

Medicines Optimisation **intervention brief**

Medicines Optimisation Incentive Scheme 18/19 – NHSE (Items which should Not be routinely Prescribed in primary care) Interventions – oxycodone and naloxone combination products

TITLE?
INP1.12 Deprescribe oxycodone and naloxone combination products
WHAT?
<ul style="list-style-type: none"> • In December 2017 NHS England¹ made the following recommendation regarding oxycodone and naloxone combination products: <ul style="list-style-type: none"> ○ Prescribers in primary care should not initiate oxycodone and naloxone combination products for any new patient ○ All existing patients should have their oxycodone and naloxone combination product stopped as part of a review of their ongoing treatment ○ 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. The standard procedure for exceptional use of a preparation should be followed
WHY?
<ul style="list-style-type: none"> • Oxycodone and naloxone combination product is currently available in four different strengths under the brand name of Targinact[®]: • Oxycodone and naloxone combination product is used to treat severe pain and is also licensed as a second line option in restless legs syndrome. • 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 have issued a bulletin and did not identify a benefit of oxycodone and naloxone combination 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. • Trials conducted in patients with moderate to severe non-cancer pain have shown no difference in pain control against oxycodone. Targinact[®] tablets reduced but did not eliminate the need for laxatives. There are no published trials comparing oxycodone/naloxone PR tablets with other oral strong opioids given with regular stool-softening and stimulant laxatives, the recommended laxative regimen.^{6,7} • Commence new patients requiring strong opioid therapy on morphine sulfate.¹ • Review all patients on Targinact[®] for suitability for switching to morphine sulfate modified release (MR). Prescribers should be aware of the difference in potency of oxycodone compared to morphine (morphine dose is 1.5 to 2 times oxycodone dose).^{2,3}



- Review all patients that need to be switched to an equivalent daily dose of 120mg oral morphine equivalent. Increasing opioid load above this dose is unlikely to yield further benefits but exposes the patient to increased harm. Consider specialist review.²
- For patients on Targinact® who are switched to morphine sulfate MR, prescribe additional concomitant regular laxative therapy, for example 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.
- Patients on Targinact® unsuitable for a switch to morphine sulfate should be switched to an equivalent dose of oxycodone prolonged release (as Longtec®), prescribed as a cost-effective brand, e.g. Longtec®.⁴ CCGs should take into account the strengths and manufacturer availability.
- Patients on long term opioid therapy for non-cancer pain should be reviewed regularly to assess whether there is a continued need for treatment with an opioid.⁵
- Prescribers should be aware of the abuse potential of all opioids and give careful consideration when prescribing opioids for non-cancer pain to patients with a history of substance misuse or where abuse is a concern.⁵

WHO?

- All patients prescribed an oxycodone and naloxone combination product.

TIPS?

- Out Of Hours providers have been notified of this intervention.

HOW?

- Search for all patients prescribed Targinact® or generic oxycodone and naloxone as a combination product
 - Oxycodone 5mg and naloxone 2.5mg prolonged-release tablets
 - Oxycodone 10mg and naloxone 5mg prolonged-release tablets
 - Oxycodone 20mg and naloxone 10mg prolonged-release tablets
 - Oxycodone 40mg and naloxone 20mg prolonged-release tablets
- Review all patients on Targinact® or generic oxycodone and naloxone combination products as agreed with the individual practice, to determine whether ongoing analgesia is required.
- Alternative options:
 - Zomorph (morphine prolonged-release) plus regular laxative
 - Longtec (oxycodone prolonged-release) plus regular laxative
- Remove oxycodone and naloxone combinations products from the repeat prescription list and add an explanatory note to the patient consultation record.
- Do not initiate an oxycodone and naloxone combination product in primary care for any patient unless exceptional circumstances detailed above.

SO WHAT?

- NHS England guidance implemented

FURTHER INFORMATION

1. Items which should not routinely be prescribed in primary care: Guidance for CCGs. NHS England December 2017 <https://www.england.nhs.uk/wp-content/uploads/2017/11/items-which-should-not-be-routinely-prescribed-in-pc-ccg-guidance.pdf>
2. PrescQIPP Bulletin
3. Summary of Product Characteristics for Targinact®
4. WHCCG Policy Statement reference no. [PS013](#)

