NEW ZEALAND DATA SHEET

ACUPAN™

1. PRODUCT NAME
ACUPAN 30 mg tablets

2. QUALITATIVE AND QUANTITATIVE COMPOSITION
Each tablet contains nefopam hydrochloride 30 mg.

For a full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM
White, round, biconvex, film-coated tablets (7 mm diameter) engraved **APN** on one face.

4. CLINICAL PARTICULARS
4.1 Therapeutic indications
ACUPAN is indicated for the relief of acute pain, including post-operative, dental, musculoskeletal and acute traumatic pain.

4.2 Dose and method of administration
Adults

Dosage may range from 1 to 3 tablets three times daily depending on response. The recommended starting dosage is 2 tablets three times daily.

Children

ACUPAN is not recommended for children under the age of 12 years.

Elderly

Elderly patients may require reduced dosage due to slower metabolism. It is strongly recommended that the starting dose does not exceed one tablet three times daily as the elderly appear more susceptible to, in particular, the CNS side effects of nefopam. Some cases of hallucination and confusion have been reported in this age group.

4.3 Contraindications
ACUPAN is contraindicated in patients with a history of convulsive disorders and should not be given to patients taking monoamine oxidase (MAO) inhibitors.

ACUPAN is contraindicated in patients with known hypersensitivity to any of the ingredients.

ACUPAN should not be used in the treatment of myocardial infarction. This advice is based on the lack of clinical experience for this indication.

4.4 Special warnings and precautions for use
Hepatic and renal insufficiency may interfere with the metabolism and excretion of nefopam.

ACUPAN should be used with caution in patients with angle closure glaucoma.

Cases of nefopam dependence and abuse have been reported with nefopam use.

ACUPAN should be used with caution in patients with, or at risk of, urinary retention.

Caution should be exercised when nefopam is administered concurrently with tricyclic antidepressants.

The side effects of ACUPAN may be additive to those of other agents with anticholinergic or sympathomimetic activity.

Nefopam may cause adverse sympathomimetic effects including tachycardia and aggravation or precipitation of angina. Caution should be exercised in patients with a history of ischaemic heart disease.

4.5 Interaction with other medicines and other forms of interaction

ACUPAN should be used with caution in patients on tricyclic anti-depressants and is contraindicated in patients on MAO inhibitors.

Nefopam may interfere with some screening tests for benzodiazepines and opioids. These tests for benzodiazepines and opioids may give false positive results for patients taking ACUPAN.

4.6 Fertility, pregnancy and lactation

ACUPAN is not recommended for pregnant women or those likely to become pregnant unless the expected benefit to the mother outweighs any potential risk to the foetus. There has been little human usage and no evidence of safety during pregnancy can be assumed from preclinical animal studies.

Evidence suggests that nefopam is excreted in human milk. A decision should be made whether to discontinue nursing or discontinue the medication, taking into account the potential for adverse effects for the foetus and the importance of treatment to the mother.

4.7 Effects on ability to drive and use machines

Do not drive or operate heavy machinery until you know how ACUPAN affects you.

4.8 Undesirable effects

Nausea, nervousness, dry mouth, lightheadedness, urinary retention, hypotension, syncope, palpitations, gastrointestinal disturbances (including abdominal pain and diarrhoea), dizziness, paraesthesia, convulsions, tremor, confusion, hallucinations, angioedema, and allergic reactions may occur.

Less common reactions

Anaphylactic reactions, coma, vomiting, blurred vision, drowsiness, sweating, insomnia, headache, tachycardia and aggravation of angina have been reported.

Rarely a temporary harmless pink discolouration of the urine has occurred.

Hypersensitivity reactions including erythema multiforme have been reported.

Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorisation of the medicine is important. It allows continued monitoring of the benefit/risk balance of the medicine. Healthcare professionals are asked to report any suspected adverse reactions https://nzphvc.otago.ac.nz/reporting/

4.9 Overdose

Symptoms and Signs

Nefopam toxicity is manifested by neurological symptoms (coma, convulsions, hallucinations, agitation) and cardiovascular response (tachycardia with hyperdynamic circulation).

Treatment

Supportive treatment is suggested including gastric lavage, forced emesis and diuresis. Oral administration of activated charcoal may help prevent absorption. Convulsions and hallucinations should be controlled (e.g. with diazepam IV or pr). Beta-adrenergic blockers may be of use in controlling the cardiovascular complications.

For advice on the management of overdose please contact the National Poisons Centre on 0800 POISON (0800 764766).

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

ACUPAN is a centrally acting analgesic with a rapid onset of action. The main site of action appears to be in the central nervous system both at the brain and spinal levels.

In vitro experiments have shown nefopam to inhibit the re-uptake of various catecholamines (including noradrenaline, serotonin and dopamine). It is possible that the mechanism of action of nefopam is at least in part by altering the levels of these neuromodulators in the brain and at the spinal level. Nefopam has been shown to have sympathomimetic and anticholinergic actions.

ACUPAN is totally distinct from the other centrally acting analgesics such as morphine, codeine, pentazocine and propoxyphene. Unlike the narcotic agents, ACUPAN has been shown not to cause respiratory depression. There is no evidence from pre-clinical research of habituation occurring with ACUPAN.

5.2 Pharmacokinetic properties

The absorption of ACUPAN after oral administration is rapid with peak concentrations being reached in 1½ to 2 hours. The elimination from plasma occurs with a mean half-life of 6 hours. The medicine undergoes extensive metabolism by the liver and both unchanged medicine and metabolites are excreted principally in the urine, with approximately 6% in the faeces. Most of the dose is eliminated within 24 hours. A moderate to severe impairment of renal or hepatic function may reduce the elimination rate constant and cause some accumulation of ACUPAN or its metabolites.

5.3 Preclinical safety data

Not applicable

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Calcium hydrogen phosphate dihydrate

Colloidal silicon dioxide

Hydrogenated vegetable oil

Hypromellose

Magnesium stearate

Microcrystalline cellulose
Starch
Titanium dioxide E171

The tablet formulation is colour-free, preservative-free, sugar-free, and does not contain gluten or lactose.

6.2 Incompatibilities
None known

6.3 Shelf life
5 years

6.4 Special precautions for storage
Store below 25^0C.

6.5 Nature and contents of container
Blister foil packs of 90 tablets

6.6 Special precautions for disposal and other handling
None

7. MEDICINE SCHEDULE
Prescription Medicine

8. SPONSOR
iNova Pharmaceuticals (New Zealand) Limited
c/- Simpson Grierson
88 Shortland Street,
Auckland 1141

Toll-free number: 0508 375 394

9. DATE OF FIRST APPROVAL
15 May 1980

10. DATE OF REVISION OF THE TEXT
29 January 2018

ACUPAN™

SUMMARY TABLE OF CHANGES

Date	Changes
17 May 2017	Data sheet reformatted. Section 4.4: Added “Cases of nefopam dependence and abuse have been reported with nefopam use”. Amended “glaucoma” precaution to “angle closure glaucoma”. Section 4.7. Added “driving and operating machinery” precaution Section 4.8: Added “coma” Section 4.9: Added “coma”
29 January 2018	Change in sponsor name and address to iNova Pharmaceuticals (New Zealand) Limited