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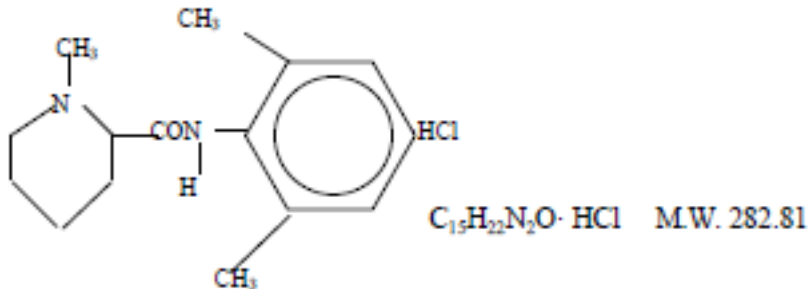
# Mepivacaine HCl 3% injection

(Mepivacaine Hydrochloride injection USP)

Rx Only

These solutions are intended for dental use only

**DESCRIPTION:** MEPIVACAINE hydrochloride, a tertiary amine used as a local anesthetic, is 1-methyl-2'-6'-pipecoloxylidide monohydrochloride with the following structural formula:



It is a white, crystalline, odorless powder soluble in water, but very resistant to both acid and alkaline hydrolysis.

## DENTAL CARTRIDGES MAY NOT BE AUTOCLAVED

Mepivacaine HCl 3% Injection is a sterile solution for injection.

COMPOSITION	CARTRIDGE
Each mL contains:	
Mepivacaine Hydrochloride	30 mg
Sodium Chloride	6 mg
Sodium Hydroxide q.s. ad pH; Hydrochloric acid	
Water for Injection, q.s. ad.	1 mL

The pH of the 3% cartridge solution is adjusted between 4.5 and 6.8 with NaOH or HCl.

**CLINICAL PHARMACOLOGY:** Mepivacaine stabilizes the neuronal membrane and prevents the initiation and transmission of nerve impulses, thereby effecting local anesthesia. Mepivacaine is rapidly metabolized, with only a small percentage of the anesthetic (5 to 10 percent) being excreted unchanged in the urine. Mepivacaine because of its amide structure is not detoxified by the circulating plasma esterases. The liver is the principal site of metabolism, with over 50 percent of the administered dose being excreted into the bile as metabolites. Most of the metabolized Mepivacaine is probably resorbed in the intestine and then excreted into the urine since only a small percentage is found in the feces. The principal route of excretion is via the kidney. Most of the anesthetic and its metabolites are eliminated within 30 hours. It has been shown that hydroxylation and N-demethylation, which are detoxification reactions, play important roles in the metabolism of the anesthetic. Three metabolites of Mepivacaine have been identified from adult humans: two phenols, which are excreted almost exclusively as their glucuronide conjugates, and the N-demethylated compound (2',6'-pipecoloxylidide). The onset of action is rapid (30 to 120 seconds in the upper jaw; 1 to 4 minutes in the lower jaw) and Mepivacaine HCl 3% will ordinarily provide operating anesthesia of 20 minutes in the upper jaw and 40 minutes in the lower jaw. Mepivacaine does not ordinarily produce irritation or tissue damage.

**INDICATIONS AND USAGE:** Mepivacaine is indicated for production of local anesthesia for dental procedures by infiltration or nerve block in adults and pediatric patients.

**CONTRAINDICATIONS:** Mepivacaine is contraindicated in patients with a known hypersensitivity to amide type local anesthetics.

**WARNINGS:** RESUSCITATIVE EQUIPMENT AND DRUGS SHOULD BE IMMEDIATELY AVAILABLE (See ADVERSE REACTIONS).

Reactions resulting in fatality have occurred on rare occasions with the use of local anesthetics, even in the absence of a history of hypersensitivity.

Fatalities may occur with use of local anesthetics in the head and neck region as the result of retrograde arterial flow to vital CNS areas even when maximum recommended doses are observed. The practitioner should be alert to early evidence of alteration in sensorium or vital signs.

Mepivacaine Hydrochloride Injection USP 3% is SULFITE FREE.

**Mepivacaine, along with other local anesthetics, is capable of producing methemoglobinemia. The clinical signs of methemoglobinemia are cyanosis of the nail beds and lips, Fatigue and weakness. If methemoglobinemia does not respond to administration of oxygen, administration of methylene blue intravenously 1-2 mg/kg body weight over a 5 minute period is recommended.**

The American Heart Association has made the following recommendation regarding the use of local anesthetics with vasoconstrictors in patient with ischemic heart disease"

"Vasoconstrictor agents should be used in local anesthesia solutions during dental practice only when it is clear that the procedure will be shortened or the analgesia rendered more profound. When a vasoconstrictor is indicated, extreme care should be taken to avoid intravascular injection. The minimum possible amount of vasoconstrictor should be used." (Kaplan, EL, editor: Cardiovascular disease in dental practice. Dallas 1986, American heart Association.)

**PRECAUTIONS:** The safety and effectiveness of Mepivacaine depend upon proper dosage, correct technique, adequate precautions, and readiness for emergencies. The lowest dose that results in effective anesthesia should be used to avoid plasma levels and possible adverse effects. Injection of repeated doses of Mepivacaine may cause significant increases in blood levels with each repeated dose due to slow accumulation of the drug or its metabolites, or due to slower metabolic degradation than normal. Tolerance varies with the status of the patient. Debilitated elderly patients, acutely ill patients, and children should be given reduced doses commensurate with their weight and physical status.

Mepivacaine should be used with caution in patients with a history of severe disturbances of cardiac rhythm or heart block.

**INJECTIONS SHOULD ALWAYS BE MADE SLOWLY WITH ASPIRATION TO AVOID INTRAVASCULAR INJECTION AND THEREFORE SYSTEMIC REACTION TO LOCAL ANESTHETIC.**

If sedatives are employed to reduce patient apprehension, use reduced doses, since local anesthetics agents, like sedatives, are central nervous system depressants which in combination may have an additive effect. Young children should be given minimal doses of each agent. Changes in sensorium such as excitation, disorientation or drowsiness may be early indications of a high blood level of the drug and may occur following inadvertent intravascular administration or rapid absorption of Mepivacaine. Local anesthetics procedures should be used with caution when there is inflammation and/or sepsis in the region of the proposed injection.

Information for patients: The patient should be cautioned against loss to sensation and possibility of biting trauma should the patient attempt to eat or chew gum prior to return of sensation.

Clinically Significant Drug Interactions:

Mepivacaine SHOULD BE USED WITH CAUTION IN PATIENTS WITH KNOWN DRUG ALLERGIES AND SENSITIVITIES. A thorough history of the patient's prior experience with Mepivacaine or other local anesthetics as well as concomitant or recent drug use should be taken (see CONTRAINDICATIONS). Patients allergic to methylparaben or para-aminobenzoic acid derivatives (procaine, tetracaine, benzocaine, etc.) have not shown cross-sensitivity to agent of the amide type such as Mepivacaine. Since Mepivacaine is metabolized in the liver and excreted by the kidneys, it should be used cautiously in patients with liver and renal disease

Carcinogenesis, Mutagenesis, Impairment of FERTILITY: studies of Mepivacaine HCl in animals to evaluate the carcinogenic and mutagenic potential or the effect on fertility have

not been conducted.

Pregnancy: Teratogenic Effects: Pregnancy Category C: Animal reproduction studies have not been conducted with this solution. It is also not known whether this solution can cause fetal harm when administered to a pregnant woman or can affect reproductive capacity. This solution should be given to a pregnant woman only if clearly needed.

Nursing Mothers: It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when this solution is administered to a nursing woman.

Pediatric Use: Great care must be exercised in adhering to safe concentrations and dosages for pedodontic administration (see DOSAGE AND ADMINISTRATION).

**ADVERSE REACTION:** Reactions to MEPIVACAINE are characteristic of those associated with other amide-type local anesthetics. Systemic adverse reactions involving the central nervous system and the cardiovascular system usually result from high plasma levels (which may be due to excessive dosage, rapid absorption, inadvertent intravascular injection, or slow metabolic degradation), injection technique, and volume of injection. A small number of reactions may result from hypersensitivity, idiosyncrasy or diminished tolerance to normal dosage on the part of the patient. Persistent paresthesias of the lips, tongue, and oral tissues have been reported with the use of mepivacaine, with slow, incomplete, or no recovery. These post-marketing events have been reported chiefly following nerve blocks in the mandible and have involved the trigeminal nerve and its branches. Reactions involving the central nervous system are characterized by excitation and/or depression. Nervousness, dizziness, blurred vision, or tremors may occur following by drowsiness, convulsions, unconsciousness, and possible respiratory arrest. Since excitement may be transient or absent, the first manifestations may be drowsiness merging into unconsciousness and respiratory arrest. Cardiovascular reactions are depressant. They may be the result of direct drug effect of more commonly in dental practice, the result of vasovagal reaction particularly if the patient is in the sitting position. Failure to recognize premonitory signs such as sweating. Feeling of faintness, changes in pulse or sensorium may result in progressive cerebral hypoxia and seizure or serious cardiovascular catastrophe. Management consists of placing the patient in the recumbent position and administration of oxygen. Vasoactive drugs such as Ephedrine or Methoxamine may be administered intravenously. Allergic reaction are rare and may occur as a result of sensitivity to the local anesthetics. And are characterized by cutaneous lesions of delayed onset or urticaria, edema and other manifestations of allergy. The detection of sensitivity by skin testing is of limited value. As with other local anesthetics, anaphylactoid reactions to Mepivacaine have occurred rarely. The reaction may be abrupt and severe and is not usually dose related. Localized puffiness and swelling may occur.

**OVERDOSAGE:** Treatment of a patient with toxic manifestations consists of assuring and maintaining a patent airway and supporting ventilation, (respiration) as required. This usually will be sufficient in the management of most reactions. Should a convulsion persist despite ventilatory therapy, small increments of anticonvulsive agents may be given intravenously, such as Benzodiazepin (e.g., Diazepam) or ultrashort-acting barbiturates (e.g., Thiopental or Thiamylal) or short-acting barbiturates (e.g. Pentobarbital or Secobarbital). Cardiovascular depression may require circulatory assistance with intravenous fluids and/or vasopressor (e.g. Ephedrine) as dictated by the clinical situation. Allergic reactions should be managed by conventional means.

IV and SC LD50'S in mice for Mepivacaine Hydrochloride 3% are 33 and 258 mg/kg respectively

**DOSAGE AND ADMINISTRATION:** As with all local anesthetics, the dose varies and depends upon the area to be anesthetized, the vascularity of the tissues, individual tolerance and the technique of anesthesia. The lowest dose needed to provide effective anesthesia should be administered. For specific techniques and procedures refer to standard dental manuals and textbooks. For infiltration and block injections in the upper or lower jaw, the average dose 1 cartridge will usually suffice.

Each cartridge contains 1.8 mL (51 mg of 3%)

5.3 cartridges (270 mg of the 3% solution) are usually adequate to effect anesthesia of the entire oral cavity. Whenever a larger dose seems to be necessary for an extensive procedure, the maximum dose should be calculated according to the patient's weight. A dose up to 3 mg pound of body weight may be administered. At any single dental sitting the total dose for all injected sites should not exceed 400 mg in adults.

The maximum pediatric dose should be carefully calculated.

Maximum dose for pediatric Patients =  $\frac{\text{child weight (lbs)}}{150} \times \text{Maximum recommended Dose for adults (400mg)}$

The following table, approximating these calculations, may also be used as a guide. The table is based upon a recommended maximum for larger pediatric population of 5.3 cartridges (the maximum recommended adult dose) during any single dental sitting, regardless of the pediatric patient's weight or calculated maximum amount of drug.

Maximum Allowable Dosage\*

3% Mepivacaine		
	3mg/lb (270mg max)	
Weight (lb)	mg	Number of cartridge
20	60	1.2
30	90	1.8
40	120	2.3
50	150	2.9
60	180	3.5
80	240	4.7
100	270	5.3
120	270	5.3

Adapted from malamed, Stanley F: Handbook of medical emergencies in the dental office, ed.2 st.Louis, 1982 The C.V. Mosby CO. When using Mepivacaine HCl injection USP for infiltration or regional block anesthesia, injection should always be made slowly and with frequent aspiration. Any unused portion of a cartridge should be discarded. Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration, whenever solution and container permit.

**DISINFECTION OF CARTRIDGES:** As in the case of any cartridge, the diaphragm should be disinfected before needle puncture. The diaphragm should be thoroughly swabbed with either pure 91% isopropyl alcohol or 70% ethyl alcohol, USP just prior to use. Many commercially available alcohol solutions contain ingredients which are injurious to container components and therefore should not be used. Cartridges should not be immersed in any solution.

**HOW SUPPLIED:** Mepivacaine HCl 3% (Mepivacaine hydrochloride injection USP) is available in cardboard boxes containing 5 blisters of 10 X 1.8ml dental cartridges, 50 per carton. Do not permit to freeze. Boxes: For protection from light, retain in box until time of use. Once opened, the box should be reclosed by closing the top flap. Cartridge warmers should not be used with Mepivacaine HCl injection USP products.

Mepivacaine HCl 3% should be stored at 15-25°C

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