

**PRESCRIBING INFORMATION**

**<sup>N</sup>TALWIN<sup>®</sup> TABLETS**  
**(pentazocine hydrochloride tablets)**

**50 mg**

**Narcotic Analgesic**

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## **NAME OF DRUG**

<sup>N</sup>TALWIN<sup>®</sup> tablets  
(pentazocine hydrochloride tablets)

50 mg

## **THERAPEUTIC OR PHARMACOLOGICAL CLASSIFICATION**

Narcotic Analgesic

**Pharmacology:** Talwin (pentazocine hydrochloride) is a member of the benzazocine series of synthetic benzomorphans. It produces both analgesic (agonist) and narcotic antagonist effects. The analgesic effect of 50 mg of pentazocine administered orally is approximately equivalent to 60 mg of codeine. An oral pentazocine dose of 90-100 mg is approximately equal in analgesic effect to 10 mg of intramuscular morphine or 75-100 mg of intramuscular meperidine (pethidine). Opioid pharmacologic effects of pentazocine appear to be dose related and include miosis, respiratory depression, mild increase in biliary pressure, decreased intestinal motility and sedation.

Opiate antagonism: Pentazocine weakly antagonizes the analgesic effects of morphine, meperidine and phenazocine. In addition, it produces incomplete reversal of cardiovascular, respiratory and behavioral depression produced by morphine and meperidine. Pentazocine has about 1/50 the antagonistic activity of nalorphine.

Talwin is well absorbed from the gastrointestinal tract and is extensively metabolized in the liver. The metabolites are excreted by the kidney with only a small amount of unchanged drug excreted in the urine. Approximately 60% of an oral dose is eliminated in the urine in 24 hours. Oral bioavailability is low and somewhat variable between patients.

The onset of analgesia following oral administration of Talwin can occur within 15 to 30 minutes and the duration of effect is usually 3 hours or longer. The onset and duration of analgesia are, in part, related to the dose and severity of pretreatment pain. Peak serum levels of Talwin occur between 1 and 3 hours after oral administration and the elimination half-life in plasma ranges between 2 to 5 hours. There is considerable variability between individuals in terms of the rate of Talwin metabolism which may also account for the variability in analgesic response.

**Indications and Clinical Use:** Talwin is indicated for the relief of chronic or acute pain of moderate to severe degree.

**Contraindications:** Talwin should not be administered to patients with known hypersensitivity to pentazocine or any of its excipients.

**Warnings:**

**Drug Abuse and Dependence:** In chronic usage, care should be exercised to avoid any unnecessary increase in dosage since prolonged use of high doses of Talwin may produce dependence. Patients with a history of drug abuse should be under close supervision when receiving Talwin.

When Talwin is abruptly discontinued after extended use, withdrawal symptoms such as abdominal cramps, nausea, vomiting, elevated temperature, chills, rhinorrhea, restlessness, anxiety or lacrimation may occur. However, even when these symptoms have occurred,

discontinuance has been accomplished with minimal difficulty. In the rare patient in whom more than minor difficulty has been encountered, reinstatement of Talwin with gradual withdrawal has ameliorated the patient's symptoms.

There have been rare reports of a withdrawal syndrome in newborns after prolonged use of Talwin by the mother during pregnancy.

Head Injury & Increased Intracranial Pressure: The respiratory depressant effects of Talwin and its potential for elevating cerebrospinal fluid pressure may be markedly exaggerated in the presence of head injury, other intracranial lesions or a pre-existing increase in intracranial pressure. Talwin can produce effects which may obscure the clinical course of patients with head injuries. Talwin must be used with caution in such patients, and only if its use is deemed essential.

Acute CNS Manifestations: There have been reported instances of the acute onset of hallucinations (usually visual), disorientation, and confusion in patients receiving therapeutic doses of Talwin. These manifestations have cleared spontaneously within hours upon discontinuation of the drug. The mechanism responsible for this reaction is not known. Patients demonstrating this reaction should be closely observed and if therapy with Talwin is to be restarted, administration should proceed cautiously since the acute CNS manifestations may recur.

Talwin tablets contain sodium metabisulfite, a sulfite that may cause allergic-type reactions including anaphylactic symptoms and life-threatening or less severe asthmatic episodes in certain susceptible people. The overall prevalence of sulfite sensitivity in the general population is unknown and probably low. Sulfite sensitivity is seen more frequently in asthmatic than in nonasthmatic people.

**Precautions:**

Ambulatory Patients: Since CNS effects have been noted with the use of Talwin, ambulatory patients should be warned not to operate machinery, drive cars, or unnecessarily expose themselves to hazards.

Patients Dependent on Narcotics: Because Talwin is a weak **narcotic antagonist**, patients who are addicted to narcotics may experience withdrawal symptoms and therefore it should be given with special caution to such persons. In non-addicted patients receiving narcotics for a short period, symptoms believed to be related to antagonism may be observed. Intolerance or untoward reactions are usually not observed following administration of Talwin to patients who have received single doses of or who have had limited exposure to narcotics.

Impaired Renal or Hepatic Function: Although laboratory tests have not indicated that Talwin causes or increases renal or hepatic impairment, the drug should be administered with caution to patients with such impairment. Extensive liver disease appears to predispose to a higher incidence of side effects (e.g. marked apprehension, anxiety, dizziness, sleepiness) with the usual clinical dose, and may be the result of decreased metabolism of the drug by the liver.

Sphincter of Oddi: Until further experience is gained with the effects of Talwin on the sphincter of Oddi, the drug should be used with caution in patients with acute cholecystitis or pancreatitis or in those about to undergo surgery of the biliary tract.

Obstructive Uropathy: Because urinary retention has been observed in a few patients receiving Talwin, caution is advised in administration of the drug to patients with obstructive uropathy.

Respiratory Conditions: Because respiratory depression is a side effect of agonist opioid therapy, particular caution should be observed when administering Talwin to patients with respiratory conditions such as bronchial asthma established respiratory depression, limited respiratory reserve or obstructive respiratory conditions.

Patients with Cardiovascular disease: Talwin can elevate blood pressure, possibly through the release of endogenous catecholamines. Particular caution should be observed in conditions where alterations in vascular resistance and blood pressure might be particularly undesirable such as in the acute phase of myocardial infarction.

Patients with Porphyria: Particular caution should be exercised in administering Talwin to patients with porphyria, since it may provoke an acute attack in susceptible individuals.

Seizure-Prone Patients: Caution should be observed in patients who are prone to convulsions; convulsions have occurred in a few such patients in association with the use of Talwin, although no cause and effect relationship has been established.

Other: Caution should also be observed when administering Talwin in patients with hypothyroidism, adrenocortical insufficiency, prostate hypertrophy, inflammatory or obstructive bowel disease, acute abdominal syndromes of unknown etiology, cholecystitis, pancreatitis, or acute alcohol intoxication and delirium tremens.

**Drug Interactions:** Concomitant use of monoamine oxidase inhibitors (MAOIs) with Talwin may cause CNS excitation and hypertension through their respective effects on catecholamines. Caution should, therefore, be observed in administering Talwin to patients who are currently receiving MAOIs or who have received them within the preceding 14 days.

Agents with CNS depressant properties including phenothiazine, tricyclic antidepressants, and ethyl alcohol can enhance the central nervous system depressant effects of Talwin.

Tobacco smoking could enhance the metabolic clearance rate of Talwin reducing the clinical effectiveness of a standard dose of Talwin.

Talwin can antagonize the effects of opiate agonists such as diamorphine, morphine, and heroin and is itself antagonized by naloxone.

**Pregnancy:** In animal reproduction studies (rodents), teratogenic effects were reported only at doses high enough to cause maternal toxicity.

The safe use of Talwin in pregnant women (other than during labor) has not been established. Talwin should be used during pregnancy only if the physician judges the potential benefit to outweigh the risk.

Patients receiving Talwin during labor have experienced no adverse effects other than those that occur with commonly used narcotic analgesics. Pentazocine can cross the placental barrier and can cause central nervous system depression in the newborn and, if used regularly throughout pregnancy, may lead to symptoms of withdrawal in the newborn. Talwin should be used with caution in women delivering premature infants.

**Lactation:** Pentazocine is excreted in human milk. Caution should be observed in administering Talwin to breast feeding mothers.

**Adverse Reactions:** The most frequently observed reactions after oral administration of Talwin are sedation or somnolence, vertigo, nausea, vomiting, dizziness, lightheadedness and sweating. Sedation may be more marked in the elderly.

Less frequent reactions have been: Gastrointestinal:- constipation, abdominal distress, anorexia, diarrhoea, dry mouth, biliary tract spasm.

Central and Peripheral Nervous System:- euphoria, lightheadedness, headache, dizziness, weakness, disturbed dreams, hallucinations, visual disturbances, insomnia, tinnitus, irritability, excitement, sweating, infrequently flushing or chills, disorientation, paresthesia, syncope, grand mal convulsions, increased intracranial pressure, confusion, tremor.

Cardiovascular: infrequently hypotension, tachycardia, hypertension, and circulatory depression.

Dermatologic/Allergic: allergic reactions sometimes severe have been reported including edema of the face or anaphylactic shock, flushed skin including plethora, dermatitis including pruritus. Erythema multiforme, toxic epidermal necrolysis have been reported.

Hematologic: depression of white blood cell count, with rare cases of agranulocytosis, which is usually reversible, moderate transient eosinophilia.

Ophthalmic: miosis

Respiratory: respiratory depression

Other: urinary retention, muscle tremor, chills, alterations in rate of strength of uterine contractions during labor, alterations in maturation. Scattered reports of abnormal liver function of questionable significance were noted during the clinical trials. Hallucinations were noted to occur more frequently when doses exceeding that recommended were employed.

**Symptoms and Treatment of Overdosage:** The symptoms and clinical signs of Talwin overdose may resemble those of morphine or other opioids. They may include somnolence, respiratory depression, hypotension, hypertension, tachycardia, hallucinations or seizures. Circulatory failure and deepening coma may occur in more severe cases, particularly in patients who have also ingested other CNS depressants such as alcohol, sedative/hypnotics or antihistamines. Adequate measures to maintain ventilation and general circulatory support should be employed and consideration given to gastric lavage and gastric aspiration. For respiratory depression due to overdose or unusual sensitivity to Talwin, parenteral naloxone is a specific and effective antagonist. Initial doses of 0.4 to 2.0 mg of naloxone are recommended, repeated at 2-3 minute intervals if needed, up to a total of 10 mg. Anticonvulsant therapy may be necessary.

**Dosage and Administration:**

The usual adult starting dose is 50 mg every 4 hours after meals. Dosage should be adjusted to individual requirements and tolerance within the range of 50-100 mg (1-2 tabs) every 3 to 4 hours.

In light of the tendency to marked sedation among the elderly, dosage should be kept low in this group of patients.

**Concomitant Medication:** When anti-inflammatory or antipyretic effects are desired in addition to analgesia, A.S.A. can be administered concomitantly with Talwin.

Duration of Therapy: There have been rare reports of withdrawal symptoms upon abrupt discontinuance of Talwin therapy after prolonged administration of the product for chronic pain. Therefore, it would be prudent to reduce the dose gradually when the drug is no longer required.

**Availability:**

Round, flat, bevelled white tablets of 50 mg engraved with “FtL” on one side and “50” on the other side. Blisters of 100 and 500 tablets. Each tablet contains Talwin (pentazocine hydrochloride) equivalent to 50 mg base. Talwin is included in the Schedule to the Narcotic Control Act.