MID AND SOUTH ESSEX MEDICINES OPTIMISATION COMMITTEE (MSEMOC)

OXYCODONE / NALOXONE COMBINATION PRODUCT

BLACK: NOT RECOMMENDED FOR PRESCRIBING IN PRIMARY, COMMUNITY OR SECONDARY CARE

Mid and South Essex CCGs do not support the prescribing of any oxycodone/naloxone combination product as it is not a cost-effective option and lacks evidence of superior efficacy and safety. This position is supported by NHS England.

Oxycodone and naloxone combination product is used to treat severe pain and can also be used second line 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 CIC have issued a bulletin and did not identify a benefit of oxycodone and naloxone in a single product over other analgesia (with laxatives if necessary).

Recommendations

- Before starting treatment with opioids, agree with the patient a treatment strategy and plan for end of treatment. Opioids provide relief from serious short-term pain; however long-term use in non-cancer pain (longer than three months) carries an increased risk of dependence and addiction.
- Discuss with patients that prolonged use of opioids may lead to drug dependence and addiction, even at therapeutic doses.
- Do not initiate oxycodone and naloxone combination product for any new patient.
- Review all patients on oxycodone and naloxone combination product (brands include Targinact®, Oxyargin® and Myloxifin®) for suitability for switching to morphine sulphate (first line choice strong opioid).
- Switch all suitable patients to an appropriate formulation of morphine sulphate with 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.
- As with all switches, the dose should be tailored to the individual patient. Prescribers should be aware of the difference in potency of oxycodone compared to morphine.
- Patients unsuitable for a switch to morphine sulphate should be switched to an equivalent dose of oxycodone modified-release (MR), prescribed as brand recommended on ScriptSwitch, with additional concomitant regular laxative therapy.
- To avoid confusion between the MR products and standard release products, all MR opioids should be prescribed by brand.
- Explain the risks of tolerance and potentially fatal unintentional overdose, and counsel patients and caregivers on signs and symptoms of opioid overdose to be aware of.
- Provide regular monitoring and support especially to individuals at increased risk, such as those with current or past history of substance use disorder (including alcohol misuse) or mental health disorder.

This position is supported by NHS England as part of the items which should not routinely be prescribed in primary care.

Providers commissioned to provide services on behalf of Mid and South Essex CCGs are reminded that they are required to follow the local joint formulary and prescribing guidance, as detailed in the medicines management service specification of their contract.

References	▪ PrescQIPP Bulletin 199 Oxycodone / Naloxone (Targinact®): https://www.prescqipp.info/media/3898/199-oxycodone_naloxone-targinact-30.pdf ▪ NHS England guidance on 'Items which should not routinely be prescribed in primary care' (June 2019): https://www.england.nhs.uk/wp-content/uploads/2019/08/items-which-should-not-routinely-be-prescribed-in-primary-care-v2.1.pdf ▪ MHRA Drug Safety Update on Opioids: risk of dependence and addiction (September 2020) https://www.gov.uk/drug-safety-update/opioids-risk-of-dependence-and-addiction
Acknowledgements	Mid and South Essex CCGs Medicines Management Teams
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