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| **Endo®** | | |
| ENDO LABORATORIES | | |
| **PERCOCET®** | **[TRADENAME]** | |
| (Oxycodone and Acetaminophen Tablets, USP) | (Oxycodone and Acetaminophen Tablets, USP) 15 mg/325 mg | |
| | **[TRADENAME]** | |
| | (Oxycodone and Acetaminophen Tablets, USP) 20 mg/325 mg | |
| **CII** | **CII** | |
| **$R_x$ only** | **$R_x$ only** | |
| **DESCRIPTION** | **DESCRIPTION** | |
| Each tablet, for oral administration, contains oxycodone hydrochloride and acetaminophen in the following strengths: | Each tablet, for oral administration, contains oxycodone hydrochloride and acetaminophen in the following strengths: | |
| Oxycodone Hydrochloride 7.5 mg* | Oxycodone Hydrochloride 15 mg* | Change Oxycodone Hydrochloride strength |
| Acetaminophen, USP 325 mg | Acetaminophen, USP 325 mg | |
| *7.5 mg oxycodone HCl is equivalent to 6.7228 mg of oxycodone. | *15 mg oxycodone HCl is equivalent to 13.4456 mg of oxycodone. | Change equivalent to 13.4456 g of oxycodon |
| Oxycodone Hydrochloride 10 mg* | Oxycodone Hydrochloride 20 mg* | Change Oxycodone Hydrochloride strength |
| Acetaminophen, USP 325 mg | Acetaminophen, USP 325 mg | |
| *10 mg oxycodone HCl is equivalent to 8.9637 mg of oxycodone. | *20 mg oxycodone HCl is equivalent to 17.9274 mg of oxycodone. | Change equivalent *to* 17.9274 mg of oxycodone |
| Both strengths of PERCOCET also contain the following inactive ingredients: Colloidal silicon dioxide, croscarmellose sodium, crospovidone, microcrystalline cellulose, povidone, pregelatinized starch, and stearic acid. In addition, the 7.5 mg/325 mg strength contains FD&C Yellow No. 6 Aluminum Lake and the 10 mg/325 mg strength contains D&C Yellow No. 10 Aluminum Lake. | Both strengths of **[TRADENAME]** also contain the following inactive ingredients: | Add inactive ingredients |
| Acetaminophen, 4'-hydroxyacetanilide, is a non-opiate, non-salicylate analgesic and antipyretic which occurs as a white, odorless, crystalline powder, possessing a slightly bitter taste. The molecular | Acetaminophen, 4'-hydroxyacetanilide, is a non-opiate, non-salicylate analgesic and antipyretic which occurs as a white, odorless, crystalline powder, possessing a slightly bitter taste. The molecular | |

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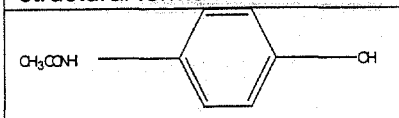
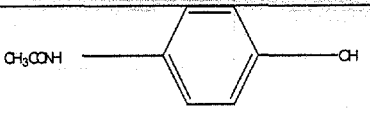
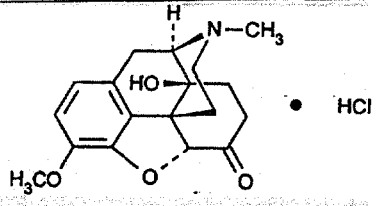
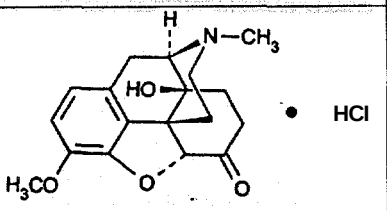
| formula for acetaminophen is $C_8H_9NO_2$ and the molecular weight is 151.17. It may be represented by the following structural formula: | formula for acetaminophen is $C_8H_9NO_2$ and the molecular weight is 151.17. It may be represented by the following structural formula: | |
|  |  | |
| Oxycodone, 14-hydroxydihydrocodeinone, is a semisynthetic opioid analgesic which occurs as a white, odorless, crystalline powder having a saline, bitter taste. The molecular formula for oxycodone hydrochloride is $C_{18}H_{21}NO_4$•HCl and the molecular weight 351.83. It is derived from the opium alkaloid thebaine, and may be represented by the following structural formula: | Oxycodone, 14-hydroxydihydrocodeinone, is a semisynthetic opioid analgesic which occurs as a white, odorless, crystalline powder having a saline, bitter taste. The molecular formula for oxycodone hydrochloride is $C_{18}H_{21}NO_4$•HCl and the molecular weight 351.83. It is derived from the opium alkaloid thebaine, and may be represented by the following structural formula: | |
|  |  | |
| **CLINICAL PHARMACOLOGY** | **CLINICAL PHARMACOLOGY** | |
| The principal ingredient, oxycodone, is a semisynthetic opioid analgesic with multiple actions qualitatively similar to those of morphine; the most prominent involves the central nervous system and organs composed of smooth muscle. The principal actions of therapeutic value of the oxycodone in PERCOCET are analgesia and sedation. | The principal ingredient, oxycodone, is a semisynthetic opioid analgesic with multiple actions qualitatively similar to those of morphine; the most prominent involves the central nervous system and organs composed of smooth muscle. The principal actions of therapeutic value of the oxycodone in [TRADENAME] are analgesia and sedation. | |
| Oxycodone is similar to codeine and methadone in that it retains at least one-half of its analgesic activity when administered orally. | Oxycodone is similar to codeine and methadone in that it retains at least one-half of its analgesic activity when administered orally. | |
| Acetaminophen is a non-opiate, non-salicylate analgesic and antipyretic. | Acetaminophen is a non-opiate, non-salicylate analgesic and antipyretic. | |
| **INDICATIONS AND USAGE** | **INDICATIONS AND USAGE** | |
| PERCOCET is indicated for the | [TRADENAME] is indicated for | |

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| relief of moderate to moderately severe pain. | the relief of moderate to moderately severe pain. | |
| **CONTRAINDICATIONS** | **CONTRAINDICATIONS** | |
| PERCOCET should not be administered to patients who are hypersensitive to oxycodone, acetaminophen, or any other components of this product. | [TRADENAME] should not be administered to patients who are hypersensitive to oxycodone, acetaminophen, or any other components of this product. | |
| **WARNINGS** | **WARNINGS** | |
| **Drug Dependence**<br>Oxycodone can produce drug dependence of the morphine type and, therefore, has the potential for being abused. Psychic dependence, physical dependence and tolerance may develop upon repeated administration of PERCOCET (Oxycodone and Acetaminophen Tablets, USP), and it should be prescribed and administered with the same degree of caution appropriate to the use of other oral opioid-containing medications. Like other opioid-containing medications, PERCOCET is subject to the Federal Controlled Substances Act (Schedule II). | **Drug Dependence**<br>Oxycodone can produce drug dependence of the morphine type and, therefore, has the potential for being abused. Psychic dependence, physical dependence and tolerance may develop upon repeated administration of [TRADENAME] (Oxycodone and Acetaminophen Tablets, USP), and it should be prescribed and administered with the same degree of caution appropriate to the use of other oral opioid-containing medications. Like other opioid-containing medications, [TRADENAME] is subject to the Federal Controlled Substances Act (Schedule II). | |
| **PRECAUTIONS** | **PRECAUTIONS** | |
| **General**<br>***Head Injury and Increased Intracranial Pressure:*** The respiratory depressant effects of opioids and their capacity to elevate cerebrospinal fluid pressure may be markedly exaggerated in the presence of head injury, other intracranial lesions or a pre-existing increase in intracranial pressure. Furthermore, opioids produce adverse reactions which may obscure the clinical course of patients with head injuries. | **General**<br>***Head Injury and Increased Intracranial Pressure:*** The respiratory depressant effects of opioids and their capacity to elevate cerebrospinal fluid pressure may be markedly exaggerated in the presence of head injury, other intracranial lesions or a pre-existing increase in intracranial pressure. Furthermore, opioids produce adverse reactions which may obscure the clinical course of patients with head injuries. | |
| ***Acute Abdominal Conditions:*** The administration of PERCOCET or other opioids may obscure the diagnosis or clinical course | ***Acute Abdominal Conditions:*** The administration of [TRADENAME] or other opioids may obscure the diagnosis or | |

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| in patients with acute abdominal conditions. | clinical course in patients with acute abdominal conditions. | |
| ***Special Risk Patients:*** PERCOCET should be given with caution to certain patients such as the elderly or debilitated, and those with severe impairment of hepatic or renal function, hypothyroidism, Addison's disease, and prostatic hypertrophy or urethral stricture. | ***Special Risk Patients:*** [TRADENAME] should be given with caution to certain patients such as the elderly or debilitated, and those with severe impairment of hepatic or renal function, hypothyroidism, Addison's disease, and prostatic hypertrophy or urethral stricture. | |
| **Information for Patients** Oxycodone may impair the mental and/or physical abilities required for the performance of potentially hazardous tasks such as driving a car or operating machinery. The patient using PERCOCET should be cautioned accordingly. | **Information for Patients** Oxycodone may impair the mental and/or physical abilities required for the performance of potentially hazardous tasks such as driving a car or operating machinery. The patient using **[TRADENAME]** should be cautioned accordingly. | |
| **Drug Interactions** Patients receiving other opioid analgesics, general anesthetics, phenothiazines, other tranquilizers, sedative-hypnotics or other CNS depressants (including alcohol) concomitantly with PERCOCET may exhibit an additive CNS depression. When such combined therapy is contemplated, the dose of one or both agents should be reduced. | **Drug Interactions** Patients receiving other opioid analgesics, general anesthetics, phenothiazines, other tranquilizers, sedative-hypnotics or other CNS depressants (including alcohol) concomitantly with [TRADENAME] may exhibit an additive CNS depression. When such combined therapy is contemplated, the dose of one or both agents should be reduced. | |
| The concurrent use of anticholinergics with opioids may produce paralytic ileus. | The concurrent use of anticholinergics with opioids may produce paralytic ileus. | |
| **Usage in Pregnancy** ***Teratogenic Effects; Pregnancy Category C:*** Animal reproductive studies have not been conducted with PERCOCET. It is also not known whether PERCOCET can cause fetal harm when administered to a pregnant woman or can affect reproductive capacity. PERCOCET should not be given to a pregnant woman unless in the judgment of the physician, the potential benefits | **Usage in Pregnancy** ***Teratogenic Effects; Pregnancy Category C:*** Animal reproductive studies have not been conducted with [TRADENAME]. It is also not known whether [TRADENAME] can cause fetal harm when administered to a pregnant woman or can affect reproductive capacity. **[TRADENAME]** should not be given to a pregnant woman unless in the judgment of the physician, the potential benefits | |

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| outweigh the possible hazards. | outweigh the possible hazards. | |
| ***Nonteratogenic Effects:*** Use of opioids during pregnancy may produce physical dependence in the neonate. | ***Nonteratogenic Effects:*** Use of opioids during pregnancy may produce physical dependence in the neonate. | |
| ***Labor and Delivery:*** As with all opioids, administration of PERCOCET to the mother shortly before delivery may result in some degree of respiratory depression in the newborn and the mother, especially if higher doses are used. | ***Labor and Delivery:*** As with all opioids, administration of [TRADENAME] to the mother shortly before delivery may result in some degree of respiratory depression in the newborn and the mother, especially if higher doses are used. | |
| **Nursing Mothers**<br>It is not known whether PERCOCET is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when PERCOCET is administered to a nursing woman. | **Nursing Mothers**<br>It is not known whether [TRADENAME] is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when [TRADENAME] is administered to a nursing woman. | |
| **Pediatric Use**<br>Safety and effectiveness in pediatric patients have not been established. | **Pediatric Use**<br>Safety and effectiveness in pediatric patients have not been established. | |
| **ADVERSE REACTIONS**<br>The most frequently observed adverse reactions include lightheadedness, dizziness, sedation, nausea and vomiting. These effects seem to be more prominent in ambulatory than in nonambulatory patients, and some of these adverse reactions may be alleviated if the patient lies down. | **ADVERSE REACTIONS**<br>The most frequently observed adverse reactions include lightheadedness, dizziness, sedation, nausea and vomiting. These effects seem to be more prominent in ambulatory than in nonambulatory patients, and some of these adverse reactions may be alleviated if the patient lies down. | |
| Other adverse reactions include euphoria, dysphoria, constipation, skin rash and pruritus. At higher doses, oxycodone has most of the disadvantages of morphine including respiratory depression. | Other adverse reactions include euphoria, dysphoria, constipation, skin rash and pruritus. At higher doses, oxycodone has most of the disadvantages of morphine including respiratory depression. | |
| **DRUG ABUSE AND DEPENDENCE** | **DRUG ABUSE AND DEPENDENCE** | |
| PERCOCET (Oxycodone and Acetaminophen Tablets, USP) is a Schedule II controlled substance. | [TRADENAME] (Oxycodone and Acetaminophen Tablets, USP) is a Schedule II controlled substance. | |

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| Oxycodone can produce drug dependence and has the Potential for being abused (See WARNINGS). | Oxycodone can produce drug dependence and has the potential for being abused (See WARNINGS). | |
| **OVERDOSAGE** | **OVERDOSAGE** | |
| **Acetaminophen**<br>***Signs and Symptoms:*** In acute acetaminophen overdosage, dose-dependent, potentially fatal hepatic necrosis is the most serious adverse effect. Renal tubular necrosis, hypoglycemic coma and thrombocytopenia may also occur. | **Acetaminophen**<br>***Signs and Symptoms:*** In acute acetaminophen overdosage, dose-dependent, potentially fatal hepatic necrosis is the most serious adverse effect. Renal tubular necrosis, hypoglycemic coma and thrombocytopenia may also occur. | |
| In adults, hepatic toxicity has rarely been reported with acute overdoses of less than 10 grams and fatalities with less than 15 grams. Importantly, young children seem to be more resistant than adults to the hepatotoxic effect of an acetaminophen overdose. Despite this, the measures outlined below should be initiated in any adult or child suspected of having ingested an acetaminophen overdose. | In adults, hepatic toxicity has rarely been reported with acute overdoses of less than 10 grams and fatalities with less than 15 grams. Importantly, young children seem to be more resistant than adults to the hepatotoxic effect of an acetaminophen overdose. Despite this, the measures outlined below should be initiated in any adult or child suspected of having ingested an acetaminophen overdose. | |
| 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. | 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:*** The stomach should be emptied promptly by lavage or by induction of emesis with syrup of ipecac. Patient's estimates of the quantity of a drug ingested are notoriously unreliable. Therefore, if an acetaminophen overdose is suspected, a serum acetaminophen assay should be obtained as early as possible, but no sooner than four hours following ingestion. Liver function studies should be | ***Treatment:*** The stomach should be emptied promptly by lavage or by induction of emesis with syrup of ipecac. Patient's estimates of the quantity of a drug ingested are notoriously unreliable. Therefore, if an acetaminophen overdose is suspected, a serum acetaminophen assay should be obtained as early as possible, but no sooner than four hours following ingestion. Liver function studies should b | |

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| obtained initially and repeated at 24-hour intervals. | obtained initially and repeated at 24-hour intervals. | |
| The antidote, N-acetylcysteine, should be administered as early as possible, preferably within 16 hours of the overdose ingestion for optimal results, but in any case, within **24** hours. Following recovery, there are no residual, structural, or functional hepatic abnormalities. | The antidote, N-acetylcysteine, should be administered as early as possible, preferably within 16 hours of the overdose ingestion for optimal results, but in any case, within 24 hours. Following recovery, there are no residual, structural, or functional hepatic abnormalities. | |
| **Oxycodone** | **Oxycodone** | |
| ***Signs and Symptoms:*** Serious overdosage with oxycodone is characterized by respiratory depression (a decrease in respiratory rate and/or tidal volume, Cheyne-Stokes respiration, cyanosis), extreme somnolence progressing to stupor or coma, skeletal muscle flaccidity, cold and clammy skin, and sometimes bradycardia and hypotension. In severe overdosage, apnea, circulatory collapse, cardiac arrest and death may occur. | ***Signs and Symptoms:*** Serious overdosage with oxycodone is characterized by respiratory depression (a decrease in respiratory rate and/or tidal volume, Cheyne-Stokes respiration, cyanosis), extreme somnolence progressing to stupor or coma, skeletal muscle flaccidity, cold and clammy skin, and sometimes bradycardia and hypotension. In severe overdosage, apnea, circulatory collapse, cardiac arrest and death may occur. | |
| ***Treatment:*** Primary attention should be given to the reestablishment of adequate respiratory exchange through provision of a patent airway and the institution of assisted or controlled ventilation. The opioid antagonist naloxone hydrochloride is a specific antidote against respiratory depression which may result from overdosage or unusual sensitivity to opioids, including oxycodone. Therefore, an appropriate dose of naloxone hydrochloride (usual initial adult dose 0.4 mg to 2 mg) should be administered preferably by the intravenous route, and simultaneously with efforts at respiratory resuscitation (see package insert). Since the duration of action of oxycodone may exceed that of the antagonist, the patient should | ***Treatment:*** Primary attention should be given to the reestablishment of adequate respiratory exchange through provision of a patent airway and the institution of assisted or controlled ventilation. The opioid antagonist naloxone hydrochloride is a specific antidote against respiratory depression which may result from overdosage or unusual sensitivity to opioids, including oxycodone. Therefore, an appropriate dose of naloxone hydrochloride (usual initial adult dose 0.4 mg to 2 mg) should be administered preferably by the intravenous route, and simultaneously with efforts at respiratory resuscitation (see package insert). Since the duration of action of oxycodone may exceed that of the antagonist, the patient should | |

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| be kept under continued surveillance and repeated doses of the antagonist should be administered as needed to maintain adequate respiration. | be kept under continued surveillance and repeated doses of the antagonist should be administered as needed to maintain adequate respiration. | |
| An antagonist should not be administered in the absence of clinically significant respiratory or cardiovascular depression. Oxygen, intravenous fluids, vasopressors and other supportive measures should be employed as indicated. | An antagonist should not be administered in the absence of clinically significant respiratory or cardiovascular depression. Oxygen, intravenous fluids, vasopressors and other supportive measures should be employed as indicated. | |
| Gastric emptying may be useful in removing unabsorbed drug. | Gastric emptying may be useful in removing unabsorbed drug. | |
| **DOSAGE AND ADMINISTRATION** | **DOSAGE AND ADMINISTRATION** | |
| Dosage should be adjusted according to the severity of the pain and the response of the patient. It may occasionally be necessary to exceed the usual dosage recommended below in cases of more severe pain or in those patients who have become tolerant to the analgesic effect of opioids. PERCOCET (Oxycodone and Acetaminophen Tablets, USP) is given orally. The usual adult dosage is one tablet every 6 hours as needed for pain. The total daily dose of acetaminophen should not exceed 4 grams (maximal daily dose of PERCOCET 7.5 mg/325 mg and PERCOCET 10 mg/325 mg is *8* tablets and 6 tablets, respectively). | Dosage should be adjusted according to the severity of the pain and the response of the patient. It may occasionally be necessary to exceed the usual dosage recommended below in cases of more severe pain or in those patients who have become tolerant to the analgesic effect of opioids. [TRADENAME] (Oxycodone and Acetaminophen Tablets, USP) is given orally. The usual adult dosage is one tablet every 6 hours as needed for pain. The total daily dose of acetaminophen should not exceed 4 grams (maximal daily dose of [TRADENAME] 15 mg/325 mg and [TRADENAME] 20 mg/325 mg is 4 tablets and 3 tablets, respectively). | Change maximal daily dose for the 15/325 mg strength to 4 tablets.<br>Change maximal daily dose for the 20/325 mg strength to 3 tablets. |
| **HOW SUPPLIED** | **HOW SUPPLIED** | |
| PERCOCET (Oxycodone and Acetaminophen Tablets, USP) is supplied as follows: | [TRADENAME] (Oxycodone and Acetaminophen Tablets, USP) is supplied as follows: | |
| 7.5 mg/325 mg<br>Peach oval-shaped tablet debossed with "PERCOCET" on one side and "7.5/325" on the other.<br>Bottles of 100<br>NDC 63481-628-70 | 15 mg/325 mg<br>Bottles of XXX<br>NDC XXXXX-XXX-XX | Color and description of tablet TBD<br>Package sizes and NDC TBD |
| Bottles of 500<br>NDC 63481-628-85 | | |

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| Unit dose package of 100 tablets NDC 63481-628-75 | | |
| 10 mg/325 mg<br>Yellow capsule-shaped tablet debossed with "PERCOCET" on one side and "10/325" on the other. | 20 mg/325 mg | Color and description of tablet TBD |
| Bottles of 100<br>NDC 63481-629-70 | Bottles of XXX<br>NDC XXXXXX-XXX-XX | Package sizes and NDC TBD |
| Bottles of 500<br>NDC 63481-629-85 | | |
| Unit dose package of 100 tablets<br>NDC 63481-629-75 | | |
| Store at controlled room temperature, 15" to 30°C (59" to 86°F) [see USP]. | Store at 25°C (77°F), excursions permitted to 15°-30°C (59°-86°F). [See USP Controlled Room Temperature]. | Storage condition updated to be compliant with the FDA Modernization Act |
| Dispense in a tight, light-resistant container as defined in the USP, with a child-resistant closure (as required). | Dispense in a tight, light-resistant container as defined in the USP, with a child-resistant closure (as required). | |
| DEA Order Form Required. | DEA Order Form Required. | |
| Manufactured for:<br>**Endo Pharmaceuticals Inc.**<br>Chadds Ford, Pennsylvania<br>**19317** | Manufactured for: | |
| PERCOCET® is a Registered Trademark of Endo Pharmaceuticals Inc. | [TRADENAME]® is a Registered Trademark of xxxx | |
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| Printed in U.S.A. | Printed in U.S.A. | |
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1730 PENNSYLVANIA AVENUE, N.W.
WASHINGTON, DC
20006-4706

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Food and Drug Administration
Department of Health and Human Services
5630 Fishers Lane, Room 1061
Rockville, Maryland 20852