



October 2012

Dear Doctor,

**LYRICA®** (pregabalin) is now approved for the management of neuropathic pain associated with spinal cord injury. LYRICA is also indicated for the management of neuropathic pain associated with diabetic peripheral neuropathy (DPN), management of postherpetic neuralgia (PHN), as adjunctive therapy for adult patients with partial onset seizures, and management of fibromyalgia.

The recommended dose range of LYRICA for the management of neuropathic pain associated with spinal cord injury is 150-600 mg/day. It is recommended that LYRICA be initiated at 75 mg two times a day (150 mg/day). The dose may be then increased to 150 mg two times a day within 1 week based on efficacy and tolerability. Patients who do not experience sufficient pain relief after 2 to 3 weeks of treatment with 150 mg two times a day and who tolerate LYRICA may be treated with up to 300 mg two times a day. When discontinuing LYRICA, taper gradually over a minimum of 1 week. For patients undergoing hemodialysis, adjust the LYRICA daily dose based on renal function. In addition to the daily dose adjustment, administer a supplemental dose immediately following every 4-hour hemodialysis treatment. *Please refer to table below for more details.*

Creatinine Clearance (CLcr) (mL/min)	Total Pregabalin Daily Dose (mg/day)*				Dose Regimen
	150	300	450	600	
≥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 = 3 divided doses; BID = 2 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.					

### Important Safety Information

LYRICA is contraindicated in patients with known hypersensitivity to pregabalin or any of its other components. Angioedema and hypersensitivity reactions have occurred in patients receiving pregabalin therapy.

**Please see full U.S. Prescribing Information  
Please see Important Safety Information continued on next page**

The efficacy of LYRICA was demonstrated in two double-blind, placebo-controlled, parallel group, multicenter studies. Patients were enrolled in the study with neuropathic pain associated with spinal cord injury that persisted continuously for at least 3 months or with relapses and remissions for at least 6 months. The baseline mean pain scores across the two studies ranged from 6.5 to 6.7 on a scale ranging from 0 (no pain) to 10 (worst possible pain).

Patients were allowed to take opioids, nonopioid analgesics, antiepileptic drugs, muscle relaxants, and antidepressant drugs if the dose was stable for 30 days prior to screening. Patients were allowed to take acetaminophen and nonsteroidal anti-inflammatory drugs during the studies.

- Study 1 was a 12-week, flexible dose study (150-600 mg/day) consisting of a 3-week dose adjustment phase and a 9-week dose maintenance phase that compared pregabalin with placebo.
- Study 2 was a 16-week, flexible dose study (150-600 mg/day, in increments of 150 mg) consisting of a 4-week dose adjustment phase and a 12-week dose maintenance phase that compared pregabalin with placebo.
- In both studies, patients taking LYRICA 150-600 mg/day showed statistically significant improvement when compared with patients taking placebo at the endpoint of weekly mean pain score; LYRICA also increased the proportion of patients with at least a 30% and 50% reduction in pain score from baseline. Some patients experienced pain reduction which persisted throughout both studies starting at week 1.

LYRICA is available as 25, 50, 75, 100, 150, 200, 225, and 300 mg capsules, and as a 20 mg/mL oral solution.

### **Important Safety Information (*Continued*)**

There have been postmarketing reports of hypersensitivity in patients shortly after initiation of treatment with LYRICA. Adverse reactions included skin redness, blisters, hives, rash, dyspnea, and wheezing. Discontinue LYRICA immediately in patients with these symptoms.

There have been postmarketing reports of angioedema in patients during initial and chronic treatment with LYRICA. Specific symptoms included swelling of the face, mouth (tongue, lips, and gums), and neck (throat and larynx). There were reports of life-threatening angioedema with respiratory compromise requiring emergency treatment. Discontinue LYRICA immediately in patients with these symptoms.

Antiepileptic drugs (AEDs) including LYRICA increase the risk of suicidal thoughts or behavior in patients taking AEDs for any indication. Monitor patients treated with any AED for any indication for the emergence or worsening of depression, suicidal thoughts or behavior, and/or any unusual changes in mood or behavior. Pooled analyses showed clinical trial patients taking an AED had approximately twice the risk of suicidal thoughts or behavior than placebo-treated patients. The estimated incidence rate of suicidal behavior or ideation among 27,683 AED-treated patients was 0.43%, compared to 0.24% among 16,029 placebo-treated patients, representing an increase of approximately one patient for every 530 patients treated with an AED.

The most common adverse reactions across all LYRICA clinical trials are dizziness, somnolence, dry mouth, edema, blurred vision, weight gain, constipation, euphoric mood, balance disorder, increased appetite, and thinking abnormal (primarily difficulty with concentration/attention).

**Please see full U.S. Prescribing Information  
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## Important Safety Information (*Continued*)

Inform patients taking LYRICA that dizziness and somnolence may impair their ability to perform potentially hazardous tasks such as driving or operating complex machinery until they have sufficient experience with LYRICA to determine its effect on cognitive and motor function.

In controlled studies, a higher proportion of patients treated with LYRICA reported blurred vision (7%) than did patients treated with placebo (2%), which resolved in a majority of cases with continued dosing. Consider more frequent assessment for patients who are already routinely monitored for ocular conditions.

Higher frequency of weight gain and edema was observed in patients taking both LYRICA and thiazolidinedione antidiabetic drugs. Exercise caution when coadministering these drugs. Patients who are taking other drugs associated with angioedema such as angiotensin-converting enzyme inhibitors (ACE inhibitors) may be at increased risk of developing angioedema. Exercise caution when using LYRICA in patients who have had a previous episode of angioedema.

LYRICA may exacerbate the effects of oxycodone, lorazepam, or ethanol on cognitive and gross motor functioning.

Patients with a history of drug or alcohol abuse may have a higher chance of misuse or abuse of LYRICA.

Withdraw LYRICA gradually over a minimum of 1 week. Discontinue LYRICA immediately in patients with symptoms of hypersensitivity or angioedema.

Patients with a creatinine clearance of 30 to 60 mL/min had a greater incidence of discontinuation due to adverse reactions than patients with normal creatinine clearance. Adjust the daily dose of LYRICA for patients with reduced renal function (creatinine clearance  $\leq$ 60 mL/min) and in those undergoing hemodialysis. Administer a supplemental dose of LYRICA immediately following every 4-hour hemodialysis treatment.

In standard, preclinical in vivo lifetime carcinogenicity studies of LYRICA, an unexpectedly high incidence of hemangiosarcoma was identified in 2 different strains of mice. The clinical significance of this finding is unknown. In clinical studies across various patient populations comprising 6396 patient-years of exposure in patients >12 years of age, new or worsening preexisting tumors were reported in 57 patients.

Please see full U.S. Prescribing Information [http://www.pfizerhcp.com/files/products/uspi\\_lyrica.pdf](http://www.pfizerhcp.com/files/products/uspi_lyrica.pdf).

*Physicians' Desk Reference*® has updated *PDR.net* to include the full product labeling for LYRICA; please visit <http://www.pdr.net/drugpages/productlabeling.aspx?mpcode=62950900> to view this important new information.

Cordially,



Steven Merahn, MD  
Chief Medical Officer  
*Physicians' Desk Reference*®