fects are minimal. Cardiovascular effects such as hypotension are generally rare although they may occur with overdosage.

Sulpiride should be given with care to manic or hypomanic patients in whom it may exacerbate symptoms.

Breast feeding. Sulpiride may be distributed into breast milk and the *BNF* recommends that its use should be avoided in mothers wishing to breast feed.

On the fifth day after starting D-sulpiride, DL-sulpiride, or L-sulpiride in a dose of 50 mg twice daily, mean concentrations of sulpiride in breast milk from 45 women were 840, 850, and 810 nanograms/mL respectively.[1]

1. Polatti F. Sulpiride isomers and milk secretion in puerperium. *Clin Exp Obstet Gynecol* 1982; **9:** 144–7.

Effects on the cardiovascular system. Sulpiride 100 mg by mouth caused an attack of hypertension in 6 of 26 hypertensive patients; in 4 it induced a rise in urinary excretion of vanillylmandelic acid and catecholamines.[1] A transient rise in blood pressure and catecholamines after sulpiride occurred in 3 patients who were found to have a phaeochromocytoma; another patient probably had a phaeochromocytoma. The means by which sulpiride provoked hypertension were not known but appeared to be due to a noradrenergic effect. Sulpiride should be avoided during the treatment of phaeochromocytoma, and prescribed with great care in hypertensive patients.

1. Corvol P, *et al*. Poussées hypertensives déclenchées par le sulpiride. *Sem Hop Paris* 1974; **50:** 1265–9.

Porphyria. Sulpiride is considered to be unsafe in patients with porphyria because it has been shown to be porphyrinogenic in *animals*.

Renal impairment. For the precautions to be observed in patients with impaired renal function, see under Uses and Administration, below.

Interactions

As for Chlorpromazine, p.973

Gastrointestinal drugs. Giving sulpiride with therapeutic doses of *sucralfate* or an *antacid* containing aluminium and magnesium hydroxides to 6 healthy subjects reduced the mean oral bioavailability of sulpiride by 40 and 32%, respectively.[1] When sulpiride was given 2 hours after the antacid or sucralfate (each in 2 subjects), bioavailability was reduced by about 25%. This interaction was expected to be clinically significant, and it was recommended that sulpiride should be given before, rather than with or after, sucralfate or antacids.

1. Gouda MW, *et al*. Effect of sucralfate and antacids on the bioavailability of sulpiride in humans. *Int J Pharmaceutics* 1984; **22:** 257–63.

Pharmacokinetics

Sulpiride is slowly absorbed from the gastrointestinal tract; peak plasma concentrations are attained 3 to 6 hours after ingestion. Bioavailability is low and subject to interindividual variation. It is rapidly distributed to the tissues but passage across the blood-brain barrier is poor. Sulpiride is about 40% bound to plasma proteins and is reported to have a plasma half-life of about 8 to 9 hours. It is excreted in the urine and faeces, mainly as unchanged drug. Sulpiride is distributed into breast milk.

◊ References.

1. Wiesel F-A, *et al*. The pharmacokinetics of intravenous and oral sulpiride in healthy human subjects. *Eur J Clin Pharmacol* 1980; **17:** 385–91.
2. Bressolle F, *et al*. Sulpiride pharmacokinetics in humans after intramuscular administration at three dose levels. *J Pharm Sci* 1984; **73:** 1128–36.
3. Bressolle F, *et al*. Absolute bioavailability, rate of absorption, and dose proportionality of sulpiride in humans. *J Pharm Sci* 1992; **81:** 26–32.
4. Mauri MC, *et al*. L-sulpiride in young and elderly negative schizophrenics: clinical and pharmacokinetic variables. *Prog Neuropsychopharmacol Biol Psychiatry* 1994; **18:** 355–6.
5. Muller MJ, *et al*. Serum levels of sulpiride enantiomers after oral treatment with racemic sulpiride in psychiatric patients: a pilot study. *Pharmacopsychiatry* 2001; **34:** 27–32.

Uses and Administration

Sulpiride is a substituted benzamide antipsychotic that is reported to be a selective antagonist of central dopamine (D_2, D_3, and D_4) receptors. It is also claimed to have mood elevating properties.

Sulpiride is mainly used in the treatment of psychoses such as schizophrenia (below). It has also been given in the management of Tourette's syndrome (below), anxiety disorders (p.952), depression (p.373), vertigo (p.565), and benign peptic ulceration (below). Levosulpiride, the L-isomer of sulpiride, has been used similarly to sulpiride.

In the treatment of **schizophrenia** in adults and children aged 14 years and over, initial oral doses of 200 to 400 mg of sulpiride are given twice daily, increased if necessary up to a maximum of 1.2 g twice daily in patients with mainly positive symptoms or up to a total of 800 mg daily in patients with mainly negative symptoms. Patients with mixed positive and negative symptoms, with neither predominating, are given usual doses of 400 to 600 mg twice daily. Lower initial doses have been recommended in elderly patients, subsequently adjusted as required.

Sulpiride is also given in some countries by intramuscular injection, in usual doses ranging from 200 to 800 mg daily.

Dosage adjustment is advised in patients with renal impairment (see below).

Administration in renal impairment. A single intravenous dose of sulpiride 100 mg was given to 6 healthy subjects with normal renal function (creatinine clearance greater than 90 mL/minute) and to 3 groups of 6 patients each with creatinine clearances (CC) in the ranges of 30 to 60, 10 to 30, and less than 10 mL/minute.[1] There was a progressive diminution in the rate of elimination and an increase in half-life with decreasing renal function. The mean plasma elimination half-lives were 5.90, 11.02, 19.27, and 25.96 hours in the 4 groups, respectively.

In the UK it has been recommended that the oral dose be reduced according to CC as follows:

- CC 30 to 60 mL/minute: two-thirds of the usual dose, or prolong dosage interval by a factor of 1.5
- CC 10 to 30 mL/minute: half the usual dose, or double dosage interval
- CC less than 10 mL/minute: one-third of the usual dose, or triple dosage interval

However, the *BNF* suggests that sulpiride should be avoided if CC is less than 10 mL/minute.

1. Bressolle F, *et al*. Pharmacokinetics of sulpiride after intravenous administration in patients with impaired renal function. *Clin Pharmacokinet* 1989; **17:** 367–73.

Chorea. Antipsychotics have some action against choreiform movements (p.953) as well as being of use to control the behavioural disturbances of Huntington's chorea. Although sulpiride was found to have produced an overall reduction in abnormal movements in 11 patients with Huntington's chorea when compared with placebo in a double-blind study[1] there was generally no accompanying functional improvement and patients with mild disease tended to worsen when taking sulpiride.

1. Quinn N, Marsden CD. A double blind trial of sulpiride in Huntington's disease and tardive dyskinesia. *J Neurol Neurosurg Psychiatry* 1984; **47:** 844–7.

Gastrointestinal disorders. Although sulpiride is used in some countries as an adjunct in the treatment of peptic ulcer disease (p.1702) it is not among the more usual drugs used for this indication. Efficacy has also been claimed for sulpiride or levosulpiride in a variety of other gastrointestinal disorders, including irritable bowel disease (p.1699), decreased gastrointestinal motility (p.1694), and nausea and vomiting (p.1700), but again they are not among the drugs usually considered for use in these conditions.

Lactation induction. Drug therapy has been used occasionally to stimulate lactation in breast-feeding mothers, although mechanical stimulation of the nipple remains the primary method. Dopamine antagonists such as sulpiride can produce modest increases in breast milk production[1-3] although metoclopramide has been more widely used (see p.2003). However, there is concern about the adverse effects of these drugs. As sulpiride appears in breast milk and may be associated with adverse effects in the infant it has been recommended that it should not be used to enhance milk production.[4,5]

1. Aono T, *et al*. Effect of sulpiride on poor puerperal lactation. *Am J Obstet Gynecol* 1982; **143:** 927–32.
2. Ylikorkala O, *et al*. Sulpiride improves inadequate lactation. *BMJ* 1982; **285:** 249–51.
3. Ylikorkala O, *et al*. Treatment of inadequate lactation with oral sulpiride and buccal oxytocin. *Obstet Gynecol* 1984; **63:** 57–60.
4. Pons G, *et al*. Excretion of psychoactive drugs into breast milk: pharmacokinetic principles and recommendations. *Clin Pharmacokinet* 1994; **27:** 270–89.
5. Lasich AJ. Sulpiride and breastfeeding. *S Afr Med J* 2005; **95:** 624–6.

Schizophrenia. A systematic review[1] of the use of sulpiride for schizophrenia (p.955) or serious mental illness concluded that while sulpiride might be as effective as the classical antipsychotics for schizophrenia and appeared to produce few adverse effects, evidence of its value for treating negative symptoms was lacking. Comparisons with the atypical antipsychotic drugs were also lacking.

1. Soares B, *et al*. Sulpiride for schizophrenia. Available in The Cochrane Database of Systematic Reviews; Issue 1. Chichester: John Wiley; 1999 (accessed 21/08/08).

Tourette's syndrome. When drug treatment is needed for tics and behavioural disturbances in Tourette's syndrome (p.954) dopamine antagonists such as the antipsychotics haloperidol or pimozide are most commonly used but sulpiride has also been tried.[1] Although unlicensed in the UK for the treatment of Tourette's syndrome, the *BNFC* has suggested that oral doses of sulpiride 50 to 400 mg twice daily may be given to those aged from 2 to 12 years, and 100 to 400 mg twice daily to adolescents aged from 12 to 18 years.

1. Robertson MM, *et al*. Management of Gilles de la Tourette syndrome using sulpiride. *Clin Neuropharmacol* 1990; **13:** 229–35.

Preparations

BP 2008: Sulpiride Tablets.

Proprietary Preparations (details are given in Part 3)

Arg.: Dislep; Nivelan†; Vipral; ***Austria:*** Dogmatil; Meresa; ***Belg.:*** Docsulpiri; Dogmatil; Levopraid; ***Braz.:*** Dogmatil; Equilid; ***Chile:*** Aplacid; Dislep; Sanblex; Sedusen; Sulpilan; ***Cz.:*** Dogmatil; Eglonyl†; Prosulpin; Sulpirol; ***Denm.:*** Dogmatil; ***Fin.:*** Suprium; ***Fr.:*** Aiglonyl†; Dogmatil; Synedil; ***Ger.:*** Arminol; Dogmatil; Meresa; neogama; neogama D novo†; Sulp†; Sulpivert; Vertigo-Meresa; vertigo-neogama; ***Gr.:*** Calmoflorine; Darleton; Dogmatyl; Eclorion†; Nonestón†; Nufarol; Nylipark†; Restful; Stamonevrol; Valirem; ***Hong Kong:*** Dogmatil; ***Hung.:*** Depral; ***Indon.:*** Dogmatil; ***Irl.:*** Dolmatil; ***Israel:*** Modal; ***Ital.:*** Championyl; Dobren; Equilid; Levobren; Levopraid; ***Jpn:*** Dogmatyl; ***Malaysia:*** Dogmatil; ***Mex.:*** Dislep; Ekilid; Pontiride; Rimastine; ***Neth.:*** Dogmatil; ***Philipp.:*** Dogmatil; ***Port.:*** Dogmatil; Gustamax†; Lisopride†; ***Rus.:*** Betamaks (Бетамакс); Eglek (Эглек); Eglonil (Эвитол); Prosulpin (Просульпин); ***S.Afr.:*** Eglonyl; Espiride; ***Singapore:*** Dogmatil†; ***Spain:*** Digton; Dogmatil; Guastil; Lebopride; Levogastrol; Pausedal; Psicocen; Sulkine†; Tepavil; ***Switz.:*** Dogmatil; ***Turk.:*** Dogmatil; Meresa; Sulpir; Zeprid; ***UK:*** Dolmatil; Sulpitil†; Sulpor; ***Venez.:*** Dislep; Guven†.

Multi-ingredient: ***Arg.:*** Alplax Digest; Novo Vegestabil†; Tranquinal Soma; Tranxilium Digest; Vegestabil; ***Braz.:*** Bromopirin; Sulpan; ***Mex.:*** Numencial; ***Spain:*** Ansium; Sirodina†; Tepazepan; ***Venez.:*** Tepazepam†.

Sultopride Hydrochloride *(rINNM)*

Hidrocloruro de sultoprida; LIN-1418; Sultopride, Chlorhydrate de; Sultopridi Hydrochloridum. *N*-(1-Ethylpyrrolidin-2-ylmethyl)-5-ethylsulphonyl-2-methoxybenzamide hydrochloride.

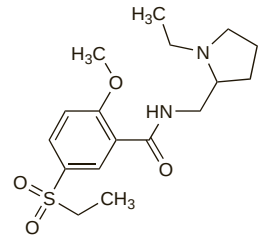
Сультоприда Гидрохлорид

$C_{17}H_{26}N_2O_4S,HCl$ = 390.9.

CAS — 53583-79-2 (sultopride); 23694-17-9 (sultopride hydrochloride).

ATC — N05AL02.

ATC Vet — QN05AL02.



(sultopride)

Profile

Sultopride is a substituted benzamide with general properties similar to those of sulpiride (above). It is used in psychoses such as schizophrenia (p.955). It has also been used in the emergency management of agitation in psychotic or aggressive patients. It is given as the hydrochloride but doses are expressed in terms of the base; sultopride hydrochloride 441 mg is equivalent to about 400 mg of sultopride.

For acute and chronic psychoses it may be given in oral doses of 400 to 800 mg daily; it may also be given intramuscularly.

Ventricular arrhythmias, including torsade de pointes, have been reported. It has been recommended that sultopride should not be used in patients with bradycardia.

Porphyria. Sultopride is considered to be unsafe in patients with porphyria because it has been shown to be porphyrinogenic in *in-vitro* systems.

Preparations

Proprietary Preparations (details are given in Part 3)

Belg.: Barnetil†; ***Fr.:*** Barnetil†; ***Ital.:*** Barnotil†; ***Port.:*** Barnetil†.

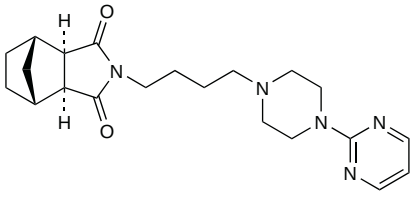
Tandospirone Citrate *(BANM, USAN, rINNM)*

Citrato de tandospirona; Metanopirone Citrate; SM-3997 (tandospirone or tandospirone citrate); Tandospirone, Citrate de; Tandospironi Citras. (1R*,2S*,3R*,4S*)-*N*-{4-[4-(2-Pyrimidinyl)-1-piperazinyl]butyl}-2,3-norbornanedicarboximide citrate.

Тандоспирона Цитрат

$C_{21}H_{29}N_5O_2,C_6H_8O_7$ = 575.6.

CAS — 87760-53-0 (tandospirone); 112457-95-1 (tandospirone citrate).



(tandospirone)

Profile

Tandospirone, a partial agonist at serotonin (5-HT) receptors of the 5-HT_{1A} subtype, is an anxiolytic structurally related to buspirone (p.965). It also has antidepressant actions. Tandospirone citrate is given in usual oral doses of 30 mg daily in 3 divided doses up to a maximum of 60 mg daily.

◊ References.

1. Sumiyoshi T, *et al.* The effect of tandospirone, a serotonin(1A) agonist, on memory function in schizophrenia. *Biol Psychiatry* 2001; **49:** 861–8.
2. Yamada K, *et al.* Clinical efficacy of tandospirone augmentation in patients with major depressive disorder: a randomized controlled trial. *Psychiatry Clin Neurosci* 2003; **57:** 183–7.

Preparations

Proprietary Preparations (details are given in Part 3)

Jpn: Sediel.

Temazepam *(BAN, USAN, rINN)*

ER-115; 3-Hydroxydiazepam; K-3917; Ro-5-5345; Tematsepaami; Témazépam; Temazepám; Temazepamas; Temazepamum; Wy-3917. 7-Chloro-1,3-dihydro-3-hydroxy-1-methyl-5-phenyl-1,4-benzodiazepin-2-one.

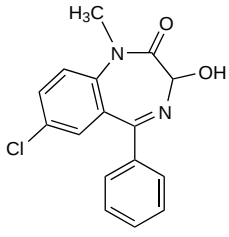
Темазепам

$C_{16}H_{13}ClN_2O_2$ = 300.7.

CAS — 846-50-4.

ATC — N05CD07.

ATC Vet — QN05CD07.



NOTE. The following terms have been used as 'street names' (see p.vi) or slang names for various forms of temazepam: Beans; Egg; Eggs; Jellies; Knockout Pills; Mazzies; Oranges; Rugby Balls; Temazies; Temmies; Terms; Wobbly jellies.

Pharmacopoeias. In *Eur.* (see p.vii) and *US.*

Ph. Eur. 6.2 (Temazepam). A white or almost white crystalline powder. Practically insoluble in water; sparingly soluble in alcohol; freely soluble in dichloromethane. Protect from light.

USP 31 (Temazepam). A white or nearly white crystalline powder. Very slightly soluble in water; sparingly soluble in alcohol. Protect from light.

Dependence and Withdrawal

As for Diazepam, p.987.

◊ For the purpose of withdrawal regimens, 10 mg of temazepam may be considered equivalent to about 5 mg of diazepam.

Adverse Effects, Treatment, and Precautions

As for Diazepam, p.987.

Abuse. Liquid-filled temazepam *capsules* (known on the street as 'eggs') were widely abused on the illicit drugs market, the liquid gel lending itself to intravenous injection.[1] This formulation was, therefore, replaced in a number of countries by tablets or by semi-solid gel-filled capsules, which were intended to be difficult to inject even after heating or diluting the gel in various solvents.[2] In spite of this there is evidence of intravenous or intra-arterial abuse of these capsules,[3-5] and there are reports of ischaemia, in some cases necessitating amputation.[6-8] The *tablets* may also be liable to abuse; there has been a report of death after intravenous injection of a solution containing crushed temazepam tablets.[9] The manufacturers of a temazepam *elixir* considered that, because of its viscosity and its low strength relative to the liquid in the capsules, it had a low potential for intravenous abuse.[10] Nonetheless, there have been reports[3] of some drug abusers injecting large quantities of diluted elixir.

For mention of rhabdomyolysis associated with abuse of temazepam, see Effects on Skeletal Muscle, under Diazepam, p.988.

1. Farrell M, Strang J. Misuse of temazepam. *BMJ* 1988; **297:** 1402.
2. Launchbury AP. Temazepam abuse. *Pharm J* 1990; **244:** 749.
3. Ruben SM, Morrison CL. Temazepam misuse in a group of injecting drug users. *Br J Addict* 1992; **87:** 1387–92.
4. Scott RN, *et al.* Intra-arterial temazepam. *BMJ* 1992; **304:** 1630.
5. Adiseshiah M, *et al.* Intra-arterial temazepam. *BMJ* 1992; **304:** 1630.
6. Blair SD, *et al.* Leg ischaemia secondary to non-medical injection of temazepam. *Lancet* 1991; **338:** 1393–4.
7. Fox R, *et al.* Misuse of temazepam. *BMJ* 1992; **305:** 253.
8. Feeney GFX, Gibbs HH. Digit loss following misuse of temazepam. *Med J Aust* 2002; **176:** 380.
9. Vella EJ, Edwards CW. Death from pulmonary microembolization after intravenous injection of temazepam. *BMJ* 1993; **307:** 26.
10. Drake J, Ballard R. Misuse of temazepam. *BMJ* 1988; **297:** 1402.

Breast feeding. The American Academy of Pediatrics[1] considers that, although the effect of temazepam on breast-fed infants is unknown, its use by mothers during breast feeding may be of concern since psychotropic drugs do appear in breast milk and thus could conceivably alter CNS function in the infant both in the short and long term.

Temazepam was detected in breast milk in only one of 10 mothers given temazepam as a bedtime sedative;[2] temazepam was given in a dose of 10 to 20 mg and milk concentrations were measured about 15 hours after a dose. The authors considered that breast-fed neonates would ingest negligible amounts of temazepam.

1. American Academy of Pediatrics. The transfer of drugs and other chemicals into human milk. *Pediatrics* 2001; **108:** 776–89. Correction. *ibid.*; 1029. Also available at: http://aappolicy.aappublications.org/cgi/content/full/pediatrics%3b108/3/776 (accessed 28/04/04)
2. Lebedevs TH, *et al.* Excretion of temazepam in breast milk. *Br J Clin Pharmacol* 1992; **33:** 204–6.

Effects on the skin. Generalised lichenoid drug eruption that had persisted for 5 months in an elderly patient receiving therapy including temazepam resolved within 10 days of stopping the benzodiazepine.[1] Bullous eruptions associated with temazepam overdose have also been reported.[2]

1. Norris P, Sounex TS. Generalised lichenoid drug eruption associated with temazepam. *BMJ* 1986; **293:** 510.
2. Verghese J, Merino J. Temazepam overdose associated with bullous eruptions. *Acad Emerg Med* 1999; **6:** 1071.

Hepatic impairment. All benzodiazepines should be used with caution in patients with hepatic impairment, and licensed product information in the UK advises that temazepam should be avoided in severe cases. However, short-acting benzodiazepines such as temazepam may pose less risk in patients with hepatic impairment; in a study of 15 patients with cirrhosis and 16 healthy subjects, liver disease had no significant effect on the pharmacokinetic parameters or pattern of elimination of temazepam.[1]

1. Ghabrial H, *et al.* The effects of age and chronic liver disease on the elimination of temazepam. *Eur J Clin Pharmacol* 1986; **30:** 93–7.

Interactions

As for Diazepam, p.989.

Pharmacokinetics

Temazepam is fairly readily absorbed from the gastrointestinal tract, although the exact rate of absorption depends on the formulation. It is about 96% bound to plasma proteins. Mean elimination half-lives of about 8 to 15 hours or longer have been reported. It is excreted mainly in the urine in the form of its inactive glucuronide conjugate together with small amounts of the demethylated derivative, oxazepam, also in conjugated form.

Absorption and plasma concentration. Various oral temazepam formulations have been available worldwide. These included powder-filled hard gelatin capsules, liquid-filled soft gelatin capsules, semi-solid gel-filled soft gelatin capsules, and an elixir. There has been considerable debate over the comparative absorption profiles of temazepam from these formulations which have, in some cases, been modified over the years. It should be noted that pharmacokinetic studies of temazepam do not always clearly state the formulation used.

Temazepam 30 mg was given as a premedicant to 80 patients undergoing surgery in the form of capsules [type not stated] or elixir.[1] Mean peak plasma concentrations of about 800 nanograms/mL occurred 30 minutes after a dose of either formulation although there was wide interindividual variation in plasma concentrations. The evidence corresponded with previous suggestions that a plasma concentration of about 250 nanograms/mL or more was required to ensure sedation. The presence or absence of anxiety did not influence the absorption of the preparations.

1. Hosie HE, Nimmo WS. Temazepam absorption in patients before surgery. *Br J Anaesth* 1991; **66:** 20–4.

Distribution into CSF. A study in 13 male patients showed a correlation between the unbound concentration of temazepam in plasma and the amount of temazepam detected in CSF.[1] The mean CSF to total plasma temazepam concentration ratio was 5.2.

1. Badcock NR. Plasma and cerebrospinal fluid concentrations of temazepam following oral drug administration. *Eur J Clin Pharmacol* 1990; **38:** 153–5.

Metabolism. References.

1. Locniskar A, Greenblatt DJ. Oxidative versus conjugative biotransformation of temazepam. *Biopharm Drug Dispos* 1990; **11:** 499–506.

Sex differences. The elimination half-life was significantly longer at 16.8 hours among 17 women given temazepam 30 mg compared with 12.3 hours among 15 men.[1] The total clearance was also lower among women. After correction for differences in protein binding, unbound clearance was still lower in women than men but there was no significant effect of age on this parameter. Time to peak plasma concentration and volume of distribution were not affected by the age or sex of the subjects.

1. Divoll M, *et al.* Effect of age and gender on disposition of temazepam. *J Pharm Sci* 1981; **70:** 1104–7.

Uses and Administration

Temazepam is a short-acting benzodiazepine with general properties similar to those of diazepam (p.992). It is used as a hypnotic in the short-term management of insomnia (p.957) and for premedication before surgical or investigative procedures (p.1780).

A usual oral dose for insomnia is 10 to 20 mg at night; exceptionally, doses up to 40 mg may be required. For premedication the usual oral dose is 20 to 40 mg given half to one hour beforehand. The *BNFC* states that children aged 1 year and over may be given 1 mg/kg orally for premedication, to a maximum total dose of 30 mg.

Temazepam should be given in reduced dosage to elderly or debilitated patients; one-half the usual adult dose, or less, may be sufficient.

Administration. For reference to the various formulations of oral temazepam that have been used, see Abuse under Adverse Effects, Treatment, and Precautions, above.

Administration in the elderly. In a small study[1] a 7.5-mg dose of temazepam was found to be adequate for the short-term management of insomnia in elderly patients.

1. Vgontzas AN, *et al.* Temazepam 7.5 mg: effects on sleep in elderly insomniacs. *Eur J Clin Pharmacol* 1994; **46:** 209–13.

Preparations

BP 2008: Temazepam Oral Solution; Temazepam Tablets;
USP 31: Temazepam Capsules.

Proprietary Preparations (details are given in Part 3)

Austral.: Euhypnos†; Nocturne†; Normison; Temaze; Temtabs; ***Austria:*** Levanxol; Remestan†; ***Belg.:*** Euhypnos†; Normison†; ***Canad.:*** Restoril; ***Fin.:*** Normison; Tenox; ***Fr.:*** Normison; ***Ger.:*** Norkotral Tema; Planum; Pronervon T; Remestan; Temazep; ***Gr.:*** Normison; ***Hung.:*** Signopam; ***Irl.:*** Euhypnos†; Insomniger; Normison†; Nortem; Tenox; ***Ital.:*** Euipnos; Normison; ***Neth.:*** Normison; ***NZ:*** Euhypnos; Normison; Somapam†; ***Pol.:*** Signopam; ***Port.:*** Normison; ***Rus.:*** Signopam (Сигнопам); ***S.Afr.:*** Normison; ***Switz.:*** Normison; ***Thai.:*** Euhypnos; ***USA:*** Restoril.