

**Oxycodone Cas No. : 76-42-6**

This drug is used to treat moderate to severe chronic pain (e.g., cancer pain). This medication acts on certain centers in the brain to give you pain relief. It is a long-acting narcotic pain reliever (opiate-type).

Active Pharmaceuticals Ingredients Manufacturers



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# Taj Pharmaceuticals Ltd.

## Oxycodone

### CAS No. : 76-42-6

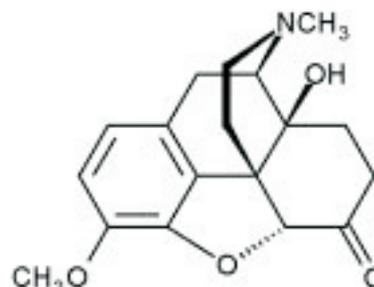
**Synonyms**

Dihydrohydroxycodone, 14-Hydroxydihydrocodeinone

CAS number 76-42-6  
Formula C<sub>18</sub>H<sub>21</sub>NO<sub>4</sub>  
Mol. mass 315.364 g/mol

**Pharmacokinetic data**

Bioavailability Up to 87%  
Protein binding 45%  
Metabolism Hepatic (CYP450: 2D6 substrate)  
Half life 3 - 4.5 h  
Excretion Urine (19% unchanged)



Oxycodone is a central nervous system depressant. Oxycodone's action appears to work through stimulating the opioid receptors found in the central nervous system that activate responses ranging from analgesia to respiratory depression to euphoria. People who take the drug repeatedly can develop a tolerance or resistance to the drug's effects. Thus, a cancer patient can take a dose of oxycodone on a regular basis that would be fatal in a person never exposed to oxycodone or another opioid. Most individuals who abuse oxycodone seek to gain the euphoric effects, mitigate pain, and avoid withdrawal symptoms associated with oxycodone or heroin abstinence.

**DOSAGE**

The usual starting dose using immediate release oxycodone tablets is 10 to 30 mg every 4 hours. Patients who have never received opioids should receive 5-15 mg every 4 to 6 hours. Some patients may require 30 mg or more every 4 hours.

The starting dose using immediate release capsules is 5 mg every 6 hours.

Continuous release tablets are administered every 12 hours and are used when around the clock treatment is required for an extended time period. Continuous release tablets should not be broken, crushed or chewed; swallow tablets whole. Broken, crushed or chewed continuous release tablets may lead to increased absorption and dangerous levels of oxycodone.

The 80 mg and 160 mg tablets should only be used by patients who require daily doses of at least 160-320 mg and are tolerant to opioid therapy. Administration of large doses to opioid-naïve patients may lead to profound depression of breathing.

The usual adult dose of oral concentrate solution (20 mg/ml) is 5 mg every 6 hours.

The usual adult dose for the oral solution (5 mg/ml) is 10-30 mg every 4 hours.

**SIDE EFFECTS**

Get emergency medical help if you have any of these signs of an allergic reaction: hives; difficulty breathing; swelling of your face, lips, tongue, or throat. Call your doctor at once if you have any of these serious side effects:



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- \*shallow breathing, slow heartbeat;
- \*seizure (convulsions);
- \*cold, clammy skin;
- \*confusion;
- \*severe weakness or dizziness; or
- \*feeling light-headed, fainting.

Less serious oxycodone side effects are more likely to occur, such as:

- \*nausea, vomiting, constipation, loss of appetite;
- \*dizziness, headache, tired feeling;
- \*dry mouth;
- \*sweating; or
- \*itching.

### PRECAUTIONS

Do not drink alcohol while you are taking this medication. Dangerous side effects or death can occur when alcohol is combined with oxycodone. Check your food and medicine labels to be sure these products do not contain alcohol. Oxycodone can cause side effects that may impair your thinking or reactions. Be careful if you drive or do anything that requires you to be awake and alert.

Do not use this medication if you have ever had an allergic reaction to a narcotic medicine (examples include methadone, morphine, Oxycontin, Darvocet, Percocet, Vicodin, Lortab, and many others), or to a narcotic cough medicine that contains codeine, hydrocodone, or dihydrocodeine.

You should also not take oxycodone if you are having an asthma attack or if you have a bowel obstruction called paralytic ileus.

Oxycodone may be habit-forming and should be used only by the person it was prescribed for. Oxycodone should never be shared with another person, especially someone who has a history of drug abuse or addiction. Keep the medication in a secure place where others cannot get to it.

Before using oxycodone, tell your doctor if you are allergic to any drugs, or if you have:

- \*asthma, COPD, sleep apnea, or other breathing disorders;
- \*liver or kidney disease;
- \*underactive thyroid;
- \*curvature of the spine;
- \*a history of head injury or brain tumor;
- \*epilepsy or other seizure disorder;
- \*low blood pressure;
- \*gallbladder disease;
- \*Addison's disease or other adrenal gland disorders;
- \*enlarged prostate, urination problems;
- \*mental illness; or
- \*a history of drug or alcohol addiction.



## DRUG DESCRIPTION

Oxycodone is a central nervous system depressant. Oxycodone's action appears to work through stimulating the opioid receptors found in the central nervous system that activate responses ranging from analgesia to respiratory depression to euphoria. People who take the drug repeatedly can develop a tolerance or resistance to the drug's effects. Thus, a cancer patient can take a dose of oxycodone on a regular basis that would be fatal in a person never exposed to oxycodone or another opioid. Most individuals who abuse oxycodone seek to gain the euphoric effects, mitigate pain, and avoid withdrawal symptoms associated with oxycodone or heroin abstinence.

Oxycodone has a high abuse potential and is prescribed for moderate to high pain relief associated with injuries, bursitis, dislocation, fractures, neuralgia, arthritis, and lower back and cancer pain. It is also used postoperatively and for pain relief after childbirth. OxyContin, Percocet, Percodan, and Tylox are trade name oxycodone products.

OxyContin is designed to be swallowed whole; however, abusers ingest the drug in a variety of ways. abusers often chew the tablets or crush the tablets and snort the powder. Because oxycodone is water soluble, crushed tablets can be dissolved in water and the solution injected. The latter two methods lead to the rapid release and absorption of oxycodone.

Note /Government Notification: These chemicals are designated as those that are used in the manufacture of the controlled substances and are important to the manufacture of the substances. For any (Control Substance) products Import and Export \*\*\* subjected to your country government laws /control substance ACT.

Information: The information on this web page is provided to help you to work safely, but it is intended to be an overview of hazards, not a replacement for a full Material Safety Data Sheet (MSDS). MSDS forms can be downloaded from the web sites of many chemical suppliers. Also that the information on the PTCL Safety web site, where this page was hosted, has been copied onto many other sites, often without permission. If you have any doubts about the veracity of the information that you are viewing, or have any queries, please check the URL that your web browser displays for this page. If the URL begins "www.tajapi.com/www/Denatonium Benzoate.htm/" the page is maintained by the Safety Officer in Physical Chemistry at Oxford University. If not, this page is a copy made by some other person and we have no responsibility for it.

The Controlled Substances Act (CSA) was enacted into law by the Congress of the United States as Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970.[1] The CSA is the federal U.S. drug policy under which the manufacture, importation, possession, use and distribution of certain substances is regulated. The Act also served as the national implementing legislation for the Single Convention on Narcotic Drugs

This document plus the full buyer/ prescribing information, prepared for health professionals can be found at:

<http://www.tajapi.com>

or by contacting the sponsor, Taj Pharmaceuticals Limited., at:  
91 022 30601000.

This leaflet was prepared by  
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MPSTJ278

Last revised: 29 August 2009

