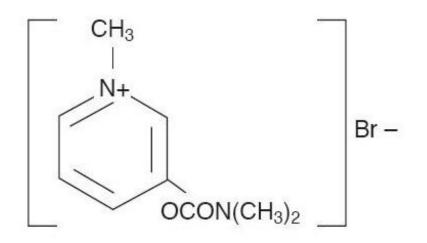
PRYIDOSTIGMINE BROMIDE- pyridostigmine bromide solution Rising Pharma Holdings, Inc.

Pyridostigmine Bromide Oral Solution USP

Description

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



Pyridostigmine bromide oral solution USP is available in the following form: *Oral Solution* containing 60 mg pyridostigmine bromide per teaspoonful in a vehicle containing 5% alcohol, glycerin, lactic acid, sodium benzoate, sorbitol, sucrose, FD&C Red No. 40, FD&C Blue No. 1, raspberry flavor and water.

ACTIONS

Pyridostigmine bromide oral solution 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 (ProstigmineTM), 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.

INDICATION

Pyridostigmine bromide oral solution USP is useful in the treatment of myasthenia gravis.

Contraindications

Pyridostigmine bromide oral solution 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 oral solution 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 oral solution 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 ¹ indicate that the differential diagnosis of the two types of crisis may require the use of TensilonTM(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, 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, 2 Grob 3 or Schwab. 4,5

Usage in Pregnancy

The safety of pyridostigmine bromide oral solution during pregnancy or lactation in humans has not been established. Therefore, use of pyridostigmine bromide oral solution 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. ^{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. ^{6,7}

Pediatric Use

Safety and effectiveness in pediatric patients have not been established.

Adverse Reactions

The side effects of pyridostigmine bromide oral solution 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 Rising Pharma Holdings, Inc. at 1-844-874-7464 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

Dosage and Administration

Pyridostigmine bromide oral solution is available in the following dosage form:

Oral Solution

raspberry-flavored, containing 60 mg pyridostigmine bromide per teaspoonful (5 mL). This form permits accurate dosage adjustment for children and "brittle" myasthenic patients who require fractions of 60 mg doses. It is more easily swallowed, especially in the morning, by patients with bulbar involvement.

Dosage

The size and frequency of the dosage must be adjusted to the needs of the individual patient.

Oral Solution

The average dose is ten 5 mL teaspoonfuls daily, spaced to provide maximum relief when maximum strength is needed. In severe cases, as many as 25 teaspoonfuls a day may be required, while in mild cases one to six teaspoonfuls a day may suffice.

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

How Supplied

Oral Solution, 60 mg pyridostigmine bromide per teaspoonful (5 mL) and 5% alcohol — bottles of 16 fluid ounces (1 pint) (NDC 16571-833-16).

Store pyridostigmine bromide oral solution USP at 25°C (77°F); excursions permitted to 15°-30°C (59°-86°F).

Brands mentioned are trademarks of their respective owners.

References

1. Osserman KE, Genkins G. Studies in myasthenia gravis: Reduction in mortality rate after crisis. *JAMA*. Jan 1963; 183:97-101.

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3. Grob D. Myasthenia gravis. A review of patho-genesis and treatment. *Arch Intern Med*. Oct 1961; 108:615-638.

4. Schwab RS. Management of myasthenia gravis. *New Eng J Med*. Mar 1963; 268:596-597.

5. Schwab RS. Management of myasthenia gravis. *New Eng J Med*. Mar 1963; 268:717-719.

6. Cronnelly R, Stanski DR, Miller RD, Sheiner LB. Pyridostigmine kinetics with and without renal function. *Clin Pharmacol Ther*. 1980; 28:No. 1, 78-81.

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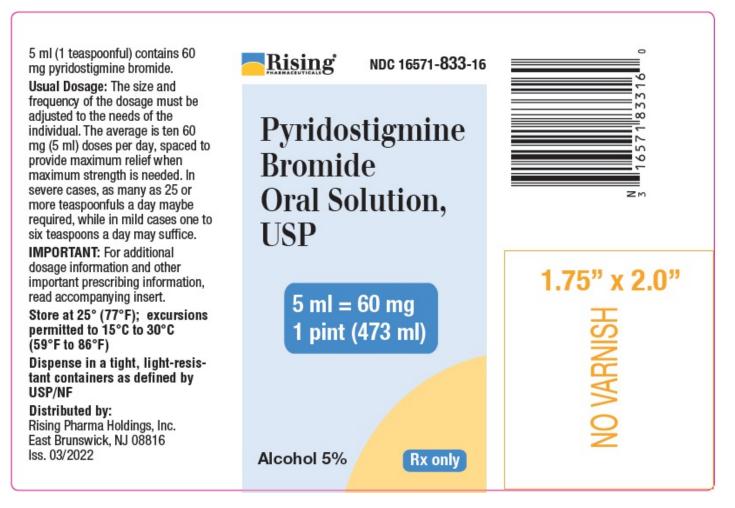
8. Breyer-Pfaff U, Maier U, Brinkmann AM, Schumm F. Pyridostigmine kinetics in healthy subjects and patients with myasthenia gravis. *Clin Pharmacol Ther*. 1985;5:495-501.

Distributed by:

Rising Pharma Holdings, Inc. East Brunswick, NJ 08816

lss. 03/2022

Pyridostigmine Bromide Syrup 60mg/5mL Bottle



PRYIDOSTIGMINE BROMIDE

Product Info	rmation							
Product Type		HUMAN PRESCRIPTION DRUG Item Code (Sour		de (Source	e) NDC:16571-833			
Route of Admir	nistration	ORAL	ORAL					
Active Ingred	dient/Active	e Moiety						
Ingredient Name					Basis of Strength Stre		Strength	
PYRIDOSTIGMINI UNII:19QM69HH21	FIGMINE BROMIDE (UNII: KVI301NA53) (PYRIDOSTIC			PYRIDOSTIGMINE 60 mg BROMIDE in 5 mL				
Inactive Ingr	edients							
		Ingredient Name				Str	ength	
ALCOHOL (UNII: 3	K9958V90M)							
SODIUM BENZOA	ATE (UNII: OJ24	5FE5EU)						
SUCROSE (UNII: C151H8M554)								
GLYCERIN (UNII: PDC6A3C0OX)								
LACTIC ACID (UN)						
SORBITOL (UNII: 506T60A25R)								
FD&C RED NO. 40 (UNII: WZ B9127XOA)								
	1 (UNII: H3R47)	K3TBD)						
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Establishment								
Name	Address	ID/FEI	Business Operations					
InvaTech Pharma Solutions LLC		078602180	manufacture(16571-833) , analysis(16571-833) , pack(16571-833) , label(16571-833)					

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Rising Pharma Holdings, Inc.