

Position statement on the prescribing of oxycodone and naloxone combination product prolonged release tablets (Targinact®) for pain

SW London CCGs* do not support the routine prescribing of oxycodone and naloxone combination product prolonged release tablets (Targinact®) for the treatment of pain.

Rationale

- Targinact® tablets are licensed for severe pain which can be adequately managed only with opioid analgesics.¹ Trials in patients with moderate to severe non-cancer pain have shown no difference in pain control compared with oxycodone.²
- The naloxone component in Targinact® tablets is intended to counteract opioid-induced constipation. In studies, Targinact® tablets reduced, but did not eliminate, the need for laxatives. However, the trials did not use regular stool-softening and stimulant laxatives as is standard practice.²
- There are no published trials comparing oxycodone and naloxone combination product prolonged release tablets against other oral strong opioids given with regular stool-softening and stimulant laxatives.²
- The Scottish Medicines Consortium (SMC) does not recommend the use of oxycodone and naloxone combination product prolonged release tablets, stating that the clinical benefit in patients receiving regular laxative therapy is uncertain and the economic case for use was not proven.³
- Changing treatment to morphine sulfate can lead to significant savings. If morphine sulfate is unsuitable then changing treatment to a branded oxycodone modified release preparation will also provide savings. Additional laxatives should be prescribed.²

References

1. Summary of Product Characteristics. Targinact 5 mg/2.5 mg, 10 mg/5 mg, 20 mg/10 mg and 40 mg/20 mg prolonged-release tablets. <http://www.medicines.org.uk/emc/medicine/22908> Accessed 10/10/2017.
2. PrescQIPP DROP-List. Bulletin 56 <https://www.prescqipp.info/-oxycodone/naloxone-prolonged-release-tablets/send/105-oxycodone-naloxone-prolonged-release-targinact-tablets/1307-bulletin-56-oxycodone-naloxone-prolonged-release>
3. Scottish Medicines Consortium. Oxycodone/naloxone (Targinact®). March 2009. http://www.scottishmedicines.org.uk/SMC_Advice/Advice/541_09_oxycodone_naloxone_Targinact_/541_09_oxycodone_naloxone_Targinact_
4. British National Formulary (online). BMJ Group and Pharmaceutical press. Guidance September 2017. <https://www.medicinescomplete.com/mc/bnf/current/PHP107735-prescribing-in-palliative-care.htm> Accessed 11/10/2017.
5. NICE. Clinical guideline 140. Opioids in palliative care: safe and effective prescribing of strong opioids for palliative care in adults. May 2012. <https://www.nice.org.uk/guidance/cg140/chapter/1-Recommendations#starting-strong-opioids-titrating-the-dose>
6. SIGN. Guideline 136. Management of Chronic Pain, February 2014. <http://www.sign.ac.uk/guidelines/fulltext/136/contents.html>

Further information available from:

- NHS England. Items which should not routinely be prescribed in primary care: Guidance for CCGs. <https://www.england.nhs.uk/wp-content/uploads/2017/07/Items-not-routinely-prescribed-in-primary-care.pdf>. Updated November 2017.

Guidance for clinicians

Recommendations:

- Review existing patients prescribed oxycodone and naloxone combination product prolonged release tablets (Targinact®).
 - Change all suitable patients to an appropriate formulation of morphine sulfate with additional concomitant laxative therapy, for example a combination of stool-softening and stimulant laxatives.
 - The equivalent dose of morphine sulfate is approximately 1.5 times the oxycodone dose.⁴ As with all changes, the dose should be tailored to the individual patient and re-titration of dose may be necessary after review.
 - Where morphine is not suitable, change to an equivalent dose of oxycodone modified release, with additional concomitant laxative therapy.
 - To avoid confusion between the modified release and standard release products, all modified release opioids should be prescribed by brand.
- Do not initiate oxycodone and naloxone combination product prolonged release tablets for treatment of pain.
 - Commence new patients requiring strong opioid treatment on morphine sulfate.
 - Strong opioids should only be initiated in patients after non-opioid analgesics and mild opioid analgesics have been tried.
- National Institute of Health and Care Excellence (NICE) Clinical Guideline 140 on the safe and appropriate prescribing of strong opioids for pain in palliative care of adults recommends morphine sulfate as the first line oral opioid of choice when initiating treatment, and sustained release morphine sulfate as the strong oral opioid of choice for maintenance treatment. It also recommends that laxatives and/or antiemetic treatments are prescribed and optimised before considering changing oral opioid therapy.⁵
- The Scottish Intercollegiate Guidelines Network (SIGN) produced a guideline on the treatment of chronic pain in 2014 which states that there is no clear evidence that any particular opioid including morphine is better than any other in terms of efficacy for pain relief.⁶

Guidance for patients, carers and guardians

- Targinact® contains oxycodone, which is a strong pain killer known as a strong opioid analgesic, and naloxone, which is claimed to prevent constipation often occurring with strong opioid pain killers. Trials have shown that constipation can be prevented to a similar extent with regular use of laxative instead of using naloxone.
- Other brands of oxycodone and other opioids such as morphine that have been shown to be just as effective as oxycodone are less costly.
- Your doctor will assess your pain relief and may consider changing to a suitable alternative medication. This is to ensure that you receive the most effective treatment available that also provides good value for the NHS without affecting the quality of your care.

A patient information leaflet is available: <https://www.prescripp.info/items-which-should-not-routinely-be-prescribed-patient-leaflets>