1.3.1

Summary of Product Characteristics (SmPC)

1. Name of the medicinal Product

Pregabalin Capsule 75 mg

BRAND NAME: PREGABEST CAPSULES 75mg

2. Qualitative and Quantitative Composition

2.1 Strength:

Each Hard Gelatin Capsules Contains:

Pregabalin USP	75 mg
Excipients	Q.S.

2.2 Quantitative declaration:

Excipients with known effect: Purified Talc

For the full list of excipients, see section 6.1.

3. Pharmaceutical Form

Oral Capsules

Green/yellow colour size "4" hard gelatin capsule containing white to off white colour granular powder.

4. Clinical Particulars

4.1 Therapeutic Indications

Pregabalin is indicated for management of neuropathic pain associated with diabetic peripheral neuropathy, post herpetic neuralgia, fibromyalgia, neuropathic pain associated with spinal cord injury and as adjunctive therapy for adult patients with partial onset seizures.

4.2 Posology and Method of Administration

Adjunctive Therapy for Adult Patients with Partial Onset Seizures: Start 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, increase upto maximum dose of 600 mg/day. Neuropathic Pain Associated with Diabetic Peripheral Neuropathy: Maximum recommended dose of pregabalin 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), increased to 300 mg/day within 1 week based on efficacy and tolerability.

Postherpetic Neuralgia: Recommended dose of pregabalin 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), increased to 300 mg/day within 1 week based on efficacy and tolerability. Management of Fibromyalgia: Recommended dose of pregabalin for fibromyalgia is 300 to 450 mg/day. Begin dosing at 75 mg two times a day (150 mg/day), increased upto 150 mg two times a day (300 mg/day) within 1 week, based on efficacy and tolerability, increased upto 225 mg two times a day (maximum 450 mg/day).Neuropathic Pain Associated with Spinal Cord Injury: Recommended dose range of pregabalin for neuropathic pain associated with spinal cord injury is 150 to 600 mg/day. Recommended starting dose is 75 mg two times a day (150 mg/day), increase upto 150 mg two times a day (300 mg/day) within 1 week, based on efficacy and tolerability, increase upto 300 mg two times a day.

Dosage in Patients with Renal Impairment:

Creatinine Clearance (mL/min)	Total Pregabalin daily dose				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

4.3 Contraindications

In patients with history of hypersensitivity to Pregabalin or to any of excipients of this product.

4.4 Special Warnings and Special Precautions for Use

Dosage reduction of pregabalin in patients with renal dysfunction, particularly in elderly patients, is necessary. Pregabalin may cause weight gain.

Use with caution in patient with previous episode of angioedema & patients taking other drugs associated with angioedema (ACE-inhibitors), congestive heart failure due to peripheral edema.

Withdraw pregabalin gradually with tapering to minimize potential increase of seizure frequency over a minimum of 1 week. As abrupt or rapid discontinuation of pregabalin may cause insomnia, nausea, headache, anxiety, hyperhidrosis, and diarrhea.

Monitor patients treated with any pregabalin for any indication for the emergence or worsening of depression, suicidal thoughts or behavior, and/or any unusual changes in mood or behavior. It

can be observed as early as one week after starting drug treatment. Use with caution in patients with a history of substance abuse.

Exercise caution when co-administering pregabalin with thiazolidinedione class of antidiabetic drugs in diabetic patients due to weight gain and/or fluid retention, possibly exacerbating or leading to heart failure.

Inform patients that pregabalin -related dizziness and somnolence may impair their ability to perform tasks such as driving or operating machinery.

Inform patients to notify their physician if changes in vision (i.e. blurred vision) occur. If visual disturbance persists, consider further assessment.

Pregabalin treatment was associated with creatine kinase elevations, decrease in platelet count and PR interval prolongation.

Incidence of adverse reactions in general, CNS adverse reactions and especially somnolence was increased in treatment of central neuropathic pain due to spinal cord injury.

Pregnancy: Pregabalin should not be used during pregnancy unless clearly necessary & if the benefit to the mother clearly outweighs the potential risk to the foetus.

Lactation: Pregabalin is excreted into human milk. Because of potential risk of tumorigenicity, breastfeeding is not recommended during treatment with Pregabalin.

4.5 Interaction with other medicinal products and other forms of interaction

In vitro and in vivo studies on pregabalin showed that it is unlikely to be involved in significant pharmacokinetic drug interactions with other antiepileptic drugs: carbamazepine, valproic acid, lamotrigine, phenytoin, phenobarbital, and topiramate. Pregabalin may potentiate the effects of ethanol and lorazepam.

Reduced lower gastrointestinal tract function (e.g., intestinal obstruction, paralytic ileus, constipation) when pregabalin was co-administered with medicinal products that have the potential to produce constipation, such as opioid analgesics.

4.6 Pregnancy and Lactation

Pregnancy: Pregabalin should not be used during pregnancy unless clearly necessary & if the benefit to the mother clearly outweighs the potential risk to the foetus.

Lactation: Pregabalin is excreted into human milk. Because of potential risk of tumorigenicity, breastfeeding is not recommended during treatment with Pregabalin.

4.7 Effects on ability To Drive and use Machines

Pregabalin Capsules may have minor or moderate influence on the ability to drive and use machines. Pregabalin Capsules may cause dizziness and somnolence and therefore may influence the ability to drive or use machines. Patients are advised not to drive, operate complex machinery or engage in other potentially hazardous activities until it is known whether this medicinal product affects their ability to perform these activities.

4.8 Undesirable Effects

A majority of pregabalin-treated patients in clinical studies had mild or moderate adverse reactions.

Body as whole: Asthenia, allergic reaction, accidental injury, back pain, headache, chest pain, accidental injury, flu syndrome, face edema, infection, pain, feeling drunk, sinusitis. **Gastrointestinal system**: Dry mouth, constipation, flatulence, vomiting, increased appetite, abdominal distension, fluid retention.

Metabolic and nutritional disorders: Peripheral edema, weight gain, edema, hypoglycemia. Musculoskeletal system: Myasthenia, arthralgia, muscle spasms, joint swelling, myalgia. Nervous system: Dizziness, somnolence, neuropathy, ataxia, vertigo, anxiety, confusion, euphoria, incoordination, thinking abnormal, memory impairment, tremor, abnormal gait, amnesia, depression, nervousness, disorientation, speech disorder, twitching, myoclonus, hyposthenia, lethargy, paresthesia.

Vascular disorder: Hypotension, hypertension.

Respiratory System: Dyspnea, bronchitis, pharyngolaryngeal pain. Eye disorder: Blurry vision, abnormal vision, diplopia, eye disorder Urogenital system: Urinary incontinence, anorgasmia, urinary infrequency.

4.9 Overdose

In case of overdose of pregabalin, eliminate unabsorbed drug by emesis or gastric lavage. General supportive care of patient is indicated including monitoring of vital signs and observation of clinical status. Standard hemodialysis procedures result in significant clearance of pregabalin (approximately 50% in 4 hours).

5. Pharmacological Properties

5.1 Pharmacodynamics Properties

Pregabalin binds with high affinity to alpha2-delta site (an auxiliary subunit of voltage-gated calcium channels) in CNS. Pregabalin is structural derivative of inhibitory neurotransmitter gamma aminobutyric acid (GABA). Pregabalin does not block sodium channels, is not active at opiate receptors, and does not alter cyclooxygenase enzyme activity. It is inactive at serotonin and dopamine receptors and does not inhibit dopamine, serotonin, or noradrenaline reuptake.

5.1 Pharmacokinetic Properties

Oral pregabalin is well absorbed with bioavailability is ≥ 90% & eliminated largely by renal excretion, and has an elimination half-life of about 6 hours. Under fasting conditions, Cmax occur within 1.5 hours. Following repeated administration, steady state is achieved within 24 to 48 hours. Pregabalin does not bind to plasma proteins. Pregabalin undergoes negligible metabolism in humans with approximately 90% dose recovered in urine. Pregabalin is eliminated from systemic circulation primarily by renal excretion as unchanged drug with mean elimination half-life of 6.3 hours in subjects with normal renal function. Mean renal clearance was estimated to be 67.0 to 80.9 mL/min in young healthy subjects.

5.2 Preclinical Safety Data

Pregabalin was not teratogenic in mice, rats or rabbits. Foetal toxicity in rats and rabbits occurred only at exposures sufficiently above human exposure. In prenatal/postnatal toxicity studies, pregabalin induced offspring developmental toxicity in rats at exposures > 2 times the maximum recommended human exposure. In conventional safety pharmacology studies in animals, pregabalin was well-tolerated at clinically relevant doses. In repeated dose toxicity studies in rats and monkeys CNS effects were observed, including hypoactivity, hyperactivity and ataxia. Pregabalin is not genotoxic based on results of a battery of in vitro and in vivo tests.

6. Pharmaceutical Particulars

6.1 List of Excipients

Pregelatinised Starch (Starch 1500)

Purified Talc

Capsule Shell Green/yellow size “4”

6.2 Incompatibilities

Not applicable

6.3 Shelf Life

36 months

6.4 Special Precautions for Storage

Store below 30°C. Protect from light & moisture.

6.5 Nature and Contents of Container

10 Capsules are in Alu-Alu Blister Pack. Such 3 Alu-Alu blisters are packed in a printed carton along with packing insert.

6.6 Special precaution for disposal and other handling

Any unused product or waste material should be disposed of in accordance with local requirements.

7. Registrant (Marketing Authorization Holder And Manufacturing Site Addresses)

7.1 Name and Address of Marketing Authorization Holder

Generics And Specialities Ltd.
31b Awoniyi Elemo Street, Off Lateef Salami Street,
Ajao Estate, Lagos
Nigeria.
E-mail: info@gslnigeria.com

7.2 Name and Address of manufacturing site(s)

Lincoln Pharmaceutical Ltd.
Trimul Estate, Khatraj, Tal. Kalol,
District: Gandhinagar Gujarat, India.
Telephone no.: +91-7941-078096
Fax: +91-7941-078062
Email: hiren@lincolnpharma.com

Website: www.lincolnpharma.com

7.3 Marketing Authorization Number

To be included after obtaining first registration.

7.4 Date of First <Registration> / Renewal of The <Registration>

It will be applicable after registration of this product.

8. Date of Revision of the Text

11/04/2022

9. Dosimetry (If Applicable)

Not Applicable

10. Instructions for preparation of radiopharmaceuticals (if Applicable)

Not Applicable