Norfolk and Suffolk
Integrated Care Board

Position statement on prescribing oxycodone/ naloxone combination products (Targinact® and Sofonac®) for pain

Summary

Oxycodone and Naloxone combination products are classed as "Do not prescribe" drugs. There should be no routine prescribing in Primary or Secondary Care.

Norfolk and Suffolk Integrated Care Board (N&S ICB) does not support the prescribing of oxycodone and naloxone combination products (e.g. Targinact®, Sofonac®), in line with NHS England's national guidance on medicines of low clinical value.

Targinact® and Sofonac® modified-released tablets are licensed for severe pain, which can only be controlled with opioid analgesics. The Naloxone component in these tablets is intended to counteract opioid-induced constipation.

New treatment should not be initiated. Existing prescriptions should be reviewed individually, with deprescribing or switching to a formulary alternative considered where clinically appropriate.

The decision to review and stop Oxycodone and Naloxone combination products applies to ALL Norfolk and Suffolk ICB patients.

Background

NHS England includes oxycodone/naloxone combination products in its policy guidance on items that should not routinely be prescribed in primary care. The guidance covers medicines that are unsafe, ineffective for some or all patients, or not cost-effective. PrescQIPP has also published a bulletin supporting this position.

This position statement applies to prescribing across NHS Norfolk and Suffolk and should be used alongside the current local formulary. Prescribers should check the live formulary before initiating, reviewing or changing treatment.

Rationale

Oxycodone/naloxone has no established overall clinical benefit over comparable analgesics used with separately titrated laxative treatment where required. Its fixed-dose formulation limits the ability to adjust analgesic and laxative treatment independently and is generally more costly than suitable formulary alternatives. Prescribers should therefore select the most clinically appropriate, evidence-based and cost-effective option and regularly review treatment benefit, harm and continuing need.

Local Formulary Position

- **Do not initiate** oxycodone/naloxone modified-release tablets for pain in primary care.
- Do not automatically accept a request to continue oxycodone/naloxone initiated in secondary care. Where appropriate, discuss a formulary alternative with the initiating clinician.
- Exceptional use should be limited to circumstances in which there is a documented, patient-specific clinical rationale and no clinically appropriate alternative is available. This may include some patients receiving palliative or end-of-life care.

Implementation

For non-palliative pain

- Review **all** existing oxycodone/naloxone prescriptions individually. Where treatment is no longer clinically appropriate, agree a supported deprescribing plan with the patient.
- Review the diagnosis, treatment goals, functional benefit, adverse effects, risk of dependence (ICD-11) and continuing need for opioid therapy. Consider whether treatment should continue, be reduced or be stopped through an agreed plan. Do not initiate opioids for chronic primary pain.
- **Do not stop or switch long-term opioids abruptly unless there is an urgent safety concern**.
- If opioid treatment is still clinically appropriate, switch to a formulary option.
    - Zomorph® (morphine sulphate modified-release capsules) is the first-line opioid choice and should be considered when switching any patient who has not previously been prescribed morphine.
    - Oxycodone modified-release tablets are second-line and should be used only when morphine sulphate is not tolerated.
- When switching between opioids, consult an opioid dose conversion chart for guidance on equivalent dosing. Oral oxycodone is 1.5 to 2 times more potent than oral morphine.
- Review patients prescribed a total daily oral morphine equivalent dose of ≥90 mg and reduce the dose where clinically appropriate. Dose escalation above this level is unlikely to provide further benefit and increases the risk of harm.
- **Prescribe strong opioids by brand name.**
- Assess constipation and prescribe an appropriate formulary laxative separately when needed, allowing treatment to be adjusted to response.
- Review long-term opioid treatment at least every six months, and more frequently during initiation, dose change, tapering or where risks are greater.

Palliative and end-of-life care

- **Seek advice from the palliative care team on clinically appropriate alternative treatment options.**
- Consider specialist advice on concurrent laxative treatment, particularly where the patient has already tried several options or where tolerability limits the available choices.

References

1. NHS England. *Items which should not routinely be prescribed in primary care: policy guidance*. August 2023.
2. PrescQIPP. Bulletin 199: *Oxycodone/naloxone (Targinact®)*
3. NICE guideline NG193. *Chronic pain (primary and secondary) in over 16s: assessment of all chronic pain and management of chronic primary pain*.
4. NICE guideline NG215. *Medicines associated with dependence or withdrawal symptoms: safe prescribing and withdrawal management for adults*.
5. NICE guideline CG140. *Palliative care for adults: strong opioids for pain relief*.
6. British National Formulary. *Prescribing in palliative care*. August 2026.

Check the live Norfolk and Suffolk formulary before prescribing, as formulary status and supporting guidance may change.