

# DRUG CARDS | DAILY



**NAME(S): Generic:** oxycodone (oks i KOE done) | **Brand:** Oxycontin, Roxicodone, Xtampza ER, Oxaydo

**PHARMACOLOGIC & THERAPEUTIC CLASS:** Opioid Analgesic

**DOSAGE FORM & STRENGTH:** Caps: 5 mg | **ER Caps (Xtampza Abuse-Deterrent, 12 hr):** 9 mg, 13.5 mg, 18 mg, 27 mg, 36 mg | **Concentrated Soln:** 100 mg/5 mL | **Soln:** 5 mg/5 mL | **Tablets:** 5 mg, 10 mg, 15 mg, 20 mg, 30 mg | **ER Tabs (Abuse-Deterrent, 12 hr):** 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg

## INDICATION(S) & DOSING(S): ADULTS

- Moderate to Severe Pain:** (NOTES: [1] Lowest effective dose used for shortest effective duration. [2] Do not taper dose by greater than 10-25% every 2-4 weeks if d/c'ing long-term usage.)
  - Opioid-Naive Pts** – Based on individual and given q4-6h prn. Initiate 5-15 mg PO q4-6h prn.
  - Opioid-Experienced Pts** – Based on individual given q4-6h prn. Initiate dose based on current opioid intake and appropriate conversion.
- Severe Chronic Pain:** (NOTES: [1] Lowest effective dose used for shortest effective duration. [2] Do not taper dose by greater than 10-25% every 2-4 weeks if d/c'ing long-term usage. [3] Can increase the total daily dose by 25 to 50% every 1-2 days.)
  - Opioid-Naive Pts** – Based on individual, ER formulation given q12h. Initiate 10 mg ER PO q12h.
  - Opioid-Tolerant Pts** – Based on individual, ER formulation given q12h. Initiate dose based on current opioid intake and appropriate conversion.

## INDICATION(S) & DOSING(S): PEDIATRICS

- Severe Chronic Pain:** Approved for 11 years old and above. ER dosing is individualized and dosed q12h. May increase daily dose by 25% every 1-2 days. Use lowest effective dose w/ shortest effective duration.
- OFF LABEL | Moderate to Severe Pain:** 0.05-0.15 mg/kg/dose PO q4-6h prn up to a max of 5 mg/dose. For opioid-naive used lowest effective dose w/ shortest effective duration.

## MECHANISM OF ACTION & PHARMACOLOGY

- MOA:** 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. | Hepatically **metabolized** via the CYP3A4 and CYP2D6 pathways. | **Excreted** through the urine. | The **onset of action** for pain relief for the IR formulation is 10-15 min w/ the peak effect around 0.5-1 hour. | The **time to peak** for the IR formulation is b/t 1.2-1.9 hours with the ER formulation around 4-5 hours. | The **duration of action** for the IR formulation is around 3-6 hours and the ER formulation is 12 hours or less. | The IR **half-life elimination** is 3.2-4 hours, the ER tabs are around 4.5 hours and the ER caps are around 5.6 hours. In children b/t 2-10 years of age the average elimination is around 1.8 hours. In adults it's about 3.7 hours. | Oxycodone is 38-45% **protein bound**.

## SPECIAL POPULATIONS & CONSIDERATIONS

- Renally Impaired:** Higher AUC in pts w/ CrCl <60 mL/min and increased half-life elimination of about 1 hour. | **Hepatically Impaired:** Higher AUC w/ half-life elimination increase of about 2.3 hours. | **Elderly:** Initiation dosing should be started at the lower end of the dosing range. | **Pregnancy:** May be associated with birth defects, poor



fetal growth, and stillbirth. | **Lactation:** Consider alternative due to risk of infant CNS and respiratory depression. | **Contraindicated** if MAOi used w/in 14 days, GI obstruction, and coma/impaired consciousness. **Caution** if CNS depression, alcohol use, head injury, seizure dx, or cardiovascular disease.

#### SIDE EFFECTS

- **Common:** Constipation, somnolence, dizziness, vomiting, fever, rash, anxiety, confusion, and others.
- **Serious:** Abuse, dependency, adrenal insufficiency, seizures, cardiac arrest, apnea, and respiratory depression.

**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

- **Considerations for DI:** CYP2D6 and CYP3A4 substrate, anticholinergic-like effects, CNS depression, delays in gastric emptying, hyponatremia, serotonergic effects, and opioid agonists.
- **Some Contraindicated Drug(s) & Drug(s) of Note:** Contraindicated w/ naltrexone and samidorphan. Avoid/caution w/ amiodarone, amlodipine, clonazepam, codeine, paroxetine, and others.

#### MONITORING PARAMETERS

- Level of pain relief, respiratory status, mental status, BP, bowel fxn, s/sx abuse/misuse/addiction, and hypogonadism or hypoadrenalism.

#### PATIENT COUNSELING INFORMATION

- Oxycodone is used to **relieve moderate to severe pain**.
- May be taken **with or without food**. If nausea is experienced then take it with food.
- **Avoid eating grapefruit or grapefruit juice** which may increase side effects experienced from oxycodone.
- Suddenly stopping the medication may cause **withdrawal** after long-term use or after the usage of high doses.

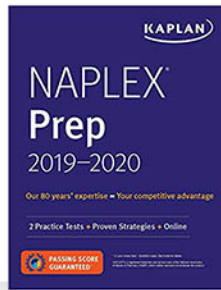
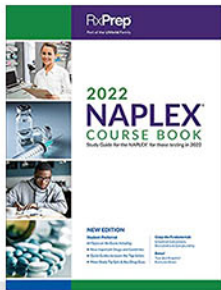
#### REFERENCE(S) & RESOURCE(S)

1. <https://online.epocrates.com/drugs/5910/oxycodone/Monograph>
2. <https://www.drugs.com/ppa/oxycodone.html>
3. <https://www.webmd.com/drugs/2/drug-1025-441/oxycodone-oral/oxycodone-concentrate-solution-oral/details>

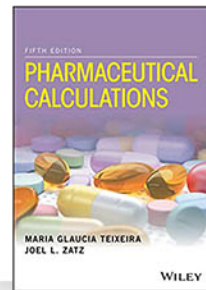
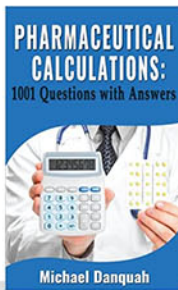
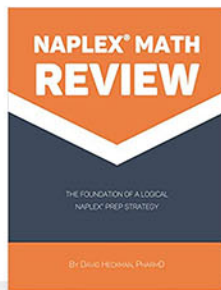
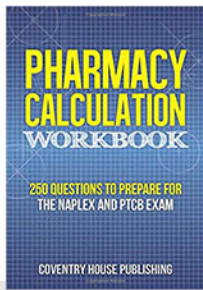


# PREPARE FOR SUCCESS!

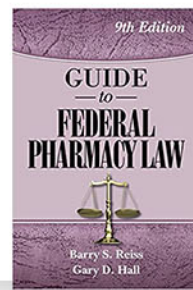
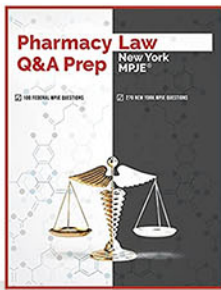
## Comprehensive (NAPLEX)



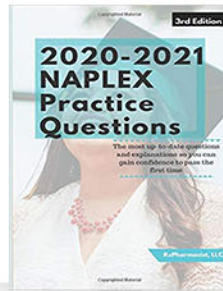
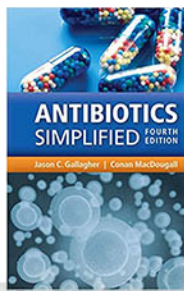
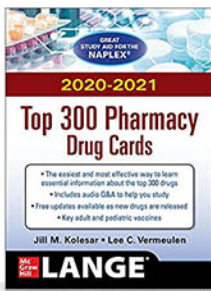
## Calculations (NAPLEX)



## 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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