

QIPP Detail Aid

Providing support for quality in prescribing

OXYCODONE – ANY BETTER THAN MORPHINE?

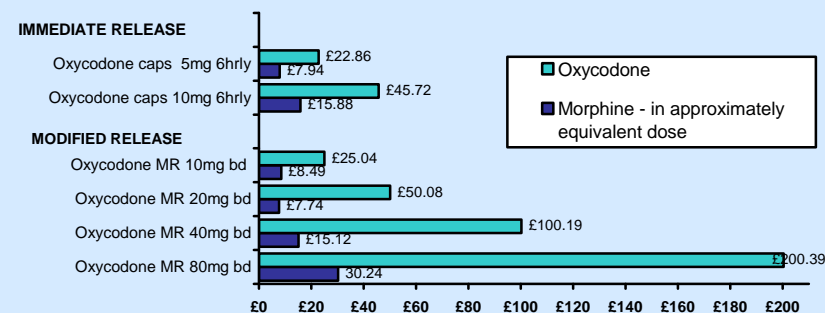
WHAT IS THE PROBLEM?

Oxycodone is a strong opioid similar to morphine. It has a comparable analgesic effect though it is around 1.5 times more potent, probably because it has better bioavailability than morphine. However oxycodone costs several times more than morphine and at higher doses, up to six times as much. The highest strength of oxycodone MR can cost over £3,900 for a year's supply (120mg twice daily). In the last year primary care in the East Midlands/South Yorkshire spent over £4.5m on oxycodone. If half of this had been prescribed as morphine over £1.7m could have been available for other treatments.

MAJOR CONSIDERATIONS

- The BNF states that oxycodone has an efficacy and side effect profile similar to that of morphine. Traditional use of oxycodone has been as a strong opioid in palliative care (see [NICE guidance](#)), but its use in chronic non-cancer pain is increasing (recent SIGN guidance [here](#)).
- The analgesic effect of oxycodone is similar to other strong opioids. It is available as liquid, immediate-release and modified release (twice daily) preparations. Some of the names of these are similar which has led to prescribing and dispensing errors – for example Oxynorm® is immediate-release oxycodone, Oxycontin® is the modified release (MR) product. Sudden death has been reported in a patient taking the MR product four times a day and over 800 incidents involving the drug were reported in a 2 year period from 2010 to 2012.²
- There are now branded generic formulations of oxycodone MR available (e.g. Longtec®); these are significantly cheaper than the originator brand (around 25% less) and these should be used in preference to the brand leader if oxycodone is considered preferable to morphine in an individual patient.
- There is significant potential for abuse and/or diversion of oxycodone. Great caution is needed when prescribing this to patients with a history of drug abuse and prescribers should be wary of unsolicited requests for the drug.
- Good practice guidance from the British Pain Society on prescribing opioids for persistent pain can be found [here](#).

WHAT ARE THE COSTS? (28 days, MIMS online, May 2014)



Comparison of cost of oxycodone at each dose with approximate equivalent dose of morphine tablets or modified release (Zomorph® where possible). Prices for oxycodone MR are based on Oxycontin®. Cost of oxycodone liquid (not shown) is similar to that of immediate release capsules. NB patients should be monitored closely if any changes in dose or formulation are made.

KEY MESSAGES

- Oxycodone is a potent opioid analgesic with similar properties to morphine.
- Oxycodone is much more expensive than equivalent doses of morphine and should be generally reserved for second line use where morphine is not tolerated or unsuitable.
- Branded generics of oxycodone MR are now available. These are cheaper than Oxycontin® but still cost more than morphine. Use brand names for clarity when prescribing MR opioids.
- Mistakes have occurred in prescribing and dispensing of similar-sounding brand names of immediate-release and modified-release oxycodone, resulting in overdose.
- All opioids have the potential for abuse and/or diversion to illicit use.