Myloxifin (oxycodone hydrochloride/naloxone hydrochloride) 5mg/2.5mg, 10mg/5mg, 20mg/10mg, 40mg/20mg prolonged-release tablets Prescribing Information. Prescribers should consult the SmPC before prescribing.

Presentation: Each tablet contains 5mg, 10mg, 20mg and 40mg of oxycodone hydrochloride and 2.5mg, 5mg, 10mg and 20mg of naloxone hydrochloride respectively.

Indications: Treatment of severe pain in adults, which can only be adequately managed with opioid analgesics. Naloxone is added to counteract opioid-induced constipation.

Dosage and administration: Prior to starting treatment, discuss withdrawal strategy for ending treatment with oxycodone with patient. Adjust dose to intensity of pain and sensitivity of individual patient. Adults: Usual starting dose for opioid naive patients is 10mg/5mg at 12 hourly intervals. 5mg/2.5mg is for dose titration when initiating opioid therapy and individual dose adjustment. Maximum daily dose is 160mg oxycodone hydrochloride and 80mg naloxone hydrochloride. This dose is reserved for patients who have previously been maintained on a stable daily dose and have become in need of an increased dose. Some patients taking Myloxifin at a regular time schedule require immediate-release analgesics as "rescue" medication for breakthrough pain. If more than two "rescues" per day are needed, this indicates that the dose requires upward adjustment. Aim to establish a patient-specific twice daily dose that maintains adequate analgesia and makes use of as little rescue medication as possible. Do not administer for longer than absolutely necessary. If long-term treatment is required, regularly monitor the patient.

Method of Administration: Should be taken in the determined dose twice daily in a fixed time schedule. May be taken with or without food with sufficient liquid. The tablets are for oral use only and must not be broken, chewed or crushed.

Special Populations: Children (<18yrs): Not recommended. Elderly: dose should be adjusted to intensity of pain and sensitivity of individual patient.

Fertility, pregnancy and lactation: Pregnancy: Regular use during pregnancy may cause drug dependence in the foetus, leading to withdrawal symptoms in the neonate. Both oxycodone and naloxone pass into the placenta. Should only be used during pregnancy if the benefit outweighs the possible risks to the unborn child or neonate. Administration during labour may depress respiration in the neonate therefore ensure antidote for the child is readily available. Breastfeeding: Not recommended in nursing women as oxycodone may be secreted in breast milk and may cause respiratory depression in the infant. Breastfeeding should be discontinued during treatment with Myloxifin. Fertility: No data available.

Contraindications: Contraindicated in patients with: hypersensitivity to active substances or to any excipients, severe respiratory depression with hypoxia and/or hypercapnia, severe chronic obstructive pulmonary disease, Cor pulmonale, severe bronchial asthma, non-opioid induced paralytic ileus and moderate to severe hepatic impairment.

Special warnings and precautions: The major risk of opioid excess is respiratory depression, therefore exercise caution when treating the following: elderly or infirm patients, patients with opioid-induced paralytic ileus, patients presenting severely impaired pulmonary function, patients with sleep apnoea, myxoedema, hypothyroidism, Addison's disease, toxic psychosis, cholelithiasis, prostate hypertrophy, alcoholism, delirium tremens, pancreatitis, hypotension, hypertension, pre-existing cardiovascular diseases, head injury, epileptic disorder or predisposition to convulsions, or patients taking MAO inhibitors. Use with caution in patients with mild hepatic or renal impairment. Carefully monitor patients with severe renal impairment. Diarrhoea may be considered as a possible effect of naloxone. Prolonged use may lead to addiction/ Opioid Use Disorder (OUD). Provide additional support and monitor patients at risk of opioid misuse. Take comprehensive patient medical history including concomitant medications and past and present medical and psychiatric conditions. Explain the risks of developing tolerance. Overuse or misuse may result in overdose and/or death. Closely monitor patients for signs of misuse, abuse or addiction. Review patient's clinical need for treatment regularly. For patients with signs and symptoms of OUD, consultation with an addiction specialist should be considered. Prior to start treatment, discuss a withdrawal strategy for ending treatment. Withdrawal symptoms may occur upon abrupt cessation of therapy, hence when therapy is no longer required, gradually taper the dose. Tapering from a high dose may take weeks to months. Hyperalgesia may be diagnosed if patient on long term opioid therapy presents with increased pain. Symptoms of hyperalgesia may resolve with a reduction of opioid dose. In patients under long-term opioid treatment, the switch to Myloxifin can initially provoke withdrawal symptoms. Myloxifin is not suitable for treatment of withdrawal symptoms. Concomitant use of alcohol should be avoided. Not recommended for use in cancer patients. Not recommended for pre-operative use or within the first 12-24 hours post-operatively. Abuse of Myloxifin by drug addicts is strongly discouraged. If abused parenterally, intranasally or orally by individuals dependent on opioid agonists, Myloxifin is expected to produce marked withdrawal symptoms. Abusive parenteral injections of the prolonged-release tablet constituents (especially talc) can be expected to result in local tissue necrosis and pulmonary granulomas or may

lead to other serious, potentially fatal undesirable effects. The empty prolonged-release tablet matrix may be visible in the stool. Make athletes aware that Myloxifin may cause a positive reaction to 'anti-doping' tests.

Drug Interactions: Substances having a CNS-depressant effect, alcohol, coumarin anticoagulants, CYP3A4 inhibitors, CYP3A4 inducers.

Effects on ability to drive/use machines: Has moderate influence on the ability to drive and use machines. Inform patients presenting with somnolence and/or sudden sleep episodes to refrain from driving or engaging in activities where impaired alertness may put themselves or others at risk of serious injury or death until such recurrent episodes and somnolence have resolved.

Undesirable effects: Decreased/loss of appetite, insomnia, dizziness, headache, somnolence, vertigo, hot flush, abdominal pain, constipation, diarrhoea, dry mouth, dyspepsia, vomiting, nausea, flatulence, pruritus, skin reactions, hyperhidrosis, asthenic, fatigue, altered mood and personality changes, decreased activity, psychomotor hyperactivity, hiccups, dysuria. convulsions, syncope, angina pectoris, palpitations, tachycardia, dyspnoea, respiratory depression, drug dependence, drug withdrawal syndrome, drug withdrawal syndrome neonatal, hallucination, urinary retention, erectile dysfunction, anaphylactic reaction, cholestasis, amenorrhoea, melaena, ileus. See SmPC for full list of side effects.

P**ack size and UK list price:**
Myloxifin 5mg/2.5mg prolonged-release tablets (PL 17780/0868) pack size: 28 £15.07
Myloxifin 10mg/5mg prolonged-release tablets (PL 17780/0869) pack size: 56 £30.14
Myloxifin 20mg/10mg prolonged-release tablets (PL 17780/0870) pack size: 56 £60.28
Myloxifin 40 mg/20mg prolonged-release tablets (PL 17780/0871) pack size: 56 £120.60

Legal category: POM

Marketing Authorisation Holder: Zentiva Pharma UK Limited, 12 New Fetter Lane, London, EC4A 1JP, UK

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