3Ts Formulary

Guidelines for use of Oxycodone (Oxycontin®, Oxynorm®)

Guidelines for use

Oral oxycodone may be used for treatment of severe chronic non malignant pain, and moderate to severe pain caused by malignant disease as an alternative to morphine for the small proportion of patients who develop intolerable adverse effects to morphine where other possible options for managing opioid adverse effects have been tried and failed.

Patients should be prescribed regular oral M/R oxycodone (Oxycontin) (see conversion factor for changing from Morphine) and liquid or capsular oxycodone (Oxynorm) for breakthrough pain. It should be initiated by clinicians with experience in palliative care or as part of the chronic pain management team only.

Parenteral Oxycodone may be used as an alternative to oral oxycodone when patients require parenteral therapy.

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

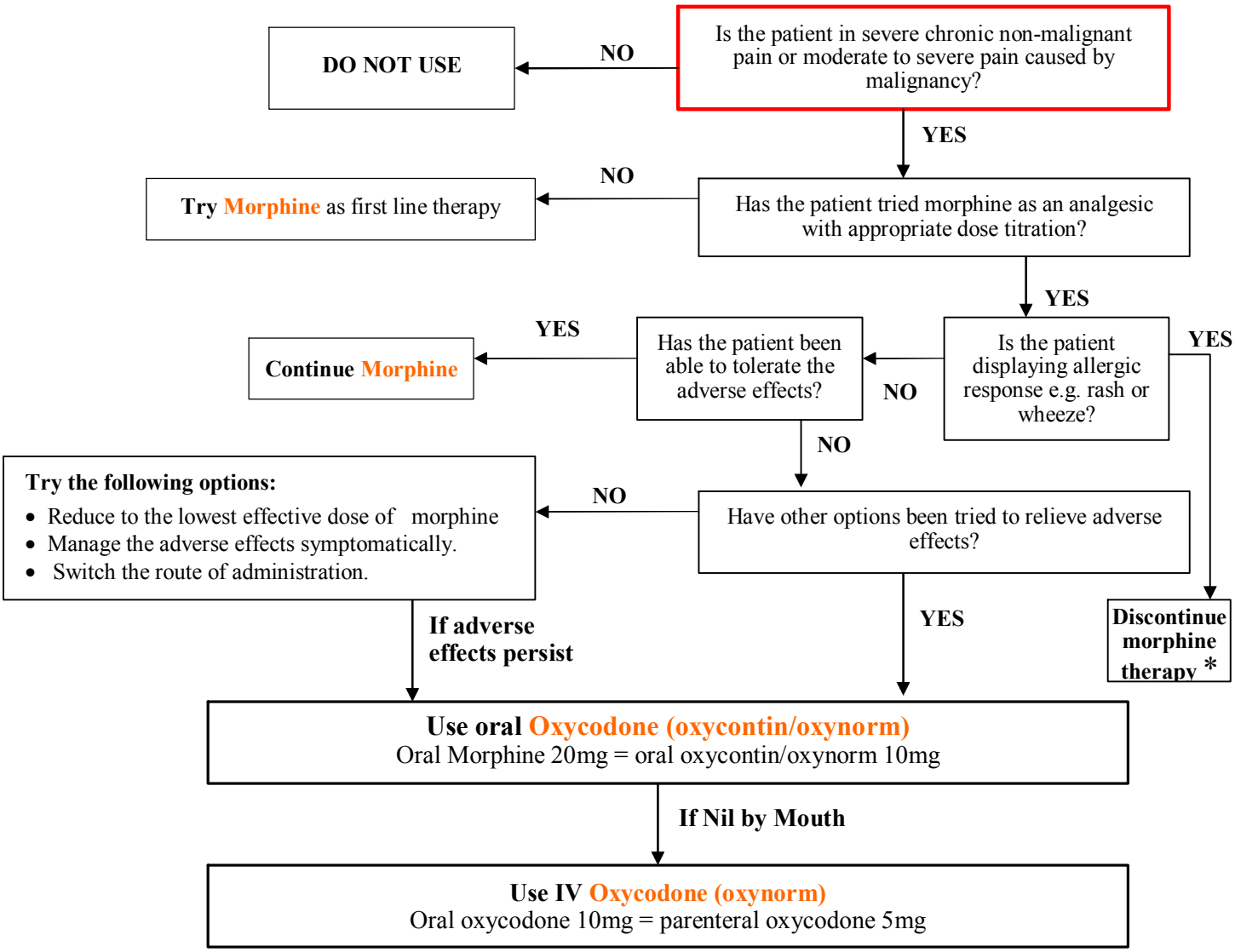
Oral to parenteral Oxycodone: Parenteral Oxycodone is approximately **twice** as potent as oral oxycodone.
Oral oxycodone 10mg = parenteral oxycodone 5mg

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:



*** 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:
*1. Hanks G.W. De Conno F et al. Morphine &alternative opioids in cancer pain. The EAPC recommendations. Br.J.Cancer 2001;**84** 587 – 593.*
2.Medicines Information Department. Napp Pharmaceuticals Ltd.
3. Summary of product characteristics "Oxynorm 10mg/ml solution for injection " Napp Pharmaceuticals 2003.

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