

## Oxycodone

(Trade Names: Percodan®, Percocet®, OxyContin®, Roxicodone®, RoxyBond®)

### Introduction:

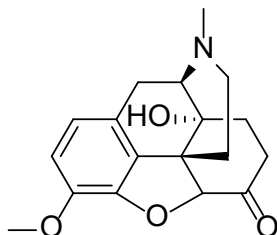
Oxycodone is a schedule II narcotic analgesic and is widely used in clinical medicine. It is marketed either as a single entity in extended release (OxyContin®, Xtampza® ER and immediate release formulations (OxyIR®, OxyFast®, Roxicodone®, RoxyBond®), as well as in combination with other nonnarcotic analgesics such as aspirin (Percodan®), or acetaminophen (Percocet®, Oxycet®). In 2004, the Food and Drug Administration (FDA) approved generic forms of controlled release oxycodone products for marketing. The introduction of OxyContin® in 1996, commonly known on the street as OC, OX, Oxy, Oxycotton, Hillbilly heroin, and kicker, led to a marked escalation of its abuse as reported by drug abuse treatment centers, law enforcement personnel, and health care professionals.

### Licit Uses:

Products containing oxycodone in combination with aspirin or acetaminophen are used for the relief of moderate to severe pain. Oxycodone is widely prescribed in the United States (U.S.), and the controlled-release tablets are prescribed for the management of severe and persistent pain when a continuous, around-the-clock analgesic is needed for an extended period. According to IQVIA's National Prescription Audit™, total prescriptions dispensed in U.S. for all products containing oxycodone were approximately 58.2 million in 2010, 62.0 million in 2015, 42.5 million in 2020, and 43.1 million in 2024.

### Chemistry:

Oxycodone (4,5-epoxy-14-hydroxy-3-methoxy-17-methyl-morphinan-6-one, dihydrohydrocodeinone) is a semi-synthetic opioid receptor agonist derived from thebaine, a constituent of opium. Oxycodone will test positive for an opiate in the available field test kits.



### Pharmacology:

The pharmacology of oxycodone is essentially similar to that of morphine, including its abuse and dependence liabilities. Pharmacological effects include analgesia, sedation, euphoria, feelings of relaxation, respiratory depression, constipation, pupillary constriction, and cough suppression. Behavioral effects of oxycodone can last up to 5 hours. The drug is most often administered orally. The controlled-release product, OxyContin®, has a longer duration of action (8-12 hours). As with most opioids, oxycodone abuse may lead to dependence and tolerance. Acute overdose of oxycodone can produce severe respiratory depression, skeletal muscle flaccidity, cold and clammy skin, reduction in blood pressure and heart rate, coma, respiratory arrest, and death.

### Illicit Uses:

Oxycodone abuse has been a continuous problem in the U.S. since the early 1960s. Oxycodone is abused for its euphoric effects. It is equipotent to morphine in relieving abstinence symptoms from chronic opioids (heroin, morphine) administration. For this reason, it is often used to alleviate or prevent the onset of opioid withdrawal by street users of heroin and methadone. The large amount of oxycodone (10 to 80 mg) present in controlled release formulations (OxyContin®) renders

these products highly attractive to opioid abusers and doctor-shoppers. Common methods of abuse include ingesting the tablet orally or crushing the tablet followed by snorting or injecting the powder. The ingestion of products containing oxycodone in combination with acetaminophen pose an additional risk of liver toxicity upon chronic abuse.

The National Survey on Drug Use and Health (NSDUH) indicated that among the 21.1 million people, aged 12 and older in the U.S. that reported using oxycodone products in 2021, 2.8 million (13.1%) misused the products. In 2022, a decrease was observed among the 20.8 million users, aged 12 years and older within the U.S., in which 2.5 million (12.3%) misused oxycodone products. For 2023, the increase continued among the 21 million users, aged 12 years and older with 2.6 million (12.6%) misusing oxycodone products in the past year.

According to the America's Poison Centers (APC), there were 6,345 case mentions (2,739 single exposures) and 11 deaths associated with oxycodone alone or in combination in 2024. This was down from 2018 data; APC reported 17,003 case mentions (7,575 single exposures) and 18 deaths with oxycodone alone or in combination. The 2024 Monitoring the Future (MTF) survey indicates that the annual prevalence in 2023 was 0.9%, 1.0%, and 1.9% in grades 8, 10, and 12, respectively for the misuse of OxyContin®.

### User Population:

Every age group has been affected by the relative prevalence of oxycodone availability. Sometimes seen as a "white-collar" addiction, oxycodone abuse has increased among all ethnic and economic groups.

### Illicit Distribution:

Oxycodone-containing products are in tablets, capsules, and liquid forms. A variety of colors, markings, and packaging are available. The main sources of oxycodone on the street have been through forged prescriptions, professional diversion through some pharmacists, physicians, dentists, "doctor-shopping," armed robberies, and night break-ins of pharmacies and nursing homes.

The Drug Enforcement Administration's National Forensic Laboratory Information System (NFLIS) Drug database collects scientifically verified data on drug items and cases submitted to and analyzed by participating federal, state, and local forensic drug laboratories. NFLIS-Drug received 16,011 reports of oxycodone in 2021, 15,377 in 2022, 14,074 in 2023, and 10,754 in 2024 (reports still pending).

Abuse of OxyContin® was initially concentrated in rural communities, particularly in the Southeast and Northeast, it has now spread to the western U.S. including Alaska and Hawaii.

### Control Status:

Oxycodone is a schedule II controlled substance under 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 Email: DPE@dea.gov.