

## Oxycodone Prescribing Advice and Guidance

**AMBER** for use in cancer/palliative care only. Specialist initiation only.

### Oxycodone Prescribing Advice

- **Oxycodone should only be used for patients in whom oral morphine is not tolerated, ineffective or inappropriate. It is not recommended for routine first-line use**
- Any patients who are on oxycodone in primary care but who haven't tried morphine sulphate previously should be reviewed & switched to morphine sulphate MR (Zomorph®) if appropriate (NOT palliative care patients)
- Oxycodone is approximately **three times the cost** of Zomorph® (oral morphine MR) if the cheapest formulary brand of oxycodone is used (Longtec®). Any FP10s written for oxycodone MR must be written for this brand.

### Background Prescribing Data

- The total amount of all opioid prescribing across the the local CCGs October 2015 to September 2016 were:
  - Wiltshire £1.9m, BaNES £0.75m, Swindon £1.17m
- Of all ORAL opiates prescribed in NHS Wiltshire CCG, Morphine ≈ 13% of items, and only 15% of cost; Oxycodone ≈ 2% of items, and 7% of cost
- The average item cost for oral morphine is **£7.17**, average item cost for oral oxycodone is **£22.70**

### Oxycodone Licensing

- For the treatment of moderate to severe pain in patients with cancer and post-operative pain
- For the treatment of severe pain requiring the use of a strong opioid
- The usual starting dose for opioid naïve patients or patients presenting with severe pain uncontrolled by weaker opioids is 10 mg, 12-hourly
- Some patients may benefit from a starting dose of 5 mg to minimise the incidence of side effects
- **N.B. Oxycodone is a schedule 2 controlled drug. Maximum of 30 days supply on FP10 at any one time**

### Cost Comparison (Prices as per MIMS Jan 2017)

Morphine capsules (as Zomorph)		Oxycodone MR generic (i.e. Oxycontin)		Oxycodone MR as Longtec	Annual Saving by prescribing Zomorph vs Longtec
total daily dose	annual cost	total daily dose	annual cost	annual cost	
20mg	£ 42	10mg	£ 326	£ 163	<b>£ 163</b>
40mg	£ 84	20mg	£ 326	£ 163	<b>£ 163</b>
80mg	£ 143	40mg	£ 651	£ 326	<b>£ 325</b>
160mg	£ 281	80mg	£ 1,306	£ 653	<b>£ 653</b>
320mg	£ 462	160mg	£ 2,612	£ 1,306	<b>£ 1306</b>

N.B. Not all strengths that are available are shown here

### Background Information

- NICE (National Institute of Health and Care Excellence) Clinical Guideline 140 (<http://www.nice.org.uk/guidance/cg140>) on the safe and appropriate prescribing of strong opioids for pain in palliative care of adults recommends morphine sulphate as the first line oral opioid of choice when initiating treatment and sustained release morphine sulphate as the strong oral opioid of choice for maintenance treatment
- It also recommends that laxatives and/or antiemetic treatments are prescribed and optimised before considering changing oral opioid therapy due to adverse effects
- For patients experiencing drowsiness from therapy, NICE recommends either reducing the treatment dose if pain is controlled or switching the opioid if pain is not controlled
- There is no advice from NICE on the use of strong opioids for long term pain that is outside of palliative care

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### Clinical Effectiveness

- The use of oxycodone first line over morphine sulphate as a strong opioid is rarely justified as there is a lack of evidence to suggest oxycodone has any clinical advantages over morphine sulphate and the cost of oxycodone is significantly higher than morphine sulphate
- A stepwise approach to pain management in line with the World Health Organisation (WHO) recommendations should be adopted as this minimises the risk of respiratory depression and other adverse effects in opioid naïve patients

### Limited criteria for prescribing Oxycodone first line

- Oxycodone may be initiated in preference to morphine for the management of pain by a GP with experience in palliative care or on the advice of the palliative care team or pain team when:
  - Dose escalation with morphine is not possible due to opioid toxicity eg. hallucinations, myoclonic jerks and confusion
  - Patients on morphine suffer from severe side effects/ intolerance, such as opioid induced vomiting, which have not responded to pharmacological interventions or dose reduction
  - Patients are allergic to sulphates and need a strong oral opioid

#### First Line Oral Opiate

- Morphine SR as Zomorph<sup>®</sup> Capsules
- if  $\geq 180\text{mg/day}$  required to control pain refer to specialist pain management team



#### Second Line Oral Opiate

- Oxycodone MR as Longtec<sup>®</sup> tablets
- 10mg oxycodone bd approx = 20mg bd morphine but BNF states 6.6mg oxycodone = 20mg morphine
- Titrate each patient's dose on an individual basis

### Prescribing Advice

- Use Oxycodone where morphine is not tolerated. Ensure that adverse effects such as constipation and nausea have been managed with adjunctive treatments before switching to oxycodone. There is no evidence that oxycodone has fewer side effects compared to morphine
- Use modified release oxycodone
- Check that the correct formulation is prescribed (OxyContin<sup>®</sup>/Longtec<sup>®</sup> are examples of controlled release formulations and Oxynorm<sup>®</sup>/Shortec<sup>®</sup> formulations are standard release)
- To avoid confusion between the modified release products and standard release products, oxycodone (and 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
- Targinact (oxycodone + naloxone) is **NOT** recommended for use and is not on any of our local formularies see prescribing advice here: <https://www.prescripp.info/-oxycodone/naloxone-prolonged-release-tablets/send/105-oxycodone-naloxone-prolonged-release-targinact-tablets/1307-bulletin-56-oxycodone-naloxone-prolonged-release>

### Contact information and Queries

- If you have any queries regarding the use of oxycodone then please contact the medicines management team for your CCG
- For full prescribing details about oxycodone please refer to the SPC for the appropriate product.