PERPHENAZINE AND AMITRIPTYLINE HYDROCHLORIDE TABLETS, USP
2 mg/10 mg, 2 mg/25 mg, 4 mg/10 mg, 4 mg/25 mg and 4 mg/50 mg

AVERTING
Increased Mortality in Elderly Population with Severe and Agitated Depression

Patients with severe depression and agitation presented with experience an increased risk of mortality of extremely serious non-
lethal (suicide related) mortality of 16 deaths (1.6%). Large series of patients taking antidepressants, reported a risk of a total of 2,542 deaths in patients between 65 and 74 years of age at risk of death in placebo-treated patients. Due to the nature of the study, it is not possible to determine if the risk of death in placebo-treated patients was due to the antidepressant therapy itself or to the disease state. The risk for death in placebo-treated patients was 0.5%.

Unavoidable patients who have associated depression symptoms should be counseled and perphenazine and amitriptyline hydrochloride is not approved for the treatment of patients with severe depressive disorders (see WARNINGS).

PERPHENAZINE AND AMITRIPTYLINE HYDROCHLORIDE is not approved for the treatment of patients with severe depressive disorders (see WARNINGS).

The pupillary dilation that occurs following use of many drugs of this class is considered to be an undesirable effect. Patients should be advised that taking perphenazine and amitriptyline hydrochloride may cause a marked increase in the size of the pupil, which may affect their ability to drive or engage in other hazardous activities.

Patients, their families and their caregivers should be made aware that the long-term administration of antidepressants may be associated with an increased risk of suicide, particularly during the early phases of treatment. Families and caregivers should be advised to be alert for the emergence of depression, suicidality or worsening of symptoms, and to report such symptoms to perphenazine and amitriptyline hydrochloride should be discontinued and immediate medical evaluation instituted.

Other patients, the family and the caregiver should be advised to be alert for the emergence of depression, suicidality or worsening of symptoms, and to report such symptoms to perphenazine and amitriptyline hydrochloride should be discontinued and immediate medical evaluation instituted.

In addition, serotonin syndrome may occur in patients treated with a serotonin reuptake inhibitor (SSRI) and a serotoninergic or dopamineergic agent, such as a tricyclic antidepressant (TCA), MAO inhibitor, amphetamine, or a meperidine derivative. There have been reports of a serious, potentially life-threatening condition characterized by the acute onset of autonomic dysfunction and neurologic signs and symptoms such as abdominal cramps, diarrhea, diaphoresis, hyperreflexia, hyperthermia, hypotension, tachycardia, muscle rigidity, and tremor. In addition, there have been reports of cases of serotonin syndrome in patients treated with perphenazine and amitriptyline hydrochloride tablets in combination with a monoamine oxidase (MAO) inhibitor or another drug that is associated with serotonin syndrome (see WARNINGS).

Perphenazine and amitriptyline hydrochloride tablets are not approved for the treatment of patients with severe depressive disorders (see WARNINGS).

SPECIAL POPULATIONS
Pediatric patients:

CNS changes of depression, a syndrome comprising of potentially serious symptoms, including suicidal ideation and behavior, may be associated with an increased risk of suicide, particularly during the early phases of treatment. Families and caregivers should be advised to be alert for the emergence of depression, suicidality or worsening of symptoms, and to report such symptoms to perphenazine and amitriptyline hydrochloride should be discontinued and immediate medical evaluation instituted.

The management of NMS should include 1) immediate discontinuation of the anticholinergic drugs and other antiparkinsonian drugs, such as dopamine agonists; 2) if anticholinergic drugs cannot be discontinued, these agents should be reduced or the dose of perphenazine and amitriptyline hydrochloride should be reduced; 3) if the patient has not already been hospitalised, consideration should be given to hospitalisation; 4) intramuscular injection of depot benztpine mesylate; 5) if there is evidence of disturbed temperature regulation, the patient should be placed in a cool environment; 6) artificial hyperventilation should be administered; 7) use of parenteral fluids should be considered, especially in patients with heat stroke; 8) use of corticosteroids, although it was once commonly employed, has not been shown to be effective.

Patients and their caregivers should be made aware that the long-term administration of antidepressants may be associated with an increased risk of suicide, particularly during the early phases of treatment. Families and caregivers should be advised to be alert for the emergence of depression, suicidality or worsening of symptoms, and to report such symptoms to perphenazine and amitriptyline hydrochloride should be discontinued and immediate medical evaluation instituted.
Miltyna®

Miltyna® is a pseudoephedrine/caffeine combination product indicated for the relief of symptoms of the common cold, such as nasal congestion, sore throat, and mild headache in adults.

**Summary**

- **Action**: Miltyna® contains pseudoephedrine hydrochloride, USP (an adrenergic agonist with alpha-1 agonist activity) and caffeine anhydrous (a central nervous system stimulant with cerebral, cerebellar and cerebrospinal effects).
- **Indications**:
  - URI symptoms
  - Cold
  - Sinus congestion
  - Sinus pressure
  - Cough
  - Nasal congestion
  - Facilitating sleep

- **Contraindications**:
  - Hypersensitivity to any component of this product
  - Use by patients with severe hypertension

- **Precautions**:
  - Use with caution in patients with heart disease, hyperthyroidism, diabetes mellitus, glaucoma, and in patients taking monoamine oxidase inhibitors (MAOIs)

- **Adverse Reactions**:
  - Headache, dizziness, nervousness, nausea, difficulty in sleeping, nervousness, anxiety, nervousness, restlessness, insomnia, abdominal discomfort, heartburn, and sweating

- **Dosage**:
  - Adults and children over 12 years of age: 1 or 2 tablets or 1 or 2 softgels every 6 hours as needed
  - Children 6 to 12 years of age: 1 tablet or 1 softgel every 6 hours as needed

- **Warnings**:
  - Use with other sympathomimetics or monoamine oxidase inhibitors (MAOIs) may cause hypertension

- **Overdosage**:
  - Ingestion of more than 10 times the usual daily成人 dose may lead to hyperactivity, agitation, irritability, or tremors.

- **Drug Interactions**: None

- **Instructions for Use**: Store at 20°C to 25°C (68°F to 77°F) [See USP Controlled Room Temperature] Protect from light.

**Package**:

- Tablets: Bottle of 100	NDC 0378-0574-05
- Softgels: Bottle of 100	NDC 0378-0575-05

**Medication Guide**

**Antidepressants**

- **Antidepressant Medicines**
  - **Depression and other serious mental illnesses**
  - **Suicidal thoughts or actions**

- **Read the Medication Guide that came with your or your family member’s antidepressant medicine. This Medication Guide is only about the risk of suicidal thoughts and actions with antidepressant medicines. Talk to your, or your family member’s, healthcare provider about:
  - all risks and benefits of treatments with antidepressant medicines
  - all treatment choices for depression or other serious mental illness

- **What is the most important information I should know about antidepressant medicines, depression and other serious mental illnesses, and suicidal thoughts or actions?**

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