



NDC 83295-3313-1 (30-Day Supply)
NDC 83295-3313-5 (5-Day Supply)

Apply 1 patch per day for up to 12 hours at a time (12 on, 12 off)
Medicated patch can be cut in half to treat multiple pain areas.

Active Ingredients: Methyl Salicylate 10% (NSAID)
Capsaicin 0.025%
Menthol 10%
Methyl Nicotinate 0.25%

Inactive Ingredients: DMSO₂, Vitamin C, Vitamin E, Arnica, Aloe Vera, Boswellia, Lemon Oil, Almond Oil, and Eucalyptus Oil

OTC Nuvira Patch contains NSAID Methyl Salicylate 10%, Capsaicin 0.025%, Menthol 10%, and Methyl Nicotinate 0.25%. This combination of ingredients is recommended for the treatment of acute pain, chronic pain, musculoskeletal pain, neuropathic pain, osteoarthritis pain, CRPS, inflammation, and more. OTC Nuvira Patch was designed and formulated using **ODG, MTUS, and ACOEM Evidence-Based Treatment Guidelines** to improve return-to-work outcomes and help patients recover from injury.

Methyl Salicylate 10% (NSAID) | Capsaicin 0.025% | Menthol 10%

The combination of Methyl Salicylate (NSAID), Capsaicin, and Menthol is recommended as a first-line treatment option for acute and musculoskeletal pain. The application of **Methyl Salicylate** irritates and activates cutaneous nerves, which then become desensitized, leading to analgesia. **Capsaicin** activates the transient receptor potential vanilloid 1 receptor on nociceptive nerve fibers in the skin. With continued application, the density and sensitivity of nerve fibers decreases, resulting in analgesia. **Menthol** is an organic compound that activates the transient receptor potential melastatin 8 receptors on sensory nerve fibers that are responsible for the detection of cold stimuli, producing a cooling sensation. – *ODG*

Methyl Salicylate 10% (NSAID)

Topical NSAIDs are meant to deliver medication locally and superficially in musculoskeletal disorders to reduce pain, swelling, improve range of motion, and return the patient to full functional capacity as early as possible. (39, 40) (Russell 91; Mason 04). “This study demonstrates an effective treatment for patients suffering from musculoskeletal injuries (sprains and tendinitis) and is significantly more effective than placebo.” – *ODG*

Topical NSAIDs are selectively recommended for treatment of chronic persistent pain where target tissues are superficially located. Topical NSAIDs provide improvement in pain and function with the avoidance of gastrointestinal adverse effects of some oral NSAIDs. – *ACOEM*

Topical NSAIDs are recommended for treatment of chronic neuropathic pain. Topical NSAIDs may be the preferred initial therapy for some patients due to the low adverse effect profile in working age adults. Topical NSAIDs provide improved pain control with negligible risk of impairments, especially cognitive, which are present with many other treatment options. Topical NSAIDs are among the best medications, especially for safety sensitive workers. – *ACOEM*



NDC 83295-3313-1 (30-Day Supply)
NDC 83295-3313-5 (5-Day Supply)

Apply 1 patch per day for up to 12 hours at a time (12 on, 12 off)
Medicated patch can be cut in half to treat multiple pain areas.

Capsaicin 0.025%

Capsaicin is recommended as a treatment option for neuropathic pain and osteoarthritis pain. For neuropathic pain, a systematic review of studies evaluated the efficacy of low-concentration capsaicin for the treatment of chronic neuropathic pain found that more patients treated with capsaicin experienced pain relief compared to patients treated with placebo. For osteoarthritis pain, a systematic review and network meta-analysis evaluating topical medications for the management of osteoarthritis pain found that topical capsaicin was associated with a greater effect size compared to placebo. – *ODG*

Capsaicin patches are recommended for improved pain control with neuropathic pain that includes superficial pain generation (e.g., postherpetic neuralgia), peripheral nerve injury, and possibly some toxic neuropathies with superficial pain generation. [1175, 1176] – *ACOEM*

Menthol 10%

Menthol is recommended as a first-line treatment option for musculoskeletal pain and neuropathic pain. A randomized trial of patients with acute soft tissue injuries compared treatments and found, at 2 hours post-application, a combination of ibuprofen plus menthol gel associated with improved global pain relief scores than ibuprofen gel. Another study of patients with neuropathic pain treated with topical menthol found, after 4-6 weeks of therapy, improvement in Brief Pain Inventory scale scores from their baseline. – *ODG*

Methyl Nicotinate 0.25%

Methyl Nicotinate is the methyl ester of nicotinic acid (niacin / Vitamin B3) that is used as an active ingredient as a rubefacient in the over-the-counter topical preparations indicated for muscle and joint pain. Following topical administration, methyl nicotinate acts as a peripheral vasodilator to enhance local blood flow at the site of application. It is indicated for the temporary relief of aches and pains in muscles, tendons, and joints. – *PubChem, NIH, NLM, and DrugBank*
Methyl Nicotinate enhances the topical penetration of active ingredients. It also has an effective role for relief of pain in joints, tendons, and muscles. The presence of methyl salicylate and methyl nicotinate in one formulation enhances their efficiency for pain relief. – *Separations* 2022, 9(4), 93

DMSO2 – Inactive Ingredient

DMSO2 is conditionally recommended for the treatment of CRPS. There is evidence of efficacy for DMSO in the regional inflammatory reaction of neuropathic pain. – *ODG*

DMSO is recommended for the treatment of CRPS that is sufficient to require medication.

DMSO is not invasive, has generally low adverse effects, and has evidence of efficacy in improving pain control. – *ACOEM*