

# DRUG CARDS | DAILY



**NAME(S):** **Generic:** oxycodone (oks I KOE done) + acetaminophen (a seet a MIN oh fen) | **Brand:** Percocet, Endocet

**THERAPEUTIC CATEGORY:** Analgesic Combination (Opioid) | Analgesic

**DOSAGE FORM & STRENGTH:** **Tablet** (oxycodone/acetaminophen): 2.5 mg/325 mg, 5 mg/ 325 mg, 7.5 mg/325 mg, 10 mg/325 mg

**INDICATION(S) & DOSING(S): ADULTS** | Notes: 1). Consider a naloxone rx if possible risk of opioid overdose or accidental ingestion. 2). Use lowest effective dose. Use shortest effective duration.

1. **Pain management (moderate-severe):** General range is 2.5-10 mg oxycodone PO q6h prn. | Do not exceed 1 g/4 h and 4 g/day of acetaminophen from all sources. Taper dose when d/c'ing long-term usage. | When initiating dose based on oxycodone component. 5 mg po q4-6h for moderate pain AND 10-20 mg po q4-6h for severe pain.

**INDICATION(S) & DOSING(S): PEDIATRICS** | Notes: 1). Consider naloxone rx if possible risk of opioid overdose or accidental ingestion. 2). Use lowest effective dose. Use shortest effective duration.

1. **Pain management (moderate-severe):** Weight-based dosing. [**>16 kg**] Initiate 0.05-0.15 mg/kg oxycodone PO q6h prn. Max of 5 mg/dose.

## MECHANISM OF ACTION & PHARMACOLOGY

- **MOA: 1).** Oxycodone inhibits the ascending pain pathway by binding to the opiate receptor in the CNS. This depresses the CNS and alters the response and perception to pain. **2).** Acetaminophen's role is not fully understood. It is purported to activate the descending serotonergic inhibitory pathway in the CNS. May also interact with nociceptive systems.

## SPECIAL POPULATIONS & CONSIDERATIONS

- **Renal Impairment:** Titrate slowly | **Hepatic Impairment:** Caution advised. | **Elderly:** Caution and initiate at lower end of dosing. | **Caution:** Asthma, GI obstruction, Impaired consciousness, Alcohol use/abuse/tx, Seizure disorder, and others. | **Pregnancy:** [oxycodone] Weight risk/benefit especially if prolonged use. Use alt before/during labor. Risk of fetal harm. | **Lactation:** [oxycodone] consider alternative and monitor infants closely if dose is > 30mg/day due to infant CNS respiratory depression.

## SIDE EFFECTS

- **General:** Nausea, euphoria, rash, vomiting, **constipation**, lightheadedness, sedation, dizziness, drowsiness, etc. | **Serious:** Severe skin reaction, seizures, respiratory depression/arrest, abuse, hepatotoxicity, among other.

**BLACK BOX WARNING: 1). Addiction/Abuse/Misuse; 2). Opioid REMS; 3). Respiratory Depression; 4). Accidental Ingestion; 5). Neonatal Opioid Withdrawal Syndrome; 6). CYP450 3A4 Interaction; 7). Hepatotoxicity; 8). Risks from use w/ Benzodiazepines (CNS Depressants) – 1).** Schedule II opioids may lead to addiction/abuse/misuse and can lead to overdose/death. Opioids should be reserved when alternatives are inadequate. Abuse/addiction risk assessment should be made prior to prescribing and regularly after. **2).** REMS programs to ensure benefits outweigh risks in order to improve safety, risk, disposal, etc. **3).** May cause serious/fatal resp. Depression during start of after dose increase. **4).**



May be fatal especially in children when accidentally ingested. **5)**. Maternal use during pregnancy can lead to withdrawal syndromes and may require appropriate protocols if available. **6)**. Use w/ CYP450 3A4 inh/ind may have adverse effects including resp. depress. and usage should be monitored. **7)**. APAP is associated w/ liver failure w/ >4000 mg/day. **8)**. Use w/ benzo and other other CNS depressants (alcohol) may inc risk for resp depression.

#### DRUG INTERACTIONS

- **Overview:** [oxycodone] CYP2D6 substrate, CYP3A4 substrate, anticholinergic-like effects, CNS depressant, delays GI, hypotensive effects, low seizure threshold, among others. | [acetaminophen (APAP)] CYP2E1 substrate, affected by delayed gastric emptying, among others. | **Contraindicated:** Naltrexone, lidocaine topical, benzocaine topical. | **Avoid:** alprazolam, amiodarone, atazanavir, atorvastatin, codeine, cocaine, cyclosporine, fluoxetine, any many others.

#### MONITORING PARAMETERS

- Level of **pain relief**, respiratory status, **bowel function**, s/sx abuse/addiction/misuse, and blood pressure.

#### PATIENT COUNSELING INFORMATION

- Oxycodone+acetaminophen is **used to treat pain**.
- **Should not be taking this medication if** you have severe asthma or similar breathing problems, stomach or intestine blockage, drug or alcohol addiction or problems with urination or the thyroid/pancreas/gallbladder.
- Misuse can lead to **addiction/overdose/death**. Should not be used during **pregnancy**. Do not use w/ **alcohol** or with other drugs that cause **drowsiness** or **slows breathing**.
- If a dose is missed you should **skip the missed dose** if it is close to next dose. **Never take two doses** at one time.

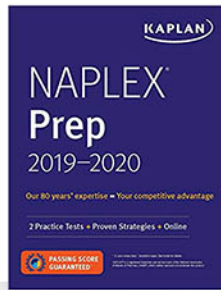
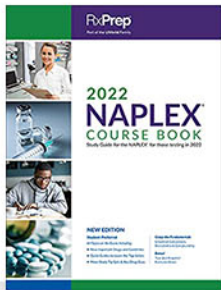
#### REFERENCE(S)

1. <https://online.epocrates.com/drugs/229710/Percocet/Monograph>
2. <https://www.drugs.com/ppa/oxycodone-and-acetaminophen.html>
3. <https://www.webmd.com/drugs/2/drug-2796/oxycodone-acetaminophen-oral/details>

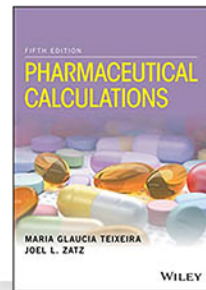
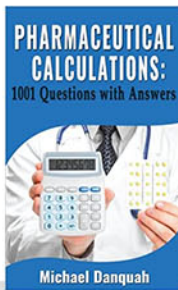
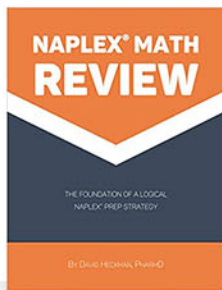
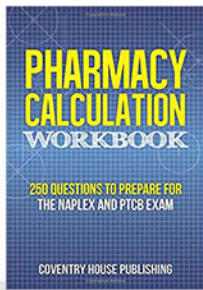


# PREPARE FOR SUCCESS!

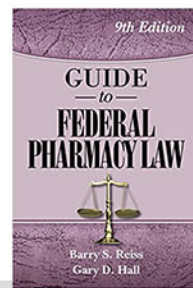
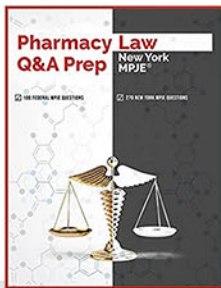
## Comprehensive (NAPLEX)



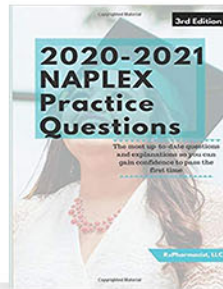
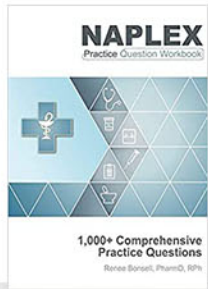
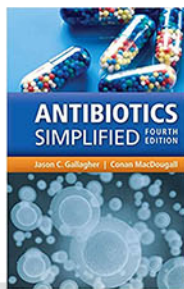
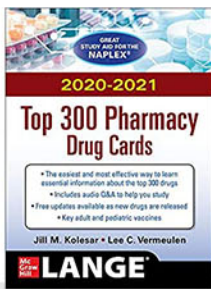
## Calculations (NAPLEX)



## Pharmacy Law (MPJE)



## Supplemental



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# DRUG CARDS DAILY

Monday at 7 am EST  
(6 am CST, 4 am PST)

## HEY NEW GRAD!

So you landed that perfect job offer or got the perfect match for your PGY1 and now the **ONLY** thing standing in your way is passing the NAPLEX and MPJE.

Here are some NAPLEX & MPJE prep recommendations to help you do everything you can to **pass the first time!**

## HEY STUDENT!

When I was P1 one of the best pieces of advice I got from those before me was to use a NAPLEX Prep book while learning each topic.

This helps focus your learning and the repetition helps to retain info and indirectly prepare you for the NAPLEX



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