

Package leaflet: Information for the patient

Oxydon 10 mg Prolonged-release tablets

oxycodone hydrochloride

Read all of this leaflet carefully before you start taking this medicine because it contains important information for you.

- Keep this leaflet. You may need to read it again.
- If you have any further questions, ask your doctor or pharmacist.
- This medicine has been prescribed for you only. Do not pass it on to others. It may harm them, even if their signs of illness are the same as yours.
- If you get any side effects, talk to your doctor or pharmacist. This includes any possible side effects not listed in this leaflet. See section 4.

What is in this leaflet

1. What Oxydon is and what it is used for
2. What you need to know before you take Oxydon
3. How to take Oxydon
4. Possible side effects
5. How to store Oxydon
6. Contents of the pack and other information

1. What Oxydon is and what it is used for

Oxydon contains the active substance oxycodone hydrochloride which is a centrally acting, strong painkiller of the group of opioids.

Oxydon is used in adults and adolescents aged 12 years and older to treat severe pain, which can be adequately managed only with opioid analgesics.

2. What you need to know before you take Oxydon

Do not take Oxydon if you

- are allergic to oxycodone hydrochloride or any of the other ingredients of this medicine (listed in section 6)
- have breathing problems, such as severely depressed breathing (respiratory depression), severe chronic obstructive lung disease, or severe bronchial asthma. Symptoms may include breathlessness, coughing or breathing more slowly or weakly than expected.
- have elevated carbon dioxide blood levels
- have a heart problem after long-term lung disease (cor pulmonale)
- suffer from intestinal paralysis (paralytic ileus). Signs may be that your stomach empties more slowly than it should (delayed gastric emptying) or you have severe pain in your abdomen.

Warnings and precautions

Talk to your doctor or pharmacist before taking Oxydon if you

- are elderly or weakened
- have severely impaired lung function
- have liver or kidney problems
- have a thyroid disorder with dryness, coldness and swelling of the skin affecting the face and limbs (myxoedema)
- have impaired function of the thyroid gland
- suffer from adrenal insufficiency which may cause symptoms including weakness, weight loss, dizziness, feeling or being sick (Addison's disease)

- have an enlarged prostate gland which cause difficulty in passing urine (in men)
- have previously suffered from withdrawal symptoms such as agitation, anxiety, shaking or sweating upon stopping taking alcohol or drugs
- or anyone in your family have ever abused or been dependent on alcohol, prescription medicines or illegal drugs (“addiction”)
- are a smoker
- have ever had problems with your mood (depression, anxiety or a personality disorder) or have been treated by a psychiatrist for other mental illnesses
- have a mental disorder as a result of poisoning, e.g. with alcohol (toxic psychosis)
- have inflammation of the pancreas which causes severe pain in the abdomen and back
- have problems with your gall bladder or bile duct
- have an obstructive or inflammatory bowel disease
- have a head injury, severe headache or feel sick as this may indicate that the pressure in your brain is increased
- have low blood pressure
- have low blood volume (hypovolaemia); this can happen with severe bleeding, severe burns, excessive sweating, severe diarrhoea or vomiting
- have epilepsy or a tendency to fits/convulsions
- are taking a type of medicine known as monoamine oxidase (MAO) inhibitors, for the treatment of depression or Parkinson’s disease, or have taken them in the last 2 weeks
- are going to have an operation or had an abdominal surgery most recently.

Please talk to your doctor if any of these apply to you or if any of these conditions applied to you in the past.

Oxydon may cause dependency. When used for a long time, tolerance to the effects may occur and progressively higher doses may be required to maintain pain control.

Chronic use of Oxydon may lead to physical dependence and a withdrawal syndrome may occur upon abrupt cessation (see section 3. “If you stop taking Oxydon”. Withdrawal symptoms may include yawning, dilation of the pupil of the eye, abnormal or excessive secretion of tears, running nose, trembling or shaking, increased sweating, anxiety, agitation, fits, sleeplessness and muscle pain.

An increased sensitivity to pain (hyperalgesia) that will not respond to a further dose increase of oxycodone may occur, particularly in high doses. An oxycodone dose reduction or change to an alternative opioid may be required.

Repeated use of Oxydon may lead to dependence and abuse which may result in life-threatening overdose. If you have concern that you may become dependent on Oxydon, it is important that you consult your doctor.

The prolonged-release tablets should be used with particular care in patients with a history of or present alcohol and drug abuse.

In case of abusive injection (injection in a vein) the tablet excipients may lead to destruction (necrosis) of the local tissue, change of lung tissue (granulomas of the lung) or other serious, potentially fatal events.

Sleep-related breathing disorders

Oxydon can cause sleep-related breathing disorders such as sleep apnoea (breathing pauses during sleep) and sleep related hypoxemia (low oxygen level in the blood). The symptoms can include breathing pauses during sleep, night awakening due to shortness of breath, difficulties to maintain sleep or excessive drowsiness during the day. If you or another person observe these symptoms, contact your doctor. A dose reduction may be considered by your doctor.

Athletes must be aware that this medicinal product may cause a positive reaction to sports doping control tests. Use of Oxydon as a doping agent may become a health hazard.

Children

Oxycodone prolonged release tablets have not been studied in children under 12 years of age. Therefore, safety and efficacy have not been demonstrated and use of Oxydon is not recommended in children under 12 years.

Other medicines and Oxydon

Tell your doctor or pharmacist if you are taking, have recently taken or might take any other medicines.

Taking Oxydon at the same time as certain medicines which affect the way the brain works (see below) can enhance the risk for stopping breathing, especially in the case of overdose and in the elderly, and/or enhance the sedative effect of Oxydon (you may feel very sleepy).

Concomitant use of Oxydon and medicines which affect the way the brain works (e.g. sedative medicines such as benzodiazepines or related medicines, see below) increases the risk of drowsiness, difficulties in breathing (respiratory depression), coma and may be life-threatening. Because of this, concomitant use should only be considered when other treatment options are not possible.

However, if your doctor does prescribe Oxydon together with sedative medicines, the dose and duration of concomitant treatment should be limited by your doctor. Please tell your doctor about all sedative medicines you are taking, and follow your doctor's dose recommendation closely. It could be helpful to inform friends or relatives to be aware of the signs and symptoms stated above. Contact your doctor when experiencing such symptoms.

Medicines that affect the way the brain works include:

- other strong pain killers (opioids)
- sleeping pills and tranquillisers (sedative medicines such as benzodiazepines)
- medicines to treat depression, such as paroxetine
- medicines used to treat allergies, travel sickness or nausea (antihistamines or antiemetics)
- medicines to treat psychiatric or mental disorders (antipsychotics)
- medicines used to treat Parkinson's disease.

The risk of side effects increases, if you use antidepressants (such as citalopram, duloxetine, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, venlafaxine). These medicines may interact with oxycodone and you may experience symptoms such as involuntary, rhythmic contractions of muscles, including the muscles that control movement of the eye, agitation, excessive sweating, tremor, exaggeration of reflexes, increased muscle tension, body temperature above 38°C. Contact your doctor when experiencing such symptoms.

Further interactions may occur with:

- certain medicines to prevent your blood clotting or to help thin your blood (known as coumarin anticoagulants, for example warfarin or phenprocoumon). Oxydon may influence their effects.
- muscle relaxants
- certain antibiotics (e.g. clarithromycin, erythromycin, telithromycin or rifampicin)
- certain medicines to treat fungal infections (e.g. ketoconazole, voriconazole, itraconazole or posaconazole)
- certain medicines to treat HIV infection (e.g. boceprevir, ritonavir, indinavir, nelfinavir or saquinavir)
- cimetidine, a medicine to treat heartburn
- carbamazepine (a medicine to treat seizures or convulsions/fits and certain pain conditions)
- phenytoin, a medicine to treat seizures
- St. John's wort, a medicine to treat depression

- quinidine (a medicine to treat a fast heartbeat)
- monoamine oxidase inhibitors, or if you have taken this type of medicine in the last two weeks (see section 2 ‘Warnings and precautions’).

Taking Oxydon with food, drink and alcohol

Drinking alcohol whilst taking Oxydon may make you feel more sleepy or increase the risk of serious side effects such as shallow breathing with a risk of stopping breathing, and loss of consciousness. It is recommended not to drink alcohol while you’re taking Oxydon.

Drinking grapefruit juice whilst taking Oxydon may increase the risk for side effects. You should avoid drinking grapefruit juice during treatment with Oxydon.

Pregnancy and breast-feeding

If you are pregnant or breast-feeding, think you may be pregnant or are planning to have a baby, ask your doctor or pharmacist for advice before taking this medicine.

- **Pregnancy**

You should not take Oxydon during pregnancy. There are limited data from the use of oxycodone in pregnant women.

Oxycodone crosses the placenta into the blood circulation of the baby.

Prolonged use of oxycodone during pregnancy can cause withdrawal symptoms in newborns. Use of oxycodone during childbirth can cause breathing problems (respiratory depression) in the newborn.

- **Breast-feeding**

You should not use Oxydon when you are breast-feeding as the active substance oxycodone may pass into breast milk and cause drowsiness (sedation) or breathing problems (respiratory depression) in the suckling child.

Driving and using machines

Oxydon may impair the ability to drive or operate machinery.

General driving restrictions may not apply during stable treatment; your doctor makes this decision based upon the individual situation. Please discuss with your doctor whether or not, or under which conditions you may drive.

Oxydon contains sucrose

If you have been told by your doctor that you have an intolerance to some sugars contact your doctor before taking this medicine.

Oxydon contains propylene glycol

This medicine contains 2.1 mg propylene glycol in each prolonged-release tablet.

3. How to take Oxydon

Always take this medicine exactly as your doctor has told you. Check with your doctor or pharmacist if you are not sure.

For dose adjustment other strengths of this medicine may be available.

The recommended dose is

Adults and adolescents (12 years of age and older)

The usual initial dose is 1 prolonged-release tablet (10 mg of oxycodone hydrochloride) in 12 hourly intervals. Your doctor will prescribe the dose required to treat your pain.

Further determination of the daily dose, the division into the single doses and any dose adjustments during the further course of therapy are performed by the treating physician and depend on the previous

dose. Patients who have already taken opioids can start treatment with higher doses taking into account their experience with opioid treatment.

Some patients who receive Oxydon prolonged-release tablets according to a fixed schedule need rapidly acting painkillers as rescue medication to control breakthrough pain. Oxydon is not intended for the treatment of breakthrough pain.

For the treatment of non-cancer pain a daily dose of 40 mg of oxycodone hydrochloride is generally sufficient, but higher doses may be necessary.

Patients with cancer pain usually require daily doses from 80 to 120 mg of oxycodone hydrochloride which may be increased up to 400 mg in individual cases.

The treatment needs to be controlled regularly with regard to pain relief and other effects in order to achieve the best pain therapy possible as well as to be able to treat any occurring side effects in good time and to decide whether treatment should be continued.

Patients with impaired kidney and/or liver function

Your doctor may prescribe a lower starting dose.

Other risk patients

If you have a low body weight your doctor may prescribe a lower starting dose.

Method and duration of administration

For oral use only.

Swallow the prolonged-release tablets with a sufficient amount of liquid ($\frac{1}{2}$ glass of water) with or without food in the morning and in the evening following a fixed schedule (e.g. at 8 a.m. and 8 p.m.).

The prolonged-release tablets can be divided into equal doses. The tablets must not be further broken, crushed or chewed as this leads to rapid oxycodone release due to the damage of the prolonged-release properties. The administration of broken, chewed or crushed tablets leads to a rapid release and absorption of a potentially fatal dose of the active substance oxycodone (see section "If you take more Oxydon than you should").

Oxydon is for oral use only. In case of abusive injection (injection in a vein) the tablet excipients may lead to destruction (necrosis) of the local tissue, change of lung tissue (granulomas of the lung) or other serious, potentially fatal events.

Your doctor will adjust the dose depending on the pain intensity and how you respond to the treatment. Take the number of prolonged-release tablets determined by your doctor twice daily.

If you take more Oxydon than you should

If you have taken more Oxydon than prescribed you should inform your doctor or your local poison control center immediately.

Signs of an overdose may be:

- narrowed pupils
- breathing more slowly or weakly (respiratory depression)
- sleepiness progressing up to loss of consciousness
- decreased muscle tone
- slowed pulse rate
- drop in blood pressure.

In severe cases, loss of consciousness (coma), water retention in the lung and circulatory collapse may occur, which may be fatal.

Never engage in situations which require a high degree of concentration, such as driving.

If you forget to take Oxydon

If you use a smaller dose of Oxydon than directed or you miss the intake of a dose, pain relief will consequently be insufficient or cease altogether.

If you have forgotten to take a dose, please follow the instructions below:

- If the next regular dose was scheduled more than 8 hours later: Take the forgotten dose immediately and continue with your usual dosing schedule.
- If your next usual dose is due in less than 8 hours: Take the forgotten dose and wait another 8 hours before taking your next dose. Try to get back in your normal dosing schedule.

Do not take more than one dose within any 8-hour period.
Do not take a double dose to make up for a forgotten dose.

If you stop taking Oxydon

Do not stop treatment without informing your doctor.

If you no longer require therapy with Oxydon, it may be advisable to taper the dose gradually to prevent symptoms of withdrawal.

If you have any further questions on the use of this medicine, ask your doctor or pharmacist.

4. Possible side effects

Like all medicines, this medicine can cause side effects, although not everybody gets them.

The most common side effects are nausea (especially at the beginning of therapy) and constipation. The side effect constipation may be countered by preventive measures (such as drinking plenty of fluids, nutrition rich in fibre). If you experience nausea or vomiting, your doctor may prescribe medication for you.

**Important side effects or signs which you should look out for and what to do if you are affected:
Stop taking Oxydon and contact a doctor or go to your nearest emergency department immediately if you experience any of the following symptoms.**

- sudden wheeziness, difficulties in breathing, swelling of the eyelids, face or lips, rash or itching especially those covering your whole body. These may be signs of serious allergic reactions.
- a more slow or shallow breathing (respiratory depression). This is the most serious side effect with an overdose of strong painkillers such as oxycodone and it mostly occurs in elderly and weak patients.

Possible side effects

Very common (may affect more than 1 in 10 people)

- drowsiness, sleepiness, dizziness, headache
- constipation, feeling sick (nausea), vomiting
- itchy skin.

Common (may affect up to 1 in 10 people)

- anxiety, depression, decreased activity, restlessness, increased activity, nervousness, difficulty in sleeping, abnormal thinking, confusion, shaking (tremor)

- lack of energy, feeling weak, tiredness
- shortness of breath, wheezing
- dry mouth, hiccups, indigestion, stomach ache, diarrhoea
- decreased appetite up to loss of appetite
- skin rash, increased sweating
- painful urination, increased urge to urinate.

Uncommon (may affects up to 1 in 100 people)

- a condition where you breathe more slowly and weakly than expected (respiratory depression)
- allergic reactions
- lack of water in the body (dehydration)
- agitation, emotional lability, a feeling of extreme happiness
- hallucinations, derealisation
- vision disturbances, reduction in size of the pupils in the eye
- hearing impaired, a feeling of dizziness or 'spinning'(vertigo)
- change in taste
- increased muscle tension, involuntary muscle contractions, epileptic seizures, convulsions (fits)
- tingling or numbness, reduced sensitivity to pain or touch
- problems with coordination or with keeping one's balance
- loss of memory, concentration impaired, speech disorders
- fainting
- faster heartbeat, feeling your heartbeat (in the context of withdrawal syndrome)
- widening of the blood vessels causing low blood pressure
- coughing, voice changes
- mouth ulcers, sore gums
- wind, difficulty in swallowing, belching
- obstruction of the bowel (ileus)
- decreased sexual desire, impotence, low levels of sex hormones in the blood called hypogonadism (seen in a blood test)
- injuries from accidents
- generally feeling unwell, pain (e.g. chest pain)
- swelling of the hands, ankles or feet (oedema)
- migraine
- drug tolerance
- dry skin
- thirst
- problems passing urine
- chills
- physical dependence including withdrawal symptoms (see section 3 'If you stop taking Oxydon')
- increase in liver enzymes (seen in a blood test).

Rare (may affect up to 1 in 1,000 people)

- low blood pressure; dizziness, fainting caused by sudden drop in blood pressure when standing up
- bleeding gums, increased appetite, dark-coloured, tarry stools, tooth disorders
- blisters on the skin and the mucous membranes (cold sores or herpes), hives (urticaria)
- changes in body weight (loss or rise).

Frequency not known (frequency cannot be estimated from the available data)

- absence of menstrual bleeding
- serious allergic reaction which causes breathing difficulty or dizziness
- aggression
- increased sensitivity to pain (hyperalgesia)

- dental caries
- biliary colic (which causes stomach pain), biliary congestion
- withdrawal symptoms in newborns
- becoming addicted or reliant on these tablets
- cramping of the smooth muscles
- depression of the cough reflex
- sleep apnoea (breathing pauses during sleep).

Reporting of side effects

If you get any side effects, talk to your doctor or pharmacist. This includes any possible side effects not listed in this leaflet. You can also report side effects directly via the national reporting system: HPRA Pharmacovigilance; website: www.hpra.ie. By reporting side effects you can help provide more information on the safety of this medicine.

5. How to store Oxydon

Keep this medicine out of the sight and reach of children.

Do not use this medicine after the expiry date which is stated on the blister/bottle and the carton after EXP. The expiry date refers to the last day of that month.

Do not store above 30°C.

Do not throw away any medicines via wastewater or household waste. Ask your pharmacist how to throw away medicines you no longer use. These measures will help protect the environment.

6. Contents of the pack and other information

What Oxydon contains

- The active substance is oxycodone hydrochloride. Each prolonged-release tablet contains 10 mg oxycodone hydrochloride corresponding to 8.96 mg oxycodone.
- The other ingredients are:
Tablet core: Sugar spheres (sucrose, maize starch), hypromellose, macrogol 6000, talc, ethylcellulose, hydroxypropylcellulose, propylene glycol, magnesium stearate, microcrystalline cellulose, cellulose, powdered, colloidal anhydrous silica.
Tablet coating: Hypromellose, talc, macrogol 6000, titanium dioxide (E171, Iron oxide brown (E172), Iron oxide red (E172).

What Oxydon looks like and contents of the pack

Oxydon are brown-red, biconvex, oblong, prolonged-release tablets with a breakline on both sides. The tablet can be divided into equal doses.

Oxydon are available in blister packs with child resistant closure of 10, 20, 28, 30 (10x3), 40, 50 (10x5), 56, 60, 98, 100 (10x10), prolonged-release tablets, 100 (10x10) unit dose blister as well as in HDPE bottles of 100 and 250 prolonged-release tablets.

Not all pack sizes may be marketed.

Marketing Authorisation Holder and Manufacturer

Marketing Authorisation Holder

Rowex Ltd., Bantry, Co. Cork, Ireland.

Manufacturer

Salutas Pharma GmbH, Otto-von-Guericke-Allee 1, D-39179 Barleben, Germany.

This medicine is authorised in the member states of the European Economic Area under the following names:

Czech Republic: Oxycodon Sandoz Retard

Ireland: Oxydon 10 mg Prolonged-release tablets

This leaflet was last approved in 03/2022.