Pyridostigmine Bromide Extended-Release Tablets
(180 mg)

Rx only

DESCRIPTION

Pyridostigmine bromide is an orally active cholinesterase inhibitor. Chemically, pyridostigmine bromide is 3-hydroxy-1-methylpyridinium bromide dimethylcarbamate. Its structural formula is:

\[
\text{CH}_3
\]

\[
\text{N}^+\text{Br}^-
\]

\[
\text{OCON(CH}_3\text{)}_2
\]

Pyridostigmine bromide extended-release tablets are available as extended-release tablets containing 180 mg pyridostigmine bromide; each tablet also contains carnauba wax, copovidone, lactose, magnesium stearate, and silicon dioxide.

CLINICAL PHARMACOLOGY

Pyridostigmine bromide inhibits the destruction of acetylcholine by cholinesterase and thereby permits freer transmission of nerve impulses across the neuromuscular junction. Pyridostigmine is an analog of neostigmine, but differs from it in certain clinically significant respects; for example, pyridostigmine is characterized by a longer duration of action and fewer gastrointestinal side effects.

INDICATIONS AND USAGE

Pyridostigmine bromide is useful in the treatment of myasthenia gravis.

CONTRAINDICATIONS

Pyridostigmine bromide is contraindicated in mechanical intestinal or urinary obstruction, and particular caution should be used in its administration to patients with bronchial asthma. Care should be observed in the use of atropine for counteracting side effects, as discussed below.

WARNINGS

Although failure of patients to show clinical improvement may reflect underdosage, it can also be indicative of overdosage. As is true of all cholinergic drugs, overdosage of pyridostigmine bromide may result in cholinergic crisis, a state characterized by increasing muscle weakness which, through involvement of the muscles of respiration, may lead to death. Myasthenic crisis due to an increase in the
severity of the disease is also accompanied by extreme muscle weakness, and thus may be difficult to
distinguish from cholinergic crisis on a symptomatic basis. Such differentiation is extremely important,
since increases in doses of pyridostigmine bromide or other drugs of this class in the presence of
cholinergic crisis or of a refractory or “insensitive” state could have grave consequences. Osserman
and Genkins\textsuperscript{1} indicate that the differential diagnosis of the two types of crisis may require the use of
edrophonium chloride as well as clinical judgment. The treatment of the two conditions obviously
differs radically. Whereas the presence of myasthenic crisis suggests the need for more intensive
anticholinesterase therapy, the diagnosis of cholinergic crisis, according to Osserman and Genkins\textsuperscript{1},
calls for the prompt withdrawal of all drugs of this type. The immediate use of atropine in cholinergic
crisis is also recommended.

Atropine may also be used to abolish or obtund gastrointestinal side effects or other muscarinic
reactions; but such use, by masking signs of overdosage, can lead to inadvertent induction of
cholinergic crisis.

For detailed information on the management of patients with myasthenia gravis, the physician is referred
to one of the excellent reviews such as those by Osserman and Genkins\textsuperscript{2}, Grob\textsuperscript{3} or Schwab\textsuperscript{4,5}.

*Usage in Pregnancy:* The safety of pyridostigmine bromide during pregnancy or lactation in humans has
not been established. Therefore, use of pyridostigmine bromide in women who may become pregnant
requires weighing the drug’s potential benefits against its possible hazards to mother and child.

**PRECAUTIONS**

Pyridostigmine is mainly excreted unchanged by the kidney\textsuperscript{6,7,8}. Therefore, lower doses may be
required in patients with renal disease, and treatment should be based on titration of drug dosage to
effect\textsuperscript{6,7}.

**Pediatric Use**

Safety and effectiveness in pediatric patients have not been established.

**ADVERSE REACTIONS**

The side effects of pyridostigmine bromide are most commonly related to overdosage and generally
are of two varieties, muscarinic and nicotinic. Among those in the former group are nausea, vomiting,
diarrhea, abdominal cramps, increased peristalsis, increased salivation, increased bronchial secretions,
miosis and diaphoresis. Nicotinic side effects are comprised chiefly of muscle cramps, fasciculation
and weakness. Muscarinic side effects can usually be counteracted by atropine, but for reasons shown in
the preceding section the expedient is not without danger. As with any compound containing the bromide
radical, a skin rash may be seen in an occasional patient. Such reactions usually subside promptly upon
discontinuance of the medication.

To report SUSPECTED ADVERSE REACTIONS, contact Amneal Pharmaceuticals at 1-877-835-5472 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

**DOSAGE AND ADMINISTRATION**

Pyridostigmine bromide is available in extended-release dosage form:

*Extended-Release Tablets* — each containing 180 mg pyridostigmine bromide. This form provides
uniformly slow release, hence prolonged duration of drug action; it facilitates control of myasthenic
symptoms with fewer individual doses daily. The immediate effect of a 180 mg extended-release tablet
is about equal to that of a 60 mg immediate-release tablet; however, its duration of effectiveness,
although varying in individual patients, averages 2\textsuperscript{1/2} times that of a 60 mg dose.

*Dosage*: The size and frequency of the dosage must be adjusted to the needs of the individual patient.
Extended-Release Tablets — One to three 180 mg tablets, once or twice daily, will usually be sufficient to control symptoms; however, the needs of certain individuals may vary markedly from this average. The interval between doses should be at least 6 hours. For optimum control, it may be necessary to use the more rapidly acting regular tablets or syrup in conjunction with extended-release therapy.

Note: For information on a diagnostic test for myasthenia gravis, and for the evaluation and stabilization of therapy, please see product literature on edrophonium chloride.

HOW SUPPLIED

Pyridostigmine Bromide Extended-release Tablets, 180 mg are available as light brown to pale yellow, capsule-shaped tablets, debossed with “W1” on one side and single-scored on the other side. They are supplied as follows:

Bottles of 30: NDC 0115-1404-08

Note: Because of the hygroscopic nature of the extended-release tablets, mottling may occur. This does not affect their efficacy.

Store at 20° to 25°C (68° to 77°C) [see USP Controlled Room Temperature]. Dispense in a tight, light-resistant container. Keep pyridostigmine bromide extended-release tablets in a dry place with the silica gel enclosed.

REFERENCES


Distributed by:
Amneal Pharmaceuticals LLC
Bridgewater, NJ 08807
Rev. 01-2019-00
Pyridostigmine Bromide

Product Information

Product Type: HUMAN PRESCRIPTION DRUG
Route of Administration: ORAL

Active Ingredient/Active Moiety

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Inactive Ingredients

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Product Characteristics

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Score: 2 pieces
Size: 19mm
Imprint Code: W1

Packaging

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### Labeler - Amneal Pharmaceuticals of New York LLC (123797875)

### Establishment

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Revised: 6/2019

Amneal Pharmaceuticals of New York LLC