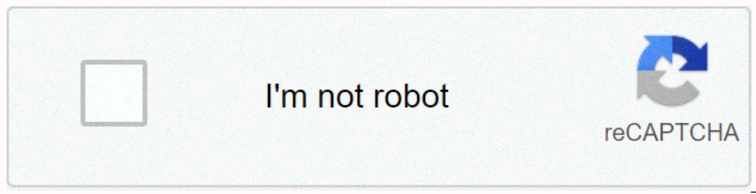

Continue

Lyrica dosage for spinal cord injury

LYRICA is given orally with or without food. When stopping LYRICA, the taper is gradually within at least 1 week [see Warnings and Precautions (5.6)]. Because LYRICA is eliminated mainly by excretion of the kidneys, adjust the dose in adult patients with reduced kidney function [see Dosage and Administration (2.7)]. 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. Start the dose at 50 mg three times a day (150 mg/day). The dosage can be increased to 300 mg/day within 1 week based on effectiveness and tolerance. Although LYRICA is also studied at 600 mg/day, there is no evidence that this dose provides significant additional benefits and this dosage is poorly received. Given the adverse reaction of the dose depending on the dose, treatment with dosage exceeds 300 mg/day is not recommended [see Adverse Reaction (6.1)]. The recommended dose of LYRICA is 75 to 150 mg twice 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. Start the dose at 75 mg twice a day, or 50 mg three times a day (150 mg/day). The dosage can be increased to 300 mg/day within 1 week based on effectiveness and tolerance. Patients with insufficient pain relief following 2 to 4 weeks of treatment with 300 mg/day, and who are able to tolerate LYRICA, can be treated with up to 300 mg twice a day, or 200 mg three times a day (600 mg/day). Given the adverse reactions that depend on the dose and higher cessation rate of treatment due to side effects, the dosage reserve exceeds 300 mg/day for patients with persistent pain and tolerates 300 mg per day [see Adverse Effects (6.1)]. The recommended dose for adults and pediatric patients 1 month and older is included in Table 1. Administer the amount of daily dosage orally in two or three divided doses as shown in Table 1. In pediatric patients, the recommended dose regimen depends on weight gain. Based on clinical response and tolerance, dosages can be increased, approximately weekly. Table 1. Recommended dose for Adults and Pediatric Patients 1 Month and Older Age and Weight Recommended Initial Dose Recommended Frequency Of Maximum Dose of Adult Administration (17 years and older) 150 mg / day 600 mg/day 2 or 3 divided dose of Paediatric patients weighing 30 kg or more 2.5 mg/kg/day 60 kg/day (not exceeding 60 kg 2 or 3 divide the dose of pediatric patients weighing less than 30 kg 3.5 mg/kg/day 14 mg/kg/day 1 month to less than 4 years: 3 doses divided 4 years and older: 2 or 3 doses divided Both effectiveness and profile bad events LYCA have been proven Dos. The impact of the dosage increase on LYRICA tolerance has not been formally studied. The effectiveness of LYRICA adjunctive in patients taking gabapentin has not been assessed in controlled tests. Therefore, dose the recommendations for the use of LYRICA with gabapentin cannot be offered. The recommended dose of LYRICA for fibromyalgia is 300 to 450 mg/day. Start the dose at 75 mg twice a day (150 mg/day). The dosage can be increased to 150 mg twice a day (300 mg/day) within 1 week based on effectiveness and tolerance. Patients without adequate benefits with 300 mg/day may be increased to 225 mg twice a day (450 mg/day). Although LYRICA is also studied at 600 mg/day, there is no evidence that this dose provides additional benefits and this dose is poorly accepted. Given the adverse reaction of the dose depending on the dose, treatment with dosage exceeds 450 mg/day is not recommended [see Adverse Reaction (6.1)]. The recommended LYRICA dose range for the treatment of neuropathic pain associated with spinal cord injury is 150 to 600 mg/day. The recommended initial dose is 75 mg twice a day (150 mg/day). The dosage can be increased to 150 mg twice a day (300 mg/day) within 1 week based on effectiveness and tolerance. Patients with insufficient pain relief after 2 to 3 weeks of treatment with 150 mg twice a day and who tolerate LYRICA can be treated with up to 300 mg twice a day [see Clinical Studies (14.5)]. Given the adverse reactions that depend on the dosage and because LYRICA is eliminated mainly by excretion of the kidneys, adjust the dose in adult patients with reduced kidney function. The use of LYRICA in pediatric patients with impaired kidney function has not been studied. Basis of dose adjustment in patients with renal impairment on creatinine discharge (CLcr), as shown in Table 2. To use this dosage schedule, an estimated CLcr patient in mL/min is required. CLcr in mL/min can be estimated from the determination of serum creatinine (mg/dL) using cockcroft and Gault equations: Next, referring to the Dosage and Administration section to determine the recommended daily dose amount based on indicators, for patients with regular kidney function (CLcr larger or equal to 60 mL/min). Then refer to Table 2 to determine the corresponding dose of the kidneys adjusted. (For example: Patients starting LYRICA therapy for postherpetic neuralgia with regular kidney function (CLcr larger than or equal to 60 mL/min), receive a daily dose of 150 mg/day pregabalin. Therefore, patients with kidney impaired with CLcr 50 mL/min will receive a total daily dose of 75 mg/day pregabalin administered in two or three divided doses.) For patients undergoing haemodialysis, adjust the daily dose of prepaid based on the functioning of the kidneys. In addition to daily dose adjustments, administer additional doses immediately following each 4-hour haemodialysis treatment (see Table 2). Table 2. Pregabalin Dose Adjustment Creatinine Release Waist Fruit Function (cLcr) (mL/min) Daily Dos Amount of Pregabalin (mg/day)* Dos Regimen TID= Three doses divided; BID = Two dos divided; QD = Single daily dos. Greater than or equal to 60 150 300 450 600 BID or TID 30-60 75 150 225 300 300 or TID 15-30 25–50 75 100–150 150 QD or BID Less than 15 25 25–50 50–50 75 75 QD Additional dose following haemodialysis (mg)† Patients on a QD regimen of 25 mg: take an additional dose of 25 mg or 50 mg Patients on the QD regimen 25-50 mg: take an additional dose of 50 mg or 7 5 mg Patients on a QD regimen of 50-75 mg: take an additional dose of 75 mg or 100 mg Patients on a QD regimen of 75 mg: take an additional dose of 100 mg or 150 mg of AdultPediatricDosage Form & Capsule strength: Table V 25mg 50mg 75mg 100mg 150mg 200mg 225mg 300mg oral solution: Table V tablet, advanced release: Schedule V Starter : 50 mg PO q8hr Maintenance: Can increase to 100 mg q8hr within 1 week, 1 week not exceeding 300 mg/Startday: 165 mg PO qDay Maintenance: May increase to 330 mg PO qDay within 1 week based on responses and tolerance; not more than 330 mg PO qDay See also Initial Administration: 150-300 mg/day PO divided into q8-12hr Maintenance: May increase to 300 mg/day divided q8-12hr after 1 week, as required Early: 165 mg PO qDay Maintenance: May increase to 330 mg PO qDay within 1 week based on responses and tolerance; not more than 330 mg PO qDay Patients with inadequate pain relief following 2-4 weeks of treatment with 330 mg of PO qDay and tolerate ER tablets, can be treated with up to 660 mg po qDay fixed emissions capsules and oral solutions only Initial: 75 mg PO q12hr (150 mg/day) Maintenance: May increase to 150mg q12hr after 1 week as needed; recommended dosage is 300-400 mg/day Because of adverse reactions that depend on the dosage, dose >450 mg/ day not recommended Semi Onset Common Seizures capsule release and oral solutions are only shown as adjunctive therapy for the treatment of partial initial seizures Early: 150 mg/ day PO divided q8-12hr Maintenance: Based on clinical response and tolerance, can increase the dose in weekly not exceeding 600 mg/day The effectiveness of pre-adjunctive efficacy in patients taking gabapentin has not been assessed in controlled tests; therefore, no dosage recommendation can be made when pregabalin is used with gabapentin neuropathic pain with Common Spinal Cord Injury-release capsules and oral solutions only Early: 75 mg PO q12hr (150 mg/day); can increase within 1 week to 300 mg/day PO divided q12hr If there is insufficient pain relief after 2-3 weeks and 300 mg/day dosage is received, can increase the dose again up to 600 mg/day PO divided q12hr Dose Renal Impairment (capsule/oral solution) Reduce the dose by 50% divided BID/TID If 150 mg/day in normal kidney function: Reduce dose to 25-50 mg / day; administer qDay or BID If 300 mg/day in normal kidney function: Reduce to 75 mg/day; administer qDay or BID If 450 mg/day in normal kidney function: Reduce dose to 100-150 mg/day; administer qDay or BID If 600 mg/day in normal kidney function: Reduce dose to 150 mg/day; administer the qDay regimen or BID 25 mg qDay: Take an additional 1 dose of 25 mg or 50 mg 25-50 mg mg regimen: Take 1 additional dose of 50 mg or 75 mg 50-75 mg qDay regimen: Take 1 additional dose of 75 mg or 100 mg 75 mg qDay regimen: Take 1 additional dose of 100 mg or 150 mg renal impairment (schedule) If 165 mg/day in ordinary kidney function: Less dose to 82.5 mg/day If 330 mg/day in ordinary kidney function: Less dose to 165 mg/day If 495 mg/day in ordinary kidney function: Less dos to 247.5 mg/day If 660g/day in ordinary kidney function: Lower the dose to 247.5 mg/day If 660g/day ordinary in normal function of the function of the kidneys: Less dos to 330 mg / day Consideration Dos Exchange than capsules or oral completion (Lyrica) to ER tablets (Lyrica CR) Lyrica daily dose count (TDD) 75 mg/day = Lyrica CR 82.5 mg/day Lyrica TDD 50 mg/day = Lyrica CR 165 mg/day Lyrica TDD 225 mg/day = Lyrica CR 247.5 mg/ day Lyrica TDD 300 mg/day = Lyrica CR 330 mg/day (3 × 82.5 mg tablets) Lyrica TDD 450 mg/day = Lyrica CR 495 mg/day (3 × 165 mg tablets) Lyrica TDD 600 mg/day = Lyrica CR 660 mg/ day (2 × 330 mg tablets) Dos Form & Power capsules: Schedule V 25mg 50mg 75mg 100mg 150mg 200mg 225mg oral solution 300mg: V schedule capsules permanent release and oral settlement only Indicated as adjunctive therapy for treatment of sawan begins in a section in patients who are ≥1 months old No Interaction Find Interactions That Are AdaptedContraindicatedSerious - Use AlternativeSignificant - Monitor CloselyMinorAll Interaction Type By: SeverityName Dose-dependent; percentage by highest percentage reported >10% Lyrica CR Pening (3.4-17.1%) Somnolence (0.5-11.4%) Lyrical Reing (8-45%) Somnolence (lethargy, humidity, hypersomnia; 4-36%) Edema persisian (16%) Ataxia (1-20%) Fatigue (5-11%) Xerostomia (1-15%) Weight gain (16%) Gegaran (11%) Blurred vision (1-12%) Diplopia (12%) 1-10% Lyrica CR Vertigo (1-3.9%) Headaches (1.9-3.9%) Blurred vision (0.5-3.7%) Disruption of trays (0.5-2.6%) Weight increased (2.5-3.8%) Fatigue (2.4-3.9%) Constipation (2.7%) Dry mouth (0.5-3.7%) Loya (3-3.4%) Edema (3.8-4.9%) Fatigue (1.4 -3.9%) Swelling together (1.9%) Nasopharyngitis (1.4-1.5%) ALT/AST increase (0.2-1.4%) Cirit-birit (1-1.4%) Lyrica Asthenia (5%) Edema (8%) Facial edema (Hypotension (2%) Neuropathy (2-9%) Pain (5%) Disorientation (Constipation (5%) Weight loss (4%) Injuries caused by accidents (4%) Abnormal thinking (2%) Error (Amnesia (Vertigo (1-4%) Addictive Anemia Cirit-birit Gynecomastia and breast enlargement Epididymitis Esophagitis Dysmenorrhea Dystonia Heart Failure Hirsutism Uveitis Postmarketing Report Ang Behavior and idea Creatinine Kinaselet Decreased platelet Pneumonia Viral Infections Bullous Pemphigoid Respiratory Moodiness Hypersensitivity Peripheral Peripherals edema may apply; Higher frequency of weight and edema were observed in patients who took both pregabalin and antidiabetic thiazolidinedione compared to patients taking either drug alone; monitoring these patients for the possibility of hunting symptoms of congestion heart failure when using Pregabalin Pregabalin can cause dizziness and somnolence; somnolence; patients who pregabaline may affect their ability to perform tasks such as driving or operating machinery; the use of pregabalin that along with the depression of other central nervous systems (CNS) may worsen these effects; for patients 1 month to less than 4 years, somnolence includes the fatigue of related terms, humidity, and weight gain of hypersomnia may occur; Long-term cardiovascular effects of pregabalin-related weight gain are unknown symptoms including, insomnia, nausea, headache, anxiety, and diarrhea reported following a sharp or rapid cessation of treatment; increased frequency of seizures may occur in patients with seizure disorders and have rapid treatment stopped; pregabalin taper is gradually within at least 1 week instead of stopping the sudden unexpected medication of hemangiosarcoma incidents have been identified in 2 different rat strains; the clinical importance of these findings is unknown In controlled studies, blurred vision and other vision-related events reported with treatment; the clinical importance of ophthalmological findings is unknown, informing patients to notify their doctor if vision changes occur; if visual disturbances persist, consider further assessment of Creatine kinase height has been linked to treatment; monitors for symptoms (for example, unexplained muscle pain, tenderness, or weakness, especially if these muscle symptoms are accompanied by defects or fever); treatment stops if myopathy is diagnosed or suspected or if the level of creatinine kinase raised significantly occurs Seriously, life-threatening, or deadly respiratory depression reported when administered with depression of the central nervous system, including opioids, or in the setting of impairment of the under breathing; consider starting therapy at low doses and monitoring the symptoms of respiratory depression and comedian medications if together prescribe another CNS depression, such as opioids, or prescribing to patients with basic respiratory impairment monitors for decreased platelet counts (rarely) May cause prolongation of suicidal interval thinking or antiepileptic drug behavior increases the risk of suicidal thoughts or behavior in patients taking these drugs for any indication; monitors for the appearance or worsening of suicidal depression, thought or behavior, and/or any unusual changes in mood or behaviour Informing patients, their caregivers, and families increasing the risk of suicidal thoughts and behavior; advice for precautions for appearance or aggravating signs and symptoms of Angioedema Angioedema face, extremist, lips, tongue, glottis, and larynx have been reported during early treatment and including reports of life-threatening angioedema with respiratory compromises requiring anxiety intervention If larynxal stridor or facial angioedema, tongue, or glottis take effect, the therapy is discontinued and begins appropriate therapy immediately Coadministration of ACE perencat or mTOR (mammalia target target inhibitors (for example, temsirolimus, sirolimus, everolimus), or a previous history of angioedema can increase the risk there are no adequate and pregabalin-controlled studies in pregnant women of Animal Data In animal fertility studies with pregabalin in male mice, reproduction effects and adverse development have been observed In animal reproduction studies, increased incidence of fetal structural abnormalities and other toxicity manifestations of development, including skeletal defects, retarded isolation, and fetal weight loss observed in the descendants of rats and rabbits given pregabalin orally during organogenesis, at doses producing plasma presurblinary exposure (AUC) greater than or equal to 16 times human exposure at the maximum recommended dose (MRD) 600 mg/day Pregnancy Registration Monitors pregnancy outcomes pregnancy in women who are exposed to pregabalin during pregnancy Enroll patients in North American Antiepileptic Pregnancy Registration (NAAED) ; call 1-888-233-2334 or get more information on Lactation Small amounts of pregabalin have been detected in breastfeeding women's milk Based on animal studies, There is a potential risk of tumorigenicity with pregabalin exposure through breastfeeding infants breastfeeding clinical studies data available in patients who are more than 12 years old do not provide a clear conclusion about the potential risk of tumorigenicity with pregabalin Due to the potential risk of tumorigenicity, breastfeeding is not recommended during the treatment of Category of Pregnancy A: Generally acceptable. Controlled studies in pregnant women show no evidence of fetal risk. B: Acceptable. Whether animal studies do not show risk but human studies that are not present or animal studies indicate a small risk and human studies are performed and do not indicate risk. C: Use with caution if the benefits outweigh the risks. Animal studies indicate that the risks and human studies are not available or not animals or human studies done. D: Use in life-threatening emergencies when there is no safer medication. Positive evidence of human fetal risk. X: Do not use during pregnancy. The risk involves benefits that exceed potential. Safer alternatives exist. NA: Information is unavailable. The exact action mechanism is unknown but is a GABA analogue that binds voltage-coated calcium channel subunits in CNS; does not affect sodium channels, opiate receptors, or cyclo-oxygenase enzyme activity; interactions with the downing of the noradrenergic and serotonergic pathways derived from the brain stem appear to reduce the transmission of neuropathic pain from spinal cord Bioavailability: >90% AUC (24 hours): 31.5 mcg·h/mL (75 mg caple); 29.4 mcg·h/mL (165 mg ER tablet) Peak plasma concentration: 3.2 mcg/mL (75 mg capsule BID); 2 mcg/mL (165 mg ER tablet) Peak plasma hours, fasting: 1.5 (capsules) Peak plasma time, with food: 3 hours (ER tablets) Steady-state achieved in a 24-48 hour Vd Sprinkle environment: 0.5 L/kg Protein bound: None Although no data in humans, pregabalin has been shown to cross blood brain barriers in mice, rats, and Metabolism monkeys Minimum Elimination Half Life: 6.3 hours Relief: 67-80.9 mL/min Excise: Urine Takes oral with or without food When stopping treatment, taper gradually over at least 1 week Take once a day after a whole and non-fragrified Swallow dinner, taper is gradually over at least 1 week Take once a day after a whole and insepatible Swallow dinner, tap gradually over 1 week Take once every day after a whole and inseliable Swallow dinner, taper is gradually over at least 1 week Take once a day after a whole Swallow dinner and cannot be separated , taper gradually over at least 1 week Take once a day after a whole Swallow dinner and cannot be separated, taper gradually over at least 1 week Take once a day after a whole and insesert Swallow dinner, taper gradually over at least 1 week Take once a day after a whole Swallow dinner and or chew when stopping treatment, taper gradually over at least 1 week Miss the dose after dinner, then take a regular dose before going to bed following a missed snack before bedtime, then take a regular dose following a dose of Missed morning following a morning meal, then take a regular dose in the evening following the dinner at 20-25°C (68-77°F, an allowed visit between 15-30°C (between 59-86°F) in the original package of the FormularyPatient Discount Plan allows you to compare the status of formularies with other medications in the same class. To see formulary information first creates a list of plans. Your list will be saved and can be edited at any time. Adding a plan allows you: View formularies and any restrictions for each plan. Manage and view all your plans together – even plans in different states. Compare the status of formularies to other medications in the same class. Access your plan list on any device - mobile or desktop. Medscape's prescription drug monograph is based on FDA-approved labeling information, unless otherwise stated, combined with additional data obtained from major medical literature. Arts.

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