Summary of Product Characteristics

1 NAME OF THE MEDICINAL PRODUCT

Nefopam 30mg film-coated tablets

2 QUALITATIVE AND QUANTITATIVE COMPOSITION

Each tablet contains 30 mg of nefopam hydrochloride.
For the full list of excipients, see section 6.1.

3 PHARMACEUTICAL FORM

Film-coated tablets
White, round, biconvex, 7.1 mm diameter tablets

4 CLINICAL PARTICULARS

4.1 Therapeutic Indications

Nefopam is indicated for the relief of acute and chronic pain, including post-operative pain, dental pain, musculo-skeletal pain, acute traumatic pain and cancer pain.

4.2 Posology and method of administration

Oral use.

Adults
Dosage may range from 1 to 3 tablets three times daily depending on the pain severity and the patient's response. The recommended starting dosage is 1 or 2 tablets three times daily.

Special populations
Children: Since the safety and efficacy of nefopam in children under 12 years has not yet been established, the administration of Nefopam is not recommended in the pediatric population.
Elderly: Dosage adjustment may be required due to slower metabolism. It is strongly recommended that the starting dose does not exceed one tablet three times daily as older people appear more susceptible to, in particular, the CNS side effects of Nefopam and some cases of hallucinations and confusion have been reported in this age group.
Patients with end stage renal disease: Since these patients might experience increased serum peak concentrations during treatment with nefopam, the daily dose is recommended be reduced.

4.3 Contraindications

Nefopam is contraindicated in patients with hypersensitivity to the active substance or to any of the excipients listed in section 6.1.
It is also contraindicated in patients with a history of convulsive disorders and should not be given to patients taking mono-amine-oxidase (MAO) inhibitors.

4.4 Special warnings and precautions for use

The side effects of Nefopam may be additive to those of other agents with anticholinergic or sympathomimetic activity. It should not be used in the treatment of myocardial infarction since there is no clinical experience in this indication. Hepatic and renal insufficiency may interfere with the metabolism and excretion of nefopam. Nefopam should be used with caution in patients with, or at risk of, urinary retention. Rarely a temporary, harmless pink discolouration of the urine has occurred.

4.5 Interaction with other medicinal products and other forms of interaction

Caution should be exercised when nefopam is administered concurrently with tricyclic antidepressants. It should be noted that 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 Nefopam.

4.6 Fertility, pregnancy and lactation

Pregnancy
There is no evidence of safety of use during pregnancy nor is there evidence from animal studies that is free from hazard. Therefore Nefopam should not be used in pregnancy unless considered absolutely essential by the physician.

Lactation
Nefopam is excreted in human milk. Concentrations are approximately the same as those in maternal plasma. Since there is a risk of adverse effects in the nursing infant ,breast-feeding should be discontinued during treatment with Nefopam.

Fertility
In animal studies no adverse effects on fertility were observed (see Section 5.3). Whether or not Nefopam affects the fertility in humans is unknown.

4.7 Effects on ability to drive and use machines

Nefopam may cause drowsiness. Patients should be warned not to drive or operate machinery during the treatment.

4.8 Undesirable effects

Nausea, nervousness, dry mouth and light-headedness, urinary retention, hypotension, syncope, palpitations, gastrointestinal disturbances (including abdominal pain and diarrhea), dizziness, paraesthesia, convulsions, tremor, confusion, hallucination, angioedema, and allergic reaction may occur. Less frequently, anaphylactic reactions, coma, vomiting, blurred vision, drowsiness, sweating, insomnia, headache and tachycardia have been reported.

Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via HPRA Pharmacovigilance, Earlsfort Terrace, IRL - Dublin 2; Tel: +353 1 6764971; Fax: +353 1 6762517. Website: www.hpra.ie; E-mail: medsafety@hpra.ie.

4.9 Overdose

The clinical pattern of nefopam toxicity in overdose is on the neurological (convulsions, hallucination and agitation) and cardiovascular systems (coma, tachycardia with a hyperdynamic circulation). Routine supportive measures should be taken and prompt removal of ingested drug by gastric Lavage or induced vomiting with Syrup of Ipecacuanha should be carried out. Oral administration of activated charcoal may help prevent absorption.

Convulsions and hallucinations should be controlled (eg with intravenously or rectally administered diazepam). Beta-adrenergic blockers may help control the cardiovascular complications.

5 PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic group**:** Non-opioid analgesics with central stimulant and sympathomimetic properties.

ATC code: N02BG06

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

5.2 Pharmacokinetic properties

Absorption
Nefopam is absorbed from the gastro-intestinal tract. Peak plasma concentrations occur about 1-3 hours after oral administration.

Distribution
Approximately 73% is bound to plasma proteins.

Biotransformation
Nefopam is extensively metabolised

Elimination
Nefopam is excreted mainly in urine. Less than 5% of a dose is excreted unchanged in the urine. Approximately 8% of a dose is excreted via the faeces.

5.3 Preclinical safety data

Non-clinical data reveal special hazards for humans based on conventional studies of safety pharmacology, repeated dose toxicity, carcinogenic potential, and toxicity to reproduction.
Non-clinical data on genotoxicity are not available.

6 PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Tablet core
Cellulose microcrystalline
Povidone (K30)
Calcium hydrogen phosphate, anhydrous
Copovidone (VA64)
Pregelatinised starch
Silica colloidal anhydrous
Magnesium stearate

Film-coating
Opadry OY-S-7335:
HPMC 2910/Hypromellose
Titanium dioxide

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

2 years.

6.4 Special precautions for storage

Do not store above 30°C.

6.5 Nature and contents of container

Aluminium/ PVC-PE-PVDC blister.

Packs containing 30 and 90 tablets.

Not all pack sizes may be marketed.

6.6 Special precautions for disposal and other handling

No special requirements.

7 MARKETING AUTHORISATION HOLDER

Rivopharm Limited
17 Corrig Road
Sandyford
Dublin 18
Ireland

8 MARKETING AUTHORISATION NUMBER

PA2318/001/001

9 DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

Date of first authorisation: 8th July 2016

10 DATE OF REVISION OF THE TEXT

August 2018