

Prescribing of Oxycodone / Naloxone prolonged release (Targinact®) tablets is not supported

Thurrock CCG, and Basildon and Brentwood CCG do not support the prescribing of oxycodone/naloxone prolonged release (Targinact®) tablets as it is not a cost effective option and lacks evidence of superior efficacy and safety, and 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

- Do not initiate oxycodone and naloxone combination product for any new patient.
- Review all patients on Targinact® tablets 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 MR, prescribed as brand recommended on ScriptSwitch, with additional concomitant regular laxative therapy.
- To avoid confusion between the modified release products and standard release products, all modified release opioids should be prescribed by brand.
- Prescribers should be aware of the abuse potential of all opioids and careful consideration should be given when prescribing opioids for non-cancer pain to patients with a history of substance misuse or where abuse is a concern.

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 Thurrock CCG and Basildon and Brentwood CCG are reminded that they are required to follow the local joint formulary and prescribing guidance, or relevant Medicines Management agreement.

Position Statement No.	50
Title	Prescribing of Oxycodone / Naloxone prolonged release (Targinact®) tablets is not supported
References	<p>PrescQIPP Bulletin 199 Oxycodone / Naloxone (Targinact®): https://www.prescqipp.info/media/3898/199-oxycodone_naloxone-targinact-30.pdf</p> <p>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</p>
Acknowledgements	Mid Essex CCG Medicines Management Team
Version	1
Author	Medicines Management Team
Approved by	<p>Basildon and Brentwood CCG: Prescribing Subgroup, Patient Quality and Safety Committee, Board</p> <p>Thurrock CCG: Medicines Management and Safety Group, Patient Quality and Safety Committee, Transformation and Sustainability Committee, Board</p>
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