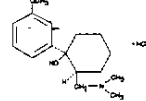


N 75964

TRAMADOL HYDROCHLORIDE TABLETS
50 mg
Rx only

DESCRIPTION
Tramadol hydrochloride tablet is a centrally acting analgesic. The chemical name for tramadol hydrochloride is 1-(2S)-2-(dimethylamino)ethyl-1-(3-methylphenyl)pyrrolidine hydrochloride. Its structural formula is:



Molecular formula is $C_{17}H_{25}NO_2 \cdot HCl$. The molecular weight of tramadol hydrochloride is 299.8. Tramadol hydrochloride is a white, bitter, crystalline and odorless powder. It is readily soluble in water and ethanol and has a pKa of 9.41. The n-octanol/water log partition coefficient (logP) is 1.35 at pH7. Tramadol hydrochloride tablets for oral administration contain 50 mg of tramadol hydrochloride. In addition, each tablet contains the following inactive ingredients: pregelatinized starch, hydroxypropyl methylcellulose, lactose anhydrous, magnesium stearate, microcrystalline cellulose, polyethylene glycol, polysorbate 80, sodium starch glycolate, titanium dioxide, iron oxide yellow, iron oxide black and iron oxide red.

CLINICAL PHARMACOLOGY

Pharmacodynamics
Tramadol hydrochloride is a centrally acting synthetic opioid analgesic. Although its mode of action is not completely understood, from animal tests, at least two complementary mechanisms appear applicable: binding of parent and M1 metabolite to μ -opioid receptors and weak inhibition of reuptake of norepinephrine and serotonin.

Opioid activity is due to both low affinity binding of the parent compound and higher affinity binding of the O-demethylated metabolite M1 to μ -opioid receptors. In animal models, M1 is up to 8 times more potent than tramadol in producing analgesia and 200 times more potent in μ -opioid binding. Tramadol-induced analgesia is only partially antagonized by the opiate antagonist naloxone in several animal tests. The relative contribution of both tramadol and M1 to human analgesia is dependent upon the plasma concentrations of each compound (see CLINICAL PHARMACOLOGY, Pharmacokinetics).

Tramadol has been shown to inhibit reuptake of norepinephrine and serotonin *in vitro*, as have some other opioid analgesics. These mechanisms may contribute independently to the overall analgesic profile of tramadol hydrochloride tablets. Analgesia in humans begins approximately within one hour after administration and reaches a peak in approximately two to three hours.

Apart from analgesia, tramadol hydrochloride tablets administration may produce a constellation of symptoms (including dizziness, somnolence, nausea, constipation, sweating and pruritus) similar to that of other opioids. In contrast to morphine, tramadol has not been shown to cause histamine release. At therapeutic doses, tramadol hydrochloride tablets have no effect on heart rate, left-ventricular function or cardiac index. Orthostatic hypotension has been observed.

Pharmacokinetics

The analgesic activity of tramadol hydrochloride tablets is due to both parent drug and the M1 metabolite (see CLINICAL PHARMACOLOGY, Pharmacodynamics). Tramadol is administered as a racemate and both the (-) and (+) forms of both tramadol and M1 are detected in the circulation. Tramadol is well absorbed orally with an absolute bioavailability of 75%. Tramadol has a volume of distribution of approximately 2.7 L/kg and is only 20% bound to plasma proteins. Tramadol is extensively metabolized by a number of pathways, including CYP2D6 and CYP3A4, as well as by conjugation of parent and metabolites. One metabolite, M1, is pharmacologically active in animal models. The formation of M1 is dependent on CYP2D6 and as such is subject to inhibition which may affect the therapeutic response (see PRECAUTIONS - Drug Interactions). Tramadol and its metabolites are excreted primarily in the urine with observed plasma half-lives of 8.3 and 7.4 hours for tramadol and M1, respectively. Linear pharmacokinetics have been observed following multiple doses of 50 and 100 mg to steady-state.

Absorption
Racemic tramadol is rapidly and almost completely absorbed after oral administration. The mean absolute bioavailability of a 100 mg oral dose is approximately 75%. The mean peak plasma concentration of racemic tramadol and M1 occurs at two and three hours, respectively, after administration in healthy adults. In general, both enantiomers of tramadol and M1 follow a parallel time course in the body following single and multiple doses although small differences (~10%) exist in the absolute amount of each enantiomer present.

Steady-state plasma concentrations of both tramadol and M1 are achieved within two days with q.i.d. dosing. There is no evidence of self-induction (see Figure 1 and Table 1 below).

Figure 1: Mean Tramadol and M1 Plasma Concentration Profiles after a Single 100 mg Oral Dose and after Twenty-Nine 100 mg Oral Doses of Tramadol HCl given q.i.d.

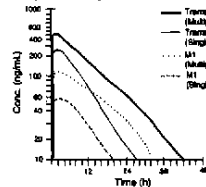


Table 1 Mean (%CV) Pharmacokinetic Parameters for Racemic Tramadol and M1 Metabolite

Population/ Doseage Regimen	Parent Drug/ Metabolite	Peak Conc. (ng/mL)	Time to Peak (hrs)	Clearance/FD (mL/min/kg)	$t_{1/2}$ (hrs)
Healthy Adults, 100 mg q.i.d., MD p.o.	Tramadol	592 (30)	2.3 (9)	5.90 (26)	8.7 (16)
	M1	110 (29)	2.4 (46)	c	7.0 (14)
Healthy Adults, 100 mg SD p.o.	Tramadol	308 (25)	1.6 (63)	8.50 (31)	5.6 (20)
	M1	55.0 (36)	3.0 (51)	c	8.7 (18)
Geriatric, (> 75 yrs) 50 mg SD p.o.	Tramadol	206 (31)	2.1 (19)	6.88 (25)	7.0 (23)
	M1	d	d	c	d
Hepatic Impaired 50 mg SD p.o.	Tramadol	217 (11)	1.9 (18)	4.23 (66)	10.3 (11)
	M1	18.4 (12)	8.8 (20)	c	18.5 (15)
Renal Impaired CL_{CR} 10-30 mL/min 100 mg SD Lv.	Tramadol	c	c	4.23 (54)	10.8 (31)
	M1	c	c	c	11.5 (40)
Renal Impaired CL_{CR} <5 mL/min 100 mg SD Lv.	Tramadol	c	c	3.73 (17)	11.0 (29)
	M1	c	c	c	18.9 (18)

a SD = Single dose, MD = Multiple dose, p.o. = Oral administration, Lv. = Intravenous administration, qd = Four times daily
b Represents the oral bioavailability of tramadol
c Not applicable
d Not measured

Food Effects: Oral administration of tramadol hydrochloride tablets with food does not significantly affect its rate or extent of absorption, therefore, tramadol hydrochloride tablets can be administered without regard to food.

Distribution:
The volume of distribution of tramadol was 2.6 and 2.9 liters/kg in male and female subjects, respectively, following a 100 mg intravenous dose. The binding of tramadol to human plasma proteins is approximately 20% and binding also appears to be independent of concentration up to 10 μ M. Saturation of plasma protein binding occurs only at concentrations outside the clinically relevant range.

Metabolism:
Tramadol is extensively metabolized after oral administration. Approximately 30% of the dose is excreted in the urine as unchanged drug, whereas 80% of the dose is excreted as metabolites. The remainder is excreted either as unmetabolized or as unextractable metabolites. The major metabolic pathways appear to be O-demethylation and glucuronidation or conjugation of parent. One metabolite [O-demethyltramadol, denoted M1] is pharmacologically active in animal models. Formation of M1 is dependent on the CYP2D6 and as such is subject to inhibition, which may affect the therapeutic response (see PRECAUTIONS - Drug Interactions).

Approximately 7% of the population has reduced activity of the CYP2D6 isoenzyme of cytochrome P-450. These individuals are "poor metabolizers" of desipramine, dextromethorphan, tricyclic antidepressants, among other drugs. Based on a population PK analysis of Phase I studies in healthy subjects, concentrations of tramadol were approximately 20% higher in "poor metabolizers"

versus "extensive metabolizers", while M1 concentrations were 40% lower. Concomitant therapy with inhibitors of CYP2D6 such as fluoxetine, paroxetine, and quinidine could result in significant drug interactions. *In vitro* drug interaction studies in human liver microsomes indicate that inhibitors of CYP2D6 such as fluoxetine and its metabolite norfluoxetine, amitriptyline and quinidine inhibit the metabolism of tramadol to various degrees, suggesting that concomitant administration of these compounds could result in increases in tramadol concentrations and decreased concentrations of M1. The pharmacological impact of these alterations in terms of either efficacy or safety is unknown. Concomitant use of SEROTONIN re-uptake INHIBITORS and MAO INHIBITORS may enhance the risk of adverse events, including seizure (see WARNINGS) and serotonin syndrome.

Elimination:
Tramadol is eliminated primarily through metabolism by the liver and the metabolites are eliminated primarily by the kidneys. The mean terminal plasma elimination half-lives of racemic tramadol and racemic M1 are 6.3 ± 1.4 and 7.4 ± 1.4 hours, respectively. The plasma elimination half-life of racemic tramadol increased from approximately six hours to seven hours upon multiple dosing.

Special Populations

Renal:
Impaired renal function results in a decreased rate and extent of excretion of tramadol and its active metabolite, M1. In patients with creatinine clearances of less than 30 mL/min, adjustment of tramadol regimen is recommended (see DOSAGE AND ADMINISTRATION). The total amount of tramadol and M1 removed during a 4-hour dialysis period is less than 7% of the administered dose.

Hepatic:
Metabolism of tramadol and M1 is reduced in patients with advanced cirrhosis of the liver, resulting in both a larger area under the concentration time curve for tramadol and longer tramadol and M1 elimination half-lives (13 hrs. for tramadol and 19 hrs. for M1). In cirrhotic patients, adjustment of the dosing regimen is recommended (see DOSAGE AND ADMINISTRATION).

Geriatric:
Healthy elderly subjects aged 65 to 75 years have plasma tramadol concentrations and elimination half-lives comparable to those observed in healthy subjects less than 65 years of age. In subjects over 75 years, maximum serum concentrations are elevated (208 vs. 162 ng/mL) and the elimination half-life is prolonged (7 vs. 6 hours) compared to subjects 65 to 75 years of age. Adjustment of the daily dose is recommended for patients over than 75 years (see DOSAGE AND ADMINISTRATION).

Gender:
The absolute bioavailability of tramadol was 73% in males and 79% in females. The plasma clearance was 6.4 mL/min/kg in males and 5.7 mL/min/kg in females following a 100 mg IV dose of tramadol. In males, the single oral dose, and after adjusting for body weight, females had a 12% higher peak tramadol concentration and a 35% higher area under the concentration-time curve compared to males. The clinical significance of this difference is unknown.

Clinical Studies

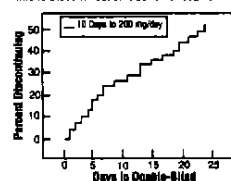
Tramadol hydrochloride tablets have been given in single oral doses of 50, 75, and 100 mg to patients with pain following surgical procedures and pain following oral surgery (extraction of impacted molars).

In single-dose models of pain following oral surgery, pain relief was demonstrated in some patients at doses of 50 mg and 75 mg. A dose of 100 mg tramadol hydrochloride tablets tended to provide analgesia superior to codeine sulfate 60 mg, but it was not as effective as the combination of aspirin 850 mg with codeine phosphate 60 mg.

Tramadol hydrochloride tablets have been studied in three long-term controlled trials involving a total of 820 patients, with 530 patients receiving tramadol hydrochloride tablets. Patients with a variety of chronic painful conditions were studied in double-blind trials of one to three months duration. Average daily doses of approximately 250 mg of tramadol hydrochloride tablets in divided doses were generally comparable to five doses of acetaminophen 300 mg with codeine phosphate 30 mg (TYLENOL with Codeine #3) daily, five doses of aspirin 325 mg with codeine phosphate 30 mg (TYLENOL #4) daily, or two to three doses of tramadol 500 mg with codeine hydrochloride 5 mg (TYLOX #4) daily. ITYLENOL is the registered trademark of McNeil Consumer Healthcare and TYLOX is the registered trademark of RW Johnson.

Titration Trials
In a randomized, blinded clinical study with 129 to 132 patients per group, a 10-day titration to a daily tramadol hydrochloride dose of 200 mg (50 mg q.i.d., attained in 50 mg increments every 3 days, was found to result in fewer discontinuations due to dizziness or vertigo than titration over only 4 days or no titration.

Figure 2: Protocol CAPES-047
Time to Discontinuation Due to Nausea/Vomiting



INDICATIONS AND USAGE

Tramadol hydrochloride tablets are indicated for the management of moderate to moderately severe pain in adults.

CONTRAINDICATIONS

Tramadol hydrochloride tablets should not be administered to patients who have previously demonstrated hypersensitivity to tramadol, any other component of this product or opioids. Tramadol hydrochloride is contraindicated in any situation where opioids are contraindicated, including acute intoxication with any of the following: alcohol, hypnotics, narcotics, centrally acting analgesics, opioids or psychotropic drugs. Tramadol may worsen central nervous system and respiratory depression in these patients.

WARNINGS

Seizure Risk
Seizures have been reported in patients receiving tramadol hydrochloride tablets within the recommended dosage range. Spontaneous post-marketing reports indicate that seizure risk is increased with doses of tramadol hydrochloride tablets above the recommended range. Concomitant use of tramadol hydrochloride tablets increases the seizure risk in patients taking:
• Selective serotonin reuptake inhibitors (SSRI antidepressants or anorectics),
• Tricyclic antidepressants (TCAs), and other tricyclic compounds (e.g., cyclobenzaprine, promethazine, etc.), or
• Other opioids.

Administration of tramadol hydrochloride tablets may enhance the seizure risk in patients taking:
• MAO inhibitors (see also WARNINGS - Use with MAO Inhibitors),
• Neurleptics, or
• Other drugs that reduce the seizure threshold.

Risk of convulsions may also increase in patients with epilepsy, those with a history of seizures, or in patients with a recognized risk for seizures (such as head trauma, metabolic disorders, alcohol and drug withdrawal, CNS lesions). In tramadol hydrochloride tablets overdose, subacute administration may increase the risk of seizure.

Anaphylactoid Reactions

Serious and rarely fatal anaphylactoid reactions have been reported in patients receiving therapy with tramadol hydrochloride tablets. When these events do occur it is often following the first dose. Other reported allergic reactions include pruritus, hives, bronchospasm, and angioedema, toxic epidermal necrolysis and Steven-Johnson syndrome. Patients with a history of anaphylactoid reactions to codeine and other opioids may be at increased risk and therefore should not receive tramadol hydrochloride tablets (see CONTRAINDICATIONS).

Respiratory Depression

Administer tramadol hydrochloride tablets cautiously in patients at risk for respiratory depression. In these patients alternative non-opioid analgesics should be considered. When large doses of tramadol hydrochloride tablets are administered with anesthetic medications or alcohol, respiratory depression may result. Respiratory depression should be treated as an overdose. If necessary it should be administered, use cautiously because it may precipitate seizures (see WARNINGS, Seizure Risk and OVERDOSAGE).

Interaction with Central Nervous System (CNS) Depressants

Tramadol should be used with caution and in reduced dosages when administered to patients receiving CNS depressants such as alcohol, opioids, anesthetic gases, narcotics, phenothiazines, tranquilizers or sedative hypnotics. Tramadol increased the risk of CNS and respiratory depression in these patients.

Increased Intracranial Pressure or Head Trauma

Tramadol hydrochloride tablets should be used with caution in patients with increased intracranial pressure or head injury. The respiratory depressant effects of opioids include carbon dioxide retention and secondary elevation of cerebrospinal fluid pressure, and may be markedly exaggerated in these patients. Additionally, pupillary changes (miosis) from tramadol may obscure the existence, extent or course of intracranial pathology. Clinicians should also maintain a high index of suspicion for adverse drug reaction when evaluating altered mental status in these patients if they are receiving tramadol hydrochloride tablets. (See Respiratory Depression)

Use in Ambulatory Patients

Tramadol 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 patients using this drug should be cautioned accordingly.



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Use with MAO Inhibitors and Serotonin Reuptake Inhibitors
Use tramadol hydrochloride tablets with great caution in patients taking monoamine oxidase inhibitors. Animal studies have shown increased toxicity with combined administration. Concurrent use of tramadol hydrochloride tablets with MAO inhibitors or SSRI's increases the risk of adverse events, including seizure and serotonin syndrome.

Withdrawal
Withdrawal symptoms may occur if tramadol hydrochloride tablets are discontinued abruptly. (See DRUG ABUSE AND DEPENDENCE) These symptoms may include nausea, vomiting, diarrhea, pain, fatigue, tremors, diarrhea, upper respiratory symptoms, piloerection, and rarely hallucinations. Clinical experience suggests that withdrawal symptoms may be relieved by tapering the medication.

Physical Dependence and Abuse
Tramadol hydrochloride tablets may induce psychic and physical dependence of the morphine-type (μ -opioid) (See DRUG ABUSE AND DEPENDENCE). Tramadol hydrochloride tablets should not be used in opioid-dependent patients. Tramadol hydrochloride tablets are known to minimize physical dependence in some patients that have been previously dependent on other opioids. Dependence and abuse, including drug-seeking behavior and taking illicit actions to obtain the drug, are not limited to those patients with prior history of opioid dependence.

Risk of Overdose
Serious potential consequences of overdose with tramadol hydrochloride tablets are central nervous system depression, respiratory depression and death. In treating an overdose, primary attention should be given to maintaining adequate ventilation along with general supportive treatment (See OVERDOSAGE).

PRECAUTIONS

Acute Adrenergic Conditions
The administration of tramadol hydrochloride tablets may complicate the clinical assessment of patients with acute adrenergic conditions.

Use in Renal and Hepatic Disease
Impaired renal function results in a decreased rate and extent of excretion of tramadol and its active metabolite, M1. In patients with creatinine clearances of less than 30 mL/min, dosing reduction is recommended (See DOSAGE AND ADMINISTRATION).

Metabolism of tramadol and M1 is reduced in patients with advanced cirrhosis of the liver. In cirrhotic patients, dosing reduction is recommended (see DOSAGE AND ADMINISTRATION).
With the prolonged half-life in these conditions, achievement of steady-state is delayed, so that it may take several days for elevated plasma concentrations to develop.

Information for Patients

- Tramadol hydrochloride tablets may impair mental or physical abilities required for the performance of potentially hazardous tasks such as driving a car or operating machinery.
- Tramadol hydrochloride tablets should not be taken with alcohol containing beverages.
- Tramadol hydrochloride tablets should be used with caution when taking medications such as tranquilizers, hypnotics or other opiates containing analgesics.
- The patient should be instructed to inform the physician if they are pregnant, think they might become pregnant, or are trying to become pregnant (See PRECAUTIONS: Labor and Delivery).
- The patient should understand the single-dose and 24-hour dose limit and the time interval between doses, since exceeding these recommendations can result in respiratory depression seizures and death.

Drug Interactions

In vitro studies indicate that tramadol is unlikely to inhibit the CYP3A4-mediated metabolism of other drugs when tramadol is administered concomitantly at therapeutic doses. Tramadol does not appear to induce its own metabolism in humans, since observed maximal plasma concentrations after multiple doses are higher than expected based on single-dose data. Tramadol is a mild inducer of selected drug metabolism pathways measured in animals.

Use with Carbamazepine

Patients taking carbamazepine may have a significantly reduced analgesic effect of tramadol hydrochloride tablets. Because carbamazepine increases tramadol metabolism and because of the seizure risk associated with tramadol, concomitant administration of tramadol hydrochloride tablets and carbamazepine is not recommended.

Use with Quinidine

Tramadol is metabolized to M1 by CYP2D6. Quinidine is a selective inhibitor of that isoenzyme, so that concomitant administration of quinidine and tramadol hydrochloride tablets results in increased concentrations of tramadol and reduced concentrations of M1. The clinical consequences of these findings are unknown. In vitro drug interaction studies in human liver microsomes indicate that tramadol has no effect on quinidine metabolism.

Use with Inhibitors of CYP2D6

In vitro drug interaction studies in human liver microsomes indicate that concomitant administration with inhibitors of CYP2D6 such as fluoxetine, paroxetine, and amitriptyline could result in some inhibition of the metabolism of tramadol.

Use with Cimetidine

Concomitant administration of tramadol hydrochloride tablets with cimetidine does not result in clinically significant changes in tramadol pharmacokinetics. Therefore, no alteration of the tramadol hydrochloride tablets dosage regimen is recommended.

Use with MAO Inhibitors

Interactions with MAO inhibitors, due to interference with detoxification mechanisms, have been reported for some centrally acting drugs (see WARNINGS). Use with MAO inhibitors.

Use with Digoxin and Warfarin

Post-marketing surveillance has revealed rare reports of digoxin toxicity and alteration of warfarin effect, including elevation of prothrombin times.

Cardiomyopathy, Myopathies, Impairment of Fertility

A slight, but statistically significant, increase in two common murine tumors, pulmonary and hepatic, was observed in a two-year carcinogenicity study, particularly in aged mice. Mice were dosed orally up to 30 mg/kg (50 mg/m² or 0.83 times the maximum daily human dose) or 240 mg/kg (400 mg/m²) for approximately two years, although the study was not done with the Maximum Tolerated Dose. This finding is not believed to suggest risk in humans. No such finding occurred in a rat carcinogenicity study (dosing orally up to 30 mg/kg, 150 mg/m², or 0.73 times the maximum daily human dose).

Tramadol was not mutagenic in the following assays: Ames *Salmonella* microsome activation test, CHO/Hprt mammalian cell assay, mouse lymphoma assay (in the absence of metabolic activation), dominant lethal mutation test in Chinese hamsters, and bone marrow micronucleus tests in mice and Chinese hamsters. Weakly mutagenic results occurred in the presence of metabolic activation in the mouse lymphoma assay and micronucleus test in rats. Overall, the weight of evidence from these tests indicates that tramadol does not pose a genotoxic risk to humans.

No effects on fertility were observed for tramadol at oral dose levels up to 50 mg/kg (300 mg/m²) in male rats and 75 mg/kg (450 mg/m²) in female rats. These dosages are 1.2 and 1.2 times the maximum daily human dosage of 240 mg/m², respectively.

Reproductive Effects: Pregnancy Category C

Tramadol has been shown to be embryocidal and fetotoxic in mice, (120 mg/kg or 300 mg/m²) rats (225 mg/kg or 150 mg/m²) and rabbits (273 mg/kg or 900 mg/m²) at maternally toxic doses; baby was not salvaged at these dose levels. These dosages on a mg/m² basis are 1.4, 20.6, and 23.8 times the maximum daily human dosage (240 mg/m²) for mouse, rat and rabbit, respectively.

No drug-related teratogenic effects were observed in progeny of mice, (up to 140 mg/kg or 420 mg/m², rats up to 90 mg/kg or 490 mg/m²) or rabbits (up to 300 mg/kg or 900 mg/m²) treated with tramadol by various routes. Embryo and fetal toxicity consisted primarily of decreased fetal weight, skeletal ossification and increased supernumerary ribs at maternally toxic dose levels. Transient delays in developmental or behavioral parameters were also seen in pups from rat dams allowed to deliver. Embryo and fetal lethality were reported only in one rabbit study at 300 mg/kg (900 mg/m²), a dose that would cause systemic toxicity to the rabbit. The dosage levels for mouse, rat and rabbit are 1.7, 1.9 and 14.8 times the maximum daily human dosage (240 mg/m²), respectively.

Non-teratogenic Effects

Tramadol was evaluated in pre- and post-natal studies in rats. Progeny of dams receiving oral (gavage) dose levels of 50 mg/kg (300 mg/m²) or 1.2 times the maximum daily human (tramadol) dosage or greater had decreased weights, and pup survival was decreased early in lactation at 80 mg/kg (480 mg/m²) or 1.2 times the maximum daily human dose.

There are no adequate and well-controlled studies in pregnant women. Tramadol hydrochloride tablets should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. Neonatal seizures, neonatal withdrawal syndrome, fetal death and still birth have been reported during post-marketing.

Labor and Delivery

Tramadol hydrochloride tablets should not be used in pregnant women prior to or during labor unless the potential benefits outweigh the risks. Safe use in pregnancy has not been established. Chronic use during pregnancy may lead to physical dependence and post-partum withdrawal symptoms in the neonate. (See DRUG ABUSE AND DEPENDENCE). Tramadol has been shown to cross the placenta. The mean ratio of serum tramadol in the umbilical veins compared to maternal veins was 0.83 for 40 women given tramadol during labor.

The effect of tramadol hydrochloride tablets, if any, on the later growth, development, and functional maturation of the child is unknown.

Nursing Mothers

Tramadol hydrochloride tablets are not recommended for obstetrical preoperative medication or for post-delivery analgesia in nursing mothers because its safety in infants and newborns has not been established. Following a single 100 mg dose of tramadol, the cumulative excretion in breast milk within 16 hours post-dose was 100 µg of tramadol (0.1% of the maternal dose) and 27 µg of M1.

pediatric Use

The safety and efficacy of tramadol hydrochloride tablets in patients under 18 years of age have not been established. The use of tramadol in the pediatric population is not recommended.

Geriatric Use

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 concomitant disease or other drug therapy. In patients over 75 years of age, daily doses in excess of 300 mg are not recommended. (See CLINICAL PHARMACOLOGY and DOSAGE AND ADMINISTRATION).

A total of 455 elderly (65 years of age or older) subjects were exposed to tramadol hydrochloride tablets in controlled clinical trials. Of those, 145 subjects were 75 years of age and older. In studies including geriatric patients, treatment-limiting adverse events were higher in subjects over 75 years of age compared to those under 65 years of age. Specifically, 30% of those over 75 years of age had gastrointestinal treatment-limiting adverse events compared to 17% of those under 65 years of age. Constipation resulted in discontinuation of treatment in 10% of those over 75.

ADVERSE REACTIONS

Tramadol hydrochloride tablets were administered to 550 patients during the double-blind or open-label extension periods in U.S. studies of chronic nonmalignant pain. Of these patients, 375 were 65 years old or older. Table 2 reports the cumulative incidence rate of adverse reactions by 7, 30, and 60 days for the most frequent reactions (5% or more by 7 days). The most frequently reported events were in the central nervous system and gastrointestinal system. Although the reactions listed in the table are felt to be probably related to tramadol hydrochloride tablets administration, the reported rates also include some events that may have been due to underlying disease or concomitant medication. The overall incidence rates of adverse experiences in these trials were similar for tramadol hydrochloride tablets and the active control groups, TYLENOL® with codeine #3 (acetaminophen 300 mg with codeine phosphate 30 mg), and aspirin 325 mg with codeine phosphate 30 mg. However, the rates of adverse events due to adverse events appeared to be higher in the tramadol hydrochloride groups. (TYLENOL® is the registered trademark of McNeil Consumer Healthcare and TYLEX® is the registered trademark of RW Johnson).

Table 2
Cumulative Incidence of Adverse Reactions for Tramadol Hydrochloride Tablets in Chronic Trials of Nonmalignant Pain (N=427)

	Up to 7 Days	Up to 30 Days	Up to 60 Days
Dizziness/Vertigo	29%	31%	33%
Nausea	24%	24%	26%
Constipation	24%	24%	26%
Headache	18%	20%	22%
Somnolence	14%	20%	20%
Nervousness	8%	12%	17%
Pruritus	6%	10%	11%
* CNS Stimulation ¹	7%	11%	14%
Headache	6%	11%	12%
Stomach Pain	6%	7%	8%
Dyspnea	6%	8%	13%
Dry Mouth	6%	8%	10%
Diarrhea	5%	6%	10%

* CNS Stimulation¹ is a composite of nervousness, anxiety, agitation, tremor, spasticity, euphoria, emotional lability and hallucinations.

¹ Incidence 1% to less than 5%, possibly causally related; the following lists adverse reactions that occurred with an incidence of 1% to less than 5% in clinical trials, and for which the possibility of a causal relationship with tramadol hydrochloride tablets exists.

Body as a Whole: Malaise.
Cardiovascular: Vasodilation.
Central Nervous System: Anxiety, Confusion, Coordination disturbance, Euphoria, Miosis, Nervousness, Sleep disturbance.
Gastrointestinal: Abdominal pain, Anorexia, Flatulence.
Musculoskeletal: Hypertonia.
Skin: Rash.
Special Senses: Visual disturbances.

Urogenital: Menopausal symptoms, Urinary frequency, Urinary retention.
¹ Incidence less than 1%, possibly causally related; the following lists adverse reactions that occurred with an incidence of less than 1% in clinical trials and/or reported in post-marketing experience.

Body as a Whole: Accidental injury, Allergic reaction, Anaphylaxis, Death, Suicidal tendency, Weight loss, Serotonin syndrome (mental status change, hyperreflexia, fever, shivering, tremor, agitation, diaphoresis, seizures and coma).
Cardiovascular: Orthostatic hypotension, Syncope, Tachycardia.
Central Nervous System: Abnormal gait, Ataxia, Cognitive impairment, Depression, Difficulty in concentration, Hallucinations, Paresthesia, Seizure (see WARNINGS), Tremor.
Respiratory: Dyspnea.
Skin: Stomatitis-Johnson syndrome/Toxic epidermal necrolysis, Urticaria, Vesicles.
Special Senses: Dysgeusia.
Urogenital: Dysuria, Menstrual disorder.

Other adverse experiences, causal relationship unknown: A variety of other adverse events were reported infrequently in patients taking tramadol hydrochloride tablets during clinical trials and/or reported in post-marketing experience. A causal relationship between tramadol hydrochloride tablets and these events has not been determined. However, the most significant events are listed below as alerting information to the physician.

Cardiovascular: Abnormal ECG, Hypertension, Hypotension, Myocardial ischemia, Palpitations, Pulmonary edema, Pulmonary embolism.
Central Nervous System: Migraine, Speech disorders.
Gastrointestinal: Gastrointestinal bleeding, Hepatitis, Stomatitis, Liver failure.
Laboratory Abnormalities: Creatinine increase, Elevated liver enzymes, Hemoglobin decrease, Proteinuria.
Sensory: Cataracts, Deafness, Tinnitus.

DRUG ABUSE AND DEPENDENCE

Tramadol hydrochloride tablets may induce psychic and physical dependence of the morphine-type (μ -opioid). Dependence and abuse, including drug-seeking behavior and taking illicit actions to obtain the drug are not limited to those patients with prior history of opioid dependence. The risk in patients with substance abuse has been observed to be higher. Tramadol hydrochloride tablets is associated with craving and tolerance development. Withdrawal symptoms may occur if tramadol hydrochloride is discontinued abruptly. These symptoms include nausea, vomiting, diarrhea, upper respiratory symptoms, piloerection, and rarely hallucinations. Clinical experience suggests that withdrawal symptoms may be relieved by reinstatement of opioid therapy followed by a gradual, tapered dose reduction of the medication combined with symptomatic support.

OVERDOSAGE

Potential consequences of overdose are respiratory depression, lethargy, coma, seizure, cardiac arrest and death. (See WARNINGS). Fatalities have been reported in post marketing in association with both intentional and unintentional overdose with tramadol hydrochloride tablets. In treating an overdose, primary attention should be given to maintaining adequate ventilation along with general supportive treatment. While naloxone will reverse some, but not all, symptoms caused by overdose with tramadol hydrochloride tablets the risk of seizures is also increased with naloxone administration. In extreme cases, convulsions following the administration of toxic doses of tramadol could be suppressed with barbiturates or benzodiazepines but were increased with naloxone. Naloxone administration did not change the lethality of an overdose in mice. Hemodialysis is not expected to be helpful in an overdose because it removes less than 1% of the administered dose in a 4-hour dialysis period.

DOSE AND ADMINISTRATION

Adults (17 years of age and over)
For patients with moderate to moderately severe chronic pain not requiring rapid onset of analgesic effect, the tolerability of tramadol hydrochloride can be improved by initiating therapy with a titration regimen. The total daily dose may be increased by 50 mg as tolerated every 3 days to reach 200 mg/day (50 mg q.i.d.). After titration, tramadol hydrochloride tablets 50 mg to 100 mg can be administered as needed for pain relief every four to six hours, not to exceed 400 mg per day.

For the subset of patients for whom rapid onset of analgesic effect is required and for whom the benefits outweigh the risk of discontinuation due to adverse events associated with higher initial doses, tramadol hydrochloride tablets 50 mg to 100 mg can be administered as needed for pain relief every four to six hours, not to exceed 400 mg per day.

Individualization of Dose

Good pain management practice dictates that the dose be individualized according to patient need using the lowest beneficial dose. Studies with tramadol in adults have shown that starting at the lowest possible dose and titrating upward will result in fewer discontinuations and increased tolerability.

- In all patients with creatinine clearances less than 30 mL/min, it is recommended that the dosing interval of tramadol hydrochloride tablets be increased to 12 hours, with a maximum daily dose of 200 mg. Since only 7% of an administered dose is removed by hemodialysis, dialysis patients can receive their regular dose on the day of dialysis.
- The recommended dose for adult patients with dementia is 50 mg every 12 hours.
- In general, dose selection for an elderly patient over 65 years old 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 concomitant disease or other drug therapy. For elderly patients over 75 years old, total doses should not exceed 300 mg/day.

HOW SUPPLIED

Tramadol hydrochloride tablet, 50 mg are available as brownish yellow colored, capsule shaped film coated tablets, debossed with "377" on one side and plain on the other side.

100's NDC 57664-377-08 Bottles of 100
Dispense in light container.
Store at 25°C (77°F); excursions permitted to 15 - 30°C (59 - 86°F).

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N 75964

Tramadol Hydrochloride Tablets, 50 mg
Container Labels
100 count

Pharmacist Information:
Dispense in light, light-resistant containers as defined in USP.

Store at controlled room temperature 15°-30°C (59°-86°F)

Each Tablet contains:
Tramadol Hydrochloride.....50 mg

NDC 57664-377-08
Tramadol Hydrochloride Tablets

USUAL DOSAGE:
See Package insert for complete product information

100 Tablets
Rx Only



JUN 10 2012

APPROVED



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