SEPTOCAINE. Repeated doses of SEPTOCAINE may cause significant increases in blood levels because of possible accumulation of the drug or its metabolites. The lowest dosage that results in effective
Careful and constant monitoring of cardiovascular and respiratory (adequacy of ventilation) vital signs and the patient's state of consciousness should be performed after each local anesthetic injection of
5.1 Accidental Intravascular Injection
2.4 Important Administration Instructions
in patients with renal or liver impairment. Exercise caution when using SEPTOCAINE in patients with severe liver disease.
Lower dosages or dosage reduction may be required in debilitated patients, acutely ill patients, elderly patients, and pediatric patients commensurate with their age and physical condition. No studies have been performed
2.2 Maximum Recommended Dosages
SEPTOCAINE containing epinephrine 1:100,000 may be used.
factors such as type and extent of surgical procedure, depth of anesthesia, degree of muscular relaxation, and condition of the patient. In all cases, administer the lowest dosage that will produce the desired result.
HIGHLIGHTS OF PRESCRIBING INFORMATION
5.4 Methemoglobinemia
should be taken to avoid intravascular injection. The minimum possible amount of vasoconstrictor should be used. (Kaplan, 1986). It is essential to aspirate before any injection to avoid administration of the
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
Patients with peripheral vascular disease and those with hypertensive vascular disease may exhibit exaggerated vasoconstrictor response.
SEPTOCAINE contains sodium metabisulfite, a sulfite that may cause allergic-type reactions including anaphylactic symptoms and life-threatening or less severe asthmatic episodes in certain susceptible
severe clinical presentation may require treatment with methylene blue, exchange transfusion, or hyperbaric oxygen.
Signs of methemoglobinemia may occur immediately or may be delayed some hours after exposure and are characterized by a cyanotic skin discoloration, and/or abnormal coloration of the blood.
6.1 Clinical Studies Experience
17  PATIENT COUNSELING INFORMATION
16  HOW SUPPLIED/STORAGE AND HANDLING
14  CLINICAL STUDIES
13  ADVERSE REACTIONS
12.3 Pharmacokinetics
10 OVERDOSAGE
8.6 Renal/Hepatic Impairment
8.5 Intraoperative Monitoring
8.4 Pregnancy
8.3 Lactation
8.2 Nursing Mothers:
7 DRUG INTERACTIONS
6.2 Preclinical Pharmacology
6.1 Clinical Studies Experience
5.3 Vasoconstrictor Toxicity
5.2 Systemic Toxicity
5.1 Accidental Intravascular Injection
5.0 Repeated Use
4 CONTRAINDICATIONS
3 PRECAUTIONS
2.2 Maximum Recommended Dosages
2.1 Maximum Dosage
2.0 Manufacture
1.2Dosages
1.1 Dosage

Table 2: Adverse Reactions in Controlled Trials with an
- Articaine hydrochloride 4% (40 mg/mL) and epinephrine 1:100,000 (as epinephrine bitartrate 0.018 mg/mL)
- Articaine hydrochloride 4% (40 mg/mL) and epinephrine 1:200,000 (N=179) Incidence
Table 1: Recommended Dosages for Both Strengths
Maximum recommended dosages (2.2):

- Healthy adults: 7 mg/kg of articaine HCl and 0.0017 mg/kg of epinephrine
- Patients weighing less than 70 kg: 0.5 mL to 2.5 mL of articaine HCl and 40 mg to 100 mg of epinephrine
- Patients weighing 70 kg or more: 0.5 mL to 3.0 mL of articaine HCl and 40 mg to 120 mg of epinephrine

Infiltration use
For dental procedures by intraoral submucosal infiltration or nerve block. (2.1)
concurrent therapy is necessary, careful patient monitoring is essential. Symptoms have been described as developing immediately after injection of the anesthetic solution and persisting one minute to several hours, with generally complete recovery. Ischemic injury and necrosis have been described following use of articaine with epinephrine and have been postulated to be due to vascular spasm of terminal arterial branches. Paralysis of ocular muscles, persistent paresthesias of the lips, tongue, and oral tissues have been reported with use of articaine hydrochloride, with slow, incomplete, or no recovery. These postmarketing events have been reported chiefly with sodium hydroxide.

The following adverse reactions have been identified during postapproval use of SEPTOCAINE. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to clearly estimate their frequency or establish a causal relationship to drug exposure. Adverse reactions reported with SEPTOCAINE (articaine hydrochloride and epinephrine) injection are listed by body system in the order of decreasing frequency in the following order: cardiovascular, gastrointestinal, dermatologic, neurologic, respiratory, dermatologic, hematologic, and miscellaneous adverse reactions.

8.5 Geriatric Use

Approximately 6% of patients between the ages of 65 and 75 years and none of the 11 patients 75 years of age or older required additional injections of anesthetic for complete anesthesia compared with 11% of patients of these ages who received SEPTOCAINE without epinephrine. However, in a separate study of patients ranging in age from 56 to 77 years who received a dose of articaine hydrochloride with epinephrine, no differences were found in terms of the number of additional injections required.

Special Senses Ear pain; taste perversion

Cardiovascular System Hemorrhage; migraine; syncope; tachycardia; elevated blood pressure

Body as a Whole Asthenia; back pain; injection site pain; burning sensation above injection site; malaise; neck pain

10 OVERDOSAGE

No studies have been performed with articaine hydrochloride 4% and epinephrine 1:200,000 injection or articaine hydrochloride 4% and epinephrine 1:100,000 injection in patients with renal or hepatic impairment. No overall differences in safety or effectiveness were observed between elderly subjects and younger subjects, and other reported clinical experience has not identified differences in responses between the elderly and younger patients.

No studies have been performed with articaine hydrochloride 4% and epinephrine 1:200,000 injection or articaine hydrochloride 4% and epinephrine 1:100,000 injection in patients with renal or hepatic impairment. No overall differences in safety or effectiveness were observed between elderly subjects and younger subjects, and other reported clinical experience has not identified differences in responses between the elderly and younger patients.

A dose of 40 mg/kg (approximately equal to the MRHD on a mg/m2 basis) did not produce these effects. A similar study using articaine and epinephrine (1:100,000) rather than articaine hydrochloride alone resulted in a normal sensation returns. Instruct patients not to eat or drink until normal sensation returns.

In a fourth study, designed to assess and compare cardiovascular safety, when the maximum dose of each formulation was administered, no clinically relevant differences in blood pressure or heart rate between formulations were observed.

Four randomized, double-blind, active-controlled studies were performed comparing SEPTOCAINE containing epinephrine 1:100,000 versus SEPTOCAINE containing epinephrine 1:200,000. The first two represented no pain and a score of 10 represented the worst pain imaginable. Mean patient and investigator VAS pain scores were 0.3-0.4 cm for simple procedures and 0.5-0.6 cm for complex procedures. Efficacy was measured immediately following the procedure by having the patient and investigator rate the patient’s procedural pain using a 10 cm visual analog scale (VAS), in which a score of zero represented no pain and a score of 10 represented the worst pain imaginable. Mean patient and investigator VAS pain scores were 0.3-0.4 cm for simple procedures and 0.5-0.6 cm for complex procedures.

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The onset of anesthesia has been shown to be within 1 to 9 minutes of injection of SEPTOCAINE. Complete anesthesia lasts approximately 1 hour for infiltrations and up to approximately 2 hours for nerve block.

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