Summary of agreement for addition to formulary:
Included as a Blue drug to be used as second line therapy for specific indications as per guidelines above.

Background to guidelines
Oxycodone is a semi-synthetic opioid licensed for the treatment of moderate to severe postoperative pain, severe chronic non-malignant pain, and moderate to severe pain caused by malignant disease. EAPC recommendations on use of morphine and other opioids suggests the opioid of first choice for moderate to severe pain caused by malignant disease is morphine (1).

Oxycodone may however be a reasonable alternative for those in chronic long-term pain or pain caused by malignancy who are allergic to morphine or who develop adverse effects not controlled by usual measures for reducing opioid induced adverse effects e.g.
- Reducing the dose of opioid.
- Managing adverse effects symptomatically.

Sufficient time should be given for the effects of any adjustments to treatment or adjuvant therapy to be apparent before a decision to change analgesia is made. In some instances this may be up to 5-7 days. Switching between opioids can complicate pain management and is only recommended on expert advice.

Drug details/Potency
Oxycodone shares the common effects and side effects of morphine, for example:
- Sedation
- Respiratory depression
- Nausea and vomiting
- Constipation
- Sweating
- Itching

Oxycodone and its metabolites are excreted in the faeces and urine. Plasma concentrations of oxycodone are increased in patients with renal (Creatinine clearance <60ml/hr) and hepatic impairment. Oxycodone is contraindicated in patients with moderate to severe hepatic impairment and severe renal impairment (Creatinine clearance <10ml/hr).

For full drug details please refer to product SPC.
Dose conversion factor (2)

**Oral Morphine to Oral Oxycodone:** Oxycodone is approximately **twice** as potent as morphine:
Oral morphine 20mg = oral oxycodone 10mg

**Oral to parenteral Oxycodone:** Parenteral Oxycodone is approximately **twice** as potent as oral oxycodone.
Oral oxycodone 10mg = parenteral oxycodone 5mg

**Parenteral Morphine to Parenteral Oxycodone:** In clinical trials they have been found to be equipotent.
Parenteral Morphine 10mg = parenteral oxycodone 10mg

**Availability**
- M/R Tablets 5/10/20/40/80mg given bd (Oxycontin)
  Liquid 5mg/5ml or capsules 5/20mg given every 4–6 hours for breakthrough pain (Oxynorm)
- Parenteral formulation Inj 10mg/ml (Oxynorm) can be given subcutaneously or intravenously as a bolus, or infused by syringe driver if indicated. (Licensed for use in treatment of moderate to severe pain in patients with cancer or postoperative pain) (3).

**Algorithm for use of Oxycodone:**

```
DO NOT USE

NO

Try Morphine as first line therapy

Has the patient tried morphine as an analgesic with appropriate dose titration?

YES

Continue Morphine

Has the patient been able to tolerate the adverse effects?

YES

Is the patient displaying allergic response e.g. rash or wheeze?

NO

Have other options been tried to relieve adverse effects?

YES

Discontinue morphine therapy *

NO

Use oral Oxycodone (oxycontin/oxynorm)
Oral Morphine 20mg = oral oxycontin/oxynorm 10mg

If adverse effects persist

If Nil by Mouth

Use IV Oxycodone (oxynorm)
Oral oxycodone 10mg = parenteral oxycodone 5mg

* Caution should be used when prescribing oxycodone in patients who display an allergic response to morphine. It is not clear whether patients may experience a similar response to oxycodone (2)
```

References:

Produced by 3Ts Formulary Working Group
Last reviewed: June 2011
Next review date: June 2014