DISCLAIMER

All labeling reflected on this website is for informational and promotional purposes only. It is not intended to be used by healthcare professionals or patients for the purpose of prescribing or administering these products. Questions regarding the current content of product labeling should be directed to Akorn's Customer Service department at 800.932.5676.

WARNING: RISK OF MEDICATION ERRORS; ADDICTION, ABUSE, AND MISUSE; LIFE-THREATENING RESPIRATORY DEPRESSION; ACCIDENTAL INGESTION; NEONATAL OPIOID WITHDRAWAL SYNDROME; CYTOCHROME P450 3A4 INTERACTION; HEPATOTOXICITY; and RISKS FROM CONCOMITANT USE WITH BENZODIAZEPINES OR OTHER CNS DEPRESSANTS

Risk of Medication Errors
Ensure accuracy when prescribing, dispensing, and administering LORTAB ELIXIR. Dosing errors due to confusion between mg and mL, and other hydrocodone bitartrate and acetaminophen oral solutions of different concentrations can result in accidental overdose and death [see WARNINGS, DOSAGE AND ADMINISTRATION].

Addiction, Abuse, and Misuse
LORTAB ELIXIR exposes patients and other users to the risks of opioid addiction, abuse, and misuse, which can lead to overdose and death. Assess each patient's risk prior to prescribing LORTAB ELIXIR, and monitor all patients regularly for the development of these behaviors and conditions [see WARNINGS].

Life-Threatening Respiratory Depression
Serious, life-threatening, or fatal respiratory depression may occur with use of LORTAB ELIXIR. Follow patients for signs of respiratory depression, especially during initiation of LORTAB ELIXIR or following a dose increase [see WARNINGS].

Accidental Ingestion
Accidental ingestion of LORTAB ELIXIR, especially by children, can result in a fatal overdose of LORTAB ELIXIR [see WARNINGS].

Neonatal Opioid Withdrawal Syndrome
Prolonged use of LORTAB ELIXIR during pregnancy can result in neonatal opioid withdrawal syndrome, which may be life-threatening if not recognized and treated, and requires management according to protocols developed by neonatology experts. If opioid use is required for a prolonged period in a pregnant woman, advise the patient of the risk of neonatal opioid withdrawal syndrome and ensure that appropriate treatment will be available [see WARNINGS].

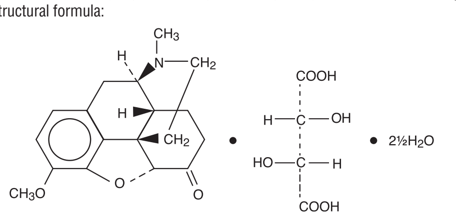
Cytochrome P450 3A4 Interaction
The concomitant use of LORTAB ELIXIR with all cytochrome P450 3A4 inhibitors may result in an increase in hydrocodone plasma concentrations, which may cause potentially fatal respiratory depression. In addition, discontinuation of a concomitantly used cytochrome P450 3A4 inducer may result in an increase in hydrocodone plasma concentration. Follow patients receiving LORTAB ELIXIR and any cytochrome P450 3A4 inhibitor or inducer for signs and symptoms of respiratory depression and sedation [see CLINICAL PHARMACOLOGY, WARNINGS, PRECAUTIONS; Drug Interactions].

Hepatotoxicity
Acetaminophen has been associated with cases of acute liver failure, at times resulting in liver transplant and death. Most of the cases of liver injury are associated with the use of acetaminophen at doses that exceed 4,000 milligrams per day, and often involve more than one acetaminophen-containing product [see WARNINGS, OVERDOSAGE].

Risks from Concomitant Use with Benzodiazepines or Other CNS Depressants
Concomitant use of opioids with benzodiazepines or other central nervous system (CNS) depressants, including alcohol, may result in profound sedation, respiratory depression, coma, and death [see WARNINGS, PRECAUTIONS; Drug Interactions].
- **Reserve concomitant prescribing of LORTAB ELIXIR and benzodiazepines or other CNS depressants for use in patients for whom alternative treatment options are inadequate.**
- **Limit dosages and durations to the minimum required.**
- **Follow patients for signs and symptoms of respiratory depression and sedation.**

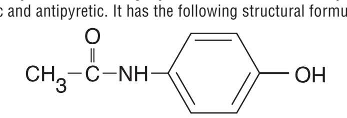
DESCRIPTION
Hydrocodone bitartrate and acetaminophen are available in liquid form for oral administration.

Hydrocodone bitartrate is an opioid analgesic and occurs as fine, white crystals or as a crystalline powder. It is affected by light. The chemical name is 4,5α-epoxy-3-methoxy-17-methylmorphinan-6-one tartrate (1:1) hydrate (2:5). It has the following structural formula:



$C_{18}H_{21}NO_3 \cdot C_4H_6O_6 \cdot 2\frac{1}{2}H_2O$ M.W. 494.490

Acetaminophen, 4'-hydroxyacetanilide, a slightly bitter, white, odorless, crystalline powder, is a non-opiate, non-salicylate analgesic and antipyretic. It has the following structural formula:



$C_8H_9NO_2$ M.W.151.16

LORTAB ELIXIR (hydrocodone bitartrate and acetaminophen oral solution) contains:

	Per 5 mL	Per 15 mL
Hydrocodone Bitartrate................	3.33 mg	10 mg
Acetaminophen...........................	100 mg	300 mg
Alcohol..	7%	7%

In addition, the liquid contains the following inactive ingredients: citric acid anhydrous, ethyl maltol, glycerin, methylparaben, propylene glycol, propylparaben, purified water, saccharin sodium, sorbitol solution, sucrose, with D&C Red #33 and FD&C Red #40 as coloring and natural and artificial flavoring.

CLINICAL PHARMACOLOGY

Mechanism of Action
Hydrocodone is a semi-synthetic opioid agonist with relative selectivity for the mu-opioid (μ) receptor, although it can interact with other opioid receptors at higher doses. Hydrocodone acts as a full agonist, binding to and activating opioid receptors at sites in the peri-aquaductal and peri-ventricular gray matter, the ventro-medial medulla and the spinal cord to produce analgesia. The analgesia, as well as the euphoriant, respiratory depressant and physiologic dependence properties of μ agonist opioids like hydrocodone, result principally from agonist action at the μ receptors.

The precise mechanism of the analgesic properties of acetaminophen is not established but is thought to involve central actions.

Pharmacodynamics
Effects on the Central Nervous System
The principal therapeutic action of hydrocodone is analgesia. Hydrocodone produces respiratory depression by direct action on brain stem respiratory centers. The respiratory depression involves a reduction in the responsiveness of the brain stem respiratory centers to both increases in carbon dioxide tension and electrical stimulation.

Hydrocodone causes miosis, even in total darkness. Pinpoint pupils are a sign of opioid overdose but are not pathognomonic (e.g., pontine lesions of hemorrhagic or ischemic origins may produce similar findings). Marked mydriasis rather than miosis may be seen due to hypoxia in overdose situations.

Therapeutic doses of acetaminophen have negligible effects on the cardiovascular or respiratory systems; however, toxic doses may cause circulatory failure and rapid, shallow breathing.

Effects on the Gastrointestinal Tract and Other Smooth Muscle
Hydrocodone causes a reduction in motility associated with an increase in smooth muscle tone in the antrum of the stomach and duodenum. Digestion of food in the small intestine is delayed and propulsive contractions are decreased. Propulsive peristaltic waves in the colon are decreased, while tone may be increased to the point of spasm, resulting in constipation. Other opioid-induced effects may include a reduction in biliary and pancreatic secretions, spasm of sphincter of Oddi, and transient elevations in serum amylase.

Effects on the Cardiovascular System
Hydrocodone produces peripheral vasodilation which may result in orthostatic hypotension or syncope. Manifestations of histamine release and/or peripheral vasodilation may include pruritus, flushing, red eyes, sweating, and/or orthostatic hypotension.

Effects on the Endocrine System
Opioids inhibit the secretion of adrenocorticotropic hormone (ACTH), cortisol, and luteinizing hormone (LH) in humans [see **ADVERSE REACTIONS**]. They also stimulate prolactin, growth hormone (GH) secretion, and pancreatic secretion of insulin and glucagon.

Chronic use of opioids may influence the hypothalamic-pituitary-gonadal axis, leading to androgen deficiency that may manifest as symptoms as low libido, impotence, erectile dysfunction, amenorrhea, or infertility. The causal role of opioids in the syndrome of hypogonadism is unknown because the various medical, physical, lifestyle, and psychological stressors that may influence gonadal hormone levels have not been adequately controlled for in studies conducted to date [see **ADVERSE REACTIONS**].

Effects on the Immune System
Opioids have been shown to have a variety of effects on components of the immune system. The clinical significance of these findings is unknown. Overall, the effects of opioids appear to be modestly immunosuppressive.

Concentration-Efficacy Relationships
The minimum effective analgesic concentration will vary widely among patients, especially among patients who have been previously treated with potent agonist opioids. The minimum effective analgesic concentration of hydrocodone for any individual patient may increase over time due to an increase in pain, the development of a new pain syndrome, and/or the development of analgesic tolerance [see **DOSAGE AND ADMINISTRATION**].

Concentration-Adverse Reaction Relationships
There is a relationship between increasing hydrocodone plasma concentration and increasing frequency of dose-related opioid adverse reactions such as nausea, vomiting, CNS effects, and respiratory depression. In opioid-tolerant patients, the situation may be altered by the development of tolerance to opioid-related adverse reactions [see **DOSAGE AND ADMINISTRATION**].

Pharmacokinetics
The behavior of the individual components is described below.

Hydrocodone
Following a 10 mg oral dose of hydrocodone administered to five adult male subjects, the mean peak concentration was 23.6 ± 5.2 ng/mL. Maximum serum levels were achieved at 1.3 ± 0.3 hours and the half-life was determined to be 3.8 ± 0.3 hours.

Hydrocodone exhibits a complex pattern of metabolism including O-demethylation, N-demethylation and 6-keto reduction to the corresponding 6-α- and 6-β-hydroxymetabolites. See **OVERDOSAGE** for toxicity information.

CYP3A4 mediated N-demethylation to norhydrocodone is the primary metabolic pathway of hydrocodone with a lower contribution from CYP2D6 mediated O-demethylation to hydromorphone. Hydromorphone is formed from the O-demethylation of hydrocodone and may contribute to the total analgesic effect of hydrocodone. Therefore, the formation of these and related metabolites can, in theory, be affected by other drugs [see **PRECAUTIONS; Drug Interactions**]. N-demethylation of hydrocodone to form norhydrocodone via CYP3A4 while O-demethylation of hydrocodone to hydromorphone is predominantly catalyzed by CYP2D6 and to a lesser extent by an unknown low affinity CYP enzyme. Hydrocodone and its metabolites are eliminated primarily in the kidneys.

Acetaminophen
Acetaminophen is rapidly absorbed from the gastrointestinal tract and is distributed throughout most body tissues. A small fraction (10-25%) of acetaminophen is bound to plasma proteins. The plasma half-life is 1.25 to 3 hours, but may be increased by liver damage and following overdosage. Elimination of acetaminophen is principally by liver metabolism (conjugation) and subsequent renal excretion of metabolites. Acetaminophen is primarily metabolized in the liver by first-order kinetics and involves three principal separate pathways: conjugation with glucuronide; conjugation with sulfate; and oxidation via the cytochrome, P450-dependent, mixed-function oxidase enzyme pathway to form a reactive intermediate metabolite, which conjugates with glutathione and is then further metabolized to form cysteine and mercapturic acid conjugates. The principal cytochrome P450 isoenzyme involved appears to be CYP2E1, with CYP1A2 and CYP3A4 as additional pathways. Approximately 85% of an oral dose appears in the urine within 24 hours of administration, most as the glucuronide conjugate, with small amounts of other conjugates and unchanged drug.

See **OVERDOSAGE** for toxicity information.

INDICATIONS AND USAGE
LORTAB ELIXIR is indicated for the management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate.

Limitations of Use
Because of the risks of addiction, abuse, and misuse, with opioids, even at recommended doses [see **WARNINGS**], reserve LORTAB ELIXIR for use in patients for whom alternative treatment options (e.g., non-opioid analgesics):
- have not been tolerated, or are not expected to be tolerated
- have not provided adequate analgesia, or are not expected to provide adequate analgesia

CONTRAINDICATIONS
LORTAB ELIXIR is contraindicated in patients with:
- Significant respiratory depression [see **WARNINGS**]
- Acute or severe bronchial asthma in an unmonitored setting or in the absence of resuscitative equipment [see **WARNINGS**]
- Known or suspected gastrointestinal obstruction, including paralytic ileus [see **WARNINGS**]
- Hypersensitivity to hydrocodone or acetaminophen (e.g., anaphylaxis) [see **WARNINGS, ADVERSE REACTIONS**]

WARNINGS

Risk of Accidental Overdose and Death due to Medication Errors
Dosing errors can result in accidental overdose and death. Avoid dosing errors that may result from confusion between mg and mL and confusion with hydrocodone bitartrate and acetaminophen oral solutions of different concentrations, when prescribing, dispensing, and administering LORTAB ELIXIR. Ensure that the dose is communicated clearly and dispensed accurately. Always use a calibrated measuring devise when administering LORTAB ELIXIR to ensure the dose is measured and administered accurately.

Addiction, Abuse, and Misuse
LORTAB ELIXIR contains hydrocodone, a Schedule II controlled substance. As an opioid, LORTAB ELIXIR exposes users to the risks of addiction, abuse, and misuse [see **DRUG ABUSE AND DEPENDENCE**].

Although the risk of addiction in any individual is unknown, it can occur in patients appropriately prescribed LORTAB ELIXIR. Addiction can occur at recommended dosages and if the drug is misused or abused.

Assess each patient's risk for opioid addiction, abuse, or misuse prior to prescribing LORTAB ELIXIR, and monitor all patients receiving LORTAB ELIXIR for the development of these behaviors and conditions. Risks are increased in patients with a personal or family history of substance abuse (including drug or alcohol abuse or addiction) or mental illness (e.g., major depression). The potential for these risks should not, however, prevent the proper management of pain in any given patient. Patients at increased risk may be prescribed opioids such as LORTAB ELIXIR, but use in such patients necessitates intensive counseling about the risks and proper use of LORTAB ELIXIR along with intensive monitoring for signs of addiction, abuse, and misuse.

Opioids are sought by drug abusers and people with addiction disorders and are subject to criminal diversion. Consider these risks when prescribing or dispensing LORTAB ELIXIR. Strategies to reduce these risks include prescribing the drug in the smallest appropriate quantity and advising the patient on the proper disposal of unused drug [see **PRECAUTIONS; Information for Patients/Caregivers**]. Contact local state professional licensing board or state controlled substances authority for information on how to prevent and detect abuse or diversion of this product.

Life-Threatening Respiratory Depression
Serious, life-threatening, or fatal respiratory depression has been reported with the use of opioids, even when used as recommended. Respiratory depression, if not immediately recognized and treated, may lead to respiratory arrest and death. Management of respiratory depression may include close observation, supportive measures, and use of opioid antagonists, depending on the patient's clinical status [see **OVERDOSAGE**]. Carbon dioxide (CO_2) retention from opioid-induced respiratory depression can exacerbate the sedating effects of opioids.

While serious, life-threatening, or fatal respiratory depression can occur at any time during the use of LORTAB ELIXIR, the risk is greatest during the initiation of therapy or following a dosage increase. Follow patients closely for respiratory depression, especially within the first 24-72 hours of initiating therapy with and following dosage increases of LORTAB ELIXIR.

To reduce the risk of respiratory depression, proper dosing and titration of LORTAB ELIXIR are essential [see **DOSAGE AND ADMINISTRATION**]. Overestimating the LORTAB ELIXIR dosage when converting patients from another opioid product can result in a fatal overdose.

Accidental ingestion of LORTAB ELIXIR especially by children, can result in respiratory depression and death due to an overdose of LORTAB ELIXIR.

Neonatal Opioid Withdrawal Syndrome
Prolonged use of LORTAB ELIXIR during pregnancy can result in withdrawal in the neonate. Neonatal opioid withdrawal syndrome, unlike opioid withdrawal syndrome in adults, may be life-threatening if not recognized and treated, and requires management according to protocols developed by neonatology experts. Observe newborns for signs of neonatal opioid withdrawal syndrome and manage accordingly. Advise pregnant women using opioids for a prolonged period of the risk of neonatal opioid withdrawal syndrome and ensure that appropriate treatment will be available [see **PRECAUTIONS; Information for Patients/Caregivers, Pregnancy**].

Risks of Concomitant Use or Discontinuation of Cytochrome P450 3A4 Inhibitors and Inducers
Concomitant use of LORTAB ELIXIR with a CYP3A4 inhibitor, such as macrolide antibiotics (e.g., erythromycin), azole-antifungal agents (e.g., ketoconazole), and protease inhibitors (e.g., ritonavir), may increase plasma concentrations of hydrocodone and prolong opioid adverse reactions, and which may cause potentially fatal respiratory depression [see **WARNINGS**], particularly when an inhibitor is added after a stable dose of LORTAB ELIXIR is achieved. Similarly, discontinuation of a CYP3A4 inducer, such as rifampin, carbamazepine, and phenytoin, in LORTAB ELIXIR-treated patients may increase hydrocodone plasma concentrations and prolong opioid adverse reactions. When using LORTAB ELIXIR with CYP3A4 inhibitors or discontinuing CYP3A4 inducers in LORTAB ELIXIR-treated patients, monitor patients closely at frequent intervals and consider dosage reduction of LORTAB ELIXIR until stable drug effects are achieved [see **PRECAUTIONS; Drug Interactions**].

Concomitant use of LORTAB ELIXIR with CYP3A4 inducers or discontinuation of an CYP3A4 inhibitor could decrease hydrocodone plasma concentrations, decrease opioid efficacy or, possibly, lead to a withdrawal syndrome in a patient who had developed physical dependence to LORTAB ELIXIR. When using LORTAB ELIXIR with CYP3A4 inducers or discontinuing CYP3A4 inhibitors, follow patients at frequent intervals and consider increasing the opioid dosage if needed to maintain adequate analgesia or if symptoms of opioid withdrawal occur [see **PRECAUTIONS; Drug Interactions**].

Risks from Concomitant Use with Benzodiazepines or Other CNS Depressants
Profound sedation, respiratory depression, coma, and death may result from the concomitant use of LORTAB ELIXIR with benzodiazepines or other CNS depressants (e.g., non-benzodiazepine sedatives/hypnotics, anxiolytics, tranquilizers, muscle relaxants, general anesthetics, antipsychotics, other opioids, alcohol). Because of these risks, reserve concomitant prescribing of these drugs for use in patients for whom alternative treatment options are inadequate.

Observational studies have demonstrated that concomitant use of opioid analgesics and benzodiazepines increases the risk of drug-related mortality compared to use of opioid analgesics alone. Because of similar pharmacological properties, it is reasonable to expect similar risk with the concomitant use of other CNS depressant drugs with opioid analgesics [see **PRECAUTIONS; Drug Interactions**].

If the decision is made to prescribe a benzodiazepine or other CNS depressant concomitantly with an opioid analgesic, prescribe the lowest effective dosages and minimum durations of concomitant use. In patients already receiving an opioid analgesic, prescribe a lower initial dose of the benzodiazepine or other CNS depressant than indicated in the absence of an opioid, and titrate based on clinical response. If an opioid analgesic is initiated in a patient already taking a benzodiazepine or other CNS depressant, prescribe a lower initial dose of the opioid analgesic, and titrate based on clinical response. Follow patients closely for signs and symptoms of respiratory depression and sedation.

Advise both patients and caregivers about the risks of respiratory depression and sedation when LORTAB ELIXIR is used with benzodiazepines or other CNS depressants (including alcohol and illicit drugs). Advise patients not to drive or operate heavy machinery until the effects of concomitant use of the benzodiazepine or other CNS depressant have been determined. Screen patients for risk of substance use disorders, including opioid abuse and misuse, and warn them of the risk for overdose and death associated with the use of additional CNS depressants including alcohol and illicit drugs [see **PRECAUTIONS; Drug Interactions, Information for Patients/Caregivers**].

Life-Threatening Respiratory Depression in Patients with Chronic Pulmonary Disease or in Elderly, Cachectic, or Debilitated Patients
The use of LORTAB ELIXIR in patients with acute or severe bronchial asthma in an unmonitored setting or in the absence of resuscitative equipment is contraindicated.

Patients with Chronic Pulmonary Disease: LORTAB ELIXIR-treated patients with significant chronic obstructive pulmonary disease or cor pulmonale, and those with a substantially decreased respiratory reserve, hypoxia, hypercapnia, or pre-existing respiratory depression are at increased risk of decreased respiratory drive including apnea, even at recommended dosages of LORTAB ELIXIR [see **WARNINGS; Life Threatening Respiratory Depression**].

Elderly, Cachectic, or Debilitated Patients: Life-threatening respiratory depression is more likely to occur in elderly, cachectic, or debilitated patients because they may have altered pharmacokinetics or altered clearance compared to younger, healthier patients [see **WARNINGS; Life Threatening Respiratory Depression**].

Follow such patients closely, particularly when initiating and titrating LORTAB ELIXIR and when LORTAB ELIXIR is given concomitantly with other drugs that depress respiration [see **WARNINGS; Life Threatening Respiratory Depression**]. Alternatively, consider the use of non-opioid analgesics in these patients.

Adrenal Insufficiency
Cases of adrenal insufficiency have been reported with opioid use, more often following greater than one month of use. Presentation of adrenal insufficiency may include non-specific symptoms and signs including nausea, vomiting, anorexia, fatigue, weakness, dizziness, and low blood pressure. If adrenal insufficiency is suspected, confirm the diagnosis with diagnostic testing as soon as possible. If adrenal insufficiency is diagnosed, treat with physiologic replacement doses of corticosteroids. Wean the patient off of the opioid to allow adrenal function to recover and continue corticosteroid treatment until adrenal function recovers. Other opioids may be tried as some cases reported use of a different opioid without recurrence of adrenal insufficiency. The information available does not identify any particular opioids as being more likely to be associated with adrenal insufficiency.

Severe Hypotension
LORTAB ELIXIR may cause severe hypotension including orthostatic hypotension and syncope in ambulatory patients. There is increased risk in patients whose ability to maintain blood pressure has already been compromised by a reduced blood volume or concurrent administration of certain CNS depressant drugs (e.g., phenothiazines or general anesthetics) [see **PRECAUTIONS; Drug Interactions**]. Follow these patients for signs of hypotension after initiating or titrating the dosage of LORTAB ELIXIR. In patients with circulatory shock LORTAB ELIXIR may cause vasodilatation that can further reduce cardiac output and blood pressure. Avoid the use of LORTAB ELIXIR with circulatory shock.

Hepatotoxicity
Acetaminophen has been associated with cases of acute liver failure, at times resulting in liver transplant and death. Most of the cases of liver injury are associated with the use of acetaminophen at doses that exceed 4,000 milligrams per day, and often involve more than one acetaminophen-containing product. The excessive intake of acetaminophen may be intentional to cause self-harm or unintentional as patients attempt to obtain more pain relief or unknowingly take other acetaminophen-containing products.

The risk of acute liver failure is higher in individuals with underlying liver disease and in individuals who ingest alcohol while taking acetaminophen.

Instruct patients to look for acetaminophen or APAP on package labels and not to use more than one product that contains acetaminophen. Instruct patients to seek medical attention immediately upon ingestion of more than 4,000 milligrams of acetaminophen per day, even if they feel well.

Serious Skin Reactions
Rarely, acetaminophen may cause serious skin reactions such as acute generalized exanthematous pustulosis (AGEP), Stevens-Johnson Syndrome (SJS), and toxic epidermal necrolysis (TEN), which can be fatal. Patients should be informed about the signs of serious skin reactions, and use of the drug should be discontinued at the first appearance of skin rash or any other sign of hypersensitivity.

Hypersensitivity/Anaphylaxis
There have been postmarketing reports of hypersensitivity and anaphylaxis associated with the use of acetaminophen. Clinical signs included swelling of the face, mouth, and throat, respiratory distress, urticaria, rash, pruritus, and vomiting. There were infrequent reports of life-threatening anaphylaxis requiring emergency medical attention. Instruct patients to discontinue LORTAB ELIXIR immediately and seek medical care if they experience these symptoms. Do not prescribe LORTAB ELIXIR for patients with acetaminophen allergy [see **PRECAUTIONS; Information for Patients/Caregivers**].

Risks of Use in Patients with Increased Intracranial Pressure, Brain Tumors, Head Injury, or Impaired Consciousness
In patients who may be susceptible to the intracranial effects of CO_2 retention (e.g., those with evidence of increased intracranial pressure or brain tumors), LORTAB ELIXIR may reduce respiratory drive, and the resultant CO_2 retention can further increase intracranial pressure. Follow such patients for signs of sedation and respiratory depression, particularly when initiating therapy with LORTAB ELIXIR.

Opioids may also obscure the clinical course in a patient with a head injury. Avoid the use of LORTAB ELIXIR in patients with impaired consciousness or coma.

Risks of Use in Patients with Gastrointestinal Conditions
LORTAB ELIXIR is contraindicated in patients with gastrointestinal obstruction, including paralytic ileus.

The administration of LORTAB ELIXIR or other opioids may obscure the diagnosis or clinical course in patients with acute abdominal conditions.

The hydrocodone in LORTAB ELIXIR may cause spasm of the sphincter of Oddi. Opioids may cause increases in serum amylase. Follow patients with biliary tract disease, including acute pancreatitis, for worsening symptoms.

Increased Risk of Seizures in Patients with Seizure Disorders
The hydrocodone in LORTAB ELIXIR may increase the frequency of seizures in patients with seizure disorders, and may increase the risk of seizures occurring in other clinical settings associated with seizures. Follow patients with a history of seizure disorders for worsened seizure control during LORTAB ELIXIR therapy.

Withdrawal
Avoid the use of mixed agonist/antagonist (e.g, pentazocine, nalbuphine, and butorphanol) or partial agonist (e.g., buprenorphine) analgesics in patients who are receiving a full opioid agonist analgesic, including LORTAB ELIXIR. In these patients, mixed agonist/antagonist and partial analgesics may reduce the analgesic effect and/or precipitate withdrawal symptoms.

When discontinuing LORTAB ELIXIR, gradually taper the dosage [see **DOSAGE AND ADMINISTRATION**]. Do not abruptly discontinue LORTAB ELIXIR in patients who have been using LORTAB ELIXIR around the clock for more than 5 days [see **DRUG ABUSE AND DEPENDENCE**].

PRECAUTIONS

Risks of Driving and Operating Machinery
LORTAB ELIXIR may impair the mental or physical abilities needed to perform potentially hazardous activities such as driving a car or operating machinery. Warn patients not to drive or operate dangerous machinery unless they are tolerant to the effects of LORTAB ELIXIR and know how they will react to the medication [see **PRECAUTIONS; Information for Patients/Caregivers**].

Information for Patients/Caregivers
Advise the patient to read the FDA-approved patient labeling (Medication Guide).

Medication Errors
Instruct patients how to measure and take the correct dose of LORTAB ELIXIR and to always use a calibrated measuring device when administering LORTAB ELIXIR to ensure the dose is measured and administered accurately [see **WARNINGS**].

If the prescribed concentration is changed, instruct patients on how to correctly measure the new dose to avoid errors which could result in accidental overdose and death.

Addiction, Abuse, and Misuse
Inform patients that the use of LORTAB ELIXIR, even when taken as recommended, can result in addiction, abuse, and misuse, which can lead to overdose and death [see **WARNINGS**]. Instruct patients not to share LORTAB ELIXIR with others and to take steps to protect LORTAB ELIXIR from theft or misuse.

Life-Threatening Respiratory Depression
Inform patients of the risk of life-threatening respiratory depression, including information that the risk is greatest when starting LORTAB ELIXIR or when the dosage is increased, and that it can occur even at recommended dosages [see **WARNINGS**]. Advise patients how to recognize respiratory depression and to seek medical attention if breathing difficulties develop.

Accidental Ingestion
Inform patients that accidental ingestion, especially by children, may result in respiratory depression or death [see **WARNINGS**]. Instruct patients to take steps to store securely and to dispose of unused LORTAB ELIXIR by flushing down the toilet.

Interactions with Benzodiazepines and Other CNS Depressants
Inform patients and caregivers that potentially fatal additive effects may occur if LORTAB ELIXIR is used with benzodiazepines and other CNS depressants, including alcohol, and not to use these concomitantly unless supervised by a healthcare provider [see **WARNINGS, PRECAUTIONS; Drug Interactions**].

Serotonin Syndrome
Inform patients that LORTAB ELIXIR could cause a rare but potentially life-threatening condition resulting from concomitant administration of serotonergic drugs. Warn patients of the symptoms of serotonin syndrome and to seek medical attention right away if symptoms develop. Instruct patients to inform their healthcare providers if they are taking, or plan to take serotonergic medications [see **PRECAUTIONS; Drug Interactions**].

Monoamine Oxidase Inhibitor (MAOI) Interaction
Inform patients to avoid taking LORTAB ELIXIR while using any drugs that inhibit monoamine oxidase. Patients should not start MAOIs while taking LORTAB ELIXIR [see **PRECAUTIONS; Drug Interactions**].

Adrenal Insufficiency
Inform patients that LORTAB ELIXIR could cause adrenal insufficiency, a potentially life-threatening condition. Adrenal insufficiency may present with non-specific symptoms and signs such as nausea, vomiting, anorexia, fatigue, weakness, dizziness, and low blood pressure. Advise patients to seek medical attention if they experience a constellation of these symptoms [see **WARNINGS**].

Important Administration Instructions
Instruct patients how to properly measure and take LORTAB ELIXIR [see **DOSAGE AND ADMINISTRATION, WARNINGS**].
- Advise patients to always use the enclosed calibrated oral syringe/dosing cup when administering LORTAB ELIXIR to ensure the dose is measured and administered accurately [see **WARNINGS**].
- Advise patients never to use household teaspoons or tablespoons to measure LORTAB ELIXIR.
- Advise patients not to adjust the dose of LORTAB ELIXIR without consulting with a physician or other healthcare professional.
- If patients have been receiving treatment with LORTAB ELIXIR for more than a few weeks and cessation of therapy is indicated, counsel them on the importance of safely tapering the dose as abrupt discontinuation of the medication could precipitate withdrawal symptoms. Provide a dose schedule to accomplish a gradual discontinuation of the medication [see **DOSAGE AND ADMINISTRATION**].

Maximum Daily Dose of Acetaminophen
Inform patients to not take more than 4000 milligrams of acetaminophen per day. Advise patients to call their prescriber if they take more than the recommended dose.

Hypotension
Inform patients that LORTAB ELIXIR may cause orthostatic hypotension and syncope. Instruct patients how to recognize symptoms of low blood pressure and how to reduce the risk of serious consequences should hypotension occur (e.g., sit or lie down, carefully rise from a sitting or lying position) [see **WARNINGS**].

Anaphylaxis
Inform patients that anaphylaxis has been reported with ingredients contained in LORTAB ELIXIR. Advise patients how to recognize such a reaction and when to seek medical attention [see **CONTRAINDICATIONS, ADVERSE REACTIONS**].

Pregnancy
Neonatal Opioid Withdrawal Syndrome
Inform female patients of reproductive potential that prolonged use of LORTAB ELIXIR during pregnancy can result in neonatal opioid withdrawal syndrome, which may be life-threatening if not recognized and treated [see **WARNINGS, PRECAUTIONS; Pregnancy**].

Embryo-Fetal Toxicity
Inform female patients of reproductive potential that LORTAB ELIXIR can cause fetal harm and to inform their healthcare provider of a known or suspected pregnancy [see **PRECAUTIONS; Pregnancy**].

Lactation
Advise nursing mothers to monitor infants for increased sleepiness (more than usual), breathing difficulties, or limpness. Instruct nursing mothers to seek immediate medical care if they notice these signs [see **PRECAUTIONS; Nursing Mothers**].

Infertility
Inform patients that chronic use of opioids may cause reduced fertility. It is not known whether these effects on fertility are reversible [see **ADVERSE REACTIONS**].

Driving or Operating Heavy Machinery
Inform patients that LORTAB ELIXIR may impair the ability to perform potentially hazardous activities such as driving a car or operating heavy machinery. Advise patients not to perform such tasks until they know how they will react to the medication [see **WARNINGS**].

Constipation
Advise patients of the potential for severe constipation, including management instructions and when to seek medical attention [see **ADVERSE REACTIONS, CLINICAL PHARMACOLOGY**].

Disposal of Unused LORTAB ELIXIR
Advise patients to dispose of unused LORTAB ELIXIR by flushing unused LORTAB ELIXIR down the toilet.

Laboratory Tests
In patients with severe hepatic or renal disease, effects of therapy should be followed with serial liver and/or renal function tests.

Drug Interactions
Inhibitors of CYP3A4 and CYP2D6
The concomitant use of LORTAB ELIXIR and CYP3A4 inhibitors, such as macrolide antibiotics (e.g., erythromycin), azole-antifungal agents (e.g. ketoconazole), and protease inhibitors (e.g., ritonavir), can increase the plasma concentration of hydrocodone from LORTAB ELIXIR, resulting in increased or prolonged opioid effects. These effects could be more pronounced with concomitant use of LORTAB ELIXIR and both CYP3A4 and CYP2D6 inhibitors, particularly when an inhibitor is added after a stable dose of LORTAB ELIXIR is achieved [see **WARNINGS**].

After stopping a CYP3A4 inhibitor, as the effects of the inhibitor decline, hydrocodone plasma concentration will decrease [see **CLINICAL PHARMACOLOGY**], resulting in decreased opioid efficacy or a withdrawal syndrome in patients who had developed physical dependence to LORTAB ELIXIR.

If concomitant use is necessary, consider dosage reduction of LORTAB ELIXIR until stable drug effects are achieved. Follow patients for respiratory depression and sedation at frequent intervals. If a CYP3A4 inhibitor is discontinued, consider increasing the LORTAB ELIXIR dosage until stable drug effects are achieved. Follow patients for signs or symptoms of opioid withdrawal.

Inducers of CYP3A4
The concomitant use of LORTAB ELIXIR and CYP3A4 inducers, such as rifampin, carbamazepine, and phenytoin, can decrease the plasma concentration of hydrocodone [see **CLINICAL PHARMACOLOGY**], resulting in decreased efficacy or onset of a withdrawal syndrome in patients who have developed physical dependence to [see **WARNINGS**].

After stopping a CYP3A4 inducer, as the effects of the inducer decline, the hydrocodone plasma concentration will increase [see **CLINICAL PHARMACOLOGY**], which could increase or prolong both the therapeutic effects and adverse reactions, and may cause serious respiratory depression.

If concomitant use is necessary, consider increasing the LORTAB ELIXIR dosage until stable drug effects are achieved [see **DOSAGE AND ADMINISTRATION**]. Follow for signs of opioid withdrawal. If a CYP3A4 inducer is discontinued, consider LORTAB ELIXIR dosage reduction and monitor for signs of respiratory depression.

Benzodiazepines and Other CNS Depressants
Due to additive pharmacologic effect, the concomitant use of benzodiazepines and other CNS depressants such as benzodiazepines and other sedative hypnotics, anxiolytics, and tranquilizers, muscle relaxants, general anesthetics, antipsychotics, and other opioids, including alcohol, can increase the risk of hypotension, respiratory depression, profound sedation, coma, and death.

Reserve concomitant prescribing of these drugs for use in patients for whom alternative treatment options are inadequate. Limit dosages and durations to the minimum required. Follow patients closely for signs of respiratory depression and sedation [see **WARNINGS**].

Serotonergic Drugs
The concomitant use of opioids with other drugs that affect the serotonergic neurotransmitter system, such as selective serotonin reuptake inhibitors (SSRIs), serotonin and norepinephrine reuptake inhibitors (SNRIs), tricyclic antidepressants (TCAs), triptans, 5-HT3 receptor antagonists, drugs that affect the serotonin neurotransmitter system (e.g., mirtazapine, trazodone, tramadol), and monoamine oxidase (MAO) inhibitors (those intended to treat psychiatric disorders and also others, such as linezolid and intravenous methylene blue), has resulted in serotonin syndrome [see **PRECAUTIONS; Information for Patients/Caregivers**].

If concomitant use is warranted, carefully observe the patient, particularly during treatment initiation and dose adjustment. Discontinue LORTAB ELIXIR if serotonin syndrome is suspected.

Monoamine Oxidase Inhibitors (MAOIs)
The concomitant use of opioids and MAOIs, such as phenelzine, tranylcypromine, or linezolid, may manifest as serotonin syndrome, or opioid toxicity (e.g., respiratory depression, coma) [see **WARNINGS**].

The use of LORTAB ELIXIR is not recommended for patients taking MAOIs or within 14 days of stopping such treatment.

If urgent use of an opioid is necessary, use test doses and frequent titration of small doses to treat pain while closely monitoring blood pressure and signs and symptoms of CNS and respiratory depression.

Mixed Agonist/Antagonist and Partial Agonist Opioid Analgesics
The concomitant use of opioids with other opioid analgesics, such as butorphanol, nalbuphine, pentazocine, may reduce the analgesic effect of LORTAB ELIXIR and/or precipitate withdrawal symptoms.

Advise patient to avoid concomitant use of these drugs.

Muscle Relaxants
LORTAB ELIXIR may enhance the neuromuscular blocking action of skeletal muscle relaxants and produce an increased degree of respiratory depression.

If concomitant use is warranted, follow patients for signs of respiratory depression that may be greater than otherwise expected and decrease the dosage of LORTAB ELIXIR and/or the muscle relaxant as necessary.

Diuretics
Opioids can reduce the efficacy of diuretics by inducing the release of antidiuretic hormone.

If concomitant use is warranted, monitor patients for signs of diminished diuresis and/or effects on blood pressure and increase the dosage of the diuretic as needed.

Anticholinergic Drugs
The concomitant use of anticholinergic drugs may increase risk of urinary retention and/or severe constipation, which may lead to paralytic ileus.

If concomitant use is warranted, follow patients for signs of urinary retention or reduced gastric motility when LORTAB ELIXIR is used concomitantly with anticholinergic drugs.

Drug/Laboratory Test Interactions
Acetaminophen may produce false-positive test results for urinary 5-hydroxyindoleacetic acid.

Carcinogenesis, Mutagenesis, Impairment of Fertility
Carcinogenesis
Long-term studies to evaluate the carcinogenic potential of the combination of LORTAB ELIXIR have not been conducted.

Long-term studies in mice and rats have been completed by the National Toxicology Program to evaluate the carcinogenic potential of acetaminophen. In 2-year feeding studies, F344/N rats and B6C3F1 mice were fed a diet containing acetaminophen up to 6000 ppm. Female rats demonstrated equivocal evidence of carcinogenic activity based on increased incidences of mononuclear cell leukemia at 0.8 times the maximum human daily dose (MHDD) of 4 grams/day, based on a body surface area comparison. In contrast, there was no evidence of carcinogenic activity in male rats that received up to 0.7 times or mice at up to 1.2-1.4 times the MHDD, based on a body surface area comparison.

Mutagenesis
In the published literature, acetaminophen has been reported to be clastogenic when administered at 1500 mg/kg/day to the rat model (3.6-times the MHDD, based on a body surface area comparison). In contrast, no clastogenicity was noted at a dose of 750 mg/kg/day (1.8-times the MHDD, based on a body surface area comparison), suggesting a threshold effect.

Impairment of Fertility
In studies conducted by the National Toxicology Program, fertility assessments with acetaminophen have been completed in Swiss CD-1 mice via a continuous breeding study. There were no effects on fertility parameters in mice consuming up to 1.7 times the MHDD of acetaminophen, based on a body surface area comparison. Although there was no effect on sperm motility or sperm density in the epididymis, there was a significant increase in the percentage of abnormal sperm in mice consuming 1.78 times the MHDD (based on a body surface comparison) and there was a reduction in the number of mating pairs producing a fifth litter at this dose, suggesting the potential for cumulative toxicity with chronic administration of acetaminophen near the upper limit of daily dosing.

Published studies in rodents report that oral acetaminophen treatment of male animals at doses that are 1.2 times the MHDD and greater (based on a body surface comparison) result in decreased testicular weights, reduced spermatogenesis, reduced fertility, and reduced implantation sites in females given the same doses. These effects appear to increase with the duration of treatment. The clinical significance of these findings is not known.

Infertility
Chronic use of opioids may cause reduced fertility in females and males of reproductive potential. It is not known whether these effects on fertility are reversible [see **ADVERSE REACTIONS**].

Pregnancy
Teratogenic Effects
Pregnancy Category C
There are no adequate and well-controlled studies in pregnant women. LORTAB ELIXIR should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nonteratogenic Effects
Fetal/Neonatal Adverse Reactions
Prolonged use of opioid analgesics during pregnancy for medical or nonmedical purposes can result in physical dependence in the neonate and neonatal opioid withdrawal syndrome shortly after birth.

Neonatal opioid withdrawal syndrome presents as irritability, hyperactivity and abnormal sleep pattern, high pitched cry, tremor, vomiting, diarrhea and failure to gain weight. The onset, duration, and severity of neonatal opioid withdrawal syndrome vary based on the specific opioid used, duration of use, timing and amount of last maternal use, and rate of elimination of the drug by the newborn. Observe newborns for symptoms of neonatal opioid withdrawal syndrome and manage accordingly [see **WARNINGS**].

Labor or Delivery
Opioids cross the placenta and may produce respiratory depression and psycho-physiologic effects in neonates. An opioid antagonist, such as naloxone, must be available for reversal of opioid-induced respiratory depression in the neonate. LORTAB ELIXIR is not recommended for use in pregnant women during or immediately prior to labor, when other analgesic techniques are more appropriate. Opioid analgesics, including LORTAB ELIXIR, can prolong labor through actions which temporarily reduce the strength, duration, and frequency of uterine contractions. However, this effect is not consistent and may be offset by an increased rate of cervical dilation, which tends to shorten labor. Monitor neonates exposed to opioid analgesics during labor for signs of excess sedation and respiratory depression.

Nursing Mothers
Hydrocodone is present in human milk.

The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for LORTAB ELIXIR and any potential adverse effects on the breastfed infant from LORTAB ELIXIR or from the underlying maternal condition.

Infants exposed to LORTAB ELIXIR through breast milk should be monitored for excess sedation and respiratory depression. Withdrawal symptoms can occur in breastfed infants when maternal administration of an opioid analgesic is stopped, or when breast-feeding is stopped.

LORTAB® ELIXIR CII
Hydrocodone Bitartrate and Acetaminophen Oral Solution
10 mg/300 mg per 15 mL
℞ only
Code 1058000
Rev. 03/17
FPO

Pediatric Use
The safety and effectiveness of LORTAB ELIXIR in the pediatric population below the age of two years have not been established. Use of LORTAB ELIXIR in the pediatric patients over the age of 2 years is supported by evidence from adequate and well controlled studies of hydrocodone and acetaminophen combination products in adults, along with additional data which support the development of metabolic pathways in children two years of age and over [see **DOSAGE AND ADMINISTRATION**] for pediatric dosage information.

Geriatric Use
Elderly patients (aged 65 years or older) may have increased sensitivity to LORTAB ELIXIR. In general, use caution when selecting a dosage for an elderly patient, usually starting at the low end of the dosing range, reflecting the greater frequency of decreased hepatic, renal, or cardiac function and of concomitant disease or other drug therapy.

Respiratory depression is the chief risk for elderly patients treated with opioids, and has occurred after large initial doses were administered to patients who were not opioid-tolerant or when opioids were co-administered with other agents that depress respiration. Titrate the dosage of LORTAB ELIXIR slowly in geriatric patients and follow closely for signs of central nervous system and respiratory depression [see **WARNINGS**].

Hydrocodone and acetaminophen are known to be substantially excreted by the kidney, and the risk of adverse reactions to this drug may be greater in patients with impaired renal function. Because elderly patients are more likely to have decreased renal function, care should be taken in dose selection, and it may be useful to follow renal function.

Hepatic Impairment
Patients with hepatic impairment may have higher plasma hydrocodone concentrations than those with normal function. Use a low initial dose of LORTAB ELIXIR in patients with hepatic impairment and follow closely for adverse events such as respiratory depression and sedation.

Renal Impairment
Patients with renal impairment may have higher plasma hydrocodone concentrations than those with normal function. Use a low initial dose LORTAB ELIXIR in patients with renal impairment and follow closely for adverse events such as respiratory depression and sedation.

ADVERSE REACTIONS
The following adverse reactions have been identified during post approval use of LORTAB ELIXIR. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

The most frequently reported adverse reactions are light-headedness, dizziness, sedation, nausea and vomiting. Other adverse reactions include:

Cardio-Renal: Bradycardia, cardiac arrest, circulatory collapse, renal toxicity, renal tubular necrosis, hypotension.

Central Nervous System/Psychiatric: Anxiety, dizziness, drowsiness, dysphoria, euphoria, fear, general malaise, impairment of mental and physical performance, lethargy, lightheadedness, mental clouding, mood changes, psychological dependence, sedation, somnolence progressing to stupor or coma.

Endocrine: Hypoglycemic coma.

Gastrointestinal System: Abdominal pain, constipation, gastric distress, heartburn, hepatic necrosis, hepatitis, occult blood loss, nausea, peptic ulcer, and vomiting.

Genitourinary System: Spasm of vesical sphincters, ureteral spasm, and urinary retention.

Hematologic: Agranulocytosis, hemolytic anemia, iron deficiency anemia, prolonged bleeding time, thrombocytopenia.

Hypersensitivity: Allergic reactions.

Musculoskeletal: Skeletal muscle flaccidity.

Respiratory Depression: Acute airway obstruction, apnea, dose-related respiratory depression [see **OVERDOSAGE**], shortness of breath.

Special Senses: Cases of hearing impairment or permanent loss have been reported predominantly in patients with chronic overdose.

Skin: Cold and clammy skin, diaphoresis, pruritus, rash.

- Serotonin syndrome: Cases of serotonin syndrome, a potentially life-threatening condition, have been reported during concomitant use of opioids with serotonergic drugs.
- Adrenal insufficiency: Cases of adrenal insufficiency have been reported with opioid use, more often following greater than one month of use.
- Anaphylaxis: Anaphylaxis has been reported with ingredients contained in LORTAB ELIXIR
- Androgen deficiency: Cases of androgen deficiency have occurred with chronic use of opioids [see **CLINICAL PHARMACOLOGY**].

DRUG ABUSE AND DEPENDENCE

Controlled Substance
LORTAB ELIXIR contains hydrocodone, a Schedule II controlled substance.

Abuse
LORTAB ELIXIR contains hydrocodone, a substance with a high potential for abuse similar to other opioids including fentanyl, hydromorphone, methadone, morphine, oxycodone, oxymorphone, and tapentadol, can be abused and is subject to misuse, addiction, and criminal diversion [see **WARNINGS**].

All patients treated with opioids require careful monitoring for signs of abuse and addiction, because use of opioid analgesic products carries the risk of addiction even under appropriate medical use.

Prescription drug abuse is the intentional non-therapeutic use of a prescription drug, even once, for its rewarding psychological or physiological effects.

Drug addiction is a cluster of behavioral, cognitive, and physiological phenomena that develop after repeated substance use and includes: a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal.

"Drug-seeking" behavior is very common in persons with substance use disorders. Drug-seeking tactics include emergency calls or visits near the end of office hours, refusal to undergo appropriate examination, testing, or referral, repeated "loss" of prescriptions, tampering with prescriptions, and reluctance to provide prior medical records or contact information for other treating health care provider(s). "Doctor shopping" (visiting multiple prescribers to obtain additional prescriptions) is common among drug abusers and people suffering from untreated addiction. Preoccupation with achieving adequate pain relief can be appropriate behavior in a patient with poor pain control.

Abuse and addiction are separate and distinct from physical dependence and tolerance. Health care providers should be aware that addiction may not be accompanied by concurrent tolerance and symptoms of physical dependence in all addicts. In addition, abuse of opioids can occur in the absence of true addiction.

LORTAB ELIXIR, like other opioids, can be diverted for non-medical use into illicit channels of distribution. Careful record-keeping of prescribing information, including quantity, frequency, and renewal requests, as required by state and federal law, is strongly advised.

Proper assessment of the patient, proper prescribing practices, periodic re-evaluation of therapy, and proper dispensing and storage are appropriate measures that help to limit abuse of opioid drugs.

Risks Specific to Abuse of LORTAB ELIXIR
LORTAB ELIXIR is for oral use only. Abuse of LORTAB ELIXIR poses a risk of overdose and death. The risk is increased with concurrent abuse of LORTAB ELIXIR with alcohol and other central nervous system depressants.

Acetaminophen has been associated with cases of acute liver failure, at times resulting in liver transplant and death.

Parenteral drug abuse is commonly associated with transmission of infectious diseases such as hepatitis and HIV.

Dependence
Both tolerance and physical dependence can develop during chronic opioid therapy. Tolerance is the need for increasing doses of opioids to maintain a defined effect such as analgesia (in the absence of disease progression or other external factors). Tolerance may occur to both the desired and undesired effects of drugs, and may develop at different rates for different effects.

Physical dependence results in withdrawal symptoms after abrupt discontinuation or a significant dosage reduction of a drug. Withdrawal also may be precipitated through the administration of drugs with opioid antagonist activity (e.g., naloxone, nalmefene), mixed agonist/antagonist analgesics (e.g., pentazocine, butorphanol, nalbuphine), or partial agonists (e.g., buprenorphine). Physical dependence may not occur to a clinically significant degree until after several days to weeks of continued opioid usage.

LORTAB ELIXIR should not be abruptly discontinued in a physically-dependent patient [see **DOSAGE AND ADMINISTRATION**]. If LORTAB ELIXIR is abruptly discontinued in a physically-dependent patient, a withdrawal syndrome may occur. Some or all of the following can characterize this syndrome: restlessness, lacrimation, rhinorrhea, yawning, perspiration, chills, myalgia, and mydriasis. Other signs and symptoms also may develop, including irritability, anxiety, backache, joint pain, weakness, abdominal cramps, insomnia, nausea, anorexia, vomiting, diarrhea, or increased blood pressure, respiratory rate, or heart rate.

Infants born to mothers physically dependent on opioids will also be physically dependent and may exhibit respiratory difficulties and withdrawal signs [see **PRECAUTIONS; Pregnancy**].

OVERDOSAGE
Following an acute overdosage, toxicity may result from hydrocodone or acetaminophen.

Clinical Presentation
Acute overdosage with LORTAB ELIXIR can be manifested by respiratory depression, somnolence progressing to stupor or coma, skeletal muscle flaccidity, cold and clammy skin, constricted pupils, and, in some cases, pulmonary edema, bradycardia, hypotension, partial or complete airway obstruction, atypical snoring, and death. Marked mydriasis rather than miosis may be seen with hypoxia in overdose situations.

Acetaminophen
Dose-dependent, potentially fatal hepatic necrosis is the most serious adverse effect of acetaminophen overdosage. Renal tubular necrosis, hypoglycemic coma and coagulation defects may also occur. Early symptoms following a potentially hepatotoxic overdose may include: nausea, vomiting, diaphoresis and general malaise. Clinical and laboratory evidence of hepatic toxicity may not be apparent until 48 to 72 hours post-ingestion.

Treatment of Overdose
Hydrocodone
In case of overdose, priorities are the reestablishment of a patent and protected airway and institution of assisted or controlled ventilation, if needed. Employ other supportive measures (including oxygen and vasopressors) in the management of circulatory shock and pulmonary edema as indicated. Cardiac arrest or arrhythmias will require advanced life-support techniques.

The opioid antagonists, naloxone or nalmefene, are specific antidotes to respiratory depression resulting from opioid overdose. For clinically significant respiratory or circulatory depression secondary to LORTAB ELIXIR overdose, administer an opioid antagonist. Opioid antagonists should not be administered in the absence of clinically significant respiratory or circulatory depression secondary to LORTAB ELIXIR overdose.

Because the duration of opioid reversal is expected to be less than the duration of action of hydrocodone in LORTAB ELIXIR carefully monitor the patient until spontaneous respiration is reliably reestablished. If the response to an opioid antagonist is suboptimal or only brief in nature, administer additional antagonist as directed by the product's prescribing information.

In an individual physically dependent on opioids, administration of the recommended usual dosage of the antagonist will precipitate an acute withdrawal syndrome. The severity of the withdrawal symptoms experienced will depend on the degree of physical dependence and the dose of the antagonist administered. If a decision is made to treat serious respiratory depression in the physically dependent patient, administration of the antagonist should be initiated with care and by titration with smaller than usual doses of the antagonist.

Acetaminophen
Gastric decontamination with activated charcoal should be administered just prior to N-acetylcysteine (NAC) to decrease absorption if acetaminophen is known or suspected to have occurred within a few hours of presentation. Serum acetaminophen levels should be obtained immediately if the patient presents 4 hours or more after ingestion to assess potential risk of hepatotoxicity; acetaminophen levels drawn less than 4 hours post-ingestion may be misleading. To obtain best possible outcome, NAC should be administered as soon as possible where impending or evolving liver injury is suspected. Intravenous NAC may be administered when circumstances preclude oral administration.

Vigorous supportive therapy is required in severe intoxication. Procedures to limit the continuing absorption of the drug must be readily performed since the hepatic injury is dose-dependent and occurs in the course of intoxication.

DOSAGE AND ADMINISTRATION

Important Dosage and Administration Instructions
Ensure accuracy when prescribing, dispensing, and administering LORTAB ELIXIR to avoid dosing errors due to confusion between mg and mL, and with other hydrocodone bitartrate and acetaminophen oral solutions of different concentrations, which could result in accidental overdose and death. Ensure the proper dose is communicated and dispensed. When writing prescriptions, include both the total dose in mg and the total dose in volume.

Always use a calibrated measuring devise when administering LORTAB ELIXIR to ensure the dose is measured and administered accurately. Health care providers should recommend a dropper that can measure and deliver the prescribed dose accurately, and instruct caregivers to use extreme caution in measuring the dosage.

Use the lowest effective dosage for the shortest duration consistent with individual patient treatment goals [see **WARNINGS**].

Initiate the dosing regimen for each patient individually; taking into account the patient's severity of pain, patient response, prior analgesic treatment experience, and risk factors for addiction, abuse, and misuse [see **WARNINGS**].

Follow patients closely for respiratory depression, especially within the first 24-72 hours of initiating therapy and following dosage increases with LORTAB ELIXIR and adjust the dosage accordingly [see **WARNINGS**].

Initial Dosage
Initiating Treatment with LORTAB ELIXIR
The usual adult dosage is 11.25 milliliters every 4 to 6 hours as needed for pain. The total daily dosage for adults should not exceed 67.5 milliliters.

The usual dosages for children are given by the table below and is to be given every 4 to 6 hours as needed for pain. The total daily dosage for children should not exceed 6 doses per day. These dosages correspond to an average individual dose of 0.20 mL/kg of LORTAB ELIXIR (providing 0.135 mg/kg of hydrocodone bitartrate and 4.0 mg/kg of acetaminophen). Dosing should be based on weight whenever possible.

It is of utmost importance that the dose of LORTAB ELIXIR be administered accurately. A household teaspoon or tablespoon is not an adequate measuring device, especially when one-half or three-fourths of a teaspoonful is to be measured. Given the variability of the household spoon measure it is strongly recommended that caregivers obtain and use a calibrated measuring device. Health care providers should recommend a dropper that can measure and deliver the prescribed dose accurately, and instruct caregivers to use extreme caution in measuring the dosage.

BODY WEIGHT	APPROXIMATE AGE	DOSE every 4 to 6 hours	MAXIMUM TOTAL DAILY DOSE (6 doses per day)
12 to 15 kg 27 to 34 lbs.	2 to 3 years	2.8 mL	16.8 mL
16 to 22 kg 35 to 50 lbs.	4 to 6 years	3.75 mL	22.5 mL
23 to 31 kg 51 to 69 lbs.	7 to 9 years	5.6 mL	33.6 mL
32 to 45 kg 70 to 100 lbs.	10 to 13 years	7.5 mL	45 mL
46 kg and up 101 lbs. and up	14 years to adult	11.25 mL	67.5 mL

Conversion from Other Opioids to LORTAB ELIXIR
There is inter-patient variability in the potency of opioid drugs and opioid formulations. Therefore, a conservative approach is advised when determining the total daily dosage of LORTAB ELIXIR. It is safer to underestimate a patient's 24-hour LORTAB ELIXIR dosage than to overestimate the 24-hour LORTAB ELIXIR dosage and manage an adverse reaction due to overdose.

Conversion from LORTAB ELIXIR to Extended-Release Hydrocodone
The relative bioavailability of LORTAB ELIXIR compared to extended-release hydrocodone is unknown, so conversion to extended-release tablets must be accompanied by close observation for signs of excessive sedation and respiratory depression.

Titration and Maintenance of Therapy
Individually titrate LORTAB ELIXIR to a dose that provides adequate analgesia and minimizes adverse reactions. Continually reevaluate patients receiving LORTAB ELIXIR to assess the maintenance of pain control and the relative incidence of adverse reactions, as well as monitoring for the development of addiction, abuse, or misuse [see **WARNINGS**]. Frequent communication is important among the prescriber, other members of the healthcare team, the patient, and the caregiver/family during periods of changing analgesic requirements, including initial titration.

If the level of pain increases after dosage stabilization, attempt to identify the source of increased pain before increasing the LORTAB ELIXIR dosage. If unacceptable opioid-related adverse reactions are observed, consider reducing the dosage. Adjust the dosage to obtain an appropriate balance between management of pain and opioid-related adverse reactions.

Discontinuation of LORTAB ELIXIR
When a patient who has been taking LORTAB ELIXIR regularly and may be physically dependent no longer requires therapy with LORTAB ELIXIR, taper the dose gradually, by 25% to 50% every 2 to 4 days, while monitoring carefully for signs and symptoms of withdrawal. If the patient develops these signs or symptoms, raise the dose to the previous level and taper more slowly, either by increasing the interval between decreases, decreasing the amount of change in dose, or both. Do not abruptly discontinue LORTAB ELIXIR in a physically-dependent patient [see **WARNINGS, DRUG ABUSE AND DEPENDENCE**].

HOW SUPPLIED
LORTAB ELIXIR (hydrocodone bitartrate and acetaminophen oral solution) is a red-colored, tropical fruit punch flavored liquid containing hydrocodone bitartrate 10 mg and acetaminophen 300 mg per 15 mL with 7% alcohol. It is supplied in containers of 16 fl. oz. (NDC 17478-450-16).

Store at 20° to 25°C (68° to 77°F) [see USP Controlled Room Temperature].

Dispense in a tight, light-resistant container with a child-resistant closure.

Manufactured for
Akorn, Inc.
Lake Forest, IL 60045

Manufactured by
Mikart, Inc.
Atlanta, GA 30318

MEDICATION GUIDE
LORTAB (lor" tab) **ELIXIR**
(Hydrocodone Bitartrate and Acetaminophen Oral Solution), CII

LORTAB ELIXIR is:
- A strong prescription pain medicine that contains an opioid (narcotic) that is used to manage pain severe enough to require an opioid pain medicine and for which alternative treatments are inadequate and when other pain treatments such as non-opioid pain medicines do not treat your pain well enough or you cannot tolerate them.
- An opioid pain medicine that can put you at risk for overdose and death. Even if you take your dose correctly as prescribed you are at risk for opioid addiction, abuse, and misuse that can lead to death.

Important information about LORTAB ELIXIR:
- **Get emergency help right away if you take too much LORTAB ELIXIR (overdose).** When you first start taking LORTAB ELIXIR, when your dose is changed, or if you take too much (overdose), serious or life-threatening breathing problems that can lead to death may occur.
- Taking LORTAB ELIXIR with other opioid medicines, benzodiazepines, alcohol, or other central nervous system depressants (including street drugs) can cause severe drowsiness, decreased awareness, breathing problems, coma, and death.
- Never give anyone else your LORTAB ELIXIR. They could die from taking it. Store LORTAB ELIXIR away from children and in a safe place to prevent stealing or abuse. Selling or giving away LORTAB ELIXIR is against the law.

Do not take LORTAB ELIXIR if you have:
- severe asthma, trouble breathing, or other lung problems.
- a bowel blockage or have narrowing of the stomach or intestines.
- known hypersensitivity to hydrocodone or acetaminophen, or any ingredient in LORTAB ELIXIR.

Before taking LORTAB ELIXIR, tell your healthcare provider if you have a history of:
- head injury, seizures
- liver, kidney, thyroid problems
- problems urinating
- pancreas or gallbladder problems
- abuse of street or prescription drugs, alcohol addiction, or mental health problems.

Tell your healthcare provider if you are:
- **pregnant or planning to become pregnant.** Prolonged use of LORTAB ELIXIR during pregnancy can cause withdrawal symptoms in your newborn baby that could be life-threatening if not recognized and treated.
- **breastfeeding.** LORTAB ELIXIR passes into breast milk and may harm your baby.
- taking prescription or over-the-counter medicines, vitamins, or herbal supplements. Taking LORTAB ELIXIR with certain other medicines can cause serious side effects that could lead to death.

When taking LORTAB ELIXIR:
- Do not change your dose. Take LORTAB ELIXIR exactly as prescribed by your healthcare provider. Use the lowest dose possible for the shortest time needed.
- Always use a calibrated measuring device for LORTAB ELIXIR to correctly measure your dose. A household teaspoon or tablespoon is not an adequate measuring device. Given the inexactitude of the household spoon measure and the possibility of using a tablespoon instead of a teaspoon, which could lead to overdosage, it is strongly recommended that caregivers obtain and use a calibrated measuring device.

BODY WEIGHT	APPROXIMATE AGE	DOSE every 4 to 6 hours	MAXIMUM TOTAL DAILY DOSE (6 doses per day)
12 to 15 kg 27 to 34 lbs.	2 to 3 years	2.8 mL	16.8 mL
16 to 22 kg 35 to 50 lbs.	4 to 6 years	3.75 mL	22.5 mL
23 to 31 kg 51 to 69 lbs.	7 to 9 years	5.6 mL	33.6 mL
32 to 45 kg 70 to 100 lbs.	10 to 13 years	7.5 mL	45 mL
46 kg and up 101 lbs. and up	14 years to adult	11.25 mL	67.5 mL

- Take your prescribed dose. The usual adult dosage is 11.25 milliliters every four to six hours as needed for pain. The total daily dosage should not exceed 67.5 milliliters. Do not take more than your prescribed dose. If you miss a dose, take your next dose at your usual time.
- Call your healthcare provider if the dose you are taking does not control your pain.
- If you have been taking LORTAB ELIXIR regularly, do not stop taking LORTAB ELIXIR without talking to your healthcare provider.
- After you stop taking LORTAB ELIXIR, the unused solution should be disposed of by flushing down the toilet.

While taking LORTAB ELIXIR DO NOT:
- Drive or operate heavy machinery, until you know how LORTAB ELIXIR affects you. LORTAB ELIXIR can make you sleepy, dizzy, or lightheaded.
- Drink alcohol or use prescription or over-the-counter medicines that contain alcohol. Using products containing alcohol during treatment with LORTAB ELIXIR may cause you to overdose and die.

The possible side effects of LORTAB ELIXIR:
- constipation, nausea, sleepiness, vomiting, tiredness, headache, dizziness, abdominal pain. Call your healthcare provider if you have any of these symptoms and they are severe.

Get emergency medical help if you have:
- trouble breathing, shortness of breath, fast heartbeat, chest pain, swelling of your face, tongue, or throat, extreme drowsiness, light-headedness when changing positions, feeling faint, agitation, high body temperature, trouble walking, stiff muscles, or mental changes such as confusion.

These are not all the possible side effects of LORTAB ELIXIR. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088. **For more information go to dailymed.nlm.nih.gov**

Manufactured for: Akorn, Inc., Lake Forest, IL 60045

This Medication Guide has been approved by the U.S. Food and Drug Administration.

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