

## HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all of the information needed to use Zohydro™ ER safely and effectively. See full prescribing information for Zohydro™ ER.

Zohydro™ ER (hydrocodone bitartrate) Extended-Release Capsules, CII  
Initial U.S. Approval: 1943

### WARNING: ADDICTION, ABUSE, AND MISUSE; LIFE-THREATENING RESPIRATORY DEPRESSION; ACCIDENTAL EXPOSURE; NEONATAL OPIOID WITHDRAWAL SYNDROME; and INTERACTION WITH ALCOHOL

See full prescribing information for complete boxed warning.

- Zohydro ER exposes users to risks of addiction, abuse, and misuse, which can lead to overdose and death. Assess each patient's risk before prescribing, and monitor regularly for development of these behaviors or conditions. (5.1)
- Serious, life-threatening, or fatal respiratory depression may occur. Monitor closely, especially upon initiation or following a dose increase. Instruct patients to swallow Zohydro ER whole to avoid exposure to a potentially fatal dose of hydrocodone. (5.2)
- Accidental consumption of Zohydro ER, especially in children, can result in fatal overdose of hydrocodone. (5.2)
- For patients who require opioid therapy while pregnant, be aware that infants may require treatment for neonatal opioid withdrawal syndrome. Prolonged use during pregnancy can result in life-threatening neonatal opioid withdrawal syndrome. (5.3)
- Instruct patients not to consume alcohol or any products containing alcohol while taking Zohydro ER because co-ingestion can result in fatal plasma hydrocodone levels. (5.4)

## INDICATIONS AND USAGE

Zohydro ER is an opioid agonist indicated for the management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. (1)

### Limitations of Use

- Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, and because of the greater risks of overdose and death with extended-release opioid formulations, reserve Zohydro ER for use in patients for whom alternative treatment options (e.g., non-opioid analgesics or immediate-release opioids) are ineffective, not tolerated, or would be otherwise inadequate to provide sufficient management of pain. (1)
- Zohydro ER is not indicated as an as-needed (prn) analgesic. (1)

## DOSAGE AND ADMINISTRATION

- For opioid-naïve and opioid non-tolerant patients, initiate with 10 mg capsules orally every 12 h. (2.1)
- To convert to Zohydro ER from another opioid, use available conversion factors to obtain estimated dose. (2.1)
- Increase the dose of Zohydro ER in increments of 10 mg every 12 hours every 3 to 7 days as needed to achieve adequate analgesia. (2.1, 2.2)
- Individualize treatment; titrate to effective and tolerable dose. (2.2)
- Capsules must be swallowed whole and are not to be chewed, crushed or dissolved. (2.1)

## DOSAGE FORMS AND STRENGTHS

Extended-release capsules: 10 mg, 15 mg, 20 mg, 30 mg, 40 mg and 50 mg (3)

## CONTRAINDICATIONS

- In patients who have significant respiratory depression (4)
- In patients who have acute or severe bronchial asthma or hypercarbia (4)
- In patients who have or are suspected of having paralytic ileus (4)
- In patients who have known hypersensitivity to any components of Zohydro ER or the active ingredient, hydrocodone bitartrate (4)

## WARNINGS AND PRECAUTIONS

### See Boxed WARNINGS

- Misuse, abuse, and diversion: Zohydro ER is an opioid agonist and a Schedule II controlled substance with a high potential for abuse similar to fentanyl, methadone, morphine, oxycodone, and oxymorphone. (5.1)
- Interactions with CNS depressants: Concomitant use may cause profound sedation, respiratory depression, and death. If coadministration is required, consider dose reduction of one or both drugs. (5.4)
- Elderly, cachectic, debilitated patients, and those with chronic pulmonary disease: Monitor closely because of increased risk for life-threatening respiratory depression. (5.5, 5.6)
- Patients with head injury or increased intracranial pressure: Monitor for sedation and respiratory depression. Avoid use of Zohydro ER in patients with impaired consciousness or coma susceptible to intracranial effects of CO<sub>2</sub> retention. (5.7)
- Prolonged gastric obstruction: May occur in patients with gastrointestinal obstruction. (5.9)
- Concomitant use of CYP3A4 inhibitors may increase opioid effects. (5.10)
- Impaired mental/physical abilities: Caution must be used with potentially hazardous activities. (5.11)

## ADVERSE REACTIONS

Adverse reactions in ≥2% of patients in placebo-controlled trials include constipation, nausea, somnolence, fatigue, headache, dizziness, dry mouth, vomiting, pruritus, abdominal pain, edema peripheral, upper respiratory tract infection, muscle spasms, urinary tract infection, back pain and tremor. (6.1)

To report SUSPECTED ADVERSE REACTIONS, contact Zogenix, Inc. at (1-866-ZOGENIX) or FDA at 1-800-FDA-1088 or [www.fda.gov/medwatch](http://www.fda.gov/medwatch).

## DRUG INTERACTIONS

- The CYP3A4 isoenzyme plays a major role in the metabolism of Zohydro ER. Drugs that inhibit CYP3A4 activity may cause decreased clearance of hydrocodone which could lead to an increase in hydrocodone plasma concentrations. (7.2)
- CNS depressants: Increased risk of respiratory depression, hypotension, profound sedation, coma or death. When combined therapy with CNS depressant is contemplated, the dose of one or both agents should be reduced. (7.3)
- Mixed Agonists/Antagonists: May precipitate withdrawal or decrease analgesic effect if given concurrently with Zohydro ER. (7.4)
- The use of MAO inhibitors or tricyclic antidepressants with Zohydro ER may increase the effect of either the antidepressant or Zohydro ER. (7.5)

## USE IN SPECIFIC POPULATIONS

- Pregnancy: Based on animal data, may cause fetal harm. (8.1)
- Hepatic impairment: No adjustment in starting dose with Zohydro ER is required in patients with mild or moderate hepatic impairment; however, in patients with severe hepatic impairment, start with the lowest dose, 10 mg. Monitor these patients closely for adverse events such as respiratory depression. (8.6)
- Renal impairment: Use a low initial dose of Zohydro ER in patients with renal impairment and monitor closely for adverse events such as respiratory depression. (8.7)

See 17 for PATIENT COUNSELING INFORMATION and Medication Guide

Revised: 10/2013

**FULL PRESCRIBING INFORMATION: CONTENTS\***  
**BOXED WARNING: ADDICTION, ABUSE, AND MISUSE; LIFE-THREATENING RESPIRATORY DEPRESSION; ACCIDENTAL EXPOSURE; NEONATAL OPIOID WITHDRAWAL SYNDROME; and INTERACTION WITH ALCOHOL**

**1 INDICATIONS AND USAGE**

**2 DOSAGE AND ADMINISTRATION**

- 2.1 Initial Dosing
- 2.2 Titration and Maintenance of Therapy
- 2.3 Discontinuation of Zohydro ER
- 2.4 Hepatic Impairment
- 2.5 Renal Impairment

**3 DOSAGE FORMS AND STRENGTHS**

**4 CONTRAINDICATIONS**

**5 WARNINGS AND PRECAUTIONS**

- 5.1 Addiction, Abuse, and Misuse
- 5.2 Life-Threatening Respiratory Depression
- 5.3 Neonatal Opioid Withdrawal Syndrome
- 5.4 Interactions with CNS Depressants
- 5.5 Use in Elderly, Cachectic, and Debilitated Patients
- 5.6 Use in Patients with Chronic Pulmonary Disease
- 5.7 Use in Patients with Head Injury and Increased Intracranial Pressure
- 5.8 Hypotensive Effect
- 5.9 Gastrointestinal Effects
- 5.10 Cytochrome P450 CYP3A4 Inhibitors and Inducers
- 5.11 Driving and Operating Machinery
- 5.12 Interaction with Mixed Agonist/Antagonist Opioid Analgesics

**6 ADVERSE REACTIONS**

- 6.1 Clinical Trial Experience

**7 DRUG INTERACTIONS**

- 7.1 Alcohol
- 7.2 Drugs Affecting Cytochrome P450 Isoenzymes
- 7.3 CNS Depressants
- 7.4 Interactions with Mixed Agonist/Antagonist Opioid Analgesics
- 7.5 MAO Inhibitors
- 7.6 Anticholinergics

**8 USE IN SPECIFIC POPULATIONS**

- 8.1 Pregnancy
- 8.2 Labor and Delivery
- 8.3 Nursing Mothers
- 8.4 Pediatric Use
- 8.5 Geriatric Use
- 8.6 Hepatic Impairment
- 8.7 Renal Impairment

**9 DRUG ABUSE AND DEPENDENCE**

- 9.1 Controlled Substance
- 9.2 Abuse
- 9.3 Dependence

**10 OVERDOSAGE**

- 10.1 Symptoms
- 10.2 Treatment

**11 DESCRIPTION**

**12 CLINICAL PHARMACOLOGY**

- 12.1 Mechanism of Action
- 12.2 Pharmacodynamics
- 12.3 Pharmacokinetics

**13 NONCLINICAL TOXICOLOGY**

- 13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

**14 CLINICAL STUDIES**

- 14.1 Placebo-Controlled Study in Opioid-Experienced Subjects With Moderate-to-Severe Chronic Lower Back Pain

**15 REFERENCES**

**16 HOW SUPPLIED/STORAGE AND HANDLING**

**17 PATIENT COUNSELING INFORMATION**

- 17.1 Information for Patients and Caregivers

\*Sections or subsections omitted from the Full Prescribing Information are not listed.

## FULL PRESCRIBING INFORMATION

### **WARNING: ADDICTION, ABUSE, AND MISUSE; LIFE-THREATENING RESPIRATORY DEPRESSION; ACCIDENTAL EXPOSURE; NEONATAL OPIOID WITHDRAWAL SYNDROME; and INTERACTION WITH ALCOHOL**

#### **Addiction, Abuse, and Misuse**

Zohydro ER 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 Zohydro ER, and monitor all patients regularly for the development of these behaviors or conditions [see *Warnings and Precautions (5.1)*].

#### **Life-threatening Respiratory Depression**

Serious, life-threatening, or fatal respiratory depression may occur with use of Zohydro ER. Monitor for respiratory depression, especially during initiation of Zohydro ER or following a dose increase. Instruct patients to swallow Zohydro ER capsules whole; crushing, chewing, or dissolving Zohydro ER capsules can cause rapid release and absorption of a potentially fatal dose of hydrocodone [see *Warnings and Precautions (5.2)*].

#### **Accidental Exposure**

Accidental consumption of even one dose of Zohydro ER, especially by children, can result in a fatal overdose of hydrocodone [see *Warnings and Precautions (5.2)*].

#### **Neonatal Opioid Withdrawal Syndrome**

For patients who require opioid therapy while pregnant, be aware that infants may require treatment for neonatal opioid withdrawal syndrome. Prolonged maternal use of Zohydro ER during pregnancy can result in neonatal opioid withdrawal syndrome, which may be life-threatening and requires management according to protocols developed by neonatology experts [see *Warnings and Precautions (5.3)*].

#### **Interaction with Alcohol**

Instruct patients not to consume alcoholic beverages or use prescription or non-prescription products that contain alcohol while taking Zohydro ER. The co-ingestion of alcohol with Zohydro ER may result in increased plasma levels and a potentially fatal overdose of hydrocodone [see *Clinical Pharmacology (12.3)*].

## 1 INDICATIONS AND USAGE

Zohydro<sup>™</sup> ER (hydrocodone bitartrate) is indicated for the management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate.

#### **Limitations of Use**

- Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, and because of the greater risks of overdose and death with extended-release opioid formulations, reserve Zohydro ER for use in patients for whom alternative treatment options (e.g., non-opioid analgesics or immediate-release opioids) are ineffective, not tolerated, or would be otherwise inadequate to provide sufficient management of pain.
- Zohydro ER is not indicated as an as-needed (prn) analgesic.

## 2 DOSAGE AND ADMINISTRATION

### 2.1 Initial Dosing

**Zohydro ER should be prescribed only by healthcare professionals who are knowledgeable in the use of potent opioids for the management of chronic pain.**

Initiate the dosing regimen for each patient individually, taking into account the patient's prior analgesic treatment experience and risk factors for addiction, abuse, and misuse [see *Warnings and Precautions (5.1)*]. Monitor patients closely for respiratory depression, especially within the first 24-72 hours of initiating therapy with Zohydro ER [see *Warnings and Precautions (5.2)*].

Zohydro ER must be taken whole, one capsule at a time, with enough water to ensure complete swallowing immediately after placing in the mouth [see *Patient Counseling Information (17)*]. Crushing, chewing, or dissolving Zohydro ER capsules will result in uncontrolled delivery of hydrocodone and can lead to overdose or death [see *Warnings and Precautions (5.2)*].

**Patients must not consume alcoholic beverages, or prescription or non-prescription products containing alcohol, while on Zohydro ER therapy. The co-ingestion of alcohol with Zohydro ER may result in increased plasma levels and a potentially fatal overdose of hydrocodone [see *Clinical Pharmacology (12.3)*].**

#### Use of Zohydro ER as the First Opioid Analgesic

Initiate treatment with Zohydro ER with the 10 mg capsule every 12 hours.

#### Use of Zohydro ER in Patients who are not Opioid Tolerant

The starting dose for patients who are not opioid tolerant is Zohydro ER 10 mg orally every 12 hours. Patients who are opioid tolerant are those receiving, for one week or longer, at least 60 mg oral morphine per day, 25 mcg transdermal fentanyl per hour, 30 mg oral oxycodone per day, 8 mg oral hydromorphone per day, 25 mg oral oxymorphone per day, or an equianalgesic dose of another opioid.

Use of higher starting doses in patients who are not opioid tolerant may cause fatal respiratory depression.

A single dose of Zohydro ER greater than 40 mg, Zohydro ER 50 mg capsules, or a total daily dose greater than 80 mg are only for patients in whom tolerance to an opioid of comparable potency is established.

#### Conversion from Other Oral Opioids to Zohydro ER

Discontinue all other around-the-clock opioid drugs when Zohydro ER therapy is initiated.

In a Zohydro ER Phase 3 clinical trial with an open label titration period, patients were converted from their prior opioid to Zohydro ER using Table 1 as a guide for the initial Zohydro ER dose.

Consider the following when using the information in Table 1:

- This is **not** a table of equianalgesic doses.
- The conversion factors in this table are only for the conversion **from** one of the listed oral opioid analgesics **to** Zohydro ER.
- The table **cannot** be used to convert **from** Zohydro ER to another opioid. Doing so will result in an over-estimation of the dose of the new opioid and may result in fatal overdose.

| <b>Table 1.</b>  |                       |   |
|--|-----------------------|---|
| <b>Conversion Factors to Zohydro ER (not equianalgesic doses)</b>  |                       |   |
| <b>Prior Oral Opioid</b>   | <b>Oral Dose (mg)</b> | <b>Approximate Oral Conversion Factor</b> |
| Hydrocodone  | 10                    | 1   |
| Oxycodone  | 10                    | 1   |
| Methadone†   | 10                    | 1   |
| Oxymorphone  | 5                     | 2   |
| Hydromorphone  | 3.75                  | 2.67                                      |
| Morphine   | 15                    | 0.67                                      |
| Codeine  | 100                   | 0.10                                      |
| <p>The conversion ratios in this table are only to be used for the conversion from current opioid therapy to Zohydro ER.</p> <p>†It is extremely important to monitor all patients closely when converting from methadone to other opioid agonists. The ratio between methadone and other opioid agonists may vary widely as a function of previous dose exposure. Methadone has a long half-life and tends to accumulate in the plasma.</p> |                       |   |

- To calculate the estimated daily Zohydro ER dose using Table 1. For patients on a single opioid, sum the current total daily dose of the opioid and then multiply the total daily dose by the conversion factor to calculate the approximate oral hydrocodone daily dose. The daily dose should then be divided in half for administration every 12 hours.
- For patients on a regimen of more than one opioid, calculate the approximate oral hydrocodone dose for each opioid and sum the totals to obtain approximate total hydrocodone daily dose. The daily dose should then be divided in half for administration every 12 hours.
- For patients on a regimen of fixed-ratio opioid/non-opioid analgesic products, use only the opioid component of these products in the conversion.

Always round the dose down, if necessary, to the appropriate Zohydro ER strength(s) available.

Example conversion from a single opioid to Zohydro ER:

Step 1: Sum the total daily dose of the opioid (in this case, extended-release oxymorphone); 10 mg oxymorphone twice daily = 20 mg total daily dose of oxymorphone

Step 2: Calculate the approximate equivalent dose of oral hydrocodone based on the total daily dose of the current opioid using Table 1; 20 mg total daily dose of oxymorphone x 2 = 40 mg of oral hydrocodone daily. The daily dose should then be divided in half for administration every 12 hours.

Step 3: Calculate the approximate starting dose of Zohydro ER which is 20 mg Zohydro ER every 12 hours. Round down, if necessary, to the appropriate Zohydro ER capsule strengths available. Close observation and frequent titration are warranted until pain management is stable on the new opioid. Monitor patients for signs and symptoms of opioid withdrawal or for signs of over-sedation/toxicity after converting patients to Zohydro ER.

The dose of Zohydro ER can be gradually adjusted preferably at increments of 10 mg every 12 hours every 3 to 7 days, until adequate pain relief and acceptable adverse reactions have been achieved.

### Conversion from Methadone to Zohydro ER

Close monitoring is of particular importance when converting from methadone to other opioid agonists. The ratio between methadone and other opioid agonists may vary widely as a function of previous dose exposure. Methadone has a long half-life and tends to accumulate in the plasma.

### Conversion from Transdermal Fentanyl to Zohydro ER

Eighteen hours following the removal of the transdermal fentanyl patch, Zohydro ER treatment can be initiated. Although there has been no systematic assessment of such conversion, a conservative hydrocodone dose, approximately 10 mg every 12 hours of Zohydro ER, should be initially substituted for each 25 mcg/hr fentanyl transdermal patch. Follow the patient closely during conversion from transdermal fentanyl to Zohydro ER, as there is limited documented experience with this conversion.

## **2.2 Titration and Maintenance of Therapy**

Individually titrate Zohydro ER to a dose that provides adequate analgesia and minimizes adverse reactions. Continually reevaluate patients receiving Zohydro ER 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. 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. During chronic therapy, periodically reassess the continued need for opioid analgesics.

Increase the dose of Zohydro ER in increments of 10 mg every 12 hours every 3 to 7 days as needed to achieve adequate analgesia.

Patients who experience breakthrough pain may require a dose increase of Zohydro ER, or may need a rescue medication with an appropriate dose of an immediate-release analgesic. If the level of pain increases after dose stabilization, attempt to identify the source of increased pain before increasing the Zohydro ER dose.

If unacceptable opioid-related adverse reactions are observed, the subsequent doses may be reduced. Adjust the dose to obtain an appropriate balance between management of pain and opioid-related adverse reactions.

## **2.3 Discontinuation of Zohydro ER**

When a patient no longer requires therapy with Zohydro ER, use a gradual downward titration of the dose every two to four days, to prevent signs and symptoms of withdrawal in the physically-dependent patient. Do not abruptly discontinue Zohydro ER.

## **2.4 Hepatic Impairment**

Patients with hepatic impairment may have higher plasma concentrations than those with normal function. No adjustment in starting dose with Zohydro ER is required in patients with mild or moderate hepatic impairment, however, in patients with severe hepatic impairment, start with lowest dose, 10 mg. Monitor these patients closely for adverse events such as respiratory depression [see *Clinical Pharmacology* (12.3)].

## **2.5 Renal Impairment**

Patients with renal impairment may have higher plasma concentrations than those with normal function. Initiate therapy with a low initial dose of Zohydro ER in patients with renal impairment and monitor closely for respiratory depression and sedation [see *Clinical Pharmacology* (12.3)].

### 3 DOSAGE FORMS AND STRENGTHS

Zohydro ER is available in 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, and 50 mg hard gelatin capsules, containing white to off-white beads, roughly spherical in shape, and uniform in appearance.

### 4 CONTRAINDICATIONS

Zohydro ER is contraindicated in patients with:

- Significant respiratory depression
- Acute or severe bronchial asthma or hypercarbia
- Known or suspected paralytic ileus
- Hypersensitivity to hydrocodone bitartrate or any other ingredients in Zohydro ER

### 5 WARNINGS AND PRECAUTIONS

#### 5.1 Addiction, Abuse, and Misuse

Zohydro ER contains hydrocodone, a Schedule II controlled substance. As an opioid, Zohydro ER exposes users to the risks of addiction, abuse, and misuse [see *Drug Abuse and Dependence (9)*]. As modified-release products such as Zohydro ER deliver the opioid over an extended period of time, there is a greater risk for overdose and death due to the larger amount of hydrocodone present.

Although the risk of addiction in any individual is unknown, it can occur in patients appropriately prescribed Zohydro ER and in those who obtain the drug illicitly. Addiction can occur at recommended doses and if the drug is misused or abused.

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

Abuse or misuse of Zohydro ER by crushing, chewing, snorting, or injecting the dissolved product will result in the uncontrolled delivery of the hydrocodone and can result in overdose and death [see *Overdosage (10)*].

#### 5.2 Life-Threatening Respiratory Depression

Serious, life-threatening, or fatal respiratory depression has been reported with the use of modified-release opioids, even when used as recommended. Respiratory depression from opioid use, 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 (10)*]. Carbon dioxide (CO<sub>2</sub>) 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 Zohydro ER, the risk is greatest during the initiation of therapy or following a dose increase. Closely monitor patients for respiratory depression when initiating therapy with Zohydro ER and following dose increases.

To reduce the risk of respiratory depression, proper dosing and titration of Zohydro ER are essential [*see Dosage and Administration (2)*]. Overestimating the Zohydro ER dose when converting patients from another opioid product can result in fatal overdose with the first dose.

Accidental consumption of even one dose of Zohydro ER, especially by children, can result in respiratory depression and death due to an overdose of hydrocodone.

### **5.3 Neonatal Opioid Withdrawal Syndrome**

For patients who require opioid therapy while pregnant, be aware that infants may require treatment for neonatal opioid withdrawal syndrome. Prolonged maternal use of Zohydro ER during pregnancy can result in withdrawal signs in the neonate. Neonatal opioid withdrawal syndrome, unlike opioid withdrawal syndrome in adults, may be life-threatening and requires management according to protocols developed by neonatology experts.

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.

### **5.4 Interactions with CNS Depressants**

Patients must not consume alcoholic beverages, or prescription or non-prescription products containing alcohol, while on Zohydro ER therapy. The co-ingestion of alcohol with Zohydro ER may result in increased plasma levels and a potentially fatal overdose of hydrocodone [*see Clinical Pharmacology (12.3)*].

Hypotension, profound sedation, coma, respiratory depression, and death may result if Zohydro ER is used concomitantly with alcohol or other central nervous system (CNS) depressants (e.g., sedatives, anxiolytics, hypnotics, neuroleptics, other opioids).

When considering the use of Zohydro ER in a patient taking a CNS depressant, assess the duration use of the CNS depressant and the patient's response, including the degree of tolerance that has developed to CNS depression. Additionally, evaluate the patient's use of alcohol or illicit drugs that cause CNS depression. If the decision to begin Zohydro ER is made, start with a lower Zohydro ER dose than usual (ie, 20-30% less), monitor patients for signs of sedation and respiratory depression, and consider using a lower dose of the concomitant CNS depressant. [*see Drug Interactions (7.3)*].

### **5.5 Use in Elderly, Cachectic, and Debilitated Patients**

Life-threatening respiratory depression is more likely to occur in elderly, cachectic, or debilitated patients as they may have altered pharmacokinetics or altered clearance compared to younger, healthier patients. Monitor such patients closely, particularly when initiating and titrating Zohydro ER and when Zohydro ER is given concomitantly with other drugs that depress respiration [*see Warnings and Precautions (5.2)*].

### **5.6 Use in Patients with Chronic Pulmonary Disease**

Monitor patients with significant chronic obstructive pulmonary disease or cor pulmonale, and patients having a substantially decreased respiratory reserve, hypoxia, hypercapnia, or preexisting respiratory depression for respiratory depression, particularly when initiating therapy and titrating with Zohydro ER, as in these patients, even usual therapeutic doses of Zohydro ER may decrease respiratory drive to the point of apnea [*see Warnings and Precautions (5.2)*]. Consider the use of alternative non-opioid analgesics in these patients if possible.

## 5.7 Use in Patients with Head Injury and Increased Intracranial Pressure

In the presence of head injury, intracranial lesions or a preexisting increase in intracranial pressure, the possible respiratory depressant effects of opioid analgesics and their potential to elevate cerebrospinal fluid pressure (resulting from vasodilation following CO<sub>2</sub> retention) may be markedly exaggerated. Furthermore, opioid analgesics can produce effects on papillary response and consciousness, which may obscure neurologic signs of further increases in intracranial pressure in patients with head injuries.

Monitor patients closely who may be susceptible to the intracranial effects of CO<sub>2</sub> retention, such as those with evidence of increased intracranial pressure or impaired consciousness. Opioids may obscure the clinical course of a patient with a head injury.

Avoid the use of Zohydro ER in patients with impaired consciousness or coma.

## 5.8 Hypotensive Effect

Zohydro ER may cause severe hypotension including orthostatic hypotension and syncope in ambulatory patients. There is an added risk to individuals whose ability to maintain blood pressure has been compromised by a depleted blood volume, or after concurrent administration with drugs such as phenothiazines or other agents which compromise vasomotor tone. Monitor these patients for signs of hypotension after initiating or titrating the dose of Zohydro ER. In patients with circulatory shock, Zohydro ER may cause vasodilation that can further reduce cardiac output and blood pressure. Avoid the use of Zohydro ER in patients with circulatory shock.

## 5.9 Gastrointestinal Effects

Zohydro ER is contraindicated in patients with known or suspected paralytic ileus. Opioids diminish propulsive peristaltic waves in the gastrointestinal tract and decrease bowel motility. Monitor for decreased bowel motility in post-operative patients receiving opioids. The administration of Zohydro ER may obscure the diagnosis or clinical course in patients with acute abdominal conditions. Hydrocodone may cause spasm of the Sphincter of Oddi. Monitor patients with biliary tract disease, including acute pancreatitis.

## 5.10 Cytochrome P450 CYP3A4 Inhibitors and Inducers

Since the CYP3A4 isoenzyme plays a major role in the metabolism of Zohydro ER, drugs that alter CYP3A4 activity may cause changes in clearance of hydrocodone which could lead to changes in hydrocodone plasma concentrations.

The expected clinical results with CYP3A4 inhibitors is an increase in hydrocodone plasma concentrations and possibly increased or prolonged opioid effects, which could be more pronounced with concomitant use of CYP3A4 inhibitors. The expected clinical results with CYP3A4 inducers is a decrease in hydrocodone plasma concentrations, lack of efficacy or, possibly, development of an abstinence syndrome in a patient who had developed physical dependence to hydrocodone.

If co-administration is necessary, monitor patients closely who are currently taking, or discontinuing, CYP3A4 inhibitors or CYP3A4 inducers. Evaluate these patients at frequent intervals and consider dose adjustments until stable drug effects are achieved [*see Drug Interactions (7.2)*].

## 5.11 Driving and Operating Machinery

Zohydro ER may impair the mental and 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 Zohydro ER and know how they will react to the medication.

## 5.12 Interaction with Mixed Agonist/Antagonist Opioid Analgesics

Avoid the use of mixed agonist/antagonist analgesics (i.e., pentazocine, nalbuphine, and butorphanol) in patients who have received, or are receiving, a course of therapy with a full opioid agonist analgesic, including Zohydro ER. In these patients, mixed agonist/antagonist analgesics may reduce the analgesic effect and/or may precipitate withdrawal symptoms.

## 6 ADVERSE REACTIONS

The following serious adverse reactions are discussed elsewhere in the labeling:

Respiratory depression [see *Warnings and Precautions (5.2)*]

Misuse and abuse [see *Warning and Precautions (5.1)* and *Drug Abuse and Dependence (9)*]

CNS depressant effects [see *Warnings and Precautions (5.4)*]

### 6.1 Clinical Trial Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in clinical practice. The safety of Zohydro ER was evaluated in a total of 1148 subjects in Phase 3 clinical trials.

Table 2 lists the most frequently occurring adverse reactions occurring at a greater frequency than placebo from the placebo-controlled trial in subjects with moderate-to-severe chronic lower back pain.

**Table 2. Treatment-Emergent Adverse Events in  $\geq 2\%$  of Subjects During the Open-Label Titration Period and/or the Double-Blind Treatment Period, by Preferred Term —Number (%) of Treated Subjects (Placebo-Controlled Study in Opioid-Experienced Subjects With Moderate-to-Severe Chronic Lower Back Pain)**

|                       | Open-Label Titration Period | Double-Blind Treatment Period |                  |
|-----------------------|-----------------------------|-------------------------------|------------------|
|                       | Zohydro ER                  | Zohydro ER                    | Placebo          |
| <b>Preferred Term</b> | <b>(N = 510)</b>            | <b>(n = 151)</b>              | <b>(n = 151)</b> |
| Constipation          | 56 (11%)                    | 12 (8%)                       | 0 (0%)           |
| Nausea                | 50 (10%)                    | 11 (7%)                       | 5 (3%)           |
| Somnolence            | 24 (5%)                     | 1 (1%)                        | 0 (0%)           |
| Fatigue               | 21 (4%)                     | 1 (1%)                        | 2 (1%)           |
| Headache              | 19 (4%)                     | 0 (0%)                        | 2 (1%)           |
| Dizziness             | 17 (3%)                     | 3 (2%)                        | 1 (1%)           |
| Dry Mouth             | 16 (3%)                     | 0 (0%)                        | 0 (0%)           |
| Vomiting              | 14 (3%)                     | 7 (5%)                        | 1 (1%)           |
| Pruritus              | 13 (3%)                     | 0 (0%)                        | 0 (0%)           |
| Abdominal Pain        | 8 (2%)                      | 4 (3%)                        | 0 (0%)           |
| Edema peripheral      | 7 (1%)                      | 4 (3%)                        | 0 (0%)           |

|                                   |        |        |        |
|-----------------------------------|--------|--------|--------|
| Upper respiratory tract infection | 7 (1%) | 5 (3%) | 1 (1%) |
| Muscle spasms                     | 6 (1%) | 4 (3%) | 2 (1%) |
| Urinary Tract Infection           | 4 (1%) | 8 (5%) | 3 (2%) |
| Back Pain                         | 4 (1%) | 6 (4%) | 5 (3%) |
| Tremor                            | 1 (0%) | 4 (3%) | 1 (1%) |

The **common** ( $\geq 1\%$  to  $< 10\%$ ) adverse drug reactions reported at least once by subjects treated with Zohydro ER in the Phase 3 clinical trials and not represented in Table 2 were:

*Gastrointestinal Disorders:* abdominal discomfort, abdominal pain, gastroesophageal reflux disease

*General Disorders and Administration Site Conditions:* non-cardiac chest pain, pain, peripheral edema, pyrexia,

*Injury, Poisoning and Procedural Complications:* contusion, fall, foot fracture, joint injury, joint sprain, muscle strain, skin laceration

*Investigations:* increased blood cholesterol, increased gamma-glutamyltransferase

*Metabolism and Nutrition Disorders:* dehydration, hypokalemia

*Musculoskeletal and Connective Tissue Disorders:* arthralgia, musculoskeletal pain, myalgia, neck pain, osteoarthritis, pain in extremity

*Nervous System Disorders:* lethargy, migraine, paresthesia

*Psychiatric Disorders:* anxiety, depression, insomnia

*Respiratory, Thoracic and Mediastinal Disorders:* cough, dyspnea

*Skin and Subcutaneous Tissue Disorders:* hyperhidrosis, night sweats, rash

*Vascular Disorders:* hot flush

## 7 DRUG INTERACTIONS

### 7.1 Alcohol

Concomitant use of alcohol with Zohydro ER can result in an increase of hydrocodone plasma levels and potentially fatal overdose of hydrocodone. Instruct patients not to consume alcoholic beverages or use prescription or non-prescription products containing alcohol while on Zohydro ER therapy [see *Clinical Pharmacology (12.3)*].

### 7.2 Drugs Affecting Cytochrome P450 Isoenzymes

#### Inhibitors of CYP3A4

Because the CYP3A4 isoenzyme plays a major role in the metabolism of hydrocodone, drugs that inhibit CYP3A4 activity may cause decreased clearance of hydrocodone which could lead to an increase in hydrocodone plasma concentrations and result in increased or prolonged opioid effects. These effects could be more pronounced with concomitant use of CYP 3A4 inhibitors. If co-administration with Zohydro ER is necessary, monitor patients for respiratory depression and sedation at frequent intervals and consider dose adjustments until stable drug effects are achieved [see *Clinical Pharmacology (12.3)*].

#### Inducers of CYP3A4

CYP450 inducers may induce the metabolism of hydrocodone and, therefore, may cause increased clearance of the drug which could lead to a decrease in hydrocodone plasma concentrations, lack of efficacy or, possibly, development of a withdrawal syndrome in a patient who had developed physical dependence to hydrocodone. If co-administration with Zohydro ER is necessary, monitor for signs of opioid withdrawal and consider dose adjustments until stable drug effects are achieved [see *Clinical Pharmacology (12.3)*].

### 7.3 CNS Depressants

The concomitant use of Zohydro ER with other CNS depressants including sedatives, hypnotics, tranquilizers, general anesthetics, phenothiazines, other opioids, and alcohol can increase the risk of respiratory depression, profound sedation, coma and death. Monitor patients receiving CNS depressants and Zohydro ER for signs of respiratory depression, sedation and hypotension.

When combined therapy with any of the above medications is considered, the dose of one or both agents should be reduced [*see Dosage and Administration (2.2) and Warnings and Precautions (5.4)*].

### 7.4 Interactions with Mixed Agonist/Antagonist Opioid Analgesics

Mixed agonist/antagonist analgesics (i.e., pentazocine, nalbuphine, butorphanol, and buprenorphine) may reduce the analgesic effect of Zohydro ER or precipitate withdrawal symptoms in these patients. Avoid the use of mixed agonist/antagonist analgesics in patients receiving Zohydro ER.

### 7.5 MAO Inhibitors

Zohydro ER is not recommended for use in patients who have received MAO inhibitors within 14 days, because severe and unpredictable potentiation by MAO inhibitors has been reported with opioid analgesics. No specific interaction between hydrocodone and MAO inhibitors has been observed, but caution in the use of any opioid in patients taking this class of drugs is appropriate.

### 7.6 Anticholinergics

Anticholinergics or other drugs with anticholinergic activity when used concurrently with opioid analgesics may increase the risk of urinary retention or severe constipation, which may lead to paralytic ileus. Monitor patients for signs of urinary retention and constipation in addition to respiratory and central nervous system depression when Zohydro ER is used concurrently with anticholinergic drugs.

## 8 USE IN SPECIFIC POPULATIONS

### 8.1 Pregnancy

The safety of using Zohydro ER in pregnancy has not been established with regard to possible adverse effects on fetal development. The use of Zohydro ER in pregnancy, in nursing mothers, or in women of child-bearing potential requires that the possible benefits of the drug be weighed against the possible hazards to the mother and the child.

Prolonged use of opioid analgesics during pregnancy may cause neonatal opioid withdrawal syndrome [*see Warnings and Precautions (5.3)*].

#### Teratogenic Effects - Pregnancy Category C

There are no adequate and well-controlled studies in pregnant women. Zohydro ER should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Oral doses of hydrocodone bitartrate up to 25 mg/kg/day in rats and 50 mg/kg/day in rabbits, equivalent to 2 and 10 times an adult human dose of 100 mg/day, respectively on a mg/m<sup>2</sup> basis, did not result in any fetal malformations. Fetuses of rabbits administered oral doses of 75 mg/kg/day hydrocodone bitartrate (15 times an adult human dose of 100 mg/day on a mg/m<sup>2</sup> basis) during the period of organogenesis exhibited an increased number of malformations consisting of umbilical hernia, and irregularly shaped bones (ulna, femur, tibia and/or fibula). In addition, oral hydrocodone bitartrate reduced fetal weights at doses greater than or equal to 25 mg/kg/day (equivalent to approximately 2 times an adult human dose of 100 mg/day on a mg/m<sup>2</sup> basis). Delays in

fetal skeletal maturation (reduced ossification of hyoid bodies and xiphoid bones) were seen following dosing with 75 mg/kg/day (a dose equivalent to 15 times an adult human dose of 100 mg/day on a mg/m<sup>2</sup> basis).

Hydrocodone bitartrate administered orally to female rats at oral doses of 10 and 25 mg/kg/day during gestation and lactation resulted in pups which were noted as cold to touch and caused a reduction in fetal viability (increases in the number of stillborn pups and/or pups dying postpartum), and pup weight. The doses causing these effects were equivalent to approximately 1 and 2.4 times an adult human dose of 100 mg/day, on a mg/m<sup>2</sup> basis. Nursing was reduced in pups of mothers administered 25 mg/kg/day. Decreased body weight/body weight gain and food consumption were seen in male pups delivered by mothers given 25 mg/kg/day.

## **8.2 Labor and Delivery**

Opioids cross the placenta and may produce respiratory depression in neonates. Zohydro ER is not for use in women during and immediately prior to labor, when shorter-acting analgesics or other analgesic techniques are more appropriate. Opioid analgesics 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 dilatation, which tends to shorten labor.

## **8.3 Nursing Mothers**

Low concentrations of hydrocodone and hydromorphone in breast milk of nursing mothers using hydrocodone for postpartum pain control have been reported in published literature.<sup>a</sup> Because of the potential for serious adverse reactions in nursing infants, a decision should be made whether to discontinue nursing or to discontinue Zohydro ER, taking into account the importance of the drug to the mother. Infants exposed to Zohydro ER through breast milk should be monitored for excess sedation and respiratory depression. Withdrawal symptoms can occur in breast-fed infants when maternal administration of an opioid analgesic is stopped, or when breast-feeding is stopped.<sup>a</sup>

## **8.4 Pediatric Use**

The safety and effectiveness of Zohydro ER in pediatric patients below the age of 18 years have not been established.

## **8.5 Geriatric Use**

Clinical studies of Zohydro ER did not include sufficient numbers of subjects aged 65 and over to determine whether they respond differently from younger subjects. Other reported clinical experience has not identified differences in responses between the elderly and younger patients. In general, dose selection for an elderly patient should be cautious, usually starting at the low end of the dosing range, reflecting the greater frequency of decreased hepatic, renal, or cardiac function, and of the concomitant disease or other drug therapy.

Hydrocodone is known to be substantially secreted by the kidney. Thus the risk of toxic reactions may be greater in patients with impaired renal function due to the accumulation of the parent compound and/or metabolites in the plasma. Because elderly patients are more likely to have decreased renal function, care should be taken in dose selection, and it may be useful to monitor renal function.

Hydrocodone may cause confusion and over-sedation in the elderly; elderly patients generally should be started on low doses of hydrocodone bitartrate and observed closely for adverse events such as respiratory depression.

---

<sup>a</sup> Sauberan, 2011

## 8.6 Hepatic Impairment

Patients with hepatic impairment may have higher plasma concentrations than those with normal function. No adjustment in starting dose with Zohydro ER is required in patients with mild or moderate hepatic impairment; however, in patients with severe hepatic impairment, start with the lowest dose, 10 mg. Monitor these patients closely for adverse events such as respiratory depression. [see *Clinical Pharmacology (12.3)*].

## 8.7 Renal Impairment

Patients with renal impairment have higher plasma concentrations than those with normal function. Use a low initial dose of Zohydro ER in patients with renal impairment and monitor closely for adverse events such as respiratory depression [see *Clinical Pharmacology (12.3)*].

# 9 DRUG ABUSE AND DEPENDENCE

## 9.1 Controlled Substance

Zohydro ER contains hydrocodone bitartrate, a Schedule II controlled substance with a high potential for abuse similar to fentanyl, methadone, morphine, oxycodone, and oxymorphone. Zohydro ER is subject to misuse, abuse, addiction and criminal diversion. The high drug content in the extended release formulation adds to the risk of adverse outcomes from abuse and misuse.

## 9.2 Abuse

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.

Drug abuse is the intentional non-therapeutic use of an over-the-counter or prescription drug, even once, for its rewarding psychological or physiological effects. Drug abuse includes, but is not limited to the following examples: the use of a prescription or over-the-counter drug to get “high,” or the use of steroids for performance enhancement and muscle build up.

Drug addiction is a cluster of behavioral, cognitive, and physiological phenomena that develop after repeated substance use and include: 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 to addicts and drug abusers. Drug seeking tactics include, but are not limited to, emergency calls or visits near the end of office hours, refusal to undergo appropriate examination, testing or referral, repeated claims of “loss” of prescriptions, tampering with prescriptions and reluctance to provide prior medical records or contact information for other treating physician(s). “Doctor shopping” (visiting multiple prescribers) to obtain additional prescriptions is common among drug abusers, people with untreated addiction, and criminals seeking drugs to sell.

Abuse and addiction are separate and distinct from physical dependence and tolerance. Physicians 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 and is characterized by misuse for non-medical purposes, often in combination with other psychoactive substances.

Zohydro ER 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 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.

Compromising the extended-release delivery system of Zohydro ER will result in the uncontrolled delivery of hydrocodone and pose a significant risk to the abuser that could result in overdose and death [see *Warnings and Precautions (5.1)*]. The risk of fatal overdose is further increased when hydrocodone is abused concurrently with alcohol or other CNS depressants, including other opioids [see *Warnings and Precautions (5.3)*].

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

Zohydro ER should be discontinued by a gradual downward titration [see *Dosage and Administration (2.3)*]. If Zohydro ER is abruptly discontinued in a physically-dependent patient, an abstinence syndrome may occur. Some or all of the following can characterize this syndrome: restlessness, lacrimation, rhinorrhea, yawning, perspiration, chills, piloerection, myalgia, mydriasis, irritability, anxiety, backache, joint pain, weakness, abdominal cramps, insomnia, nausea, anorexia, vomiting, diarrhea, 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 symptoms [see *Use in Specific Populations (8.2, 8.3)*].

## 10 OVERDOSAGE

### 10.1 Symptoms

Acute overdosage with opioids is often characterized by respiratory depression, somnolence progressing to stupor or coma, skeletal muscle flaccidity, cold and clammy skin, constricted pupils, and, sometimes, pulmonary edema, bradycardia, hypotension, and death. Marked mydriasis rather than miosis may be seen due to severe hypoxia in overdose situations [see *Clinical Pharmacology (12.2)*].

### 10.2 Treatment

In the treatment of Zohydro ER overdosage, primary attention should be given to the re-establishment of a patent airway and institution of assisted or controlled ventilation.

Employ other supportive measures (including oxygen and vasopressors) in the management of circulatory shock and pulmonary edema accompanying overdose as indicated. Cardiac arrest or arrhythmias will require advanced life support techniques.

The opioid antagonist naloxone hydrochloride is a specific antidote against respiratory depression that may result from opioid overdosage. Nalmefene is an alternative opioid antagonist, which may be administered as a specific antidote to respiratory depression resulting from opioid overdose. Since the duration of action of Zohydro ER may exceed that of the antagonist, keep the patient under continued surveillance and administer repeated doses of the antagonist according to the antagonist labeling as needed to maintain adequate respiration.

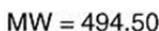
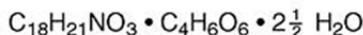
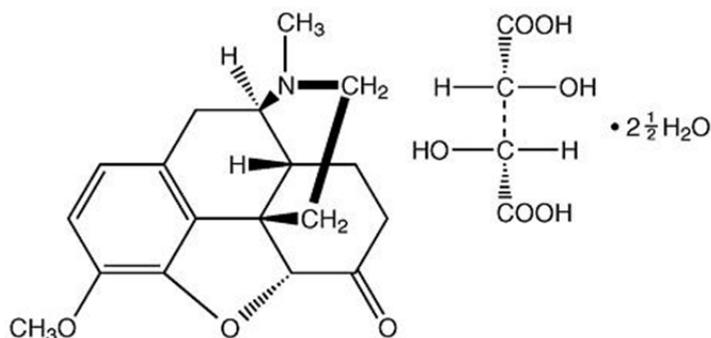
Opioid antagonists should not be administered in the absence of clinically significant respiratory or circulatory depression. Administer opioid antagonists cautiously to persons who are known, or suspected to be, physically dependent on Zohydro ER. In such cases, an abrupt or complete reversal of opioid effects may precipitate an acute

abstinence syndrome. In an individual physically dependent on opioids, administration of the usual dose of the antagonist will precipitate an acute withdrawal syndrome. The severity of the withdrawal syndrome produced 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 agonist should be begun with care and by titration with smaller than usual doses of the agonist.

## 11 DESCRIPTION

Hydrocodone bitartrate is an opioid agonist and occurs as fine, white crystals, or as a crystalline powder.

The chemical name is 4,5(alpha)-epoxy-3-methoxy-17-methylmorphinan-6-one tartrate (1:1) hydrate (2:5) or morphinan-6-one, 4,5-epoxy-3-methoxy-17-methyl-, (5 alpha)-, [R (R\*, R\*)]-2,3-dihydroxybutanedioate (1:1), hydrate (2:5). It has the following structural formula:



Zohydro ER (hydrocodone bitartrate) extended-release capsules are hard gelatin capsules for oral administration. Each Zohydro ER capsule contains either 10, 15, 20, 30, 40, or 50 mg of hydrocodone bitartrate USP and the following inactive ingredients: sugar spheres NF, hypromellose USP, ammonio methacrylate copolymer NF, silicon dioxide NF, and talc USP. The capsule shells collectively contain titanium dioxide, FD&C Blue #1, FD&C Red #40, FDA Yellow iron oxide, FD&C Red #3, FDA Black iron oxide, FDA Red iron oxide, and gelatin.

## 12 CLINICAL PHARMACOLOGY

### 12.1 Mechanism of Action

Hydrocodone is a semi-synthetic opioid agonist with relative selectivity for the mu-opioid 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-aqueductal and peri-ventricular gray matter, the ventro-medial medulla and the spinal cord to produce analgesia. The analgesia, as well as the euphorant, respiratory depressant and physiologic dependence properties of  $\mu$  agonist opioids like hydrocodone, result principally from agonist action at the  $\mu$  receptors.

### 12.2 Pharmacodynamics

#### Central Nervous System

The principal therapeutic action of hydrocodone is analgesia. In common with other opioids, hydrocodone causes respiratory depression, in part by a direct effect on the brainstem 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. Opioids depress the cough reflex by direct effect on the cough center in the medulla.

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 origin may produce similar findings). Marked mydriasis rather than miosis may be seen with hypoxia in overdose situations [*see Overdosage (10.1)*]. In addition to analgesia, the widely diverse effects of hydrocodone include drowsiness, changes in mood, decreased gastrointestinal motility, nausea, vomiting, and alterations of the endocrine and autonomic nervous system [*see Clinical Pharmacology (12.1)*].

#### 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 gastric, biliary and pancreatic secretions, spasm of sphincter of Oddi, and transient elevations in serum amylase.

#### Cardiovascular System

Hydrocodone may produce release of histamine with or without associated peripheral vasodilation. Manifestations of histamine release and/or peripheral vasodilation may include pruritus, flushing, red eyes, sweating, and/or orthostatic hypotension.

#### Endocrine System

Opioids may influence the hypothalamic-pituitary-adrenal or -gonadal axes. Some changes that can be seen include an increase in serum prolactin, and decreases in plasma cortisol and testosterone. Clinical signs and symptoms may be manifest from these hormonal changes.

#### Immune System

*In vitro* and animal studies indicate that opioids have a variety of effects on immune functions, depending on the context in which they are used. The clinical significance of these findings is unknown.

#### Concentration—Efficacy Relationships

The minimum effective plasma concentration of hydrocodone for analgesia varies widely among patients, especially among patients who have been previously treated with agonist opioids. As a result, individually titrate patients to achieve a balance between therapeutic and adverse effects. The minimum effective analgesic concentration of hydrocodone for any individual patient may increase over time due to an increase in pain, progression of disease, development of a new pain syndrome and/or potential development of analgesic tolerance.

#### Concentration—Adverse Experience Relationships

There is a general relationship between increasing opioid plasma concentration and increasing frequency of adverse experiences such as nausea, vomiting, CNS effects, and respiratory depression.

As with all opioids, the dose of Zohydro ER must be individualized [*see Dosage and Administration (2.2)*]. The effective analgesic dose for some patients will be too high to be tolerated by other patients.

### **12.3 Pharmacokinetics**

As compared to immediate-release hydrocodone combination products, Zohydro ER at similar daily doses results in similar overall exposure but with lower maximum concentrations. The half-life is also longer due the prolonged duration of absorption. Based on the half-life of hydrocodone, steady-state should be obtained after 3 days of dosing. Following 7 days of dosing, AUC and  $C_{max}$  increase approximately two-fold as compared to the first day of dosing. The pharmacokinetics of Zohydro ER has been shown to be independent of dose up to a dose of 50 mg.

#### Absorption

Zohydro ER capsules exhibit peak plasma concentrations occurring approximately 5 hours after dose administration.

### Food Effects

Food has no significant effect on the extent of absorption of hydrocodone from Zohydro ER. Although there was no evidence of dose dumping associated with this formulation under fasted and fed conditions, peak plasma concentration of hydrocodone increased by 27% when a Zohydro ER 20 mg capsule was administered with a high-fat meal.

### Distribution

Although the extent of protein binding of hydrocodone in human plasma has not been definitely determined, structural similarities to related opioid analgesics suggest that hydrocodone is not extensively protein bound. As most agents in the 5-ring morphinan group of semi-synthetic opioids bind plasma protein to a similar degree (range 19% [hydromorphone] to 45% [oxycodone]), hydrocodone is expected to fall within this range.

### Metabolism

Hydrocodone exhibits a complex pattern of metabolism, including N-demethylation, O-demethylation, and 6-keto reduction to the corresponding 6- $\alpha$ - and 6- $\beta$ -hydroxy metabolites. 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 *Drug Interactions (7.2)*]. Published *in vitro* studies have shown that N-demethylation of hydrocodone to form norhydrocodone can be attributed to 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.

### Excretion

Hydrocodone and its metabolites are eliminated primarily in the kidneys, with a mean apparent plasma half-life after Zohydro ER administration of approximately 8 hours.

### Interactions with Alcohol

The rate of absorption of Zohydro ER 50 mg was affected by co-administration with 40% alcohol in the fasted state, as exhibited by an increase in peak hydrocodone concentrations (on average 2.4-fold increase with maximum increase of 3.9-fold in one subject) and a decrease in the time to peak concentrations. The extent of absorption was increased on average 1.2-fold with maximum increase of 1.7-fold in one subject with 40% alcohol [See *Warnings and Precautions (5.4)*].

### Special Populations

#### *Elderly ( $\geq 65$ years)*

No significant pharmacokinetic differences by age were observed based on population pharmacokinetic analysis.

#### *Gender*

No significant pharmacokinetic differences by gender were observed based on population pharmacokinetic analysis.

#### *Hepatic Impairment*

After a single dose of 20 mg Zohydro ER in 20 patients with mild to moderate hepatic impairment based on Child-Pugh classifications, mean hydrocodone  $C_{max}$  values were  $25 \pm 5$ ,  $24 \pm 5$ , and  $22 \pm 3.3$  ng/mL for moderate and mild impairment, and, normal subjects, respectively. Mean hydrocodone AUC values were  $509 \pm 157$ ,  $440 \pm 124$ , and  $391 \pm 74$  ng·h/mL for moderate and mild impairment, and, normal subjects, respectively. Hydrocodone  $C_{max}$  values were 8-10% higher in patients with hepatic impairment while AUC values were 10% and 26% higher in patients with mild and moderate hepatic impairment, respectively. Severely impaired subjects were not studied [see *Use in Specific Populations (8.6)*].

### *Renal Impairment*

After a single dose of 20 mg Zohydro ER in 28 patients with mild, moderate, or severe renal impairment based on Cockcroft-Gault criteria, mean hydrocodone  $C_{max}$  values were  $26 \pm 6.0$ ,  $28 \pm 7.5$ ,  $21 \pm 5.1$  and  $19 \pm 4.4$  ng/mL for severe, moderate, mild renal impairment, and, normal subjects, respectively. Mean hydrocodone AUC values were  $487 \pm 123$ ,  $547 \pm 184$ ,  $391 \pm 122$  and  $343 \pm 105$  ng·h/mL for severe, moderate, mild renal impairment, and, normal subjects, respectively. Hydrocodone  $C_{max}$  values were 15%, 48%, and 41% higher and AUC values were 15%, 57% and 44% higher in patients with mild, moderate and severe renal impairment, respectively [see *Use in Specific Populations (8.7)*].

### Drug-Drug Interactions

While comprehensive PK drug-drug interaction studies (other than alcohol) have not been performed in humans receiving hydrocodone, published *in vitro* and human PK studies indicate that conversion of hydrocodone to its primary metabolite, norhydrocodone and lesser metabolite, hydromorphone, is mediated by the cytochrome P450 enzyme system. N-demethylation of hydrocodone to form norhydrocodone is attributed to CYP3A4 and O-demethylation of hydrocodone to hydromorphone is predominantly catalyzed by CYP2D6 and to a lesser extent by an unknown low affinity CYP enzyme.

Inhibition of CYP3A4 interacting drugs could alter the metabolic profile of hydrocodone causing a slowing of hydrocodone clearance, and lead to elevated hydrocodone concentrations and effects, which could be more pronounced with concomitant use of cytochrome P450 CYP3A4 inhibitors [see *Warnings and Precautions (5.9) and Drug Interactions (7.2)*].

## **13 NONCLINICAL TOXICOLOGY**

### **13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility**

#### Carcinogenesis

Long-term animal studies to evaluate the carcinogenic potential of hydrocodone have not been conducted.

#### Mutagenesis

Hydrocodone bitartrate was genotoxic in an *in vitro* chromosomal aberration assay in the presence of metabolic activation. No evidence of clastogenicity was observed in this assay in the absence of metabolic activation. There was no evidence of genotoxic potential in an *in vitro* bacterial reverse mutation assay (*Salmonella typhimurium* and *Escherichia coli*) or in an assay for chromosomal aberrations (*in vivo* mouse bone marrow micronucleus assay).

#### Impairment of Fertility

In a fertility study, rats were administered once daily by oral gavage the vehicle or hydrocodone bitartrate at doses of 25, 75, and 100 mg/kg/day (equivalent to approximately 2, 7, and 10 times an adult human dose of 100 mg/day, on a mg/m<sup>2</sup> basis). Male and female rats were dosed before cohabitation (up to 28 days), during the cohabitation and until gestation day 7 (females) or necropsy (males; 2-3 weeks post-cohabitation). Hydrocodone bitartrate did not affect reproductive function in males, although the weights of male reproductive organs were decreased at all doses. Doses of 25 mg/kg/day and greater in females reduced the rate at which females became pregnant which correlated with suppression of estrous cyclicity, thought to be due to increases in prolactin. In hydrocodone bitartrate-treated rats that became pregnant, at 25 mg/kg early embryonic development was unaffected (approximately 2 times the adult human daily dose of 100 mg/day on a mg/m<sup>2</sup> basis). In rats, prolactin plays a unique role in the estrous cycle and the clinical relevance of the female rat reproductive findings is uncertain.

## **14 CLINICAL STUDIES**

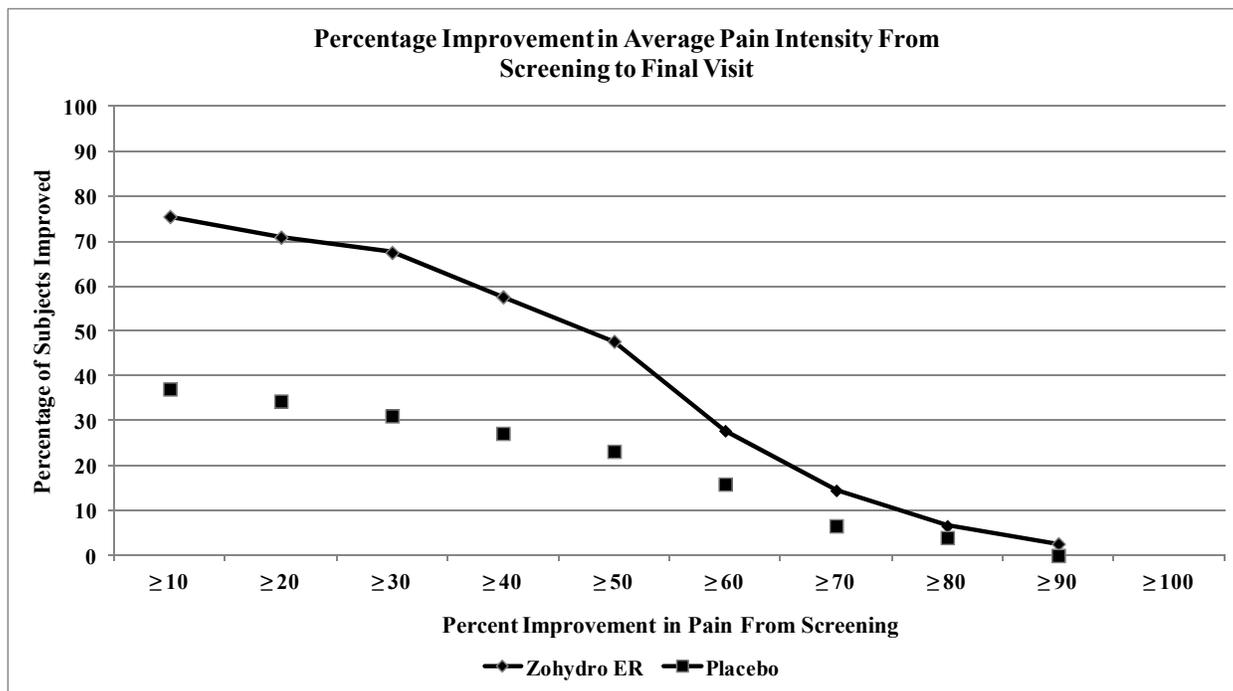
The efficacy and safety of Zohydro ER have been evaluated in a randomized double-blind, placebo-controlled, multi-center clinical trial in opioid-experienced subjects with moderate to severe chronic low back pain.

## 14.1 Placebo-Controlled Study in Opioid-Experienced Subjects With Moderate to Severe Chronic Lower Back Pain

A total of 510 subjects currently on chronic opioid therapy entered an open-label conversion and titration phase (up to 6 weeks) with Zohydro ER dosed every 12 hours at an approximated equianalgesic dose of their pre-study opioid medication. For inadequately controlled pain, Zohydro ER was increased by 10 mg per 12-hour dose, once every 3–7 days until a stabilized dose was identified, or a maximum dosage of 100 mg every 12 hours. There were 302 subjects (59%) randomized at a ratio of 1:1 into a 12-week double-blind treatment phase with their fixed stabilized dose of Zohydro ER (40–200 mg daily taken as 20–100 mg, every 12 hours) or a matching placebo. Subjects randomized to placebo were given a blinded taper of Zohydro ER according to a pre-specified tapering schedule. During the Treatment Phase, subjects were allowed to use rescue medication (hydrocodone 5 mg/500 mg acetaminophen) up to 2 doses (2 tablets) per day. There were 124 treated subjects (82%) that completed the 12-week treatment with Zohydro ER and 59 subjects (39%) with placebo.

Zohydro ER provided greater analgesia compared to placebo. There was a significant difference in the mean changes from Baseline to Week 12 in average weekly pain intensity Numeric Rating Scale (NRS) scores between the two groups.

The percentage of subjects in each group who demonstrated improvement in their Numeric Rating Scale (NRS) pain score at End-of-Study, as compared to Screening is shown in Figure 1. The figure is cumulative, so that subjects whose change from screening is, for example, 30%, are also included at every level of improvement below 30%. Subjects who did not complete the study were classified as non-responders. Treatment with Zohydro ER produced a greater number of responders, defined as subjects with at least a 30% improvement, as compared to placebo (67.5% vs. 31.1%).



## 15 REFERENCES

Hutchinson M, Menelaou A, Foster D, Collier J, Somogyi A. CYP2D6 and CYP2A4 involvement in the primary oxidative metabolism of hydrocodone by human liver microsomes. *British Journal of Clinical Pharmacology* 2003;57(3):287–297

Sauberan JB, Anderson PO, Lane JR, Rafie S, Nguyen N, Rossi SS, Stellwagen LM. Breast milk hydrocodone and hydromorphone levels in mothers using hydrocodone for postpartum pain, *Obstet Gynecol.* 2011 Mar; 117(3):611–7

## 16 HOW SUPPLIED/STORAGE AND HANDLING

Zohydro ER extended-release capsules are supplied in 100-count bottles with a child-resistant closure as follows:

| Strength | Capsule Color(s)                | Capsule Text                     | NDC Number                  |
|----------|---------------------------------|----------------------------------|-----------------------------|
| 10 mg    | White opaque                    | “Zogenix 10 mg”<br>in black ink  | 43376-210-10 100 ct bottles |
| 15 mg    | Light green and<br>white opaque | “Zogenix 15 mg”<br>in black ink  | 43376-215-10 100 ct bottles |
| 20 mg    | Light green<br>opaque           | “Zogenix 20 mg”<br>in black ink  | 43376-220-10 100 ct bottles |
| 30 mg    | Dark blue and<br>white opaque   | “Zogenix 30 mg”<br>in black ink  | 43376-230-10 100 ct bottles |
| 40 mg    | Dark brown and<br>white opaque  | “Zogenix 40 mg ”<br>in black ink | 43376-240-10 100 ct bottles |
| 50 mg    | Dark brown<br>opaque            | “Zogenix 50 mg ”<br>in black ink | 43376-250-10 100 ct bottles |

Zohydro ER contains hydrocodone bitartrate which is a controlled substance and is controlled under Schedule II of the Controlled Substances Act. Hydrocodone, like all opioids, is liable to diversion and misuse and should be handled accordingly. Patients and their families should be instructed to dispose of any Zohydro ER capsules that are no longer needed.

Zohydro ER may be targeted for theft and diversion. Healthcare professionals should contact their State Medical Board, State Board of Pharmacy or State Control Board for information on how to detect or prevent diversion of this product.

Healthcare professionals should advise patients to store Zohydro ER in a secure place, preferably locked and out of the reach of children and other non-caregivers.

Store at 25° C (77° F); excursions permitted to 15°–30° C (59°–86° F) [see USP Controlled Room Temperature].

Dispense in tight container as defined in the USP, with a child-resistant closure.

Advise patients to dispose of any unused capsules from a prescription as soon as they are no longer needed in accordance with local State guidelines and/or regulations [see *Patient Counseling Information (17)*].

## 17 PATIENT COUNSELING INFORMATION

See FDA-approved patient labeling (Medication Guide)

### 17.1 Information for Patients and Caregivers

### Addiction, Abuse, and Misuse

Inform patients that the use of Zohydro ER, even when taken as recommended, can result in addiction, abuse, and misuse, which can lead to overdose or death [see *Warnings and Precautions (5.1)*]. Instruct patients not to share Zohydro ER with others and to take steps to protect Zohydro ER 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 Zohydro ER or when the dose is increased, and that it can occur even at recommended doses [see *Warnings and Precautions (5.2)*]. Advise patients how to recognize respiratory depression and to seek medical attention if they are experiencing breathing difficulties.

### Accidental Consumption

Inform patients that accidental exposure, especially in children, may result in respiratory depression or death [see *Warnings and Precautions (5.2)*]. Instruct patients to take steps to store Zohydro ER securely and to dispose of unused Zohydro ER by flushing the Capsules down the toilet.

### Neonatal Opioid Withdrawal Syndrome

Inform female patients of reproductive potential that chronic use of Zohydro ER during pregnancy can result in neonatal opioid withdrawal syndrome, which may be life-threatening [see *Warnings and Precautions (5.3)*].

### Interaction with Alcohol and other CNS Depressants

Inform patients that the concomitant use of alcohol with Zohydro ER can increase the risk of life-threatening respiratory depression. Instruct patients not to consume alcoholic beverages, as well as prescription and over-the-counter products that contain alcohol, during treatment with Zohydro ER. The co-ingestion of alcohol with Zohydro ER may result in increased plasma levels and a potentially fatal overdose of hydrocodone.

Inform patients that potentially serious additive effects may occur if Zohydro ER is used with alcohol or other CNS depressants, and not to use such drugs unless supervised by a health care provider.

### Important Administration Instructions

#### **Instruct patients how to properly take Zohydro ER, including the following:**

- The capsules **must be swallowed whole and must not be chewed, crushed, or dissolved.** Taking chewed, crushed or dissolved Zohydro ER capsules or contents can lead to rapid release and absorption of a potentially fatal dose of hydrocodone.
- Use Zohydro ER exactly as prescribed to reduce the risk of life-threatening adverse reactions (e.g., respiratory depression)
- Contact prescriber if pain control is not adequate or if there are adverse reactions occurring during therapy
- Do not discontinue Zohydro ER without first discussing the need for a tapering regimen with the prescriber

### Hypotension

Inform patients that Zohydro ER 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).

*Driving or Operating Heavy Machinery*

Inform patients that Zohydro ER 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.

*Constipation*

Advise patients of the potential for severe constipation, including management instructions and when to seek medical attention.

*Anaphylaxis*

Inform patients that anaphylaxis has been reported with ingredients contained in Zohydro ER. Advise patients how to recognize such a reaction and when to seek medical attention.

*Pregnancy*

Advise female patients that Zohydro ER can cause fetal harm and to inform the prescriber if they are pregnant or plan to become pregnant.

Zohydro™ ER is a trademark of Zogenix, Inc.

Manufactured for Zogenix by Alkermes Gainesville LLC under license from Alkermes Pharma Ireland Limited (APIL), Ireland.

U.S. Patent Nos.: US 6,228,398 and US 6,902,742

**Medication Guide****ZOHYDRO™ ER (zoh-hye-droh)****(hydrocodone bitartrate) Extended-Release Capsules, CII****ZOHYDRO ER is:**

- A strong, long-acting (extended-release) prescription pain medicine that contains an opioid (narcotic). Taking ZOHYDRO ER can cause opioid addiction, abuse, misuse, overdose and death, even if you take your dose correctly as prescribed. Because of this, ZOHYDRO ER is used only to manage pain that is severe enough to require daily, around-the-clock, long-term treatment with an opioid, when other pain treatments such as non-opioid pain medicines or immediate-release opioid medicines do not treat your pain well enough or you cannot tolerate them.
- Not for use to treat pain that is not around-the-clock.

**Important information about ZOHYDRO ER:**

- Get emergency help right away if you take too much ZOHYDRO ER (overdose). ZOHYDRO ER can cause breathing problems that can lead to death, even if you take your dose as prescribed.
- Never give anyone else your ZOHYDRO ER. They could die from taking it. Store ZOHYDRO ER away from children and in a safe place to prevent stealing or abuse. Selling or giving away ZOHYDRO ER is against the law.

**Do not take ZOHYDRO ER if you have:**

- severe asthma, trouble breathing, or other lung problems.
- a bowel blockage or have narrowing of the stomach or intestines.

**Before taking ZOHYDRO ER, tell your healthcare provider if you have a history of:**

- head injury, seizures
- problems urinating
- abuse of street or prescription drugs, alcohol addiction, or mental health problems.
- liver, kidney, thyroid problems
- pancreas or gallbladder problems

**Tell your healthcare provider if you are:**

- **pregnant or planning to become pregnant.** ZOHYDRO ER may harm your unborn baby. Long-term (chronic) use during pregnancy can cause life-threatening withdrawal symptoms in your newborn baby.
- **breastfeeding.** ZOHYDRO ER passes into breast milk and may harm your baby.
- taking prescription or over-the-counter medicines, vitamins, or herbal supplements. Taking ZOHYDRO ER with certain other medicines can cause serious side effects.

**When taking ZOHYDRO ER:**

- Do not change your dose. Take ZOHYDRO ER exactly as prescribed by your healthcare provider.
- Take your prescribed dose every 12 hours, at the same time every day. Do not take more than your prescribed dose in 12 hours. If you miss a dose, take your next dose at your usual time the next day.
- Swallow ZOHYDRO ER whole. Do not cut, break, chew, crush, or dissolve ZOHYDRO ER because this may cause you to overdose and die.

**Call your healthcare provider if the dose you are taking does not control your pain.**

- **Do not stop taking ZOHYDRO ER without talking to your healthcare provider.**
- After you stop taking ZOHYDRO ER, flush any unused capsules down the toilet.

**While taking ZOHYDRO ER Do Not:**

- Drive or operate heavy machinery, until you know how ZOHYDRO ER affects you. ZOHYDRO ER 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 ZOHYDRO ER may cause you to overdose and die.

**The possible side effects of ZOHYDRO ER are:**

- 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, or you are feeling faint.

These are not all the possible side effects of ZOHYDRO ER. 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](http://dailymed.nlm.nih.gov)**

ZOHYDRO is a registered trademark of Zogenix, Inc., Manufactured by: Alkermes Gainesville LLC, Gainesville, GA. Distributed by: Zogenix, Inc., San Diego, CA 92130, [www.zohydroerremms.com](http://www.zohydroerremms.com) or call 1-866-ZOGENIX.

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

Issue: October 2013