



Berkshire West Area Prescribing Committee Policy Statement

Drug Name	Oxycodone/naloxone prolonged release (Targinact®) tablets
Indication	Pain relief
Policy No:	APC 147
Date of Issue:	March 2017
Review Date:	March 2020
Policy Statement: Oxycodone/naloxone prolonged release (Targinact®) tablets are not recommended for prescribing within primary care for new or existing patients.	
Traffic Light Status	Brown
Key Points considered:	
<ul style="list-style-type: none"> • The use of oxycodone first line over morphine sulfate as a strong opioid is rarely justified as there is a lack of evidence to suggest oxycodone has any clinical advantages over morphine sulfate and the cost of oxycodone is significantly higher than morphine sulfate. • There are no published randomised controlled trials comparing oxycodone /naloxone PR tablets against oral morphine/other opioids or against oral strong opioids given with a laxative regimen of regular stool-softening and stimulant laxatives. One paper (published online only) compared oxycodone/naloxone PR tablets against oxycodone in cancer pain and there was no significant difference between the groups. • The Drugs and Therapeutics Bulletin (DTB) could see no reason why Targinact® should be prescribed given the limitations of the trials and the lack of data to show that Targinact® reduces or eliminates the need for laxatives in the long term. There is a significant cost differential against other opioids. • All patients currently on treatment should be reviewed with a view to switching them to an appropriate formulation of morphine sulfate with additional concomitant laxatives. 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 sulfate should be switched to an equivalent dose of oxycodone MR (Longtec® is the preferred brand currently) with additional concomitant laxative therapy. • To avoid confusion between modified release and standard release products, all modified release opioids should be prescribed by brand name. • 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 	
References	
Chapman V, NHS PresQIPP programme April 2014 Bulletin 56 Oxycodone/naloxone	

Berkshire West Area Prescribing Policies serve as a guide to clinicians. This does not overrule the clinical or budgetary responsibility of clinicians when considering treatment for individual patients.

Brown	Green	Amber	Red
These drugs have been reviewed and are not considered a cost effective use of scarce NHS resources	Medicines suitable for routine use. Primary care prescribers take full responsibility for prescribing	Medicines that should be initiated by a specialist and can be continued in primary care under a shared care agreement.	Medicines which should be prescribed by specialists only



prolonged release (Targinact®) tablets	
Date taken to APC:	1 st March 2017
Date Ratified by GPMOC on Behalf of the Board:	15 th March 2017

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