Oxycodone

Nationally over £45.3 million is spent annually on oxycodone products. More than £6.8 million of this expenditure is for the higher strength oxycodone prolonged release (PR) products (ePACT March to May 2018).

Key recommendation

- Commence new patients requiring strong opioid therapy on morphine sulfate.[1]
- Review all patients on oxycodone PR for suitability for switching to morphine sulfate modified release (MR). Prescribers should be aware of the difference in potency of oxycodone compared to morphine (morphine dose is 1.5 to 2 times oxycodone dose).[2,3]
- Review all patients on high dose oxycodone over 60mg per day (which is equivalent to a daily dose of 120mg oral morphine). Increasing opioid load above this dose is unlikely to yield further benefits but exposes the patient to increased harm. Consider specialist review.[4]
- Patients on oxycodone PR unsuitable for a switch to morphine sulfate should be switched to an equivalent dose of oxycodone prolonged release (PR), prescribed as a cost-effective brand.[5] CCGs should take into account the strengths and manufacturer availability.
- Patients on oxycodone immediate release (IR) should be switched to an equivalent dose of a cost effective branded oxycodone IR preparation, i.e. Shortec® or Lynlor®.
- Patients on long term opioid therapy for non-cancer pain should be reviewed regularly to assess whether there is a continued need for treatment with an opioid.[4]
- Prescribers should be aware of the abuse potential of all opioids and give careful consideration when prescribing opioids for non-cancer pain to patients with a history of substance misuse or where abuse is a concern.[4]

Supporting evidence

Oxycodone and morphine sulfate have a similar safety and efficacy profiles, however morphine sulfate is significantly less costly than oxycodone.[3,6] There is a lack of evidence from high quality comparative trials that other opioids have advantages over morphine in terms of either efficacy or side effects.

Like all opioids, oxycodone is prone to illicit use and abuse.[4]

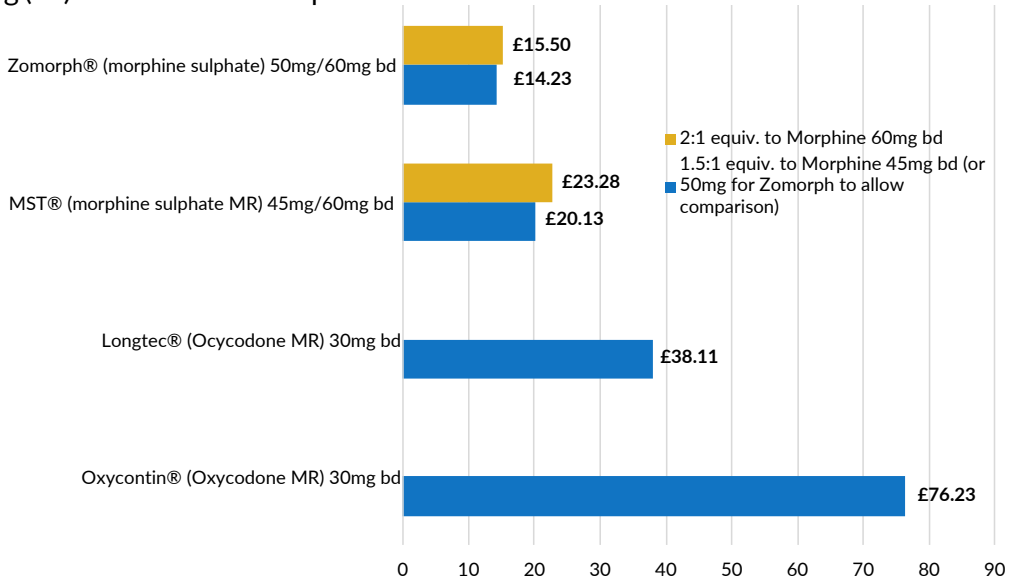
For long term non-cancer pain, the use of strong opioids should be reviewed on a regular basis to prevent long term dependence problems.[4]

There have been reports of prescribing and dispensing errors with opioid products that have similar sounding names (e.g. Oxycontin® and Oxynorm®).[5]

Prescribers should be aware of the differences and dosing requirements of opioid products they are prescribing.

Costs and savings

28 day cost for 30mg dose oxycodone modified release compared to 45mg (1.5x) and 60mg (2x) conversion to morphine sulfate modified release.



Switching oxycodone PR to morphine sulfate MR (Zomorph is the least costly morphine sulphate MR preparation) at an equivalent dose could result in an annual saving of **could save up to £9.8 million annually which equates to £16,589 per 100,000 patients**. Switching to a cost effective branded generic product at an equivalent dose **could save £5.9 million annually which equates to £10,099 per 100,000 patients**.

References

1. National Institute for Health and Care Excellence (NICE). Clinical guideline 140. Opioids in palliative care: safe and effective prescribing of strong opioids for palliative care in adults. May 2012 https://www.nice.org.uk/guidance/cg140 accessed 11/07/17.
2. Summary of Product Characteristics – Oxycontin prolonged-release tablets. Napp Pharmaceuticals Limited. Last updated 22/08/16. Available at https://www.medicines.org.uk/emc/medicine/29384 accessed 11/07/17.
3. Joint Formulary Committee. British National Formulary (online) London: BMJ Group and Pharmaceutical Press; June 2017. Available at https://www.medicinescomplete.com/about/ accessed 16/06/17.
4. Faculty of Pain Medicine. Supported by Public Health England. Opioids Aware: A resource for patients and healthcare professionals to support prescribing of opioid medicines for pain. Accessed via http://www.rcoa.ac.uk/faculty-of-pain-medicine/opioids-aware accessed 11/07/17.
5. Trent Medicines Information Service. Oxycodone- any better than morphine? QIPP Detail Aid Support Document. May 2014. Available at http://www.midlandsmedicines.nhs.uk/filestore/OxycodoneQIPP-SD.pdf accessed 28/05/2018.
6. Prescription Pricing Division (PPD). NHS Business Services Authority. Drug Tariff June 2017. Available via https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/drug-tariff accessed 13/06/17.

This bulletin has been commissioned by NHS Clinical Commissioners on behalf of CCGs in England.

Information compiled by Anita Hunjan, PrescQIPP CIC, December 2018 and reviewed by Katie Smith, Senior Medicines Evidence Reviewer, January 2019. Non-subscribers who wish to access the implementation resources should contact help@prescqipp.info

PrescQIPP Community Interest Company