NHS
Suffolk and
North East Essex

Position Statement on the Prescribing of

OXYCODONE and NALOXONE COMBINATION PRODUCTS (Targinact®) for Pain

Decision/summary

Suffolk and North East Essex Integrated Care Board (SNEE ICB) **does not** support the prescribing of oxycodone and naloxone combination products (e.g. Targinact ®) in line with NHS England's national guidance on medicines of low clinical value.

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

The decision to stop Oxycodone and Naloxone combination products applies to **ALL** SNEE ICB patients

Oxycodone and Naloxone combination products are classed as "DOUBLE RED" Drugs

No prescribing in Primary or Secondary Care. There are no patient exemptions.

BACKGROUND[1]

In August 2023, NHS England published Items which should not routinely be prescribed in primary care: policy guidance as general guidance under s14Z51 of the NHS Act 2006 to reduce unwarranted variation, improve patient outcomes and provide value for money for the NHS.

NHS guidance states that some medicines should not routinely be prescribed. This is because the medicines are:

- Not as safe as other medicines or
- Not as good (effective) as other medicines OR
- More expensive than other medicines that do the same thing.

RATIONALE

- PrescQIPP CIC issued a bulletin, which does not identify a benefit of oxycodone and naloxone in a single product over other analgesia (with laxatives if necessary) [2]
- Due to a significant cost of the Oxycodone and Naloxone combination product and the unclear role of this in therapy compared with individual products.
- SNEE ICB has a duty to spend money wisely and to make sure we get the best value possible – especially when NHS funding is being severely squeezed and more patients are being seen with more complex health issues.

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NHS ENGLAND POLICY RECOMMENDATIONS ON OXYCODONE and NALOXONE COMBINATION PRODUCTS (Targinact®) FOR PAIN

Carry out a review of patients who are prescribed Oxycodone and Naloxone combination products with a view to changing to an alternative pain management regime, or deprescribing where appropriate.

- **Do not initiate**[1] Do not accept requests from Secondary care, but discuss alternatives
- Prescribe only if no other item or intervention is clinically appropriate or available[1] e.g. palliative care

IMPLEMENTATION

For non-palliative pain:

- **Review opioid appropriateness – if no longer needed, consider deprescribing**
- Review the patient's risk of dependence (ICD-10)[3] and the risks vs benefit. Review 6 monthly.
- Opioids are **not** recommended for treatment of chronic primary pain and are associated with harm[4]
- Change all suitable patients who have **not** tried Morphine Sulphate modified release tablets (MST) to an appropriate formulation of MST as the first line choice[6]
    - The equivalent dose of Morphine Sulfate Modified Release is approximately 1.5 to 2 times the Oxycodone Modified Release tablets dose. See conversion chart. The dose should be tailored to the individual patient. Re-titration may be necessary after review.
    - Prescribe suitable laxatives according to patient need[2]
- Review all patients that need to be switched to an equivalent daily dose of ≥120mg oral morphine. Increasing opioid load above this dose is unlikely to yield further benefits but exposes the patient to increased harm[2]
- If the patient is known to be intolerant to Morphine Sulfate Modified Release tablets consider switching to an equivalent dose of Oxycodone Modified Release tablets (Second line). Prescribe appropriate laxatives[2]
- **Prescribe by brand.**

Patients under palliative care:

- **Advice should be sought from the palliative care team for alternative treatment options**
- Consider seeking advice for concurrent laxatives as patient may have tried several alternatives which may limit the choices available

FURTHER SUPPORT

Patients who wish to seek further clarification can be directed to Patient Advice and Liaison Service (PALS) via:

- E-mail: pals@snee.nhs.uk
- Telephone: 0800 389 6819

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References:

1. NHS England and NHS Improvement. Items which should not routinely be prescribed in primary care: Guidance for CCGs. Version 2, June 2019. Publishing approval reference 000608 https://www.england.nhs.uk/publication/items-which-should-not-be-routinely-prescribed-in-primary-care-guidance-for-ccgs/
2. PrescQipp Bulletin 199: Oxycodone/naloxone (Targinact®) Oxycodone/naloxone (Targinact®) prescribing
3. ICD-10 Diagnosis, identification and risk populations | Faculty of Pain Medicine
4. NICE guideline: Chronic pain (primary and secondary) in over 16s: assessment of all chronic pain and management of chronic primary pain Reference number:NG193 Published: 07 April 2021
5. BMJ Group and Pharmaceutical Press. BNF: Prescribing in Palliative Care. National Institute for Health and Care Excellence (NICE). [Online] 30 08 2019. [Cited: 12 09 2019.] https://bnf.nice.org.uk/guidance/prescribing-in-palliative-care.html 2.
6. NHS Hertfordshire and West Essex ICB-Prescribing Guidance-Oxycodone and Naloxone combination products Patient Information Leaflet https://www.hweclinicalguidance.nhs.uk/all-clinical-areas-documents/download?cid=3241&checksum=ee4dea76252e7aad07d6d623663ceeca&document=23&field=1
7. Barking and Dagenham Havering and Redbridge clinical commissioning Groups- Position statement on the prescribing of Oxycodone and Naloxone combination product.