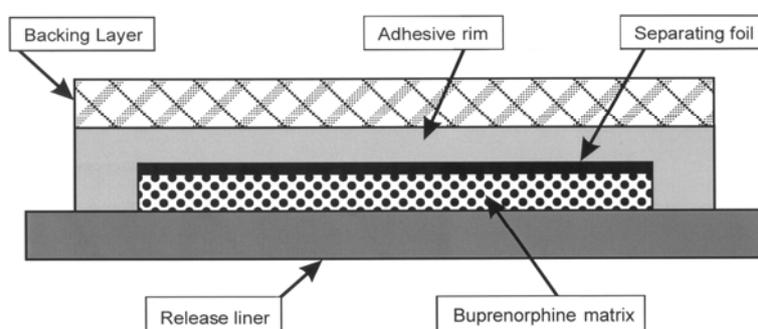


**NORSPAN® TRANSDERMAL DRUG DELIVERY SYSTEM**

Buprenorphine 5, 10 or 20µg per hour

**Presentation**

NORSPAN® transdermal drug delivery system patches are either rectangular (10 micrograms/hr) or square (5 and 20 micrograms/hr) beige coloured matrix patch with rounded corners, marked with the trade name and consisting of a protective liner and functional layers. Proceeding from the outer surface towards the surface adhering to the skin, the layers are (1) a beige-coloured web backing layer of polyester material; (2) an adhesive rim without buprenorphine; (3) a separating layer ("foil") consisting of polyethylene terephthalate over the adhesive matrix; (4) the buprenorphine-containing adhesive matrix; and (5) a release liner. Before use the release liner covering the adhesive layer is removed and discarded.



**Figure 1:** Cross section drawing of NORSPAN® patch

NORSPAN® transdermal drug delivery system is available in three different strengths: 5 micrograms per hour, 10 micrograms per hour and 20 micrograms per hour. The composition of all three strengths is identical except for patch size. The proportion of buprenorphine in the adhesive matrix is the same in each strength (10% by weight). The amount of buprenorphine released from each system per hour is proportional to the surface area of the patch. The skin is the limiting barrier to diffusion from the system into the bloodstream.

**Uses****Pharmacodynamics**

Buprenorphine is a partial opioid agonist, acting at mu-opioid receptors. The opioid agonist activities of buprenorphine are dose related. Buprenorphine also has antagonistic activity at the kappa-opioid receptor. It is classified as a psychotropic substance under international convention.

Like other opioid agonists, buprenorphine produces dose-related analgesia, however, a ceiling effect to analgesia is well documented. Buprenorphine binds to and dissociates from the mu-receptor slowly, which may account for the prolonged duration of analgesia and, in part, for the limited physical dependence potential observed with the medicine.

Buprenorphine produces similar effects to other opioids on the central nervous, cardiovascular, respiratory and gastrointestinal systems, although the intensity and duration of the effects may vary when compared with other opioids. Opioids may also influence the hypothalamic-pituitary-adrenal or –gonadal axes, including an increase in serum prolactin and decreases in plasma cortisol and testosterone, which can manifest in clinical symptoms.

Since kappa-receptor agonist activity is related to psychotomimetic and dysphoric effects, buprenorphine is expected to produce fewer psychotomimetic and dysphoric effects than medicines with kappa-agonist activities.

Like other opioid agonists, buprenorphine may produce increases in cerebrospinal fluid pressure, cause altered mentation, mental clouding or amnesia.

Buprenorphine acts to reduce blood pressure in a manner similar to other opioids. NORSPAN<sup>®</sup> patch application resulted in transient decreases in blood pressure in healthy young and elderly subjects, without clinical adverse events.

Like other opioid analgesics, buprenorphine has a potential of respiratory depression. Respiratory depression is less common than with full mu-agonists, such as morphine, and there appears to be a ceiling effect. However, evidence suggests that buprenorphine is a partial agonist with respect to its respiratory depressant activity. When respiratory depression occurs it appears to have a slower onset and longer duration compared with morphine.

Administration of buprenorphine to persons who are physically dependent on full mu-opioid agonists may precipitate an abstinence syndrome depending on the level of physical dependence, and the timing and dose of buprenorphine.

Like other opioids buprenorphine may cause nausea, vomiting, constipation and an increase in biliary tract pressure. Effects on the immune system were seen with natural opioids like morphine in *in vitro* and animal studies, although the clinical significance of these is unknown. It is not known whether buprenorphine, a semisynthetic opioid, has immunological effects similar to morphine.

Buprenorphine can cause dose-related miosis and urinary retention in some patients.

### **Pharmacokinetics**

Each NORSPAN<sup>®</sup> patch provides a steady delivery of buprenorphine for up to seven days. Steady state is achieved by day three following the first application. After removal of a NORSPAN<sup>®</sup> patch buprenorphine concentrations decline, decreasing approximately 50% in 12 hours (range 10-24 hours).

NORSPAN<sup>®</sup> patches 5 micrograms per hour, 10 micrograms per hour and 20 micrograms per hour provide dose-proportional increases in total exposure (AUC) over the seven day application period. Dose-proportional increases in plasma concentrations occur at steady state with NORSPAN<sup>®</sup> patch application for up to 60 days. Accumulation of plasma buprenorphine did not occur during the 60 days.

The rate of buprenorphine release from each patch is proportional to the surface area. Each NORSPAN<sup>®</sup> patch 5 micrograms per hour releases 5 micrograms of buprenorphine per hour, and contains a total of 5mg of buprenorphine. Each NORSPAN<sup>®</sup> patch 10 micrograms per hour releases 10 micrograms of buprenorphine per hour and contains a total of 10mg of buprenorphine. Each NORSPAN<sup>®</sup> patch 20 micrograms per hour releases 20 micrograms of buprenorphine per hour and contains a total of 20mg of buprenorphine.

### **Absorption:**

Following NORSPAN<sup>®</sup> patch application, buprenorphine diffuses from the patch through the skin. In clinical pharmacology studies, the median time for NORSPAN<sup>®</sup> patch 10 micrograms per hour to deliver detectable buprenorphine concentrations (100 picograms/mL) was approximately 17 hours. The mean bioavailability of buprenorphine from a NORSPAN<sup>®</sup> patch relative to intravenous (IV) dosing is 15% (for all three strengths).

**Accidental oral ingestion:** Measurable systemic levels of buprenorphine were demonstrated in dogs given NORSPAN<sup>®</sup> patches by oral administration.

Distribution:

Buprenorphine is approximately 96% bound to plasma proteins.

In a study of IV buprenorphine in healthy subjects, the volume of distribution at steady state was 430L, which is indicative of the high lipophilicity of the medicine.

Following IV administration, buprenorphine and its metabolites are secreted into bile, and within several minutes distribute into the cerebrospinal fluid (CSF). CSF concentrations appear to be approximately 15% to 25% of concurrent plasma concentrations.

Metabolism and Elimination:

Buprenorphine metabolism in the skin following NORSPAN<sup>®</sup> patch application is negligible. Buprenorphine is eliminated via hepatic metabolism, with subsequent biliary excretion and renal excretion of soluble metabolites. Hepatic metabolism through CYP3A4 and UGT1A1/1A3 enzymes, results in two primary metabolites, norbuprenorphine and buprenorphine 3-O-glucuronide. Norbuprenorphine is also glucuronidated prior to elimination. Buprenorphine is also eliminated in the faeces within seven days.

Norbuprenorphine is the only known active metabolite of buprenorphine. It has been shown to be a respiratory depressant in rats at concentration at least 50-fold those seen following application of NORSPAN<sup>®</sup> patch 20 micrograms per hour.

In a study in postoperative patients the total clearance of buprenorphine was 55L/h.

Application Site:

A study in healthy subjects demonstrated that the pharmacokinetic profile of buprenorphine delivered by NORSPAN<sup>®</sup> patch is similar when applied to the upper outer arm, upper chest, upper back or the side of the chest (midaxillary line, 5<sup>th</sup> intercostal space).

In a study of healthy subjects applying NORSPAN<sup>®</sup> patches repeatedly to the same site, immediate reapplication caused increased absorption, without clinical adverse events. For this reason, rotation of application sites is recommended (see **Dosage and Administration**).

In another study in healthy subjects application of a heating pad directly on the NORSPAN<sup>®</sup> patch caused a transient, 26-55% increase in blood concentrations of buprenorphine. Concentrations returned to normal within five hours after the heat was removed. For this reason, applying heat sources such as hot water bottles, heat pads or electric blankets directly to the NORSPAN<sup>®</sup> patch is not recommended. A heating pad applied to a NORSPAN<sup>®</sup> patch site directly after patch removal did not alter absorption from the skin depot.

**Clinical Trials**

The safety and efficacy of NORSPAN<sup>®</sup> patches in the management of chronic pain has been studied in 10 clinical trials [1,698 patients treated with NORSPAN<sup>®</sup> patches]. The active and placebo-controlled clinical trials included patients with moderate to severe, chronic pain of osteoarthritis, low back and non-cancer pain requiring opioid analgesia. A single trial examined the safety of three doses of NORSPAN<sup>®</sup> patches given for 72 hours to patients following orthopaedic surgery. No trials have been conducted in patients with cancer related pain.

**BUPN.CLIN0001** was a randomised, double-blind, double dummy, parallel, equivalence study comparing the efficacy and tolerability of NORSPAN<sup>®</sup> patches 5, 10 and 20mg applied every seven days with sublingual buprenorphine tablets 200 and 400mcg [Temgesic] in 238 patients with moderate to severe pain due to osteoarthritis [hip and/or knee, 85% >one year]. Patients were titrated to optimum pain control over 21 days, and continued at this level for 28 days. Paracetamol was permitted for breakthrough pain and all usage recorded. The primary efficacy variable was pain intensity recorded during the assessment period [Days three and seven, BS-11 scale - see Table 1]. The Per Protocol mean reductions in pain scores ranged from 2.6 to 3.6

across the three daily rating assessments (morning, midday, evening) and the estimated mean difference between both active treatment arms was minimal [range 0.001 to 0.13]. The 95% confidence intervals for the difference between treatments were within the range -1 to 1, compared with the pre-specified equivalence margins of -1.5 to 1.5. This demonstrated equivalent efficacy. At study completion 70% [40/51] of patients on patch and 75% [42/51] on tablets rated their pain relief as good or very good.

Table 1 Pain intensity scores in study BUPN.CLIN0001

	<b>Transdermal buprenorphine patches</b>	<b>Sublingual buprenorphine tablets</b>
Dose	Titration to optimum pain control over 21 days with same dose continued for up to 28 days	200 or 400mcg 6-8 hourly
Mean baseline pain intensity*	6.1	6.3
Mean pain intensity scores during assessment [Day 7]*	3.2	3.2

There was no difference in escape medication usage and the incidence of discontinuation due to lack of efficacy was similar between the two treatment groups [9% Temgesic vs 14% NORSPAN<sup>®</sup> patch]. The most common adverse events reported were those commonly associated with the use of opioids (nausea, vomiting, dizziness, somnolence, headache and constipation).

**BP98-1201** was a randomised, double-blind trial comparing the efficacy and safety of NORSPAN<sup>®</sup> patches 5, 10 and 20mg, applied every seven days, with hydrocodone/paracetamol [2.5mg/250mg] tablets four times a day (qid) in 270 patients with chronic moderate to severe back pain [pain intensity  $\geq$  5 BS-11 scale], not controlled by non-opioid analgesia alone [ibuprofen 400mg qid]. Patients were titrated to optimum pain control over 21 days, and continued at this level for 35 days. The primary efficacy variables were average pain intensity [BS-11 scale\*] and patient satisfaction with medication over Days 21-56<sup>+</sup>, refer Table 2. The Intent to Treat (ITT) population mean baseline pain intensity was 7.74 (NORSPAN<sup>®</sup> patch group) compared with 7.65, which reduced through Days 21-56 to 5.96 and 6.04, respectively. The difference (and 95% confidence interval) in average pain intensity between the two treatments was -0.08 [-0.06 to 0.44]. The difference between the two treatments in patient global satisfaction was 0.16 [-0.08 to 0.39]. NORSPAN<sup>®</sup> patches were equally effective as hydrocodone/paracetamol tablets in relieving pain and for patient satisfaction.

Table 2 Pain intensity scores in study BP98-1201

	<b>Transdermal buprenorphine patches</b>	<b>Hydrocodone/paracetamol tablets</b>
Dose	Titration to optimum pain control over 21 days, with same dose continued for 35 days	1 to 3 hydrocodone/paracetamol [2.5mg/250mg] tablets four times daily
Mean baseline pain intensity*	7.74 [7.5 to 8.0]	7.65 [7.4 to 7.9]
Reduction in pain intensity from baseline to end of study*	1.78	1.61
Average pain intensity over Days 21-56*	5.96 [5.6 to 6.3]	6.04 [5.7 to 6.4]
Patient global satisfaction with medication over Days 21-56 <sup>+</sup>	1.53 [1.4 to 1.7]	1.37 [1.2 to 1.5]

\* Pain intensity was assessed by the BS-11 pain scale, an 11-point scale for rating current pain, where 0 = "no pain" and 10 = "pain as bad as you can imagine"

<sup>+</sup> Patient global satisfaction with medication was assessed on a 4-point scale, with the question "Rate the study medication you received for pain"

The majority of adverse events reported were mild or moderate in severity and were typically associated with opioid therapy. Withdrawals due to lack of efficacy was similar for both groups (15% for NORSPAN<sup>®</sup> patch and 14% for hydrocodone/paracetamol). No changes in laboratory values were considered related to treatment, and no clinically important changes were reported for pulse rate, respiratory rate or physical examinations.

### **Indications**

Management of moderate to severe pain.

## **Dosage and Administration**

For application to the skin only (transdermal use) over 7 days.

### **Adults**

The lowest dose, NORSPAN<sup>®</sup> patch 5 micrograms per hour should be used as the initial dose. Consideration should be given to the previous opioid history of the patient, including opioid tolerance, if any, as well as current general condition and medical status of the patient. No dosage adjustment is necessary in the elderly.

### **Titration**

Discontinue all other around-the-clock opioid drugs when NORSPAN therapy is initiated. During initiation and titration with NORSPAN<sup>®</sup> patch, patients should take the usual recommended doses of short-acting supplemental analgesics as needed until analgesic efficacy with NORSPAN<sup>®</sup> patch is attained.

The dose of NORSPAN<sup>®</sup> patch should not be increased at less than 3-day intervals, when steady state levels are attained and the maximum effect of a given dose is established. Changes in NORSPAN<sup>®</sup> patch dosage may be individually titrated based on the need for supplemental when necessary (PRN) analgesia and the patient's response to NORSPAN<sup>®</sup> patch.

To increase the dose, the patch that is currently being worn should be removed and a higher strength of NORSPAN<sup>®</sup> patch or a combination of patches should be applied at a different skin site to achieve the required dose. **A new patch should not be applied to the same skin site for three to four weeks.** It is recommended that no more than two patches be applied at the same time, up to a maximum total dose of 40 micrograms/hr NORSPAN<sup>®</sup>.

Patients should be carefully and regularly monitored to assess the optimum dose and duration of treatment. Titration should continue every three to seven days until adequate analgesic and improvement in function is achieved. If adequate pain relief cannot be achieved with maximal doses of NORSPAN<sup>®</sup> patch, the patient should be converted to an around-the-clock strong opioid.

### **Opioid Naïve Patients**

In situations when it is clinically indicated to initiate opioid therapy with a maintenance (around-the-clock) opioid in an opioid naïve patient, clinical trials have shown that NORSPAN<sup>®</sup> patch is an appropriate opioid product. The lowest dose available (NORSPAN<sup>®</sup> patch 5 micrograms per hour) should be used as the initial dose. If the patient is taking supplemental analgesics, these may be continued on a PRN basis as the dose of NORSPAN<sup>®</sup> patch is adjusted.

### **Conversion from Opioid or Fixed Ratio Opioid/Non-Opioid Combination Medicines**

NORSPAN<sup>®</sup> patches have been used as an alternative in patients taking lower doses of opioids (up to 90mg of oral morphine-equivalents a day) and combination analgesics. Such patients should be started on a low dose of NORSPAN<sup>®</sup> patch and continue with the same dose and dosing scheduling of their previous daily regimen during titration.

### **Children**

Use in children is not recommended due to lack of clinical safety and efficacy data in patients under 18 years of age.

### **Renal and Hepatic Impairment**

No dosage adjustment is required in patients with renal impairment or mild to moderate hepatic impairment. Patients with severe hepatic impairment may accumulate buprenorphine and NORSPAN<sup>®</sup> patch should be used with caution, if at all, in such patients.

### **Discontinuation**

During chronic therapy, periodically reassess the continued need for opioid analgesics. After the removal of a NORSPAN<sup>®</sup> patch buprenorphine serum concentrations decrease gradually, and the analgesic effect is maintained for a certain amount of time. This needs to be considered when use of NORSPAN<sup>®</sup> patch is to be followed by other opioids. As a general rule, a subsequent opioid should not be administered within 24 hours of removal of a NORSPAN<sup>®</sup> patch.

When the patient no longer requires therapy with NORSPAN<sup>®</sup>, use a gradual downward titration of the dose every 7 days to prevent signs and symptoms of withdrawal in the physically dependent patient; consider introduction of an appropriate immediate-release opioid medication. Do not abruptly discontinue NORSPAN<sup>®</sup>.

### **Method of Application**

NORSPAN<sup>®</sup> patches should be applied to non-irritated, intact skin of the upper outer arm, upper chest, upper back or the side of the chest, but not to any parts of the skin with large scars. Application sites should be rotated whenever a system is replaced or added. A new patch should not be applied to the same application site for 3-4 weeks. NORSPAN<sup>®</sup> patches should be applied to a relatively hairless or nearly hairless skin site. If none are available, the hair at the site should be cut with scissors, not shaven.

If the application site must be cleaned, it should be done with clean water only. Soaps, alcohol, oils, lotions or abrasive devices should not be used. The skin should be dry before the patch is applied. NORSPAN<sup>®</sup> patches should be applied immediately after removal from the sealed pouch packaging. Following removal of the release liner, the patch should be pressed firmly in place with the palm of the hand for approximately 30 seconds, making sure the contact is complete, especially around the edges. If the edges of the patch begin to peel off, they may be taped down with suitable skin tape. The patch should be worn continuously for 7 days.

Bathing, showering, or swimming should not affect the patch. If a patch falls off, a new one should be applied.

While wearing the NORSPAN<sup>®</sup> patch patients should be advised to avoid exposing the application site to direct external heat sources, such as heating pads, electric blankets, heat lamps, etc; as an increase in the absorption of buprenorphine may occur. The effects of use in hot tubs and sauna has not been studied.

When changing a patch, patients should be instructed to remove the used NORSPAN<sup>®</sup> patch, fold it over on itself (bringing the adhesive sides together) and dispose of safely, out of reach of children.

### **Contraindications**

NORSPAN<sup>®</sup> patches are contraindicated in patients with known hypersensitivity to buprenorphine or any components of the patch, *myasthenia gravis*, *delirium tremens* and pregnancy.

NORSPAN<sup>®</sup> patches are contraindicated in patients with severely impaired respiratory function and in patients concurrently receiving non-selective monoamine oxidase inhibitors (MAOIs) or within 14 days of stopping treatment with non-selective MAOIs.

NORSPAN<sup>®</sup> patches must not be used for the treatment of opioid dependence and opioid withdrawal.

## **Warnings and Precautions**

### **General**

In chronic non-malignant pain, medication modifies the pain only to some extent. A comprehensive assessment is essential, and non-pharmacological options should be explored before starting pharmacological therapy. Patients should be advised about the expected outcome of therapy (i.e. pain reduction rather than complete abolition of pain, reduced suffering, improved function and quality of life). Opioid therapy should be initiated as a trial. Careful and regular assessment and monitoring is required to establish the clinical need for ongoing treatment with an opioid analgesic. Reassess or discontinue opioid therapy if there is no improvement of pain and/or function. NORSPAN<sup>®</sup> should be ceased if there is any evidence of misuse or abuse, or if NORSPAN<sup>®</sup> is having a detrimental effect.

NORSPAN<sup>®</sup> is not suitable as an as-needed (prn) analgesic due to its delayed onset of action.

NORSPAN<sup>®</sup> patches should be used with particular caution in patients with convulsive disorders, head injury, shock, a reduced level of consciousness of uncertain origin, intracranial lesions or increased intracranial pressure, or in patients with severe hepatic impairment. Buprenorphine may lower the seizure threshold in patients with a history of seizure disorder. Use with caution in patients with hypotension, hypovolaemia, biliary tract disease, pancreatitis, inflammatory bowel disorders, prostatic hypertrophy, adrenocortical insufficiency, chronic renal and hepatic disease and debilitated patients. As with all opioids, a reduction in dose may be advisable in hypothyroidism.

### **Use in surgery**

NORSPAN patches are not recommended for analgesia in the immediate post-operative period or in other situations characterised by a narrow therapeutic index or a rapidly varying analgesic requirement. As with all opioid preparations patients who are to undergo cordotomy or other pain-relieving surgical procedures should not use NORSPAN<sup>®</sup> patches for at least 24 hours prior to surgery. NORSPAN<sup>®</sup> patches should be used with caution following abdominal surgery, as opioids are known to impair intestinal motility.

### **Respiratory depression**

Significant respiratory depression has been associated with buprenorphine, particularly by the intravenous route. A number of deaths have occurred when addicts have intravenously abused buprenorphine, usually with benzodiazepines concomitantly. Additionally overdose deaths due to ethanol and benzodiazepines in combination with buprenorphine have been reported. Caution should be exercised when prescribing NORSPAN<sup>®</sup> patches to patients known to have, or suspected of having, problems with drug or alcohol abuse or serious mental illness.

### **Febrile illness**

A kinetic study indicated no alteration of buprenorphine plasma concentrations in subjects with mild fever induced by endotoxin administration. However, because increased blood flow to the skin may enhance absorption, severe febrile illness may increase the rate of buprenorphine absorption from the patch and thus, patients with severe febrile illness should be monitored for side effects and may require dose adjustment.

### **Psychological dependence (addiction), abuse, misuse and diversion**

Controlled human and animal studies indicate that buprenorphine has a lower dependence liability than pure agonist analgesics. In humans, limited euphorogenic effects have been observed with buprenorphine.

However, as with other opioids, there is a potential for abuse of the drug and for development of strong psychological dependence.

Although the risk of addiction in any individual is unknown, it may occur in patients appropriately prescribed NORSPAN<sup>®</sup> and in those who obtain the drug illicitly. Psychological and/or physical dependence may occur at recommended doses and if the drug is misused or abused.

Assess each patient's risk for addiction to opioids, abuse, or misuse prior to prescribing NORSPAN<sup>®</sup> and monitor all patients receiving NORSPAN<sup>®</sup> for the development of these behaviours or conditions. Risks are increased in patients with a personal or family history of substance abuse (including drug or alcohol abuse or addiction) or mental illness (e.g., major depression).

The potential for these risks should not, however, prevent the proper management of pain in any given patient. Patients at increased risk may be prescribed opioids, but use in such patients necessitates comprehensive counselling about the risks and proper use of opioids, along with close monitoring for signs of addiction, abuse, or misuse.

NORSPAN<sup>®</sup>, like other opioids, can be diverted for non-medical use into illicit channels of distribution. NORSPAN<sup>®</sup> should therefore be prescribed and handled with a high degree of caution appropriate to the use of a drug with strong abuse potential.

NORSPAN<sup>®</sup> is intended for transdermal use only. Abuse of opioids poses a risk of overdose and death. This risk is increased with concurrent abuse of opioids with alcohol and other substances including other opioids and benzodiazepines. Abuse or misuse in ways other than indicated or intentional compromise of transdermal delivery systems containing opioids will result in the uncontrolled delivery of the opioid and pose a significant risk to the abuser that could result in overdose and death (see OVERDOSAGE).

### **Physical Dependence and tolerance**

Both tolerance and physical dependence can develop during chronic opioid therapy. Physical dependence may not occur to a clinically significant degree until after several days to weeks of continued opioid usage.

Withdrawal symptoms may occur following abrupt discontinuation of opioids. Therefore, NORSPAN<sup>®</sup> should not be abruptly discontinued (see DOSAGE AND ADMINISTRATION). If NORSPAN<sup>®</sup> is abruptly discontinued in a physically-dependent patient, an abstinence syndrome may occur. Some or all of the following can characterize this syndrome: restlessness, lacrimation, rhinorrhea, yawning, perspiration, chills, myalgia, and mydriasis. Other signs and symptoms also may develop, including: irritability, anxiety, backache, joint pain, weakness, abdominal cramps, insomnia, nausea, anorexia, vomiting, diarrhea, or increased blood pressure, respiratory rate, or heart rate.

Withdrawal may also may be precipitated through the administration of drugs with opioid antagonist activity, e.g., naloxone, or mixed agonist/antagonist analgesics (pentazocine).

### **Opioid-Naïve Patients**

The lowest dose available, NORSPAN<sup>®</sup> patch 5 micrograms, should be used as the starting dose in opioid-naïve patients.

### **Renal Impairment**

No dose adjustment is necessary in patients with renal impairment.

### **Hepatic Impairment**

Buprenorphine is metabolised in the liver. No dose adjustment is necessary in patients with mild to moderate hepatic impairment, however, the intensity and duration of its action may be affected in patients with impaired liver function.

Patients with severe hepatic impairment may accumulate buprenorphine during NORSPAN<sup>®</sup> patch treatment. Consideration should be given to alternative therapy and NORSPAN<sup>®</sup> patches should be used with caution, if at all, in such patients.

### **Effect on laboratory tests**

Increased alanine aminotransferase levels.

### **Application of External Heat**

Advise patients and their caregivers to avoid exposing the application site and surrounding area to direct external heat sources, such as heating pads or electric blankets, heat or tanning lamps, saunas, hot tubs, and heated water beds while wearing the patch because an increase in absorption of buprenorphine may occur. There is a potential for temperature-dependent increases in buprenorphine released from the patch, thereby increasing the risk of opioid reactions.

### **Use in Children**

The safety and efficacy of NORSPAN<sup>®</sup> patches in patients under 18 years of age has not been established.

### **Driving and Operating Dangerous Machinery**

NORSPAN<sup>®</sup> transdermal patch has a major influence on the ability to drive and use machines. Even when used according to instructions, buprenorphine may modify patients' reactions to a varying extent depending on the dosage and individual susceptibility such that road safety and the ability to operate machinery may be impaired. This applies particularly in the beginning of treatment, during titration to a higher dose and in conjunction with other centrally acting substances including alcohol, tranquillisers, sedatives and hypnotics. If affected, patients should not drive or operate machinery for at least 24 hours after the NORSPAN<sup>®</sup> patch has been removed.

### **Carcinogenicity, Mutagenicity and Impairment of Fertility**

#### Carcinogenesis and genotoxicity

No evidence of carcinogenicity was seen in Tg.AC transgenic mice treated with dermal doses of buprenorphine up to 600 mg/kg/day for 6 months or female rats treated with daily dermal doses of buprenorphine up to 200 mg/kg/day for approximately 100 weeks. These doses resulted in exposures (AUC) at least 160 times the expected daily systemic dose of buprenorphine in humans during treatment with 40mg NORSPAN<sup>®</sup>. In male rats, however, an increased incidence of benign testicular interstitial tumours was observed in animals treated dermally with  $\geq 60$  mg/kg/day buprenorphine for approximately 100 weeks. Exposure (AUC) at the NOEL was 96 times greater than the expected daily systemic exposure of buprenorphine in humans during treatment with 40mg NORSPAN<sup>®</sup>.

Buprenorphine showed no evidence of genotoxic activity in assays for gene mutations (reverse mutations in bacterial cells, forward mutations in mammalian cells and yeast), chromosomal damage (human lymphocytes, mouse micronucleus test, Chinese hamster cell *in vivo* and *in vitro*) or gene conversion (yeast). However, in other assays, buprenorphine was positive for frame-shift mutations in Ames test and caused inhibition of normal DNA synthesis and increases in unscheduled DNA synthesis in studies using mouse testes.

### Effects on fertility

No adverse effects on fertility or embryonic development were seen in rats when treated males were paired with treated females ( $\leq 20$  mg patch every 3 days). Exposure (AUC) with these doses are up to 70 times greater than the expected daily systemic exposure (AUC) of buprenorphine in humans during treatment with 40mg NORSPAN<sup>®</sup>.

### **Use in Pregnancy**

Buprenorphine has been shown to cross the placenta in humans and has been detected in newborn blood, urine and meconium. Opioid analgesics, including buprenorphine, may cause respiratory depression in the newborn infant. Withdrawal symptoms in newborn infants have been reported with prolonged use of this class of medicines. Neonatal withdrawal symptoms may include poor feeding, diarrhoea, irritability, tremor, rigidity, and seizures. Infants born to mothers physically dependent on opioids may also be physically dependent and may exhibit respiratory difficulties and withdrawal symptoms. There are no adequate and well-controlled studies of buprenorphine or NORSPAN<sup>®</sup> patches in pregnant women.

In pregnant rabbits, buprenorphine produced statistically significant pre-implantation losses at PO doses  $\geq 1$ mg/kg/day and post-implantation losses at intravenous (IV) doses  $\geq 0.2$ mg/kg/day (medicine exposure in animals about 6 times the expected daily systemic dose of buprenorphine in humans during treatment with NORSPAN<sup>®</sup> patches 20mg, on a surface area basis). Dystocia was noted in pregnant rats treated intramuscular (IM) with buprenorphine doses  $> 1$ mg/kg/day (approximately 17 times the expected human daily dose during treatment with NORSPAN<sup>®</sup> patches 20mg). Fertility and peri- and post-natal development studies with buprenorphine in rats showed increases in neonatal mortality after doses of 0.8mg/kg/day PO, 0.5mg/kg/day IM or 0.1mg/kg/day SC (approximately 14, 9 and 1.7 times, respectively, the human daily dose during treatment with NORSPAN<sup>®</sup> patch 20mg on a mg/m<sup>2</sup> basis). No-effect doses for neonatal mortality were not established. Delays in the occurrence of righting reflex and startle response were noted in rat pups at a buprenorphine dose  $> 8$ mg/kg/day PO ( $> 100$  times the expected human daily dose during treatment with NORSPAN<sup>®</sup> patch 20mg on a mg/m<sup>2</sup> basis). No evidence for teratogenic activity was observed in animal studies at buprenorphine doses ranging from 14 to  $> 100$  times the expected human daily dose during treatment with NORSPAN<sup>®</sup> patch 20mg, on a surface area basis.

No effects on embryofetal development were noted in studies with topically applied NORSPAN<sup>®</sup> patches in rats and rabbits (systemic exposure to buprenorphine up to about 30 and 6 times, respectively, the expected human daily dose during treatment with NORSPAN<sup>®</sup> patch 20mg, on a surface area basis). However, systemic absorption was demonstrated only during late gestation in rabbits.

In a pre/postnatal study in pregnant and lactating rats, administration of  $\geq 0.5$  mg/kg/day SC buprenorphine caused an increase in the number of stillbirths and reduced pup survival. Exposures (AUC) at the no effect level (0.05 mg/kg/day SC) were subclinical.

### **Use in Lactation**

Animal studies indicate buprenorphine has the potential to inhibit lactation or milk production. Decreases in post-natal survival, growth and development were also observed in animals treated with buprenorphine during lactation. Buprenorphine passes into mother's milk at low concentrations and therefore, NORSPAN<sup>®</sup> patches should not be used by breastfeeding women.

### **Adverse Effects**

Adverse reactions that may be associated with NORSPAN<sup>®</sup> patch therapy in clinical use are similar to those observed with other opioid analgesics and tend to reduce with time, with the exception of constipation.

The following adverse reactions have been reported.

Cardiac disorders

*Uncommon*                    angina pectoris, palpitations, tachycardia

Ear and labyrinth disorders

*Uncommon*                    tinnitus, vertigo

*Very rare*                    ear pain

Eye disorders

*Uncommon*                    dry eye, vision blurred

*Rare*                            eyelid oedema, miosis, visual disturbance

Gastrointestinal disorders

*Very Common*                constipation\*, dry mouth, nausea\*, vomiting\*

*Common*                      abdominal pain\*, diarrhoea\*, dyspepsia\*

*Uncommon*                    flatulence

*Rare*                            diverticulitis\*, dysphagia, ileus, pyrosis (heartburn)

*Very rare*                    retching

General disorders and administration site conditions

*Very common*                application site reaction (includes erythema, oedema, pruritus or rash at the application site)

*Common*                      asthenic conditions\* (including muscle weakness, lethargy, fatigue and malaise), chest pain\*, pain, peripheral oedema, tiredness

*Uncommon*                    application site dermatitis (late onset local allergic reactions with marked signs of inflammation - in such cases, discontinue NORSPAN patch), influenza-like illness, oedema, pyrexia\*, rigors\*, withdrawal syndrome

Hepatobiliary disorders

*Rare*                            biliary colic

Immune system disorders

*Uncommon*                    allergic reaction (including oropharyngeal swelling and swollen tongue)

*Rare*                            anaphylactic responses

*Very rare*                    serious allergic reactions

Injury, poisoning and procedural complications

*Uncommon*                    accidental injury (including fall)

Metabolism and nutrition disorders

*Common*                      anorexia

*Uncommon*                    dehydration\*, weight decreased

Musculoskeletal and connective tissue disorders

*Uncommon*                    muscle cramps, muscle spasm, myalgia

*Very rare*                    muscle fasciculation

Nervous system disorders

*Very Common*                dizziness, headache\*, somnolence\*

*Common*                      dysgeusia (taste disturbance), paraesthesia, tremor

*Uncommon*                    concentration impairment, coordination abnormal, dysarthria, hypoaesthesia, memory impairment, migraine, restlessness, sedation, sleep disorder, syncope\*

*Rare*                            dysequilibrium, numbness

*Unknown*                    convulsions

Psychiatric disorders

<i>Common</i>	anxiety, confusion, depression*, insomnia, nervousness
<i>Uncommon</i>	affect lability, agitation, depersonalisation, euphoric mood, hallucination, libido decreased, nightmare, aggression
<i>Rare</i>	psychotic disorder
<i>Very rare</i>	dependence, mood swings

Renal and urinary disorders

<i>Uncommon</i>	urinary incontinence, urinary retention
<i>Rare</i>	urinary hesitation

Reproductive system and breast disorders

<i>Rare</i>	decreased erection, sexual dysfunction
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Respiratory, thoracic and mediastinal disorders

<i>Common</i>	dyspnoea*
<i>Uncommon</i>	asthma aggravated*, cough, hiccups, hyperventilation, hypoxia, rhinitis*, wheezing*
<i>Rare</i>	respiratory depression, respiratory failure*

Skin and subcutaneous tissue disorders

<i>Very Common</i>	pruritus*
<i>Common</i>	exanthema, rash*, sweating*
<i>Uncommon</i>	dermatitis contact (in some cases, late onset reactions occurred with marked signs of inflammation - in such cases, discontinue NORSPAN patch), dry skin, face oedema, urticaria
<i>Very rare</i>	pustules, vesicles

Vascular disorders

<i>Common</i>	vasodilatation
<i>Uncommon</i>	circulatory disorders (such as hypotension or rarely even circulatory collapse), flushing, hypertension*, orthostatic hypotension
<i>Very Common</i>	≥ 10%
<i>Common</i>	≥ 1% and < 10%
<i>Uncommon</i>	≥ 0.1% and < 1%
<i>Rare</i>	≥ 0.01% and < 0.1%
<i>Very rare</i>	< 0.01% including isolated reports

\* at least one serious case

The incidence of adverse events did not vary with age or race. The incidence of most adverse events was similar for males and females, but females reported nausea, vomiting, dizziness and headache 10% to 15% more frequently than males.

Application Site Skin Reactions

In rare cases, severe application site skin reactions with signs of marked inflammation including "burn," "discharge," and "vesicles" have occurred. Time of onset varies, ranging from days to months following the initiation of NORSPAN<sup>®</sup> treatment. Instruct patients to promptly report the development of severe application site reactions and discontinue therapy.

Anaphylactic/Allergic Reactions

Cases of acute and chronic hypersensitivity to buprenorphine have been reported uncommonly both in clinical trials and in the post-marketing experience. The most common signs and symptoms include rashes, hives, and pruritus. Cases of bronchospasm, angioneurotic edema, and anaphylactic shock have been reported. A history of hypersensitivity to buprenorphine is a contraindication to the use of NORSPAN<sup>®</sup>.

## **Interactions**

### **Anti-ulcer medication**

In clinical trial patients there were no apparent effects on NORSPAN patch exposure when used concomitantly with various H<sub>2</sub>-antagonists or proton pump inhibitors.

### **CNS depressants**

NORSPAN patches, like all opioid analgesics, should be used with caution in patients who are currently taking other CNS depressants or other drugs that may produce additive depressant effects, e.g. respiratory depression, hypotension, profound sedation or potentially result in coma. Such agents include opioids, sedatives, hypnotics, general anaesthetics, phenothiazines, tranquillisers, skeletal muscle relaxants, sedating antihistamines and alcoholic beverages.

### **CYP inhibitors and inducers**

Buprenorphine is both a substrate for, and an inhibitor of, CYP3A4. Specific inhibitors of CYP3A4 (ketoconazole, ritonavir, indinavir) have been shown to inhibit formation of the buprenorphine metabolite, norbuprenorphine, in human liver microsomes. Antifungal drugs with similar CYP3A4 inhibiting properties to ketoconazole include fluconazole and itraconazole).

One drug interaction study with ketoconazole did not produce clinically relevant increases in mean maximum or total buprenorphine exposure; however, caution is advised when NORSPAN patches are administered concurrently with inhibitors of CYP3A4 (e.g. protease inhibitors, some drug classes or azole antimycotics, calcium channel antagonists and macrolide antibiotics) as this might lead to increased levels with increased efficacy of buprenorphine with concomitant increased toxicity.

Unlike NORSPAN patches, oral dose buprenorphine-containing formulations refer to an interaction study of buprenorphine with ketoconazole (a potent inhibitor of CYP3A4) that resulted in increased C<sub>max</sub> and AUC of buprenorphine (approximately 50% and 70% respectively) and, to a lesser extent, of norbuprenorphine. Patients should be closely monitored, and may require a dose reduction if combining oral dose buprenorphine-containing formulations with CYP3A4 inhibitors.

The interaction between buprenorphine and CYP3A4 enzyme inducers has not been studied; however, co-administration of NORSPAN patches and enzyme inducers (e.g. phenobarbitone, carbamazepine, phenytoin, rifampicin) could lead to increased clearance which might result in reduced efficacy. Buprenorphine has also been shown to be a CYP2D6 inhibitor *in vitro*.

### **General anaesthetics**

Reductions in hepatic blood flow induced by some general anaesthetics (e.g. halothane) and other drugs may result in a decreased rate of hepatic elimination of buprenorphine.

### **Monoamine oxidase inhibitors**

Non-selective MAOIs intensify the effects of opioid drugs which can cause anxiety, confusion and respiratory depression. NORSPAN patches must not be used concomitantly with non-selective MAOIs or in patients who have received non-selective MAOIs within the previous 14 days. As it is unknown whether there is an interaction between selective MAOIs (e.g. selegiline) and buprenorphine, caution is advised with this drug combination.

### **Warfarin**

The potential exists for international normalized ratio (INR) elevation in patients who are concomitantly taking warfarin. A retrospective safety analysis and benefit-risk assessment was performed evaluating the interaction between buprenorphine and warfarin. The analysis revealed

very limited data was available and that there was a more likely interaction between buprenorphine and phenprocoumon than warfarin. However, there is not sufficient information for inclusion of the medicine interaction between buprenorphine and phenprocoumon.

### **Anticholinergics**

Anticholinergics or other drugs with anticholinergic activity when used concurrently with opioid analgesics may result in increased risk of urinary retention and/or severe constipation, which may lead to paralytic ileus. Monitor patients for signs of urinary retention or reduced gastric motility when NORSPAN<sup>®</sup> is used concurrently with anticholinergic drugs.

### **Overdosage**

#### **Symptoms of Overdose**

Symptoms similar to other centrally acting analgesics are to be expected and are an extension of the pharmacological actions. These include respiratory depression including apnoea, sedation, drowsiness, nausea, vomiting, cardiovascular collapse and marked miosis, although respiratory depression has been absent in some cases of buprenorphine overdose.

#### **Treatment of Overdose**

Remove any patch in contact with the patient and dispose of it properly. Establish and maintain a patent airway, assist or control respiration as indicated and maintain adequate body temperature and fluid balance. Oxygen, intravenous fluids, vasopressors and other supportive measures should be employed as indicated.

A specific opioid antagonist, such as naloxone, may reverse the effects of buprenorphine, although naloxone may be less effective in reversing the effects of buprenorphine than other mu-agonists. Treatment with continuous intravenous naloxone should begin with the usual doses but high doses may be required.

The onset of naloxone's effect may be delayed by 30 minutes or more. Please refer to naloxone hydrochloride injection product information for further information. There is literature which suggests that the dose response of buprenorphine-induced respiratory depression to treatment with naloxone is bell shaped with higher doses of naloxone providing less effective treatment of respiratory depression than intermediate ones. Maintenance of adequate ventilation is more important than treatment with naloxone.

Please phone the Poisons Information Centre on 0800 POISON or 0800 764 766 for advice on managing overdose.

### **Pharmaceutical Precautions**

Store below 25°C.

### **Medicine Classification**

Controlled Drug C4.

### **Package Quantities**

NORSPAN<sup>®</sup> transdermal drug delivery system is a rectangular or square, beige coloured transdermal matrix patches with rounded corners. Available in three strengths/sizes:

NORSPAN<sup>®</sup> patch 5

Each square patch releases buprenorphine 5 micrograms per hour  
The area containing the active substance: 6.25 cm<sup>2</sup>  
Total buprenorphine content: 5mg

NORSPAN<sup>®</sup> patch 10  
Each rectangular patch releases buprenorphine 10 micrograms per hour  
The area containing the active substance: 12.5 cm<sup>2</sup>  
Total buprenorphine content: 10mg

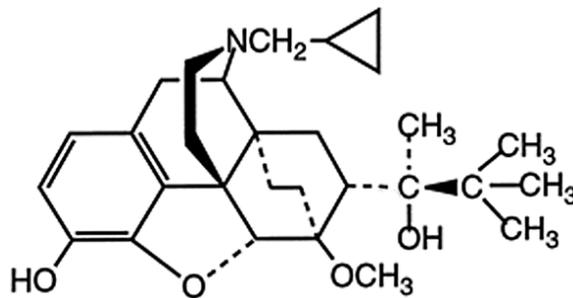
NORSPAN<sup>®</sup> patch 20  
Each square patch releases buprenorphine 20 micrograms per hour  
The area containing the active substance: 25 cm<sup>2</sup>  
Total buprenorphine content: 20mg

Each NORSPAN<sup>®</sup> patch is printed with the trade name and the strength in blue ink. NORSPAN<sup>®</sup> patch is supplied in cartons containing two individually packaged patches.

### **Further Information**

Buprenorphine base (active). CAS Registry Number 52485-79-7.

The structural formula is:



The inactive ingredients in NORSPAN<sup>®</sup> transdermal drug delivery system (patch) are levulinic acid, oleyl oleate, povidone, Duro Tak 387-2051, Duro Tak 387-2054 and polyethylene terephthalate.

Buprenorphine is a white or almost white powder and is very slightly soluble in water, freely soluble in acetone, soluble in methanol and ether and slightly soluble in cyclohexane. The pKa is 8.5. The chemical name of buprenorphine is (2S)-2-[17-(cyclopropylmethyl)-4, 5 $\alpha$ -epoxy-3-hydroxy-6-methoxy-6 $\alpha$ , 14-ethano-14 $\alpha$ -morphinan-7 $\alpha$ -yl]-3, 3-dimethylbutan-2-ol. The molecular weight is 467.6 and the empirical formula is C<sub>29</sub>H<sub>41</sub>NO<sub>4</sub>.

### **Name and Address**

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