

Sheffield Oxycodone Prescribing Guidance

Key messages:

- **Morphine is Sheffield's first-line strong opioid of choice in both cancer and non-cancer pain.**^{1,2}
- **Oxycodone is no more effective as an analgesic than morphine.** Oxycodone should only be considered if morphine cannot be tolerated (e.g. due to vomiting, drowsiness, confusion, hallucinations) or in patients with moderate to severe renal impairment (eGFR < 30ml/min/1.73m²).
- Side effects to morphine can be anticipated and managed:
 - Prescribe regular laxatives at an effective dose.
 - Nausea is likely to be transient but if persists, prescribe anti-emetic before switching strong opioids.
 - Mild drowsiness or impaired concentration may occur when starting a strong opioid or at dose increase, but it is often transient. It is an offence to drive if affected by medication ([drug-driving-law](#))
- To improve patient safety, it is recommended to prescribe solid oral preparations of oxycodone by brand. The preferred brand of oxycodone for use in Primary Care in Sheffield is:

OxyPro® for Oxycodone Prolonged Release tablets

Shortec® is the preferred choice for short acting oxycodone immediate release capsules.

- Oxycodone 10–13mg corresponds to approximately 20 mg morphine³. It is common practice to use a ratio of oral oxycodone 10mg = oral morphine 20mg.¹

Why brand prescribing for oxycodone?

Incidents have occurred locally and nationally involving the administration of the wrong oxycodone formulation i.e immediate release capsules when modified-release tablets were intended and vice versa.⁴ NHS Sheffield SY ICB recommends brand name prescribing of oxycodone to reduce risk and improve patient safety.

Why is Oxypro® being recommended?

Several branded generic oxycodone prolonged release preparations are now available with Oxypro® being one of the more cost-effective choices.

Is this change happening in the hospitals/hospice?

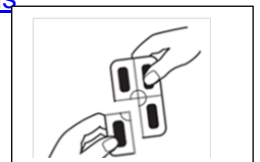
Sheffield Teaching Hospitals will continue to prescribe oxycodone generically. Currently Sheffield Teaching Hospitals and St Luke's stock a different brand to what is prescribed in primary care.

Oxypro® opening instructions

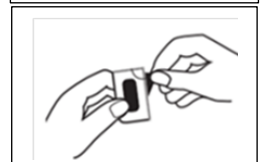
To improve patient safety Oxypro® and other more recently marketed brands come in child resistant blister packaging. The tablet cannot be pressed out of the blister pack. If the patient finds it difficult to peel away the cover foil, consider an alternative brand that uses a press out blister pack such as Oxeltra® or Longtec® (liaise with patient and pharmacy). Prescribe by a brand name to ensure continuity.

For opening instructions go to this website and click on the video: <https://www.oxypro-info.com/patient/#support-materials>

1. Pull off a single dose by tearing along the perforated line on the
2. An unsealed area is exposed; this area is at the point where the perforated lines intersect with each other.



3. Peel away the cover foil from the from the bottom foil.



Tablet sizes and colour

- Oxypro tablets 5-40mg are identical in size and colour to OxyContin®, whilst Oxypro 60mg and 80mg tablets are slightly smaller.
- Oxypro® does not come as 120mg strength.



For approximate dose equivalents (including breakthrough dose) see manufacturers information and [Sheffield Palliative Care Formulary](#) PAGE 52. Conversion ratios are an approximation and are for guidance only. Initial dose conversions should be conservative; it is preferable to underdose and provide rescue medication for any shortfall. Ensure where a dose increase is intended, that the calculated dose is safe for the patient (in adult patients, Increases are normally in 30-50% steps).¹ The specialist pain or palliative care team should be consulted for advice in cases of complex pain management.⁴

*****The patient should always be reviewed for signs of toxicity and inadequate analgesia during a conversion*****

For locally approved pain and palliative care guidance see the relevant sections in [Prescribing Guidelines](#).

Oxycodone modified release tablets:

- Prescribe as **Oxypro®**. The modified release tablets must be swallowed whole, not chewed, divided or crushed as this may lead to a rapid release and absorption of a potentially fatal dose of oxycodone.

Oxycodone immediate release capsules: 5mg, 10mg and 20mg capsules

- Prescribe as **Shortec®**. Capsules are to be swallowed whole and must not be opened.

Oxycodone liquid: There are significant risks of overdose if a concentrate product is used in error for a normal strength product.⁴

- Incidents have occurred where oxycodone **CONCENTRATE LIQUID 10mg/ml** was selected in error when oxycodone 'normal' strength **LIQUID 1mg/ml** was intended.
- Oxycodone liquid is available in both strengths as **OxyNorm®**.

Oxycodone Injection

- Subcutaneous oxycodone should only be considered if:
 - Patients taking oxycodone orally are no-longer able to swallow / use the oral route,
 - Subcutaneous morphine cannot be tolerated due to side effects e.g. vomiting, drowsiness, confusion,
 - Renal impairment where $eGFR < 30\text{ml/min/1.73m}^2$.
- Prescribe oxycodone injection by the 10mg/ml ampoule strength. Avoid excessive quantities by prescribing the 1ml ampoule (10mg/ml).
- The 50mg/ml injection is rarely used. Only use after discussion with palliative care team. This strength will be required if oxycodone PRN subcutaneous dose is greater than 25mg.

Do Not Prescribe Targinact® (oxycodone and naloxone) - non formulary

References: For manufacturer's information: <https://www.medicines.org.uk/emc/>

1. [Sheffield Palliative Care Formulary 5th Edition](#). Accessed online 08.11.2022
2. [Prescribing in Chronic Non-Malignant Pain in Adults](#). Accessed online 08.11.2022
3. [Summary of product characteristics Oxypro®](#). Accessed online 08.11.2022
4. Safer Use of Controlled Drugs. Preventing Harm From Oral Oxycodone Medicines. Accessed 21.6.2021. <https://webarchive.nationalarchives.gov.uk/20161107130748/https://www.cqc.org.uk/content/use-controlled-drugs>