HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use NUCYNTA® safely and effectively. See full prescribing information for NUCYNTA®.

NUCYNTA® (tapentadol) immediate-release oral tablets C-II
Initial U.S. Approval: 2008

----------INDICATIONS AND USAGE----------

NUCYNTA® is an opioid analgesic indicated for the relief of moderate to severe acute pain in patients 18 years of age or older. (1)

----------DOSAGE AND ADMINISTRATION----------

- As with many centrally-acting analgesic medications, the dosing regimen of NUCYNTA® should be individualized according to the severity of pain being treated, the previous experience with similar drugs and the ability to monitor the patient. (2)
- Initiate NUCYNTA® with or without food at a dose of 50 mg, 75 mg, or 100 mg every 4 to 6 hours depending upon pain intensity. On the first day of dosing, the second dose may be administered as soon as one hour after the first dose, if adequate pain relief is not attained with the first dose. Subsequent dosing is 50 mg, 75 mg, or 100 mg every 4 to 6 hours and should be adjusted to maintain adequate analgesia with acceptable tolerability. Daily doses greater than 700 mg on the first day of therapy and 600 mg on subsequent days have not been studied and are, therefore, not recommended. (2)

----------DOSAGE FORMS AND STRENGTHS----------

Tablets: 50 mg, 75 mg, 100 mg (3)

----------CONTRAINDICATIONS----------

- Impaired pulmonary function (significant respiratory depression, acute or severe bronchial asthma or hypercapnia in unmonitored settings or the absence of resuscitative equipment) (4.1)
- Paralytic ileus (4.2)
- Concomitant use with monoamine oxidase inhibitors (MAOI) or use within 14 days (4.3)

----------WARNINGS AND PRECAUTIONS----------

- Respiratory depression: Increased risk in elderly, debilitated patients, those suffering from conditions accompanied by hypoxia, hypercapnia, or upper airway obstruction. (5.1)
- CNS effects: Additive CNS depressive effects when used in conjunction with alcohol, other opioids, or illicit drugs. (5.2)
- Elevation of intracranial pressure: May be markedly exaggerated in the presence of head injury, other intracranial lesions. (5.3)
- Abuse potential may occur. Monitor patients closely for signs of abuse and addiction. (5.4)
- Impaired mental/physical abilities: Caution must be used with potentially hazardous activities. (5.5)
- Seizures: Use with caution in patients with a history of seizures. (5.7)
- Serotonin Syndrome: Potentially life-threatening condition could result from concomitant serotonergic administration. (5.8)

----------ADVERSE REACTIONS----------

The most common adverse events were nausea, dizziness, vomiting and somnolence. (6)

To report SUSPECTED ADVERSE REACTIONS, contact PriCara, Division of Ortho-McNeil-Janssen Pharmaceuticals, Inc. at 1-800-526-7736 or FDA at 1-800-FDA-1088 or *www.fda.gov/medwatch*

----------DRUG INTERACTIONS----------

- Use NUCYNTA® with caution in patients currently using specified centrally-acting drugs or alcohol. (7.3)
- Do not use NUCYNTA® in patients currently using or within 14 days of using a monoamine oxidase inhibitor (MAOI). (7.4)

----------USE IN SPECIFIC POPULATIONS----------

- Labor and delivery: should not use during and immediately prior to labor and delivery. Monitor neonates, whose mothers have been taking NUCYNTA®, for respiratory depression. (8.2)
- Nursing mothers: should not breast-feed. (8.3)
- Pediatric use: safety and effectiveness not established in patients less than 18 years of age. (8.4)
- Renal or hepatic impairment: not recommended in patients with severe renal or hepatic impairment. Use with caution in patients with moderate hepatic impairment. (8.6, 8.7)
- Elderly: care should be taken when selecting an initial dose. (2.3)

See 17 for PATIENT COUNSELING INFORMATION AND MEDICATION GUIDE.

Revised: 10/2010

FULL PRESCRIBING INFORMATION: CONTENTS*

[*Sections or subsections omitted from the full prescribing information are not listed]

FULL PRESCRIBING INFORMATION

1 INDICATIONS AND USAGE

NUCYNTA® (tapentadol) is indicated for the relief of moderate to severe acute pain in patients 18 years of age or older.

2 DOSAGE AND ADMINISTRATION

As with many centrally-acting analgesic medications, the dosing regimen should be individualized according to the severity of pain being treated, the previous experience with similar drugs and the ability to monitor the patient.

The dose is 50 mg, 75 mg, or 100 mg every 4 to 6 hours depending upon pain intensity.

On the first day of dosing, the second dose may be administered as soon as one hour after the first dose, if adequate pain relief is not attained with the first dose. Subsequent dosing is 50 mg, 75 mg, or 100 mg every 4 to 6 hours and should be adjusted to maintain adequate analgesia with acceptable tolerability.

Daily doses greater than 700 mg on the first day of therapy and 600 mg on subsequent days have not been studied and are not recommended.

NUCYNTA® may be given with or without food *[see Clinical Pharmacology (12.3)]*.

2.1 Renal Impairment

No dosage adjustment is recommended in patients with mild or moderate renal impairment *[see Clinical Pharmacology (12.3)]*.

NUCYNTA® has not been studied in patients with severe renal impairment. The use in this population is not recommended.

2.2 Hepatic Impairment

No dosage adjustment is recommended in patients with mild hepatic impairment *[see Clinical Pharmacology (12.3)]*.

NUCYNTA® should be used with caution in patients with moderate hepatic impairment. Treatment in these patients should be initiated at 50 mg with the interval between doses no less than every 8 hours (maximum of three doses in 24 hours). Further treatment should reflect maintenance of analgesia with acceptable tolerability, to be achieved by either shortening or lengthening the dosing interval *[see Clinical Pharmacology (12.3)]*.

NUCYNTA® has not been studied in patients with severe hepatic impairment and use in this population is not recommended *[see Warnings and Precautions (5.10)]*.

2.3 Elderly Patients

In general, recommended dosing for elderly patients with normal renal and hepatic function is

patients are more likely to have decreased renal and hepatic function, consideration should be given to starting elderly patients with the lower range of recommended doses.

3 DOSAGE FORMS AND STRENGTHS

NUCYNTA® Tablets are round, biconvex and film-coated and are available in the following strengths, colors, and debossings: 50 mg of tapentadol (yellow with "O-M" on one side and "50" on the other side), 75 mg of tapentadol (yellow-orange with "O-M" on one side and "75" on the other side), and 100 mg of tapentadol (orange with "O-M" on one side and "100" on the other side).

4 CONTRAINDICATIONS

4.1 Impaired Pulmonary Function

Like other drugs with mu-opioid agonist activity, NUCYNTA® is contraindicated in patients with significant respiratory depression in unmonitored settings or the absence of resuscitative equipment. NUCYNTA® is also contraindicated in patients with acute or severe bronchial asthma or hypercapnia in unmonitored settings or the absence of resuscitative equipment *[see Warnings and Precautions (5.1)]*.

4.2 Paralytic Ileus

Like drugs with mu-opioid agonist activity, NUCYNTA® is contraindicated in any patient who has or is suspected of having paralytic ileus.

4.3 Monoamine Oxidase Inhibitors

NUCYNTA® is contraindicated in patients who are receiving monoamine oxidase (MAO) inhibitors or who have taken them within the last 14 days due to potential additive effects on norepinephrine levels which may result in adverse cardiovascular events *[see Drug Interactions (7.4)]*.

5 WARNINGS AND PRECAUTIONS

5.1 Respiratory Depression

Respiratory depression is the primary risk of mu-opioid agonists. Respiratory depression occurs more frequently in elderly or debilitated patients and in those suffering from conditions accompanied by hypoxia, hypercapnia, or upper airway obstruction, in whom even moderate therapeutic doses may significantly decrease pulmonary ventilation.

NUCYNTA® should be administered with caution to patients with conditions accompanied by hypoxia, hypercapnia or decreased respiratory reserve such as: asthma, chronic obstructive pulmonary disease or cor pulmonale, severe obesity, sleep apnea syndrome, myxedema, kyphoscoliosis, central nervous system (CNS) depression, or coma. In such patients, even usual therapeutic doses of NUCYNTA® may increase airway resistance and decrease respiratory drive to the point of apnea. Alternative non-mu-opioid agonist analgesics should be considered and NUCYNTA® should be employed only under careful medical supervision at the lowest effective

dose in such patients. If respiratory depression occurs, it should be treated as any mu-opioid agonist-induced respiratory depression *[see Overdosage (10.2)]*.

5.2 CNS Depression

Patients receiving other mu-opioid agonist analgesics, general anesthetics, phenothiazines, other tranquilizers, sedatives, hypnotics, or other CNS depressants (including alcohol) concomitantly with NUCYNTA® may exhibit additive CNS depression. Interactive effects resulting in respiratory depression, hypotension, profound sedation, coma or death may result if these drugs are taken in combination with NUCYNTA®. When such combined therapy is contemplated, a dose reduction of one or both agents should be considered.

5.3 Head Injury and Increased Intracranial Pressure

Opioid analgesics can raise cerebrospinal fluid pressure as a result of respiratory depression with carbon dioxide retention. Therefore, NUCYNTA® should not be used in patients who may be susceptible to the effects of raised cerebrospinal fluid pressure such as those with evidence of head injury and increased intracranial pressure. Opioid analgesics may obscure the clinical course of patients with head injury due to effects on pupillary response and consciousness. NUCYNTA® should be used with caution in patients with head injury, intracranial lesions, or other sources of preexisting increased intracranial pressure.

5.4 Misuse and Abuse

Tapentadol is a mu-opioid agonist and is a Schedule II controlled substance. Such drugs are sought by drug abusers and people with addiction disorders. Diversion of Schedule II products is an act subject to criminal penalty.

NUCYNTA® can be abused in a manner similar to other opioid agonists, legal or illicit. This should be considered when prescribing or dispensing NUCYNTA® in situations where the physician or pharmacist is concerned about an increased risk of misuse and abuse. Concerns about abuse and addiction should not prevent the proper management of pain. However, all patients treated with mu-opioid agonists require careful monitoring for signs of abuse and addiction, since use of mu-opioid agonist analgesic products carry the risk of addiction even under appropriate medical use *[see Drug Abuse and Dependence (9.2)]*.

NUCYNTA® may be abused by crushing, chewing, snorting or injecting the product. These practices pose a significant risk to the abuser that could result in overdose and death *[see Drug Abuse and Dependence (9)]*.

5.5 Driving and Operating Machinery

Patients should be cautioned that NUCYNTA® may impair the mental and/or physical abilities required for the performance of potentially hazardous tasks such as driving a car or operating machinery. This is to be expected especially at the beginning of treatment, at any change of dosage as well as in combination with alcohol or tranquilizers *[see Drug Interactions (7.3)]*.

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