VI.2 Elements for a Public Summary

VI.2.1 Overview of disease epidemiology

Although pain – including moderate to severe pain - is a very common symptom, data on the number of people in a given population who are reported to suffer from pain are inconsistent. For example, estimates of the number of people suffering from long-lasting (chronic) pain vary widely and typically range between 10 and 30% of the adult population, although rates ranging from 2 to 55% have been reported. This wide variation may reflect true differences

between populations, but also the use of different definitions and classifications of chronic pain, for example duration of more than three or more than six months, and differences in assessment methods.

VI.2.2 Summary of treatment benefits

Current standards of treatment of pain
The World Health Organization (WHO) recommends a “pain ladder” for managing pain: If pain occurs, there should be oral administration of drugs in the following order:

- Nonsteroidal anti-inflammatory drugs such as Diclofenac or Ibuprofen, a class of drugs that provide pain relieving, fever-reducing effects and inflammation-reducing effects
- then, as necessary, mild narcotic drugs (opioids)
- then strong narcotic drugs (opioids) such as morphine or oxycodone

This three-step approach is effective in the majority of patients.
Where the medicinal product fits in the therapeutic armamentarium
Oxycodone is a strong pain killer and is only used for the treatment of severe pain, which cannot be adequately managed with other medicinal products.

VI.2.3 Unknowns relating to treatment benefits

There is limited information regarding the use of this medicine in patients below the age of 12 years, therefore oxycodone is not recommended in this patient group. There are limited data from the use of oxycodone in pregnant women. Infants born to mothers who have received opioids during the last 3 to 4 weeks before giving birth should be monitored for respiratory depression. Withdrawal symptoms may be observed in the newborns of mothers undergoing treatment with oxycodone.

VI.2.4 Summary of safety concerns

Important identified risks

Risk	What is known	Preventability
Respiratory depression (insufficiency to obtain enough oxygen via breathing)	Disturbance of breathing caused by strong pain killers such as oxycodone can range from decrease in breathing rate to breathing arrest. It may be life-threatening and result in death.	Careful dosing as directed in the patient information leaflet and careful supervision of the patient are necessary.
Drug dependence and	Physical dependence is common	In patients who no longer

Risk	What is known	Preventability
withdrawal reactions (reactions related to the withdrawal the and addiction to oxycodone)	to strong pain killers (this does not equal addiction). Abruptly stopping these medications will cause a withdrawal response. Such withdrawal response may as well occur upon reducing opioid drugs after prolonged use. Withdrawal symptoms can include restlessness, watery eyes (lacrimation), running nose, yawning, perspiration, chills, muscle pain, dilation of the pupils, irregular heartbeat, irritability, anxiety, backache, joint pain, weakness, abdominal cramps, insomnia, nausea, anorexia, vomiting, diarrhea, or increased blood pressure, respiratory rate or heart rate. These symptoms can occur 12 – 16 hours after the last dose and can last up to 72 hours or longer.	need the product, it is recommended to taper the dose gradually in order to prevent symptoms of withdrawal.
Abuse, misuse, diversion (intentionally abusing this medicine, e.g. injecting in blood vessels, in order to alter one's state of consciousness)	Oxycodone like all opioids has the potential to be abused, misused and illegally distributed. Abuse is the self-administration of medications to alter one's state of consciousness. This is an intentional use of a medication. Misuse (noncompliant use) is the intentional or unintentional use of a prescribed medication in a manner that is contrary to directions, regardless of whether a harmful outcome occurs. Diversion is the redirection of a prescription drug from its lawful purpose to illicit use.	Patients are advised to use this medicine according to the instructions given by theit doctor. Patients treated with strong pain killers such as oxycodone should be supervised carefully
Overdose (taking to much of this medicine)	The accidental intake of high doses of this medicine may lead to serious adverse reactions, like respiratory depression, which are	Patients treated with strong pain killers such as oxycodone should be supervised carefully. Patients

Risk	What is known	Preventability
	potentially life threatening. The intentional intake of high doses of this medicine may lead to serious adverse reactions, like respiratory depression, which are potentially life threatening.	are advised to seek medical help immediately after accidental intake of doses that exceed the prescribed dosage. Special monitoring is advised in patients with a history of addiction.

Important potential risks

Risk	What is known
Medication errors (drug mistakes)	Wrong use of this medicine, may have impair the effectiveness of treatment or lead to potentially serious side effects.

Missing information

Risk	What is known
Use during pregnancy and lactation	Experience with the use of oxycodone during human pregnancy is insufficient and does not allow a final assessment. Use of oxycodone during early pregnancy was reported to be associated with defects of the infant's heart. Infants born to mothers with longer-term intake of oxycodone may exhibit withdrawal symptoms following birth (e.g. irritability, hyperactivity, abnormal sleep pattern, high-pitched cry, tremor, vomiting, diarrhea, weight loss, and failure to gain weight) and are at increased risk of sudden infant death. Oxycodone crosses the placenta and may produce disturbance of breathing in newborns. Oxycodone has been detected in maternal milk. Accordingly, oxycodone should not be taken by pregnant or breastfeeding women.

VI.2.5 Summary of additional risk minimisation measures by safety concern

All medicines have a Summary of Product Characteristics (SmPC) which provides physicians, pharmacists and other health care professionals with details on how to use the medicine, the risks and recommendations for minimising them. An abbreviated version of this in lay language is provided in the form of the package leaflet (PL). The measures in these documents are known as routine risk minimisation measures. The Summary of Product Characteristics and the package leaflet for the products under review can be found in the Module 1.3.1 of this application. This medicine has no additional risk minimisation measures.

VI.2.6 Planned post authorisation development plan

Not applicable

VI.2.7 Summary of changes to the Risk Management Plan over time

Date and version of significant change to the RMP	New safety concern (added / removed / changed)	New study (added / finished)	Summary of changes to the risk minimisation activities*.
31/03/2017 Version 01	Important identified risks - Hypersensitivity to any of the constituents - Ileus - Respiratory depression - Drug withdrawal reactions and physical dependence - Drug abuse - Psychological dependence - Accidental overdose - Intentional overdose - Use in patients with moderate to severe hepatic impairment - Use in patients with severe renal impairment (creatinine clearance <10 ml/min) - Use in patients with head injury (due to increased intracranial pressure) - Concurrent use of monoamine oxidase inhibitors or within 2 weeks of discontinuation of their use - Interactions with CNS depressants including alcohol Important potential risks - Medication errors - Prolongation of QTc Missing information - Use in pregnancy and lactation	Not applicable	Not applicable
27/11/2017 Version 02	Important identified risks - Respiratory depression - Drug dependence and withdrawal - Abuse, misuse, diversion - Overdose Important potential risks - Medication errors	Not applicable	Update as requested by the RMS in the Day 70 PrAR of procedure SE/H/1703-04

	Missing information - Use in children younger than 12 years - Use during pregnancy and lactation		
20/02/2018 Version 03	Important identified risks - Respiratory depression - Drug dependence and withdrawal reactions - Abuse, misuse, diversion - Overdose Important potential risks - Medication errors Missing information - Use during pregnancy and lactation	Not applicable	Update as requested by the RMS in the Day 120 DAR of procedure SE/H/1703-04