
hydrocodone bitartrate

Hycodan*, Robidone*, Tussinex

hydrocodone bitartrate and acetaminophen

Anexsia, Bancap-HC, Ceta-Plus, Co-Gesic, Dolacet, Duocet, Hydrocet, Hydrogesic, Hy-Phen, Lorcet-HD, Lortab, Margesic-H, Norco, Oncet, Panacet, Stagesic, T-Gesic, Vanacet, Vicodin, Zydone

hydrocodone bitartrate and aspirin

Alor, Azdone, Damason-P, Lortab ASA, Panasal

hydrocodone bitartrate and ibuprofen

Vicoprofen

Pharmacologic class: Opioid agonist/nonopioid analgesic combination

Therapeutic class: Opioid analgesic; allergy, cold, and cough remedy (antitussive)

Controlled substance schedule III

Pregnancy risk category C

Action

Blocks the release of inhibitory neurotransmitters, altering perception of and emotional response to pain. Hydrocodone combined with ibuprofen raises pain threshold at CNS level by nonselectively inhibiting cyclooxygenase; as a result, prostaglandin synthesis decreases and anti-inflammatory and analgesic effects occur.

Availability

hydrocodone bitartrate

Suspension: 5 mg/5 ml, 10 mg/5 ml

Syrup: 5 mg/ml

Tablets: 5 mg

hydrocodone and acetaminophen

Capsules: 5 mg hydrocodone/500 mg acetaminophen

Elixir/oral solution: 2.5 mg hydrocodone/167 mg acetaminophen/5 ml

Tablets: 2.5 mg hydrocodone/500 mg acetaminophen; 5 mg hydrocodone/400 mg acetaminophen; 5 mg hydrocodone/500 mg acetaminophen; 7.5 mg hydrocodone/400 mg acetaminophen; 7.5 mg hydrocodone/500 mg acetaminophen; 7.5 mg hydrocodone/650 mg acetaminophen; 7.5 mg hydrocodone/750 mg acetaminophen; 10 mg hydrocodone/325 mg acetaminophen; 10 mg hydrocodone/500 mg acetaminophen; 10 mg hydrocodone/650 mg acetaminophen; 10 mg hydrocodone/660 mg acetaminophen

hydrocodone and aspirin

Tablets: 5 mg hydrocodone/500 mg aspirin

hydrocodone and ibuprofen

Tablets: 7.5 mg hydrocodone/200 mg ibuprofen

Indications and dosages

➤ Moderate to severe pain

Adults: 2.5 to 10 mg P.O. q 3 to 6 hours p.r.n.; with combination products, don't exceed 4 g/day

Children: 0.15 to 0.2 mg/kg P.O. q 3 to 6 hours

➤ Cough

Adults: 5 mg P.O. q 4 to 6 hours p.r.n. (usually given with decongestants)

Contraindications

- Hypersensitivity to hydrocodone, acetaminophen, aspirin, or ibuprofen (for corresponding combination products) or to alcohol, aspartame, saccharine, sugar, or tartrazine (with some products)

Administration

- In patients receiving concurrent monoamine oxidase (MAO) inhib-

itors, know that hydrocodone may produce severe, unpredictable reactions. Initial dosage may need to be 25% lower than usual dosage.

Route	Onset	Peak	Duration
P.O.	10-30 min	30-60 min	4-6 hr

Adverse reactions

CNS: confusion, drowsiness, sedation, dysphoria, euphoria, floating feeling, hallucinations, headache, anxiety, depression, fatigue, insomnia, lethargy, nervousness, slurred speech, tremor, asthenia, unusual dreams

CV: orthostatic hypotension, bradycardia, peripheral edema, palpitations, **arrhythmias**

EENT: blurred vision, vision changes, diplopia, miosis, tinnitus, pharyngitis, rhinitis, sinusitis

GI: nausea, vomiting, constipation, dysphagia, esophagitis, dyspepsia, flatulence, gastritis, gastroenteritis, mouth ulcers, dry mouth, anorexia

GU: urinary retention or frequency, impotence

Respiratory: respiratory depression, bronchitis, dyspnea

Skin: pruritus, urticaria, diaphoresis, flushing

Other: physical or psychological drug dependence, drug tolerance

Interactions

Drug-drug. *Angiotensin-converting enzyme inhibitors:* decreased therapeutic effects of these drugs

Antihistamines, sedative-hypnotics: additive CNS depression

Buprenorphine, butorphanol, nalbuphine, pentazocine: precipitation of opioid withdrawal in physically dependent patients

Buprenorphine, pentazocine: decreased analgesia

Lithium: increased lithium blood level (with hydrocodone and ibuprofen only)

MAO inhibitors: severe, unpredictable reactions

Methotrexate: increased methotrexate blood level

Naloxone: withdrawal symptoms

Oral anticoagulants: increased risk of GI bleeding (with hydrocodone and ibuprofen only)

Drug-diagnostic tests. *Amylase, lipase:* increased levels

Drug-herb. *Chamomile, hops, kava, skullcaps, valerian:* increased CNS depression

Drug-behaviors. *Alcohol use:* increased CNS depression

Precautions

Use cautiously in:

- severe renal, hepatic, or pulmonary disease; increased intracranial pressure; hypothyroidism; adrenal insufficiency; prostatic hypertrophy; thrombocytopenia; alcoholism
- elderly patients
- pregnant or breastfeeding patients.

Patient monitoring

- In prolonged use, monitor for psychological and physical dependence.
- Watch closely for withdrawal symptoms when drug is discontinued.
- Assess carefully for adverse reactions in elderly patients.

 Monitor for signs and symptoms of drug overdose, including nausea, vomiting, blurred vision, cool and clammy skin, dizziness, confusion, dyspnea, respiratory depression, bradycardia, hearing loss, tinnitus, headache, and mood or behavior changes.

Patient teaching

- Inform patient that drug may cause drowsiness; advise him to avoid driving and other hazardous activities until CNS effects are known.
- Tell patient that prolonged use may lead to physical or psychological dependence.

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- Caution patient to avoid alcohol during therapy.
 - Instruct patient to move slowly when sitting up or standing to avoid dizziness or light-headedness from sudden blood pressure decrease.
 - As appropriate, review all other significant and life-threatening adverse reactions and interactions, especially those related to the drugs, tests, herbs, and behaviors mentioned above.