Opioids, widely used in the treatment of chronic pain, are frequently associated with gastrointestinal disturbances that limit their tolerability and usefulness. Constipation is the most commonly reported adverse effect of opioids, and treatment is often insufficient.

Oxycodone/naloxone (OXN) prolonged-release is a novel therapeutic option combining oxycodone for analgesia and low-dose naloxone for opioid-induced constipation (OIC) in a fixed-dose combination.

When compared to oxycodone-only regimens, OXN provides comparable pain relief while helping to mitigate, but not completely prevent, OIC.

While OXN is an advantageous and overall cost-effective treatment option due to its dual mechanism, its place in therapy is impacted by the lack of comparison to current standard of care (e.g., chronic opioid therapy with laxative prophylaxis), and uncertainty regarding benefit for mild constipation.

This review includes discussion of opioid abuse/misuse and various abuse deterrent mechanisms; the agonist/antagonist formulation of OXN may confer an advantage over agonist-only formulations by discouraging non-oral methods of abuse.