

Comparing inpatient OxyContin® and Targin® prescribing – does it affect aperient prescribing or administration?

Bortoletto D, Kavanagh L

Pharmacy Department, University Hospital Geelong, Barwon Health

Background

Targin® (oxycodone SR/naloxone) provides equivalent analgesia to that of OxyContin® (oxycodone SR) due to the bioequivalent oxycodone component. However, Targin® is a more expensive formulation due to the naloxone component.

The addition of naloxone in Targin® results in a reduction of constipation among people with a history of opioid-induced constipation. In key trials, the prevalence of constipation with Targin® compared with OxyContin® was about 25% lower among people with a history of constipation, and 7% lower in an unselected group. However, in these trial participants still took as required (PRN) laxative(s).

The benefit of reduction of constipation with Targin® is much less in those taking additional oxycodone IR.

Targin® has not been compared to a regimen of oxycodone and prophylactic laxatives.

Aim

To compare Targin® and OxyContin® inpatient prescribing habits and patients' relative aperient need at University Hospital Geelong, a Victorian regional tertiary hospital.

Methods

Point prevalence audits were conducted on two separate days (in April and May 2019). Medication charts were reviewed for oxycodone SR/IR and aperient prescribing and administration.

Inclusion Criteria:

- Adult patients at acute hospital University Hospital Geelong
- Available medication charts at time of review

Exclusion Criteria:

- ICU, maternity and emergency patients

Results

517 patients' charts were reviewed over the two days.

- 69.6% (360) were medical patients
- 30% (155) were surgical patients.

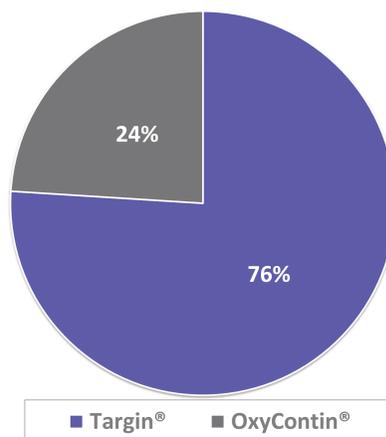
Overall, 50 patients had a form of Oxycodone SR prescribed on their chart.

Treating Teams Of Patients Prescribed Oxycodone SR

Treating team	Oxycodone SR prescribing (N = 50)
Medical team	68% (34)
Surgical	32% (16)

Results cont.

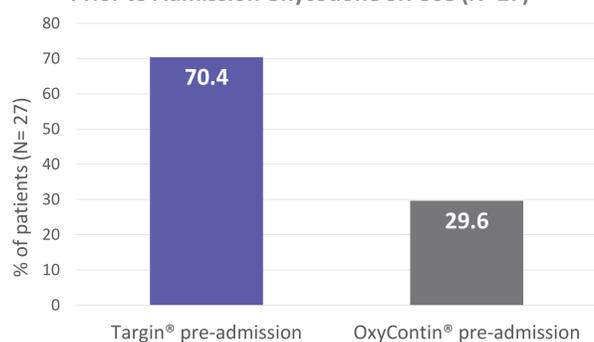
Type of Oxycodone SR prescribed (N=50)



Pre-admission Oxycodone Use

Of the patients prescribed Oxycodone SR as an inpatient, 54% (27/50) were using a Oxycodone SR product pre-admission.

Prior to Admission Oxycodone SR Use (N=27)

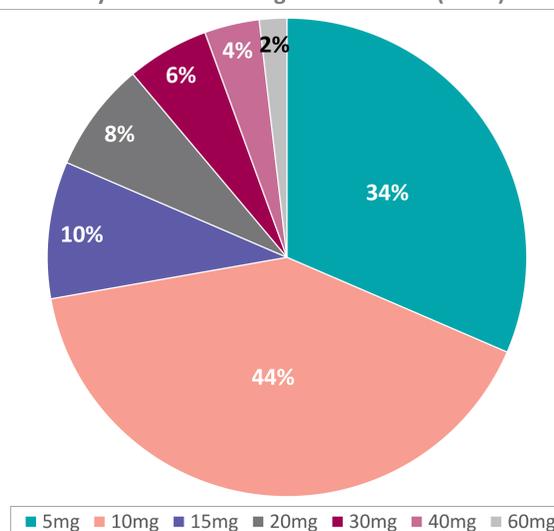


Additionally, 36% (18/50) of patients were using Oxycodone IR pre-admission.

Inpatient Oxycodone Prescribing

The most common strength prescribed was 10mg bioequivalent oxycodone component.

Oxycodone SR Strengths Prescribed (N=50)



86% (43/50) patients were prescribed 'twice daily' dosing.

Of all Targin® orders, 55.3% (21/38) of patients had been **initiated** on Targin® in hospital.

- 41.7% (10/24) were medical patients
- 78.6% (11/14) were surgical patients

70.9% (39/50) of patients had been prescribed additional Oxycodone IR, with PRN being the most common frequency [94.9% (37/39)].

Results cont.

Inpatient Oxycodone Administration

All patients received at least one dose of Oxycodone SR.

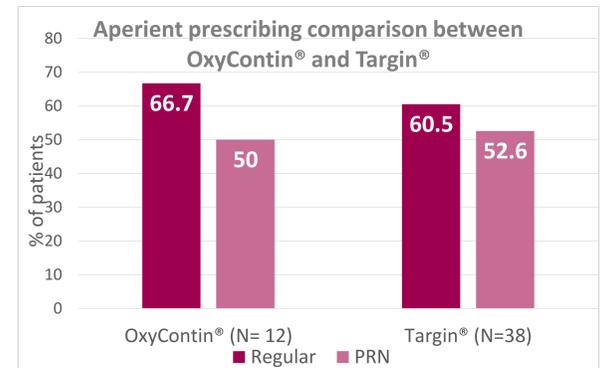
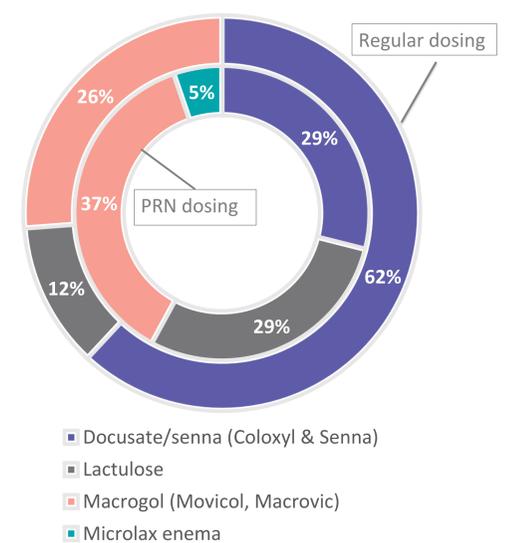
The majority of patients received oxycodone IR doses in addition to oxycodone SR.

Oxycodone SR	% patients receiving additional Oxycodone IR doses
All Oxycodone SR	70% (35/50)
OxyContin®	75% (9/12)
Targin®	68.4% (26/38)

Aperient Prescribing and Administration

Aperients were commonly prescribed.

Types of Aperients Prescribed



75% (9/12) of patients on OxyContin® and 63.2% (24/38) of patients on Targin® were administered at least one dose (chi-squared, p = 0.146).

Conclusion

The audit shows that Targin® was the most commonly prescribed oxycodone SR formulation. Targin® is frequently prescribed for hospital inpatients as the initial SR formulation. Aperients were still regularly prescribed and administered in patients on Targin®, which is not a cost-effective approach to prescribing Oxycodone SR products. Results have been presented to the Opioid Stewardship Committee who will action prescriber education.

