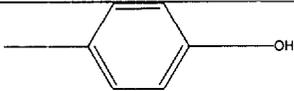
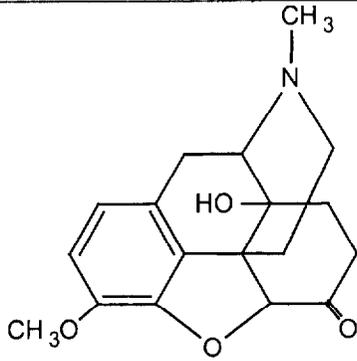
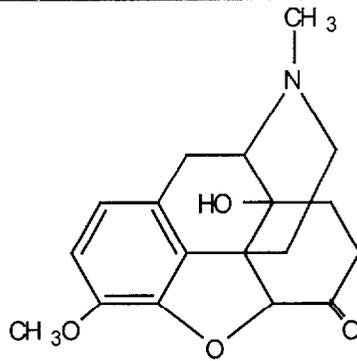




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Current Package Insert 6522-00/April, 1999	Proposed Package Insert	Comments
ENDO LABORATORIES PERCOCET® (Oxycodone and Acetaminophen Tablets, USP)	[TRADENAME] (Oxycodone and Acetaminophen Tablets, USP) 2.5 mg/400 mg	
	[TRADENAME] (Oxycodone and Acetaminophen Tablets, USP) 5 mg/400 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 2.5 mg*	Oxycodone Hydrochloride 2.5 mg*	
Acetaminophen, USP 325 mg	Acetaminophen, USP 400 mg	Change APAP strength.
Oxycodone Hydrochloride 5 mg*	Oxycodone Hydrochloride 5 mg*	
Acetaminophen, USP 325 mg	Acetaminophen, USP 400 mg	Change APAP strength.
* 2.5 mg oxycodone HCl is equivalent to 2.2409 mg of oxycodone.	* 2.5 mg oxycodone HCl is equivalent to 2.2409 mg of oxycodone.	
5 mg oxycodone HCl is equivalent to 4.4815 mg of oxycodone.	5 mg oxycodone HCl is equivalent to 4.4815 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.	Both strengths of [TRADENAME] also contain the following inactive ingredients:	Add inactive ingredients.
In addition, the 2.5 mg/325 mg strength contains FD&C Red No. 40 Aluminum Lake and the	In addition, the 2.5 mg/400 mg strength contains xxx and the	Colors TBD
5 mg/325 mg strength contains FD&C Blue No. 1 Aluminum Lake.	5 mg/400 mg strength contains xxx.	Colors TBD

<p>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 formula for acetaminophen is $C_8H_9NO_2$ and the molecular weight is 151.17. It may be represented by the following structural formula:</p>	<p>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 formula for acetaminophen is $C_8H_9NO_2$ and the molecular weight is 151.17. It may be represented by the following structural formula:</p>	
<p>CH_3CONH </p>	<p>CH_3CONH </p>	
<p>The oxycodone component is 14-hydroxydihydrocodeinone, a white, odorless, crystalline powder having a saline, bitter taste. The molecular formula for oxycodone hydrochloride is $C_{18}H_{21}NO_4 \cdot HCl$ and the molecular weight 351.83. It is derived from the opium alkaloid thebaine, and may be represented by the following structural formula:</p>	<p>The oxycodone component is 14-hydroxydihydrocodeinone, a white, odorless, crystalline powder having a saline, bitter taste. The molecular formula for oxycodone hydrochloride is $C_{18}H_{21}NO_4 \cdot HCl$ and the molecular weight 351.83. It is derived from the opium alkaloid thebaine, and may be represented by the following structural formula:</p>	
<p></p>	<p></p>	

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 (Oxycodone and Acetaminophen Tablets, USP) is indicated for the relief of moderate to moderately severe pain.	[TRADENAME] (Oxycodone and Acetaminophen Tablets, USP) is indicated for 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 component of this product.	[TRADENAME] should not be administered to patients who are hypersensitive to oxycodone, acetaminophen, or any other component of this product.	
WARNINGS	WARNINGS	
Drug Dependence: 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, 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: 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], 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	General	
<i>Head Injury and Increased Intracranial Pressure:</i> 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.	<i>Head Injury and Increased Intracranial Pressure:</i> 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.	
<i>Acute Abdominal Conditions:</i> The administration of PERCOCET or other opioids may obscure the diagnosis or clinical course in patients with acute abdominal conditions.	<i>Acute Abdominal Conditions:</i> The administration of [TRADE NAME] or other opioids may obscure the diagnosis or clinical course in patients with acute abdominal conditions.	
<i>Special Risk Patients:</i> 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.	<i>Special Risk Patients:</i> [TRADE NAME] 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	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.	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 [TRADE NAME] should be cautioned accordingly.	
Drug Interactions	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.	Patients receiving other opioid analgesics, general anesthetics, phenothiazines, other tranquilizers, sedative-hypnotics or other CNS depressants (including alcohol) concomitantly with [TRADE NAME] may exhibit an additive CNS depression.	

When such combined therapy is contemplated, the dose of one or both agents should be reduced.	When such combined therapy is contemplated, the dose of one or both agents should be reduced.	
The use of MAO inhibitors or tricyclic antidepressants with oxycodone preparations may increase the effect of either the antidepressant or oxycodone.	The use of MAO inhibitors or tricyclic antidepressants with oxycodone preparations may increase the effect of either the antidepressant or oxycodone.	
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	Usage in Pregnancy	
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 outweigh the possible hazards.	Pregnancy Category C: Animal reproductive studies have not been conducted with [TRADE NAME]. It is also not known whether [TRADE NAME] can cause fetal harm when administered to a pregnant woman or can affect reproductive capacity. [TRADE NAME] should not be given to a pregnant woman unless in the judgment of the physician, the potential benefits 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 [TRADE NAME] 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	Nursing Mothers	
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.	It is not known whether [TRADE NAME] is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when [TRADE NAME] is administered to a nursing woman.	

Pediatric Use	Pediatric Use	
Safety and effectiveness in pediatric patients have not been established.	Safety and effectiveness in pediatric patients have not been established.	
ADVERSE REACTIONS	ADVERSE REACTIONS	
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.	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.	
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	Acetaminophen	
Signs and Symptoms: In acute acetaminophen overdose, dose-dependent, potentially fatal hepatic necrosis is the most serious adverse effect. Renal tubular necrosis, hypoglycemic coma and thrombocytopenia may also occur.	Signs and Symptoms: In acute acetaminophen overdose, 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	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	

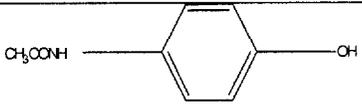
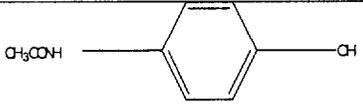
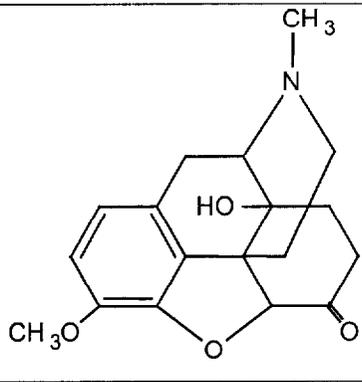
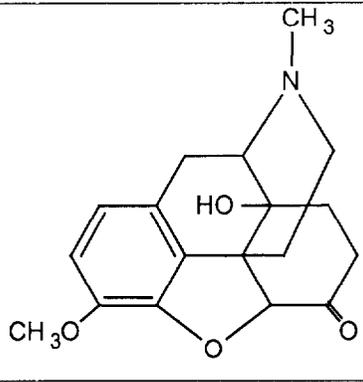
overdose. Despite this, the measures outlined below should be initiated in any adult or child suspected of having ingested an acetaminophen overdose.	overdose. Despite this, the measures outlined below should be initiated in any adult or child suspected of having ingested an acetaminophen overdose.	
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 obtained initially and repeated at 24-hour intervals.	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 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	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.	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 be kept under continued surveillance and repeated doses of the antagonist should be administered as needed to maintain adequate respiration.	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 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	
<p>Percocet 5 mg/325 mg 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. PERCO CET (Oxycodone and Acetaminophen Tablets, USP) is given orally. The usual adult dosage is one tablet every 6 hours as needed for pain.</p>	<p>[Tradename] 5 mg/400 mg 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.</p>	Change APAP strength.
<p>Percocet 2.5 mg/325 mg PERCO CET Tablets (2.5 mg/325 mg) with half the oxycodone content (2.5 mg oxycodone) of PERCO CET Tablets 5 mg/325 mg are available for use when lower doses of oxycodone are desired. The recommended adult dosage is one or two tablets every six hours.</p>	<p>[Tradename] 2.5 mg/400 mg [TRADENAME] Tablets (2.5 mg/400 mg) with half the oxycodone content (2.5 mg oxycodone) of [TRADENAME] Tablets 5 mg/400 mg are available for use when lower doses of oxycodone are desired. The recommended adult dosage is one or two tablets every six hours.</p>	Change APAP strength.
The total daily dose of acetaminophen should not exceed 4 grams.	The total daily dose of acetaminophen should not exceed 4 grams.	
HOW SUPPLIED	HOW SUPPLIED	
PERCO CET (Oxycodone and Acetaminophen Tablets, USP) are supplied as follows:	[TRADENAME] (Oxycodone and Acetaminophen Tablets, USP) 2.5 mg/400 mg is supplied as follows:	
2.5 mg/325 mg Pink oval tablet embossed with "PERCO CET" on one side and "2.5" on the other.	xxxx tablet embossed with xxx.	Color and description of tablet TBD.
Bottles of 100 NDC 63481-627-70	Bottles of xxx NDC xxxxx-xxx-xx	Package sizes and NDC TBD
Unit dose package NDC 63481-627-75		
5 mg/325 mg Blue, round, tablet, embossed with "PERCO CET" and "5" on one side and bisect on the other.	[TRADENAME] (Oxycodone and Acetaminophen Tablets, USP) 5 mg/400 mg is supplied as follows: xxxx tablet embossed with xxx.	Color and description of tablet TBD.

Bottles of 100 NDC 63481-623-70	Bottles of xxx NDC xxxxx-xxx-xx	Package sizes and NDC TBD
Bottles of 500 NDC 63481-623-85		
Unit dose package of 100 tablets NDC 63481-623-75		
Store at controlled room temperature 15°-30°C (59°- 86°F).	Store at 25°C (77°F); excursions permitted to 15°C- 30°F (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:	Manufactured for:	
Endo Pharmaceuticals Inc. Chadds Ford, Pennsylvania 19317		
Manufactured by:	Manufactured by:	
DuPont Pharma	"Manufacturer"	
Wilmington, Delaware 19880		
PERCOCET® is a Registered Trademark of Endo Pharmaceuticals Inc.	[TRADENAME] is a Registered Trademark of xxx	
Copyright © Endo Pharmaceuticals Inc. 1999	Copyright © xxx	
Printed in U.S.A.	Printed in U.S.A.	
6522-00/April, 1999	XXXX-XX April, 2000	Item number and plate code TBD

Current Package Insert 6513-00/June, 1999	Proposed Package Insert	Comments
ENDO LABORATORIES		
PERCOCET®		
(Oxycodone and Acetaminophen Tablets, USP)	[TRADENAME] (Oxycodone and Acetaminophen Tablets, USP) 7.5 mg/400 mg	
	[TRADENAME] (Oxycodone and Acetaminophen Tablets, USP) 10 mg/400 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 7.5 mg*	
Acetaminophen, USP 500 mg	Acetaminophen, USP 400 mg	Change APAP strength.
Oxycodone Hydrochloride 10 mg*	Oxycodone Hydrochloride 10 mg*	
Acetaminophen, USP 650 mg	Acetaminophen, USP 400 mg	Change APAP strength.
* 7.5 mg oxycodone HCl is equivalent to 6.7228 mg of oxycodone.	* 7.5 mg oxycodone HCl is equivalent to 6.7228 mg of oxycodone.	
10 mg oxycodone HCl is equivalent to 8.9637 mg of oxycodone.	10 mg oxycodone HCl is equivalent to 8.9637 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	Both strengths of [TRADENAME] also contain the following inactive ingredients:	Add inactive ingredients.
7.5 mg/500 mg strength contains FD&C Yellow No. 6 Aluminum Lake and the		Colors TBD
10 mg/650 mg strength contains D&C Yellow No. 10 Aluminum Lake.		Colors TBD

Current Package Insert 6513-00/June, 1999	Proposed Package Insert	Comments
<p>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 formula for acetaminophen is $C_8H_9NO_2$ and the molecular weight is 151.17. It may be represented by the following structural formula:</p>	<p>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 formula for acetaminophen is $C_8H_9NO_2$ and the molecular weight is 151.17. It may be represented by the following structural formula:</p>	
		
<p>Oxycodone, 14-hydroxydihydrocodeinone, is a semisynthetic pure opioid agonist which occurs as a white, odorless, crystalline powder having a saline, bitter taste. The molecular formula for oxycodone hydrochloride is $C_{18}H_{21}NO_4 \cdot HCl$ and the molecular weight 351.83. It is derived from the opium alkaloid thebaine, and may be represented by the following structural formula:</p>	<p>Oxycodone, 14-hydroxydihydrocodeinone, is a semisynthetic pure opioid agonist which occurs as a white, odorless, crystalline powder having a saline, bitter taste. The molecular formula for oxycodone hydrochloride is $C_{18}H_{21}NO_4 \cdot HCl$ and the molecular weight 351.83. It is derived from the opium alkaloid thebaine, and may be represented by the following structural formula:</p>	
		

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 (Oxycodone and Acetaminophen Tablets, USP) is indicated for the relief of moderate to moderately severe pain.	[TRADENAME] (Oxycodone and Acetaminophen Tablets, USP) is indicated for 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: 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, 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	Drug Dependence: 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], 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	

Federal Controlled Substances Act (Schedule II).	the Federal Controlled Substances Act (Schedule II).	
PRECAUTIONS	PRECAUTIONS	
<p>General <i>Head Injury and Increased Intracranial Pressure:</i> 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.</p>	<p>General <i>Head Injury and Increased Intracranial Pressure:</i> 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.</p>	
<p><i>Acute Abdominal Conditions:</i> The administration of PERCOCET or other opioids may obscure the diagnosis or clinical course in patients with acute abdominal conditions.</p>	<p><i>Acute Abdominal Conditions:</i> The administration of [TRADENAME] or other opioids may obscure the diagnosis or clinical course in patients with acute abdominal conditions.</p>	
<p><i>Special Risk Patients:</i> 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.</p>	<p><i>Special Risk Patients:</i> [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.</p>	
<p>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.</p>	<p>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.</p>	
<p>Drug Interactions Patients receiving other opioid analgesics, general anesthetics, phenothiazines, other tranquilizers, sedative-hypnotics or other CNS</p>	<p>Drug Interactions Patients receiving other opioid analgesics, general anesthetics, phenothiazines, other tranquilizers, sedative-hypnotics or other CNS</p>	

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.	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 <i>Teratogenic Effects;</i> <i>Pregnancy Category C:</i> 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 outweigh the possible hazards.	Usage in Pregnancy <i>Teratogenic Effects;</i> <i>Pregnancy Category C:</i> 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 outweigh the possible hazards.	
<i>Nonteratogenic Effects:</i> Use of opioids during pregnancy may produce physical dependence in the neonate.	<i>Nonteratogenic Effects:</i> Use of opioids during pregnancy may produce physical dependence in the neonate.	
<i>Labor and Delivery:</i> 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.	<i>Labor and Delivery:</i> 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 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 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 Safety and effectiveness in	Pediatric Use Safety and effectiveness in	

pediatric patients have not been established.	pediatric patients have not been established.	
ADVERSE REACTIONS 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 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.	[TRADE NAME] (Oxycodone and Acetaminophen Tablets, USP) is a Schedule II controlled substance.	
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 Signs and Symptoms: In acute acetaminophen overdose, dose-dependent, potentially fatal hepatic necrosis is the most serious adverse effect. Renal tubular necrosis, hypoglycemic coma and thrombocytopenia may also occur.	Acetaminophen Signs and Symptoms: In acute acetaminophen overdose, 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	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.	measures outlined below should be initiated in any adult or child suspected of having ingested an acetaminophen overdose.	
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<p>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.</p>	<p>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.</p>	
<p>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 obtained initially and repeated at 24-hour intervals.</p>	<p>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 obtained initially and repeated at 24-hour intervals.</p>	
<p>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.</p>	<p>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.</p>	
<p>Oxycodone</p>	<p>Oxycodone</p>	
<p>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</p>	<p>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</p>	

collapse, cardiac arrest and death may occur.	collapse, cardiac arrest and death may occur.	
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<p>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 be kept under continued surveillance and repeated doses of the antagonist should be administered as needed to maintain adequate respiration.</p>	<p>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 be kept under continued surveillance and repeated doses of the antagonist should be administered as needed to maintain adequate respiration.</p>	
<p>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.</p>	<p>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.</p>	
<p>Gastric emptying may be useful in removing unabsorbed drug.</p>	<p>Gastric emptying may be useful in removing unabsorbed drug.</p>	
<p>DOSAGE AND ADMINISTRATION</p>	<p>DOSAGE AND ADMINISTRATION</p>	
<p>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</p>	<p>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</p>	

become tolerant to the analgesic effect of opioids. PERCO CET (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 PERCO CET 7.5 mg/500 mg is 8 tablets and the maximal daily dose of PERCO CET 10 mg/650 mg is 6 tablets).	become tolerant to the analgesic effect of opioids. [TRADE NAME] (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 [TRADE NAME] 7.5 mg/400 mg is 10 tablets and the maximal daily dose of [TRADE NAME] 10 mg/400 mg is 10 tablets).	Change APAP strength and increase maximal daily dose.
HOW SUPPLIED	HOW SUPPLIED	
PERCO CET (Oxycodone and Acetaminophen Tablets, USP) is supplied as follows:	[TRADE NAME] (Oxycodone and Acetaminophen Tablets, USP) 7.5 mg/400 mg is supplied as follows:	
7.5 mg/500 mg Peach capsule-shaped tablet embossed with "PERCO CET" on one side and "7.5" on the other. Bottles of 100 NDC 63481-621-70	Bottles of xxx NDC xxxxx-xxx-xx	Color and description of tablet TBD Package sizes and NDC TBD
Bottles of 500 NDC 63481-621-85		
Unit dose package of 100 tablets NDC 63481-621-75		
10 mg/650 mg Yellow oval tablet, embossed with "PERCO CET" on one side and "10" on the other. Bottles of 100 NDC 63481-622-70 Bottles of 500 NDC 63481-622-85	[TRADE NAME] (Oxycodone and Acetaminophen Tablets, USP) 10 mg/400 mg is supplied as follows: Bottles of xxx NDC xxxxx-xxx-xx	Color and description of tablet TBD Package sizes and NDC TBD
Unit dose package of 100 tablets NDC 63481-622-75		
Store at controlled room temperature 15°-30°C (59°-86°F).	Store at 25°C (77°F); excursions permitted to 15°C-30°F (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:	Manufactured for:	
Endo Pharmaceuticals Inc.		

Chadds Ford, Pennsylvania 19317		
Manufactured by: DuPont Pharma Wilmington, Delaware 19880	Manufactured by: "Manufacturer"	
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