

Oxymorphone (Opana®)

Oxymorphone is a Schedule II opioid analgesic used in the treatment of moderate to severe pain. It was approved by the FDA in 2006 as immediate release oral tablets (Opana®, 5 and 10-milligrams) and extended release oral tablets (Opana ER®, 5, 7.5, 10, 15, 20, 30 and 40-milligrams). The immediate release formulation is indicated for acute treatment and the extended release formulation is indicated for patients requiring continuous, around-the-clock treatment for an extended period of time. It is also available under the brand Numorphan® in injectable and suppository forms. Oxymorphone is approximately 8-10 times as potent as morphine and more potent than oxycodone and hydrocodone. In addition to analgesic effects, it has cough suppressant, anxiolytic, constipating and euphoric effects.

Oxymorphone, like other centrally-acting opioid analgesics, has properties which makes it a target for potential abuse. Users report a euphoric effect that surpasses that described with other opioids. Like OxyContin®, it is sometimes crushed and snorted, which can lead to the rapid release and absorption of potentially fatal doses. Oxymorphone is addictive and causes withdrawal symptoms in chronic abusers.

The toxicity of oxymorphone is similar to that of other opioids. Acute overdose of oxymorphone is characterized by respiratory depression, bradycardia, hypotension, miosis, lethargy and coma. Deaths have been reported with oxymorphone abuse. The treatment of oxymorphone overdose consists of activated charcoal for recent ingestions and ingestions of extended release tablets. The opioid antagonist naloxone may be administered to reverse respiratory depression. Patients should be observed for several hours for recurrence of respiratory depression because of oxymorphone's long duration of action.



Opana ER® 40 mg



Opana® 10 mg

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DID YOU KNOW THAT... drug OD kits are being distributed to drug users?

At-home drug overdose kits that include naloxone are being distributed to drug users in more than 15 states and were the topic of a feature story in *Time* (May 2009). Studies show that injection drug users are just as competent as medical professionals at recognizing the symptoms of an opioid overdose and are able to determine when to use naloxone, once taught. Baltimore City Health Department has a naloxone distribution program. As the abuse of prescription pain pills grows, so do concerns about fatal overdoses to these medications, and naloxone-based programs may expand.



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