

OXYMORPHONE

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(Trade Names: Opana[®], Opana ER[®]; Street Names: Blue Heaven, Blues, Mrs. O, New Blues, Octagons, Oranges, Orgasna IR, OM, Pink, Pink Heaven, Pink Lady, Pink O, Stop Signs, and The O Bomb)

Introduction:

Oxymorphone (14-hydroxydihydromorphinone) is a potent schedule II opioid analgesic drug with an abuse liability similar to morphine and other schedule II opioids. Recently, there has been an increase in the abuse of oxymorphone. It was first marketed in the United States for medical use in 1959 as injectable and rectal suppository forms. In June 2006, Food and Drug Administration (FDA) approved immediate-release (IR) and extended-release (ER) oxymorphone oral tablets under brand names Opana[®] and Opana ER[®]. However, Opana ER[®] was discontinued in 2017. Recently generic oxymorphone formulations were approved by FDA.

Licit Uses:

Oxymorphone is indicated for the relief of moderate to severe pain. It is currently marketed both as immediate release tablets containing 5 mg or 10 mg and as extended release tablets containing 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg, 30 mg, or 40 mg oxymorphone hydrochloride. It is also available as 1 mg/mL injectable formulation.

According to IQVIA National Prescription Audit™, total prescriptions dispensed for oxymorphone increased from 268,536 in 2007 to approximately 1.2 million in 2012, and remained fairly stable over the next four years with relatively the same amount (i.e., 1.2 million) dispensed in 2016. In 2017, during the height of the opioid crisis and establishment of the 2016 Centers for Disease Control and Prevention (CDC) Guideline for Prescribing Opioids for Chronic Pain, 878,353 oxymorphone prescriptions were dispensed. By 2021, total oxymorphone prescriptions dispensed decreased to 192,556.

Chemistry:

Chemically, oxymorphone is 4,5 α -epoxy-3,14-dihydroxy-17-methylmorphinan-6-one, commonly used as its hydrochloride salt - a white or slightly off-white, odorless powder, which is sparingly soluble in alcohol and ether, but freely soluble in water. Pharmacological and toxic effects, abuse, and dependence liabilities of oxymorphone are essentially similar to other schedule II opioid analgesics, such as morphine and oxycodone.

Pharmacology:

Oxymorphone is a pure opioid agonist relatively selective for the mu opioid receptors. However, at higher doses, it can interact with other opioid receptors. The precise mechanism of analgesic action of oxymorphone is unknown. Similar to pure opioid agonist analgesics, with increasing doses of oxymorphone there is increasing analgesia. There is no defined maximum dose; the ceiling to analgesic effectiveness is imposed only by serious side effects.

In addition to analgesia, other pharmacological effects of opioid agonists include anxiolysis, euphoria, feelings of relaxation, respiratory depression, constipation, miosis (contraction of pupils), and cough suppression. Use of oxymorphone, similar to other schedule II opioid analgesics, carries the risk of addiction, physical dependence and/or tolerance. Abrupt discontinuation after prolonged use can cause signs and symptoms of opioid withdrawal.

Acute overdose of oxymorphone, similar to other pure opioid agonists, can produce severe respiratory depression, somnolence (drowsiness) progressing to stupor or coma, skeletal muscle flaccidity, cold and clammy skin, constricted pupils, and reduction in blood pressure and heart rate. In some cases, acute overdose may result in apnea, circulatory collapse, cardiac arrest, and death. Opioid receptor antagonist such as naloxone is a specific antidote against respiratory depression resulting from overdose or unusual sensitivity to oxymorphone. Oxymorphone related deaths have been reported in various states.

Illicit Uses:

Oxymorphone products, similar to other schedule II opioids, have high abuse and dependence potential, produce tolerance, and are abused for their euphoric effects. Snorting, oral ingestion, and injection are some reported routes of administration. Demographics of oxymorphone abuser population are similar to those of other opioid analgesics and mainly include young Caucasian adults. The American Association of Poison Control Centers (AAPCC) reported 89 total oxymorphone exposures, 38 single exposures, and one death in 2020, a decrease from 91 total case exposures (single exposures of 44) but zero deaths in 2019.

User Population:

Every age-group, ethnic, and economic group has been affected by the relative prevalence of oxymorphone availability.

Illicit Distribution:

Oxymorphone products are illicitly available under a variety of street names (see above) in numerous states. Street prices of oxymorphone products, though vary, generally retail for one dollar per milligram of oxymorphone. Similar to other opioid pharmaceuticals, methods of diversion of oxymorphone products include fraudulent and forged prescriptions, robberies, thefts, and polydrug trafficking organizations. According to DEA's National Forensic Laboratory Information System (NFLIS) database, analyzed substances identified as oxymorphone by federal, state, and local forensic laboratories decreased from 2,474 in 2015 to 1,168 in 2018 to 141 items or drug reports in 2021.

Control Status:

Oxymorphone is controlled in schedule II of the Controlled Substances Act.

Comments and additional information are welcomed by the Drug and Chemical Evaluation Section; Fax 571-362-4250, Telephone 571-362-3249, or E-mail DPE@dea.gov.