

SPASMS?

NOTHING LIKE



1-4



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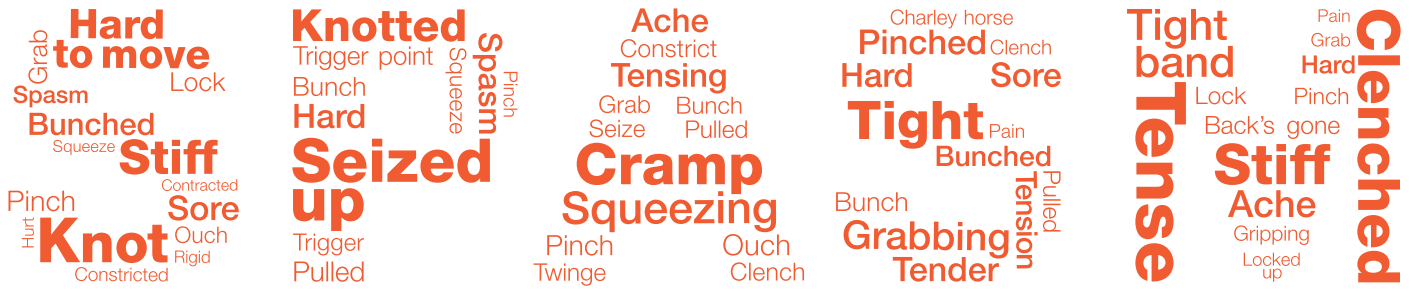
Orphenadrine is Australia's only non-opioid, non-benzodiazepine antispasmodic skeletal muscle relaxant with the convenience of a fixed-dose combination with paracetamol or as monotherapy that patients can use alone or in combination with an NSAID* in:¹⁻⁴

Acute back and neck pain | Sprains, strains | Tension headache

*No known drug interactions with NSAIDs.⁵

Adverse effects are mainly due to the anticholinergic action of orphenadrine (e.g., dryness of the mouth, tachycardia, and nausea) and are usually associated with higher doses. Contraindicated in patients with glaucoma, prostatic hypertrophy or obstruction at the bladder neck, and myasthenia gravis.^{1,2}

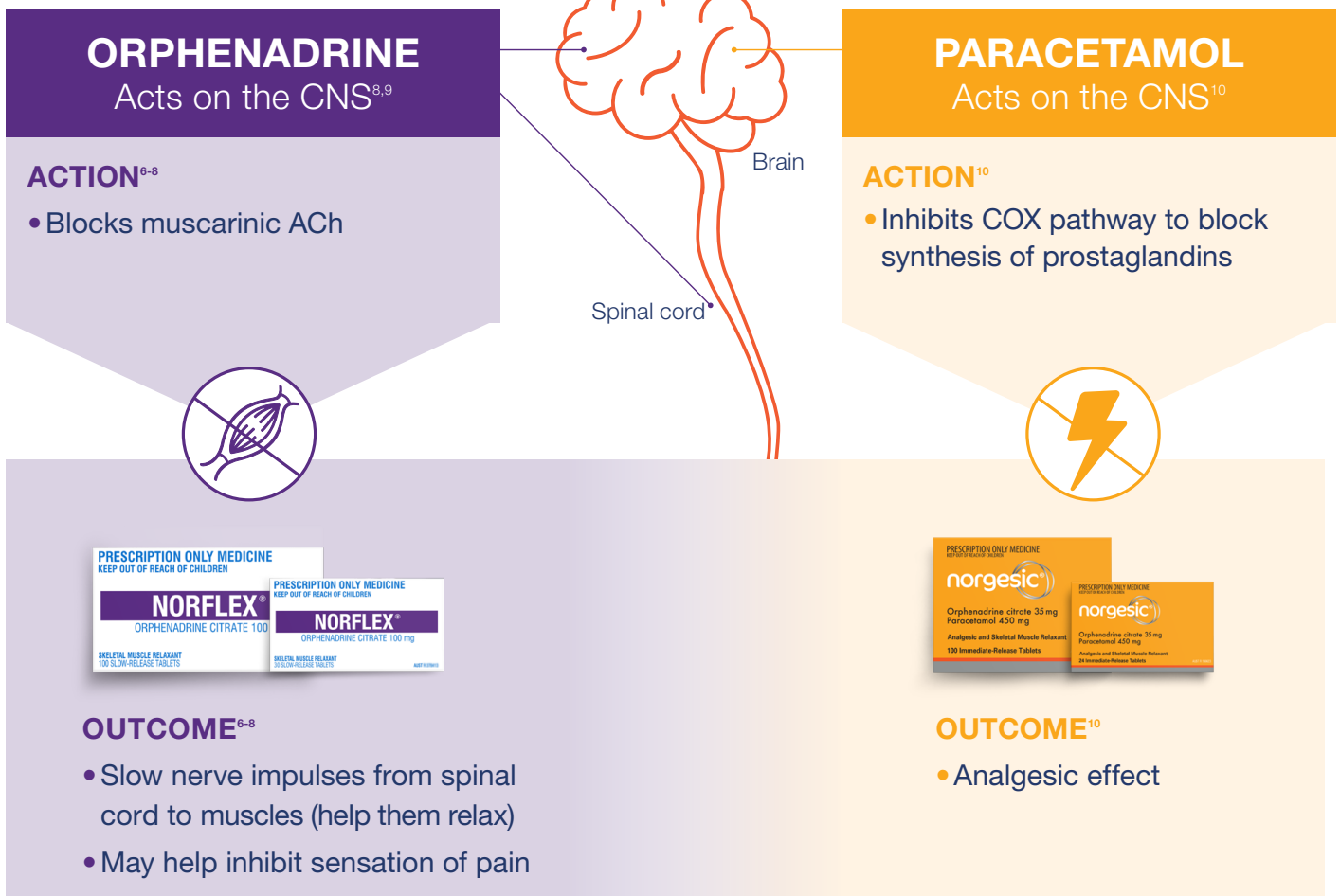
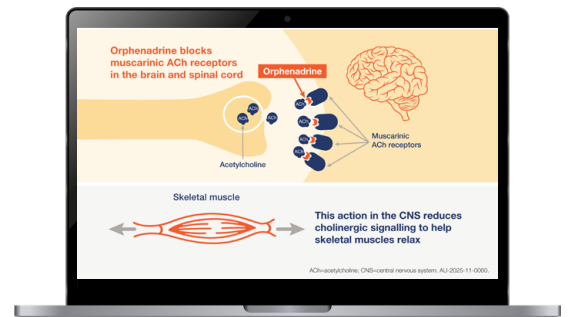
Is spasm a hidden part of their muscular pain?



Orphenadrine works on muscle pain and spasm⁶⁻⁸

Orphenadrine slows nerve impulses from the central nervous system (CNS) to muscles, which helps them relax and may help inhibit sensation of pain.⁶⁻⁸

[CLICK HERE TO SEE HOW >](#)

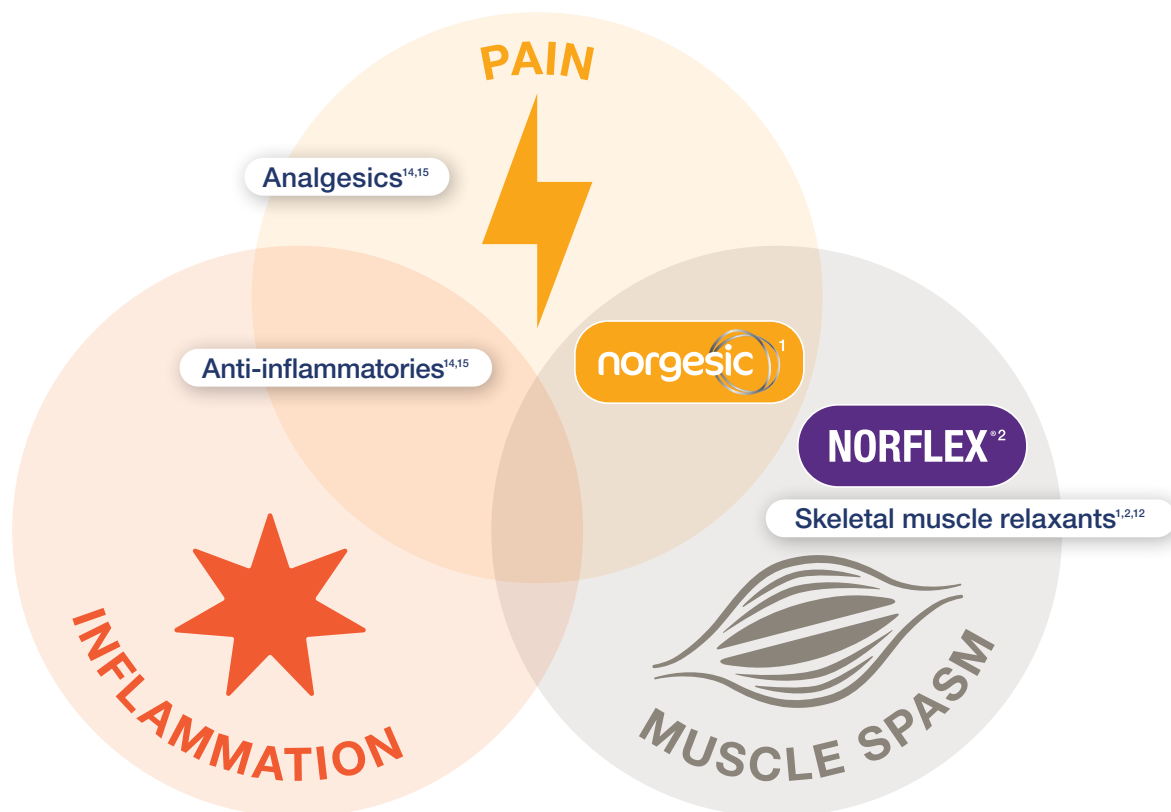


The degree of relief from pain with muscle spasm may vary depending on the treatment used

	TYPE	ROLE IN MSK CONDITIONS	EVIDENCE IN ACUTE LBP ¹¹	
			Efficacy	Safety
SPASM	Skeletal muscle relaxants	ORPHENADRINE Treatment for skeletal muscle spasm associated with tension headaches, sprains and strains, whiplash injuries, acute torticollis, prolapsed intervertebral disc ^{1,2}	Yes [†]	Increased risk of sedation
		BENZODIAZEPINES Adjunct for relief of muscle spasm due to local trauma ¹² NOT RECOMMENDED FOR LOW BACK PAIN¹³	No meaningful benefit	Increased falls, cognitive impairment, and risk of addiction
PAIN	Analgesics	PARACETAMOL Used alone or part of multimodal analgesia for nociceptive pain ^{14,15}	No clinically meaningful benefit over placebo and is not recommended as a standalone treatment	Increased risk of cardiovascular, gastrointestinal, and renal adverse events
		OPIOIDS Limited use in MSK conditions due to modest benefit and risk of adverse events ¹⁵	No meaningful benefit	Increased risk of dizziness, nausea, somnolence, and misuse
INFLAMMATION	Anti-inflammatories	NSAIDs Used alone or part of multimodal analgesia for nociceptive pain; useful for pain with inflammatory component ^{14,15}	Yes [†]	Increased risk of gastrointestinal harms

[†]Low certainty evidence that non-benzodiazepine muscle relaxants might offer small benefits and moderate certainty evidence of small benefit above placebo with NSAIDs.¹¹

NORGESIC/NORFLEX as part of a multimodal approach^{2,14,16,17}



NORGESIC¹

- Can use alone or in combination with an NSAID for triple-action therapy^{14,18}
- No known drug-drug interactions (DDIs) with NSAIDs⁵
- DDIs reported between orphenadrine and drugs with anti-muscarinic properties; avoid use with alcohol or CNS depressants¹

NORFLEX²

- Can use alone or add to an NSAID for dual-action relief^{14,18}
- No known DDIs with NSAIDs⁵
- DDIs reported between orphenadrine and drugs with anti-muscarinic properties; avoid use with alcohol or CNS depressants²

norgesic

PBS Information: NORGESIC is not listed on the PBS.

Please review full Product Information before prescribing. Product Information is available on request by calling 1800 630 056 or by clicking [here](#).

NORFLEX

PBS Information: NORFLEX is not listed on the PBS.

Please review full Product Information before prescribing. Product Information is available on request by calling 1800 630 056 or by clicking [here](#).

References: 1. NORGESIC Product Information. 2. NORFLEX Product Information. 3. Clofen Product Information. 4. Dantrolene Product Information. 5. UpToDate® Drug Interactions. Available from: <https://www.uptodate.com/drug-interactions> (accessed December 2025). 6. Rosa AC, Fontozzi R. *Br J Pharmacol* 2013;170(1):38–45. 7. Hunskaar S, Donnell D. *J Int Med Res* 1991;19(2):71–87. 8. National Center for Biotechnology Information. PubChem Compound Summary for CID 4601, Orphenadrine. Available from: <https://pubchem.ncbi.nlm.nih.gov/compound/4601> (accessed December 2025). 9. Witenko C, et al. *P&T* 2014;39(6):427–435. 10. Gerriets V, et al. Acetaminophen. [Updated 2024 Jan 11]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK482369/> (accessed December 2025). 11. Jones CMP, et al. *BMJ* 2024;385:e080064. 12. Valium Product Information. 13. Choosing Wisely Australia. Faculty of Pain Medicine, ANZCA, Recommendation 4 [Internet]. Date reviewed: 13 Feb 2018. Available from: <https://www.choosingwisely.org.au/recommendations/fpm4> (accessed December 2025). 14. Using analgesics to manage acute pain [published 2020 Dec; amended 2022 Aug]. In: Therapeutic Guidelines. Melbourne: Therapeutic Guidelines Limited. Available from: <https://www.tg.org.au> (accessed December 2025). 15. Practical information on drugs used for musculoskeletal and rheumatological conditions [published 2024 Dec]. In: Therapeutic Guidelines. Melbourne: Therapeutic Guidelines Limited. Available from: <https://www.tg.org.au> (accessed December 2025). 16. Anekar AA, et al. WHO Analgesic Ladder. [Updated 2023 Apr 23]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK554435/> (accessed July 2025). 17. Liverpool Heart and Chest Hospital. Drug Management of Pain - Core Knowledge. Available from: <https://www.lhch.nhs.uk/media/resources/64ba4391502802.02336239.pdf> (accessed December 2025). 18. Beebe F, et al. *Am J Ther* 2005;12:151–71.

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