hydrocodone/acetaminophen, Vicodin, Vicodin ES, Vicodin HP, Anexsia, Lortab, Lorcet, Lorcet Plus, No

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DRUG CLASS AND MECHANISM: Hydrocodone is a narcotic pain-reliever and a cough suppressant, similar to codeine. Hydrocodone blocks the receptors on nerve cells in the brain that give rise to the sensation of pain. Acetaminophen is a non-narcotic analgesic (pain reliever) and antipyretic (fever reducer). Acetaminophen works by elevating the threshold to pain, that is, in order for pain to be felt, greater stimulation of the nerves responsible for the sensation of pain is necessary. It reduces fever through its action on the temperature-regulating center of the brain. Frequently, hydrocodone and acetaminophen are combined to achieve pain relief, as in Vicodin and Lortab. The FDA approved Vicodin in January 1983.

PRESCRIPTION: Yes

PREPARATIONS: Tablets, capsules and liquid. Among the many brands the dose of acetaminophen ranges between 300 and 750 mg, and the dose of hydrocodone ranges between 2.5 and 10 mg. Vicodin was recently reformulated, and the acetaminophen component was reduced to 300 mg in all preparations, however, generic formulations may still contain 500 and 750 mg of acetaminophen.

STORAGE: Hydrocodone/acetaminophen should be stored at room temperature, between 15 C to 30 C (59 F to 86 F).

PRESCRIBED FOR: Hydrocodone/acetaminophen is prescribed for the...

PRESCRIBED FOR: Hydrocodone/acetaminophen is prescribed for the relief of moderate to moderately severe pain.

DOSING: The usual dose for adults is 1 to 2 tablets or capsules (hydrocodone 2.5 to 10 mg; acetaminophen 300 to 750 mg) every 4 to 6 hours or 15 mL of liquid every 4 to 6 hours as needed.

DRUG INTERACTIONS: Combining alcohol and other sedatives with hydrocodone can lead to increased sedation and even cause confusion. Combining carbamazepine (Tegretol, Tegretol XR, Equetro, Carbatrol) with acetaminophen may increase the risk of liver toxicity.

Hydrocodone should not be taken with any of the monoamine oxidase inhibitor (MAOI) class of antidepressants, for example, isocarboxazid (Marplan), phenelzine (Nardil), tranylcypromine (Parnate), selegiline (Eldepryl), and procarbazine (Matulane) or other drugs that inhibit monoamine oxidase, for example, linezolid (Zyvox). Such combinations may lead to confusion, high blood pressure, tremor, hyperactivity, coma, and death. Hydrocodone should not be administered within 14 days of stopping an MAOI.

PREGNANCY: There are no adequate studies of hydrocodone and acetaminophen in pregnant women.

NURSING MOTHERS: Hydrocodone/acetaminophen is excreted in breast milk, and, therefore should be used cautiously by nursing mothers.

SIDE EFFECTS: The most frequent adverse reactions include lightheadedness, dizziness, sedation, nausea, and vomiting. Other side effects include drowsiness, constipation, and spasm of the ureter, which can lead to difficulty in urinating. Hydrocodone can impair thinking and the physical abilities required for driving or operating machinery. Hydrocodone can depress breathing, and should be used with caution in elderly, debilitated patients and in patients with serious lung disease. Hydrocodone may be habit forming. Mental and physical dependence can occur but are unlikely when used for short-term pain relief. Acetaminophen can cause severe liver failure if excessive amounts are used and when combined with chronic alcohol use or other drugs that also impair liver function.

Reference: FDA Prescribing Information

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Report Problems to the Food and Drug Administration

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