HIGHLIGHTS OF PRESCRIBING INFORMATION

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

NUCYNTA® ER (tapentadol) extended-release oral tablets C-II

Initial U.S. Approval: 2011

WARNING: Potential for Abuse, proper patient selection and limitations of use

See full prescribing information for complete boxed warning.

NUCYNTA® ER contains tapentadol, a mu-opioid agonist and Schedule II controlled substance, with risk of misuse, abuse, and diversion similar to other opioid analgesics. (5.5)

NUCYNTA® ER is not intended for use as an as-needed analgesic (1).

NUCYNTA® ER is not intended for the management of acute or postoperative pain (1)

Swallow NUCYNTA® ER tablets whole. Taking split, broken, chewed, dissolved, or crushed NUCYNTA® ER tablets could lead to rapid release and absorption of a potentially fatal dose of tapentadol. (5.1)

Patients must not consume alcoholic beverages, prescription or non-prescription medications containing alcohol. Co-ingestion of alcohol with NUCYNTA® ER may result in a potentially fatal overdose of tapentadol.(12.3)

INDICATIONS AND USAGE

NUCYNTA® ER is an opioid analgesic indicated for the management of moderate to severe chronic pain in adults when a continuous, around-the-clock opioid analgesic is needed for an extended period of time. (1)

DOSAGE AND ADMINISTRATION

- As with many centrally acting analgesic medications, the dosing regimen of NUCYNTA® ER should be individualized according to the severity of pain being treated, the previous experience with similar drugs and the ability to follow-up and provide oversight of treatment. (2)
- The recommended NUCYNTA® ER total daily dose is 100 mg to 250 mg twice daily approximately every 12 hours. Patients not currently taking opioid analgesics should begin NUCYNTA® ER therapy with 50 mg twice a day.(2)
- Patients receiving NUCYNTA® (immediate-release formulation) may be converted to NUCYNTA® ER by administering the same total daily dose. Administer half the total daily dose of NUCYNTA® ER approximately every 12 hours. Do not exceed the maximum daily dose of NUCYNTA® ER of 500 mg. (2)

DOSAGE FORMS AND STRENGTHS

- Tablets: 50 mg, 100 mg, 150 mg, 200 mg, 250 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)
- Paralytic ileus (4)
- Concurrent use of monoamine oxidase (MAO) inhibitors or use within the last 14 day (4)
- Hypersensitivity (4)

WARNINGS AND PRECAUTIONS

- Respiratory depression: Increased risk in elderly, debilitated patients, those suffering from conditions accompanied by hypoxia, hypercapnia, or upper airway obstruction. (5.2)
- CNS effects: Additive CNS depressive effects when used in conjunction with alcohol, other opioids, or illicit drugs. (5.3)
- Elevation of intracranial pressure: Use with caution in patients with head injury, intracranial lesions, or other sources of preexisting increased intracranial pressure. (5.4)
- Abuse potential may occur. Monitor patients closely for signs of abuse and addiction. (5.5)
- Hypotension may occur, particularly in patients at high risk (5.6)
- Impaired mental/physical abilities: Caution must be used with potentially hazardous activities. (5.7)
- Interaction with alcohol and drugs of abuse: CNS, respiratory depression, hypotension and sedation effects may be additive (5.8)
- Seizures: Use with caution in patients with a history of seizures. (5.9)
- Serotonin Syndrome: Potentially life-threatening condition could result from concomitant administration of drugs with serotonergic activity. (5.10)
- Withdrawal symptoms may occur if NUCYNTA® ER is discontinued abruptly. Tapering may reduce withdrawal symptoms. (5.11)

ADVERSE REACTIONS

The most common (≥10%) adverse reactions were nausea, constipation, headache, dizziness, and somnolence. (6)
To report SUSPECTED ADVERSE REACTIONS, contact Janssen Pharmaceuticals, Inc. at 1–800–526–7736 or FDA at 1–800–FDA–1088 or *www.fda.gov/medwatch*.

DRUG INTERACTIONS

- Use NUCYNTA® ER with caution in patients currently using specified centrally acting drugs or alcohol. (7.3)
- Do not use NUCYNTA® ER in patients currently using or within 14 days of using a monoamine oxidase inhibitor (MAOI). (7.4)
- Use NUCYNTA® ER with caution in patients currently using SSRIs, SNRIs, tricyclic antidepressants, or triptans (7.5)
- Use of NUCYNTA® ER in patients currently using mixed agonist/antagonist opioid analgesics or anticholinergic medications is not recommended (7.6, 7.7)

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® ER, 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. (8.7, 8.8)
- Elderly: care should be taken when selecting an initial dose. (2.5)

See 17 for PATIENT COUNSELING INFORMATION AND MEDICATION GUIDE.

Revised: 08/2011

FULL PRESCRIBING INFORMATION: CONTENTS*

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

FULL PRESCRIBING INFORMATION

WARNING: POTENTIAL FOR ABUSE, PROPER PATIENT SELECTON, AND LIMITATIONS OF USE

Potential for Abuse

NUCYNTA® ER contains tapentadol, a mu-opioid agonist and a Schedule II controlled substance with an abuse liability similar to other opioid analgesics.

NUCYNTA® ER can be abused in a manner similar to other opioid agonists, legal or illicit. These risks should be considered when prescribing, or dispensing NUCYNTA® ER in situations where the physician or pharmacist is concerned about an increased risk of misuse, abuse, or diversion. Schedule II opioid substances which include hydromorphone, morphine, oxycodone, fentanyl, oxymorphone, and methadone have the highest potential for abuse and risk of fatal overdose due to respiratory depression. *(9)*

Proper Patient Selection

NUCYNTA® ER is an extended-release formulation of tapentadol indicated for the management of moderate to severe chronic pain in adults when a continuous, around-the-clock opioid analgesic is needed for an extended period of time.

Limitations of Use

NUCYNTA® ER is not intended for use as an as-needed analgesic. *(1)*

NUCYNTA® ER is not intended for the management of acute or postoperative pain. *(1)*

NUCYNTA® ER tablets are to be swallowed whole and are not to be split, broken, chewed, dissolved, or crushed. Taking split, broken, chewed, dissolved, or crushed NUCYNTA® ER tablets could lead to rapid release and absorption of a potentially fatal dose of tapentadol. *(5)*

Patients must not consume alcoholic beverages, prescription or non-prescription medications containing alcohol. Co-ingestion of alcohol with NUCYNTA® ER may result in a potentially fatal overdose of tapentadol. *(12.3)*

1 INDICATIONS AND USAGE

NUCYNTA® ER is an extended-release formulation of tapentadol indicated for the management of moderate to severe chronic pain in adults when a continuous, around-the-clock opioid analgesic is needed for an extended period of time.

NUCYNTA® ER is NOT intended for use as an as-needed analgesic.

NUCYNTA® ER is not indicated for the management of acute or postoperative pain.

2 DOSAGE AND ADMINISTRATION

Selection of patients for treatment with NUCYNTA® ER is governed by the same principles that apply to the use of similar opioid analgesics. Physicians should individualize treatment in every case, using non-opioid analgesics, opioids on an as needed basis and/or combination products, and chronic opioid therapy in a progressive plan of pain management such as outlined by the World Health Organization and Federation of State Medical Boards Model Guidelines.

NUCYNTA® ER tablets must be swallowed whole and must not be split, broken, chewed, dissolved, or crushed. Taking split, broken, chewed, dissolved, or crushed NUCYNTA® ER Tablets could lead to rapid release and absorption of a potentially fatal dose of tapentadol.

NUCYNTA® ER tablets must be taken one tablet at a time, with enough water to ensure complete swallowing immediately after placing in the mouth *[see Patient Counseling Information (17)]*.

2.1 Initiating Therapy with NUCYNTA® ER

It is critical to initiate the dosing regimen for each patient individually giving attention to:

- risk factors for abuse or addiction; including whether the patient has a previous or current substance abuse problem, a family history of substance abuse, or a history of mental illness or depression;
- the age, general condition and medical status of the patient;
- the patient's opioid exposure and opioid tolerance (if any);
- the daily dose, potency, and kind of the analgesic(s) the patient has been taking;
- the balance between pain management and adverse reactions.

Discontinue all other tapentadol and tramadol products when beginning and while taking NUCYNTA® ER *[see Serotonin Syndrome Risk (5.10)]*. Although the maximum approved total daily dose of NUCYNTA® immediate-release formulation is 600 mg per day, the maximum total daily dose of NUCYNTA® ER is 500 mg. Do not exceed a total daily dose of NUCYNTA® ER of 500 mg.

Once therapy with NUCYNTA® ER is initiated, assess pain intensity and adverse reactions frequently.

Titrate patients to adequate analgesia with dose increases of 50 mg no more than twice daily every three days.

During periods of changing analgesic requirements, including initial titration, maintain frequent contact between the healthcare provider and the patient.

Patients Currently Not Taking Opioid Analgesics

The starting dose of NUCYNTA® ER in patients currently not taking opioid analgesics is 50 mg twice a day (approximately every 12 hours). Individually titrate the dose within the therapeutic range of 100 mg to 250 mg twice daily.

Patients Currently Taking Opioid Analgesics

There are no adequate data on the direct conversion from other opioids to NUCYNTA® ER.

The initial dose of NUCYNTA® ER in patients previously taking other opioids is 50 mg titrated to an effective and tolerable dose within the therapeutic range of 100 mg to 250 mg twice daily.

In the dose selection of NUCYNTA® ER in patients currently taking opioids, give attention to the following:

- There is a substantial patient variation in the relative potency of different opioid drugs and formulations;
- It is extremely important to monitor all patients closely when converting from methadone to other opioid agonists. The ratio between methadone and other opioid agonists may vary widely as a function of previous dose exposure. Methadone has a long half-life and tends to accumulate in the plasma.
- The recommended doses are only a starting point, and close observation and titration are indicated until a satisfactory dose is obtained on the new therapy.

Conversion from NUCYNTA® to NUCYNTA® ER

Patients can be converted from NUCYNTA® to NUCYNTA® ER using the equivalent total daily dose of NUCYNTA® and dividing it into two equal doses of NUCYNTA® ER separated by approximately 12-hour intervals. As an example, a patient receiving 50 mg of NUCYNTA® four times per day (200 mg/day) may be converted to 100 mg NUCYNTA® ER twice a day.

2.2 Cessation of Therapy

Periodically reassess the continued need for NUCYNTA® ER during chronic therapy. When discontinuing NUCYNTA® ER, potential withdrawal symptoms may be reduced by tapering the dose of NUCYNTA® ER *[see Withdrawal (5.11, 9.3)]*.

DOCKET ALARM

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