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PAN MERSEY AREA PRESCRIBING COMMITTEE
PRESCRIBING POLICY STATEMENT
REF: PS120 FINAL
ORIGINAL APC BOARD DATE: 10 JUL 2013
LATEST APC BOARD DATE: 28 MAR 2018



Pan Mersey

Area Prescribing Committee

TAPENTADOL immediate release preparations (Palexia®)

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The Pan Mersey Area Prescribing Committee does not recommend the prescribing of TAPENTADOL immediate release preparations (Palexia®) for pain relief

The Pan Mersey Area Prescribing Committee (APC) does not recommend the prescribing of TAPENTADOL immediate release preparations (Palexia®) for pain. Existing pain pathways should continue to be followed.

There is a Pan Mersey policy statement for tapentadol prolonged release tablets (Palexia SR®) available at:

<http://www.panmerseyapc.nhs.uk/recommendations/documents/PS141.pdf>

Please note that the comparative clinical trials assessing tapentadol in chronic pain precluded the use of supplemental/rescue analgesia, only allowing short term paracetamol or NSAIDs for unrelated pain. The Pan Mersey APC does not recommend that immediate release tapentadol should be used in conjunction with prolonged release tapentadol as supplemental/rescue analgesia for chronic pain.

Note: Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy. If appropriate an exceptional funding request will be required following the usual locally defined process.

TAPENTADOL immediate release preparations (Palexia®)

<p>EFFECTIVENESS</p> <p>Tapentadol is a dual mode analgesic that inhibits norepinephrine reuptake and has μ-opioid receptor (MOR) agonism. The immediate release (IR) preparations are indicated for the relief of moderate to severe acute pain in adults, which can be adequately managed only with opioid analgesics.</p> <p>The efficacy of tapentadol IR tablets has been assessed in the management of acute pain associated with bunionectomy and end-stage degenerative joint disease using doses ranging from 50 to 100mg 4-6 hourly. Tapentadol IR was shown to be significantly more effective than placebo in reducing average pain intensity, and 50 and 75mg doses were shown to be non-inferior to oxycodone 10mg.¹</p>	<p>SAFETY</p> <p>Adverse effects of tapentadol are similar to those of other opioid analgesics including the potential for dependence. The most common adverse effects involve the central nervous and gastrointestinal systems.¹ Very common ADRs reported ($\geq 1/10$) were dizziness, somnolence, headache, nausea and vomiting.^{2,3}</p> <p>Gastrointestinal adverse effects are less common with tapentadol than with oxycodone, and the incidence of central nervous system effects is similar to oxycodone.¹</p> <p>Consult the Summary of Product Characteristics (SPC) for further details (www.medicines.org.uk)</p>																
<p>COST</p> <p>Costs (Drug Tariff and NHSBSA dm+d browser, September 2017)</p> <p><i>Equivalent to Morphine 20mg QDS for 7 days:</i></p> <table border="0"> <tr> <td>Morphine (Sevredol®) 20mg QDS tabs</td> <td>£5.30</td> </tr> <tr> <td>Oxycodone (OxyNorm®) 10mg QDS caps</td> <td>£11.43</td> </tr> <tr> <td>Oxycodone (Shortec®) 10mg QDS caps</td> <td>£6.86</td> </tr> <tr> <td>Tapentadol 50mg QDS tabs/liquid</td> <td>£12.46</td> </tr> </table> <p><i>Equivalent to Morphine 30mg QDS for 7 days:</i></p> <table border="0"> <tr> <td>Morphine (Sevredol®) 20mg + 10mg QDS tabs</td> <td>£7.95</td> </tr> <tr> <td>Oxycodone (OxyNorm®) 10mg caps + 5mg caps QDS</td> <td>£17.14</td> </tr> <tr> <td>Oxycodone (Shortec®) 10mg caps + 5mg caps QDS</td> <td>£10.29</td> </tr> <tr> <td>Tapentadol 75mg QDS tabs/liquid</td> <td>£18.68</td> </tr> </table>	Morphine (Sevredol®) 20mg QDS tabs	£5.30	Oxycodone (OxyNorm®) 10mg QDS caps	£11.43	Oxycodone (Shortec®) 10mg QDS caps	£6.86	Tapentadol 50mg QDS tabs/liquid	£12.46	Morphine (Sevredol®) 20mg + 10mg QDS tabs	£7.95	Oxycodone (OxyNorm®) 10mg caps + 5mg caps QDS	£17.14	Oxycodone (Shortec®) 10mg caps + 5mg caps QDS	£10.29	Tapentadol 75mg QDS tabs/liquid	£18.68	<p>PATIENT FACTORS</p> <p>Caution is needed in moderate hepatic impairment. Tapentadol is not recommended in severe renal, hepatic impairment or those under 18 years of age.</p> <p>When used combined with a respiratory or CNS depressant drug, the reduction of dose of one or both agents should be considered.</p>
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PRESCRIBING INFORMATION

The Pan Mersey Area Prescribing Committee does not recommend the prescribing of tapentadol immediate release preparations due to the limited evidence base (only compared with placebo and oxycodone) and its cost.

Tapentadol is a Schedule 2 Controlled Drug. There are two different formulations of tapentadol (immediate release and prolonged release) which may cause confusion. Additionally, the similarity between the names and doses of tramadol and tapentadol could cause confusion.¹

IMPLEMENTATION NOTES

For patients previously initiated on tapentadol immediate release preparations, it is recommended that they have their treatment reviewed at their next routine scheduled review.

REFERENCES

1. UKMi New Medicines Profile. Tapentadol immediate release 11/02. July 2011.
2. Grunenthal Ltd. Summary of Product Characteristics – Palexia film coated tablets. Last updated 15.10.2014. Accessed 4.9.17 at www.medicines.org.uk.
3. Grunenthal Ltd. Summary of Product Characteristics – Palexia oral solution 20mg/ml. Last updated 29.8.17. Accessed 4.9.17 at www.medicines.org.uk.