NewTherapiesSubgroup

GMMMG Greater Manchester Medicines Management Group NHS

Date of original recommendation: 22nd September 2009
Date Re-reviewed: 21st October 2014.

Oxycodone / Naloxone MR tablets (Targinact®▼) for severe non-malignant pain

The Interface Prescribing and New Therapies Subgroup discussed the above drug at a meeting on the 21st October 2014. The recommendation of this subgroup is as follows:*

The Interface Prescribing and New Therapies Subgroup of the GMMMG considered the use of Oxycodone / Naloxone modified-release tablets (Targinact®▼) for severe non-malignant pain.

Targinact®▼ is not recommended for routine prescribing as it has not demonstrated sufficient clinical or cost effectiveness. The clinical benefit of this preparation in patients already receiving regular laxative therapy is uncertain.

The group was particularly concerned about:

- The lack of long term data.
- The lack of comparison data with other opioids or laxatives.
- Oxycodone / Naloxone MR can only be used up to a maximum daily dose of 40 mg after which additional oral oxycodone can be added separately.
- The use of oxycodone as a first line opioid is not recommended and use should generally be reserved for patients in whom oral morphine is not tolerated, ineffective or inappropriate.
- A relatively greater cost of between £35 and £70 for 28 days.
- That separate laxative therapy will still be required for many patients.

According to set criteria Targinact was deemed to be a low priority for funding

Review date: September 2017

* Unless superseded by NICE guidance or substantial and significant new evidence becomes available.
▼ Newly marketed drugs and vaccines are intensively monitored for a minimum of two years, in order to confirm the risk / benefit profile of the product. Healthcare professionals are encouraged to report all suspected adverse drug reactions regardless of the severity of the reaction.

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NOT TO BE USED FOR COMMERCIAL OR MARKETING PURPOSES