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SNORE AUSTRALIA

Information for Patients

# LYRICA TREATMENT GUIDELINES

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Lyrica (manufactured by Pfizer) has not been approved by either the Therapeutic Goods Authority in Australia or the PBS for the treatment of restless legs syndrome (RLS). It is chemically related, however, to Gabapentin ('Neurontin'), which is sometimes used for treating RLS and therefore has the potential to help patients with this condition. The use of Lyrica in the treatment of RLS should, however, be regarded experimental and unproven.

Lyrica is classified as an alpha-II-gamma ligand. It has been trialled successfully for painful diabetic neuropathy, which can produce so-called 'neuropathic pain'. Peripheral neuropathy is positively correlated with RLS, although RLS can also occur completely independently of this condition.

The safety of Lyrica has been tested in over 9000 patients. The most common side-effects were dizziness, somnolence, dry mouth, peripheral oedema, blurred vision, weight gain and difficulty with concentration/attention. Both the side-effect profile and efficacy are dose-related, but the discontinuation rate due to side-effects has been low in the clinical trials so far reported.

### *Dosage and Administration when Lyrica is used for the treatment of RLS*

When Lyrica is used for treating RLS, the aim is to establish the lowest dose which is effective. The following is a dosage schedule in which it is suggested that Lyrica be commenced at a low dose and gradually increased. If this procedure is followed, the dose should not be increased beyond the lowest dose which proves to be clinically effective in terms of RLS symptoms.

### *Filling in your Script*

Initially, only the first script for Lyrica of 75mg strength should be filled. If the symptoms respond, there is no need to increase the dose further. Otherwise, gradual dose-increases should be made accordingly to the following schedule, until it is under control:

Week one: 75mg at night, 30–45 minutes before retiring to bed

Week two: 150mg at night, 30–45 minutes before retiring to bed

Week three: 225mg at night, 30–45 minutes before retiring to bed

Week four: 300mg at night, 30–45 minutes before retiring to bed

If RLS symptoms are still present by day after the dose of Lyrica has been increased to 300mg at night, with control of RLS symptoms at night, it is possible for a low dose of Lyrica also to be taken in the morning, e.g., 75mg.

When Lyrica is being introduced, it is possible also to continue to use another medication in parallel, e.g., a levodopa preparation such as Madopar, or a dopamine agonist such as Repreve – these medications can be 'overlapped', but once successful control of RLS is achieved, the second medication should be withdrawn progressively, with the aim of achieving a satisfactory clinical response with Lyrica alone.

### *Scripts*

- 75mg x 56 tablets (+2 repeats): cost approx $85 / script
- 150mg x 56 tablets (+2 repeats): cost approx $121 / script
- 300mg x 56 tablets (+2 repeats): cost approx $179 / script.