

**For the use only of a Registered Medical Practitioner or a Hospital or a Laboratory**

**PREGEB M**  
**(Pregabalin & Methylcobalamin Capsules)**

**COMPOSITION**

**PREGEB M 75**

Each hard gelatin capsule contains:

Pregabalin I.P. 75 mg

Mecobalamin J.P. 750 mcg

(Methylcobalamin)

**PREGEB M 150**

Each hard gelatin capsule contains:

Pregabalin I.P. 150 mg

Mecobalamin J.P. 750 mcg

(Methylcobalamin)

Approved colours used in empty hard gelatin capsule shells

Appropriate overage of Methylcobalamin is added to compensate loss on storage.

**DOSAGE FORM**

Hard gelatin capsules

**INDICATIONS**

Combination of pregabalin and Methylcobalamin is indicated for management of neuropathic pain.

**POSODOLOGY AND METHOD OF ADMINISTRATION**

Treatment will be started with a capsule containing pregabalin 150mg with Methylcobalamin 750mcg once daily or a capsule containing pregabalin 75mg with Methylcobalamin 750mcg twice daily. The dose may be increased after an interval of 3 to 7 days. Based on individual patient response and tolerability, the maximum recommended dose is four capsules of pregabalin 150mg with Methylcobalamin 750mcg per day in divided doses.

Patients with Renal Impairment

In view of dose-dependent adverse events and since pregabalin is eliminated primarily by renal excretion, the dose should be adjusted in patients with reduced renal function. Dosage adjustment in patients with renal impairment should be based on CL<sub>cr</sub>, as indicated in the table given below. To use this dosing table, an estimate of the patient's CL<sub>cr</sub> in ml/min is needed. CL<sub>cr</sub> in ml/min may be estimated from serum creatinine (mg/dL) determination using the Cockcroft and Gault equation:

$$CL_{cr} = [140 - \text{age (years)}] \times \text{body weight (kgs)}$$

$$\frac{\text{-----}}{72 \times \text{serum creatinine (mg/dL)}}$$

To account for females, CL<sub>cr</sub> determined from above equation should be multiplied by 0.85. For patients undergoing hemodialysis, pregabalin daily dose should be adjusted based on renal function. In addition to the daily dose adjustment, a supplemental dose should be given immediately following every 4-hour hemodialysis treatment as given in the table below.

### Pregabalin Dosage Adjustment Based on Renal Function

Creatinine Clearance (ml/min)	Total Pregabalin Daily Dose*		Dose Regimen
	Starting dose (mg/day)	Maximum dose (mg/day)	
≥60	150	600	BID or TID
≥30-60	75	300	BID or TID
≥15-30	25-50	150	Once Daily or BID
<15	25	75	Once Daily
Supplementary dosage following haemodialysis (mg)			
	25	100	Single dose+

a Total daily dose (mg/day) should be divided as indicated by dose regimen to provide mg/dose. Hepatically Impaired Patients: No dose adjustments are necessary for patients with hepatic impairment.

Use in patients with hepatic impairment

No dose adjustment is required for patients with hepatic impairment.

#### Paediatric population

The safety and efficacy of Pregabalin in children below the age of 12 years and in adolescents (12-17 years of age) have not been established. No data are available.

Use in the elderly (over 65 years of age)

Elderly patients may require a dose reduction of pregabalin due to a decreased renal function.

### **CONTRAINDICATIONS**

Hypersensitivity to the active substance or to any of the excipients.

### **SPECIAL WARNINGS AND PRECAUTIONS FOR USE**

#### **Pregabalin**

##### Diabetic patients

In accordance with current clinical practice, some diabetic patients who gain weight on pregabalin treatment may need to adjust hypoglycaemic medicinal products.

##### Hypersensitivity reactions

There have been reports in the postmarketing experience of hypersensitivity reactions, including cases of angioedema. Pregabalin should be discontinued immediately if symptoms of angioedema, such as facial, perioral, or upper airway swelling occur.

##### Dizziness, somnolence, loss of consciousness, confusion and mental impairment

Pregabalin treatment has been associated with dizziness and somnolence, which could increase the occurrence of accidental injury (fall) in the elderly population. There have also been postmarketing reports of loss of consciousness, confusion and mental impairment. Therefore, patients should be advised to exercise caution until they are familiar with the potential effects of the medicinal product.

### Vision-related effects

In controlled trials, a higher proportion of patients treated with pregabalin reported blurred vision than did patients treated with placebo which resolved in a majority of cases with continued dosing. In the clinical studies where ophthalmologic testing was conducted, the incidence of visual acuity reduction and visual field changes was greater in pregabalin-treated patients than in placebo-treated patients; the incidence of fundoscopic changes was greater in placebo-treated patients.

In the postmarketing experience, visual adverse reactions have also been reported, including loss of vision, visual blurring or other changes of visual acuity, many of which were transient. Discontinuation of pregabalin may result in resolution or improvement of these visual symptoms.

### Renal failure

Cases of renal failure have been reported and in some cases discontinuation of pregabalin did show reversibility of this adverse reaction.

### Withdrawal of concomitant anti-epileptic medicinal products

There are insufficient data for the withdrawal of concomitant anti-epileptic medicinal products, once seizure control with pregabalin in the add-on situation has been reached, in order to reach monotherapy on pregabalin.

### Withdrawal symptoms

After discontinuation of short-term and long-term treatment with pregabalin, withdrawal symptoms have been observed in some patients. The following events have been mentioned: insomnia, headache, nausea, anxiety, diarrhoea, flu syndrome, nervousness, depression, pain, convulsion, hyperhidrosis and dizziness, suggestive of physical dependence. The patient should be informed about this at the start of the treatment.

Convulsions, including status epilepticus and grand mal convulsions, may occur during pregabalin use or shortly after discontinuing pregabalin.

Concerning discontinuation of long-term treatment of pregabalin, data suggest that the incidence and severity of withdrawal symptoms may be dose-related.

### Congestive heart failure

There have been postmarketing reports of congestive heart failure in some patients receiving pregabalin. These reactions are mostly seen in elderly cardiovascular compromised patients during pregabalin treatment for a neuropathic indication. Pregabalin should be used with caution in these patients. Discontinuation of pregabalin may resolve the reaction.

### Treatment of central neuropathic pain due to spinal cord injury

In the treatment of central neuropathic pain due to spinal cord injury the incidence of adverse reactions in general, central nervous system adverse reactions and especially somnolence was increased. This may be attributed to an additive effect due to concomitant medicinal products (e.g. anti-spasticity agents) needed for this condition. This should be considered when prescribing pregabalin in this condition.

### Suicidal ideation and behaviour

Suicidal ideation and behaviour have been reported in patients treated with anti-epileptic agents in several indications. A meta-analysis of randomised placebo controlled studies of anti-epileptic drugs has also shown a small increased risk of suicidal ideation and behaviour. The mechanism of this risk is not known and the available data do not exclude the possibility of an increased risk for pregabalin.

Therefore, patients should be monitored for signs of suicidal ideation and behaviours and appropriate treatment should be considered. Patients (and caregivers of patients) should be advised to seek medical advice should signs of suicidal ideation or behaviour emerge.

#### Reduced lower gastrointestinal tract function

There are postmarketing reports of events related to reduced lower gastrointestinal tract function (e.g. intestinal obstruction, paralytic ileus, constipation) when pregabalin was co-administered with medications that have the potential to produce constipation, such as opioid analgesics. When pregabalin and opioids will be used in combination, measures to prevent constipation may be considered (especially in female patients and elderly).

#### Misuse, abuse potential or dependence

Cases of misuse, abuse and dependence have been reported. Caution should be exercised in patients with a history of substance abuse and the patient should be monitored for symptoms of pregabalin misuse, abuse or dependence (development of tolerance, dose escalation, drug-seeking behaviour have been reported).

#### Encephalopathy

Cases of encephalopathy have been reported, mostly in patients with underlying conditions that may precipitate encephalopathy.

#### **Methylcobalamin**

Should be given with caution in patients suffering from folate deficiency.

The following warnings and precautions suggested with parent form – vitamin B12

The treatment of vitamin B12 deficiency can unmask the symptoms of polycythemia vera.

Megaloblastic anemia is sometimes corrected by treatment with vitamin B12. But this can have very serious side effects. Don't attempt vitamin B12 therapy without close supervision by your healthcare provider.

Do not take vitamin B12 if Leber's disease, a hereditary eye disease. It can seriously harm the optic nerve, which might lead to blindness.

#### **DRUG-INTERACTION**

##### **Pregabalin**

Since pregabalin is predominantly excreted unchanged in the urine, undergoes negligible metabolism in humans (< 2% of a dose recovered in urine as metabolites), does not inhibit drug metabolism *in vitro*, and is not bound to plasma proteins, it is unlikely to produce, or be subject to, pharmacokinetic interactions.

#### *In vivo* studies and population pharmacokinetic analysis

Accordingly, in *in vivo* studies no clinically relevant pharmacokinetic interactions were observed between pregabalin and phenytoin, carbamazepine, valproic acid, lamotrigine, gabapentin, lorazepam, oxycodone or ethanol. Population pharmacokinetic analysis indicated that oral antidiabetics, diuretics, insulin, phenobarbital, tiagabine and topiramate had no clinically significant effect on pregabalin clearance.

### Oral contraceptives, norethisterone and/or ethinyl oestradiol

Co-administration of pregabalin with the oral contraceptives norethisterone and/or ethinyl oestradiol does not influence the steady-state pharmacokinetics of either substance.

### Central nervous system influencing medical products

Pregabalin may potentiate the effects of ethanol and lorazepam. In controlled clinical trials, multiple oral doses of pregabalin co-administered with oxycodone, lorazepam, or ethanol did not result in clinically important effects on respiration. In the postmarketing experience, there are reports of respiratory failure and coma in patients taking pregabalin and other central nervous system (CNS) depressant medicinal products. Pregabalin appears to be additive in the impairment of cognitive and gross motor function caused by oxycodone.

### Interactions and the elderly

No specific pharmacodynamic interaction studies were conducted in elderly volunteers. Interaction studies have only been performed in adults.

### **Methylcobalamin**

The data are unavailable for methylcobalamin drug interaction, however evidences for parent drug, vitamin B12 are as follows:

Serum concentrations may be decreased by use of oral contraceptives.

Many of these interactions are unlikely to be of clinical significance but should be taken into account when performing assays for blood concentrations.

Parenteral chloramphenicol may attenuate the effect of vitamin B12 in anaemia.

Folic acid, particularly in large doses, can cover up vitamin B12 deficiency, and cause serious health effects.

Early research suggests that vitamin C supplements can destroy dietary vitamin B12. It isn't known whether this interaction is important, but to stay on the safe side, take vitamin C supplements at least 2 hours after meals.

## **FERTILITY, PREGNANCY AND LACTATION**

### **Pregabalin**

#### Women of childbearing potential/Contraception in males and females

As the potential risk for humans is unknown, effective contraception must be used in women of child bearing potential.

#### Pregnancy

There are no adequate data from the use of pregabalin in pregnant women.

Studies in animals have shown reproductive toxicity. The potential risk for humans is unknown.

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

#### Breast-feeding

Pregabalin is excreted into human milk. The effect of pregabalin on newborns/infants is unknown. A decision must be made whether to discontinue breast-feeding or to discontinue pregabalin therapy taking into account the benefit of breast-feeding for the child and the benefit of therapy for the woman.

#### Fertility

There are no clinical data on the effects of pregabalin on female fertility.

In a clinical trial to assess the effect of pregabalin on sperm motility, healthy male subjects were exposed to pregabalin at a dose of 600 mg/day. After 3 months of treatment, there were no effects on sperm motility.

A fertility study in female rats has shown adverse reproductive effects. Fertility studies in male rats have shown adverse reproductive and developmental effects. The clinical relevance of these findings is unknown.

### **Methylcobalamin**

Vitamin B12 is likely safe for pregnant or breast-feeding women when taken by mouth in the amounts recommended. Don't take larger amounts. The safety of larger amounts is unknown.

### **EFFECTS ON ABILITY TO DRIVE AND USE MACHINES**

It may have minor or moderate influence on the ability to drive and use machines. It 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

### **UNDESIRABLE EFFECTS**

#### **Pregabalin**

The pregabalin clinical programme involved over 8,900 patients exposed to pregabalin, of whom over 5,600 were in double-blind placebo controlled trials. The most commonly reported adverse reactions were dizziness and somnolence. Adverse reactions were usually mild to moderate in intensity. In all controlled studies, the discontinuation rate due to adverse reactions was 12% for patients receiving pregabalin and 5% for patients receiving placebo. The most common adverse reactions resulting in discontinuation from pregabalin treatment groups were dizziness and somnolence.

In table 2 below all adverse reactions, which occurred at an incidence greater than placebo and in more than one patient, are listed by class and frequency (very common ( $\geq 1/10$ ); common ( $\geq 1/100$  to  $< 1/10$ ); uncommon ( $\geq 1/1,000$  to  $< 1/100$ ); rare ( $\geq 1/10,000$  to  $< 1/1,000$ ); very rare ( $< 1/10,000$ ), not known (cannot be estimated from the available data).

Within each frequency grouping, undesirable effects are presented in order of decreasing seriousness.

The adverse reactions listed may also be associated with the underlying disease and/or concomitant medicinal products.

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

Additional reactions reported from postmarketing experience are included in italics in the list below.

**Table 2. Pregabalin Adverse Drug Reactions**

<b>System Organ Class</b>	<b>Adverse drug reactions</b>
<b>Infections and infestations</b>	

Common	Nasopharyngitis
<b>Blood and lymphatic system disorders</b>	
Uncommon	Neutropaenia
<b>Immune system disorders</b>	
Uncommon	<i>Hypersensitivity</i>
Rare	<i>Angioedema, allergic reaction</i>
<b>Metabolism and nutrition disorders</b>	
Common	Appetite increased
Uncommon	Anorexia, hypoglycaemia
<b>Psychiatric disorders</b>	
Common	Euphoric mood, confusion, irritability, disorientation, insomnia, libido decreased
Uncommon	Hallucination, panic attack, restlessness, agitation, depression, depressed mood, elevated mood, <i>aggression</i> , mood swings, depersonalisation, word finding difficulty, abnormal dreams, libido increased, anorgasmia, apathy
Rare	Disinhibition
<b>Nervous system disorders</b>	
Very Common	Dizziness, somnolence, headache
Common	Ataxia, coordination abnormal, tremor, dysarthria, amnesia, memory impairment, disturbance in attention, paraesthesia, hypoaesthesia, sedation, balance disorder, lethargy
Uncommon	Syncope, stupor, myoclonus, <i>loss of consciousness</i> , psychomotor hyperactivity, dyskinesia, dizziness postural, intention tremor, nystagmus, cognitive disorder, <i>mental impairment</i> , speech disorder, hyporeflexia, hyperaesthesia, burning sensation, ageusia, <i>malaise</i>
Rare	<i>Convulsions</i> , parosmia, hypokinesia, dysgraphia
<b>Eye disorders</b>	
Common	Vision blurred, diplopia
Uncommon	Peripheral vision loss, visual disturbance, eye swelling, visual field defect, visual acuity reduced, eye pain, asthenopia, photopsia, dry eye, lacrimation increased, eye irritation
Rare	<i>Vision loss, keratitis</i> , oscillopsia, altered visual depth perception, mydriasis, strabismus, visual brightness
<b>Ear and labyrinth disorders</b>	
Common	Vertigo
Uncommon	Hyperacusis
<b>Cardiac disorders</b>	
Uncommon	Tachycardia, atrioventricular block first degree, sinus bradycardia, <i>congestive heart failure</i>
Rare	<i>QT prolongation</i> , sinus tachycardia, sinus arrhythmia

<b>Vascular disorders</b>	
Uncommon	Hypotension, hypertension, hot flushes, flushing, peripheral coldness
<b>Respiratory, thoracic and mediastinal disorders</b>	
Uncommon	Dyspnoea, epistaxis, cough, nasal congestion, rhinitis, snoring, nasal dryness
Rare	<i>Pulmonary oedema</i> , throat tightness
<b>Gastrointestinal disorders</b>	
Common	Vomiting, <i>nausea</i> , constipation, <i>diarrhoea</i> , flatulence, abdominal distension, dry mouth
Uncommon	Gastroesophageal reflux disease, salivary hypersecretion, hypoaesthesia oral
Rare	Ascites, pancreatitis, <i>swollen tongue</i> , dysphagia
<b>Skin and subcutaneous tissue disorders</b>	
Uncommon	Rash papular, urticaria, hyperhidrosis, <i>pruritus</i>
Rare	<i>Stevens Johnson syndrome</i> , cold sweat
<b>Musculoskeletal and connective tissue disorders</b>	
Common	Muscle cramp, arthralgia, back pain, pain in limb, cervical spasm
Uncommon	Joint swelling, myalgia, muscle twitching, neck pain, muscle stiffness
Rare	Rhabdomyolysis
<b>Renal and urinary disorders</b>	
Uncommon	Urinary incontinence, dysuria
Rare	Renal failure, oliguria, <i>urinary retention</i>
<b>Reproductive system and breast disorders</b>	
Common	Erectile dysfunction
Uncommon	Sexual dysfunction, ejaculation delayed, dysmenorrhoea, breast pain
Rare	Amenorrhoea, breast discharge, breast enlargement, <i>gynaecomastia</i>
<b>General disorders and administration site conditions</b>	
Common	Oedema peripheral, oedema, gait abnormal, fall, feeling drunk, feeling abnormal, fatigue
Uncommon	Generalised oedema, <i>face oedema</i> , chest tightness, pain, pyrexia, thirst, chills, asthenia
<b>Investigations</b>	
Common	Weight increased
Uncommon	Blood creatine phosphokinase increased, alanine aminotransferase increased, aspartate aminotransferase increased, blood glucose increased, platelet count decreased, blood creatinine increased, blood potassium decreased, weight decreased

Rare	White blood cell count decreased
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After discontinuation of short-term and long-term treatment with pregabalin withdrawal symptoms have been observed in some patients. The following reactions have been mentioned: insomnia, headache, nausea, anxiety, diarrhoea, flu syndrome, convulsions, nervousness, depression, pain, hyperhidrosis and dizziness, suggestive of physical dependence. The patient should be informed about this at the start of the treatment.

Concerning discontinuation of long-term treatment of pregabalin, data suggest that the incidence and severity of withdrawal symptoms may be dose-related.

#### Paediatric population

The pregabalin safety profile observed in two paediatric studies (pharmacokinetic and tolerability study, n=65; 1-year open label follow on safety study, n=54) was similar to that observed in the adult studies.

#### **Methylcobalamin**

Generally, methylcobalamin is well tolerated. No toxicity reactions have been reported. Pulmonary edema and congestive heart failure early in treatment; peripheral vascular thrombosis.

Polycythemia vera may also be seen.

Mild transient diarrhea has been seen.

Rarely itching; transitory exanthema.

Other adverse effects reported with vitamin B12 are diarrhea, blood clots, itching, serious allergic reactions.

#### **OVERDOSE**

In the postmarketing experience, the most commonly reported adverse reactions observed when pregabalin was taken in overdose included somnolence, confusional state, agitation, and restlessness. Seizures were also reported.

In rare occasions, cases of coma have been reported.

Treatment of pregabalin overdose should include general supportive measures and may include haemodialysis if necessary.

#### **Methylcobalamin**

Toxicity due to overdosage with methylcobalamin is not known.

### **PHARMACOLOGICAL PROPERTIES**

#### **Pregabalin**

##### **Pharmacodynamic properties**

Pharmacotherapeutic group: Anti-epileptics, other anti-epileptics ATC code: N03AX16

The active substance, pregabalin, is a gamma-aminobutyric acid analogue [(S)-3-(aminomethyl)-5-methylhexanoic acid].

##### Mechanism of action

Pregabalin binds to an auxiliary subunit ( $\alpha_2\text{-}\delta$  protein) of voltage-gated calcium channels in the central nervous system.

##### Clinical efficacy and safety

###### *Neuropathic pain*

Efficacy has been shown in trials in diabetic neuropathy, post herpetic neuralgia and spinal cord injury. Efficacy has not been studied in other models of neuropathic pain.

Pregabalin has been studied in 10 controlled clinical trials of up to 13 weeks with twice a day dosing (BID) and up to 8 weeks with three times a day (TID) dosing. Overall, the safety and efficacy profiles for BID and TID dosing regimens were similar.

In clinical trials up to 12 weeks for both peripheral and central neuropathic pain, a reduction in pain was seen by Week 1 and was maintained throughout the treatment period.

In controlled clinical trials in peripheral neuropathic pain 35% of the pregabalin treated patients and 18% of the patients on placebo had a 50% improvement in pain score. For patients not experiencing somnolence, such an improvement was observed in 33% of patients treated with pregabalin and 18% of patients on placebo. For patients who experienced somnolence the responder rates were 48% on pregabalin and 16% on placebo.

In the controlled clinical trial in central neuropathic pain 22% of the pregabalin treated patients and 7% of the patients on placebo had a 50% improvement in pain score.

### *Epilepsy*

#### Adjunctive Treatment

Pregabalin has been studied in 3 controlled clinical trials of 12 week duration with either BID or TID dosing. Overall, the safety and efficacy profiles for BID and TID dosing regimens were similar.

A reduction in seizure frequency was observed by Week 1.

#### Paediatric population

The efficacy and safety of pregabalin as adjunctive treatment for epilepsy in paediatric patients below the age of 12 and adolescents has not been established. The adverse events observed in a pharmacokinetic and tolerability study that enrolled patients from 3 months to 16 years of age (n=65) were similar to those observed in adults. Results of a 1 year open label safety study in 54 paediatric patients from 3 months to 16 years of age with epilepsy indicate that the adverse events of pyrexia and upper respiratory infections were observed more frequently than in adult studies.

#### Monotherapy (newly diagnosed patients)

Pregabalin has been studied in 1 controlled clinical trial of 56 week duration with BID dosing. Pregabalin did not achieve non-inferiority to lamotrigine based on the 6-month seizure freedom endpoint. Pregabalin and lamotrigine were similarly safe and well tolerated.

#### Generalised Anxiety Disorder

Pregabalin has been studied in 6 controlled trials of 4-6 week duration, an elderly study of 8 week duration and a long-term relapse prevention study with a double-blind relapse prevention phase of 6 months duration.

Relief of the symptoms of GAD as reflected by the Hamilton Anxiety Rating Scale (HAM-A) was observed by Week 1.

In controlled clinical trials (4-8 week duration) 52% of the pregabalin treated patients and 38% of the patients on placebo had at least a 50% improvement in HAM-A total score from baseline to endpoint.

In controlled trials, a higher proportion of patients treated with pregabalin reported blurred vision than did patients treated with placebo which resolved in a majority of cases with continued dosing. Ophthalmologic testing (including visual acuity testing, formal visual field testing and dilated funduscopy examination) was conducted in over 3600 patients within controlled clinical trials. In these patients, visual acuity was reduced in 6.5% of patients treated with pregabalin, and 4.8% of placebo-treated patients. Visual field changes were detected in 12.4% of pregabalin-treated, and 11.7% of placebo-treated patients. Funduscopy changes were observed in 1.7% of pregabalin-treated and 2.1% of placebo-treated patients.

### **Methylcobalamin**

Methylcobalamin is one of the biologically active forms of vitamin B12. Methylcobalamin is involved in the synthesis of thymidine from deoxyuridine and promotes the synthesis of DNA and RNA by acting as a coenzyme in the formation of methionine from homocysteine. It enhances synthesis of lecithin, a major component of myelin sheath. Methylcobalamin is known to be extensively taken up by the nerve cell organelles than cyanocobalamin in animals. It is also reported to maintain axonal function by promoting nucleic acid and protein synthesis. Methylcobalamin has been demonstrated by neuropathological and electrophysiological studies to inhibit nerve fibre degeneration in neuropathies (in rats and rabbits) induced by drugs, such as adriamycin, acrylamide and vincristine or with streptozocin-induced diabetes. Methylcobalamin is also reported to be as effective as steroids in accelerating the recovery of injured nerve tissues from paralysis. Methylcobalamin is reported to accelerate the synthesis of nucleic acids in bone marrow, as well as the maturation and division of erythroblasts, resulting in an increase in the production of erythrocytes.

### **Pharmacokinetic properties**

#### **Pregabalin**

Pregabalin steady-state pharmacokinetics are similar in healthy volunteers, patients with epilepsy receiving anti-epileptic drugs and patients with chronic pain.

#### Absorption

Pregabalin is rapidly absorbed when administered in the fasted state, with peak plasma concentrations occurring within 1 hour following both single and multiple dose administration. Pregabalin oral bioavailability is estimated to be  $\geq 90\%$  and is independent of dose. Following repeated administration, steady state is achieved within 24 to 48 hours. The rate of pregabalin absorption is decreased when given with food resulting in a decrease in  $C_{max}$  by approximately 25-30% and a delay in  $t_{max}$  to approximately 2.5 hours. However, administration of pregabalin with food has no clinically significant effect on the extent of pregabalin absorption.

#### Distribution

In preclinical studies, pregabalin has been shown to cross the blood brain barrier in mice, rats, and monkeys. Pregabalin has been shown to cross the placenta in rats and is present in the milk of lactating rats. In humans, the apparent volume of distribution of pregabalin following oral administration is approximately 0.56 l/kg. Pregabalin is not bound to plasma proteins.

#### Biotransformation

Pregabalin undergoes negligible metabolism in humans. Following a dose of radiolabelled pregabalin, approximately 98% of the radioactivity recovered in the urine was unchanged pregabalin. The N-methylated derivative of pregabalin, the major metabolite of pregabalin found in urine, accounted for 0.9% of the dose. In preclinical studies, there was no indication of racemisation of pregabalin S-enantiomer to the R-enantiomer.

### Elimination

Pregabalin is eliminated from the systemic circulation primarily by renal excretion as unchanged drug.

Pregabalin mean elimination half-life is 6.3 hours. Pregabalin plasma clearance and renal clearance are directly proportional to creatinine clearance.

Dose adjustment in patients with reduced renal function or undergoing haemodialysis is necessary.

### Linearity/non-linearity

Pregabalin pharmacokinetics are linear over the recommended daily dose range. Inter-subject pharmacokinetic variability for pregabalin is low (< 20%). Multiple dose pharmacokinetics are predictable from single-dose data. Therefore, there is no need for routine monitoring of plasma concentrations of pregabalin.

### Gender

Clinical trials indicate that gender does not have a clinically significant influence on the plasma concentrations of pregabalin.

### Renal impairment

Pregabalin clearance is directly proportional to creatinine clearance. In addition, pregabalin is effectively removed from plasma by haemodialysis (following a 4 hour haemodialysis treatment plasma pregabalin concentrations are reduced by approximately 50%). Because renal elimination is the major elimination pathway, dose reduction in patients with renal impairment and dose supplementation following haemodialysis is necessary.

### Hepatic impairment

No specific pharmacokinetic studies were carried out in patients with impaired liver function. Since pregabalin does not undergo significant metabolism and is excreted predominantly as unchanged drug in the urine, impaired liver function would not be expected to significantly alter pregabalin plasma concentrations.

### Paediatric population

Pregabalin pharmacokinetics were evaluated in paediatric patients with epilepsy (age groups: 1 to 23 months, 2 to 6 years, 7 to 11 years and 12 to 16 years) at dose levels of 2.5, 5, 10 and 15 mg/kg/day in a pharmacokinetic and tolerability study.

After oral administration of pregabalin in paediatric patients in the fasted state, in general, time to reach peak plasma concentration was similar across the entire age group and occurred 0.5 hours to 2 hours postdose.

Pregabalin  $C_{max}$  and AUC parameters increased in a linear manner with increasing dose within each age group. The AUC was lower by 30% in paediatric patients below a weight of 30 kg due to an increased body weight adjusted clearance of 43% for these patients in comparison to patients weighing  $\geq 30$  kg.

Pregabalin terminal half-life averaged about 3 to 4 hours in paediatric patients up to 6 years of age, and 4 to 6 hours in those 7 years of age and older.

Population pharmacokinetic analysis showed that creatinine clearance was a significant covariate of pregabalin oral clearance, body weight was a significant covariate of pregabalin apparent oral volume of distribution, and these relationships were similar in paediatric and adult patients.

Pregabalin pharmacokinetics in patients younger than 3 months old have not been studied.

#### Elderly

Pregabalin clearance tends to decrease with increasing age. This decrease in pregabalin oral clearance is consistent with decreases in creatinine clearance associated with increasing age. Reduction of pregabalin dose may be required in patients who have age related compromised renal function.

#### Breast-feeding mothers

The pharmacokinetics of 150 mg pregabalin given every 12 hours (300 mg daily dose) was evaluated in 10 lactating women who were at least 12 weeks postpartum. Lactation had little to no influence on pregabalin pharmacokinetics. Pregabalin was excreted into breast milk with average steady-state concentrations approximately 76% of those in maternal plasma. The estimated infant dose from breast milk (assuming mean milk consumption of 150 ml/kg/day) of women receiving 300 mg/day or the maximum dose of 600 mg/day would be 0.31 or 0.62 mg/kg/day, respectively. These estimated doses are approximately 7% of the total daily maternal dose on a mg/kg basis.

#### **Methylcobalamin**

It binds to intrinsic factor; a glycoprotein secreted by the gastric mucosa, and is then actively absorbed from the gastrointestinal tract. Absorption is impaired in patients with an absence of intrinsic factor, with a malabsorption syndrome or with disease or abnormality of the gut, or after gastrectomy. Absorption from the gastrointestinal tract can also occur by passive diffusion; little of the vitamin present in food is absorbed in this manner although the process becomes increasingly important with larger amounts such as those used therapeutically.

It is extensively bound to specific plasma proteins called transcobalamins; transcobalamin II appears to be involved in the rapid transport of the cobalamins to tissues. A parent form - vitamin B12 is stored in the liver, excreted in the bile, and undergoes extensive enterohepatic recycling; part of a dose is excreted in the urine, most of it in the first 8 hours; urinary excretion, however, accounts for only a small fraction in the reduction of total body stores acquired by dietary means. Vitamin B12 diffuses across the placenta and also appears in breast milk.

The peak plasma concentration ( $C_{max}$ ) with a single oral dose of Methylcobalamin 1500 µg in healthy individuals is reported to be  $972 \pm 55$  pg/mL and is achieved in  $3.6 \pm 0.5$  hours. 40 to 80 percent of the cumulative amount of total Methylcobalamin is excreted in the urine within the first 8 hrs. The half-life ( $t_{1/2}$ ) is reported as 12.5 hours.

### **PRECLINICAL SAFETY DATA**

#### **Pregabalin**

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. An increased incidence of retinal atrophy commonly observed in aged albino rats was seen after long-term exposure to pregabalin at exposures  $\geq 5$  times the mean human exposure at the maximum recommended clinical dose.

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.

Adverse effects on fertility in male and female rats were only observed at exposures sufficiently in excess of therapeutic exposure. Adverse effects on male reproductive organs and sperm parameters were reversible and occurred only at exposures sufficiently in excess of therapeutic exposure or were associated with spontaneous degenerative processes in male reproductive organs in the rat. Therefore, the effects were considered of little or no clinical relevance.

Pregabalin is not genotoxic based on results of a battery of *in vitro* and *in vivo* tests. Two-year carcinogenicity studies with pregabalin were conducted in rats and mice. No tumours were observed in rats at exposures up to 24 times the mean human exposure at the maximum recommended clinical dose of 600 mg/day. In mice, no increased incidence of tumours was found at exposures similar to the mean human exposure, but an increased incidence of haemangiosarcoma was observed at higher exposures. The non-genotoxic mechanism of pregabalin-induced tumour formation in mice involves platelet changes and associated endothelial cell proliferation. These platelet changes were not present in rats or in humans based on short-term and limited long-term clinical data. There is no evidence to suggest an associated risk to humans.

In juvenile rats the types of toxicity do not differ qualitatively from those observed in adult rats. However, juvenile rats are more sensitive. At therapeutic exposures, there was evidence of CNS clinical signs of hyperactivity and bruxism and some changes in growth (transient body weight gain suppression). Effects on the oestrus cycle were observed at 5-fold the human therapeutic exposure. Reduced acoustic startle response was observed in juvenile rats 1-2 weeks after exposure at > 2 times the human therapeutic exposure. Nine weeks after exposure, this effect was no longer observable.

### **Methylcobalamine**

No pre-clinical data of relevance found.

### **EXPIRY DATE**

Do not use later than the date of expiry

### **STORAGE AND HANDLING INSTRUCTIONS**

Store at a temperature not exceeding 25°C, protected from light & moisture.  
Keep all medicines out of reach of children.

### **PRESENTATION**

Pregeb M 75 & 150 are available in blister of 10 capsules.

### **MARKETED BY**



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**IN/PREGAB M 75,150mg/MAY-17/01/PI**