

## **SUMMARY OF PRODUCT CHARACTERISTICS**

## 1. NAME OF THE FINISHED PHARMACEUTICAL PRODUCT

### **PRENEURON 75**

Pregabalin Capsules 75 mg

## 2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each capsule contains:

Pregabalin : 75 mg

Excipient : Q.S

Approved colours used in empty capsule shell

For excipients, see 6.1.

## 3. PHARMACEUTICAL FORM

Capsule

For oral administration.

## 4. CLINICAL PARTICULARS

### **4.1 Therapeutic indications**

**PRENEURON 75** (Pregabalin) is indicated for the management of neuropathic pain associated with:

- Diabetic peripheral neuropathy and
- Postherpetic neuralgia
- Spinal cord injury
- Fibromyalgia.

**PRENEURON 75** is indicated for adjunctive therapy in adults with partial seizures with or without secondary generalization (Epilepsy).

It is indicated for the treatment of Generalized Anxiety Disorder (GAD) in adults.

### **4.2 Posology and method of administration**

The dose range is 150 to 600 mg per day given in either two or three divided doses.

#### *Neuropathic pain*

Pregabalin treatment can be started at a dose of 150 mg per day given as two or three divided doses. Based on individual patient response and tolerability, the dose may be increased to 300 mg per day after an interval of 3 to 7 days, and if needed, to a maximum dose of 600 mg per day after an additional 7-day interval.

### *Epilepsy*

Pregabalin treatment can be started with a dose of 150 mg per day given as two or three divided doses. Based on individual patient response and tolerability, the dose may be increased to 300 mg per day after 1 week. The maximum dose of 600 mg per day may be achieved after an additional week.

### *Generalised anxiety disorder*

The dose range is 150 to 600 mg per day given as two or three divided doses. The need for treatment should be reassessed regularly.

Pregabalin treatment can be started with a dose of 150 mg per day. Based on individual patient response and tolerability, the dose may be increased to 300 mg per day after 1 week. Following an additional week the dose may be increased to 450 mg per day. The maximum dose of 600 mg per day may be achieved after an additional week.

### *Discontinuation of pregabalin*

In accordance with current clinical practice, if pregabalin has to be discontinued, it is recommended this should be done gradually over a minimum of 1 week independent of the indication.

### *Renal impairment*

Pregabalin is eliminated from the systemic circulation primarily by renal excretion as unchanged drug. As pregabalin clearance is directly proportional to creatinine clearance, dose reduction in patients with compromised renal function must be individualised according to creatinine clearance (CL<sub>Cr</sub>), as indicated in Table 1 determined using the following formula:

$$CL_{Cr}(\text{ml/min}) = \left[ \frac{1.23 \times [140 - \text{age (years)}] \times \text{weight (kg)}}{\text{serum creatinine } (\mu\text{mol/l})} \right] (\times 0.85 \text{ for female patients})$$

Pregabalin is removed effectively from plasma by haemodialysis (50% of drug in 4 hours). For patients receiving haemodialysis, the Pregabalin daily dose should be adjusted based on renal function. In addition to the daily dose, a supplementary dose should be given immediately following every 4 hour haemodialysis treatment (see Table 1).

**Table 1. Pregabalin Dose Adjustment Based on Renal Function**

Creatinine clearance (CL <sub>Cr</sub> ) (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+

TID = Three divided doses

BID = Two divided doses

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

+Supplementary dose is a single additional dose

#### *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.

#### *Elderly*

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

Geriatrics (> 65 years): Pregabalin oral clearance tended to decrease with increasing age. This decrease in pregabalin oral clearance is consistent with age-related decreases in creatinine clearance. Reduction of pregabalin dose may be required in patients who have age-related compromised renal function.

Pediatrics (<18 years of age): The safety and efficacy of pregabalin in pediatric patients (<18 years of age) have not been established and its use in this patient population is not recommended.

**Method of administration:** Oral

### **4.3 Contraindications**

Patients who are hypersensitive to pregabalin or to any ingredient in the formulation or component of the container.

### **4.4 Special warnings and precautions for use**

#### Diabetic patients

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

#### Hypersensitivity reactions

There have been reports in the post marketing 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 post marketing 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.

#### Renal failure

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

#### Congestive heart failure

There have been post marketing 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.

### Encephalopathy

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

## **4.5 Interaction with other medicinal products and other forms of interaction**

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 post marketing 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.

### **Drug-Food Interactions**

The rate of pregabalin absorption is decreased when given with food resulting in a decrease in C<sub>max</sub> by approximately 25% to 30% and an increase in T<sub>max</sub> to approximately 3 hours. However, administration of pregabalin with food has no clinically relevant effect on the total amount of pregabalin absorbed. Therefore, pregabalin can be taken with or without food.

### **Drug-Herb Interactions**

Pregabalin has no known drug-herb interactions.

### **Drug-Laboratory Interactions**

Pregabalin has no known drug-laboratory test interactions.

#### **4.5 Pregnancy and lactation**

##### **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. PRENEURON 75 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. 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.

#### **4.7 Effects on ability to drive and use machines**

Pregabalin oral capsule can cause dizziness, sleepiness, and blurry vision. It may affect your ability to think, see, or move. You shouldn't drive, use machinery, or do other tasks that require alertness until you know how this drug affects you.

#### **4.8 Undesirable effects**

Nasopharyngitis, Neutropaenia, Hypersensitivity, Angioedema, allergic reaction, Appetite increased, Euphoric mood, confusion, irritability, disorientation, insomnia.

**Gastro-intestinal disorders:** Vomiting, nausea, constipation, diarrhoea, flatulence, abdominal distension, dry mouth.

**Nervous system disorders:** Dizziness, somnolence, headache.

**Blood disorders:** Hypotension, hypertension, hot flushes, flushing, peripheral coldness

#### **4.9 Overdose**

##### **Signs, Symptoms and Laboratory Findings of Acute Overdosage in Humans**

The highest known dose of pregabalin received in the clinical development program in which there was no fatal outcome was 15,000 mg in 1 patient. The types of adverse events experienced by patients who received an overdose were not clinically different from other patients receiving recommended doses of pregabalin.

In post-marketing experience, fatal outcomes in cases in which pregabalin has been taken in combination with other medications have been reported with a pregabalin overdose as low as 800 mg in a day. In none of these cases has pregabalin been established as the cause of death or in pregabalin monotherapy. The lowest fatal dose with pregabalin alone has not yet been identified.

The most commonly reported adverse events observed when pregabalin was taken in overdose (dose range from 800 mg/day up to 11,500 mg as a single dose) included affective disorder, somnolence, confusional state, depression, agitation, and restlessness. Seizures were also reported.

### **Treatment or Management of Overdose**

There is no specific antidote for overdose with pregabalin. If indicated, elimination of unabsorbed drug may be attempted by emesis or gastric lavage; usual precautions should be observed to maintain the airway. General supportive care of the patient is indicated including monitoring of vital signs and observation of the clinical status of the patient. A Certified Poison Control Center should be contacted for up-to-date information on the management of overdose with pregabalin.

### **Hemodialysis**

Standard hemodialysis procedures result in significant clearance of pregabalin (approximately 50% in 4 hours) and should be considered in cases of overdose. Although hemodialysis has not been performed in the few known cases of overdose, it may be indicated by the patient's clinical state or in patients with significant renal impairment.

For management of a suspected drug overdose, contact your regional Poison Control Centre immediately.

## **5. PHARMACOLOGICAL PROPERTIES**

### **5.1 Pharmacodynamic properties**

Pharmacotherapeutic group: Anti-epileptics, other anti-epileptics

ATC code: N03AX16

Pregabalin binds to the  $\alpha 2$ - $\delta$  subunit of the voltage-gated calcium channels in central nervous system tissues. In vitro, pregabalin reduces calcium influx at nerve terminals, which may inhibit the release of excitatory neurotransmitters such as glutamate. Through this mechanism, pregabalin may modulate nerve impulses involved in the transmission of pain. However, the clinical relevance of these findings in man is unknown.



## Pharmacodynamics

Pregabalin binds with high affinity to the alpha2-delta protein (a calcium channel subunit) of brain tissues and has analgesic, antiepileptic, and anxiolytic activity. Pregabalin is known chemically as (S)-3-(aminomethyl)-5-methylhexanoic acid.

Although the mechanism of action of pregabalin is unknown, results with genetically modified mice and with compounds structurally-related to pregabalin indicate that selective binding to the alpha2-delta protein is required for analgesic, antiepileptic and anxiolytic action in animal models. In vitro, pregabalin reduces the release of several neurotransmitters, suggesting a modulatory action on calcium channel function.

Pregabalin does not mimic GABA at GABAA or GABAB receptors, nor does it augment GABAA responses like benzodiazepines or barbiturates. In contrast to vascular calcium channel blockers, pregabalin does not alter systemic blood pressure or cardiac function. Various in vitro and in vivo results differentiate pregabalin from GABA uptake inhibitors or GABA transaminase inhibitors. In addition, pregabalin does not block sodium channels, it is not active at opiate receptors, it does not alter cyclooxygenase enzyme activity, it is not a serotonin agonist, it is not a dopamine antagonist, and it is not an inhibitor of dopamine, serotonin or noradrenaline reuptake.

Pregabalin treatment reduces pain-related behavior in neuropathic animal models of diabetes, peripheral nerve damage or chemotherapeutic insult and in a model of musculoskeletal-associated pain. Pregabalin given intrathecally prevents pain-related behaviors and reduces pain-related behavior caused by spinally administered agents, suggesting that it acts directly on tissues of the spinal cord or brain.

## 5.2 Pharmacokinetic properties

All pharmacological actions following pregabalin administration are due to the activity of the parent compound; pregabalin is not appreciably metabolized in humans. Mean steady-state plasma pregabalin concentration-time profiles following 75, 300, and 600 mg/day given in equally divided doses every 8 hours (TID) and 600 mg/day given in equally divided doses every 12 hours (BID) are shown in Table 14. Pregabalin pharmacokinetics are linear over the recommended daily dose range. Inter-subject pharmacokinetic variability for pregabalin is low (<20%).

**Table 14 - Pregabalin Mean (CV% a) Steady-State Pharmacokinetic Parameter Values in Healthy Volunteers**

Dose (mg)	Regimen	Daily Dose (mg/day)	N	C <sub>max</sub> s (µg/ml)	t <sub>max</sub> (hr)	C <sub>mins</sub> (µg/ml)	AUC(0-t) (µg·hr/ml)	t <sub>1/2</sub> (hr)	CL/F (mL/min)
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25	TID <sup>b</sup>	75	8	1.39	0.9	0.45	6.7	5.9	64.1
				-19.5	-34.2	-25	-18.3	-17.3	-16.1
100	TID	300	6	5.03	0.8	1.94	25.2	6.3	68.9
				-21.3	-31	-33.6	-23	-19.6	-20.9
200	TID	600	11	8.52	0.9	3.28	41.7	6.3	81
				-14.8	-22.2	-29.2	-12.8	-13.6	-11.7
300	BID <sup>c</sup>	600	8	9.07	1.4	2.6	59	6.7	85.1
				-10.5	-57.1	-15.5	-6.4	-16.2	-6.4

C<sub>max</sub> Steady-state peak plasma concentration.

t<sub>max</sub> Time of peak plasma concentration at steady state. C<sub>min</sub> Steady-state trough plasma concentration

AUC(0-t) Area under the plasma concentration-time curve during one dosing interval at steady state t<sub>1/2</sub> Elimination half-life

CL/F: Oral clearance

a Percent coefficient of variation

b Total daily dose given in equally divided doses every 8 hours

c Total daily dose given in equally divided doses every 12 hours

**Absorption:** Pregabalin is rapidly absorbed when administered in the fasted state, with peak plasma concentrations occurring within 1.5 hours following both single- and multiple-dose administration. Pregabalin oral bioavailability is  $\geq 90\%$  and is independent of dose. C<sub>max</sub> (Figure 1) and AUC values increase proportionally following single- and multiple-dose administration. Following repeated administration, steady state is achieved within 24 to 48 hours. Multiple dose pharmacokinetics are predictable from single-dose data.

**Distribution:** In preclinical studies, pregabalin has been shown to readily cross the blood brain barrier in mice, rats, and monkeys. Pregabalin is a substrate for system L transporter which is responsible for the transport of large amino acids across the blood-brain barrier. 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 0.5 L/kg. Pregabalin is not bound to plasma proteins. At clinically efficacious doses of 150 and 600 mg/day, the average steady-state plasma pregabalin concentrations were approximately 1.5 and 6.0 mcg/mL, respectively.

**Metabolism:** Pregabalin undergoes negligible metabolism in humans. Following a dose of radiolabeled 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, pregabalin (S-enantiomer) did not undergo racemization to the R-enantiomer in mice, rats, rabbits, or monkeys.

**Excretion:** Pregabalin is eliminated from the systemic circulation primarily by renal excretion as unchanged drug. Pregabalin mean t<sub>1/2</sub> is 6.3 hours. Pregabalin elimination is

proportional to creatinine clearance. Pregabalin clearance is reduced in patients with impaired renal function.

### **Special Populations and Conditions**

Pregabalin undergoes negligible metabolism, is not bound to plasma proteins, and is eliminated predominately as unchanged drug by renal excretion. Clinically important differences in pregabalin pharmacokinetics due to race and gender have not been observed and are not anticipated.

**Pediatrics:** Pharmacokinetics of pregabalin have not been studied in paediatric patients.

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

**Gender:** A population pharmacokinetic analysis of the Phase 2/3 clinical program showed that the relationship between daily dose and pregabalin drug exposure is similar between genders when adjusted for gender-related differences in creatinine clearance.

**Race:** A population pharmacokinetic analysis of the Phase 2/3 clinical program showed that the relationship between daily dose and pregabalin drug exposure is similar among Caucasians, Blacks, and Hispanics.

**Renal Insufficiency:** Because renal elimination is the major elimination pathway, dosage reduction in patients with renal dysfunction is necessary. Pregabalin is effectively removed from plasma by hemodialysis. Following a 4-hour hemodialysis treatment, plasma pregabalin concentrations are reduced by approximately 50%. For patients on hemodialysis, dosing must be modified.

### **5.3 Preclinical Safety Data**

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.

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.

## **6. PHARMACEUTICAL PARTICULARS**

### **6.1 List of Excipients**

Maize Starch BP  
Lactose BP  
Colloidal Anhydrous Silica BP  
Purified Talc BP  
Sodium Bicarbonate BP  
Sodium Lauryl Sulphate BP

### **6.2 Incompatibilities**

Not Applicable

### **6.3 Shelf Life**

36 Months

### **6.4 Special Precautions for Storage**

Store below 30°C in a cool and dry place. Protect from heat, light and moisture.  
KEEP OUT OF REACH OF CHILDREN.

### **6.5 Nature and Contents of Container**

10 × 10 Capsules in Alu-PVC Blister Pack.

### **6.6 Instructions for use and handling**

No special requirements.

## **7. MARKETING AUTHORISATION HOLDER**



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Gujarat, India.  
E-mail: [info@sagalabs.com](mailto:info@sagalabs.com)  
URL: [www.sagalabs.com](http://www.sagalabs.com)

## **8. NUMBER(S) IN THE NATIONAL REGISTER OF FINISHED PHARMACEUTICAL PRODUCTS**

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## **9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION**

14/03/2023

**10. DATE OF REVISION OF THE TEXT**

01 April 2026