HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use LYRICA safely and effectively. See full prescribing information for LYRICA.

LYRICA (pregabalin) Capsules, CV
LYRICA (pregabalin) Oral Solution, CV
Initial U.S. Approval: 2004

------ INDICATIONS AND USAGE ------

LYRICA is indicated for:

- Neuropathic pain associated with diabetic peripheral neuropathy (DPN) (1.1)
- Post herpetic neuralgia (PHN) (1.2)
- Adjunctive therapy for adult patients with partial onset seizures (1.3)
- Fibromyalgia (1.4)

------ DOSAGE AND ADMINISTRATION ------

DPN Pain (2.1):

- Administer in 3 divided doses per day
- Begin dosing at 150 mg/day
- May be increased to a maximum of 300 mg/day within 1 week.

PHN (2.2):

- Administer in 2 or 3 divided doses per day
- Begin dosing at 150 mg/day
- May be increased to 300 mg/day within 1 week
- Maximum dose of 600 mg/day.

Adjunctive Therapy for Adult Patients with Partial Onset Seizures (2.3):

- Administer in 2 or 3 divided doses per day
- Begin dosing at 150 mg/day
- Maximum dose of 600 mg/day.

Fibromyalgia (2.4):

- Administer in 2 divided doses per day
- Begin dosing at 150 mg/day
- May be increased to 300 mg/day within 1 week
- Maximum dose of 450 mg/day.

Dose should be adjusted in patients with reduced renal function. (2.5)
Oral Solution Concentration and Dispensing (2.6)

------ DOSAGE FORMS AND STRENGTHS ------

- Capsules: 25mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg, 225 mg, and 300 mg. (3)
- Oral Solution: 20 mg/ mL. (3)

------ CONTRAINDICATIONS ------

- Known hypersensitivity to pregabalin or any of its components. (4)

----- WARNINGS AND PRECAUTIONS ---

- Angioedema (e.g. swelling of the throat, head and neck) can occur, and may be associated with life-threatening respiratory compromise requiring emergency treatment. Discontinue LYRICA immediately in these cases. (5.1)
- Hypersensitivity reactions (e.g. hives, dyspnea, and wheezing) can occur. Discontinue LYRICA immediately in these patients. (5.2)
- Increased seizure frequency may occur in patients with seizure disorders if LYRICA is rapidly discontinued. Withdraw LYRICA gradually over a minimum of 1 week. (5.3)
- Antiepileptic drugs, including LYRICA, increase the risk of suicidal thoughts or behavior. (5.4)
- LYRICA may cause peripheral edema. Exercise caution when co-administering LYRICA and thiazolidinedione antidiabetic agents. (5.5)
- LYRICA may cause dizziness and somnolence and impair patients' ability to drive or operate machinery.(5.6)

------ ADVERSE REACTIONS ------

Most common adverse reactions (≥ 5% and twice placebo) are dizziness, somnolence, dry mouth, edema, blurred vision, weight gain and thinking abnormal (primarily difficulty with concentration/attention). (6.1)

To report SUSPECTED ADVERSE REACTIONS, contact Pfizer at (800) 438-1985 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch

----------USE IN SPECIFIC POPULATIONS----------

To enroll in the North American Antiepileptic Drug Pregnancy Registry call 1-888-233-2334 (toll free). (8.1)

See 17 for PATIENT COUNSELING INFORMATION and FDA-approved Medication Guide

Revised: June 2011

FULL PRESCRIBING INFORMATION: CONTENTS*

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

FULL PRESCRIBING INFORMATION

1 INDICATIONS AND USAGE

LYRICA is indicated for:

1.1 Management of neuropathic pain associated with diabetic peripheral neuropathy

1.2 Management of postherpetic neuralgia

1.3 Adjunctive therapy for adult patients with partial onset seizures

1.4 Management of fibromyalgia

2 DOSAGE AND ADMINISTRATION

LYRICA is given orally with or without food.

When discontinuing LYRICA, taper gradually over a minimum of 1 week.

2.1 Neuropathic pain associated with diabetic peripheral neuropathy

The maximum recommended dose of LYRICA is 100 mg three times a day (300 mg/day) in patients with creatinine clearance of at least 60 mL/min. Begin dosing at 50 mg three times a day (150 mg/day). The dose may be increased to 300 mg/day within 1 week based on efficacy and tolerability. Because LYRICA is eliminated primarily by renal excretion, adjust the dose in patients with reduced renal function *[see Dosage and Administration (2.5)]*.

Although LYRICA was also studied at 600 mg/day, there is no evidence that this dose confers additional significant benefit and this dose was less well tolerated. In view of the dose-dependent adverse reactions, treatment with doses above 300 mg/day is not recommended *[see Adverse Reactions (6.1)]*.

2.2 Postherpetic neuralgia

The recommended dose of LYRICA is 75 to 150 mg two times a day, or 50 to 100 mg three times a day (150 to 300 mg/day) in patients with creatinine clearance of at least 60 mL/min. Begin dosing at 75 mg two times a day, or 50 mg three times a day (150 mg/day). The dose may be increased to 300 mg/day within 1 week based on efficacy and tolerability. Because LYRICA is eliminated primarily by renal excretion, adjust the dose in patients with reduced renal function *[see Dosage and Administration (2.5)]*.

Patients who do not experience sufficient pain relief following 2 to 4 weeks of treatment with 300 mg/day, and who are able to tolerate LYRICA, may be treated with up to 300 mg two times

a day, or 200 mg three times a day (600 mg/day). In view of the dose-dependent adverse reactions and the higher rate of treatment discontinuation due to adverse reactions, reserve dosing above 300 mg/day for those patients who have on-going pain and are tolerating 300 mg daily *[see Adverse Reactions (6.1)]*.

2.3 Adjunctive therapy for adult patients with partial onset seizures

LYRICA at doses of 150 to 600 mg/day has been shown to be effective as adjunctive therapy in the treatment of partial onset seizures in adults. Both the efficacy and adverse event profiles of LYRICA have been shown to be dose-related. Administer the total daily dose in two or three divided doses. In general, it is recommended that patients be started on a total daily dose no greater than 150 mg/day (75 mg two times a day, or 50 mg three times a day). Based on individual patient response and tolerability, the dose may be increased to a maximum dose of 600 mg/day.

Because LYRICA is eliminated primarily by renal excretion, adjust the dose in patients with reduced renal function *[see Dosage and Administration (2.5)]*.

The effect of dose escalation rate on the tolerability of LYRICA has not been formally studied.

The efficacy of add-on LYRICA in patients taking gabapentin has not been evaluated in controlled trials. Consequently, dosing recommendations for the use of LYRICA with gabapentin cannot be offered.

2.4 Management of Fibromyalgia

The recommended dose of LYRICA for fibromyalgia is 300 to 450 mg/day. Begin dosing at 75 mg two times a day (150 mg/day). The dose may be increased to 150 mg two times a day (300 mg/day) within 1 week based on efficacy and tolerability. Patients who do not experience sufficient benefit with 300 mg/day may be further increased to 225 mg two times a day (450 mg/day). Although LYRICA was also studied at 600 mg/day, there is no evidence that this dose confers additional benefit and this dose was less well tolerated. In view of the dose-dependent adverse reactions, treatment with doses above 450 mg/day is not recommended *[see Adverse Reactions (6.1)]*. Because LYRICA is eliminated primarily by renal excretion, adjust the dose in patients with reduced renal function *[see Dosage and Administration (2.5)]*.

2.5 Patients with Renal Impairment

In view of dose-dependent adverse reactions and since LYRICA is eliminated primarily by renal excretion, adjust the dose in patients with reduced renal function. Base the dose adjustment in patients with renal impairment on creatinine clearance (CLcr), as indicated in Table 1. To use this dosing table, an estimate of the patient's CLcr in mL/min is needed. CLcr in mL/min may be estimated from serum creatinine (mg/dL) determination using the Cockcroft and Gault equation:

$$CLCr = \frac{[140 - \text{age (years)}] \times \text{weight (kg)}}{72 \times \text{serum creatinine (mg/dL)}} \ (\times\ 0.85 \text{ for female patients})$$

Next, refer to the Dosage and Administration section to determine the recommended total daily dose based on indication, for a patient with normal renal function (CLcr ≥60 mL/min). Then refer to Table 1 to determine the corresponding renal adjusted dose.

(For example: A patient initiating LYRICA therapy for postherpetic neuralgia with normal renal function (CLcr ≥60 mL/min), receives a total daily dose of 150 mg/day pregabalin. Therefore, a renal impaired patient with a CLcr of 50 mL/min would receive a total daily dose of 75 mg/day pregabalin administered in two or three divided doses.)

For patients undergoing hemodialysis, adjust the pregabalin daily dose based on renal function. In addition to the daily dose adjustment, administer a supplemental dose immediately following every 4-hour hemodialysis treatment (see Table 1).

Table 1. Pregabalin Dosage Adjustment Based on Renal Function

Creatinine Clearance (CLcr) (mL/min)	Total Pregabalin Daily Dose (mg/day)*				Dose Regimen
≥60	150	300	450	600	BID or TID
30–60	75	150	225	300	BID or TID
15–30	25–50	75	100–150	150	QD or BID
<15	25	25–50	50–75	75	QD
Supplementary dosage following hemodialysis (mg)†					
Patients on the 25 mg QD regimen: take one supplemental dose of 25 mg or 50 mg Patients on the 25–50 mg QD regimen: take one supplemental dose of 50 mg or 75 mg Patients on the 50–75 mg QD regimen: take one supplemental dose of 75 mg or 100 mg Patients on the 75 mg QD regimen: take one supplemental dose of 100 mg or 150 mg					

TID= Three divided doses; BID = Two divided doses; QD = Single daily dose.

* Total daily dose (mg/day) should be divided as indicated by dose regimen to provide mg/dose.

† Supplementary dose is a single additional dose.

2.6 Oral Solution Concentration and Dispensing

The oral solution is 20 mg pregabalin per milliliter (mL) and prescriptions should be written in milligrams (mg). The pharmacist will calculate the applicable dose in mL for dispensing (e.g., 150 mg equals 7.5 mL oral solution).

3 DOSAGE FORMS AND STRENGTHS

Capsules: 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg, 225 mg, and 300 mg
Oral Solution: 20 mg/mL
[see Description (11) and How Supplied/Storage and Handling (16)].

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