

Sample

2016

Oxycodone Update

Encouraging the appropriate use of oxycodone has been a key focus for bpac^{nz} over the past five years. Despite a recent decrease in the number of patients receiving oxycodone in New Zealand, there is still a large number of patients who are prescribed it each year. General practitioners are encouraged to continue to critically review the conditions for, and appropriateness of, oxycodone prescribing in their patient population.

This report provides an update on the use of oxycodone over the 12 month period from October, 2014 – September, 2015.

Key messages:^{1,2}

- Oxycodone is a strong opioid analgesic that should be used as a **second-line treatment** for patients who are not able to tolerate morphine as it does not provide more effective pain relief than morphine, is more expensive, and is associated with increasing levels of misuse.
- Oxycodone is approximately **twice as potent as morphine** and 7.5 – 20 times more potent than codeine, i.e. 10 mg of oxycodone is equivalent to 15 – 20 mg of morphine and 75 – 200 mg of codeine
- Oxycodone may have higher **addictive** potential than morphine

Oxycodone is second-line to morphine

Ideally, oxycodone should only be used in patients who do not tolerate morphine. However, in the last 12 months **86%** of New Zealand patients dispensed oxycodone in the community did not have a prior prescription for morphine. The majority of these prescriptions (75%) were initiated in secondary care. General practitioners are well-placed to review any indications for oxycodone prescribing, even if it has been initiated in secondary care, due to their knowledge of a patient's clinical history and psychosocial background.

Sample Practice Data

Between October, 2014 – September, 2015

16

of these

75%

patients registered to your practice received **oxycodone** (0.5% of all registered patients)*

had **not received a prescription for morphine** in the preceding 12 months

*These prescriptions may have been written by someone at your practice or by other health practitioners

Indications³

Although there are exceptions to every rule, in the majority of cases of non-cancer pain, oxycodone should only be prescribed if the patient:

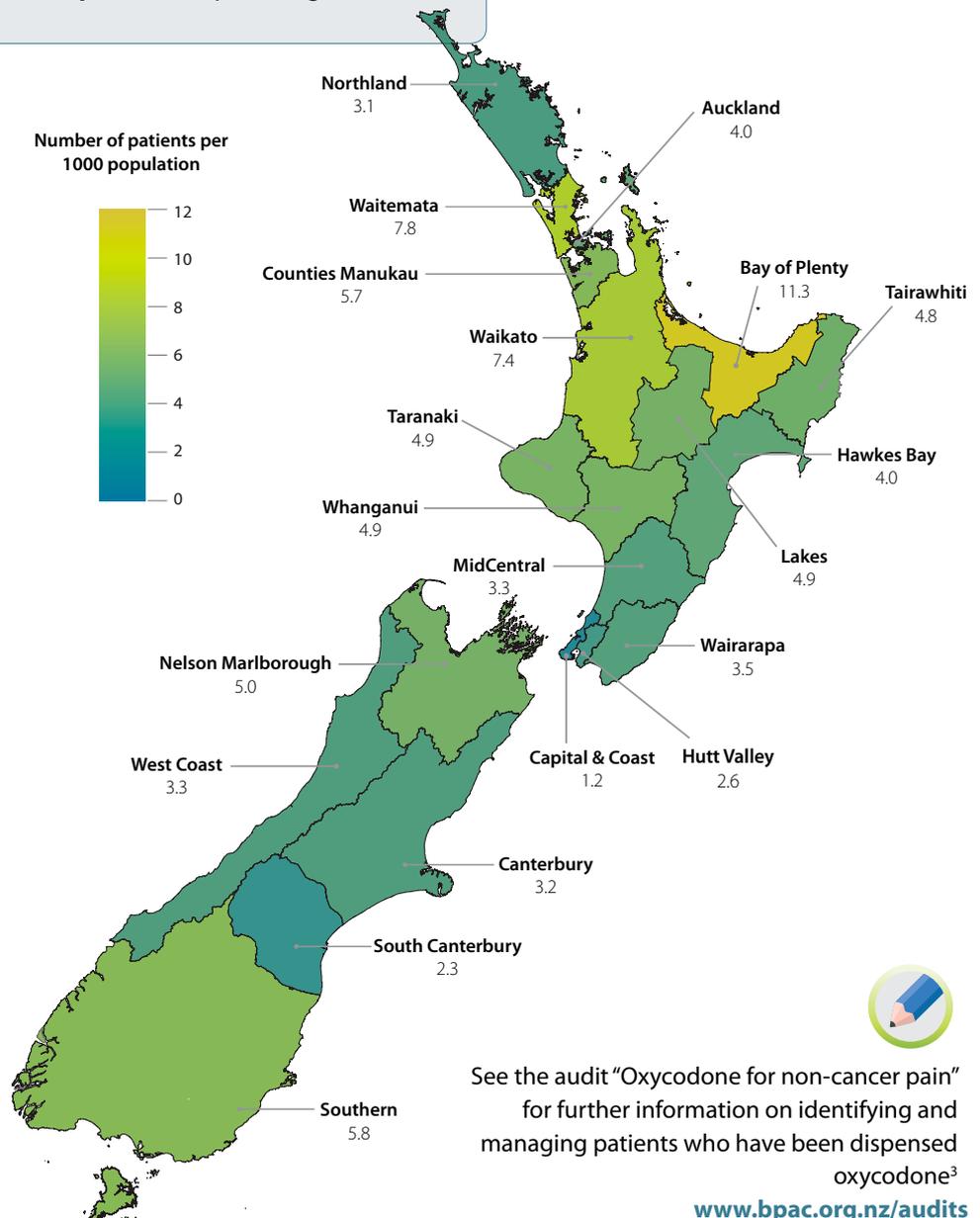
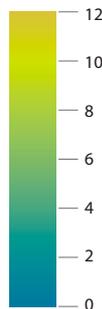
- Is intolerant or allergic to morphine **and**;
- Has moderate to severe pain **and**;
- There has been an adequate trial of other treatments which have failed to control the pain

National Trends

Overall the use of oxycodone has decreased. At its peak in **2012**, **13,986** patients in a three month period received an oxycodone dispensing compared to **10,679** patients in a three month period during **2015**.

The use of oxycodone varies across the country. The map on the right shows the number of patients per 1000 population in each DHB who had an oxycodone prescription dispensed between October, 2014 and September, 2015.

Number of patients per 1000 population



Some DHBs are running safe opioid prescribing programmes, for example, the Capital & Coast DHB Integrated Care Collaborative Programme (ICC); this has seen a reduction in the prescribing of oxycodone through the use of prescribing guidelines, education and audits. Contact your DHB for information on any local initiatives.

See the audit "Oxycodone for non-cancer pain" for further information on identifying and managing patients who have been dispensed oxycodone³

www.bpac.org.nz/audits

1. "Oxycodone: how did we get here and how do we fix it?", BPJ 62 (Jul, 2014). Available at www.bpac.org.nz (Accessed Feb, 2016).
 2. "A disaster in the making": it's time to take action against misuse of oxycodone", BPJ 61 (Jun, 2014). Available at www.bpac.org.nz (Accessed Feb, 2016).
 3. "Oxycodone for non-cancer pain". Best Practice Audit. Available at www.bpac.org.nz (Accessed Feb, 2016).