This information sheet has been produced by the Australian Rheumatology Association to help you understand the medicine that has been prescribed for you. It includes important information about:

- how you should take your medicine
- what are the possible side effects
- what tests you must have to monitor your condition and to detect unwanted effects
- other precautions you should take when you are taking milnacipran

Please read it carefully and discuss it with your doctor.

**What is milnacipran?**

Milnacipran (brand name: Joncia®) belongs to a class of medicines called serotonin and noradrenaline reuptake inhibitors (SNRI). Other similar drugs from this group are used to treat depression and anxiety, but in Australia milnacipran is approved specifically to treat fibromyalgia.

**What benefit can you expect from your treatment?**

The purpose of taking medications in fibromyalgia is to control symptoms and improve quality of life. Medications in fibromyalgia should be used as part of a treatment plan together with non-medication approaches, such as physical activity.

Milnacipran has been studied in over 3000 fibromyalgia patients worldwide. In clinical studies that compared milnacipran to placebo, milnacipran improved the symptoms of pain, fatigue, sleep quality and quality of life. Milnacipran can additionally have mild positive effects on disability and cognition (clarity of thinking).

**How is milnacipran taken?**

Milnacipran is taken orally twice daily. It comes in capsules of two strengths: 25mg and 50mg. To minimise side effects, it is recommended to commence with a single daily dose of 25mg for two days, then increase to 25mg twice daily for six days before increasing to the full dose of 50mg twice daily.

If after six days on 25mg twice daily side effects are occurring, it is recommended that the 25mg twice daily dosage be continued for another 7 days as there is a reasonable chance side effects will settle during this extra time on the lower dose.

In general, if no useful response occurs within 4 weeks of taking the full dose of milnacipran it
should be ceased. Drug cessation should occur by weaning over at least 2 weeks. Do not stop milnacipran suddenly.

Can other medicines be taken with milnacipran?
As milnacipran increases serotonin levels within the brain, if it is taken together with other medications which also increase serotonin it may cause the serotonin syndrome, a potentially serious medical condition. These include tramadol, triptan medications for migraine and most antidepressants, such as amitriptyline, escitalopram and St John’s wort. In general, milnacipran should not be taken concurrently with any of these.
Milnacipran works by an independent mechanism in the brain and so does not interact with pregabalin, allowing it to be safely taken at the same time. Similarly, simple pain killers such as paracetamol and non-steroidal anti-inflammatories (such as Nurofen™) do not interact.

How long is the treatment continued?
Treatment with milnacipran is continued indefinitely as long as it is effective and as long as no serious side effects occur. The beneficial effect does not tend to wear off. If you stop milnacipran treatment for more than a few weeks there is a risk that your condition may worsen. Continue with your treatment unless advised by your doctor or unless side effects develop.

Are there any side effects?
You might experience side effects with your treatment. Tell your doctor if you are concerned about possible side effects. Most people with fibromyalgia experience at least one side effect from milnacipran, but only a minority of these people will stop the drug because of persistent side effects. Although the effectiveness of milnacipran may be mildly improved by increasing the dose above 50mg twice daily to a maximum of 100mg twice daily, significant side effects occur more frequently. A reduction in dose may minimise side effects so that you can continue to take the treatment. Your doctor will advise on any dose changes that are necessary.

Most common possible side effects
Nausea, constipation, hot flushes, headaches and excessive sweating are the commonest side effects of the medication.

Less common or rare possible side effects
Less common side effects include dizziness, palpitations, high blood pressure and increased heart rate.

More information about possible side effects
Information that comes with your milnacipran medicine describes in detail potential side effects that may occur with milnacipran.

What precautions are necessary?
In general, milnacipran should not be used in people who have:

- Uncontrolled high blood pressure, cardiac rhythm irregularities, severe or unstable heart (coronary) disease or severe heart failure
- Closed-angle glaucoma
- Have an allergy to one of the ingredients in milnacipran (see medication information leaflet for list of ingredients)

In addition, before starting milnacipran, you should tell your doctor if you have any of the following:

- Kidney disease
- Epilepsy or seizure disorder
- Bipolar disorder or depression
- Enlargement of prostate or difficulty urination
- Bleeding problems

If these diseases are well controlled, it may still be possible to cautiously take milnacipran.

Both before and during treatment with milnacipran, blood pressure and pulse rate should be regularly monitored.

Use in pregnancy and breastfeeding
Milnacipran should not be used during pregnancy or breastfeeding.

Use with Alcohol
Although there is no evidence of interaction with alcohol, as milnacipran has an effect on the brain alcohol should only be consumed in moderation while taking it.

How to store milnacipran
Store milnacipran in a cool, dry place, away from direct heat and light (e.g. not in the bathroom).

Keep all medicines out of reach of children.
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<th>Questions?</th>
<th>How to help us help you</th>
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<tr>
<td>If you have any questions or concerns write them down and discuss them with your doctor.</td>
<td>Sign up to the ARAD project now!</td>
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<td><strong>Your doctor’s contact details</strong></td>
<td>The Australian Rheumatology Association collects information on how well these drugs work and how often they cause problems.</td>
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<td>You should see your rheumatologist regularly to make sure the treatment is working and to minimise any potential side effects.</td>
<td>The best way to get this information is from you!</td>
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<td>Contact us in any of the following ways:</td>
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<td><strong>Email:</strong> <a href="mailto:ARAD@monash.edu">ARAD@monash.edu</a></td>
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<td>Visit our website: <a href="http://www.ARAD.org.au">www.ARAD.org.au</a></td>
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