% (n = 13)	53.8			
Week 96: <0% (n = 13)	0			
Week 96: 0% - <25% (n = 13)	0			
Week 96: 25% - <50% (n = 13)	0			
Week 96: ≥ 50% (n = 13)	92.3			
Week 96: ≥ 75% (n = 13)	92.3			
Week 96: 100% (n = 13)	46.2			
Week 108: <0% (n = 12)	8.3			
Week 108: 0% - <25% (n = 12)	0			
Week 108: 25% - <50% (n = 12)	0			
Week 108: ≥ 50% (n = 12)	83.3			
Week 108: ≥ 75% (n = 12)	75.0			
Week 108: 100% (n = 12)	50.0			
Week 120: <0% (n = 11)	0			
Week 120: 0% - <25% (n = 11)	0			
Week 120: 25% - <50% (n = 11)	0			
Week 120: ≥ 50% (n = 11)	90.9			
Week 120: ≥ 75% (n = 11)	90.9			
Week 120: 100% (n = 11)	63.6			
Week 132: <0% (n = 10)	0			
Week 132: 0% - <25% (n = 10)	0			
Week 132: 25% - <50% (n = 10)	0			
Week 132: ≥ 50% (n = 10)	80.0			
Week 132: ≥ 75% (n = 10)	70.0			
Week 132: 100% (n = 10)	50.0			
Week 144: <0% (n = 8)	0			
Week 144: 0% - <25% (n = 8)	0			
Week 144: 25% - <50% (n = 8)	0			
Week 144: ≥ 50% (n = 8)	87.5			
Week 144: ≥ 75% (n = 8)	87.5			
Week 144: 100% (n = 8)	50.0			
Week 156: <0% (n = 7)	0			
Week 156: 0% - <25% (n = 7)	0			
Week 156: 25% - <50% (n = 7)	0			
Week 156: ≥ 50% (n = 7)	85.7			
Week 156: ≥ 75% (n = 7)	85.7			
Week 156: 100% (n = 7)	42.9			
Week 168: <0% (n = 6)	0			
Week 168: 0% - <25% (n = 6)	0			
Week 168: 25% - <50% (n = 6)	0			
Week 168: ≥ 50% (n = 6)	100			
Week 168: ≥ 75% (n = 6)	100			
Week 168: 100% (n = 6)	50.0			

Week 180: <0% (n = 6)	0			
Week 180: 0% - <25% (n = 6)	0			
Week 180: 25% - <50% (n = 6)	0			
Week 180: ≥ 50% (n = 6)	100			
Week 180: ≥ 75% (n = 6)	100			
Week 180: 100% (n = 6)	50.0			
Week 192: <0% (n = 6)	0			
Week 192: 0% - <25% (n = 6)	0			
Week 192: 25% - <50% (n = 6)	0			
Week 192: ≥ 50% (n = 6)	100			
Week 192: ≥ 75% (n = 6)	100			
Week 192: 100% (n = 6)	50.0			
Week 204: <0% (n = 6)	0			
Week 204: 0% - <25% (n = 6)	0			
Week 204: 25% - <50% (n = 6)	0			
Week 204: ≥ 50% (n = 6)	83.3			
Week 204: ≥ 75% (n = 6)	83.3			
Week 204: 100% (n = 6)	16.7			
Week 216: <0% (n = 5)	0			
Week 216: 0% - <25% (n = 5)	0			
Week 216: 25% - <50% (n = 5)	0			
Week 216: ≥ 50% (n = 5)	100			
Week 216: ≥ 75% (n = 5)	100			
Week 216: 100% (n = 5)	20.0			
Week 228: <0% (n = 5)	0			
Week 228: 0% - <25% (n = 5)	0			
Week 228: 25% - <50% (n = 5)	0			
Week 228: ≥ 50% (n = 5)	60.0			
Week 228: ≥ 75% (n = 5)	60.0			
Week 228: 100% (n = 5)	20.0			
Week 240: <0% (n = 3)	0			
Week 240: 0% - <25% (n = 3)	0			
Week 240: 25% - <50% (n = 3)	0			
Week 240: ≥ 50% (n = 3)	100			
Week 240: ≥ 75% (n = 3)	100			
Week 240: 100% (n = 3)	33.3			
Week 252: <0% (n = 3)	0			
Week 252: 0% - <25% (n = 3)	0			
Week 252: 25% - <50% (n = 3)	0			
Week 252: ≥ 50% (n = 3)	66.7			
Week 252: ≥ 75% (n = 3)	66.7			
Week 252: 100% (n = 3)	0			
Week 264: <0% (n = 2)	0			
Week 264: 0% - <25% (n = 2)	0			
Week 264: 25% - <50% (n = 2)	0			
Week 264: ≥ 50% (n = 2)	100			
Week 264: ≥ 75% (n = 2)	100			
Week 264: 100% (n = 2)	0			
Week 276: <0% (n = 2)	0			
Week 276: 0% - <25% (n = 2)	0			
Week 276: 25% - <50% (n = 2)	0			
Week 276: ≥ 50% (n = 2)	100			

Week 276: ≥ 75% (n = 2)	100			
Week 276: 100% (n = 2)	0			
Week 288: <0% (n = 2)	0			
Week 288: 0% - <25% (n = 2)	0			
Week 288: 25% - <50% (n = 2)	0			
Week 288: ≥ 50% (n = 2)	100			
Week 288: ≥ 75% (n = 2)	100			
Week 288: 100% (n = 2)	0			
Week 300: <0% (n = 2)	0			
Week 300: 0% - <25% (n = 2)	0			
Week 300: 25% - <50% (n = 2)	0			
Week 300: ≥ 50% (n = 2)	50.0			
Week 300: ≥ 75% (n = 2)	50.0			
Week 300: 100% (n = 2)	0			
EOS/EDV, Week 2: <0% (n = 32)	3.1			
EOS/EDV, Week 2: 0% - <25% (n = 32)	3.1			
EOS/EDV, Week 2: 25% - <50% (n = 32)	0			
EOS/EDV, Week 2: ≥ 50% (n = 32)	3.1			
EOS/EDV, Week 2: ≥ 75% (n = 32)	3.1			
EOS/EDV, Week 2: 100% (n = 32)	3.1			
EOS/EDV, Week 4: <0% (n = 10)	20.0			
EOS/EDV, Week 4: 0% - <25% (n = 10)	10.0			
EOS/EDV, Week 4: 25% - <50% (n = 10)	20.0			
EOS/EDV, Week 4: ≥ 50% (n = 10)	20.0			
EOS/EDV, Week 4: ≥ 75% (n = 10)	10.0			
EOS/EDV, Week 4: 100% (n = 10)	0			
Safety Follow Up: <0% (n = 24)	37.5			
Safety Follow Up: 0% - <25% (n = 24)	4.2			
Safety Follow Up: 25% - <50% (n = 24)	12.5			
Safety Follow Up: ≥ 50% (n = 24)	45.8			
Safety Follow Up: ≥ 75% (n = 24)	29.2			
Safety Follow Up: 100% (n = 24)	20.8			

Statistical analyses

No statistical analyses for this end point

Secondary: Percent change from baseline for each analysis visit in partial seizure frequency per week on monotherapy

End point title	Percent change from baseline for each analysis visit in partial seizure frequency per week on monotherapy[7]

End point description:

The percent difference in partial seizure frequency per week on monotherapy at Baseline and each analysis visit was computed as: {[(Number of partial seizures per week at Baseline) minus (Number of partial seizures per week at analysis visit X)] divided by (Number of partial seizures per week at Baseline)} multiplied by 100. A positive value in percent difference from Baseline indicates a reduction in partial seizure frequency from Baseline. The maximum duration of study participation in monotherapy participants was shorter than in adjunctive therapy. Therefore, data at Week 288 and 300 is not

reported for Monotherapy. The FAS_M consisted of all participants in the SS_M who had at least 1 post-Baseline efficacy assessment. 'n' signifies participants who were evaluable at specified time points.

End point type	Secondary

End point timeframe:

From Baseline (Week 0), Week 2, 4, 6, 8, 10, 12, 15, 18, 21, 24, 27, 30, 36, 48, 60, 72, 84, 96, 108, 120, 132, 144, 156, 168, 180, 192, 204, 216, 228, 240, 252, 264, 276, and Safety follow-up (up to Week 295)

Notes:

[7] - The end point is not reporting statistics for all the arms in the baseline period. It is expected all the baseline period arms will be reported on when providing values for an end point on the baseline period.
Justification: Data of this outcome measure was analyzed and reported for participants on monotherapy.

End point values	Levetiracetam: Monotherapy			
Subject group type	Reporting group			
Number of subjects analysed	6			
Units: percent change				
median (full range (min-max))				
Week 2 (n = 6)	-51.87 (-731.6 to 100.0)			
Week 4 (n = 6)	4.88 (-115.9 to 100.0)			
Week 6 (n = 6)	51.10 (-325.0 to 100.0)			
Week 8 (n = 5)	100.00 (-1.1 to 100.0)			
Week 10 (n = 5)	100.00 (-277.1 to 100.0)			
Week 12 (n = 5)	76.92 (-10.0 to 100.0)			
Week 15 (n = 5)	100.00 (-78.1 to 100.0)			
Week 18 (n = 5)	91.58 (58.1 to 100.0)			
Week 21 (n = 5)	100.00 (76.9 to 100.0)			
Week 24 (n = 5)	100.00 (92.3 to 100.0)			
Week 27 (n = 5)	100.00 (26.7 to 100.0)			
Week 30 (n = 5)	100.00 (37.1 to 100.0)			
Week 36 (n = 5)	100.00 (16.2 to 100.0)			
Week 48 (n = 5)	98.08 (-138.3 to 100.0)			
Week 60 (n = 5)	94.23 (-41.4 to 100.0)			
Week 72 (n = 5)	92.31 (-36.2 to 100.0)			
Week 84 (n = 5)	95.79 (-86.0 to 100.0)			
Week 96 (n = 5)	98.08 (-65.0 to 100.0)			
Week 108 (n = 5)	96.15 (-44.0 to 100.0)			
Week 120 (n = 5)	93.68 (-46.7 to 100.0)			
Week 132 (n = 4)	92.63 (-138.3 to 100.0)			

Week 144 (n = 4)	92.63 (-106.9 to 100.0)			
Week 156 (n = 4)	94.73 (8.3 to 100.0)			
Week 168 (n = 4)	100.00 (-70.2 to 100.0)			
Week 180 (n = 3)	100.00 (-274.5 to 100.0)			
Week 192 (n = 3)	100.00 (-223.0 to 100.0)			
Week 204 (n = 2)	100.00 (100.0 to 100.0)			
Week 216 (n = 2)	100.00 (100.0 to 100.0)			
Week 228 (n = 1)	100.00 (100.0 to 100.0)			
Week 240 (n =1)	100.00 (100.0 to 100.0)			
Week 252 (n = 1)	100.00 (100.0 to 100.0)			
Week 264 (n = 1)	100.00 (100.0 to 100.0)			
Week 276 (n =1)	100.00 (100.0 to 100.0)			
Safety Follow Up (n = 2)	100.00 (100.0 to 100.0)			

Statistical analyses

No statistical analyses for this end point

Secondary: Percentage of participants with a percent change in partial seizure frequency per week of <0%, 0% to <25%, 25% to <50%, ≥50%, ≥75%, or 100% on monotherapy

End point title	Percentage of participants with a percent change in partial seizure frequency per week of <0%, 0% to <25%, 25% to <50%, ≥50%, ≥75%, or 100% on monotherapy[8]

End point description:

Percent difference in PSF per week on monotherapy at BL and each analysis visit:{[(Number of partial seizures per week at BL)-(Number of partial seizures per week at analysis visit X)]/(Number of partial seizures per week at BL)}*100. Percent difference in PSF per week from BL for each participant and analysis visit were mapped into 6 categories:<0%,0% to <25%, 25% to <50%, ≥50%, ≥75%, and 100%, then percentages of participants in these categories derived using the number of participants at risk at each previous analysis visit as denominator. Positive value indicates reduction in PSF from BL. Outcome categories "≥50%", "≥75%" and "100%" are overlapping, so that percentages of categories of this outcome measure can add up to more than 100%. Maximum duration of study participation in monotherapy participants was shorter than adjunctive therapy. Therefore, data at Week 288 and 300 is not reported for Monotherapy. FAS_M. 'n'=participants at risk at each previous analysis visit(X-1).

End point type	Secondary

End point timeframe:

From Baseline (Week 0), Week 2, 4, 6, 8, 10, 12, 15, 18, 21, 24, 27, 30, 36, 48, 60, 72, 84, 96, 108, 120, 132, 144, 156, 168, 180, 192, 204, 216, 228, 240, 252, 264, 276, and Safety follow-up (up to Week 295)

Notes:

[8] - The end point is not reporting statistics for all the arms in the baseline period. It is expected all the baseline period arms will be reported on when providing values for an end point on the baseline period.
Justification: Data of this outcome measure was analyzed and reported for participants on monotherapy.

End point values	Levetiracetam: Monotherapy			
Subject group type	Reporting group			
Number of subjects analysed	6			
Units: percentage of participants				
number (not applicable)				
Week 2: <0% (n = 5)	60.0			
Week 2: 0% - <25% (n = 5)	0			
Week 2: 25% - <50% (n = 5)	20.0			
Week 2: ≥ 50% (n = 5)	40.0			
Week 2: ≥ 75% (n = 5)	20.0			
Week 2: 100% (n = 5)	20.0			
Week 4: <0% (n = 6)	50.0			
Week 4: 0% - <25% (n = 6)	0			
Week 4: 25% - <50% (n = 6)	16.7			
Week 4: ≥ 50% (n = 6)	33.3			
Week 4: ≥ 75% (n = 6)	33.3			
Week 4: 100% (n = 6)	33.3			
Week 6: <0% (n = 6)	33.3			
Week 6: 0% - <25% (n = 6)	0			
Week 6: 25% - <50% (n = 6)	16.7			
Week 6: ≥ 50% (n = 6)	50.0			
Week 6: ≥ 75% (n = 6)	33.3			
Week 6: 100% (n = 6)	16.7			
Week 8: <0% (n = 6)	16.7			
Week 8: 0% - <25% (n = 6)	16.7			
Week 8: 25% - <50% (n = 6)	0			
Week 8: ≥ 50% (n = 6)	50.0			
Week 8: ≥ 75% (n = 6)	50.0			
Week 8: 100% (n = 6)	50.0			
Week 10: <0% (n = 5)	20.0			
Week 10: 0% - <25% (n = 5)	0			
Week 10: 25% - <50% (n = 5)	0			
Week 10: ≥ 50% (n = 5)	80.0			
Week 10: ≥ 75% (n = 5)	80.0			
Week 10: 100% (n = 5)	60.0			
Week 12: <0% (n = 5)	20.0			
Week 12: 0% - <25% (n = 5)	0			
Week 12: 25% - <50% (n = 5)	20.0			
Week 12: ≥ 50% (n = 5)	60.0			
Week 12: ≥ 75% (n = 5)	60.0			
Week 12: 100% (n = 5)	40.0			
Week 15: <0% (n = 5)	20.0			
Week 15: 0% - <25% (n = 5)	0			
Week 15: 25% - <50% (n = 5)	20.0			
Week 15: ≥ 50% (n = 5)	60.0			
Week 15: ≥ 75% (n = 5)	60.0			
Week 15: 100% (n = 5)	60.0			
Week 18: <0% (n = 5)	0			
Week 18: 0% - <25% (n = 5)	0			
Week 18: 25% - <50% (n = 5)	0			
Week 18: ≥ 50% (n = 5)	100			

Week 18: ≥ 75% (n = 5)	80.0			
Week 18: 100% (n = 5)	40.0			
Week 21: <0% (n = 5)	0			
Week 21: 0% - <25% (n = 5)	0			
Week 21: 25% - <50% (n = 5)	0			
Week 21: ≥ 50% (n = 5)	100			
Week 21: ≥ 75% (n = 5)	100			
Week 21: 100% (n = 5)	60.0			
Week 24: <0% (n = 5)	0			
Week 24: 0% - <25% (n = 5)	0			
Week 24: 25% - <50% (n = 5)	0			
Week 24: ≥ 50% (n = 5)	100			
Week 24: ≥ 75% (n = 5)	100			
Week 24: 100% (n = 5)	80.0			
Week 27: <0% (n = 5)	0			
Week 27: 0% - <25% (n = 5)	0			
Week 27: 25% - <50% (n = 5)	20.0			
Week 27: ≥ 50% (n = 5)	80.0			
Week 27: ≥ 75% (n = 5)	80.0			
Week 27: 100% (n = 5)	80.0			
Week 30: <0% (n = 5)	0			
Week 30: 0% - <25% (n = 5)	0			
Week 30: 25% - <50% (n = 5)	20.0			
Week 30: ≥ 50% (n = 5)	80.0			
Week 30: ≥ 75% (n = 5)	60.0			
Week 30: 100% (n = 5)	60.0			
Week 36: <0% (n = 5)	0			
Week 36: 0% - <25% (n = 5)	20.0			
Week 36: 25% - <50% (n = 5)	0			
Week 36: ≥ 50% (n = 5)	80.0			
Week 36: ≥ 75% (n = 5)	80.0			
Week 36: 100% (n = 5)	60.0			
Week 48: <0% (n = 5)	20.0			
Week 48: 0% - <25% (n = 5)	0			
Week 48: 25% - <50% (n = 5)	0			
Week 48: ≥ 50% (n = 5)	80.0			
Week 48: ≥ 75% (n = 5)	80.0			
Week 48:100% (n = 5)	40.0			
Week 60: <0% (n = 5)	20.0			
Week 60: 0% - <25% (n = 5)	0			
Week 60: 25% - <50% (n = 5)	0			
Week 60: ≥ 50% (n = 5)	80.0			
Week 60: ≥ 75% (n = 5)	80.0			
Week 60: 100% (n = 5)	40.0			
Week 72: <0% (n = 5)	20.0			
Week 72: 0% - <25% (n = 5)	0			
Week 72: 25% - <50% (n = 5)	0			
Week 72: ≥ 50% (n = 5)	80.0			
Week 72: ≥ 75% (n = 5)	80.0			
Week 72: 100% (n = 5)	40.0			
Week 84: <0% (n = 5)	20.0			
Week 84: 0% - <25% (n = 5)	0			

Week 84: 25% - <50% (n = 5)	0			
Week 84: ≥ 50% (n = 5)	80.0			
Week 84: ≥ 75% (n = 5)	80.0			
Week 84: 100% (n = 5)	40.0			
Week 96: <0% (n = 5)	20.0			
Week 96: 0% - <25% (n = 5)	0			
Week 96: 25% - <50% (n = 5)	0			
Week 96: ≥ 50% (n = 5)	80.0			
Week 96: ≥ 75% (n = 5)	80.0			
Week 96: 100% (n = 5)	40.0			
Week 108: <0% (n = 5)	20.0			
Week 108: 0% - <25% (n = 5)	0			
Week 108: 25% - <50% (n = 5)	0			
Week 108: ≥ 50% (n = 5)	80.0			
Week 108: ≥ 75% (n = 5)	80.0			
Week 108: 100% (n = 5)	40.0			
Week 120: <0% (n = 5)	20.0			
Week 120: 0% - <25% (n = 5)	0			
Week 120: 25% - <50% (n = 5)	0			
Week 120: ≥ 50% (n = 5)	80.0			
Week 120: ≥ 75% (n = 5)	80.0			
Week 120: 100% (n = 5)	40.0			
Week 132: <0% (n = 5)	20.0			
Week 132: 0% - <25% (n = 5)	0			
Week 132: 25% - <50% (n = 5)	0			
Week 132: ≥ 50% (n = 5)	60.0			
Week 132: ≥ 75% (n = 5)	60.0			
Week 132: 100% (n = 5)	40.0			
Week 144: <0% (n = 4)	25.0			
Week 144: 0% - <25% (n = 4)	0			
Week 144: 25% - <50% (n = 4)	0			
Week 144: ≥ 50% (n = 4)	75.0			
Week 144: ≥ 75% (n = 4)	75.0			
Week 144: 100% (n = 4)	50.0			
Week 156: <0% (n = 4)	0			
Week 156: 0% - <25% (n = 4)	25.0			
Week 156: 25% - <50% (n = 4)	0			
Week 156: ≥ 50% (n = 4)	75.0			
Week 156: ≥ 75% (n = 4)	75.0			
Week 156: 100% (n = 4)	50.0			
Week 168: <0% (n = 4)	25.0			
Week 168: 0% - <25% (n = 4)	0			
Week 168: 25% - <50% (n = 4)	0			
Week 168: ≥ 50% (n = 4)	75.0			
Week 168: ≥ 75% (n = 4)	75.0			
Week 168: 100% (n = 4)	75.0			
Week 180: <0% (n = 4)	25.0			
Week 180: 0% - <25% (n = 4)	0			
Week 180: 25% - <50% (n = 4)	0			
Week 180: ≥ 50% (n = 4)	50.0			
Week 180: ≥ 75% (n = 4)	50.0			
Week 180: 100% (n = 4)	50.0			

Week 192: <0% (n = 3)	33.3			
Week 192: 0% - <25% (n = 3)	0			
Week 192: 25% - <50% (n = 3)	0			
Week 192: ≥ 50% (n = 3)	66.7			
Week 192: ≥ 75% (n = 3)	66.7			
Week 192: 100% (n = 3)	66.7			
Week 204: <0% (n = 3)	0			
Week 204: 0% - <25% (n = 3)	0			
Week 204: 25% - <50% (n = 3)	0			
Week 204: ≥ 50% (n = 3)	66.7			
Week 204: ≥ 75% (n = 3)	66.7			
Week 204: 100% (n = 3)	66.7			
Week 216: <0% (n = 2)	0			
Week 216: 0% - <25% (n = 2)	0			
Week 216: 25% - <50% (n = 2)	0			
Week 216: ≥ 50% (n = 2)	100			
Week 216: ≥ 75% (n = 2)	100			
Week 216: 100% (n = 2)	100			
Week 228: <0% (n = 2)	0			
Week 228: 0% - <25% (n = 2)	0			
Week 228: 25% - <50% (n = 2)	0			
Week 228: ≥ 50% (n = 2)	50.0			
Week 228: ≥ 75% (n = 2)	50.0			
Week 228: 100% (n = 2)	50.0			
Week 240: <0% (n = 1)	0			
Week 240: 0% - <25% (n = 1)	0			
Week 240: 25% - <50% (n = 1)	0			
Week 240: ≥ 50% (n = 1)	100			
Week 240: ≥ 75% (n = 1)	100			
Week 240: 100% (n = 1)	100			
Week 252: <0% (n = 1)	0			
Week 252: 0% - <25% (n = 1)	0			
Week 252: 25% - <50% (n = 1)	0			
Week 252: ≥ 50% (n = 1)	100			
Week 252: ≥ 75% (n = 1)	100			
Week 252: 100% (n = 1)	100			
Week 264: <0% (n = 1)	0			
Week 264: 0% - <25% (n = 1)	0			
Week 264: 25% - <50% (n = 1)	0			
Week 264: ≥ 50% (n = 1)	100			
Week 264: ≥ 75% (n = 1)	100			
Week 264: 100% (n = 1)	100			
Week 276: <0% (n = 1)	0			
Week 276: 0% - <25% (n = 1)	0			
Week 276: 25% - <50% (n = 1)	0			
Week 276: ≥ 50% (n = 1)	100			
Week 276: ≥ 75% (n = 1)	100			
Week 276: 100% (n = 1)	100			
Safety Follow Up: <0% (n = 2)	0			
Safety Follow Up: 0% - <25% (n = 2)	0			
Safety Follow Up: 25% - <50% (n = 2)	0			
Safety Follow Up: ≥ 50% (n = 2)	100			

Safety Follow Up: ≥ 75% (n = 2)	100			
Safety Follow Up: 100% (n = 2)	100			

Statistical analyses

No statistical analyses for this end point

Secondary: Percentage of Participants with TEAEs leading to discontinuation from study medication during the First Period

End point title	Percentage of Participants with TEAEs leading to discontinuation from study medication during the First Period

End point description:

AE is any untoward medical occurrence in patient or clinical investigation participant administered pharmaceutical product that does not necessarily have causal relationship treatment. AE could therefore be any unfavorable and unintended sign (including an abnormal laboratory finding), symptom, or disease temporally associated with use of medicinal (investigational) product, whether or not related to medicinal (investigational) product. TEAEs were defined as those events that started on or after the date (and time) of first dose of study medication, or adverse events whose intensity worsened on or after date (and time) of first dose of study medication. TEAEs leading to discontinuation from study medication are reported. SS_A: participants on adjunctive therapy who received at least 1 dose of study medication in the evaluation period. SS_M consisted of all enrolled participants on monotherapy who received at least 1 dose of study medication in the evaluation period.

End point type	Secondary

End point timeframe:

From Baseline (Week 0) to Visit 6 (up to Week 6)

End point values	Levetiracetam: Adjunctive Therapy	Levetiracetam: Monotherapy		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	32	6		
Units: percentage of participants				
number (not applicable)	6.3	0		

Statistical analyses

No statistical analyses for this end point

Secondary: Percentage of Participants with treatment-emergent adverse events (TEAEs) during the First Period

End point title	Percentage of Participants with treatment-emergent adverse events (TEAEs) during the First Period

End point description:

An adverse event (AE) is any untoward medical occurrence in a patient or clinical investigation Participant administered a pharmaceutical product that does not necessarily have a causal relationship treatment. An AE could therefore be any unfavorable and unintended sign (including an abnormal laboratory finding), symptom, or disease temporally associated with the use of a medicinal (investigational) product, whether or not related to the medicinal (investigational) product. The TEAEs

were defined as those events that started on or after the date (and time) of first dose of study medication, or adverse events whose intensity worsened on or after the date (and time) of first dose of study medication. The SS_A consisted of all enrolled participants on adjunctive therapy who received at least 1 dose of study medication in the evaluation period. The SS_M consisted of all enrolled participants on monotherapy who received at least 1 dose of study medication in the evaluation period.

End point type	Secondary

End point timeframe:

From Baseline (Week 0) to Visit 6 (up to Week 6)

End point values	Levetiracetam: Adjunctive Therapy	Levetiracetam: Monotherapy		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	32	6		
Units: percentage of participants				
number (not applicable)	62.5	0		

Statistical analyses

No statistical analyses for this end point

Secondary: Percentage of Participants with treatment-emergent serious adverse events (SAEs) during the First Period

End point title	Percentage of Participants with treatment-emergent serious adverse events (SAEs) during the First Period

End point description:

Serious adverse event (SAE) is defined any untoward medical occurrence at any dose results in: Death; Life-threatening; Significant or persistent disability/incapacity; Congenital anomaly/birth defect (including that occurring in fetus); Important medical event that, based upon appropriate medical judgment, may jeopardize patient or participant and may require medical or surgical intervention to prevent 1 of other outcomes listed in definition of serious; Initial inpatient hospitalization or prolongation of hospitalization. TEAEs were defined as those events that started on or after date (and time) of first dose of study medication, or adverse events whose intensity worsened on or after date (and time) of first dose of study medication. SS_A: all enrolled participants on adjunctive therapy who received at least 1 dose of study medication in the evaluation period. SS_M: all enrolled participants on monotherapy who received at least 1 dose of study medication in the evaluation period.

End point type	Secondary

End point timeframe:

From Baseline (Week 0) to Visit 6 (up to Week 6)

End point values	Levetiracetam: Adjunctive Therapy	Levetiracetam: Monotherapy		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	32	6		
Units: percentage of participants				
number (not applicable)	9.4	0		

Statistical analyses

No statistical analyses for this end point

Secondary: Percentage of Participants with TEAEs leading to discontinuation from study medication during the Combined First and Second Period

End point title	Percentage of Participants with TEAEs leading to discontinuation from study medication during the Combined First and Second Period

End point description:

AE is any untoward medical occurrence in patient or clinical investigation participant administered pharmaceutical product that does not necessarily have causal relationship treatment. AE could therefore be any unfavorable and unintended sign (including an abnormal laboratory finding), symptom, or disease temporally associated with use of medicinal (investigational) product, whether or not related to medicinal (investigational) product. TEAEs were defined as those events that started on or after the date (and time) of first dose of study medication, or adverse events whose intensity worsened on or after date (and time) of first dose of study medication. TEAEs leading to discontinuation from study medication are reported. SS_A: participants on adjunctive therapy who received at least 1 dose of study medication in the evaluation period. SS_M consisted of all enrolled participants on monotherapy who received at least 1 dose of study medication in the evaluation period.

End point type	Secondary

End point timeframe:

From Baseline (Week 0) to the End of Safety Follow-up (up to Week 295)

End point values	Levetiracetam: Adjunctive Therapy	Levetiracetam: Monotherapy		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	32	6		
Units: percentage of participants				
number (not applicable)	9.4	16.7		

Statistical analyses

No statistical analyses for this end point

Secondary: Percentage of Participants with treatment-emergent SAEs during the Combined First and Second Period

End point title	Percentage of Participants with treatment-emergent SAEs during the Combined First and Second Period

End point description:

A SAE is defined as any untoward medical occurrence at any dose results in: Death; Life-threatening; Significant or persistent disability/incapacity; Congenital anomaly/birth defect (including that occurring in fetus); Important medical event that, based upon appropriate medical judgment, may jeopardize patient or participant and may require medical or surgical intervention to prevent 1 of other outcomes

listed in definition of serious; Initial inpatient hospitalization or prolongation of hospitalization. TEAEs were defined as those events that started on or after date (and time) of first dose of study medication, or adverse events whose intensity worsened on or after date (and time) of first dose of study medication. SS_A: all enrolled participants on adjunctive therapy who received at least 1 dose of study medication in the evaluation period. SS_M: all enrolled participants on monotherapy who received at least 1 dose of study medication in the evaluation period.

End point type	Secondary

End point timeframe:

From Baseline (Week 0) to the End of Safety Follow-up (up to Week 295)

End point values	Levetiracetam: Adjunctive Therapy	Levetiracetam: Monotherapy		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	32	6		
Units: percentage of participants				
number (not applicable)	56.3	33.3		

Statistical analyses

No statistical analyses for this end point

Secondary: Percentage of Participants with TEAEs during the Combined First and Second Period

End point title	Percentage of Participants with TEAEs during the Combined First and Second Period

End point description:

An AE is any untoward medical occurrence in a patient or clinical investigation participant administered a pharmaceutical product that does not necessarily have a causal relationship treatment. An AE could therefore be any unfavorable and unintended sign (including an abnormal laboratory finding), symptom, or disease temporally associated with the use of a medicinal (investigational) product, whether or not related to the medicinal (investigational) product. The TEAEs were defined as those events that started on or after the date (and time) of first dose of study medication, or adverse events whose intensity worsened on or after the date (and time) of first dose of study medication. The SS_A consisted of all enrolled participants on adjunctive therapy who received at least 1 dose of study medication in the evaluation period. The SS_M consisted of all enrolled participants on monotherapy who received at least 1 dose of study medication in the evaluation period.

End point type	Secondary

End point timeframe:

From Baseline (Week 0) to the End of Safety Follow-up (up to Week 295)

End point values	Levetiracetam: Adjunctive Therapy	Levetiracetam: Monotherapy		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	32	6		
Units: percentage of participants				
number (not applicable)	96.9	100		

Statistical analyses

No statistical analyses for this end point

Adverse events

Adverse events information

Timeframe for reporting adverse events:

From Baseline (Week 0) to the End of Safety Follow-up (up to Week 295)

Adverse event reporting additional description:

The TEAEs were defined as those events that started on or after the date (and time) of first dose of study medication, or adverse events whose intensity worsened on or after the date (and time) of first dose of study medication. TEAEs were analyzed and reported for SS_A and SS_M.

Assessment type	Non-systematic

Dictionary used

Dictionary name	MedDRA
Dictionary version	23.0

Reporting groups

Reporting group title	Levetiracetam: Monotherapy

Reporting group description:

Participants aged 1 month to < 6 months received LEV 14 mg/kg/day as monotherapy at Visit 3 (Week 0) of First Period and dose up titrated up to 42 mg/kg/day. Participants aged 6 months to <4 years received LEV 20 mg/kg/day at Visit 3 (Week 0) of first period and dose up titrated up to a maximum of 60 mg/kg/day up to 6 weeks. The dose was increased by 2 weeks interval as per Investigator's discretion. At Visit 6 (Week 6), dose of participants either down-titrated during 4 weeks interval or they entered in second period and continued LEV 14 to 42 mg/kg/day in participants aged 1 month to <6 months or LEV 20 to 60 mg/kg/day for participants aged ≥ 6 months <4 years at the discretion of the Investigator. Participants visited every 4 weeks for the first 6 months of administration and then every 12 weeks thereafter until approval or till the program discontinued. The dose down-titrated during 4 weeks Interval at the discretion of Investigator.

Reporting group title	Levetiracetam: Adjunctive Therapy

Reporting group description:

Participants aged 1 month to less than (<) 6 months received LEV 14 milligram per kilogram per day (mg/kg/day) as adjunctive therapy at Visit 3 (Week 0) of First Period and dose up titrated up to 42 mg/kg/day. Participants aged 6 months to <4 years received LEV 20 mg/kg/day at Visit 3(Week 0) of first period and dose up titrated up to maximum of 60 mg/kg/day up to 6 weeks. Dose increased by 2 weeks interval per Investigator's discretion. At Visit 6 (Week 6), dose of participants either down-titrated during 4 weeks interval or they entered in second period and continued LEV 14 to 42 mg/kg/day in participants aged 1 month to <6 months or LEV 20 to 60 mg/kg/day for participants aged greater than or equal to (≥) 6 months <4 years. Participants visited every 4 weeks for first 6 months of administration and then every 12 weeks thereafter until approval or till program discontinued. Dose down-titrated during 4 weeks Interval at discretion of Investigator.

Serious adverse events	Levetiracetam: Monotherapy	Levetiracetam: Adjunctive Therapy	
Total subjects affected by serious adverse events			
subjects affected / exposed	2 / 6 (33.33%)	18 / 32 (56.25%)	
number of deaths (all causes)	0	0	
number of deaths resulting from adverse events	0	0	
Investigations			
Blood pressure increased			
subjects affected / exposed	0 / 6 (0.00%)	1 / 32 (3.13%)	
occurrences causally related to treatment / all	0 / 0	0 / 1	
deaths causally related to treatment / all	0 / 0	0 / 0	

Injury, poisoning and procedural complications			
Post procedural fistula			
subjects affected / exposed	0 / 6 (0.00%)	1 / 32 (3.13%)	
occurrences causally related to treatment / all	0 / 0	0 / 1	
deaths causally related to treatment / all	0 / 0	0 / 0	
Congenital, familial and genetic disorders			
Cryptorchism			
subjects affected / exposed	0 / 6 (0.00%)	1 / 32 (3.13%)	
occurrences causally related to treatment / all	0 / 0	0 / 1	
deaths causally related to treatment / all	0 / 0	0 / 0	
Surgical and medical procedures			
Epilepsy surgery			
subjects affected / exposed	0 / 6 (0.00%)	1 / 32 (3.13%)	
occurrences causally related to treatment / all	0 / 0	0 / 1	
deaths causally related to treatment / all	0 / 0	0 / 0	
Nervous system disorders			
Epilepsy			
subjects affected / exposed	1 / 6 (16.67%)	2 / 32 (6.25%)	
occurrences causally related to treatment / all	0 / 1	1 / 2	
deaths causally related to treatment / all	0 / 0	0 / 0	
Infantile spasms			
subjects affected / exposed	0 / 6 (0.00%)	3 / 32 (9.38%)	
occurrences causally related to treatment / all	0 / 0	0 / 3	
deaths causally related to treatment / all	0 / 0	0 / 0	
Status epilepticus			
subjects affected / exposed	0 / 6 (0.00%)	3 / 32 (9.38%)	
occurrences causally related to treatment / all	0 / 0	0 / 7	
deaths causally related to treatment / all	0 / 0	0 / 0	
Somnolence			
subjects affected / exposed	0 / 6 (0.00%)	1 / 32 (3.13%)	
occurrences causally related to treatment / all	0 / 0	1 / 1	
deaths causally related to treatment / all	0 / 0	0 / 0	
Seizure cluster			

subjects affected / exposed	1 / 6 (16.67%)	2 / 32 (6.25%)	
occurrences causally related to treatment / all	0 / 1	0 / 2	
deaths causally related to treatment / all	0 / 0	0 / 0	
General disorders and administration site conditions			
Pyrexia			
subjects affected / exposed	1 / 6 (16.67%)	0 / 32 (0.00%)	
occurrences causally related to treatment / all	0 / 1	0 / 0	
deaths causally related to treatment / all	0 / 0	0 / 0	
Gastrointestinal disorders			
Dysphagia			
subjects affected / exposed	0 / 6 (0.00%)	1 / 32 (3.13%)	
occurrences causally related to treatment / all	0 / 0	0 / 1	
deaths causally related to treatment / all	0 / 0	0 / 0	
Respiratory, thoracic and mediastinal disorders			
Respiratory failure			
subjects affected / exposed	0 / 6 (0.00%)	1 / 32 (3.13%)	
occurrences causally related to treatment / all	0 / 0	0 / 1	
deaths causally related to treatment / all	0 / 0	0 / 0	
Pneumonia aspiration			
subjects affected / exposed	0 / 6 (0.00%)	2 / 32 (6.25%)	
occurrences causally related to treatment / all	0 / 0	0 / 2	
deaths causally related to treatment / all	0 / 0	0 / 0	
Psychiatric disorders			
Selective eating disorder			
subjects affected / exposed	0 / 6 (0.00%)	1 / 32 (3.13%)	
occurrences causally related to treatment / all	0 / 0	0 / 1	
deaths causally related to treatment / all	0 / 0	0 / 0	
Infections and infestations			
Respiratory syncytial virus bronchiolitis			
subjects affected / exposed	0 / 6 (0.00%)	1 / 32 (3.13%)	
occurrences causally related to treatment / all	0 / 0	0 / 1	
deaths causally related to treatment / all	0 / 0	0 / 0	
Gastroenteritis norovirus			

subjects affected / exposed	0 / 6 (0.00%)	1 / 32 (3.13%)	
occurrences causally related to treatment / all	0 / 0	0 / 1	
deaths causally related to treatment / all	0 / 0	0 / 0	
Pneumonia viral			
subjects affected / exposed	0 / 6 (0.00%)	3 / 32 (9.38%)	
occurrences causally related to treatment / all	0 / 0	0 / 3	
deaths causally related to treatment / all	0 / 0	0 / 0	
Bronchitis			
subjects affected / exposed	0 / 6 (0.00%)	2 / 32 (6.25%)	
occurrences causally related to treatment / all	0 / 0	0 / 2	
deaths causally related to treatment / all	0 / 0	0 / 0	
Respiratory syncytial virus bronchitis			
subjects affected / exposed	0 / 6 (0.00%)	2 / 32 (6.25%)	
occurrences causally related to treatment / all	0 / 0	0 / 2	
deaths causally related to treatment / all	0 / 0	0 / 0	
Respiratory syncytial virus infection			
subjects affected / exposed	0 / 6 (0.00%)	2 / 32 (6.25%)	
occurrences causally related to treatment / all	0 / 0	0 / 2	
deaths causally related to treatment / all	0 / 0	0 / 0	
Bronchitis viral			
subjects affected / exposed	0 / 6 (0.00%)	1 / 32 (3.13%)	
occurrences causally related to treatment / all	0 / 0	0 / 2	
deaths causally related to treatment / all	0 / 0	0 / 0	
Coronavirus infection			
subjects affected / exposed	0 / 6 (0.00%)	1 / 32 (3.13%)	
occurrences causally related to treatment / all	0 / 0	0 / 2	
deaths causally related to treatment / all	0 / 0	0 / 0	
Cellulitis			
subjects affected / exposed	0 / 6 (0.00%)	1 / 32 (3.13%)	
occurrences causally related to treatment / all	0 / 0	0 / 1	
deaths causally related to treatment / all	0 / 0	0 / 0	
Gastroenteritis			

subjects affected / exposed	1 / 6 (16.67%)	1 / 32 (3.13%)	
occurrences causally related to treatment / all	0 / 1	0 / 1	
deaths causally related to treatment / all	0 / 0	0 / 0	
Influenza			
subjects affected / exposed	1 / 6 (16.67%)	0 / 32 (0.00%)	
occurrences causally related to treatment / all	0 / 1	0 / 0	
deaths causally related to treatment / all	0 / 0	0 / 0	
Pneumonia bacterial			
subjects affected / exposed	1 / 6 (16.67%)	0 / 32 (0.00%)	
occurrences causally related to treatment / all	0 / 1	0 / 0	
deaths causally related to treatment / all	0 / 0	0 / 0	
Metabolism and nutrition disorders			
Dehydration			
subjects affected / exposed	0 / 6 (0.00%)	1 / 32 (3.13%)	
occurrences causally related to treatment / all	0 / 0	1 / 1	
deaths causally related to treatment / all	0 / 0	0 / 0	

Frequency threshold for reporting non-serious adverse events: 5 %

Non-serious adverse events	Levetiracetam: Monotherapy	Levetiracetam: Adjunctive Therapy	
Total subjects affected by non-serious adverse events			
subjects affected / exposed	6 / 6 (100.00%)	28 / 32 (87.50%)	
General disorders and administration site conditions			
Pyrexia			
subjects affected / exposed	2 / 6 (33.33%)	12 / 32 (37.50%)	
occurrences (all)	3	51	
Immune system disorders			
Food allergy			
subjects affected / exposed	0 / 6 (0.00%)	2 / 32 (6.25%)	
occurrences (all)	0	2	
Reproductive system and breast disorders			
Balanoposthitis			
subjects affected / exposed	0 / 6 (0.00%)	2 / 32 (6.25%)	
occurrences (all)	0	2	
Respiratory, thoracic and mediastinal			

disorders			
Upper respiratory tract inflammation			
subjects affected / exposed	2 / 6 (33.33%)	3 / 32 (9.38%)	
occurrences (all)	2	8	
Cough			
subjects affected / exposed	0 / 6 (0.00%)	3 / 32 (9.38%)	
occurrences (all)	0	7	
Rhinitis allergic			
subjects affected / exposed	2 / 6 (33.33%)	3 / 32 (9.38%)	
occurrences (all)	2	4	
Rhinorrhoea			
subjects affected / exposed	0 / 6 (0.00%)	2 / 32 (6.25%)	
occurrences (all)	0	2	
Allergic bronchitis			
subjects affected / exposed	1 / 6 (16.67%)	1 / 32 (3.13%)	
occurrences (all)	1	1	
Epistaxis			
subjects affected / exposed	3 / 6 (50.00%)	1 / 32 (3.13%)	
occurrences (all)	4	1	
Psychiatric disorders			
Agitation			
subjects affected / exposed	1 / 6 (16.67%)	2 / 32 (6.25%)	
occurrences (all)	1	2	
Irritability			
subjects affected / exposed	0 / 6 (0.00%)	2 / 32 (6.25%)	
occurrences (all)	0	2	
Investigations			
Alanine aminotransferase increased			
subjects affected / exposed	1 / 6 (16.67%)	0 / 32 (0.00%)	
occurrences (all)	1	0	
Aspartate aminotransferase increased			
subjects affected / exposed	1 / 6 (16.67%)	0 / 32 (0.00%)	
occurrences (all)	1	0	
Glucose urine present			
subjects affected / exposed	1 / 6 (16.67%)	0 / 32 (0.00%)	
occurrences (all)	1	0	

Injury, poisoning and procedural complications			
Skin abrasion			
subjects affected / exposed	0 / 6 (0.00%)	3 / 32 (9.38%)	
occurrences (all)	0	3	
Arthropod bite			
subjects affected / exposed	0 / 6 (0.00%)	2 / 32 (6.25%)	
occurrences (all)	0	3	
Fall			
subjects affected / exposed	0 / 6 (0.00%)	2 / 32 (6.25%)	
occurrences (all)	0	2	
Thermal burn			
subjects affected / exposed	1 / 6 (16.67%)	1 / 32 (3.13%)	
occurrences (all)	1	1	
Contusion			
subjects affected / exposed	1 / 6 (16.67%)	0 / 32 (0.00%)	
occurrences (all)	1	0	
Lip injury			
subjects affected / exposed	1 / 6 (16.67%)	0 / 32 (0.00%)	
occurrences (all)	2	0	
Oral contusion			
subjects affected / exposed	1 / 6 (16.67%)	0 / 32 (0.00%)	
occurrences (all)	1	0	
Nervous system disorders			
Somnolence			
subjects affected / exposed	0 / 6 (0.00%)	6 / 32 (18.75%)	
occurrences (all)	0	7	
Eye disorders			
Conjunctivitis allergic			
subjects affected / exposed	2 / 6 (33.33%)	3 / 32 (9.38%)	
occurrences (all)	2	4	
Gastrointestinal disorders			
Nausea			
subjects affected / exposed	0 / 6 (0.00%)	3 / 32 (9.38%)	
occurrences (all)	0	3	
Constipation			

subjects affected / exposed	1 / 6 (16.67%)	6 / 32 (18.75%)	
occurrences (all)	1	10	
Diarrhoea			
subjects affected / exposed	0 / 6 (0.00%)	8 / 32 (25.00%)	
occurrences (all)	0	10	
Dental caries			
subjects affected / exposed	0 / 6 (0.00%)	2 / 32 (6.25%)	
occurrences (all)	0	2	
Abdominal pain			
subjects affected / exposed	1 / 6 (16.67%)	0 / 32 (0.00%)	
occurrences (all)	1	0	
Vomiting			
subjects affected / exposed	1 / 6 (16.67%)	4 / 32 (12.50%)	
occurrences (all)	1	4	
Skin and subcutaneous tissue disorders			
Rash			
subjects affected / exposed	0 / 6 (0.00%)	2 / 32 (6.25%)	
occurrences (all)	0	2	
Miliaria			
subjects affected / exposed	1 / 6 (16.67%)	2 / 32 (6.25%)	
occurrences (all)	1	2	
Eczema			
subjects affected / exposed	1 / 6 (16.67%)	9 / 32 (28.13%)	
occurrences (all)	1	16	
Dermatitis diaper			
subjects affected / exposed	0 / 6 (0.00%)	4 / 32 (12.50%)	
occurrences (all)	0	9	
Dry skin			
subjects affected / exposed	0 / 6 (0.00%)	2 / 32 (6.25%)	
occurrences (all)	0	3	
Dermatitis			
subjects affected / exposed	1 / 6 (16.67%)	1 / 32 (3.13%)	
occurrences (all)	1	1	
Dermatitis atopic			
subjects affected / exposed	1 / 6 (16.67%)	1 / 32 (3.13%)	
occurrences (all)	1	1	

Urticaria thermal			
subjects affected / exposed	1 / 6 (16.67%)	0 / 32 (0.00%)	
occurrences (all)	1	0	
Renal and urinary disorders			
Pollakiuria			
subjects affected / exposed	1 / 6 (16.67%)	0 / 32 (0.00%)	
occurrences (all)	1	0	
Infections and infestations			
Molluscum contagiosum			
subjects affected / exposed	1 / 6 (16.67%)	2 / 32 (6.25%)	
occurrences (all)	1	2	
Nasopharyngitis			
subjects affected / exposed	5 / 6 (83.33%)	17 / 32 (53.13%)	
occurrences (all)	21	108	
Gastroenteritis			
subjects affected / exposed	2 / 6 (33.33%)	7 / 32 (21.88%)	
occurrences (all)	4	11	
Conjunctivitis			
subjects affected / exposed	0 / 6 (0.00%)	6 / 32 (18.75%)	
occurrences (all)	0	16	
Influenza			
subjects affected / exposed	1 / 6 (16.67%)	5 / 32 (15.63%)	
occurrences (all)	1	6	
Exanthema subitum			
subjects affected / exposed	0 / 6 (0.00%)	5 / 32 (15.63%)	
occurrences (all)	0	5	
Respiratory syncytial virus infection			
subjects affected / exposed	1 / 6 (16.67%)	4 / 32 (12.50%)	
occurrences (all)	1	5	
Otitis media			
subjects affected / exposed	0 / 6 (0.00%)	3 / 32 (9.38%)	
occurrences (all)	0	5	
COVID-19			
subjects affected / exposed	1 / 6 (16.67%)	3 / 32 (9.38%)	
occurrences (all)	1	3	
Hand-foot-and-mouth disease			

subjects affected / exposed	3 / 6 (50.00%)	3 / 32 (9.38%)	
occurrences (all)	3	3	
Hordeolum			
subjects affected / exposed	0 / 6 (0.00%)	2 / 32 (6.25%)	
occurrences (all)	0	4	
Upper respiratory tract infection			
subjects affected / exposed	0 / 6 (0.00%)	2 / 32 (6.25%)	
occurrences (all)	0	3	
Coronavirus infection			
subjects affected / exposed	0 / 6 (0.00%)	2 / 32 (6.25%)	
occurrences (all)	0	2	
Pharyngitis streptococcal			
subjects affected / exposed	1 / 6 (16.67%)	0 / 32 (0.00%)	
occurrences (all)	1	0	
Cystitis			
subjects affected / exposed	1 / 6 (16.67%)	0 / 32 (0.00%)	
occurrences (all)	1	0	
Tonsillitis			
subjects affected / exposed	1 / 6 (16.67%)	1 / 32 (3.13%)	
occurrences (all)	1	1	
Pharyngitis			
subjects affected / exposed	1 / 6 (16.67%)	1 / 32 (3.13%)	
occurrences (all)	1	1	
Impetigo			
subjects affected / exposed	1 / 6 (16.67%)	1 / 32 (3.13%)	
occurrences (all)	1	1	

More information

Substantial protocol amendments (globally)

Were there any global substantial amendments to the protocol? Yes

Date	Amendment
28 June 2018	Protocol Amendment 2, dated 28 Jun 2018, provided the following changes: • The long-term efficacy and safety assessments were updated so that they were more appropriate, taking into account 48h video-electroencephalogram (EEG) failures. − The secondary objectives to be evaluated during the Second Period were changed to be evaluated during the combined First and Second Periods. − Efficacy variables, safety variables, the schedule of assessments for study participants who were 48h video-EEG failures, the study schematic, and the planned analyses and analysis sets were updated. • Minor administrative edits, including typographical changes for formatting, were made.
29 June 2020	Protocol Amendment 3, dated 29 Jan 2020, provided the following changes: • The primary efficacy variable was changed from daily partial seizure frequency monitored by 48h video-EEG to partial seizure frequency per week from Baseline to Visit 6 as agreed with Pharmaceuticals and Medical Devices Agency (PMDA). Text was revised throughout to reflect the change from 48h video-EEG to patient diary (ie, Daily Record Card [DRC]). • Study participants who were directly enrolled in the Second Period based on the protocol prior to Amendment 3 were to be included in the efficacy and safety analyses, with remapping of visit numbers to correspond to those for study participants who enrolled in the First Period. • Minor administrative edits were made.
22 February 2023	Protocol Amendment 4, dated 22 Feb 2023, provided the following changes: • The summary was updated to comply with regulations in Japan for the conduct of postmarketing clinical studies: − EP0100 was to be conducted as a clinical study (Phase 3) until approval was obtained for the indication of levetiracetam (LEV) as monotherapy or adjunctive treatment in study participants aged 1 month to <4 years with partial seizures, and continued as a postmarketing clinical study (Phase 4) after the date of approval until the study participant was switched to commercial LEV as soon as possible, or until LEV was discontinued after a period of dose reduction. In Japan, the meaning and expressions related to "clinical study" shall automatically be read as "postmarketing clinical study" after the date of approval in Japan. • Minor administrative edits were made.

Notes:

Interruptions (globally)

Were there any global interruptions to the trial? No

Limitations and caveats

None reported