Pending CCG approval

NHS
Pan Mersey
Area Prescribing Committee

OXYCODONE with NALOXONE modified release tablets (Targinact®) for adults with chronic pain

The Pan Mersey Area Prescribing Committee does not recommend the prescribing of OXYCODONE with NALOXONE modified release tablets (Targinact®) for adults with chronic pain.

BLACK

The NHS England document, 'Items which should not routinely be prescribed in primary care: Guidance for CCGs', contains the following advice[1]:

Recommendation	- Advise CCGs that prescribers in primary care should not initiate oxycodone and naloxone combination product for any new patient. - Advise CCGs to support prescribers in deprescribing oxycodone and naloxone combination product in all patients and, where appropriate, ensure the availability of relevant services to facilitate this change. - Advise CCGs that if, in exceptional circumstances, there is a clinical need for oxycodone and naloxone combination product to be prescribed in primary care, this should be undertaken in a cooperation arrangement with a multi-disciplinary team and/or other healthcare professional.
Exceptions and further recommendations	No routine exceptions have been identified.
Category	Items which are clinically effective but where more cost-effective products are available, including products that have been subject to excessive price inflation.
Annual Spend (National)	£5,062,928 **(NHS Digital)**
Background and Rationale	Oxycodone and naloxone combination product is used to treat severe pain. The opioid antagonist naloxone is added to counteract opioid-induced constipation by blocking the action of oxycodone at opioid receptors locally in the gut. PrescQIPP CIC have issued a **bulletin**[2]and did not identify a benefit of oxycodone and naloxone in a single product over other analgesia (with laxatives if necessary). Due to the significant cost of the oxycodone and naloxone combination product and the unclear role of the combination product in therapy compared with individual products, the joint clinical working group considered oxycodone and naloxone suitable for inclusion in this guidance. Oxycodone and naloxone combination product is also licensed, but not Pan Mersey approved for use in restless legs syndrome. Consult the Pan Mersey grey statement.
Further Resources and Guidance for CCGs and prescribers	**Opioids Aware: A resource for patients and healthcare professionals to support prescribing of opioid medicines for pain** **Faye's story: good practice when prescribing opioids for chronic pain** **PrescQIPP CIC Drugs to Review for Optimised Prescribing - Oxycodone and Naloxone Combination Product** **Patient information leaflets:** **https://www.prescqipp.info/items-which-should-not-routinely-be-prescribed-patient-leaflets**

Note: Patients who are not eligible for treatment under this statement may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy. In this situation, follow locally defined processes.

Supporting information

OXYCODONE with NALOXONE modified release tablets (Targinact®) for adults with chronic pain

DE-PRESCRIBING SUPPORT INFORMATION

- Prescribers may wish to use the NHS England Patient Information Leaflet available at https://www.prescqipp.info/media/1405/patient-information-changes-to-targinacta-prescribing.pdf to support their discussions with patients.
- There are several potential switch/review options for Targinact® products (although clinicians may choose other options according to the clinical need of their patient).
- Review all patients prescribed Targinact® for suitability for switching to an alternative product.
- The use of oxycodone first line over morphine sulfate as a strong opioid is rarely justified as there is a lack of evidence to suggest oxycodone has any clinical advantages over morphine sulfate and the cost of oxycodone is significantly higher than morphine sulfate.
- Oxycodone and morphine are both strong opioids with similar efficacy and side effect profiles.
- It is difficult to determine a precise equivalent dose for oxycodone to morphine as reported equi-analgesic dose ratios vary widely. When converting from one opioid to another, regular assessment and reassessment of efficacy and adverse effects is essential because of the lack of evidence on equi-analgesic doses and inter-individual variation.
- Constipation is one of the most common adverse effects from opioids; unlike some other adverse effects, tolerance does not develop on long-term use. All patients prescribed regular long-term strong opioids should also be prescribed regular laxatives.

DISCONTINUATION AND SWITCHING INFORMATION

- If at review the prescribing of an opioid analgesic is no longer appropriate, then therapy should be tapered down and discontinued. Non-opioid analgesia may be appropriate in some patients.
- For patients that have not previously tried morphine sulfate, consider switching to morphine sulfate controlled release 12 hourly capsules (Zomorph®) with concomitant laxatives.
- Switch doses will need to be agreed locally between GPs, medicines management teams and pain specialists. It is advisable to use a lower dose ratio, as used in the BNF, for the switch (morphine sulfate MR at 1.5 times the oxycodone dose) and add morphine sulfate oral solution for breakthrough pain if needed. The dose of morphine sulfate can then be titrated up after review
- For patients where morphine sulfate would not be suitable, consider a switch to an equivalent or appropriate dose of Longtec® (branded oxycodone MR), with concomitant laxatives.
- Suggested concomitant regular laxative therapy includes a combination of stool-softening and stimulant laxatives (e.g. docusate plus senna or bisacodyl or co-danthramer in the terminally ill) or lactulose plus bisacodyl or senna in those not terminally ill. Please note it may not be appropriate to switch terminally ill patients. Consult the Pan Mersey Primary Care guidelines for the management of constipation in adults: https://www.panmerseyapc.nhs.uk/media/1586/constipation_201801_g44_v0101.pdf
- Pan Mersey recommend that prescribers also consider NICE TA345; Naloxegol (Moventig® ▼) for treating opioid-induced constipation, when reviewing a patient and de-prescribing Targinact®. https://www.nice.org.uk/guidance/ta345?UNLID=655315922018713142618
- Also consult the Pan Mersey green statement for naloxegol: https://www.panmerseyapc.nhs.uk/media/1478/naloxegol_201801_ps144_v0200.pdf?UNLID=57208013420181022142730

References

1. NHS Clinical Commissioners. Items which should not routinely be prescribed in primary care: Guidance for CCGs. NHS England Gateway Publication 07448. Document first published 30/11/17. https://www.england.nhs.uk/publication/items-which-should-not-be-routinely-prescribed-in-primary-care-guidance-for-ccgs/ Accessed 22/10/18
2. PresQIPP bulletin 56, May 2014, 2.0, Oxycodone/naloxone prolonged release (Targinact®) tablets. Bulletin 56: Oxycodone/naloxone prolonged release (Targinact ®) tablets | PrescQIPP C.I.C Accessed 22/10/18